null-trained and accredited plastic surgeons are able to practice aesthetic surgery within the independent sector with medical indemnity insurance, but are increasingly aware in the early period of their consultancy of a need for supervised specialist training in aesthetic and cosmetic surgery.

The majority of aesthetic procedures performed in the UK now occur in the private sector. There is therefore an obvious deficiency in aesthetic surgery exposure during basic plastic surgery training within the National Health Service. This has also been recognized in the United States, but many other countries have had a similar experience. It is difficult for newly-qualified surgeons to fully understand the needs and demands of patient groups to which they have had limited exposure. Whilst many of the skills in their surgical training programs are transferable, there are distinct differences which must be acknowledged.

For example closing a DIEP flap donor is unlike closing a Brazilian abdominoplasty where the seroma complication rate should approximate zero percent, but sadly it is nearer 20%. Similarly, removing a basal cell carcinoma from a lower eyelid or nose and closing a related wound would not necessarily impart the full skill set required to understand a blepharoplasty or rhinoplasty.

Medical indemnity insurance companies have been very slow to demand evidence of training in cosmetic surgery and the resultant collective legal framework of risk assessment is important in their overall calculation of premiums for surgeons. Consequently plastic surgeons pay premiums calculated on a super-specialty interest giving the patient the opportunity to identify practitioners that demonstrate evidence of prolonged pro-active hands-on training specifically in cosmetic surgery and non-surgical procedures.

Whilst plastic surgeons can specialize in cleft, burn, hand, or oncoplastic breast surgery to the exclusion of others, then it is interesting that the ‘super-specialty’ of aesthetic surgery is not similarly recognized and supported. This is an integral limb of the ISAPS Patient Safety Diamond that was so elegantly presented to the ISAPS membership by our esteemed Past President, Professor Foad Nahai. Certification with validated evidence of supervised practical hands-on training and oral examination in 14 aesthetic competencies is a module within the Masters in Aesthetic Plastic Surgery Training program (MCh) developed from the collaborative efforts of the UK Association of Aesthetic Plastic Surgeons (UKAAPS) and the Department of Allied Health and Medicine at the Anglia Ruskin University. The full MCh training program of 180 credits has Fellowship Program Endorsement by the Education Council of the International Society of Aesthetic Plastic Surgery (ISAPS).

**The Fourteen Compulsory Aesthetic Procedures Are:**

1. Breast Augmentation
2. Mastopexy
3. Mastopexy/Augmentation
4. Breast Reduction
5. Liposuction
6. Blepharoplasty
7. Facelift
8. Innovative Procedures – e.g. I-Guide Neck Suture Suspension, Suture Suspension, Browlift, Gynecomastia, and Buttock Implants
9. Abdominoplasty
10. Thigh Lift
11. Inner Arm Reduction
12. Autologous Fat Transfer
13. Rhinoplasty
14. Non-Surgical Aesthetics – i.e., Botulinum Toxin, Fillers, Skin rejuvenation and injection liposculpture

This is a validated university course and candidates are assessed on their ability to analyze a patient’s psychology and perceptions before deciding upon a course of action, then proceeding to supervised surgery, and finally reflecting on the outcome. This evidence is recorded in a standard form that is reviewed by a university appointed panel of plastic surgeons. The program is designed to demonstrate and train plastic surgeons to perform safe, low risk surgery, but great importance is placed on careful patient selection and being able to say no.

The examiner’s role is not just to assess their ability and understanding of the common aesthetic procedures, but to also look for evidence of:

1. The trainee’s competence in informed consent for surgery;
2. Identifying the relevance of proper photographic consent;
3. Patient selection;
4. The ability to seek advice and support from colleagues.

A main attraction to the plastic surgeon participating in this course is the exposure to a complete range of aesthetic procedures with demonstrations, assisted and supervised independent surgery and critical review by appointed preceptors. Both the supervised surgeons and indirectly the training preceptor are ultimately examined at the oral Viva examination after sign off from the competencies. The oral Viva examination is split into two one-hour sessions describing cases representing each of the fourteen competencies. The first five competencies being assessed are preselected by the examinee and the final seven competencies are assessed either from the candidate’s own remaining cases or cases introduced by the examiners. These could include the management of complications.

**The 2014 Examinations**

This year there have been two certification Viva examinations held at the Postgraduate Medical Institute, Anglia Ruskin University in Chelmsford. The examiners on these occasions were Professor Neil M'Clearn, Consultant Plastic Surgeon, Huddersfield, Newcastle; Mr. Niri Niranjani, Consultant Plastic Surgeon, Anglia Ruskin University; Professor David Smith, Chief of Surgery, Plastic Surgeon, Florida; and Professor James Frame, Plastic Surgeon, Anglia Ruskin University. The candidate’s training instructor is permitted to observe the Viva examination, but is not permitted to ask questions. Mr. Paul Levick, Consultant Plastic Surgeon, Birmingham, attended the most recent Viva in this capacity. Both candidates succeeded in passing the examinations.

The examination process has adapted to lessons learned from previous examinations. It is important to note that the final examiners have no responsibility as preceptors in the training or ‘signing off’ on the trainer’s competency portfolios. The candidate and examiners are in the position to critically review the trainers’ “sign off” for the fourteen competencies. The exam is two hours total and with fourteen competencies, each subject is discussed in just under nine minutes.

A pre-Viva discussion of over two hours between the examinee on the presentation of the candidate’s workbook assists in the process by honing in on specifically related questions. The candidate’s name has been omitted and the closed marking system per competency examined is: 50% is a pass, 35% is a good pass, 49% is a fail mark that can be neutralized by a good pass on another competency and 48% is a straight fail which cannot be compensated and a retake examination may be offered.

Provided that no 48% per competency scores are recorded, then an average of 50% for competency subjects must be achieved for a pass. A certificate is awarded to successful candidates. Further credits are required for the award of a diploma, but this can often be achieved from previous academic study. The MCh is awarded to candidates that submit an academic dissertation on a related aesthetic subject. Topics selected to date include aesthetic procedures to hands, capsular contracture and procedures related to breast implants.

The Anglia Ruskin University is proud to have developed this program. It is reflective of good aesthetic working practice and by certification, allows patients the means to identify that a plastic surgeon has undergone additional voluntary training and passed a rigorous assessment in cosmetic surgery, putting themselves above others. This program is also already working in Dubai with UKAAPS and ISAPS member plastic surgeon Jaffer Khan as training instructor and it is likely to be offered in Mumbai in 2015 with UKAAPS/ISAPS member plastic surgeon Shailesh Vadodaria as training instructor. These surgeons are members of the faculty of the Anglia Ruskin University. The ambition is that this course be sufficiently internationally flexible to develop in any ISAPS member country in association with Anglia Ruskin University. Of course EU qualified plastic surgeons have a right to practice in the UK and they can join the UK training program, but for non-EU plastic surgeons and those from more remote countries, the course can be adapted to run from their home country. The facility, care pathways and trainer surgeons must be thoroughly assessed by prior visits from the university before being permitted to run from their home country.

Plastic surgeons interested in participating in the scheme, either as trainees or as preceptors, may contact Mr. Roger Acres, Course Supervisor and Consultant Plastic Surgeon, Anglia Ruskin University, Roger.Acres@anglia.ac.uk or +44 7877 988042.