



General  
Medical  
Council

Guidance for all  
doctors who offer  
cosmetic interventions:  
a public consultation on our draft guidance

Working with doctors Working for patients

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# About this consultation

We are consulting on draft guidance for all doctors who offer cosmetic interventions.

We have prepared this draft guidance working with experts\* in response to the review of the regulation of cosmetic interventions led by Professor Sir Bruce Keogh† and the response from the government.‡

The Keogh review recommended that an ethical framework be established to help support professionals who have a role in treating people who want cosmetic interventions.

The cosmetic sector is an expanding area of practice and it is important that doctors have the right skills, the products used are safe, and that patients get accurate information before they decide to have a cosmetic intervention.

The draft guidance sets out the standards that we expect from doctors who practise in this area. Patients, the public and other professionals who offer cosmetic interventions may also find it a useful explanation of the standards that we expect from doctors.

We welcome responses from anyone who has a view about this draft guidance and are particularly keen to hear from individuals or organisations that are affected by the issues it raises.

This is your chance to have your say.

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\* List of members working on developing this guidance can be found at [www.gmc-uk.org/guidance/news\\_consultation/26139.asp](http://www.gmc-uk.org/guidance/news_consultation/26139.asp).

† [www.gov.uk/government/publications/review-of-the-regulation-of-cosmetic-interventions](http://www.gov.uk/government/publications/review-of-the-regulation-of-cosmetic-interventions).

‡ [www.gov.uk/government/publications/regulation-of-cosmetic-interventions-government-response](http://www.gov.uk/government/publications/regulation-of-cosmetic-interventions-government-response).

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## How have we developed this draft guidance?

This draft guidance brings together and expands on ethical principles from our existing guidance to show doctors how these principles apply when they offer cosmetic interventions. All of our existing guidance is available on our website.\* This draft guidance includes key extracts from existing guidance. It aims to help doctors understand the standards we expect of them so that they can give patients the good standard of care and treatment that they are entitled to. It may also help patients and the public to understand what to expect from their doctors, in circumstances when patients may be particularly vulnerable and in need of additional support.

## How your responses will help

Your responses will help to show us whether the guidance:

- is clear enough – we don't want it to be difficult to put into practice because the wording is ambiguous
- covers everything that it should – please tell us if we have missed anything out, or included irrelevant or unhelpful information.

We also welcome your views about how we could illustrate how the guidance should work in practice. In the past we've used case studies (such as those in our interactive learning tool, *Good medical practice in action*) and other learning materials.

We would welcome views on the topics where case studies may be particularly helpful, and your ideas for innovative and useful ways to show how the guidance should be interpreted in different situations.

Responses to this consultation will also help us to understand the impact our guidance could have on groups who are protected under the *Equality Act 2010*. We therefore welcome your comments on whether any areas from the guidance could be strengthened from an equality and diversity perspective.

Our remit is UK wide, so our guidance needs to take into account the different healthcare and legal systems of Scotland, Northern Ireland, England and Wales.

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\* [www.gmc-uk.org/guidance/ethical\\_guidance.asp](http://www.gmc-uk.org/guidance/ethical_guidance.asp).

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## How do I take part?

There are 22 questions in the consultation document about the scope, detail and style of the draft guidance. You do not have to answer all of the questions if you prefer to focus on specific issues.

The first 12 questions are about the specific areas where we are expanding on existing guidance. These are then followed by more general questions about the guidance.

This consultation runs from  
**8 June to 1 September 2015.**

You can answer the questions online on our consultation website: <https://gmc.e-consultation.net/econsult/default.aspx>.

Alternatively, you can answer the questions using the text boxes in this document and either email your completed response to us at [cosmeticpracticeproject@gmc-uk.org](mailto:cosmeticpracticeproject@gmc-uk.org) or post it to us at:

Standards and Ethics team  
General Medical Council  
Regent's Place  
350 Euston Road  
London  
NW1 3JN

Please contact us using the details above if you would like a printed copy.

## How will we use your response?

We will analyse the responses to the consultation and consider how we should adapt the guidance to take account of all the comments we receive. We also intend to develop case studies and other learning materials to help illustrate particular areas of the final guidance and help doctors understand how they can put it into practice.

