

MONTHLY E-MAGAZINE

2020
May ISAPS



MESSAGE FROM THE ISAPS PRESIDENT



Dr. Dirk RICHTER, MD

Dear friends and ISAPS members,

One topic has been dominating the world for several weeks now: **COVID-19.**

Therefore, this newsletter will deal mainly with this hot topic.

MONTHLY E-MAGAZINE

ISAPS RECOMMENDATIONS FOR RESUMING ELECTIVE PROCEDURES

We have intensively searched the global literature about COVID-19 to collect evidence-based facts and give you recommendations for how you can protect your patients, your team and yourself, but also how you can start or find your way back to a new normal safely and in the best possible way. For this purpose, we studied 140 articles in the context of a meta-analysis, which can now also be read as the article of the week in our journal.

We have compiled the scientific data for you and summarized them in

- an evidence-based recommendation
- an informed consent
- an organizational adaptations manual
- so that you can orientate yourself.

This is not easy for an international society, because especially in times of COVID-19 the big differences worldwide become apparent. Especially the supply situation with protective equipment, tests but also with drugs is so different that it is difficult to draft generally valid recommendations. Please use them as a source of information and adapt them to the local conditions, the legal and the supply situation in your community.

Click on the image beside to download the documents:



WEBINAR SERIES

In addition, we have tried to support you promptly and have conducted very successful webinars on COVID-19 and economic aspects of this crisis. If you are not able to follow the webinars live, no problem -- you can view them at any time through the COVID-19 area of our website. We were pleased that this measure was so well accepted and that we had at times nearly 4,000 participants from all over the world.

At the moment there are certainly a lot of webinars on the market and as soon as we can travel again the number will probably decrease. Surely, a certain part will stay - and this makes sense. Given this scenario we have decided as the Board of Directors to make many of our scientific activities available digitally in the future, so that others who don't have the necessary time or money can access the important information.

[Click here to check out the Program of the weekly Master Class Webinar Series.](#)



So there will be a fantastic webinar every week on Saturday with fantastic speakers. On our website, you can already check the current schedule and mark your calendars. Access is free for ISAPS members and for those who have already applied for membership. For those who are not yet members, you can join our webinars for a small fee.

MONTHLY E-MAGAZINE

BYLAWS CHANGES

You all probably have noticed by now that we have postponed our main congress by one year. It stays in Vienna, but just one year later. This has caused some organizational problems, because we cannot approve a new board due to the missing general assembly as according to our bylaws. However, since I am convinced after two years in office that a new, fresh board should be elected, I will resign from my office as president in September at the planned handover date and not continue for another year. In order to ensure that Dr. Nazim Cerkes may properly succeed as the next president with a new board of directors, we would like to have an electronic vote on the slate of the new Board of Directors by our membership. According to our current bylaws, this is only possible during a general assembly. Therefore, we will ask you in the next few days to agree to a change in the bylaws, which will allow electronic voting on board members in extraordinary times. Our new board structure will also be explained.

After that we will send you our proposal for the composition of the new board in July and ask you to vote.

As we need a quorum of 20%, I would like to ask you all to vote in order to achieve a result that is as democratic as possible.

SUPPORT OUR INDUSTRY PARTNERS

It is not only us plastic surgeons who are doing badly in the crisis, but also our partners and friends in the industry are suffering considerable losses.

In these difficult times, I ask you to think of our industry partners and to take advantage of their special discount campaigns, which are currently being launched everywhere. Order already now for the time after the crisis and benefit yourself and help others. In addition, many of our sponsors have put up excellent webinars, which we will also announce and promote in our channels so that you don't miss anything.

The industry has always been a loyal supporter of ours. Now the world needs industry especially - let's support them and demonstrate our partnership.



WELCOME, SARAH JOHNSON

Last but not least, I would like to introduce you to Sarah Johnson. As you may already know, our current Executive Director, Catherine Foss, will be leaving us at the end of the year to take her well-deserved retirement. After a successful search, we appointed Sarah to focus on transitioning our work to a global office structure, which she will manage from London, overseeing our Central Office in the US from there. She will then become our new Executive Director when Catherine steps down after more than 22 years.

