BOPSS

BRITISH OCULOPLASTIC SURGERY SOCIETY

Code of Practice

June 2020

Updated from 2013

1 Purpose of the Code

Membership of the British Oculoplastic Surgery Society (BOPSS) comes with responsibilities, which are set out in this document.
The Code is an amalgamation of the draft CEN Standard in Aesthetic Surgery, the BAAPS Code of Ethics and by reference to International Best Practice for similar Associations.
All doctors must comply with “Good Medical Practice” set out by the General Medical Council (GMC), and they must also follow the guidelines of the College of Surgeons/Royal College of Ophthalmologists who have issued their surgical qualifications.
The public rightly expects the highest standards from their medical advisors and particularly from surgeons who undertake aesthetic surgery.
All BOPSS members must act in the best interest of their patients to protect their health and improve their quality of life.

2 Competencies

a) The requirements for BOPSS membership are set out in the Constitution of the Society.
b) BOPSS members must strive for excellence and maintain their skills. For surgeons, these will be assessed by 5 yearly Revalidation through the GMC. Information a doctor must provide for annual appraisal, leading to revalidation, includes reflection on CPD, adverse events, patient feedback and 360-degree appraisal. Members must comply with revalidation requirements.
c) Members must not conduct themselves, or their practice, in a way that brings the Society, or the practice of oculoplastic surgery or orbitofacial aesthetic surgery, into disrepute.
d) Members must ONLY work within their area of competence.
e) Members should comply with Data protection legislation and maintain adequate and up to date records.

3 Registration

Members must be registered with the appropriate regulatory bodies in any country of practice, and these details must be displayed publicly.

4 Medical indemnity insurance

a) Members undertaking procedures must possess professional indemnity insurance that is appropriate and adequate for practice in the country in which the procedure(s) is (are) to be undertaken. If the indemnity insurance is held outside the country of practice the Member must inform the patient of this and of any potential financial or regulatory implications for the patient.
b) Members must comply with national legislation and GMC regulations concerning medical indemnity insurance.
c) The Member must not act outside his/her area of expertise and insurance cover unless in a ‘life saving’ situation.

5 Advertising and Marketing

a) Advertising and marketing in any form must be legal, ethical, decent, honest, socially responsible, and at all times have as its chief objective the welfare of the patient. Any advertising should be in accordance with the advice set out by the GMC.

b) Members are individually responsible and accountable for their actions and words, as well as the use of their names by any individual or entity.

c) Any individual, group or business with which a Member is associated must follow national advertising standards. Members may advertise through public communications media such as professional announcements, telephone and medical directories, computer bulletin boards, internet web pages and broadcast and electronic media. The information must be factual and verifiable and should adhere to national advertising standards and where available to National Medical Association Guidelines for advertising and the Law of the Land on medical advertising.

d) An individual is not to make false claims of membership, or grade of membership, to Society(ies) to which he or she has not been admitted by due process by the Society in question.

e) In addition,

The use of pictures in any material, printed or electronic, should not give prospective patients unrealistic expectations of outcomes.

Advertising discounts, time limited offers, raffle, surgery as quiz prizes or rewards, offers to cover patients' costs etc. are strictly prohibited, and any such practice does not receive the support of the British Oculoplastic Surgery Society.

Any scientific claims must be supported by appropriate references.

Advertorial, web and blog transparency must be assured.

Practitioner's qualifications must not be misrepresented and only the Registered Specialty in which the Member is qualified shall be used. No terms must be used that give the impression of qualification in another specialty.

Members, or the institutions with whom they work or are associated, must not make payments, provide remuneration of any kind or discounts for making patient referrals. Patients must expect that any referral be made in their best medical interest without any financial or other inducement.

Failure to comply may comprise unprofessional conduct by the Member and sanctions, including publicized expulsion, may be applied.

f) All promotional opportunities shall adhere to the same standards of legality, decency, honesty, truthfulness and social responsibility.

Marketing materials shall be drafted and designed to safeguard patients from unrealistic expectations as a result of any medical or surgical procedure;

If models are used to depict the results of any procedure or treatment, this shall be stated clearly in any advertisements in journals, newspapers, magazines or other media.

The information published shall not make unjustifiable claims or offer cures/guarantees.

Members shall not act as a financial intermediary.

