

BEST PRACTICE IN COSMETIC SURGERY

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01 PRESIDENT'S INTRODUCTION



P. Ronan O'Connell
President RCSI

In 2019, at the behest of the UK General Medical Council (GMC), the Royal Colleges of Surgeons established an intercollegiate, cross specialty committee to consider development of a certification scheme for Cosmetic Surgery in anticipation of the introduction of a credentialing requirement by the GMC. RCSI was represented on the committee by Council Member Ms Margaret O'Donnell.

The purpose of the certification scheme was to address serious patient safety issues and lack of regulation identified in Sir Bruce Keogh's 2013 review of the regulation of cosmetic interventions. This review followed the Poly Implant Protheses scandal that exposed 'woeful lapses in product quality, after care and record keeping' (UK Dept of Health, 2013).

In 2020, RCSI Council established a short life working group (SLWG), chaired by Ms O'Donnell, to review the practice of cosmetic surgery in Ireland and to make recommendations that would prioritise the health and safety of individuals ahead of commercial interests and in doing so maintain the trust and safety of the public.

The Cosmetic Surgery Certification Scheme hosted by RCS England was launched in 2021 (RCS England, 2022). It remains an entirely voluntary process that at present is restricted to application from those registered with the GMC. It is likely that certification will become obligatory for those wishing to practice cosmetic surgery in the UK and in time a similar requirement may be introduced in Ireland.

As RCSI President I welcome publication of this report and thank Ms O'Donnell, the members of the SLWG and the RCSI Department of Surgical Affairs for their wide-ranging review, careful deliberation and wise recommendations. I urge the Department of Health, the HSE and the Medical Council to give this report careful consideration in the interests of patient safety and long-term viability of the cosmetic surgery industry.

A handwritten signature in black ink that reads "P. Ronan O'Connell". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

P. Ronan O'Connell

President RCSI

May 2022

02 CHAIR INTRODUCTION



Ms Margaret O'Donnell
Chair

Cosmetic Surgery involves a choice to undergo an operation, or invasive medical procedure, to alter one's physical appearance for aesthetic, rather than medical, reasons. Done well, cosmetic surgery procedures can, and do, confer significant improvement in the Quality of Life of an individual.

However, as with all branches of surgery, the risk: benefit ratio must be evaluated. There is the potential that cosmetic surgical procedures can result in serious complications including permanent disfigurement, disability, or death. Internationally, many governments have moved to improve regulation of cosmetic surgery and have oversight of the training and certification required of the practitioners, to improve patient safety and achieve optimum outcomes. The purpose of this Short Life Working Group was to review the existing regulation and training and certification in Ireland, and to consider Best Practice in Cosmetic Surgery.

Cosmetic surgery procedures are generally not available within the public health system, nor funded by private health insurers. Patients undergoing cosmetic surgery are generally funding these procedures themselves. There is a danger the surgery becomes merely a commodity, and the lines can become blurred between it being a medical procedure, and a lifestyle choice.

Unlike other branches of surgery, where a patient is referred by their general practitioner, many patients will self-refer, based on recommendations from social media or other non-medical sources. There is a risk that expert marketing may drive patient choice, rather than medical training and experience. Patients may assume that regulations exist to protect them.

Whilst all medical professionals are bound by the Guide to Professional Conduct and Ethics for Doctors of the Irish Medical Council (Irish Medical Council, 2019) patients can be misled by advertising and have false expectations.

This Short Life Working Group (SLWG) was charged with reviewing Best Practice in Cosmetic Surgery in Ireland. A number of Recommendations have been made (see Section 7). The role of the Royal College of Surgeons in Ireland (RCSI) is that of Training and Education. It is not a regulatory body. Implementation of many of the Recommendations would involve the Regulators such as the Medical Council (regulation of doctors), Health Products Regulatory Authority (regulation of Drugs and Medical Devices), HIQA (regulation of premises), Advertising Standards Authority of Ireland (regulation of advertising) etc. An umbrella group/forum of all the stakeholders involved in Cosmetic surgery should be convened, with the aim of improving to improve safety for those patients seeking Cosmetic Surgery.

The Chair of the SLWG would like to acknowledge the huge support provided by the Department of Surgical Affairs in producing this report. In particular, praise is due to Kieran Ryan, Managing Director of Surgical Affairs, for his ongoing commitment, and to Samantha Henson MSc Surgical Affairs Administrator, for her diligence and accuracy in researching, compiling and managing this report.

Ms Margaret O'Donnell

Chair
May 2022

03 INCLUSIONS & DEFINITIONS

Plastic Surgery and Cosmetic Surgery are not synonymous.

Plastic Surgery is the term recognised by the Medical Council. Once a surgeon has satisfactorily completed Specialist Surgical Training, they can apply to The Medical Council to be entered onto the Specialist Register of the relevant Speciality. The speciality is fully known as Plastic, Reconstructive and Aesthetic Surgery, and includes as its name suggests, Reconstructive subspecialties and an Aesthetic subspecialty. The Reconstructive subspecialties include Hand Surgery, Cleft Lip & Palate Surgery, Burn Surgery and reconstruction after breast cancer, head & neck cancer, and trauma, amongst others.

Plastic Surgery is the only surgical speciality to include Aesthetic in its title, but other Surgical Specialties also include anatomically specific aesthetic procedures. For example, Ophthalmology includes cosmetic eye procedures such as blepharoplasty, and General (Breast) surgeons may undertake cosmetic breast procedures.

It is important to note that the Medical Council does not recognise the term "Cosmetic Surgery".

There is no single, universally agreed, definition of cosmetic surgery. The terms aesthetic surgery and cosmetic surgery are often used interchangeably. For the purposes of this Report the term "cosmetic surgery", "cosmetic surgeon" and "cosmetic practice" are used rather than "aesthetic surgery" or "aesthetic surgeon". This is in line with other Reports (RCS England, 2013), and chosen because it matches common usage and patient perception.

Thus, a surgeon on the Specialist Register may choose to use the term Cosmetic rather than Aesthetic, because of public familiarity with that term, but not all those using the term Cosmetic Surgeon have completed Specialist Surgical Training (See Section 6.2).

3.1 DEFINITION FROM THE EUROPEAN STANDARDS IN AESTHETIC SURGERY SERVICES (NSAI, 2014)

Aesthetic Surgery services - services related to operative procedures where the primary aim is the change, the restoration or improvement of the appearance, the function and well-being at the request of an individual.

3.2 DEFINITION FROM THE RCS ENGLAND CERTIFICATION SCHEME (RCSEng, 2022)

Cosmetic surgery is where a person chooses to have an operation, or invasive medical procedure, to change their physical appearance for cosmetic rather than medical reasons.

3.3 SUGGESTED DEFINITION FOR THE PURPOSES OF THIS REPORT

Cosmetic surgery can be defined as surgery to alter the appearance of the body, in the absence of disease, injury or congenital deformity. (Breuning EE, 2010)

3.4 EXCLUSIONS

This scope of this Report does not include non-surgical minimal invasive cosmetic interventions.

Non-surgical interventions include many treatments which breach the integrity of the skin, such as Botox and filler injections, thread lifts and liposuction. Such procedures are undertaken by a wide variety of practitioners, including Specialist Surgeons, medical doctors, nurses, beauticians, and others without medical training. Non-surgical interventions are poorly regulated yet have the potential to cause permanent disfigurement, acute/chronic infections, blindness, and death. There are challenges in legislating and regulating these practices, yet the complications can require Specialist Surgical intervention.

