

Guidance for all doctors who offer cosmetic interventions

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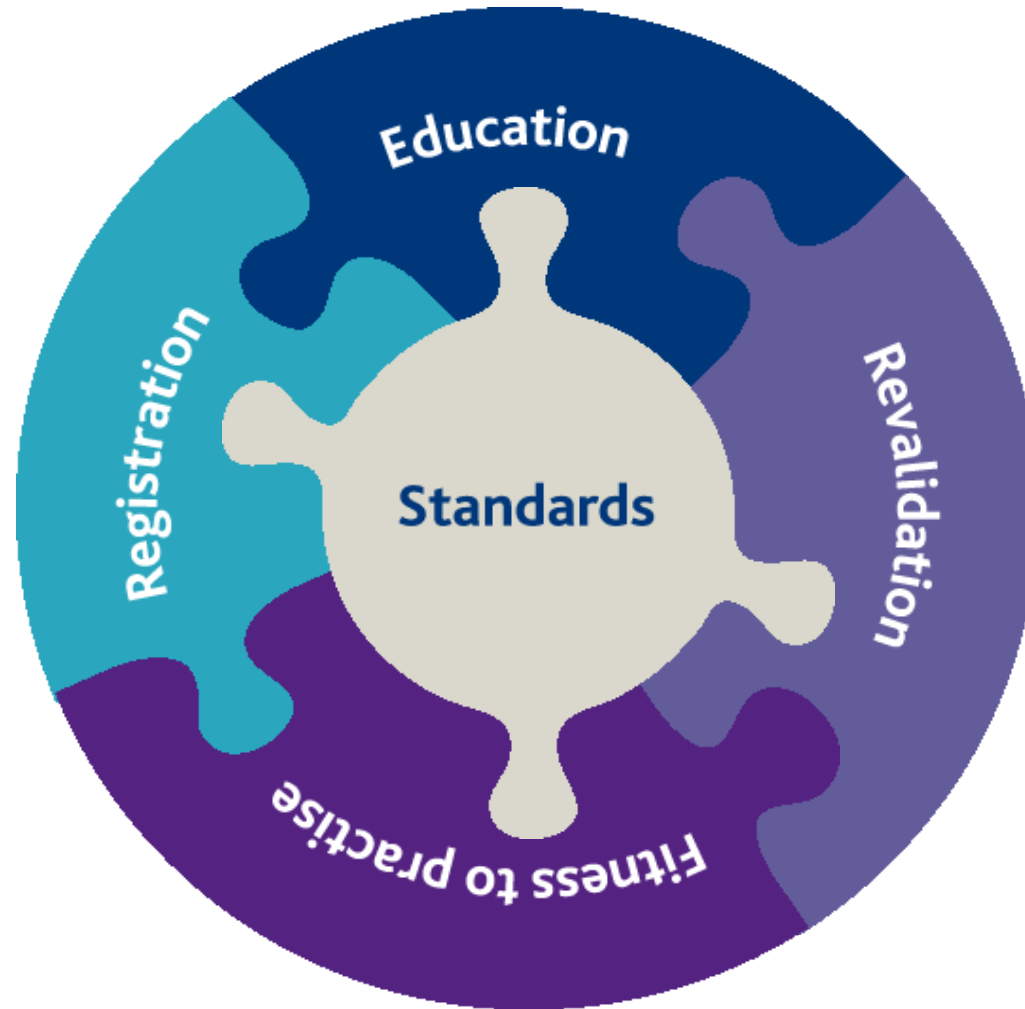
- Regional and national
- Improve understanding
- Teaching and engagement workshops
- In person and online
- Gather and share insight