We hope to publish the final version of the guidance in early 2016, along with the learning materials and links to other guidance documents and training requirements published by the Royal College of Surgeons of England and by Health Education England.

# Guidance for all doctors who offer cosmetic interventions

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## Who is this guidance for?

This guidance is for all doctors who offer cosmetic interventions.

The cosmetic sector is a rapidly expanding area of practice that has gone from being a niche market to a popular service that is now widely available. Cosmetic interventions can have a significant impact on the health and wellbeing of patients. There have been particular concerns about patient safety and whether the sector operates in an ethical manner. It is important that doctors have the right skills, the products used are safe, and patients get accurate information before they decide to have a cosmetic intervention.

By cosmetic interventions, we mean any interventions, procedures or treatments carried out at the request of the patient\* that have the primary objective of improving the patient's appearance.

This guidance builds on and incorporates principles from our existing guidance, and is structured under the four domains of *Good medical practice*. It applies and in some cases sets a higher standard than in our current guidance to address the specific safety issues and ethical concerns particular to the cosmetic sector, as recommended by Sir Bruce Keogh's review, *Review of the regulation of cosmetic interventions*. It should be read alongside our other guidance.†

Other bodies have also produced guidance on professional standards or the skills and experience needed for certain cosmetic interventions. We have included links to these other sources of guidance, which complement this guidance for all doctors.

To maintain your licence to practise, you must demonstrate, through the revalidation process, that you work in line with the principles and values set out in this guidance. Serious or persistent failure to follow this guidance will put your registration at risk.

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\* When we say patient we also mean a person with legal authority to make a request on the patient's behalf.

† All of our existing guidance is available at [www.gmc-uk.org/guidance/ethical\\_guidance.asp](http://www.gmc-uk.org/guidance/ethical_guidance.asp).

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## Key points

We expect doctors offering cosmetic interventions to:

- seek their patient's consent themselves rather than delegate
- make sure patients are given enough time and information before they decide whether to have an intervention
- consider their patients' psychological needs and if necessary seek expert advice from colleagues
- make sure patients have the information they want or need, including a discharge letter that supports continuity of care and includes relevant information about the medicines or devices used
- take particular care when considering requests for interventions on children and young people
- market their services responsibly, without making unjustifiable claims about interventions, trivialising the risks involved, or using promotional tactics that might encourage people to make ill-considered decisions.

As with all doctors in all fields of medicine, we also expect them to:

- work in partnership with patients, treating them with respect and dignity
- keep patients safe, work to improve safety and report safety concerns
- work effectively with colleagues and within the limits of their competence

- keep up to date with relevant law and guidance
- be open and honest about their skills, experience, fees and conflicts of interests.

## Knowledge, skills and performance

- 1 You must recognise and work within the limits of your competence and refer patients to other practitioners where this serves the patient's needs.
- 2 You must keep up to date with the law and clinical and ethical guidelines that apply to your work. You must follow the law, our guidance and other regulations relevant to your work.
- 3 You should seek opportunities for supervised practice\* before you carry out interventions on your own or as a team leader or offer to supervise others.
- 4 You must take part in activities to maintain and develop your competence and performance across the full range of your practice.
- 5 You should seek and act on feedback from patients and use it to inform your practice. You should ask about the physical and psychological impact on the patient and about their overall satisfaction with the outcome of the intervention.
- 6 You must make sure that your annual appraisal covers the whole of your practice.

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\* For more information about supervision, see our guidance on *Leadership and management for all doctors*.



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## Safety and quality

- 7 To help keep patients safe you must:
- a contribute to confidential inquiries, including the National Confidential Enquiry into Patient Outcome and Death (NCEPOD)
  - b contribute to adverse event recognition and reporting
  - c report adverse incidents involving medical devices that put or have the potential to put the safety of a patient, or another person, at risk
  - d report suspected adverse drug reactions
  - e respond to requests from organisations that monitor public health
  - f contribute to clinical audit and national programmes to monitor quality and outcomes, including any relevant device registries
  - g report product safety concerns to the relevant regulator.\*
- 8 You should share insights and information about outcomes with other people who offer similar interventions, if this is likely to improve outcomes or patient safety.
- 9 You must tell patients how to report complications and adverse reactions.
- 10 You must carry out a physical examination of patients before prescribing non-surgical cosmetic medicinal products such as Botox, Dysport or Vistabel or other injectable cosmetic medicines. You must not therefore prescribe these medicines by telephone, video-link, or online or at the request of others for patients you have not examined.
- 11 You must seek and act on evidence about the effectiveness of the interventions you offer and use this to improve your performance. You must provide interventions based on the best available up-to-date evidence about effectiveness, side effects and other risks.
- 12 You should be satisfied that the environment for practice is safe, suitably equipped and staffed.