As there are so many practitioners who are not surgeons, this area of non-surgical cosmetic practice falls outside the scope of this RCSI Surgery Report, despite the need for improved patient safety measures, and the fact that complications arising from such procedures, may require surgical correction. RCSI would welcome better regulation of this expanding area.

04 EXECUTIVE SUMMARY

This Short Life Working Group (SLWG) was charged with reviewing Best Practice in Cosmetic Surgery in Ireland. Several Recommendations have been made (see section 7). These recommendations are under the Headings of Patient, Practitioner, Premises, Procedure and Products.

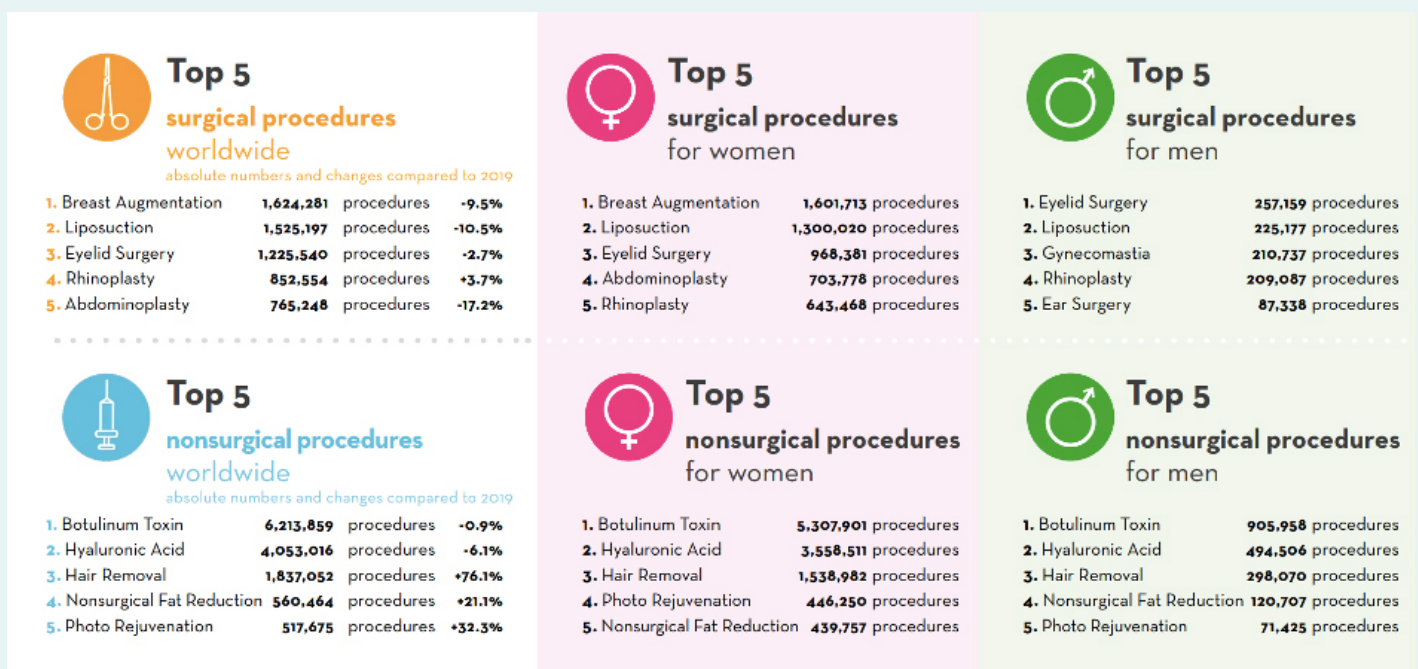
The role of the Royal College of Surgeons in Ireland (RCSI) is that of Training and Education. It is not a regulatory body. Implementation of many of the Recommendations would involve the Regulators such as the Medical Council (regulation of doctors), Health Products Regulatory Authority (regulation of Drugs and Medical Devices), HIQA (regulation of premises), Advertising Standards Authority of Ireland (regulation of advertising) etc.

An umbrella group/forum of all the stakeholders involved in Cosmetic surgery should be convened, with the aim of improving to improve safety for those patients seeking Cosmetic Surgery.

05 BACKGROUND

The number of cosmetic surgery operations and nonsurgical interventions has been increasing worldwide, year-on-year. The most recent annual data survey, conducted in 2020 during the Covid Pandemic by the International Society of Aesthetic Plastic Surgeons supports this statement (see Figure 1 below). There is no reliable national data for Ireland.

FIGURE 01:
2020 Statistics at a glance



Source: www.isaps.org

Very many patients benefit for cosmetic surgery intervention and have an enhanced Quality of Life as a result. However, there are risks.

In response to high-profile events, where cosmetic surgery patients came to harm, many countries have moved to introduce or enhance regulation of this sector (Griffiths & Mullock, 2018). In France, after the use of non-medical grade silicone in PIP implants, the public demanded improved safety for patients undergoing cosmetic surgery (Fogil, 2009). In the UK, Sir Bruce Keogh chaired a Review of the Regulation of Cosmetic Interventions (UK Dept of Health, 2013), in 2013, commented that “those having cosmetic interventions are often vulnerable. They take their safety as a given and assume regulation is already in place to protect them”. There is no reason to think the situation in Ireland is any different.

A key recommendation of the Keogh report was for the “Royal College of Surgeons to establish an Inter-Specialty Committee on Cosmetic Surgery, made up of representatives of the relevant specialty and professional associations. The purpose of that group was to set standards for cosmetic surgery practice and training, and to make arrangements for formal certification of all surgeons regarded as competent to undertake cosmetic procedures”. (UK Dept of Health, 2013)

Furthermore, they recommended that all those performing cosmetic interventions must be registered.

As a result, an Intercollegiate Certification Scheme in Cosmetic Surgery was devised and developed by the Royal College of Surgeons in England. The Intercollegiate Cosmetic Surgery Certification Scheme is supported by a process that aims to provide accreditation of competences (including professional

behaviours, clinical skills, knowledge, and experience) in defined areas of cosmetic surgery. The Inter-Collegiate Certification Scheme in Cosmetic Surgery is welcomed by RCSI. However, Irish-based surgeons have had difficulty in achieving certification as the revalidation process, and other statutory requirements, differ between UK and Ireland.

The establishment of the Intercollegiate Certification Scheme in Cosmetic Surgery provoked questions about the provision of Cosmetic Surgery Services in Ireland. The President of the RCSI, Professor Ronan O'Connell, set up a Short Life Working Group to review Best Practice in Cosmetic Surgery. There is every reason to expect the same safety issues exist in Ireland as other countries in Europe, and that there is a lack of regulation in common with international experience.

Almost all Surgical Specialities, bar Neurosurgery, have procedures which could be considered cosmetic. One may not immediately include Orthopaedic Surgery or Urology, but leg lengthening/shortening procedures or circumcision can be requested for cosmetic reasons. Two other branches of surgery, where patients increasingly self-refer, are Bariatric Surgery and Cosmetic Gynaecological Surgery. Many Irish patients travel abroad for cosmetic and bariatric surgery. In Ireland, it is estimated that 8-10 patients per week are presenting at Irish hospitals with complications of bariatric surgery carried out abroad (*Cullen, 2021*). The Royal College of Obstetricians and Gynaecologists have raised concerns to the growing number of cosmetic gynaecological operations been undertaken in young women.

As this Report is primarily concerned with the safety of the patient, it has been developed using the concept of the Safety Diamond, a concept was promoted the International Association of Aesthetic Plastic Surgeons (*Foad Nahai, 2009*). The four points of this Safety Diamond were Patient, Procedure, Surgeon, and Surgical Facility.