Performing procedures or treatments in makeover shows, or "reality TV" opportunities are strongly discouraged, as they may promote unrealistic expectations of what a procedure can achieve, although educational documentaries may be acceptable. Members should be aware that a significant number of surgeons who have been involved in such programs have subsequently been cautioned by the GMC.

Members must not compensate or give anything of value directly or indirectly to a representative of the press, radio, television or other communication medium in anticipation of or in return for recommending the services for professional publicity. Advertorials must be clearly marked as such.
Members may pay the reasonable cost of marketing services, but shall approve all communications before release, and shall retain a copy or record.
Members must not make payments or give remuneration of any kind to referring professionals or agents including promotional websites for making patient referrals. Patients must expect that any referral is made in their best interest and does not involve any financial transaction or payment in kind.
Members must not make unsubstantiated claims e.g. being the ‘best’, offering the ‘best service’ or being a ‘leading surgeon’ etc.
Members will be held personally responsible for any violation of the Code of Ethics incurred by public relations, advertising or similar firm which he or she retains, or any entity that advertises on the Member's behalf.
BOPSS logo should not be used for marketing purposes and other professional association logos must only be used truthfully and where specifically allowed by the organization in question

6 Patient consultation and assessment

a) Members must assume personal responsibility for the consent process for any treatment under their direction.
b) Members shall give impartial objective advice during the consultation for which a fee should usually be charged.
c) The pre-treatment, face-to-face consultation must be with the Member and a discussion and confirmation of consent must also occur with any other individual who is to undertake any aesthetic procedure on the Member’s behalf.
d) Patients must be given clear verbal **and** written information, in language they can easily understand, about the procedure(s) (including expected outcomes, post-operative course, complications and long term sequelae) well in advance of the procedure, taking into account the “cooling off period” for the level of procedure under discussion.
e) Any other professional involved in the consultation process on behalf of the Member must declare their name, expertise, qualifications and explain their role (e.g. junior doctor in training, medical secretary or nurse) and this must be annotated. Such practitioners should not be used as a ‘shortcut’ in the pre-treatment process for the Member, who will remain responsible for carefully assessing the patient and undertaking the consent process.
f) At the end of the first consultation, the Member shall make certain that the patient has been made aware of the risks and benefits of the proposed procedure and the patient shall be given the opportunity to digest the information and reflect on discussions before deciding to proceed.
g) At no time should any patient be exhorted to consider surgery against his or her better judgment, although where there is genuine concern about the risk to the patient of *not* operating, such risks, be they to sight or life, should be made clear.
h) Members shall ensure that patients are made aware that further preoperative follow-up consultations are advisable and are encouraged, particularly for aesthetic surgical procedures.

i) Members shall not associate with establishments that demand deposits for surgical treatments at the time of first consultation.
j) Members must ensure that processes designed to reflect intended outcome (e.g. computer generated images) must be accompanied by a disclaimer explaining the result cannot be guaranteed.

7 Non-Medical Staff working with/for the Member

a) Responsibility for the patient's care rests with the Member at all times while the patient is under the care of others who work with the Member unless care is formally handed over to another doctor of consultant status.
b) Any assistant to the Member must be suitably qualified and indemnified with the necessary training to complete the task allocated to them.

8 Fees

a) Members must disclose in writing any financial conflicts of interest to patients (e.g. ownership of the surgical facility to be used, associations with the manufacturers of implants/surgical devices).
b) Fees shall be transparent, and patients must receive a full written breakdown and explanation of the costs of treatment well in advance of the proposed treatment (c.f. "cooling off" period). This explanation must include the long-term financial implications of any emergency care, complications and revisions. This must be made clear to the patient.
c) Advertising fee discounts, time limited offers, raffles, and surgery as quiz prizes and paying all or part of patients' expenses etc. is strictly prohibited.
d) Members, or the institutions with whom they work or are associated, must not make payments, provide remuneration of any kind or discounts for making patient referrals. Patients must expect that any referral be made in their best medical interest without any financial or other inducement.
k) Patients must be informed of the terms and conditions of any payment made, particularly deposits and a cancellation policy. Any deposit requested must be a reasonable proportion (e.g. 10-15%) of the total treatment cost and refundable less only administration expenses.
f) Fees for services provided by associates or employees, including trainees, must be appropriate to the experience and qualifications of the individual providing the service. The individual providing the service must receive the fee, previously agreed in writing, for providing the service.
g) Claims made to insurers, the NHS and other providers must be honest, legal, and appropriate to the service provided.

