

Personal and Confidential
Standards and Ethics team
General Medical Council
Regent's Place
350 Euston Road
London
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By email only: cosmeticpracticeproject@gmc-uk.org

20 July 2015

Dear Sir/Madam

RE: MPS Response to General Medical Council's consultation: Guidance for all doctors who offer cosmetic interventions

I am pleased to have the opportunity to respond to this consultation. As you may be aware, Medical Protection Society (MPS) is the world's leading protection organisation for doctors, dentists and healthcare professionals. As a not for profit organisation, we protect and support the professional interests of more than 300,000 members around the world. Our in-house experts assist with the wide range of legal and ethical problems that arise from professional practice including clinical negligence claims, complaints, medical council inquiries, legal and ethical dilemmas, disciplinary procedures, inquests and fatal accident inquiries.

MPS comments on the draft guidance

Overall the guidance is sensible and clear, although there are instances of unnecessary repetition. Added to this, the latter parts of the guidance can appear to be overly prescriptive without taking into account situations where there are grey areas and the need for the practitioner to use their judgement.

Public practice

MPS is concerned that there appears to be a presumption throughout the guidance that all cosmetic interventions are performed in private practice, which is incorrect. This should be made clear.

Psychological assessment

MPS is concerned that the guidance lacks detail as to how a doctor can practically demonstrate that they have given 'consideration to their [the patients] psychological needs'. The guidance places too great an onus on a practitioner making this assessment where

these matters will fall out with their area of expertise. In practice this might suggest that all patients should be subject to a separate psychological assessment.

The patient

MPS is concerned that in parts of the guidance, all potential cosmetic patients are treated as vulnerable. It is important to recognise in the guidance that different approaches will be needed dependent on the patient. The guidance around notifying GPs of a procedure needs to be pragmatic, as not every procedure or patient will require this.

Comments on specific paragraphs

Paragraph three

It is currently difficult for doctors to obtain supervised experience with some of the procedures which will fall under this guidance. For example with botox and fillers, most people attend a one or two day course where they are supervised. After this however, there is little opportunity for further supervised practice and many instructors advise finding willing subjects – friends of friends or similar if a doctor is worried about going solo after the course. The guidance needs to reflect what is both realistic and possible.

Paragraph ten

Guidance on the status of examinations of patients via video link should be covered in this paragraph. MPS anticipates that examinations via video link would not be acceptable but there needs to be clarity on this.

Paragraph 11

This paragraph needs to contain guidance on interventions which may have no proven evidence base, but which patients still request because of anecdotal results of success. MPS queries whether it is fair to deprive patients of treatments which may not harm them but equally may not be of proven benefit cosmetically when they are aware of this lack of evidence base and have made an informed decision. This risks pushing patients to unlicensed practitioners for such treatment which is not in their best interests.

Paragraph 16

See our comments regarding paragraph 11 – same issue applies.

Paragraph 22 D

MPS is concerned that this paragraph conflicts with paragraphs 11 and 16.

Paragraph 33

MPS would like the GMC to clarify whether it is ultimately the doctor's discretion as to whether or not the patient's GP needs to be informed about the treatment. It may not be necessary for practitioners of less interventional treatments, such as botox/fillers/peels, to inform GPs of such treatment. This might potentially be disproportionate.

Paragraph 48

The guidance in this paragraph is overly prescriptive. It seems fair to both patients and practitioners that doctors should be able to provide discounts for treatments which some



patients would welcome. If the doctor then deemed that the treatment was not in the patients best interests or not suitable, then the doctor could decline to go ahead with the procedure. This decision should be left to the doctor's discretion about the best interests of the patient.

Should you find it helpful to meet to discuss these points, we would be happy to do so.

Yours sincerely

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