The RCSI SLWG advocates extending this very useful concept to include a fifth point, and designates this as the "5 P- Safety Star":

The 5 P- Pointed Safety Star:

- Patient
- Practitioner
- Premises
- Procedure
- Product

This report will be considered in these categories, as patient safety is at the core of all branches of surgery.

06 MAIN FINDINGS AND RECOMMENDATIONS

6.1 PATIENT

6.1.1. Guiding Patient Choice and information

Patients receive information about cosmetic surgery procedures from a wide variety of sources. This information gathering starts long before they meet a surgeon. Information is gleaned from the internet, social media, newspapers, and magazines, in addition to medical sources such as their General Practitioner and other doctors.

There is wide variation in the accuracy and completeness of information relating to cosmetic surgery. It is difficult for the patient to ascertain which are the legitimate sources of such information. One source is *"Recommendations for Patients considering Surgical Cosmetic procedures"* published in 2012 by the Department of Health and the Irish Association of Plastic Surgeons (IAPS) (IAPS & IE CMO, 2012).

All surgery contains an element of risk, and patients should seek to inform themselves of both the risks and benefits of any procedures before deciding to proceed. Cosmetic surgery should be no different. However, it must be noted that a patient's ability to make an informed decision is distorted when based on incomplete or misleading information.

Conclusion

There is no method by which a patient can be certain that information found, through multiple sources, is scientifically factual or accurate.

Recommendation

It would be useful to establish a patient awareness campaign which emphasises that cosmetic surgery is a medical procedure, and which highlights the necessity of checking the sources of information about cosmetic surgery.

RCSI does not have a regulatory role, but in conjunction with the Irish Association of Plastic Surgeons and now with the other surgical specialty organisations, will publish a second edition of a Reference Guide for Patients Considering Cosmetic Surgery, based on the original 2012 Department of Health/ IAPS Guidelines.

This will be communicated to the HSE and the Department of Health, and the RCSI would support a simple public health awareness campaign.

6.1.2. Advertising Standards, Media and Social Media

"Advertising Standards are designed to ensure that marketing communications for medicines, medical devices, treatments, health-related products and beauty products receive the necessary high level of scrutiny" (ASAI, 2016)

Such marketing communications are regulated by the Advertising Standards Authority of Ireland Code 7th Edition (ASAI, 2016). There is a specific chapter within this code which relates to Health and Beauty. In relation to the rules it advocates, the ASAI website specifies that:

"These rules apply to marketing communications and not the products, which are regulated by health regulators such as the Health Products Regulatory Authority (HPRA) www.hpra.ie, the European Medicines Agency (EMA), www.ema.europa.eu, and the Department of Health, www.health.gov.ie" (ASAI, 2016)

There is widespread information about Cosmetic Surgery on social media. Some of this may be very useful, but some may be misleading. The origin and accuracy of such information is not always identified. There can be no clear differentiation between surgical procedures undertaken by a qualified and trained surgeon or medical doctor, and beauty treatment undertaken by a non-medical professional.

Television and other media outlets show both positive patient experiences, and very bad, sometimes catastrophic, outcomes from cosmetic surgery.

It is very difficult for patients to differentiate between a well-trained and qualified practitioner with a poor social media or website profile, and a less trained or qualified practitioner with good marketing and social media tools.

Conclusion

The ASAI regulates the message, not the product, or the practitioner.

Complaints about advertising and marketing can be made to the Advertising Standards Authority, but ASAI do not proactively seek out breaches of the regulations.

Recommendation

RCSI would advocate that surgical procedures, which should only be carried out by doctors, should have the highest level of scrutiny in advertising. Consideration should be given to follow the lead of other countries, whereby advertising of cosmetic surgery is prohibited or limited.

RCSI requests that the Advertising Standards Authority of Ireland consider classifying Medical Procedures, in particular Surgery, separately to Beauty in the Advertising Standards.

Many European countries have brought in legislation in relation to advertising of cosmetic surgery, in the interests of patient safety. Similar legislation could be considered in Ireland.

Consideration could be given the concept that the providers of Cosmetic Surgery would declare whether they are either 1) a Medical service, or 2) a Commercial service. This would provide a clear safety distinction for the patient. Those who provide a medical service must offer treatment which is "in the patient's best interest" and is regulated by the Medical Council and other regulators.

Those providing a Commercial service offer the patient less protection, as a commercial service is ideally, but not obliged to be, in the customers best interest. The concept of "Buyer Beware" applies.

If a Provider of Cosmetic services had to opt for either Medical or Commercial designation, a patient would have greater clarity about whose interest is foremost, and which protections apply.

6.1.3. The Role of the General Practitioner

Many patients self-refer for cosmetic surgery. It is important that the surgeon is aware of the patient's full medical history. As with all proposed surgical procedures, a GP will have important information which should be passed on to the surgeon.

The GP may have knowledge of reputable specialist surgeons, and can give impartial advice to a patient, about choosing a practitioner, or interpreting claims made in advertising or on social media.

6.2 PRACTITIONER

6.2.1. Regulation of the term 'Surgeon' and 'Cosmetic Surgeon'

The Irish Medical Council holds the Register of Medical Specialists in Ireland. There is no specialty recognised as "Cosmetic Surgery" or a "Cosmetic Surgeon" and thus the term is not protected by law.

It is possible for any doctor to describe themselves as a "Cosmetic Surgeon" as it is not a term recognised or regulated by the Medical Council.

It is also possible for a doctor on the General Register to use the term "surgeon", without being registered on the Specialist Register for any Surgical Specialty.

This is an anomaly given the rigor of education, training, and regulation for those on the Specialist Register in all other surgical specialities. The public deserve the same degree of rigor applied to those calling themselves a cosmetic surgeon or using the term surgeon.

Recommendation

RCSI understands there are legal issues around the use of the title "surgeon" or "cosmetic surgeon". However, these terms should be clarified and defined in the interest of public safety and improved information for the public

RCSI recommends that the Minister for Health might consider limiting the use of the term "Surgeon" to those who have completed specialist training in a Surgical Speciality recognised by the Medical Council, and as provided for in Medical Practitioners Act 2007 - section 39:

"39.— (1) Subject to subsections (2), (3) and (4), the Minister may, after consulting the Council or pursuant to a recommendation of the Council, make regulations to designate for the purposes of this Act any title (including variants thereof and any combination of letters) to be used by any registered medical practitioner, or a class of registered medical practitioners, as specified in the regulations." (*Law Reform Commission, n.d.*)

6.2.2. Specialty Register

The Irish Medical Council holds the Register of Medical Specialists in Ireland. If the name of an individual doctor is known, it is possible to check on the Medical Council website whether that Doctor holds Specialist Registration. However, it is not possible to search by specialty, for example for all Plastic

Reconstructive and Aesthetic Surgeons, or all Ophthalmologists, etc. This makes it more difficult for members of the public to find a suitably qualified surgeon in a particular Specialty.

Recommendation

The ability to search for a particular Specialty on the Medical Council website would be welcomed and in the interest of the patient, rather than the search facility being limited to a specific named doctor.

6.2.3 Register of Cosmetic Surgeons

There is no register of surgeons undertaking Cosmetic Surgery in Ireland. It is not possible to search for a surgeon undertaking cosmetic procedures on any independent, validated website. All searches depend on the power of advertising or search engine success. This does not have any bearing on the ability, training, or expertise of the surgeon.

Recommendation

A register of surgeons undertaking cosmetic surgery could be developed. This would require multiple stakeholder involvement. Such a register would only have value if the qualification and experience of the surgeon were included.