Aim for today

- Brief introduction to the GMC
- Cosmetic interventions – what are the issues?
- GMC guidance
 - [Guidance for doctors who offer cosmetic interventions](#)
 - [Decision making and consent](#)
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- Case studies
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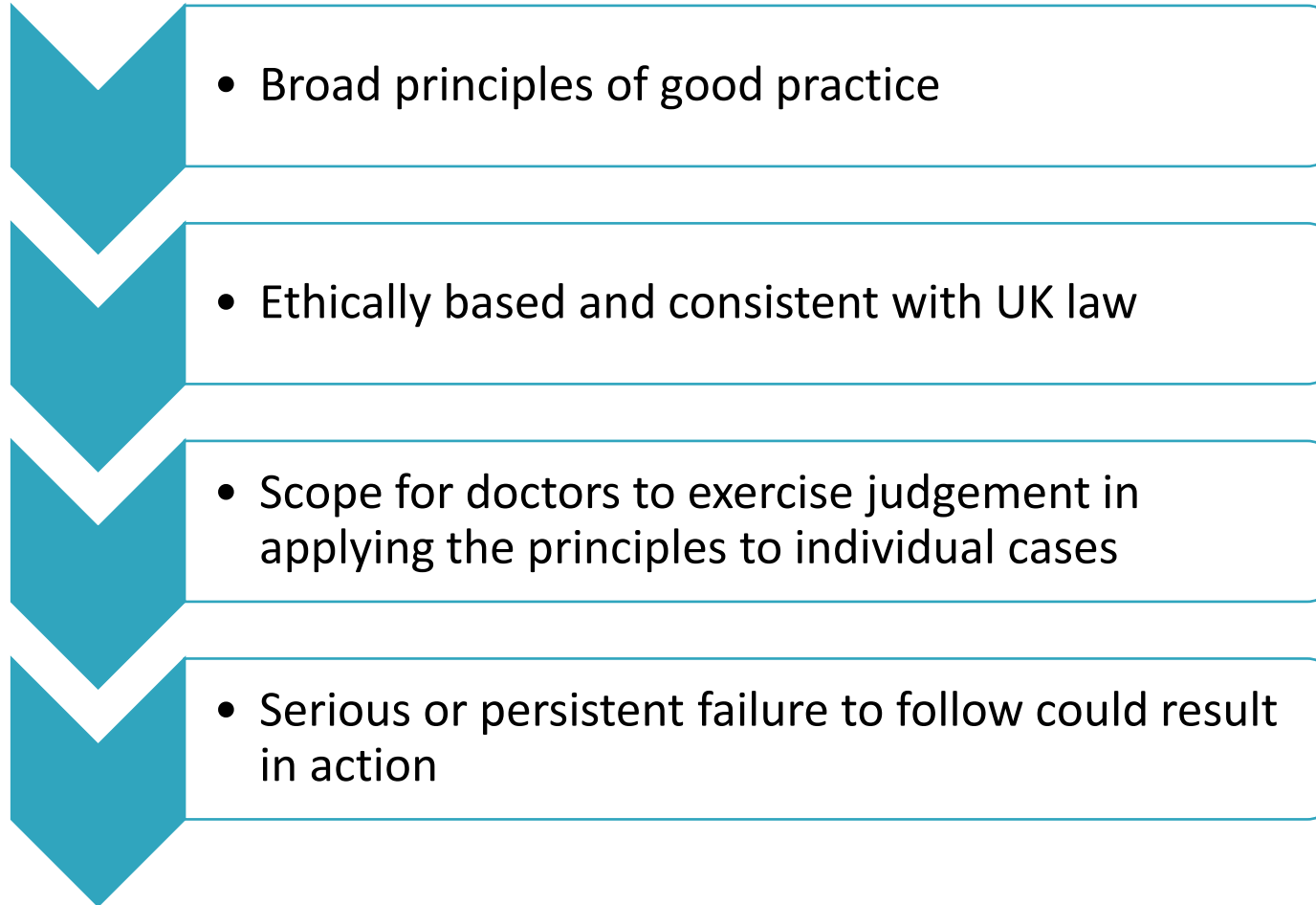
Our core functions



Our Standards



Why use GMC guidance?



Visit our ethical hub

General Medical Council

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Ethical guidance for doctors

Here you will find our current ethical guidance. Our ethical guidance describes the professional values, knowledge, skills and behaviours we expect of all doctors working in the UK.

We have grouped our 32 pieces of guidance into 11 categories. The numbers in brackets indicate the number of guidance in each category.



Today



You can find the latest version of this guidance on our website at www.gmc-uk.org/guidance.

Published 12 April 2016 | Comes into effect 1 June 2016

Guidance for doctors who offer cosmetic interventions

How this guidance applies to you


This guidance is for all doctors who offer cosmetic interventions.