Sarah lives in London where she has built her career leading global medical societies. She has a science background and extensive experience in building strategy, developing member engagement and establishing innovative approaches to education and training. She has already settled in wonderfully and feels at home. We are very happy to have Sarah with us and look forward to a close and fruitful cooperation. Welcome Sarah!

Sincerely,

A handwritten signature in blue ink that reads "Dirk Richter". The signature is fluid and cursive.

Dirk Richter, MD,
ISAPS President



Interview with the UKAAPS President Dr. Prof. Jim Frame

(Right to Left) Professor Jim Frame, UKAAPS President, with ISAPS President Dirk Richter, Cologne, and Russian Federation Plastic Surgeon and ISAPS Global Alliance Partner, Kirill Pshenisnov, Global Alliance session, ISAPS Conference, Miami 2018

Q: When and how did UKAAPS begin?

Frame: UKAAPS was formed in 2010 during a private meeting of Plastic Surgeons at The Reform Club in St. James Place, London. This group of like-minded Consultant Plastic Surgeons had recognised deficiencies in training and restricted exposure of NHS Plastic Surgeons to Aesthetic Surgery. From the outset the intention of UKAAPS was to work closely alongside ISAPS, especially in identifying issues around patient safety, with particular reference to the ISAPS Safety Diamond. With leadership from Foad Nahai and also Tony Staffieri and Catherine Foss, ISAPS was instrumental in helping to set up the Medical Procedures Abroad Subcommittee, which I chaired. This was the stimulus for UKAAPS to further develop under the auspices of ISAPS and many UKAAPS members joined ISAPS at the time. When BAAPS initially rejected working with Sure Insurance Services setting up an ISAPS lead Insurance policy, UKAAPS had found its niche. Quite quickly membership of UKAAPS rose to about 60 Plastic Surgeons. Currently, the membership consists of 47 Consultant Plastic Surgeons.

Q: What are the goals of UKAAPS?

Frame: The fundamental goals for UKAAPS are related to the ISAPS Safety Diamond philosophy, created by Foad Nahai. UKAAPS wants to help Plastic Surgeons in training, help private facilities recognise, support and endorse safer surgery and educate patients in how to reduce risk and be consulted by a recognised Plastic Surgeon.

Q: What are some of the unique challenges plastic surgeons face in the UK?

Frame:

a) The majority of Plastic Surgeons in the UK are contracted to the NHS and it is recognised that exposure to Aesthetic Surgery is not generally available to them or their trainees. In the likelihood that newly qualified Surgeons will want to start a private practice they will need to gain additional training and are properly advised to have mentoring, perhaps by experienced UKAAPS members.

(b) The Aesthetic Surgery Industry is well rooted and the current moves to clean up the profession by the RCS are a noble attempt but are actually ill thought out. The Royal Colleges need to recognise that Aesthetic Surgery and Medicine is a Subspecialty of Surgery in its own right. The public need to see a qualification held by the practitioner, identifying time spent in mandatory training and success in peer examination for those clinicians wishing to perform the Surgery. It is not sufficient, as being proposed in the UK, to certify a clinician to perform aesthetic surgery solely based upon numbers of procedures seen or through occasional assisting in the private sector. Current examination of Plastic Surgeons in aesthetic surgery

for their FRCS(Plast) qualification is woefully inadequate and needs refreshing and updating to help the public decide upon a Surgeons competency. This needs addressing.

(c) Media outlet and fantasy outcomes in glossy magazines are driving vulnerable patients to inadequate, dangerous and inappropriate procedures. There needs to be a control on glossy exposure of cosmetic Surgery. Although falsely marketing one's ability as a Surgeon is supposedly not allowed, it is easy to find examples online.

(d) Patients wishing to undergo cosmetic surgery should pay an insurance premium to cover complications and reduce reliance on the NHS.

(e) The costs of Surgeons malpractice insurance is considerable.