9 "Cooling Off Period"

Members must be aware that the GMC recommends a 2-week "cooling off" period and this is the UK Guideline for elective SURGICAL procedures. The "cooling off" period does not start until the pre-treatment consent process has been completed. Up to the end of the cooling off period, all monies, except for any previously declared non-refundable deposit, must remain refundable.
The minimum "cooling off" period should be:

a) Category 1 (injectables): No “cooling off” period required provided that the patient has been given appropriate information in advance of the risks and potential complication of treatment e.g. tear trough rejuvenation injections;
b) Category 2 (Minor LA surgery e.g. I+C chalazion): No “cooling off” period required;
c) Category 2 (Minor LA aesthetic surgery e.g. removal of facial intradermal naevus): 1 day;
d) Category 2 (Patients under the age of 18): 1 week;
e) Category 3 (Surgery under GA, regional block, sedation) 1 week.

10 Consent

a) Consent is an ongoing process extending from the time of first contact until the day of the surgical/non-surgical procedure.
N.B. The GMC banned remote consultation for medical aesthetic injectables in July 2012.
b) Members must also be aware that online or remote consultation’ is not appropriate except for the provision of generic information. No final diagnosis, treatment plan or prescription (for medical or surgical treatment) shall be given WITHOUT a face-to-face consultation and a ‘hands on’ examination.
c) Members must ensure that the patient clearly understands the planned procedure(s), and the associated risks and potential complications of the planned procedure(s) and the post-operative recovery required before the ‘booking’ is confirmed or before any money changes hands.
d) Consent forms and clinical notes must be contemporaneous and legible.
e) No patient shall undergo a procedure without completion of the consent process as laid down by the GMC.

Consent for treatment of those under 18

a) Aesthetic procedures on patients under the age of 18 years should be exceptional and only undertaken after a full assessment of the risks and benefits, including the health and psychosocial consequences.
b) It is recommended that the patient include their parents or guardians in the consent process. Parents/guardians’ written consent is not legally required above the age of 16 but their verbal agreement is recommended but not essential if the patient refuses.
c) Final decisions regarding young people’s treatment can be differed and there is no legal obligation to operate on a patient unless failing to do so would be considered negligent.

11 Documentation

a) Members must ensure that their notes, in any format, must be legible and must include the patient identification details (at least patient's full name, date of birth) and practitioner’s signature and name.
b) The manufacturer’s name, serial numbers, batch and lot numbers of any devices or healthcare products that are used on a patient (e.g. dermal fillers, botulinum toxin) must be recorded.
c) Members must ensure that the storage, handling and access to patient notes and details comply with national data protection legislation.
g) Members must ensure that clinical notes and photographs shall be available to the patient at his/her request. They should be available within a reasonable time, and any charge made for copying notes should be appropriate and reasonable.

h) Levels of consent for photography must be explained to patients and the level given clearly recorded.
i) It is recommended that photographs, relevant to the treatment planned, should be taken for all patients undergoing oculoplastic and orbitofacial aesthetic medical procedures. Photographs should be standardized where possible. Use of patient's pictures is strictly limited to the use authorized, and signed for, by the patient in the consent form.
j) Patient photographs in any format shall be stored according to data protection legislation.
k) Members must ensure that patient confidentiality is respected at all times and that notes are only be released to third parties, which are not involved in the patient's clinical care, with the patient's signed consent.
l) Patient's notes should include a record of all care provided by nursing and other staff, under the direction of and on behalf of the responsible Member.

12 Investigations

a) Preoperative tests and investigations should be performed where appropriate, but the Member should inform the patient of the financial implications of such tests and investigations beforehand.
b) Patients should be aware of the need for histological examination of any tissue specimens and the costs involved.

13 Members 'responsibilities with respect to facilities in which they work and other staff with whom they work.

a) It is the Member's responsibility to ensure that the facility in which they work has a current CQC registration where appropriate and that all the equipment that they will use or need to treat the patient is present and correct.
b) It is the Member's responsibility to ensure that the staff of any facility with whom they work are appropriately qualified.
c) Members must comply with any appropriate National Legislation when working in any facility.
d) Patient safety is paramount in any care delivered by a member.
e) Members are now required by national legislation to 'whistle blow' if they feel facilities or staff are unsafe or not fit for purpose.