6.2.4 Cosmetic Surgery as a Sub-Specialty

Cosmetic surgery is a subspecialty of many of the surgical specialties defined by the Medical Council. However, although the Medical Council recognise Surgical Specialties, it does not define subspecialties.

Many of the surgical specialties include cosmetic surgery procedures as part of their scope of practice, and cosmetic procedures form part of the syllabus and training in the specialties. These specialties include:

- Plastic, Reconstructive and Aesthetic Surgery
- Ophthalmology
- Otolaryngology
- General Surgery (predominantly surgeons with a special interest in Breast Surgery)
- Maxillo-facial surgery

Other surgeons, in specialties not traditionally associated with cosmetic procedures, are increasingly seeing requests for procedures which might be seen as cosmetic in nature:

- Orthopaedic surgery (bone lengthening/shortening procedures)

- Gynaecological surgery (cosmetic genital surgery)
- Urology (scrotopexy, circumcision)

Whilst Bariatric Surgery is not cosmetic in nature, in that it does not directly alter appearance, it shares some of the same patient safety issues as patients may be vulnerable and can, and often do, self-refer. Many of the principles and recommendations alluded to in this document apply to Bariatric Surgery patients.

As cosmetic surgery is not designated as a subspecialty and is also undertaken by doctors who do not hold Specialist Registration, it can be difficult for members of the public to distinguish three groups:

- those who do not have any Specialist Training and describe themselves as "Cosmetic Surgeons",
- those who have achieved Specialist Registration in their specialty and undertake cosmetic surgery procedures yet described by their parent Specialty rather than "Cosmetic Surgeon".
- those who have achieved Specialist Registration in their chosen Specialty but have no special expertise or training in cosmetic surgery, and do not perform such surgery.

Recommendation

A joint initiative, between RCSI (the educators) and the Medical Council (the regulators), could be established to define what is meant by a properly trained cosmetic surgeon. This would be valuable information for the public.

6.3 INTERCOLLEGIATE SCHEME IN COSMETIC SURGERY

6.3.1 Background to the Intercollegiate Scheme in Cosmetic Surgery

An Intercollegiate Certification scheme in Cosmetic Surgery has been established (*RCS England, 2022*).

This Certification scheme was developed by the Royal College of Surgeons of England through a Cosmetic Surgery Inter-Specialty Committee comprising a wide range of stakeholders including representatives of the Royal Colleges in the UK and Ireland, the relevant Surgical Specialty Associations (SSAs), patients, providers, and regulators. Its role was to respond to the "Review into the Regulation of Cosmetic Interventions" in 2013, led by the Department of Health, which recommended a more robust regulatory framework that provides protection to patients against the potential risks from cosmetic procedures (*UK Dept of Health, 2013*).

It was envisaged that this intercollegiate scheme would be open to Fellows of all four Royal Colleges. Surgeons who are on the Specialist Register can apply for this Certification and achieve it by undertaking certain assessments and fulfilling specific criteria, including an audit of their practices and defined Masterclasses in several areas such as, but not limited to, Medical Professionalism.

6.3.2 GMC Credentialing

The Certification Scheme was designed with the expectation that the GMC in the UK would use the scheme as part of its plans for a regulated Credentialing Programme. This would mean, that for practitioners to legally perform defined procedures they would have to demonstrate to the GMC that they have the requirements to attain the Credential. The regulatory processes to underpin this have not yet been put in place by the GMC.

In Ireland the Medical Council have not indicated any plan for a regulated Credentialing programme.

It is not within the remit of the RCSI or any of the other surgical Royal Colleges to certify a Credential for a practitioner.

Recommendation

Credentialling is not an issue unique to plastic surgery, or indeed to surgery. RCSI recommends that the Minister of Health and the Medical Council would engage with the Training Bodies and other interested parties to developing a system of credentialling, or formal recognition of sub-specialists' skills that require expertise above & beyond that required for Specialist Registration.

6.3.3 Benefit of the Intercollegiate Scheme in Cosmetic Surgery

The Intercollegiate Certification Scheme in Cosmetic Surgery was developed to improve Patients Safety for those undergoing cosmetic surgery. It sets out criteria, both technical and professional behaviours, for those undertaking cosmetic surgery.

The SLWG supports the aims of the Scheme.

6.3.4 Participation in the Intercollegiate Scheme in Cosmetic Surgery

It is possible for Irish registered surgeons to apply for, and participate in, the Intercollegiate Certification Scheme, but it is not possible, at present, for an Irish-registered surgeon to complete the Certificate. There are two requirements which are problematic:

- The need to prove Re-Validation, a formal GMC process which is not undertaken in Ireland.
- The need to comply with Clinical Outcomes Data, by showing of compliance with the UK Competition and Markets Authority (CMA) and PHIN, for collection and publication of clinical outcomes data at provider and consultant level.

This Cosmetic Surgery Scheme is an Intercollegiate initiative. Fellows of RCSI, based in the UK and registered with the GMC would be able to complete this certificate, if they were able to fulfil the criteria including revalidation, and clinical outcome data.

It is not required for surgeons registered with the Irish Medical Council to achieve the validation and other requirements for the Certificate as it is currently designed. In the short-term, it would be useful for them to attend the Masterclass in Professionalism module of the Scheme. This would be a very relevant CPD exercise for those undertaking Cosmetic Surgery. All participants in the Masterclass, whether based in the UK or Ireland, must be on the Specialist Register of a relevant specialty.

There is an abridged application process for the Certificate, for Established Practitioners in cosmetic surgery. This shortened application process ends on December 31, 2022.

Recommendation

A system, supported by the Medical Council, by which surgeons can be certified in cosmetic surgery would be useful to inform and protect the public.

6.3.5 Alternative Certification

RCSI could consider providing a Certificate of Attendance, as distinct from a Certificate of Competency to those who complete the Masterclass in Professionalism in Cosmetic Surgery.

There are many established practitioners in Cosmetic Surgery in Ireland, on the Specialist register, who would like to apply for the Certificate and who may have sufficient numbers and outcomes to qualify. A route which shows equivalent standards of revalidation and outcomes for those based in Ireland should continue to be explored through the Intercollegiate system.

6.4 PREMISES AND LOCATION OF COSMETIC SURGICAL SERVICES

6.4.1 Standards for Premises

The provision of medical or surgical services should be in premises and locations that are fit for such purposes. The SLWG found that there are no specific standards pertaining to cosmetic surgery. Premises in which surgery is being undertaken should have to achieve certain standards in relation to electricity safety, water safety, and infection control safety.

6.4.2 The General Scheme of the Patient Safety (Licensing) Bill

The General Scheme of the Patient Safety (Licensing) Bill is in draft format (*IE Gov, n.d.*). This draft sets out a licence framework for hospitals and other services not already included in licensing type legislation. The Health Information and Quality Authority (HIQA) will be the licensing authority.

While acute hospitals will be subject to licensing, other “higher risk clinical health services provided in other settings will also be licensed” (*IE Gov, n.d.*). However, the draft bill states that “designated activities are **likely** to initially relate to cosmetic surgery services”.

Recommendation.

As the “objective of the proposed licensing system is to improve patient safety by ensuring that healthcare providers do not operate below the standards set by Ministerial regulation” this Short Life Working Group strongly endorses the need for cosmetic surgery services to be included within this Bill, rather than it being “likely”.

