

NCEPOD review of cosmetic surgery facilities

Protocol: January 2009

Expert Group Members

Chris Khoo	Consultant Plastic Surgeon- Council member: BAPRAS, Chairman of the British Academy of Cosmetic Practice and of the Royal College of Surgeons Steering Group
Mark Henley	Consultant Cosmetic Surgeon - Chairman of the Interface Group in Cosmetic Surgery for the Joint Committee on Surgical Training and Director of British Academy of Cosmetic Practice
Sally Taber Jacqueline Cuming	Independent Healthcare Advisory Services Director of Clinical Services, The Harley Medical Group
Jackie Row	Director of Clinical Policy & Development, Aspen Healthcare
James Partridge Martin Utley	Chief Executive, Changing Faces Clinical Operational Research Unit

NCEPOD Steering Group:

Doug Justins	Consultant in Pain Management & Anaesthesia, NCEPOD Trustee
--------------	--

NCEPOD Clinical Co-ordinators:

Ian Martin	Consultant in Oral and Maxillofacial Surgery, Sunderland
Alex Goodwin	Consultant in Anesthesia & Intensive Care, Bath

NCEPOD Non Clinical Staff:

Marisa Mason	Chief Executive
Neil Smith	Clinical Researcher
Heather Cooper	Clinical Researcher
Hannah Shotton	Researcher
Kathryn Kelly	Research Assistant

Introduction

NCEPOD REVIEW OF COSMETIC SURGERY FACILITIES

Cosmetic surgery is an area of independent clinical practice that has undergone considerable growth in recent years, as it has become more widely available, socially acceptable and financially achievable for a wider cross-section of society. This trend was illustrated in a recent extensive study carried out by the British Association of Aesthetic Plastic Surgeons (BAAPS), which reported a 275% increase in breast augmentation operations since 2002¹.

Yet a certain amount of controversy, confusion and misinformation still surrounds the practice of cosmetic surgery. Even the definition of cosmetic surgery causes confusion. The term is often used interchangeably with 'plastic surgery' or 'aesthetic surgery' and can be used to describe non-surgical cosmetic procedures.

The Cosmetic Surgery Interspeciality Committee (CSIC) defines cosmetic surgery as:

*“operations and other procedures that revise or change the appearance, colour, texture, structure or position of bodily features, which most would consider to be within the broad range of ‘normal’ for that person.”*²

This definition includes non-surgical procedures, whereas for the purposes of this study, the definition given by the Department of Health³ will be employed, in which cosmetic surgery is defined solely in terms of invasive surgical procedures:

“Operations that revise or change the appearance, colour, texture, structure or position of the bodily features to achieve what patients perceive to be more desirable”

The lack of universal definition for cosmetic surgery in part stems from the fact that it is not an official surgical specialty in its own right, but involves practitioners of plastic surgery, oral and maxillofacial surgery, otorhinolaryngology, ophthalmology and dermatology among others. The lack of defined specialisation in this country has implications for ensuring that surgical procedures are carried out by appropriately qualified surgeons. According to The Care Standards Act, 2000, practitioners performing cosmetic surgical procedures in the independent sector must have undergone basic medical training and (those registered after 2002) must be on the specialist register of GMC⁴. However, the lack of a cosmetic surgery specialty makes regulation difficult.

According to The Care Standards Act, all independent clinics and hospitals that provide cosmetic surgery must also be registered and inspected by the Healthcare Commission, must keep patient records and undertake annual patient satisfaction surveys, which should be available to the Healthcare Commission⁴.

In 2004, The Healthcare Commission carried out an extensive review of the provision, safety and quality of cosmetic surgery practice in England and presented the findings to the Chief Medical Officer in the 2005 report *“An Analysis of Private Cosmetic Surgery Provision in England for the Chief Medical Officer Sir Liam Donaldson”*.² In the same year, the Department of Health took the Healthcare Commission report into consideration and published *“Expert Group Report on the Regulation of Cosmetic Surgery”*⁴.

These two studies reviewed currently regulated cosmetic procedures as well as reviewing staff training and development and consumer information, patient records and clinical audit.

Both reports indicated a need for better information and regulation of the practice of cosmetic surgery and several recommendations were made to the government. Since their publication there has been a review of current regulations and national minimum standards⁵, as well as the publication of guidelines for good medical practice in cosmetic surgery, by the Independent Healthcare Advisory Services, in 2006⁶.

The NHS Modernisation Agency also looked at plastic, reconstructive and aesthetic surgery within the NHS and provided recommendations for good practice, which involved a more coordinated approach to delivery of optimum service within a local stakeholder commissioning group framework⁷.

Particular areas of interest arising from these studies are: the specialist training and qualifications of practitioners of cosmetic surgery, the fact that current regulations are not specific enough to cosmetic surgery, inconsistencies in the lists of cosmetic surgery providers, insufficient regulation of advertising, lack of regulation of financial incentives to go ahead with surgery, the use of brokering services and insufficiencies in clinical governance, including assessment of patient outcomes and other clinical performance indicators^{2,5}.

The remit of NCEPOD covers not only practice within the NHS but also within the independent sector. This study will aim to investigate some of these key areas of variation in the practice of cosmetic surgery in the NHS and independent sector. The geographical scope of previous studies would be extended to include Wales, Northern Ireland and The Channel Islands in addition to practice in England. It would be a small-scale study carried out at the organisational level, which would provide basic information regarding the structure, function and locations of cosmetic surgical practice. This would provide the basis for future, more detailed investigations into different clinical aspects of cosmetic surgery, to be carried out at a later date.

Aims and objectives

Overall aim:

The primary aim of this study is to investigate variations in organisational structures surrounding the practice of cosmetic surgery in England, Wales, Northern Ireland and The Channel Islands.