When you give information for these purposes, you should still respect patients' confidentiality.

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\* Medicines and medical devices in the UK are regulated by the Medicines and Healthcare products Regulatory Agency ([www.gov.uk/government/organisations/medicines-and-healthcare-products-regulatory-agency](http://www.gov.uk/government/organisations/medicines-and-healthcare-products-regulatory-agency)).

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## Communication, partnership and teamwork\*

- 13 You must communicate clearly and respectfully with patients, listening to their questions and concerns and considering any needs they may have for support to participate effectively in decision making.
- 14 When you discuss interventions and options with a patient, you should consider their vulnerabilities and psychological needs (see also paragraph 39)

### Consent†

- 15 If you have overall responsibility for a patient's care, you must make your own assessment of their request for an intervention. You must ask them for relevant information about their medical history, why they have requested an intervention and the outcome they hope for.
- 16 If a patient asks you for an intervention that you think is unlikely to be of overall benefit to them, you must explain why. You should talk to the patient to ask why they asked for the intervention. But, if you still think it is unlikely to be of overall benefit, you should not provide it. You should discuss other options and respect the patient's right to seek a second opinion.
- 17 It is essential to a shared understanding of expectations and limitations that consent to interventions is sought by the doctor who will perform it or supervise its performance by another practitioner. Seeking consent for interventions must not be delegated.
- 18 When you discuss intervention options with patients, you must explain any monitoring or follow-up care requirements. For example, you must tell them how long implanted medical devices are expected to last before they need to be removed or replaced.
- 19 You must make clear to prospective patients that alternative interventions may be available from other practitioners.
- 20 You must give the patient enough time and information to reach a voluntary and informed decision about whether to go ahead with an intervention.
- 21 The amount of time patients need for reflection and the amount and type of information they will need depends on several factors. These include the invasiveness, complexity, permanence and risks of the intervention, how many intervention options the patient is considering and how much information they have already considered about a proposed intervention.
- 22 You must give patients the information they want or need about:
  - a options for treating or managing the patient's condition or the physical feature about which they have concerns, including the option not to treat
  - b the purpose of any proposed intervention and what it will involve

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\* Please also see our *Guidance for doctors who are acting as responsible consultants or clinicians*.

† Please see *Consent: patients and doctors making decisions together* for more guidance on the consent process.

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- c** the potential benefits, risks and burdens, and the likelihood of success, for each option; this should include information, if available, about whether the benefits or risks are affected by which organisation or practitioner they choose to provide the intervention
  - d** whether a proposed intervention is an innovative intervention and, if so, what arrangements exist to protect the patient's safety
  - e** the people who will be mainly responsible for and involved in their care and what their roles are
  - f** their right to seek a second opinion
  - g** any bills they will have to pay
  - h** any conflicts of interest that you, or your organisation, may have
  - i** any interventions that you believe have greater potential benefit for the patient than those you or your organisation can offer.
- 23** You should explore these matters with patients, listen to their concerns, ask for and respect their views, provide information on risks, including risks the patient may see as material\* to their decision, and encourage them to ask questions.
- 24** You should check that patients have understood the information you have given them and answer any questions they might have.
- 25** You should consider whether you or a colleague needs to review the patient's response to the intervention and make sure the patient understands whether you recommend a follow-up appointment.
- 26** You must tell the patient they can change their mind at any point. Explain your charges clearly from the outset, so that patients know the financial implications of any decision to proceed to the next stage or to withdraw.
- 27** You must be clear about what is included in quoted prices and what other charges might be payable, including possible charges for revision or routine follow-up.
- Children and young people<sup>†</sup>**
- 28** You should take particular care when you consider providing interventions for children or young people and, wherever possible, should work with multidisciplinary teams that provide expertise in treating children and young people.
- 29** Interventions must be in the best interests<sup>‡</sup> of the child or young person and performed with consent. A parent<sup>§</sup> can consent to an intervention for a child or young person who does not have the maturity and decision making capacity to consent, but you must not perform an intervention on a child or young person on the basis of consent having been given by a parent if it is clear that the child or young person has refused to agree to the intervention.