6.4.3 Inclusion criteria - The General Scheme of the Patient Safety (Licensing) Bill

Licensing of premises which undertake Cosmetic Surgery Services should not be limited to those providing General Anaesthesia, as discussed in the Bill. Many significant Cosmetic operations can be undertaken under local, regional anaesthesia and/or sedation. Death and permanent disfigurement can occur after such procedures. Paradoxically, procedures under general anaesthesia may be safer given the requirements for safe anaesthesia (see below 6.5.3).

The type of anaesthesia, and whether a procedure is considered surgical or nonsurgical, or invasive or not, does not always align with the risk.

Recommendation

Regulation should be aimed at potential risk and patient safety outcomes, (risk of death or permanent disability) rather than using the type of anaesthesia or the terminology of surgery/non-invasive/nonsurgical as an inclusion or exclusion factor.

6.4.4 Register of Premises performing Cosmetic Surgery

Currently, there is no national list of premises or institutions in which Cosmetic Surgery is undertaken. For the purposes of this Short Life Working Group, an attempt was made to identify the premises in Ireland, in which cosmetic surgery was undertaken. This was a difficult exercise. This data is included in the research of the SLWG but not sufficiently accurate to include in this publication.

Recommendation

This SLWG recommends that there would be a register of premises or institutions in which cosmetic surgery is undertaken, ideally those which are licensed by HIQA. This would enable a patient to search for a licensed institution.

6.5 PROCEDURES**6.5.1 Definition of Cosmetic Surgery Surgical and Non-Surgical procedures**

Cosmetic procedures are often considered as “surgical” and “non-surgical”. There is no consensus agreement on the definition of these terms, or the procedures that are contained within them.

The scope of this SLWG is confined to “surgery”, but it is important to note that many “non-surgical” procedures are invasive (i.e., breach the skin) and have potential for serious harm including permanent disfigurement. Excluding these non-surgical procedures from this document is in no way minimising their potential risks.

Recommendation

In line with other jurisdictions, there is a need to urgently review the regulation in the provision of non-surgical cosmetic services. This will require a multi-stakeholder involvement and is a Public Health issue. Given its role in training and education, it is appropriate RCSI would play a role in this.

6.5.2 Identification of the type of cosmetic surgery which falls within the individual Surgical Specialities.

Many cosmetic procedures are included within the syllabus of mainstream Higher Surgical Training in the Surgical Specialities. For example, breast reduction surgery is included in Plastic Surgery and General Surgery (Breast); correction of prominent ears is included in the Plastic Surgery and the Otolaryngology syllabus; blepharoplasty is included in Plastic Surgery and in Ophthalmic Surgery. (ISCP, 2022)

Recommendation

The Inter Collegiate Certification Scheme in Cosmetic Surgery identifies the different procedures, based on anatomical areas, which fall within each Specialty. For example, an ophthalmologist could be certified in cosmetic eye procedures, but not breast procedures. The primary purpose particularly in terms of the public, is to ensure that those undertaking cosmetic procedures should have completed specialist training and/or be on the relevant Specialist Register.

6.5.3 The Role of Anaesthesia

Surgical procedures can be undertaken under local anaesthetic, with or without sedation, or general anaesthetic. The Irish College of Anaesthesiology has clear and extensive guidelines for the provision of safe anaesthesia. Provision of safe, and appropriate, anaesthesia is an integral part of the provision of safe cosmetic surgery. There is a tendency to consider that licencing should be confined to those procedures which require general anaesthesia. This could be manipulated to perform procedures without optimum anaesthesia or monitoring. It also loses sight of the fact that more minor surgical procedures may also result in disfigurement and/or death.

There are a wide variety of procedures, multiple specialities involved, and different types of anaesthesia.

Recommendation

Provision of anaesthesia should be in keeping with the Guidelines of the Irish College of Anaesthesiologists. Any regulation should be aimed towards improving patient safety overall, rather than listing individual procedures or defining them by the type of anaesthesia used.

6.5.4 New and Evolving Procedures

The field and scope of Cosmetic Surgery is rapidly expanding. Novel procedures are regularly being developed. These will not be contained in any syllabus of Higher Surgical Training. Some of these newer developments are rigorously tested and have high regard for patient safety. Some less so. For example, lipo-filling of the buttock ("butt-lift") has led to a number of deaths in South America and elsewhere.

Given the myriad of procedures, surgeons will not necessarily have undertaken training in these procedures at the time of their Specialist Registration and should train and/or certify in such procedures as Continuing Professional Development.

Recommendation

It is recommended that surgeons undertaking cosmetic surgery undertake appropriate CPD, relevant to their cosmetic practice.

6.5.5 Multiple Simultaneous, or Prolonged Surgical Procedures

In other fields of surgery, it is not common to undertake multiple surgical procedures at the same setting. Most surgery is for a single abnormal condition. It is not uncommon though, in

cosmetic surgery, for the patient and for the surgeon to consider simultaneous multiple procedures.

Prolonged surgery/anaesthesia for multiple procedures undertaken at the same time can increase risk.

Recommendation

A maximum predicted operating time should be considered for Cosmetic Surgery Procedures, as identified in the European Standards for Aesthetic Surgery Services. Anaesthetists should be also aware of their Patient Safety role in cases scheduled for prolonged anaesthesia.

6.6. PRODUCTS

6.6.1 Regulation of Medical Drugs and Devices

In Ireland, medical devices and medical drugs are regulated by the Health Products Regulatory Authority (HPRA). The HPRA regulates the product, not the Practitioner.

One must be a medical doctor to prescribe and administer/use a prescription drug.

However, one does not need to be a medical practitioner to use a medical device, even if the administration of such a medical device is by injection or other invasive means.

There is an anomaly in the regulation of Medical Devices which are administered by injection or other invasive means.

Injectable fillers such as hyaluronic acid are an example of a medical device which is injected. Certain lasers also penetrate deeply into the skin and can cause burns or other injury. While such devices, if intended for medical use, are regulated by HPRA, the practitioner who uses them is not designated. Similarly, liposuction instruments may be subject to stringent regulation, yet those who use them are not regulated in their use.

Recommendation

The mode of delivery of certain medical devices should be considered, in legislation. This SLWG supports the concept that injectable medical devices, such as fillers, would become a prescription-only agent, or similar licensing arrangement.

6.6.2 Breast Implants

There have been a number of serious patient safety Incidents relating to Breast Implants over the past 2-3 decades. This has resulted in the withdrawal from the market of a number of products, including Soya oil and sugar-based implants 20 years ago. PIP implants were manufactured in France and involved the fraudulent use of non-medical-grade silicone. They were withdrawn from the market in 2010. More recently, there has been a concern about a rare type of Anaplastic Large Cell Lymphoma (ALCL) which has been linked to a certain type of breast implant with a textured surface, many of which have also been withdrawn from the market. A Breast Implant/ALCL Serious Incident Management Team (*SIMT*) was set up by the Department of Health in 2018. One of their Recommendations was the establishment of a National Breast Implant Registry.

There is no Breast Implant Registry in Ireland. On each of these occasions, when there has been a safety issue with breast implants, it has been difficult to identify patients who may have

been affected. There have been varying degrees of cooperation by institutions and practitioners, in tracking and trying to identify such patients that may be involved in these cases.

The International Collaboration of Breast Registry Associations (*iCOBRA*) has made a dataset available to all countries who wish to participate. Funding methods for such registries have been identified. A number of European and other first world countries are now participating in iCOBRA. Ireland has signed up to iCOBRA but does not yet have a Breast Implant Registry.

It is not mandatory, although recommended, to report device failures to the HPRA, such as rupture of a breast implant. A Breast Implant Registry would assist in identifying any potential product failure, similar to Orthopaedic Registries being instrumental in identifying abnormalities with hip prostheses.