Overall objectives

The Objectives of this study are to evaluate providers of cosmetic surgery in the following aspects of care of cosmetic surgery patients:

- 1) The structure & case mix of teams providing cosmetic surgery
- 2) The type and number of procedures performed
- 3) The existence of protocols
- 4) Consent, patient information and advertising
- 5) Audit/ clinical governance

Methods

Design

A multidisciplinary, expert group, consisting of clinicians, specialist nurses and lay representatives involved in cosmetic surgery will carry out peer review of confidential organisational questionnaires completed by organisations that provide cosmetic surgery. Questionnaires will be designed with the help of the expert group to specifically look at variations in the aspects of care identified above.

Inclusions

All identified providers of cosmetic surgery in England, Wales, Northern Ireland and the Channel Islands will be included. We will include organisations where any of the following cosmetic surgical procedures are carried out on site or where the consultation for the following procedures is carried out on-site and the surgery is carried out elsewhere.

Full face lift (Rhytidectomy)
Minimal access facelift (e.g. MACS)
Thread/suture facelift
Upper blepharoplasty
Lower blepharoplasty
Cheek implant
Rhinoplasty
Secondary rhinoplasty
Brow lift
Neck lift
Surgical lip augmentation
Pinnoplasty (only if privately funded)
Correction of other ear deformities
Breast augmentation

Breast reduction
Correction of breast asymmetry
Mastopexy
Brachioplasty
Calf implants
Buttock implants
Buttock lift
Thigh lift
Body lift
Liposuction
Smart/laser liposuction
Abdominoplasty
Abdominal scar revision
Labioplasty
Vaginoplasty
Penis enlargement
Foreskin restoration
Hair transplant

Exclusions

Sites where plastic surgery is only carried out for health or reconstructive purposes will be excluded from this study. We will also exclude sites at which only non-surgical procedures are performed, for example, fillers or Botulinum Toxin.

Identification of Cosmetic Surgery Providers

A list of registered independent healthcare providers in England has been procured from the Healthcare Commission. This list has been edited and cross-referenced with internet searches of “yellow pages” listings of organisations providing cosmetic surgery.

“Yellow pages” internet searches have also been carried out to identify cosmetic surgery providers in Wales Northern Ireland, Guernsey, Jersey and the Isle of Man.

We have also approached NCEPOD local reporters in NHS and independent sector hospital in England, Wales and Northern Ireland and public hospitals in the Isle of Man, Guernsey and Jersey, in order to identify hospitals which are to be included, either because cosmetic surgery is organised and performed ‘in house’ or because hospital facilities are hired out to external providers. This list of participating sites will then be cross referenced with the other list.

We have also procured a list of contact details for every GP surgery in England, Northern Ireland, Wales, The Channel Islands and the Isle of Man, with the aim of identifying GP surgeries where cosmetic surgery is carried out.

Sample size

To be determined

Method of data collection

Data will be collected via organisational questionnaires. For the purposes of this study, an ‘organisation’ will be defined as a hospital or centre where invasive cosmetic surgical procedures take place on site, or an organisation that arranges cosmetic surgery, providing consultations and referring patients for invasive cosmetic surgical procedures to be carried out elsewhere. This will provide the maximum amount of information with respect to the facilities, and the aspects of patient care defined in the aims, and will include data from Cosmetic surgeons who hire NHS facilities to carry out private practice.

Pilot study

A small-scale pilot study will be carried out following design of the Organisational questionnaire.

Analysis and Review of Data

Advisors

A multidisciplinary advisory group will review the data and provide expert opinion on the quality of care provided for cosmetic surgery patients.
All identifiable information will be removed prior to review by the advisors, i.e. all data will be anonymised (see below).

Confidentiality and data protection

Once the data have been extracted by the NCEPOD researchers, the questionnaires will be anonymised to remove organisational identifiers prior to review by the Expert Group.
All electronic data are held in password protected files and all paper documents in locked filing cabinets. As soon as possible after receipt of data NCEPOD will encrypt electronic identifiers and anonymise paper documents.

Dissemination

On completion of the study a report will be published on the internet and put forward for publication in high profile medical journals.

Timescale

Nov	Define an expert group for a meeting in January
Dec & Jan	Perform a literature search and identify all sites that perform cosmetic surgery.
Jan	Have expert group meeting to define areas that should be looked at
Feb/March	Develop the organisational questionnaire Identification of potential sites
April	Identification of potential sites Pilot Study
May	Disseminate questionnaires
August	Deadline for return of questionnaires
September	Expert group meeting to discuss findings
Aug - Nov	Write report
December	Publish report on the website (no launch)

References

- 1 BAAPS website, September 2008 <http://www.baaps.org.uk/content/view/404/62/>
- 2 Healthcare Commission, 2005. An analysis of private cosmetic surgery provision in England for the Chief Medical Officer Sir Liam Donaldson
- 3 Department of Health Website, pages on Cosmetic Surgery
<http://www.dh.gov.uk/en/PublicHealth/CosmeticSurgery/index.htm>
- 4 Department of Health, 2005: Expert Group on the Regulation of Cosmetic Surgery- Report to the Chief Medical Officer
- 5 Healthcare Commission Website: Cosmetic Surgery and the Healthcare Commission
- 6 Independent Healthcare Advisory services, 2006 Good Medical Practice in Cosmetic Surgery / Procedures
- 7 NHS Modernisation Agency: Action on Plastic Surgery:- A strategic Approach to the Delivery of the NHS Plastic, Reconstructive & Aesthetic Surgery Service- National Good Practice Guidance: Local Implementation