

Via email

29 October 2019

Dear Sir or Madam

We are writing to update you on the early findings from CQC's recent inspections of independent cosmetic surgery providers. While we have seen some good practice in individual providers, our current inspection programme has also found some common areas of inadequate practice.

We want to clarify the standards of patient care that we expect providers of cosmetic services to deliver, so that you can take any action that might be necessary to mitigate potential risks. All providers delivering services that are subject to regulation by CQC are required to meet the same fundamental standards of quality and safety and have a responsibility to ensure they are providing safe, high-quality care.

As we continue our inspection programme of cosmetic services we will be paying particular attention to the areas detailed below. We strongly encourage you to review your own practice and take any action that might be necessary to ensure the service you are providing is safe and effective, and is in line with expected standards.

Where we have concerns about the quality and safety of services, we will use our enforcement powers to demand improvements, and in the case of very significant concerns, to suspend or cancel a provider's registration in order to protect people receiving care.

The key areas of concern we have identified on our inspections are:

The quality of clinician training, competencies and qualifications

We expect clinicians to be able to demonstrate that they have received sufficient training and to be able to evidence their outcomes.

Clinicians must have a system in place to assess a patient's psychological state so as to identify those who are vulnerable and may benefit from further psychological input by a suitably trained professional. It is not acceptable to expect patients to self-declare psychological morbidity, for example on a questionnaire.

We expect clinicians to be able to demonstrate that they comply with appropriate professional guidelines^{1,2}, such as the Royal College of Surgeons *Professional*

¹ The Royal College of Surgeons [*Professional Standards for Cosmetic Surgery*](#)

² The General Medical Council, [*Guidance for doctors who offer cosmetic interventions*](#)

Standards for Cosmetic Surgery. Where national associations have issued safety recommendations we expect these to be taken into account. If clinicians choose to perform high-risk or novel procedures they must be able to demonstrate how they are ensuring patient safety, conveying potential risks to patients, and acting in the patient's best interest.

Sedation and anaesthetic practice

We expect clinicians administering sedation to be able to evidence that they have sufficient training and an appropriate level of certified life support.

Clinicians administering sedation, where the target end-point is moderate/conscious sedation must be certified to Intermediate Life Support (ILS) in line with the competencies laid down by the Resuscitation Council (UK). Sedated patients should be observed by a suitably trained person who is competent in monitoring sedated patients, and in identifying and responding to concerns. For procedures performed under deep sedation or general anaesthetic, we expect there to be an anaesthetist or an appropriately trained clinician with equivalent competencies and certified to Advanced Life Support (ALS) present during the procedure.

We have seen examples of unsafe practice around the use of tumescent local anaesthesia for liposuction. While work is ongoing to establish UK recommendations on safe dosing, we expect providers to keep patients safe by having measures to identify and manage local anesthetic toxicity, and to have the equipment, training and medicines available to treat toxicity, as per Association of Anaesthetists of Great Britain and Ireland guidelines. In addition, we expect to see evidence that the patient is being monitored by an assistant who has the competencies to identify signs and symptoms of toxicity.

Management of the deteriorating patient

Providers must have the emergency equipment, medicines and staff skill mix needed to ensure patient safety.

We expect providers to have a process in place to monitor patients appropriately during and after procedures, and a system in place to recognise, manage, and if necessary, to escalate patients who show signs of deterioration to an appropriate facility. We expect providers to have the equipment and medicines to manage anaphylaxis. Where medicines such as benzodiazepines and opioids are being used, we expect providers to stock the medicines to manage overdose.

Other areas of concern include:

- poor standards of consent
- lack of an appropriate "cooling off" period between initial consultation and procedure
- poor risk management processes
- a lack of follow-up and monitoring of outcomes and patient satisfaction.

The cosmetic surgery inspection framework, which details the key lines of enquiry, prompts and professional standards used to assess cosmetic surgery providers is

available on [our website](#). **We expect all providers of service regulated by CQC to be familiar with the relevant framework.**

Where national guidelines are available and applicable to cosmetic services, we expect providers to apply and adhere to them as identified in the inspection framework.

Further details and information of our published inspection reports can be viewed at www.cqc.org.uk

If you would like greater detail on any of the points raised above or have any questions, please contact our national customer service centre using the details below:

Telephone: 03000 616161.

Email: enquiries@cqc.org.uk

Or write to us at:

CQC National Customer Service Centre
Citygate
Gallowgate
Newcastle upon Tyne
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Yours sincerely

A handwritten signature in black ink, appearing to read 'Ted Baker', written over a light grey circular watermark.

Professor Ted Baker
Chief Inspector of Hospitals