

Royal College of Surgeons

Cosmetic Surgery Appraisal for Revalidation: Guidance and Checklist



A. Introduction

1. Definition of cosmetic surgery

Cosmetic surgery is defined as the choice to undergo an operation, or invasive medical procedure, to alter one's physical appearance for aesthetic rather than medical reasons. It is rarely available through the NHS, primarily taking place in the private sector.

For the purposes of this document, invasive cosmetic procedures are defined as follows:

- **Level 1a**

Medium-high risk: may require general anaesthetic and may require overnight stay.

- **Level 1b**

Low-medium risk: usually only requires local anaesthetic and performed as an outpatient.

Non-surgical, minimally invasive cosmetic interventions fall outside the definitions of this document and are categorised at Level 2: Lower risk, usually non-permanent/reversible, day case, local anaesthetic (if any). These include treatments such as Botox[®], dermal fillers and chemical peels.

2. Purpose of document

This document aims to provide guidance for surgeons and their appraisers on the process and the supporting information required for appraisal and revalidation in cosmetic surgery.

Although the generic standards for appraisal and revalidation are set out by the GMC for all doctors, any variance in requirements between medical and surgical specialties is reflected in different sets of supporting information set out by the medical royal colleges and specialty associations. Cosmetic surgery is not a distinct surgical specialty, but the Department of Health, through a review led by Sir Bruce Keogh in 2013, recognised it as an area of surgical practice that requires robust policy and a new regulatory framework to improve patient safety. The Royal College of Surgeons of England, in collaboration with all relevant surgical specialty associations and medical specialties (which comprised the Cosmetic Surgery Interspecialty Committee) set out a series of standards and competencies to support this work.

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This document is an adaptation of the RCS Supporting Information Guidance for Surgery (RCS, 2011) taking into account the recommendations made by the Cosmetic Surgery Interspecialty Committee in 2016. The supporting information checklist, in particular (section D of this document), is a tool that is meant to be used both by surgeons and their appraisers to support a meaningful discussion tailored to the needs and challenges of cosmetic surgery.

B. Overview of Appraisal

1. What is appraisal?

Appraisal can be defined as ‘a process of facilitated self-review supported by information gathered from the full scope of a doctor’s work’ (NHS Revalidation Support Team, 2012). All doctors and surgeons practising in the UK, including surgeons performing cosmetic surgery, must have a licence to practise by the GMC, and need to carry out appraisals annually, overseen by a senior doctor (known as the responsible officer) in each hospital or private healthcare provider. At the end of five successful consecutive appraisals, the responsible officer will take into account the information from the previous five appraisals and make a recommendation to the GMC about whether the doctor should be revalidated or not. The final decision for revalidation lies with the GMC.

2. Appraisal principles

A good appraisal for the purposes of revalidation is underpinned by the following principles:

- It takes into account and discusses the following types of supporting information collected by the surgeon:
 - Continuing professional development
 - Quality improvement activity
 - Significant events
 - Feedback from colleagues
 - Feedback from patients
 - Review of complaints and compliments
- It meets the standards of the GMC’s *Good Medical Practice Framework for Appraisal and Revalidation*.
- It includes both a formative element, revolving around the surgeon’s professional development, and a summative element, assessing the performance of the surgeon since the previous appraisal.
- It takes into account a doctor’s whole practice and conduct. If a surgeon provides services in more than one organisation, eg NHS, independent practice or a university, then a single appraisal should be carried out. This appraisal will need to cover all aspects of the surgeon’s practice.

3. Designated bodies and responsible officers

Every surgeon practising in the UK must have a prescribed connection to a trust or an organisation that will support them with their appraisal and revalidation. Such organisations are designated bodies. All designated bodies are expected to have a responsible officer in place who will oversee that appraisal process and make a recommendation for revalidation to the GMC at the end of the five-year revalidation cycle. Designated bodies are also expected to appoint trained appraisers and provide effective appraisal systems and processes.

C. Appraisal and Cosmetic Surgery

1. Private practice

Surgeons performing cosmetic surgery who work solely in private practice need to be revalidated in the same way as surgeons working in the NHS. They will have to maintain a portfolio of supporting information and participate in annual appraisal. All surgeons who work in private practice have a responsibility to arrange their appraisals, and they also need to link to a responsible officer and confirm to the GMC their prescribed connection. If they are not part of an NHS organisation they may not have a statutory connection to a designated body or a responsible officer.