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\* See *Montgomery v Lanarkshire Health Board (Scotland)* [2015] UKSC 11.

† Please see our *guidance 0–18 years: guidance for all doctors* for more information about the general principles that you should follow, in addition to this guidance, when you treat children and young people.

‡ See paragraphs 12 and 13 of *0–18 years: guidance for all doctors* for guidance on assessing best interests.

§ 'Parents' are people with parental responsibility.

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**30** Your marketing activities must not target children or young people through their content or placement.

### Continuity of care

**31** You must make sure the patient has the medicines or equipment they need to care for themselves after an intervention.

**32** You must make sure that your patients know how to contact you or another named\* suitably-qualified person if they experience complications outside your normal working hours.

**33** You should give patients a discharge letter that explains the intervention they have received in enough detail to enable another doctor to take over the patient's care. This should include relevant information about the medicines or devices used. You should also send this information to the patient's GP and any other doctors treating them, provided the patient consents to you sharing this information, if it is likely to affect their healthcare in future.

**34** You should organise your records in a way that allows identification of patients who have been treated with a particular device or medicine in the event of product safety concerns or regulatory enquiries.

**35** You must keep records that contain personal information about patients securely and in line with:

- a** data protection requirements
- b** guidance published by the UK health departments, even when the interventions are provided outside the National Health Service.

### Working with colleagues

**36** You must make sure that anyone you delegate care to has the necessary knowledge, skills and training and is appropriately supervised.

**37** You must work effectively with healthcare professionals and others involved in providing care. You must respect the skills of colleagues within multidisciplinary teams and support them to deliver good patient care.

**38** You must ask for advice from colleagues if the patient has a health condition that lies outside your field of expertise and that may be relevant to the intervention or the patient's request.

**39** You must make sure you have access to other professionals who can support and advise you. You should ask for advice when you treat patients who may need psychological or other expert assessment or support.

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\* Please also see our *Guidance for doctors who are acting as responsible consultants or clinicians*.

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## Maintaining trust

- 40 You must be open and honest with your patients about any financial or commercial interests that could be seen to affect the way you prescribe for, advise, treat, refer or commission services for them.
- 41 You must not allow your own financial or commercial interests to affect your recommendations.
- 42 When advertising your services, you must make sure the information you publish is factual and can be checked, and does not exploit patients' vulnerability or lack of medical knowledge.
- 43 Your marketing must be responsible.\* It must not minimise or trivialise the risks of interventions and must not exploit patients' vulnerability.
- 44 You must always be honest and must not mislead about your skills, experience, qualifications, professional status and current role.
- 45 You must not mislead about the results you are likely to achieve.
- 46 You must not claim that interventions are risk-free.
- 47 You must not falsely claim or imply that certain results are guaranteed from an intervention. If a medical assessment is required, your marketing must make that clear.

- 48 You must not use promotional tactics (for example, but not limited to, discounts, time-limited deals, refer a friend offers, gift vouchers or loyalty cards) in ways that could encourage people to make an ill-considered decision.
- 49 You must not provide your services as a prize.

## References

- 1 General Medical Council (2013) *Good medical practice*
- 2 General Medical Council (2012) *Leadership and management for all doctors*
- 3 General Medical Council (2012) *Raising and acting on concerns about patient safety*
- 4 General Medical Council (2009) *Confidentiality*
- 5 General Medical Council (2008) *Consent: patients and doctors making decisions together*
- 6 General Medical Council (2007) *0–18 years: guidance for all doctors*
- 7 General Medical Council (2013) *Financial and commercial arrangements and conflicts of interests*
- 8 General Medical Council (2013) *Good practice in prescribing and managing devices*
- 9 General Medical Council (2014) *Guidance for doctors who are acting as responsible consultants or clinicians*
- 10 Royal College Surgeons guidance, *Cosmetic Surgery Code of Professional Standards and Ethics*
- 11 Health Education England, *Qualification requirements for cosmetic procedures*