14 Safe timing of procedures

a) Members shall inform patients of additional risks associated with a procedure that can be reduced if the patient modifies their behaviour e.g. stopping smoking, etc. When necessary, the member should decline to operate unless the behaviour in question is modified.
b) Members must inform patients if stopping of medication would reduce the risk of a procedure (e.g. aspirin or anticoagulants). Stopping prescribed medications must only be done with the GP's or the appropriate specialist's agreement.

c) Members must inform patients that undergoing multiple procedures during one operation can be associated with a greater risk of intraoperative and postoperative complications.

15 Post-operative follow-up

a) Members must ensure that all patients shall receive a discharge summary on leaving the hospital/facility after a surgical procedure.
b) The discharge summary should include information about the surgical procedure performed, the post-operative medication prescribed, contact details in the case of an emergency and details of the first follow up appointment. Patients should be given any implant card/s for any device used.
c) Members have continuing responsibility for the care of their patients throughout the recovery period and must ensure that their patients have access to help at all time either from the Member or from another doctor who has been formally handed the care of the patient.

16 Arrangements for out of hours and emergency cover

a) Members must provide patients with contact details in the case of a postoperative emergency.
b) The Member would normally be expected to provide 'out of hours' care unless other arrangements have been made via a formal hand over, which has been explained to the patient.
c) If a Member is not available, they must provide patients with appropriate alternative cover, of a similar level of professional expertise. A formal handover of patient care is expected when the Member goes on holiday or is more than 1hour of travel time away in the 24hours after a procedure has been undertaken.
d) Members must ensure that the facility within which they perform surgery has appropriate service level agreements in place with critical care facilities if these are not available in the facility itself.
e) Members must ensure that there is appropriate anaesthetic cover in the case of an emergency.

17 Expectations of Member's behaviour if a 'complication 'or an unfavourable result occurs

a) If a complication occurs or an outcome is less favourable than expected, Members must provide the patients with an open and honest explanation of what has happened. There must be no cover up of a medical error.
b) Members must ensure that the patient receives appropriate further treatment and a second opinion should be requested as necessary or if asked for by the patient.
c) When revision surgery is required, Members must take into account the out-of-pocket expenses incurred by the patient when calculating the fee for the revision.
d) If a Member treats the complication of another surgeon, they must be mindful of any comments they make about the previous surgeon's care.

18 The surgeon who travels long distances to provide treatment

Surgeons travelling long distances to provide oculoplastic or orbitofacial aesthetic surgical procedures within the U.K. must be aware of the implications for ongoing postoperative care and the medico-legal implications for cover needed when they return to their normal place of work, residence or take annual leave.

a) Our members are advised to operate only within the proximity of their official residence where they can provide continued postoperative care; to do otherwise is not in the interest of patients and BOPSS does not condone this practice.
b) Members must inform patients in writing if they are ‘travelling a long distance’ to provide treatment.
c) If a member travels away from his or her place of residence to treat patients and there is a complication after surgery, they have the responsibility to travel to the patient rather than the reverse. This has been the finding of several previous medico-legal cases and is now accepted as the legal precedent.
d) The member must inform the patient of the importance of follow-up after surgery.
e) Patients must be informed in writing of what they can expect to happen should problems arise and need to be aware what the cross-cover arrangements are for any period of annual leave so the place of attendance in an emergency is clear.
f) Documentation must be made of discussions explaining the difficulties of dealing with complications or dissatisfaction when the surgeon has to travel to perform surgery. This information should form part of the consent process.
g) When a travelling member, whose practice is based away from home, goes on annual leave the consultant surgeon covering the practice needs also to be prepared to travel to the multiple sites that the travelling surgeon attended and must be aware of this.
h) Where patients travel to a named Member surgeon, the Member has a responsibility to inform the patient of the risks of travelling a long distance to see and be treated by them especially when the patient is travelling from outside the U.K. or from Ireland. Legally, follow up under this circumstance is different to the travelling surgeon as the patient has a responsibility to travel to the surgeon having made the decision to seek their treatment initially.

19 Audit and Quality Assurance

These aspects of care are the cornerstones of Revalidation of Doctors as laid down by the GMC and Members must adhere to them.

20 Risk Analysis

a) Members shall not undertake any procedure requested by a patient where the Member believes there is an unacceptable risk to the patient.
b) Members must report adverse events, which involve a medical device, drug or other medical product, to the relevant authorities as per institutional and/or National guidelines.
c) Root-cause analysis shall be used in the assessment of complications and emergencies.