One of the routes to appraisal and revalidation in these circumstances is through the [Independent Doctors Federation](#) or the [Federation of Independent Practitioner Organisations](#), who appoint a responsible officer for doctors without a prescribed connection and provide appraisal services against a fee. In addition, the GMC has introduced 'suitable persons', who are licensed doctors approved by the GMC to oversee the appraisal process and make revalidation recommendations for all those without a responsible officer. The GMC publishes a list of [suitable persons](#) and will in each case decide whether there is a sufficient link between the suitable person and a surgeon to make revalidation recommendations.

2. Mixed NHS and private practice

Each surgeon can only have one prescribed connection to a designated body and responsible officer. In the majority of circumstances, the prescribed connection is where the surgeon carries out most of their clinical work. If a surgeon is an employee of both the NHS and a private practice then their connection will be with the organisation where they spend the majority of their practice, provided their private practice has the status of a designated body. If a surgeon works in both the NHS and private practice but only has an employment contract with the NHS, the NHS trust will be their designated body. Wherever the appraisal is carried out, it should be comprehensive and account for the surgeon's whole practice, including both private and NHS work. Surgeons are required to ensure that information is available to their appraiser from both (or all) places of work.

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3. Working abroad

Surgeons who practise primarily overseas and who want to carry out any amount of clinical practice in the UK, no matter how limited, need to hold a licence to practise and to be revalidated as does every surgeon working in the UK. This means that they need to connect to a UK designated body and responsible officer to support them with their appraisal and revalidation. The main routes available to access appraisal services and a responsible officer are through the Independent Doctors Federation, the Federation of Independent Practitioner Organisations, or through an eligible suitable person approved by the GMC (see paragraph 1 in this section).

4. Supporting information for cosmetic surgery

All surgeons need to bring for discussion at appraisal supporting information from across the scope of their work that demonstrates they are up to date and fit to practise, and that they continue to meet the principles set out in the GMC's *Good Medical Practice* (GMC, 2013). The generic supporting information for all doctors is set out in the GMC's *Supporting Information for Appraisal and Revalidation* (GMC, 2012), but this will be specified for each medical and surgical specialty. Any variance in revalidation requirements between medical and surgical specialties will be reflected in different sets of supporting information set out by the medical royal colleges.

The supporting information for surgeons performing cosmetic surgery is set out in the checklist below (section C of this guide), which has been tailored to the specific needs of cosmetic surgery. We recommend that this checklist is used in conjunction with the full *RCS Supporting Information Guidance for Surgery* (Academy of Medical Royal Colleges, 2012).

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D. Supporting information checklist

| A. General Information | | Frequency |
|--|--|-----------|
| Personal details | <ul style="list-style-type: none">✓ GMC number in relevant specialty✓ General surgeons and ophthalmologists should also confirm their special interest/specialisation in breast surgery and oculoplastic surgery respectively✓ Your medical and professional qualifications✓ Indemnity insurance covering your full practice in the UK | Annual |
| Scope of work | <ul style="list-style-type: none">✓ Description of your whole practice, covering the period since your previous appraisal including private practice, managerial, and academic activities✓ Current job plan✓ Any significant changes in your professional practice since previous appraisal✓ Surgeons are encouraged to maintain a logbook of all procedures undertaken each year. | Annual |
| Record of annual appraisals | <ul style="list-style-type: none">✓ Signed-off appraisal portfolio record (eg Form 4) demonstrating a satisfactory outcome of your previous appraisal✓ Evidence of appraisals (if undertaken) from other organisations in which you work (eg overseas)✓ Confirmation that any previous actions/concerns identified in the previous appraisal have been addressed | Annual |
| Personal development plans | <ul style="list-style-type: none">✓ Review of current personal development plan with agreed objectives from previous appraisal✓ Confirm new personal development plan, relevant to your practice, with details of any new objectives added or to be added since previous appraisal | Annual |
| Probity | <ul style="list-style-type: none">✓ Signed probity self-declaration in line with <i>Good Medical Practice</i> | Annual |
| Health | <ul style="list-style-type: none">✓ Signed health self-declaration in line with <i>Good Medical Practice</i> | Annual |
| B. Keeping Up To Date | | Frequency |
| Continuing Professional Development (CPD) | <ul style="list-style-type: none">✓ Description of CPD activities undertaken each year in the relevant areas of practice✓ Each surgeon will have a different balance of activities to reflect their role but they should show some diversity in topic and types of activity. Surgeons should accrue at least 50 CPD hours per year spread across all areas of their work, including cosmetic surgery. | Annual |