The National Office of Clinical Audit (*NOCA*) manages a suite of national clinical audits. Each audit focuses on a unique area of healthcare such as hip fracture, major trauma, hospital mortality or joint replacements. Within NOCA, the Irish National Orthopaedic Register (*INOR*) aims to improve the quality of services and care provided to patients having joint replacement surgery. By using patient scoring systems and recording on implant performance and patient outcomes, INOR aims to monitor the safety of implants and support hospitals should an implant recall occur.

Recommendation

RCSI strongly supports the establishment of a National Breast Implant Registry developed in Ireland, ideally under the auspices of the National Office of Clinical Audit (*NOCA*). The establishment of a National Breast Implant Register was also a Recommendation of the Department of Health Breast Implant/ALCL Serious Incident Management Team (*SIMT*)

6.7. CONCLUSION

There are several different stakeholders who have regulatory or other oversight of Cosmetic Surgery. These include oversight of practitioners/registration by Medical Council; training by RCSI and other bodies; premises by HIQA (HIQA is only beginning to regulate/inspect); and products by HPRA (medical drugs and devices).

While a product may be regulated, the person who uses it is not necessarily regulated, or linked in any way to the use of that product. The premises in which the licensed practitioner works, or a licensed product is used, may not be licensed, even under the proposed Bill.

Recommendation

An umbrella group/forum of all the stakeholders involved in Cosmetic surgery should be convened to ensure these anomalies are addressed, with the aim of improving to improve safety for those patients seeking Cosmetic Surgery.

07 RECOMMENDATIONS

7.1 PATIENT

Guiding Patient Choice and information

It would be useful to establish a patient awareness campaign which emphasises that cosmetic surgery is a medical procedure, and which highlights the necessity of checking the sources of information about cosmetic surgery.

RCSI does not have a regulatory role, but in conjunction with the Irish Association of Plastic Surgeons and now with the other surgical specialty organisations, could produce a second edition of a Reference Guide for Patients Considering Cosmetic Surgery, based on the original 2012 Department of Health/ IAPS Guidelines.

This will be communicated to the HSE and the Department of Health, and the RCSI would support a simple public health awareness campaign.

Advertising Standards, Media and Social Media

That the Advertising Standards Authority of Ireland would consider classifying Medical Procedures, in particular Surgery, separately to Beauty in the Advertising Standards.

Those surgical procedures, which should only be carried out by doctors, should have the highest level of scrutiny in advertising. Consideration should be given to follow the lead of other countries, whereby advertising of cosmetic surgery is prohibited or limited.

Many European countries have brought in legislation in relation to advertising of cosmetic surgery, in the interests of patient safety. Similar legislation could be considered in Ireland.

Consideration could be given the concept that the providers of Cosmetic Surgery would declare whether they are either 1) a medical service, or 2) a Commercial service. This would provide a clear safety distinction for the patient. Those who provide a medical service must offer treatment which is “in the patient’s best interest” and is regulated by the Medical Council and other regulators.

Those providing a Commercial service offer the patient less protection, as a commercial service is ideally, but not obliged to be, in the customers best interest. The concept of “Buyer Beware” applies.

If a Provider of Cosmetic services had to opt for either Medical or Commercial designation, a patient would have greater clarity about whose interest is foremost, and which protections apply.

7.2 PRACTITIONER

Regulation of the term ‘Surgeon’ and ‘Cosmetic Surgeon’

RCSI understands there are legal issues around the use of the title “surgeon” or “cosmetic surgeon”. However, these terms should be clarified and defined in the interest of public safety and improved information for the public.

RCSI recommends that the Minister for Health might consider limiting the use of the term “Surgeon”, as provided for in Medical Practitioners Act 2007 - section 39, to those who have completed specialist training in a Surgical Speciality recognised by the Medical Council.

Specialty Register

The ability to search for a particular Specialty on the Medical Council website would be welcomed and in the interest of the patient, rather than the search facility being limited to a specific named doctor.

Register of Cosmetic Surgeons

A register of surgeons undertaking cosmetic surgery could be developed. This would require multiple stakeholder involvement. Such a register would only have value if the qualification and experience of the surgeon were included.

Cosmetic Surgery as a Sub-Specialty

A joint initiative, between RCSI (the educators) and the Medical Council (the regulators), could be established to define what is meant by a properly trained cosmetic surgeon. This would be valuable information for the public.

7.3 INTERCOLLEGIATE SCHEME IN COSMETIC SURGERY

GMC Credentialing

This is not an issue unique to plastic surgery, or indeed to surgery. RCSI recommends that the Minister of Health and the Medical Council would engage with the Training Bodies and other interested parties on developing a system of credentialling, or formal recognition of sub-specialists’ skills that require expertise above & beyond that required for Specialist Registration.

Participation in the Intercollegiate Scheme in Cosmetic Surgery

A system, supported by the Medical Council, by which surgeons can be certified in cosmetic surgery would be useful to inform and protect the public.

7.4 PREMISES AND LOCATION OF COSMETIC SURGICAL SERVICES

The General Scheme of the Patient Safety (Licensing) Bill

As the “objective of the proposed licensing system is to improve patient safety by ensuring that healthcare providers do not operate below the standards set by Ministerial regulation” this Short Life Working Group strongly endorses the need for cosmetic surgery services to be included within this Bill, rather than it being “likely”.

Inclusion criteria - The General Scheme of the Patient Safety (Licensing) Bill

Regulation should be aimed at potential risk and patient safety, (risk of death or permanent disability) rather than using the type of anaesthesia or the terminology of surgery/non-invasive/nonsurgical as an inclusion or exclusion factor.

Register of Premises performing Cosmetic Surgery

This SLWG recommends that there would be a register of premises or institutions in which cosmetic surgery is undertaken, ideally those which are licensed by HIQA. This would enable a patient to search for a licensed institution.

7.5 PROCEDURES

Definition of Cosmetic Surgery Surgical and Non-Surgical procedures

In line with other jurisdictions, there is a need to urgently review the regulation in the provision of non-surgical cosmetic services. This will require a multi-stakeholder involvement, and is a Public Health issue. Given its role in training and education, it is appropriate RCSI would play a role in this.

Identification of the type of cosmetic surgery which falls within the individual Surgical Specialities

The Inter Collegiate Certification Scheme in Cosmetic Surgery identifies the different procedures, based on anatomical areas, which fall within each Specialty. For example, an ophthalmologist could be certified in cosmetic eye procedures, but not breast procedures. The primary purpose particularly in terms of the public, is to ensure that those undertaking cosmetic procedures should have completed specialist training and/or be on the relevant Specialist Register.

The Role of Anaesthesia

Provision of anaesthesia should be in keeping with the Guidelines of the Irish College of Anaesthesiologists. Any regulation should be aimed towards improving patient safety overall, rather than listing individual procedures or defining them by the type of anaesthesia used.

New and Evolving Procedures

It is recommended that surgeons undertaking cosmetic surgery undertake appropriate CPD, relevant to their cosmetic practice.

Multiple Simultaneous, or Prolonged Surgical Procedures

A maximum predicted operating time should be considered for Cosmetic Surgery Procedures, as identified in the European Standards for Aesthetic Surgery Services. Anaesthetists should be also aware of their Patient Safety role in cases scheduled for prolonged anaesthesia.

7.6 PRODUCTS

Regulation of Medical Drugs and Devices

The mode of delivery of certain medical devices should be considered, in legislation. This SLWG supports the concept that injectable medical devices, such as fillers, would become a prescription-only agent, or similar licensing arrangement.

