

GMC response to the DHSC consultation on The licensing of non-surgical cosmetic procedures in England

We welcome the opportunity to comment on the Department of Health and Social Care consultation on the licensing of non-surgical cosmetic procedures in England.

As the General Medical Council, we work with doctors, patients, and other stakeholders to support good, safe patient care across the UK. We set the standards doctors and those who train them need to meet, and help them achieve them. If there are concerns these standards may not be met or that public confidence in doctors may be at risk, we can investigate, and take action if needed.

Not every question of this consultation falls within our remit and expertise. Below, we detail the answers to the most pertinent ones.

Introductory questions

- *Do you currently work in the cosmetic procedures sector as a practitioner who administers non-surgical cosmetic procedures? (yes/**no**)*

Restriction of cosmetic procedures

- *To better protect individuals who choose to undergo high-risk non-surgical cosmetic procedures, we propose introducing regulations to ensure that these procedures may only be undertaken by qualified and regulated healthcare professionals. To what extent do you agree or disagree that we should set out in regulations that high-risk procedures should be restricted to qualified and regulated healthcare professionals only? (strongly agree/**agree**/neither agree nor disagree/disagree/strongly disagree/don't know). Please explain your answer.*

We are content with an approach that ensures high-risk procedures are carried out by qualified and regulated healthcare professionals.

As the regulator of doctors (and in future, anaesthesia associates and physician associates) we set the high-level standards for professional practice which our registrants are expected to uphold. As our guidance applies to all doctors, at every stage of their careers and in every specialty, it is necessarily high level, and we expect doctors to use their professional judgment to apply the principles in our guidance to their individual circumstances.

In *Good medical practice (GMP)* we make clear that doctors must recognise and work within the limits of their competence (see paragraph 14). However, we don't specify what will be within the competence of individual doctors and or what procedures they may be qualified to undertake.

Competence to undertake particular procedures will vary depending on the different specialties doctors are working in, and their knowledge, skills and training. Some doctors may be carrying out non-surgical cosmetic procedures which are not necessarily linked to their principal specialty. So clearly setting out the standards and qualifications required for doctors to undertake these specified high-risk procedures will be important to the next stage of the development of the new licensing regime.

While the possession of such qualifications should signify attainment of a particular standard of competence, regulation would provide both assurance that the high-level standards for professional practice are maintained (for example, through revalidation) and professional accountability where standards and behaviours fall short.

We also note that if high-risk procedures are to be restricted to qualified and regulated healthcare professionals, there will need to be appropriate enforcement mechanisms and sanctions available in cases where procedures are undertaken by those not entitled to do so.

We understand the licensing regime will operate in England only, and welcome it as an important step to achieve better patient protection. While we recognise there is no legislative scope to apply the proposed regulation UK-wide, we are also mindful of the importance of consistent levels of patient protection across all four UK countries. We are pleased to note from the consultation document that thought is being given to co-ordination of plans with the governments in Wales and Scotland.

Our guidance is consistent with the law in the four countries of the UK and doctors are expected to keep up to date with, and follow, the law, our guidance, and other regulations relevant to their work (paragraph 12 GMP). When implementing the licensing regime, it will be important to consider doctors working across borders, who may be subject to different requirements dependant on where they might be practising.

Lastly, we note that it will be important that DHSC supports the rollout and implementation of the new licensing regime.

CQC regulation of cosmetic procedures

- *To what extent do you agree or disagree with the proposal to amend CQC's regulations to bring the restricted high-risk procedures into CQC's scope of registration? (strongly*

agree/agree/neither agree nor disagree/disagree/strongly disagree/don't know). Please explain your answer.

We broadly agree with the proposal to amend CQC's regulations to bring the restricted high-risk procedures into CQC's scope of registration. We believe the CQC is best placed to regulate these procedures to ensure patient safety in England for the following reasons:

- By law, providers already have to register with CQC where they offer services carried out by a healthcare professional, if they offer a series of invasive cosmetic procedures. Therefore, we agree that the restricted high-risk procedures from this consultation should be included in the activities regulated by CQC, to maintain a consistent and high standard of patient safety.
- The CQC already routinely engages with relevant stakeholders as new procedures become available, examining regulations to assess whether such procedures fall within the CQC's scope for registration. This ensures an accurate and expert iterative assessment of emerging procedures, which places the CQC as the most suitable organisation for promoting patient safety over the long term.

However, as mentioned in the answer to the previous question, we note that the proposals of this consultation cover England only. We are therefore mindful of the importance of working to achieve a consistent approach and level of patient protection across all four countries in the United Kingdom.

Procedures in scope of the licensing scheme

- *The 3-tier system uses green, amber and red to categorise procedures depending on the risks (including level of complexity and degree of invasiveness) and potential complications associated with the procedure. To what extent do you agree or disagree with using the 3-tier system to classify the different categories for cosmetic procedures based on the risk they present to the public? (strongly agree/agree/neither agree nor disagree/disagree/strongly disagree/don't know). Please explain your answer.*

We broadly agree with this proposal. While we support the principle of classifying the categories for cosmetic procedures based on the risk they present to the public, we believe it is also important that such classification system will be operationalised in a way that provides clarity and transparency for both practitioners and the public.

Minimum age of client

- *Our intention is that licensed procedures should be restricted to those above the age of 18 unless approved by a doctor and carried out by a healthcare professional. To what extent do you think that these procedures should be age-restricted? Please explain your answer. (All of the procedures should be age-restricted/Some of the procedures should be age-restricted/None of the procedures should be age-restricted)*

In our guidance we emphasise that doctors must only provide cosmetic interventions that are in the best interests of the child or young person (see paragraph 33 in *Guidance for doctors who offer cosmetic interventions*). We provide further guidance on the relevant factors doctors need to consider in carrying out an assessment of best interests in paragraphs 12-13 of our *0-18 Years* guidance). An approach which limits cosmetic procedures for children and young people, unless approved by a doctor on the grounds it is in their best interests, would be in line with this.

Next steps

- *Do you have any other comments on the issues raised in this consultation?*

Our past attempts to develop a cosmetic surgery credential have shown us that to address patient safety concerns and address poor practice, non-mandatory educational interventions might not be sufficient in themselves – particularly where they may conflict with commercial imperatives. We are therefore broadly supportive of an evidence-based regulatory approach to these issues that involves elements such as CQC registration, and categorisation of procedures based on the risk and potential complications associated with them.

As the regulator of doctors (and in future, anaesthesia associates and physician associates) we would expect doctors to take into account this licencing scheme. We would expect them to attain the specific qualifications and standards required to perform the high-risk procedures, and to develop the skills and competencies necessary for them.