The cosmetic sector is a rapidly expanding area of practice that has gone from being a niche market to a popular service that is now widely available. Cosmetic interventions can have a significant impact on the health and wellbeing of patients. There have been particular concerns about patient safety and whether the sector operates in an ethical manner. It is important that doctors have the right skills, the products used are safe, and patients get accurate information before they decide to have a cosmetic intervention. This guidance sets out a framework for practice to address these concerns.

By cosmetic interventions we mean any intervention, procedure or treatment carried out with the primary objective of changing an aspect of a patient's physical appearance. This includes surgical and non-surgical procedures, both invasive and non-invasive.

* The legal definition of FGM is very broad and may include procedures such as genital tattoos and piercing. It may be helpful to refer to guidance issued by government and the medical royal colleges, such as www.gov.uk/government/uploads/system/uploads/attachment_data/file/472003/FGM_guidance.pdf (accessed 7 March 2016).

Working with doctors Working for patients



Guidance on professional standards and ethics for doctors

Decision making and consent

Working with doctors Working for patients

You can find the latest version of this guidance on our website at www.gmc-uk.org/guidance.

Published 25 March 2013 | Comes into effect 22 April 2013

Doctors' use of social media

1 In Good medical practice' we say:

- 36 You must treat colleagues fairly and with respect.
- 65 You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession.
- 69 When communicating publicly, including speaking to or writing in the media, you must maintain patient confidentiality. You should remember when using social media that communications intended for friends or family may become more widely available.
- 70 When advertising your services, you must make sure the information you publish is factual and can be checked, and does not exploit patients' vulnerability or lack of medical knowledge.

2 In Confidentiality: good practice in handling patient information' we say:

- 118 Many improper disclosures of patient information are unintentional. Conversations in reception areas, at a patient's bedside and in public places may be overheard. Notes and records may be seen by other patients, unauthorised staff, or the public if they are not managed securely. Patient details can be lost if handover lists are misplaced, or when patient notes are in transit.
- 119 You must make sure any personal information about patients that you hold or control is effectively protected at all times against improper access, disclosure or loss. You should not leave patients' records, or other notes you make about patients, either on paper or on screen, unattended. You should not share passwords.

3 In this guidance, we explain how doctors can put these principles into practice. You must be prepared to explain and justify your decisions and actions. Only serious or persistent failure to follow our guidance that poses a risk to patient safety or public trust in doctors will put your registration at risk.

Social media

4 Social media describes web-based applications that allow people to create and exchange content. In this guidance we use the term to include blogs and microblogs (such as Twitter), internet forums (such as doctors.net), content communities (such as YouTube and Flickr), and social networking sites (such as Facebook and LinkedIn).

Working with doctors Working for patients

You can find the latest version of this guidance on our website at www.gmc-uk.org/guidance.

This guidance came into effect on 5 April 2021.

Good practice in prescribing and managing medicines and devices

You are responsible for the prescriptions that you sign. You must only prescribe medicine when you have adequate knowledge of your patient's health. And you must be satisfied that the medicine serves your patient's need.

Following this guidance will help make sure that you practise safe prescribing. It reminds you that, where possible, you must avoid prescribing for yourself or those close to you.

This guidance covers what you need to consider when prescribing unlicensed medicines, repeat prescribing and when you share responsibility for your patient with a colleague. It also gives important advice on how to work safely when you're not the patient's regular prescriber or when you are providing care for patients remotely, including those who are based overseas.

This guidance applies equally to all prescribing, in whatever setting your interaction with a patient takes place, including remote consultations. If you can't meet the standards, it may be appropriate to offer an alternative mode for the consultation to ensure safe care that meets our standards.

Download the guidance

You can download this guidance in English or Welsh

- [Prescribing and managing medicines and devices \(English\)](#)
- [Presgripsiwy a rheoli meddygiaethau a dyfeis \(Cymraeg\)](#)

Working with doctors Working for patients

You can find the latest version of this guidance on our website at www.gmc-uk.org/guidance.