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\* The Committee of Advertising Practice and Broadcast Committee of Advertising Practice have guidance on the marketing of cosmetic interventions, which covers the marketing of both surgical and non-surgical cosmetic interventions. See [www.cap.org.uk/-/media/Files/CAP/Help%20notes%20new/CosmeticSurgeryMarketingHelpNote.ashx](http://www.cap.org.uk/-/media/Files/CAP/Help%20notes%20new/CosmeticSurgeryMarketingHelpNote.ashx).

# Section 1: Specific questions about the draft guidance

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## Our definition of cosmetic interventions

To explain the scope of the guidance we have included a definition of cosmetic interventions:

*'any interventions, procedures or treatments carried out at the request of the patient\* that have the primary objective of improving the patient's appearance.'* This definition is intended to cover both surgical and non-surgical interventions, with the same principles of good practice applying to both types of intervention.

### 1 Do you agree with our definition of cosmetic interventions?

Yes

No

Not sure

Do you have any comments on this?

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\* When we say patient we also mean a person with legal authority to make a request on the patient's behalf.

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## Making sure doctors have appropriate training and supervision

Doctors have told us they are concerned that some doctors might offer interventions to the public after taking short courses, without practising the interventions first under the supervision of an experienced colleague.

At paragraph 3 of the draft guidance,<sup>\*</sup> we propose that doctors should seek opportunities for supervised practice before they carry out interventions on their own or as a team leader or offer to supervise others. We say 'should',<sup>†</sup> not 'must', because supervisors might not always be available, for example when a doctor develops an entirely new technique.

- 2 Do you agree that doctors should seek opportunities for supervised practice before they carry out interventions on their own or as a team leader or offer to supervise others?

Yes       No       Not sure

Do you have any comments on this?

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<sup>\*</sup> For more information about supervision, see our guidance *Leadership and management for all doctors*.

<sup>†</sup> For more information on how we use the terms 'must' and 'should', please see paragraph 5 of *Good medical practice*.



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## Sharing insight and information

At paragraph 8, we say that doctors should share insights and information about outcomes with other people who offer similar interventions, if that is likely to improve outcomes or patient safety.

We recognise that commercial factors may discourage doctors from sharing insights and information with others, but we think sharing information about outcomes could help to improve patient safety and experience.

- 3 Do you think doctors should share insights and information about outcomes with other people who offer similar interventions, if that is likely to improve outcomes or patient safety?

Yes       No       Not sure

Do you have any comments on this?

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## Declining a request to perform a cosmetic intervention

At paragraph 16 of the draft guidance we say that, if a patient asks a doctor for an intervention and the doctor concludes that the intervention is unlikely to be of overall benefit to the patient, the doctor should not provide it.

Our current guidance on *Consent*, says doctors 'do not have to' provide a requested treatment if they believe it is unlikely to be of overall benefit to the patient. The wording in the draft cosmetic interventions guidance (you should not) is more restrictive than the standard set in *Consent* (you do not have to).

- 4 Do you think doctors should not perform cosmetic interventions on a patient if they think it is unlikely to be of overall benefit to the patient?

Yes       No       Not sure

Do you have any comments on this?

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## Responsibility for seeking consent

At paragraph 17 of the draft guidance we say it is essential to a shared understanding of expectations and limitations that consent to interventions is sought by the doctor who will perform it or supervise its performance by another practitioner.

The draft guidance says seeking consent for cosmetic interventions must not be delegated. Under this wording, doctors would not be allowed to delegate discussion of fees and other non-clinical aspects of an intervention.

We have heard that in some circumstances patients are asked, by sales staff or patient coordinators, to make decisions to undergo interventions before they have seen a doctor.

We believe that making sure consent is sought by the doctor who will perform the intervention or supervise its performance by another practitioner means that the patient will have a better understanding of what is involved and more realistic expectations about the outcomes that might be achieved in their particular case. This is a more restrictive requirement than we set for other areas of practice where we say that responsibility for seeking consent can be delegated in some circumstances.\*

- 5 Do you agree that consent for a proposed cosmetic intervention should be sought by the doctor who will perform it or supervise its performance by another practitioner?

