

Report to Annual General Meeting of BAPRAS: November 2018

Report from: Professional Standards Committee

Name of Representative: Mr Simon Eccles

Report

ELIGIBILITY CRITERIA FOR FULL MEMBERSHIP

Full Membership should reflect positively on the Association and be a credit to plastic surgery and that the category would be limited to those on the specialist register as a plastic surgeon, and holds or has held any substantive consultant appointment in plastic surgery for a minimum of six months in the National Health Service in the United Kingdom; or equivalent to both in the Republic of Ireland. Those Full Members providing sponsor statements would need to have current knowledge of the applicant. The updated eligibility criteria were proposed to Council Trustees for approval.

FULL MEMBERSHIP APPLICATIONS PROCESS

Full Membership would be considered by the Full Membership once per year at an AGM. Applicants would be required to produce a statement on their motivation to join BAPRAS.

ELIGIBILITY CRITERIA FOR JUNIOR MEMBERSHIP

The Committee had agreed previously that eligibility should be limited to post-foundation doctors in a non-specialist surgical training post. The Committee agreed that a geographical restriction to UK and Republic of Ireland should be included.

ELIGIBILITY CRITERIA FOR TRAINEE MEMBERSHIP

The Committee agreed to restrict Trainee membership to plastic surgery only but Council did not approve the proposal as it wished Trainee membership to remain inclusive. PLASTA was consulted and agreed with Council's view.

BULLYING AND HARASSMENT

The Committee completed the preliminary report prepared by the President of PLASTA following a survey of Trainees. A smaller group had considered its findings at the Summer Scientific Meeting. The Committee agreed that a working document that could be circulated more broadly was required.

WORKFORCE PLANNING

Mr Richard Haywood had demitted as Workforce Planning representative and Mr Aidan Fitzgerald would take on the role. The Workforce Survey had achieved 100% response rate and a report was published annually. The report was well-received and plastic surgery was unique among surgical specialties in collecting this information. The purpose of the workforce planning survey was to present outcomes to DHSC; and that the dissemination of the Workforce Planning report was important and would be taken forward. A meeting with HEE was scheduled. The report is available on the BAPRAS website.

The Committee discussed Workforce Planning Proforma and were satisfied with the present forms. It agreed provision be made for the increasing number of non-

training posts; and that the section on Surgical Care Practitioner should be broadened out to include other allied health professions such as nurses and consultant therapists.

CREDENTIALLING & COSMETIC SURGERY CERTIFICATION SCHEME

The Committee was updated on developments. President had previously met with the President of the English College President and the College Education Department to improve the scheme. Certification should be intercollegiate and include psychological screening and peer review. BAPRAS and BAAPS were working together to ensure the system was rigorous and was mandatory. Both the Edinburgh and Glasgow Colleges were keen to proceed. It was proposed to relaunch the scheme in January 2020. The Committee agreed that there should be an information session on the process.

EXPERT PLASTIC SURGERY WITNESS FOR GMC AND IRM

The Committee discussed the expert witnesses for both GMC and RCS Independent Review Mechanism (IRM). Guidance for those responsible for producing reports to reviews could be improved. The process required greater cohesion with an opportunity for reviewers to meet; and additional reviewers should be recruited. The Committee expressed dissatisfaction that the procedure was not being implemented as BAPRAS had understood it operated. The Committee agreed that the mechanism would benefit from more knowledge from the specialties.

AESTHETICS WORKING GROUP

The Aesthetic Working Group had ceased and this Committee would take on its training aspect. The criteria recognised the role of trainer distinct from that of their interest as a private provider. The Committee agreed there was a recognition that the private sector carry out training and that BAPRAS needed to make progress on aesthetic training in the private sector. It was a safety issue since BAPRAS members were involved in the training and as such affects its reputation. There was a preference for this type of training to take place post-CCT. The BAPRAS-BAAPS Aesthetic Fellowship was the sole recommended course of its type by the SAC. The public conflate plastic surgery with cosmetic surgery and this was prompted by perceptions created in media coverage. There were members of the Committee who considered BAPRAS association with private companies to carry out aesthetic training devalued plastic surgery.

RATIONING NHS CHILDREN'S PLASTIC SURGERY

Reports of rationing were disheartening and this highlighted issues of access. The Chairman would raise the matter in his role as plastic surgery representative to the Children's Surgical Forum.

DHSC COMPLICATIONS

BAPRAS had been invited to work closely in continuing discussions with the Department of Health regarding complications of Cosmetic Surgery and sought for a consultant member to become involved to take this project forward. Mr Alexander Armstrong who was participating already. Four applications had been received: Mr Allison would be proposed from this Committee.

REIMBURSEMENT BY INSURANCE COMPANIES

There was a lack of consistency between the fees paid to surgeons by the insurance companies and the Committee agreed that BAPRAS should pursue the matter on

behalf of its members via Federation of Independent Practitioner Organisations (FIPO). Council agreed the proposal that BAPRAS would re-join FIPO.

UKNFR

The report was in preparation and would be divided into anatomical areas. Council agreed the production of the report in electronic form and that a limited number of hardcopies would be available to Trust medical directors and this would help explain the role of plastic surgeons and the nature of their work.

REPRESENTATION OF CREDENTIALS

Details of a particular Emergency medicine consultant promoting themselves as a plastic surgeon in private practice had been brought to the attention of the Association. The matter had been raised with the individuals employing Trust and it would appear the website had been removed. The Committee agreed that BAPRAS could not take action and that the Trust could take this forward via appraisal and the GMC.

PLASTIC SURGERY MISAPPROPRIATION

Details of a job description for a Clinical Fellow in Abdominoplasty Surgery had been brought to the attention of the Association via Twitter. This had prompted an online discussion among members regarding other specialties impinging on plastic surgery. It had become apparent that this was caused by a HR error in which Abdominoplasty Surgery had been used in place of Abdominal Plastic Surgery. The Committee agreed that no further action was required.

BAPRAS REPRESENTATION ON OUTSIDE BODIES

An annual report would be requested from representatives for circulation to either a relevant Committee, Council or general meeting.

PROVISION OF MEDICAL EQUIPMENT BEYOND BREXIT

The President and Hon. Secretary were nominated to serve on a committee to advise on the provision of equipment beyond Brexit.

IMPLICATIONS FOR MEMBERSHIP OF BREXIT: OVERSEAS AND MEMBERS IN REPUBLIC OF IRELAND

It was not known at this stage what the implications might be and therefore no action could be taken at present. The situation would be monitored.

COMMITTEE TERMS OF REFERENCE

The Terms of Reference and Committee Chairmanship and Membership document were approved.

COMMITTEE MEMBERSHIP

Mr Graeme Perks had demitted as Chairman at the end of 2018 and Mr Simon Eccles had taken on the Chairmanship of the Committee. Mr Richard Haywood had demitted from the Committee and Mr Aidan Fitzgerald, Mr Paul McArthur and Wg Cdr Ankur Pandya had joined.

Actions