References to Good medical practice updated in March 2013

Making and using visual and audio recordings of patients

1 In our guidance *Decision making and consent*, we say:

- 8 The exchange of information between doctor and patient is central to good decision making. It's during this process that you can find out what's important to a patient, so you can identify the information they will need to make the decision.
- 9 The purpose of the dialogue is:
 - a to help the patient understand their role in the process, and their right to choose whether or not to have treatment or care
 - b to make sure the patient has the opportunity to consider relevant information that might influence their choice between the available options
 - c to try and reach a shared understanding of the expectations and limitations of the available options.
- 2 In our guidance *Confidentiality: good practice in handling patient information* we say:
 - 1 Trust is an essential part of the doctor-patient relationship and confidentiality is central to this. Patients may avoid seeking medical help, or may under-report symptoms, if they think their personal information will be disclosed by doctors without consent, or without the chance to have some control over the timing or amount of information shared.
 - 2 Doctors are under both ethical and legal duties to protect patients' personal information from improper disclosure. But appropriate information sharing is an essential part of the provision of safe and effective care. Patients may be put at risk if those who are providing their care do not have access to relevant, accurate and up-to-date information about them.
 - 3 There are also important uses of patient information for purposes other than direct care. Some of these are indirectly related to patient care in that they enable health services to function efficiently and safely. For example, large volumes of patient information are used for purposes such as medical research, service planning and financial audit. Other uses are not directly related to the provision of healthcare but serve wider public interests, such as disclosures for public protection reasons.
 - 4 Doctors' roles are continuing to evolve and change. It is likely to be more challenging to make sure there is a legal and ethical basis for using patient information in a complex health and social care environment than in the context of a single doctor-patient relationship.

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Cosmetic interventions – what are the issues?

Headlines

yahoo!life | Yahoo Life UK

When cosmetic surgery goes wrong: Supermodel Linda Evangelista is not the only star to suffer 'botched' procedure



Showbiz > Celebrity

PRICE OF BEAUTY Celebrities who regret cosmetic surgery like Bella Hadid – from Courteney Cox to Molly-Mae Hague

[Katy Docherty](#) | [Josh Saunders](#)

Published: 10:47, 16 Mar 2022 | Updated: 11:54, 16 Mar 2022

Guardian

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'I can recover at home': Cosmetic surgeons see rise in patients amid pandemic

🕒 10 July 2020

The Guardian
Website of the year

GIORDANO

CHRISTMAS SPECIAL

Council

The need for GMC guidance



- Media attention - poor practice
- Vulnerable patients
- Support for doctors providing these services
- Fitness to practise evidence

Cosmetic interventions – GMC complaints

- **Over a typical six year period**
- **~ 70 complaints met the investigation threshold**
 - 30 were investigated by the GMC
 - 40 were referred to a medical practitioners tribunal (~6 per year)
- **Examples of allegations**
 - Breach of confidentiality
 - Record keeping
 - Offering financial incentives
 - Failure to take adequate consent
 - Failure to conduct proper physical examination

2016 GMC guidance



You can find the latest version of this guidance on our website at www.gmc-uk.org/guidance.

Published 12 April 2016 | Comes into effect 1 June 2016

Guidance for doctors who offer cosmetic interventions

How this guidance applies to you

This guidance is for all doctors who offer cosmetic interventions.

The cosmetic sector is a rapidly expanding area of practice that has gone from being a niche market to a popular service that is now widely available. Cosmetic interventions can have a significant impact on the health and wellbeing of patients. There have been particular concerns about patient safety and whether the sector operates in an ethical manner. It is important that doctors have the right skills, the products used are safe, and patients get accurate information before they decide to have a cosmetic intervention. This guidance sets out a framework for practice to address these concerns.

By cosmetic interventions we mean any intervention, procedure or treatment carried out with the primary objective of changing an aspect of a patient's physical appearance. This includes surgical and non-surgical procedures, both invasive and non-invasive.

The key aims of this guidance are to make sure that doctors:

- are appropriately trained and experienced to practise safely
- work with each individual patient to make sure their expectations about the outcomes that can be achieved for them are realistic
- follow current guidelines or protocols for safe, effective provision of cosmetic interventions
- consider the psychological needs of their patients
- do not allow any financial or commercial interests in a particular intervention, or an organisation providing cosmetic interventions, to adversely affect standards of good patient care.