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| C. Review of Practice | | Frequency |
|--|---|--|
| Review of clinical outcomes | <ul style="list-style-type: none"> ✓ Surgeons are expected to discuss their outcomes data at every appraisal ✓ The surgeon's employing organisation will provide validated and analysed outcomes data in line with the 2014 order of the Competition and Markets Authority | Annual |
| Clinical audit | <ul style="list-style-type: none"> ✓ Surgeons should normally undertake personal/local audits focused on topics relevant to their practice ✓ Surgeons must make available their data to national audits and registries where they exist and are approved by the relevant surgical specialty association ✓ Validated and analysed outcomes data for national audit should normally be provided by the surgeon's employing organisation | Annual |
| Case review or discussion | <ul style="list-style-type: none"> ✓ Surgeons should participate in Morbidity and Mortality meetings (or audit meetings) and, where relevant, multidisciplinary meetings ✓ Participation should be documented and confirmed via notes of the meetings, minutes or attendance registers ✓ Where regular participation in Morbidity and Mortality meetings is not possible, it is recommended that surgeons provide evidence of case reviews where they discuss with peers or other specialists the learning achieved by the management of challenging cases | Regular participation in M&M meetings or two case reviews per year |
| D. Significant Events | | |
| Clinical incidents, significant untoward incidents (SUIs) or other similar events | <ul style="list-style-type: none"> ✓ Summary of all SUIs or root cause analyses that you have been involved in ✓ Summary of at least two clinical incidents per year OR ✓ Self-declaration that you have not been involved in any events ✓ Surgeons should discuss the records of significant events. Official records should be used except where these are not available (eg in some non-NHS settings); where official records are not available surgeons should keep a personal record. | Annual |
| E. Feedback on your Practice | | Frequency |
| Colleague and patient feedback | <ul style="list-style-type: none"> ✓ Multi-source colleague feedback exercise ✓ Patient feedback survey or equivalent exercise ✓ An appropriate process for collecting feedback should normally be organised by the surgeon's employing organisation ✓ The selection of colleagues and patients should encompass surgeons' whole practice, including their cosmetic practice | Minimum one in five years |

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| | | |
|--|---|--------|
| Formal complaints and compliments | ✓ Documented formal complaints received OR ✓ Self-declaration that you have not received any since your previous appraisal ✓ A summary of unsolicited compliments received | Annual |
| Reflection | ✓ Surgeons should reflect on the results of all feedback, complaints and compliments, along with key learning and action points and discuss those at appraisal | |

E. Recommended guidance and tools

Professional guidance

- *RCS Cosmetic Surgery Certification Guidelines* (to be published)
- [RCS Professional Standards for Cosmetic Surgery](#)
- [RCS Good Surgical Practice](#)
- [GMC Standards For All Doctors Offering Cosmetic Interventions](#)
- [GMC Good Medical Practice](#)

Revalidation guidance

- [RCS Supporting Information Guidance for Surgery](#)
- [RCS CPD Summary Guide for Surgery](#)
- [RCS Guidance on Colleague and Patient Feedback](#)
- [GMP Framework for Appraisal and Revalidation](#)
- [GMC Supporting Information for Appraisal and Revalidation](#)
- [GMC Colleague and Patient Feedback for Revalidation](#)

Audit and outcomes

- [RCS Dataset of Clinical Quality Indicators](#)
- [Competition and Markets Authority Private Healthcare Market Investigation Order 2014](#)
- [Patient Reported Outcome Measures](#)
- [Pre-surgery Information Checklist](#)

Tools

- *RCS Cosmetic Surgery Certification Application Portal* (to be published)
- [Surgeon's Portfolio](#)

All RCS guidance and tools can be accessed through the RCS website at www.rcseng.ac.uk