

Consultation – Registered medical practitioners who provide cosmetic medical and surgical procedures’

My comments are made through 28 years experience in the field of 'Cosmetic Medicine', with no particular chronological reference to individual items in the Board's Public Consultation Paper.

1. The various surgical and non-surgical procedures lumped under 'cosmetic procedures' ought to be evaluated individually, or at least in groups of risk level: e.g. Operations such as facelift, cosmetic rhinoplasty, breast augmentation, liposuction, various lipectomies etc etc should not be lumped in with injection of botulinum toxin and non-permanent dermal fillers, or with non-ablative laser surgery (such as for benign superficial skin lesions, tattoos and hair removal). Treatments for varicose and superficial leg veins should be considered separately again, as some are 'cosmetic' and some are not.

2. The level of expertise and skill to perform many cosmetic procedures, especially non-surgical, is VERY frequently not correlated with the letters after the practitioner's name, or their membership of various Colleges or Societies. For example, laser hair removal can and is very effectively and safely performed by a wide variety of 'unqualified' individuals. The risks are minimal. Likewise the injection of non-permanent cosmetic agents, whilst SLIGHTLY more risky, is most often better enjoyed by patients treated by registered nurses with extensive experience over plastic surgeons or some 'cosmetic physicians' who may have a level of arrogance about their skill levels just because they are 'qualified'.

3. Greater regulation is likely only to encourage those who are very good at ticking boxes and keeping bureaucrats happy, rather than weed out those who are either not competent to perform these procedures. or who should be bridled because of their overly commercial approach. (i.e. talking insecure patients into having procedures they don't really want or need). In addition, if increased regulation were to exclude some currently-practicing very competent proceduralists in cosmetic medicine in favour of less competent but 'qualified' practitioners, patients would be worse off. I therefore propose that the concept of 'buyer beware' - i.e. consumer education through evidence-based, reliable information access - is a better option to try to improve the quality of cosmetic procedure delivery.

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