

**STRICT EMBARGO UNTIL 00:01hrs 16 September 2010**

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National Confidential Enquiry into Patient Outcome and Death

## Media Release

### **RUH doctor identifies flaws in cosmetic surgery in national enquiry study**

A national enquiry has found fundamental flaws in the delivery of cosmetic surgery, and is calling on regulatory bodies to monitor cosmetic surgery providers more closely. The new study from the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) found deficiencies in obtaining deferred consent for surgery, a lack of training for cosmetic surgical procedures and some centres offering procedures that are rarely performed.

Lead report author Dr Alex Goodwin, NCEPOD Clinical Co-ordinator and Consultant in Anaesthesia and Intensive Care at the Royal United Hospital Bath, said: “Cosmetic surgery is far too dispersed with too many teams prepared to ‘have a go’ at procedures that they rarely perform. And, failures in monitoring patients after surgery are a recipe for disaster.”

Cosmetic surgery is largely carried out in the independent sector and is often a lifestyle choice rather than an essential treatment. *On the face of it?* reveals that up to 56% of cosmetic surgery providers do not have the full complement of equipment required to deliver surgery safely, and many (18%) do not have a policy to readmit patients who have complications after surgery. The study also found that a third (33%) of independent hospitals with inpatient beds do not have adequate anaesthetic cover.

Dr Goodwin expressed concern about breaches in guidelines for advertising cosmetic surgery and the lack of regulation of electronic media: “This may put undue pressure on those considering cosmetic surgery.” He also highlighted the lack of psychological assessment of patients “who may be vulnerable or have unrealistic expectations, before they consent to treatment”.

Report author and surgeon Mr Ian Martin said that staff caring for patients must be adequately trained to deal with all eventualities “but we found that only 15% of the hospitals provided surgical training. If there were fewer sites providing cosmetic surgery, the increase in procedures would encourage an improvement in surgical competence and training”.

NCEPOD Chairman Mr Bertie Leigh said that the study provided evidence that patient safety was being put at risk: “The regulation of cosmetic surgery remains poor. Over half of

the providers either did not answer or refused to take part in the study, and this failure to participate means that they are not complying with CQC rules. The CQC should insist that those it regulates are properly equipped and adhere to appropriate standards.”

Mr Leigh went on to call on the General Medical Council (GMC) to give clearer guidance to doctors about their responsibilities when dealing with patients who may sometimes be acting unwisely even though they do not lack capacity to take decisions in a legal sense.

“Patients must be assured that that they will get an appropriate level of care, and I hope that this report will empower them by putting in their hands the information that will enable them to make more informed choices,” he concluded.

NCEPOD is also publishing online a short leaflet with questions that patients considering cosmetic surgery could ask a provider before deciding to go ahead with a procedure.

### **Notes to editors**

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### **Key findings**

- A two-stage consent process was not carried out in one third (32%) of sites.
- Only 35% of sites carried out routine psychological assessments of patients.
- 30% of independent hospitals with inpatient beds did not have an anaesthetic consultant rota.
- Only 44% of operating theatres were fully equipped to carry out cosmetic surgery.
- Many cosmetic surgery sites offer a ‘menu’ of procedures, some of which are rarely performed.

### **Key recommendations**

- Regulatory bodies such as the Care Quality Commission (CQC) should monitor more closely to ensure adherence to national requirements.
- Cosmetic surgical practice should be subject to the same level of regulation as other branches of surgery.
- Professional cosmetic surgery bodies should issue training and experience practice guidelines for cosmetic surgeons.
- A two-stage consent process and routine psychological assessment should be standard practice.
- Cosmetic surgeons should have a certificate of competence to practice in specified procedures.
- For further information about NCEPOD visit our website on [www.ncepod.org.uk](http://www.ncepod.org.uk)
- Copies of *On the face of it?* can be downloaded from the website as a PDF from 16 September 2010, or contact Sabah Begg on 020 7631 3444.