Despite the increased number of training opportunities in cosmetic surgery in the United Kingdom over the past few years, the specialty continues to face some training difficulties. Aesthetic surgery forms an important part of the curriculum for training in plastic surgery; however, exposure to patients with cosmetic problems is limited in the National Health Service. Trainees therefore must seek educational opportunities elsewhere—and this is usually toward the end of training or after a certificate of completion of training (CCT) has been obtained. Traditionally, training in cosmetic surgery entails fellowships, but alternate methods of training have been developed recently.

**COSMETIC SURGERY FELLOWSHIPS**

Cosmetic surgery fellowships are available in the United Kingdom, but these are generally short term and places are limited. The Joint Committee on Surgical Training (JCST) offers 12 fellowships per year of a 3-month duration together with the deaneries, which are responsible for the delivery of postgraduate education, in 14 centers in the United Kingdom. The JCST is responsible for setting standards to enable trainees in the interface specialties such as cosmetic surgery to gain the core knowledge and practical abilities they need to conduct safe and competent consultant practice. They are currently in the process of developing an integrated syllabus culled from the syllabi of all involved specialties and, in cooperation with the General Medical Council, to develop some recognition for these curricula. The existing fellowships allow development of both outpatient and operative skills, along with focused subspecialist training such as lasers and fillers.

Fellowships are also offered by a few private hospitals, such as The Wellington Hospital and The London Clinic; these are 3 or 6 months’ duration, respectively. These hospitals offer a large volume of cosmetic surgical procedures in which fellows can take an active role. Another fellowship program is offered at the Erian Centre in Cambridge, which is either 6 or 12 months long and also provides hands-on experience.

Trainees also have the option of going abroad for cosmetic surgical training. The American Society for Aesthetic Plastic Surgery (ASAPS), for example, offers fellowships of 12 months to surgeons who have completed their training and passed all US examinations. These fellowships have a structured curriculum and require documentation of completion of greater than 70% aesthetic cases; they also offer a certificate upon completion.

**ALTERNATIVE COSMETIC SURGERY TRAINING**

Since positions for cosmetic surgical fellowships are limited, alternative training strategies have been developed to meet demand. The Royal College of Surgeons (RCS) is offering training courses in aesthetic surgery. These are a 3-year package that covers a whole range of aesthetic procedures. Although there are practical elements within the courses, they fail to provide trainees with clinical experience. To address the problem of limited training in aesthetic surgery, the Centre for Cutaneous Research, based at Bart’s, and The London School of Medicine and Dentistry have established a postgraduate diploma course in aesthetic surgery to provide a core curriculum for surgeons. This is a 2-year, part-time, web-based, distance-learning course that broadly covers aesthetic surgical practice, including ethics and consent as well as surgical technique. This course also provides a qualification upon completion. However, like the RCS courses, it lacks the practical experience that most surgeons need at that level of training; therefore, it is recommended that the course be undertaken as part of a cosmetic surgery fellowship.

The UK Association of Aesthetic Plastic Surgery (UKAAPS) began a mentorship program in 2009 for graduates from the postgraduate degree course in aesthetic surgery who qualify. The trainee is known as the Hackett Fellow and undergoes supervised and instructed surgery at the Centre of Aesthetic Surgery established within the Postgraduate Medical Institute in Chelmsford. Professor Frame at Anglia

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Ruskin University is directing the program and has a team of established plastic surgeons on the mentoring panel. The center aims to provide surgery at a discounted price for patients but with enough supervision to ensure patient safety.

**IS CURRENT COSMETIC TRAINING ADEQUATE?**

The National Confidential Enquiry into Patient Outcome and Death (NCEPOD)\(^3\) examined the organization and practice of cosmetic surgery in the United Kingdom. It identified a threat to patient safety, which it attributed largely to a so-called cottage industry in which there are multiple centers offering cosmetic surgery of variable standards with no overall regulatory body and a lack of standardized training. An inquiry by the health editor of a newspaper found that many cosmetic surgeons lack training or experience and highlighted potential problems with the current training system for cosmetic surgery.\(^4\)

Currently, there are more questions than answers when it comes to cosmetic surgery training in the United Kingdom. There are a number of fellowships, but they are extremely short and placements are limited. Furthermore, is 3 months enough to learn to practice cosmetic surgery independently? On the other side of the coin, courses and degrees, although covering the curriculum broadly, fail to provide the much-needed practical experience. Do mentorship opportunities that combine practical experience with postgraduate curriculum provide the solution? The number of places will still be limited, and there is still no universal curriculum. Is there a need for stricter regulation of cosmetic surgical training, as the NCEPOD suggested? Although national regulation may empower patients and protect the good clinicians, the problem is deciding which body would be the regulator and how it would be funded. A number of organizations are attempting to standardize cosmetic surgical training, but there is still a question about who the policy makers are. So even though there has been some progress toward improving training in cosmetic surgery in the United Kingdom, we are still lacking a unified approach, which leaves us with a number of questions waiting to be answered.

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