This guidance does not apply to interventions that amount to female genital mutilation (FGM), which is illegal in the UK. If you are not sure whether a particular cosmetic intervention falls within the legal definition of FGM* then you must seek advice, eg from your defence organisation or your employer's legal department.

* The legal definition of FGM is very broad and may include procedures such as genital tattooing and piercing. It may be helpful to refer to guidance issued by government and the medical royal colleges, such as www.gov.uk/government/uploads/system/uploads/attachment_data/file/472691/FGM_guidance.pdf (accessed 7 March 2016).

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General Medical Council

Make sure that doctors:

- *are appropriately trained and experienced to practise safely*
- *work with each individual patient to make sure their expectations about the outcomes that can be achieved for them are realistic follow current guidelines or protocols for safe, effective provision of cosmetic interventions*
- *consider the psychological needs of their patients*
- *do not allow any financial or commercial interests in a particular intervention, or an organisation providing cosmetic interventions, to adversely affect standards of good patient care*

Health and Social Care Committee report 2022



House of Commons
Health and Social Care
Committee

The impact of body image on mental and physical health

Second Report of Session 2022–23

*Report, together with formal minutes relating
to the report*

*Ordered by the House of Commons
to be printed 19 July 2022*

I was always told that I was quite a nice-looking guy, but it was not enough. When I sat in the surgeon's office, there was never any analysis of my previous history and how my mental health had been in the past. Looking back now, I think the surgeon should have given me a different approach and said to me, "You don't need this, unless it is medical or something. We need to make sure you are mentally prepared for this," because it is a big ordeal to alter your face and it can have psychological impacts—for some better, for some worse.

Unfortunately, mine did not go to plan.

- Charlie King, reality TV star and influencer

How to interpret GMC guidance

Must or should?

We use the terms 'must' and 'should' in the following ways

- **'*You must*'** is used for an overriding duty or principle.
- **'*You should*'** is used:
 - when we are explaining how to meet an overriding duty
 - where the duty or principle doesn't apply in all situations or circumstances, or there are factors outside your control that affect whether or how you can follow the guidance.

'Should' or 'Must' exercise

1. Before carrying out an intervention for the first time yourself you **MUST** make sure you can do so safely, e.g. by undergoing training or seeking opportunities for supervised practice.
2. You **MUST** carry out a physical examination of patients before prescribing injectable cosmetic medicines.
3. You **SHOULD** share insights and information about outcomes with other people who offer similar interventions, to improve outcomes and patient safety

Case studies: applying GMC guidance

Three scenarios

What are the issues to consider?

How should the doctor proceed?

Case 1: Natalia and Botox

- Dr Smith receives a phone call from Natalia who wants to have Botox on a day when he will not be working in the clinic.
- Natalia is visiting London for one day only and wants to pop in to the clinic in between meetings to get the procedure done.
- She is happy to have a quick chat over the telephone and asks him to just leave the prescription ready so that a trained nurse can administer the Botox, saying *“I don’t see any problem as I’ve had Botox done several times before and everything has been ok.”*

What are the issues to consider?

How should the doctor proceed?

Case 1: Natalia and Botox

What are the issues to consider?

1. Consent

- Under the new guidance doctor must get patient consent to the treatment themselves. (paragraph 16)
- Does Natalia have adequate time to reflect?

2. Prescribing

- Must not prescribe injectable cosmetics remotely

3. Examination

- Before prescribing cosmetic injectable medicines (such as Botox) doctors must carry out a physical examination of the patient. (paragraph 11)

Responsibility for seeking consent for cosmetic interventions

- 16** If you are the doctor who will be carrying out the intervention, it is your responsibility to discuss it with the patient and seek their consent – you must not delegate this responsibility. It is essential to a shared understanding of expectations and limitations that consent to a cosmetic intervention is sought by the doctor who will perform it, or supervise its performance by another practitioner.

- 11** You must carry out a physical examination of patients before prescribing injectable cosmetic medicines. You must not therefore prescribe these medicines by telephone, video link, online or at the request of others for patients you have not examined.

[Questions about our cosmetic interventions guidance - GMC \(gmc-uk.org\)](https://www.gmc-uk.org)

Case 1: Natalia and Botox

What are the issues to consider?