Yes       No       Not sure

Do you have any comments on this?

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\* See [www.gmc-uk.org/guidance/ethical\\_guidance/consent\\_guidance\\_responsibility\\_for\\_seeking\\_a\\_patients\\_consent.asp](http://www.gmc-uk.org/guidance/ethical_guidance/consent_guidance_responsibility_for_seeking_a_patients_consent.asp).

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## Time for reflection and cooling off periods

We consider it important for patients to be given a period of reflection before deciding whether to undergo a cosmetic intervention. However, we have not specified a particular time period in the draft guidance. This is because we think the time patients need for reflection depends on several factors, including:

- the invasiveness, complexity, permanence and risks of the intervention
- how many intervention options the patient is considering
- how much information they have already considered about a proposed intervention.

Although we have not specified a particular time period for reflection, paragraph 20 proposes a general requirement to give the patient enough time and information to reach a voluntary and informed decision about whether to go ahead with an intervention.

6 Do you agree with our approach in requiring doctors to give patients enough time and information to reach a voluntary and informed decision about whether to go ahead with an intervention?

Yes

No

Not sure

Do you have any comments on this?

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## Children and young people

Our draft guidance includes a section about children and young people.\*

In this section we have not proposed that doctors should be prohibited from providing cosmetic interventions to children and young people. We recognise that, in some circumstances, it may be clinically appropriate to carry out interventions on a child or young person who lacks the maturity and capacity to consent. For example, ear reshaping is an intervention that might be appropriate for a child who is not old enough to give consent themselves.

We have proposed that, when a doctor is considering performing a cosmetic intervention on a child or young person, they should take particular care and should work wherever possible with multidisciplinary teams that provide expertise in treating children and young people. Doctors must get consent from the patient or parent,<sup>†</sup> in line with our guidance.

At paragraph 29 of the draft guidance we propose that doctors should not perform an intervention, on the basis of consent given by a parent, on a child or young person who lacks the maturity and decision making capacity to consent, if it is clear that the child or young person has refused to agree to the intervention.

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\* Children and young people are people aged between 0 and 18. Please see *0–18 years: guidance for all doctors* for more information about the general principles that apply in addition to the specific requirements set out in this draft guidance.

† 'Parents' are people with parental responsibility.

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7 Do you think doctors should be able to perform cosmetic interventions on children and young people if the intervention is in the patient's best interests?

Yes

No

Not sure

Do you have any comments on this?

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8 Do you agree that doctors should not perform a cosmetic intervention at the request of a parent on a child or young person who is unable to consent to the intervention if it is clear that the child or young person does not agree to it?

Yes       No       Not sure

Do you have any comments on this?

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## Providing patients with discharge letters

When safety concerns were raised about breast implants manufactured by Poly Implant Prosthèse, some patients were unable to find out who had manufactured their implants.

At paragraph 33 of the draft guidance we have proposed that doctors should give patients a discharge letter that explains the intervention in enough detail to enable another doctor take over the patient's care. The letter should also include relevant information about the medicines or devices used. This would apply whether patients are treated in a hospital or another setting.

- 9 Do you agree that doctors should give patients a discharge letter that explains the intervention and includes relevant information about the medicines and devices used?

Yes       No       Not sure

Do you have any comments on this?



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## Ensuring patient safety when doctors work in isolation

We have heard that patients can sometimes be put at risk when doctors who offer cosmetic interventions, particularly those who lead their own clinics, do not have access to other professionals who can support and advise them.

At paragraph 39, we have proposed that doctors must make sure they have access to other professionals who can support and advise them. We've used the phrase 'professionals' to include, for example, psychologists, doctors from other fields of medicine or more experienced cosmetic practitioners who can provide support and advice.

- 10** Do you agree with our proposal that doctors must make sure they have access to other professionals who can support and advise them and should ask for advice when they treat patients who may need psychological or other expert assessment or support?

Yes       No       Not sure

Do you have any comments on this?