Q: What initiatives is UKAAPS involved in?

Frame: UKAAPS presents regular updates on important issues in Aesthetic Plastic Surgery to its members through its website, but most importantly through its close working relationships, publishing with the PMFA Journal and presenting annually at the Aesthetic Medicine Live Conference in Olympia, London. UKAAPS regularly introduces new surgery techniques to its membership including topics such as 'Safer Surgery Techniques,' 'Skin Rejuvenation' and more recently 'Regenerative Medicine.'

In the past 9 years, UKAAPS in association with The School of Medicine at the Anglia Ruskin University, Chelmsford, has trained a small but significant group of Consultant Plastic Surgeons - now awarded with Certification (one year course), Diploma (two year course) or MCh (three year course) in Aesthetic Plastic Surgery. UKAAPS has decided to change its emphasis from clinically based training to a hands-on cadaver-based programme, using Thiel preserved cadavers, at The Anglia Ruskin University. This avoids the strict regulatory and mandatory insurance issues involved when managing and operating on living patients and importantly provides a more sensible income stream to help fund further programmes.

Q: What initiatives is UKAAPS involved in?

Frame: The 2020 UKAAPS Cadaveric Training Programme is on 27th and 28th February, 2020 at The School of Medicine, Anglia Ruskin University, Chelmsford. The Conference provides educational lectures and cadaveric training in 'Ellevate' and 'Ellevate Plus Neck Defining' procedures, Facial Cosmetic Surgery and Body Contour training. The UKAAPS/Aesthetic Medicine Live Annual Conference at Olympia will be held on the 29th February 2020. To learn more about UKAAPS and upcoming events, please visit www.ukaaps.org.

PRACTICE MANAGEMENT



Key Features of Practice Management Software

Running a medical practice can be very complex, involving keeping track of office tasks, important billing and health information, and focusing on providing patients with the best possible care. A practice management program can help you keep everything organized and under control. When searching for the right practice management software for your business, look for the following key features.

Adaptability

Some programs are not easily customizable for users, which can make them a bad fit for surgeons or doctors with a specific practice. Purchasing a system specifically designed for your business is always an option, but that can easily set your financials back. When selecting a practice management system, make sure you choose a program that is customizable, so you can adjust based on what's most useful for your practice.

Personalized dashboards

Dashboards are commonly found in software systems, but similarly, are not always customizable. Look for a system that lets you choose which key performance indicators (KPI) to include or highlight.

Flexible reporting

One of the most useful features of practice management software is the ability to create reports to track data. Make sure you select a system that allows you to create your own reports, so that you can track the values that are most important for you and your business.

Revenue alerts

Keeping track of your financials is one of the biggest ways a management system can help your business. Choose a software that allows you to set up alerts so that you can stay on top of your business financials before a problem occurs.

MONTHLY E-MAGAZINE



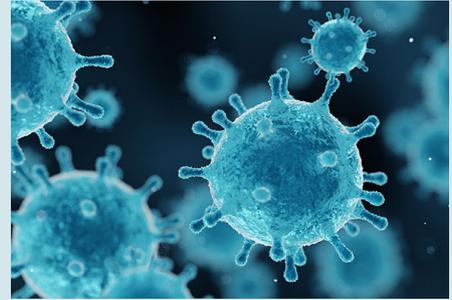
In the latest issue of
Aesthetic Plastic Surgery...

ONLINE FIRST ARTICLE

Elective, non-urgent procedures and aesthetic surgery in the wake of COVID-19:

Considerations regarding Safety, Feasibility and Impact on Clinical Management

*Kai O. Kaye, MD, Ph.D. | Felix Julian Paprottka, MD | Raimundo Escudero, MD
Gabriela Casabona, MD | Jose Montes, MD | Richard Miran Fakin, MD, Ph.D.
Lieven Moke, MD, Ph.D. | Tilman Stasch, MD, Ph.D. | Dirk Richter, MD, Ph.D.
Jesus Benito-Ruiz, MD, Ph.D.*



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