Breast Implants

RCSI strongly supports the establishment of a National Breast Implant Registry developed in Ireland, ideally under the auspices of the National Office of Clinical Audit (NOCA). The establishment of a Department of Health National Breast Implant Register was also a Recommendation of the Breast Implant/ALCL Serious Incident Management Team (SIMT).

7.7 CONCLUSION

An umbrella group/forum of all the stakeholders involved in Cosmetic surgery should be convened to ensure these anomalies are addressed, with the aim of improving to improve safety for those patients seeking Cosmetic Surgery.

08 TERMS OF REFERENCE (APPENDIX A)

RCSI COMMITTEE FOR SURGICAL AFFAIRS SHORT LIFE WORKING GROUP BEST PRACTICE IN COSMETIC SURGERY

MISSION / VISION

The aim of the SLWG is to:

- Provide recommendations to RCSI on the principles of best practice in Cosmetic Surgery
- To promote standards of care for cosmetic surgery service providers,
- Enhance patient satisfaction and patient safety
- Review the Intercollegiate Certification Scheme in Cosmetic Surgery
- Suggest improvements in how cosmetic surgery services could be delivered in Ireland, to enhance patient safety and reduce the risk of complications

Scope

Cosmetic surgery involves a choice, to undergo an operation, or invasive medical procedure, to alter one's physical appearance for aesthetic, rather than medical, reasons. While this can confer significant improvement in the Quality of Life, it can also cause permanent disfigurement, permanent disability, or death, regardless of the complexity of the procedure.

Not included within the scope of this SLWG:

Non-surgical, minimally invasive cosmetic interventions fall outside the parameter of this document. These include treatments such as Botox®, lasers, dermal fillers, and chemical peels.

Terms of Reference

- To agree an accepted definition of Cosmetic Surgery, for the purpose of the Irish Healthcare environment
- To undertake an audit of all clinical sites in Ireland providing cosmetic surgical services to gain a complete understanding of how the surgical service is currently delivered in Ireland and an estimate of the volume of procedures undertaken
- Develop a profile of the various practitioners currently engaged in Level 1a and 1b Cosmetic (Surgery Invasive treatments are categorised as follows:
 - o Level 1a Medium-high risk; may require general anaesthetic; and/or require overnight stay.
 - o Level 1b Low-medium risk; usually only require local anaesthetic; and/or performed as an outpatient.)

- Identify the different stakeholders who have regulatory, or other, oversight of Cosmetic Surgery such as, but not confined to, that of practitioners, premises, procedures, training, advertising standards, devices, and materials.
- Undertake an international best practice review of Regulations and Professional Standards for Cosmetic Surgery and identify the elements that would be appropriate and feasible in an Irish context.
- Undertake an international review of qualification and competences (including professional behaviours, clinical skills, knowledge, and experience) requirements for delivery of cosmetic procedures
- Identify the role, for Ireland, of the Intercollegiate Certification Scheme in Cosmetic Surgery
- Review the current patient protections that exist in Ireland for patients within the scope of this SLWG.
- Undertake a Risk & Hazard Stratification for the typical procedures undertaken
- Make recommendations on standards for pre-, peri- and post-operative care.
- With relevant stakeholders and advisors identify, where possible, the impact of negative patient experiences and adverse events
- Compile the recommendations into a draft report to be presented to CSA for approval

Reporting Relationships

The Short Life Working Group (SLWG) will report directly to the Committee for Surgical Affairs

09 MEMBERSHIP (APPENDIX B)

Chair

Ms Margaret O'Donnell

RCSI Council Members

Prof Kenneth Mealy

RCSI Executive Members

Prof Sean Tierney

Mr Kieran Ryan

Mr Padraig Kelly

Independent Subject Matter Expert

Mr Nigel Mercer

Consultant Plastic Surgeon Bristol, President of the Federation of Surgical Specialty Associations of UK and Ireland, Past President of the British Association of Plastic, Reconstructive & Aesthetic Surgeons (BAPRAS) and Past President and current member of the British Association of Aesthetic Plastic Surgeons (BAAPS)

Subject Matter Experts

Plastic Surgery:	Mr David O'Donovan
Plastic Surgery:	Ms Siún Murphy
Plastic Surgery:	Mr Eoin O'Broin
Oral and Maxillofacial Surgery:	Mr Mark Wilson
Breast/General Surgery:	Prof Malcolm Kell
Otolaryngology:	Mr Neville Shine
Otolaryngology:	Mr Michael Harney
Ophthalmic Surgery:	Mr Tim Fulcher
Trauma & Orthopaedic Surgery:	Mr David Moore
College of Anaesthesiologists of Ireland:	Dr Deirdre McCoy
Bariatric Surgery:	Prof Helen Heneghan

10 RESEARCH (APPENDIX C)

The research undertaken for this report was qualitative in nature, comprising of online research methods through content analysis, verbal communications with various stakeholders, and sharing of research already collated by the latter.

Identification of Stakeholders

To identify relevant stakeholders for Cosmetic Surgery in Ireland, an internet search was conducted using the following terms: cosmetic surgery, cosmetic, plastic, plastic surgery, regulations, guidelines, surgery, governing body, Ireland, Irish, European, doctor, consultant.

The following stakeholders were identified from the research, with analysis of available online information of each identified below:

STAKEHOLDER	STAKEHOLDER
Health Information and Quality Authority (HIQA)	Licensing and standards. No formal wording/statement on HIQA's Website in relation to cosmetic or plastic surgery.
Health Products Regulatory Authority (HPRA)	The HPRA regulates medicines and devices for the benefit of people and animals. It publishes safety information on its website, including notices relating to cosmetic products, which have been notified through the RAPEX system. These notices may relate to specific products or batches of products. The HSE, along with the HPRA, monitors for the presence of these specific products or batches products on the Irish market.
Medical Council	The Medical Council is the regulatory body for doctors. It has a statutory role in protecting the public by promoting the highest professional standards amongst doctors practising in the Republic of Ireland.
Advertising Standards Authority of Ireland (ASAI)	<i>'The Advertising Standards Authority for Ireland is the independent self-regulatory body set up and financed by the advertising industry and committed, in the public interest, to promoting the highest standards of marketing communications, that is, advertising, promotional marketing and direct marketing The objective is to ensure that all commercial marketing communications are 'legal, decent, honest and truthful'.</i> ASAI Code, Section 11: Health and Beauty. To ensure that marketing communications for medicines, medical devices, treatments, health-related products, and beauty products receive the necessary high level of scrutiny. *The rules apply to marketing communications and not the products, which are regulated by health regulators such as the Health Products Regulatory Authority (HPRA) www.hpra.ie , the European Medicines Agency (EMA), www.ema.europa.eu , and the Department of Health, www.health.gov.ie .
National Office of Clinical Audit (NOCA)	NOCA manages national clinical audits that aim to improve patient care and outcomes. NOCA's findings enable the healthcare system to act to improve care where standards are not followed. NOCA enables the Irish healthcare system to continually improve its standards of care via maintenance of a portfolio of prioritized national clinical audits, standardised against national and international criteria. Not only do NOCA enhance accessibility to validated data for persons who use, manage, and deliver healthcare, our clinical audits help to improve patient outcomes, and create positive change locally and nationally.