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## Inappropriate use of promotional tactics

At paragraph 48 of the draft guidance we have proposed that doctors must not use promotional tactics (for example, but not limited to, discounts, time-limited deals, refer a friend offers, gift vouchers or loyalty cards) in ways that could encourage people to make an ill-considered decision.

We want to discourage the use of marketing tactics (including discounts) that might have the effect of persuading patients to agree to undergo interventions that they would not otherwise have considered.

However, we do not want to rule out the use of discounting after patients have already reached a decision to have an intervention. We recognise that some providers might offer discounts to encourage patients to schedule their interventions at times of year that are less popular or to schedule an operation at short notice when another patient has cancelled.

**11** Do you agree with our proposal to allow doctors to use promotional tactics, provided they do not encourage patients to make an ill-considered decision about an intervention?

Yes

No

Not sure

Do you have any comments on this?

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## Offering services as a prize

At paragraph 49 of the guidance we propose that doctors must not provide their services as a prize.

We have included this because we are concerned that offering cosmetic interventions as prizes might cause prospective patients to make decisions about having a particular intervention sooner than

they otherwise would have done, or to choose certain interventions (included in the promotion) over others that might be more suitable.

We believe that the public might feel that offering cosmetic interventions as prizes shows irresponsible disregard for patient safety, which could damage public confidence in the medical profession.

**12** Do you think it is irresponsible for cosmetic interventions to be offered as prizes?

Yes

No

Not sure

Do you have any comments on this?

# Section 2: Developing the guidance and associated materials

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13 How clear is the draft guidance?

- Very clear     Fairly clear     Not very clear     Not clear at all     Not sure

Please give reasons for your response

14 Is there anything missing from the guidance?

- Yes     No     Not sure

If yes, please give details

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**15** Is there anything you think should be removed from the guidance?

Yes       No       Not sure

If yes, please give details

**16** To illustrate how the guidance might work in practice, we will develop case studies that feature specific challenges faced by doctors and patients. Are there any issues or situations that you think it might be useful to have a case study on?

Yes       No       Not sure

If yes, please give details

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**17** Do you have any other ideas about how we could illustrate how the guidance might work in practice, such as guidance for patients or interactive flowcharts? We are particularly interested in examples of guidance formats that you use or are aware of and that you think would work well in this area.

Yes       No       Not sure

If yes, please give details

**18** Do you have any other comments or suggestions?

Yes       No       Not sure

If yes, please give details

# Section 3: GMC professional guidance in general

The two questions in this section invite any wider comments you would like to make about our guidance. You can find a full list of our guidance and resources at [www.gmc-uk.org/guidance](http://www.gmc-uk.org/guidance).



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19 Are there other topics on which you would find GMC guidance helpful?

Yes  No

If yes, please give details

20 What other guidance formats or supporting resources would you find useful?

Yes  No

If yes, please give details

# Section 4: **Addressing equality issues**

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The *Equality Act 2010* identifies nine groups of people who share characteristics that are protected by the legislation. These are referred to as protected characteristics. They are:

- age
- disability
- gender reassignment
- marriage or civil partnership
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation.

We have carefully considered the aims of the public sector equality duty in developing this guidance.

**21 Do you think any part of the guidance will adversely affect people with protected characteristics? This could include doctors, patients and members of the public.**

Yes       No       Not sure

If you answered yes to the question above, please tell us which parts of the guidance and what you think the impact might be.

# Section 5: The consultation process

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To help us continue to improve the way we consult, please tell us about your experience of taking part in this consultation.

**22 Did you find the consultation document (the questionnaire and the instructions if completing it online) clear?**

Yes

No

Not sure



**Thank you for taking the time to give us your comments – we are grateful for your input. There is just one more section to complete.**

# About you

Finally, we'd appreciate it if you could give some information about yourself to help us analyse the consultation responses.

# Your details

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Name

Job title (if responding as an organisation)

Organisation (if responding as an organisation)

Address

Email

Contact telephone (optional)

Would you like to be contacted about our future consultations?

