

on this programme.” Ms Millard said about the course: “Becoming a QSIR trainer is an exciting opportunity to facilitate dynamic change across the trust.”

Ms Fechter said: “I am passionate about quality improvement and redesigning services to ensure we not only treat illness but support people to be as well as they can be.”

## Trust deaths ‘fewer than expected’

CAMBRIDGE University Hospitals are celebrating lower-than-expected death rates.

Research by an independent body has revealed that CUH is one of only 15 NHS trusts in England which has fewer deaths than expected.

The Health and Social Care Information Centre carried out its research into high or low mortality ratios from July 2013 for 12 months.

More than 135 trusts were examined, and only 15 had “lower-than-expected” rates. Dr Jag Ahluwalia, medical director at CUH, said: “It is a testament to the safe, kind and excellent care that our staff provide to the hundreds of thousands of patients we treat each year.”

# Cosmetic surgery reform bid doesn't go far enough

**T**HIS week I was asked about the new reforms proposed for training in cosmetic surgery.

I sit on the Royal College of Surgeons Specialty Advisory Committee on Plastic Surgery Training and so have been aware of these for some time.

The concept is that instead of having every man and his dog offering breast enlargement, only those the Royal College of Surgeons deem sufficiently trained – and up to date – would be allowed to.

Every surgeon would be assessed an entered onto a register to confirm that they were up to date and safe to practise, giving the public another layer of information about a surgeon's level of expertise. Failure to demonstrate up-to-date training and good practice will mean the surgeon is not allowed to do these operations.

It's a good thing – probably. But actually, sadly flawed. I say this because of course there are a number of players in the industry, and they behave and work in very different ways.

There are the surgeons like myself – pretty easy to work out; we are trained surgeons, you can find out all about us relatively easily, and you pretty much know what you're getting. If we work in the NHS you have even more reassurance that someone is keeping an eye on us. We are, of course, the easiest fish to fry and the

**Why the reforms for training in cosmetic surgery are 'flawed', by Richard Price, Cambridge consultant plastic & aesthetic surgeon**



easiest to make headlines with in the months before a General Election. But in fact, the good guys out there already conform to most of what would be asked of us anyway – I keep a record and audit of all my patients, my training etc, and this is reviewed every year. Any significant events or complication rates quickly come to light.

Only surgeons will be required (or, possibly, requested) to register – and since this only covers 10 per cent of the number of cosmetic procedures, there is a certain lack of teeth about it.

So who else is in the cosmetic market, to whom these restrictions should but apparently don't apply?

Well firstly, there's the large cosmetic

companies, who are multi-million pound businesses and who do not, therefore, work under the auspices of the GMC, Royal College of Surgeons, etc. And as we all know, ethics is not a term often used in association with large companies. Only commercial law can control a company and the Royal College of Surgeons has no power over them. Further, they employ large numbers of European doctors without a British Plastic Surgery Qualification – not exclusively, but in the main. It is not clear whether this new register will cover surgery carried out by these companies and doctors – not as far as I can see.

Finally, there are those who sit very definitely outside of the medical

regulatory bodies and way beyond the reach of these proposals. I am thinking here of beauticians, nurse practitioners, beauty therapists etc. These are truly unregulated within the industry and will not face any hardship when these reforms come in – in fact, they will most likely benefit because many doctors who only carry out a small amount of treatments (albeit well) will see the hassle of registering in cosmetics as not worth the paperwork – therefore driving patients into the realms of these unqualified practitioners.

Its an interesting problem, which many of us in the industry have been trying to solve for some time. In the same way that you would not expect a gardener to fix your plumbing, you wouldn't expect a dentist or GP to do cosmetic surgery – or would you?

Although these reforms are generally welcomed in the industry, the sad reality is that they won't be applied evenly across the board and will probably not weed out those practitioners who are unqualified and unsafe. I support the concept, but am saddened that it appears to target only those of us who are easiest to reach and regulate, leaving some of the worst offenders free to carry on. Good fodder for political elections, but not that good for the industry. It just doesn't go far enough.