STAKEHOLDER	STAKEHOLDER
Intercollegiate Certification Scheme in Cosmetic Surgery (ICSCS)	<p>The Intercollegiate Cosmetic Surgery Certification Scheme is supported by a process that aims to provide accreditation of competences (including professional behaviours, clinical skills, knowledge, and experience) in defined areas of cosmetic surgery.</p> <p>It was initially developed by the Royal College of Surgeons of England through a Cosmetic Surgery Interspecialty Committee (CSIC) comprising a wide range of stakeholders including representatives of the surgical colleges in the UK and Ireland, the relevant Surgical Specialty Associations (SSAs), patients, providers, and regulators</p>
International Collaboration of Breast Device Registry Activities (ICOBRA)	<p>The International Collaboration of Breast Device Registry Activities (ICOBRA™) was developed to establish an internationally agreed and comparable minimum data set, made up of standardised and epidemiologically sound data that reflect global best practice. Contributing countries and organisations consist of national plastic and reconstructive surgery societies, national health services and national health regulatory agencies. At the heart of the ICOBRA™ concept is the core ethic and commitment to improving patient outcomes.</p>
Royal College of Surgeons in Ireland (RCSI)	<p>The Royal College of Surgeons in Ireland is the Training Body, governing the training of surgeons in Ireland. Within RCSI, each Surgical Specialty has a Syllabus outlining what is required for training purposes within that specialty. Other than Plastic, Reconstructive and Aesthetic Surgery, some other surgical specialties include aesthetic/cosmetic procedures.</p>
Union of European Medical Specialities (UEMS)	<p>The European Union of Medical Specialists (Union Européenne des Médecins Spécialistes – UEMS) is a non-governmental organisation representing national associations of medical specialists in the European Union and in associated countries</p>
European Board of Plastic Reconstructive and Aesthetic Surgery (EBOPRAS)	<p>The European Board of Plastic Reconstructive and Aesthetic Surgery (EBOPRAS) is the working group of the Union of European Medical Specialities, Section of Plastic Reconstructive and Aesthetic Surgery (UEMS-PRAS).</p>
Department of Health (DoH)	<p>The Department of Health is developing a Patient Safety Complaints and Advocacy Policy. The primary aim of the policy is to provide a framework for Ireland's healthcare services to support the development and improvement of healthcare complaint handling and the commencement and provision of an independent patient safety complaints advocacy service.</p>
National Patient Safety Office (NPSO)	<p>The Department of Health recognises patient safety as the corner stone to quality healthcare. The National Patient Safety Office focuses on leading key patient safety policy initiatives.</p>
National Healthcare Quality Reporting System	<p>The National Healthcare Quality Reporting System (NHQRS) provides information on a broad range of measures of health service structures, processes, and outcomes</p>
Irish Association of Plastic Surgeons (IAPS)	<p>The Irish Association of Plastic Surgeons (IAPS) is the specialist body of Plastic Surgery in Ireland. It is the only body of plastic surgeons recognised by the Royal College of Surgeons in Ireland (RCSI), and The Medical Council. IAPS aims to promote awareness and understanding of the work done by plastic surgeons, and with the RCSI, is responsible for training future plastic surgeons</p>
HSE	<p>Patient Safety and Advocacy Policy. No other formal reference found.</p>
College of Anaesthesiologists of Ireland (CAI)	<p>The College of Anaesthesiologists of Ireland exists to promote high quality practice in the fields of Anaesthesia, Intensive Care and Pain Medicine through its training, examinations, and educational programmes.</p>

IDENTIFICATION OF PRIVATE HOSPITALS AND CLINICS WHICH PROVIDE COSMETIC SURGERY SERVICES

To identify private hospitals and clinics which provide Cosmetic Surgery services in Ireland, an internet search was conducted using the following medical terms: Breast augmentation, breast reduction, abdominoplasty, rhinoplasty, blepharoplasty, liposuction, body contouring, and lay terms: boob job, nose job, face lift, tummy tuck, eye bags, liposuction, fat removal, mommy makeover

Search results: (following content analysis)

- 30 Clinics found offering Cosmetic Procedures:
 - o 42 Consultant names found
- 17 Private Hospitals found offering Cosmetic Procedures:
 - o 32 Consultant names found

Further manual investigation to verify the consultant names listed on the above websites found:

- 30 Clinics found offering Cosmetic Procedures:
 - o 42 Consultant names found
 - 51% with Specialist Registration: Plastics
 - 2% with Specialist Registration: General
 - 15% with Specialist Registration: Other
 - 16% with General Registration only
 - 16% unable to locate on IMC register¹
- 17 Private Hospitals found offering Cosmetic Procedures:
 - o 32 Consultant names found
 - 87% with Specialist Registration: Plastics
 - 3% with Specialist Registration: General
 - 3% with General Registration only
 - 6% unable to locate on IMC register²

Of the clinics and hospitals identified above, the analysed data was sourced from web URLs which were displayed higher up within search results. The listing of URLs in this manner is largely driven through search engine optimisation of the websites the search relates to and as such should not be relied upon for true representation of which clinics or hospitals would be best able to offer the required procedures.

With regards to premises, only a handful of the webpages for these clinics and hospitals referenced the current state and maintenance of their premises, with most not stating anything related to this at all.

IDENTIFICATION OF RELEVANT BILLS AND LEGISLATION

To identify relevant Bills and Legislations which relate to (and/or regulate) Cosmetic Surgery services in Ireland, an internet search was conducted using the following terms: bills, legislation, regulation, law, guidelines, cosmetic surgery, surgery, plastic surgery, Ireland

Search results:

The following items were identified as relating to the field of Cosmetic Surgery in Ireland albeit not directly, and in most cases not explicitly:

- General Scheme of the Patient Safety (Licensing) Bill (IE Gov, n.d.)
- Report Pre-Legislative Scrutiny of the General Scheme of the Patient Safety (Licensing) Bill (House of the Oireachtas, 2018)
- Revised General Scheme of the Health information and Patient Safety Bill (IE Gov, n.d.)
- Patient Safety (Notifiable Patient Safety Incidents) Bill 2019 – currently before the Dail (3rd stage) (IE Gov, 2019)

1. This could be due to the consultant's name being displayed or listed differently on the webpage in comparison to how it has been entered into the IMC system.

2. See previous footnote.

11 LIST OF ABBREVIATIONS

ABBREVIATION	DEFINITION
ALCL	Anaplastic Large Cell Lymphoma
ASAI	Advertising Standards and Authority of Ireland
BAAPS	British Association of Aesthetic Plastic Surgeons
BAPRAS	British Association of Plastic, Reconstructive & Aesthetic Surgeons
CAI	College of Anaesthesiologists of Ireland
CPD	Continuing Professional Development
EBOPRAS	European Board of Plastic Reconstructive and Aesthetic Surgery
EMA	European Medicines Agency
GMC	General Medical Council
GP	General Practitioner
HIQA	Health Information and Quality Authority
HPRA	Health Products Regulatory Authority
HSE	Health Service Executive
IAPS	The Irish Association of Plastic Surgeons
iCOBRA	International Collaboration of Breast Registry Associations
ICOBRA™	International Collaboration of Breast Device Registry Activities
IMC	Irish Medical Council
NHS	National Health Service
NOCA	National Office of Clinical Audit
RCS	Royal College of Surgeons
RCSI	Royal College of Surgeons of Ireland
SLWG	Short Life Working Group
SSAs	Surgical Specialty Associations
UEMS	Union of European Medical Specialities
UEMS-PRAS	Union of European Medical Specialities, Section of Plastic Reconstructive and Aesthetic Surgery

12 ACKNOWLEDGEMENTS

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The Chair would also like to thank the members of this Short Life Working Group for their valued input and time commitment to the generation of this report.

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RCSI University of Medicine and Health Sciences

Royal College of Surgeons in Ireland

123 St Stephen's Green, Dublin 2, D02 YN77, Ireland.

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