Yes

No

If you would like to know about our upcoming consultations, please let us know which of the areas of our work interest you:

Education

Standards and ethics

Fitness to practise

Registration

Licensing and revalidation

## Data protection

The information you supply will be stored and processed by the GMC in accordance with the *Data Protection Act 1998* and will be used to analyse the consultation responses, check the analysis is fair and accurate, and help us to consult more effectively in the future. Any reports published using this information will not contain any personally identifiable information. We may provide anonymised responses to the consultation to third parties for quality assurance or approved research projects on request.

The information you provide in your response may be subject to disclosure under the *Freedom of Information Act 2000* which allows public access to information held by the GMC. This does not necessarily mean that your response will be made available to the public as there are exemptions relating to information provided in confidence and information to which the *Data Protection Act 1998* applies. You may request confidentiality by ticking the box provided below. Please tick if you want us to treat your response as confidential.

## Responding as an individual

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### Are you are responding as an individual?

- Yes  No

If yes, please complete the following questions. **If not, please complete the 'responding as an organisation' section on page 41.**

### Which of the following categories best describes you?

- Doctor  Medical educator (teaching, delivering or administering)  
 Medical student  Member of the public  
 Other healthcare professional  
 Other (please give details) \_\_\_\_\_

### Doctors

For the purposes of analysis, it would be helpful for us to know a bit more about the doctors who respond to the consultation. If you are responding as an individual doctor, could you please tick the box below that most closely reflects your role?

- General practitioner  Consultant  
 Other hospital doctor  Doctor in training  
 Medical director  Other medical manager  
 Staff and associate grade (SAS) doctor  
 Sessional or locum doctor  Medical student  
 Other (please give details) \_\_\_\_\_

### If you are a doctor, what is your current practice setting (tick one or more)?

- NHS  Independent/voluntary  Other

### What is your country of residence?

- England  Northern Ireland  Scotland  Wales  
 Other – European Economic Area  
 Other – rest of the world (please say where) \_\_\_\_\_



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To help make sure our consultations reflect the views of the diverse UK population, we aim to monitor the types of responses we receive to each consultation and over a series of consultations. Although we will use this information in the analysis of the consultation response, it will not be linked to your response in the reporting process.

**What is your age?**

- 0–18       19–24       25–34       35–44  
 45–54       55–64       65 or over       Prefer not to say

**What is your gender?**

- Female       Male       Prefer not to say

**Do you have a disability, long-term illness or health condition?**

- Yes       No       Prefer not to say

The *Equality Act 2010* defines a person as disabled if they have a physical or mental impairment, which has a substantial and long-term (ie has lasted or is expected to last at least 12 months) and adverse effect on the person’s ability to carry out normal day-to-day activities.

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**What is your ethnic group? (Please tick one)**

**Asian or Asian British**

- Bangladeshi                       Chinese                       Indian                       Pakistani
- Any other Asian background, please specify \_\_\_\_\_

**Black, African, Caribbean, black British**

- African                       Caribbean
- Any other black, African or Caribbean background, please specify \_\_\_\_\_

**Mixed or multiple ethnic groups**

- White and Asian                       White and black African                       White and black Caribbean
- Any other mixed or multiple ethnic background, please specify \_\_\_\_\_

**Other ethnic group**

- Arab
- Any other ethnic group, please specify \_\_\_\_\_

**White**

- English, Welsh, Scottish, Northern Irish or British
- Irish                       Gypsy or Irish traveller
- Any other white background, please specify \_\_\_\_\_

**Prefer not to say**

# Responding as an organisation

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Are you responding on behalf of an organisation?

Yes

No

If yes, please complete the following questions. **If not, please complete the 'responding as an individual' section on page 38.**

Which of the following categories best describes your organisation?

Body representing doctors

Body representing patients or public

Government department

Independent healthcare provider

Medical school (undergraduate)

Postgraduate medical institution

NHS/HSC organisation

Regulatory body

Other (please give details) \_\_\_\_\_

In which country is your organisation based?

UK wide

England

Scotland

Northern Ireland

Wales

Other (European Economic Area)

Other (rest of the world)

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Website: [www.gmc-uk.org](http://www.gmc-uk.org)  
Telephone: **0161 923 6602**

General Medical Council, 350 Euston Road, London NW1 3JN.

Textphone: **please dial the prefix 18001** then  
**0161 923 6602** to use the Text Relay service

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**General  
Medical  
Council**