21 Members who have relationships with Device Manufacturers, Distributors or the Pharmaceutical Industry

a) Members must comply with national legislation in this matter.
b) Members must not receive any remuneration or payment in kind, goods or services based on the understanding that the Member will use a device, implant or drug.

c) Members must not enter into any financial arrangement that could be seen to influence decisions made in the care of their patients. Any arrangement must withstand legal, public, professional and media scrutiny.
d) Conflicts of interest must be declared in writing to patients and to the Society, which will keep a register of conflicts of interests. Potential conflicts of interest include amongst others;
i.Directorships of companies in the healthcare industry.
ii.Membership of other Professional Associations, including holding Offices in other Associations.
iii.Grants from Industry, outside an approved clinical trial.
iv.Sponsorship for attending Scientific Meetings.
e) If a member invents or helps develop a product (device, technique or drug), that must be declared to patients on whom it may be used outside of any approved clinical trial.

22 Use of the BOPSS logo.

a) The Society does not endorse any company, medical product, medical device, surgeon or group of surgeons.
b) Membership of the Society is on an individual basis and is not open to companies, groups of surgeons, or hospitals or clinics.
c) Members must not use the name or logo of the Association in any way that might bring the Society into disrepute.
d) Members must not make the suggestion or imply they are speaking for or on behalf of the Society unless asked to do so by the BOPSS Committee.
e) Use of the Society's Members' logo is restricted to use on personal websites and stationery to show personal affiliation. It must not be used in any way to imply that the Society endorses any company or group of surgeons or that all members of a company/group are Members of BOPSS.
f) The BOPSS logo must not be used in any advertising materials.
g) The BOPSS logo is subject to copyright and the misuse of the logo may be legally enforced

23 Mandatory Notifications

Members must notify the Society of any retirement from practice for any reason and of any GMC, criminal or civil ruling made against them that would prevent them practicing as a surgeon or doctor, within 5 working days.

24 Compliance

a) On being elected to Membership, new Members will be required to sign an acknowledgement that they have received the Code of Conduct, read it and agree to be bound by the Code.
b) Amendments to the Code must be discussed and agreed at the BOPSS AGM by simple majority and put to the next AGM for approval.
c) Amendments to the Code will require a simple majority at the AGM to be adopted.
d) Any new version of the Code will supersede all previous versions.
d) Each Member of the Society must sign an acknowledgement that they have received, read and agree to abide by the new Code.
e) Failure to accept and abide by the Code will nullify membership.

25 Complaints made to BOPSS about Members

a) The member must inform, in writing, all patients of their complaint's procedure.
b) The President or a member of the BOPSS Committee nominated by the President will respond to any signed complaint received in writing about a Member.
c) The member will be informed of the complaint within 10 working days by email and/or post.
d) The complaint will be referred to the Present, Past and Incoming Presidents for investigation (a.k.a. The Ethics Committee).
e) Action taken by the Society will depend on the outcome of the investigation. Any action deemed to be criminal, against GMC guidelines, legislation or deemed to bring the Society into disrepute may result in instant expulsion. Otherwise, any sanction will be discussed by the BOPSS Committee and their decision will be final. Outside agencies may be informed of the nature of the complaint depending on its nature.
f) Upheld complaints will remain on a Member's file for 5 years and they will be taken into account if subsequent complaints are received on different matters.
g) Actions following investigation of a complaint may be;

a. Dismissal of the complaint
b. Recommendation that the Member undergo counseling or other course of action.
c. The Member must sign a statutory declaration that they will abide by the Code in future.
d. Imposition of conditions on the Member's membership of BOPSS.
e. Suspension of Membership **(N.B. Two suspensions will normally result in expulsion)**
f. Expulsion from Membership.

26 Declaration of Conflicts of Interest

All Members are required to register any possible conflicts of interest with the Secretary of the Society. An annual reminder will be sent to Members, but it is the Member's responsibility to inform BOPSS of any change in their conflicts of interest in the year.
Examples of possible conflicts are:
a) Membership and Office Holders of other Surgical Societies.
b) Directorships of companies working in the medical sector ('providers' of health care including insurance and financial products/drug companies/surgical device, instrument or implant manufacturers.
c) Being in receipt of payments of any sort from any source, except for those received as part of an ethically approved trial', e.g. honoraria, research grants, bursaries, 'goods in kind', including travel costs.