1. Consent

- Under the new guidance doctor must get patient consent to the treatment themselves. (paragraph 16)
- Does Natalia have adequate time to reflect?

2. Prescribing

- Must not prescribe injectable cosmetics remotely

3. Examination

- Before prescribing cosmetic injectable medicines (such as Botox) doctors must carry out a physical examination of the patient. (paragraph 11)

How should the doctor proceed?

1. Consent

- How could the doctor obtain consent in this case?

2. Prescribing

- Must not prescribe injectable cosmetics remotely
- What could the doctor do in this case?

3. Examination

- Should the doctor advise Natalia to come to the clinic when he is present?
- Should the doctor refer Natalia to a suitably qualified colleague?

Case 2: Cathy and breast augmentation

- Cathy is almost 18 years old and has come to see Mr Green, a cosmetic surgeon.
- She would like to have breast implants as she considers that her breasts are too small and are making her uncomfortable about her appearance.
- When asked further about her feelings she admits that this was her boyfriend's idea as he thinks having surgery will make her happier.
- Her boyfriend has offered to pay for the surgery as a birthday present.

What are the issues to consider?

How should the doctor proceed?

Case 2: Cathy and breast augmentation

What are the issues to consider?

1. Capacity

- Does Cathy have capacity? (age > 16)
- Is this procedure in her best interests?

2. Consent

- Is Cathy able to give consent voluntarily
- Does she understand all the benefits and risks?
- Will she have sufficient time to reflect?

3. Does she need any further support?

25 The capacity to consent depends more on young people's ability to understand and weigh up options than on age. When assessing a young person's capacity to consent, you should bear in mind that:

- a** at 16 a young person can consent (s)
- b** a young person's capacity to consent depends on the complexity of the decision and the support that is involved

If you're concerned a patient can't make a decision freely

69 Many factors influence patients' decision making, but it's important that nothing influences a patient to such an extent that they can't exercise free will. If a patient can't make a decision freely, they won't be able to consent.

70 Patients may feel pressure to have particular treatment or care. Pressure can come from others – partners, relatives or carers, employers or insurers – or from patients' beliefs about themselves and society's expectations.

Case 2: Cathy and breast augmentation

What are the issues to consider?

1. Capacity

- Does Cathy have capacity (age > 16)
- Is this procedure in her best interests?

2. Consent

- Is Cathy able to give consent voluntarily
- Does she understand all the benefits and risks?
- Will she have sufficient time to reflect?

3. Does she need any further support?

How should the doctor proceed?

Give Cathy more information?

How can the doctor satisfy themselves that the consent is voluntary?

Can patient information leaflets help? Online materials?

Allow sufficient time for her to reflect?

A doctor is not obliged to perform a cosmetic intervention that they don't feel will benefit the patient

Case 3: Dr Yannis and advertising

- Mr Yannis is a cosmetic surgeon working in the independent sector.
- His assistant Jenny has been designing an advert for his clinic. The ad is entitled '*We will make you beautiful*' and contains several 'before and after' photographs of ex-patients.
- Jenny explains that she has obtained consent for the photos to be used from Mr Smith, Mrs Belsey and Ms Collins.
- Mr Yannis also notices there is a photo of a thread vein on a thigh which is not associated with any of these people.
- In the text of the advert there are quotes from a range of former patients which have been taken from letters of thanks received by Mr Yannis.

What are the issues to consider?

What should Mr Yannis do?

Case 3: Dr Yannis and advertising

What are the issues to consider?

1. The **title of the advert**: “*we will make you beautiful*”. Is this factual?
2. **Consent** for using photographs must be sought before sharing any confidential information
3. Use of **patient testimonials** – what is the guidance?

Communicating information about your services

- 47 When advertising your services, you must follow the regulatory codes and guidelines set by the Committee of Advertising Practice.¹⁸
- 48 You must make sure the information you publish is factual and can be checked, and does not exploit patients’ vulnerability or lack of medical knowledge.
- 49 Your marketing must be responsible.¹⁹ It must not minimise or trivialise the risks of interventions and must not exploit patients’ vulnerability. You must not claim that interventions are risk free.



Testimonials and endorsements

Case 3: Dr Yannis and advertising

What are the issues to consider?

1. The **title of the advert**: “*we will make you beautiful*”. Is this factual?
2. **Consent** for using photographs must be sought before sharing any confidential information
3. Use of **patient testimonials** – what is the guidance?

How should the doctor proceed?

Ensure the advert publishes factual information that can be checked and doesn't exploit any patients' vulnerability

Obtain written consent from all patients whose photos/details will be used as part of the marketing campaign

Check the ASA and CAP guidance on use of testimonials and ensure that their guidance is followed

Highlights from the GMC guidance

4 domains of Good Medical Practice

1. Knowledge and skills

- Make the care of your patient your first concern.
- Provide a good standard of practice and care.
- Keep your professional knowledge and skills up to date
- Recognise and work within the limits of your competence.

2. Safety and quality

- Take prompt action if you think that patient safety, dignity or comfort is being compromised
- Protect and promote the health of patients and the public

3. Communication, partnership and teamwork

- Treat patients as individuals and respect their dignity
- Work in partnership with patients

4. Maintaining trust

- Be honest and open and act with integrity.
- Never discriminate unfairly against patients or colleagues
- Never abuse your patients' trust in you or the public's trust in the profession



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GMC guidance

Knowledge, skills and
experience

- Referring patients when a doctor **cannot safely meet a patients needs**
- Seeking and acting on **feedback** from patients and colleagues
- If carrying out a procedure for the first time doctors must make sure they **can do so safely**
- Annual appraisal must cover the **whole of a doctor's practice**

GMC guidance

Safety and quality

- **Share insights** about outcomes with other people who offer similar interventions
- Tell patients how to report **complications and adverse reactions**
- Be satisfied that the environment for practice is **safe, suitably equipped and staffed**
- Carry out a **physical examination of patients** before prescribing injectable cosmetic medicines

GMC guidance

Communication, partnership and teamwork

- Doctor responsible for the procedure must **personally seek consent** from the patient
- Give patients **time to reflect**
- Consider patient **vulnerabilities** and **psychological needs**
- Make sure patients have **written information** about the medicines or implants used to ensure continuity of care
- Take care when considering carrying out procedures on **children and young people**

GMC guidance

Maintaining trust

- Detailed advice about what we consider to be **responsible marketing**
- Promotional tactics – think about the effect the **promotional tactics** might have on a patient
- **Must not offer cosmetic procedures as a prize**
- Not knowingly allow others to **misrepresent** their services

GMC advice for patients



- A leaflet for patients
- Explains what patients can expect from cosmetic practice doctors
- Help patients understand:
 - Risks & benefits
 - Consent
 - How and what to ask

GMC advice for patients



- The doctor responsible for your care must explain all you need to know
- Must seek your consent
- Should consider psychological as well as physical requirements
- Doctors must put patients before commercial considerations
- Must give you appropriate time to make decision

Summary – cosmetic interventions

- **seek your patient's consent to the procedure yourself** rather than delegate
- make sure patients are given **enough time and information** before they decide whether to have an intervention
- consider your patients' **psychological needs** and whether referral to another experienced professional colleague is appropriate
- recognise and work within the **limits of your competence**, seeking advice when necessary
- make sure patients have the **information they want or need**, including written information that supports continuity of care and includes relevant information about the medicines or devices used
- take **particular care** when considering requests for interventions on **children and young people**
- **market your services responsibly**, without making unjustifiable claims about interventions, trivialising the risks involved, or using promotional tactics that might encourage people to make ill-considered decisions

Other resources

- [Professional Standards for Cosmetic Surgery — Royal College of Surgeons \(rcseng.ac.uk\)](https://www.rcseng.ac.uk)
- [Non-surgical cosmetic procedures | Health Education England \(hee.nhs.uk\)](https://www.hee.nhs.uk)
- [Microsoft Word - Code of Conduct reformatted 19.3.13 \(baaps.org.uk\)](https://www.baaps.org.uk)
- [code-of-practice-2019 final.pdf \(bapras.org.uk\)](https://www.bapras.org.uk)
- [Guidance on the marketing of surgical and non-surgical cosmetic procedures - ASA | CAP](#)

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