

Cutting it fine

Regulating Medical Tourism for UK Patients

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1. Executive Summary

The global medical tourism industry has expanded rapidly since the early 2000s, with people from the UK making the decision to travel abroad for elective cosmetic treatments such as breast implants, cosmetic dentistry and hair transplants. This increase in the number of people heading overseas for cosmetic procedures is primarily driven by cost and shorter waiting times. However, the lack of regulation poses serious risks to individual patients and the UK healthcare system.

Currently, there is no UK-specific regulatory framework to protect patients seeking treatment overseas. As a result, individuals are often unknowingly receiving treatment from unverified providers, receiving inadequate pre-operative assessment, having insufficient insurance coverage, and having almost non-existent aftercare.

This White Paper proposes the creation of an independent UK Medical Tourism Accreditation Association (UKMTAA) to regulate, accredit, and monitor international cosmetic tourism providers targeting UK patients. The White Paper further recommends mandatory medical tourism insurance, improved advertising standards and a framework for integrated aftercare within the UK. This will reduce cases of long-term recovery due to poor treatment, reduce NHS costs and create a strong framework for cross-border healthcare.

OUR PROPOSALS



**ACCREDITATION &
REGULATORY BODY**



**MEDICAL TOURISM
INSURANCE**



**INTEGRATED
AFTERCARE**



**ADVERTISING
STANDARDS**



**EDUCATING
THE UK PUBLIC**

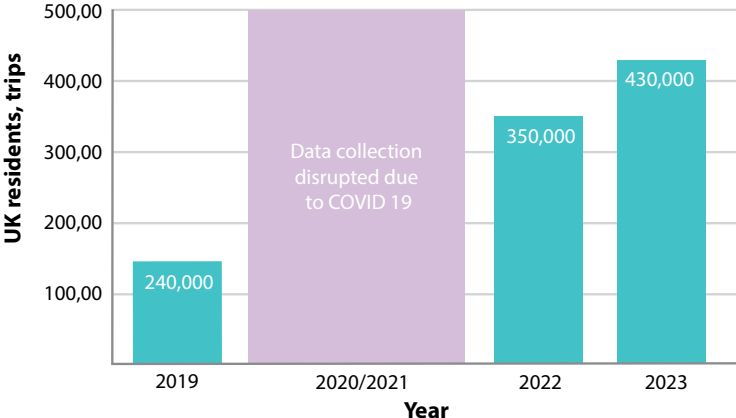
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Health, Beauty, and Wellness

2. The Rapid Rise of Medical Tourism

Medical tourism refers to individuals travelling across national borders to receive medical treatment, often elective. Once considered a luxury treatment among affluent patients, medical tourism has rapidly become accessible for many.

According to the UK Office for National Statistics (ONS), 431,000 outbound trips for medical treatment were made by UK patients in 2023¹ alone—a figure that has grown by over 180% since 2016.

Figure 1: UK residents visits abroad for medical treatment 2019-2023



Source: Office for National Statistics.

Destinations such as Turkey, Hungary, Poland, India, Lithuania and Mexico have become major hubs for inbound health tourism. For example, a complete dental implant treatment in Hungary may cost £3,000–£4,000, compared to £10,000–£12,000 in the UK. Similarly, a hair transplant in Istanbul can be obtained for £1,500–£2,000, while the same procedure in London may exceed £5,000. These lower prices are not just appealing—they are actively promoted across Instagram, TikTok and YouTube, often with the endorsement of celebrities and influencers.

Despite this awareness of complications, the top three reasons why people find cosmetic surgery abroad appealing are the cost savings (20%), how quickly it could be done (10%) and because it’s been recommended by a friend (9%). For younger adults aged 16 to 24, approximately half (49%) said they would consider going abroad for surgery due to the cost-of-living crisis as it’s cheaper than in the UK.²

THE TOP THREE REASONS WHY PEOPLE FIND COSMETIC SURGERY ABROAD.

①
20%
COST SAVINGS.

②
10%
SHORTER WAIT TIMES.

③
9%
RECOMMENDED BY A FRIEND.

Source: www.slatergordon.co.uk

A study presented to the British Association of Aesthetic Plastic Surgeons (BAAPS) uncovers that over 50% of individuals who travel abroad for cosmetic surgery end up regretting their decision.³

50%

OF PEOPLE REGRET THEIR DECISION TO TRAVEL ABROAD FOR COSMETIC SURGERY.

Source: British Journal of Healthcare Management.

The problem lies not in the principle of international health care, but in the absence of coordinated regulation. While some international providers have stringent standards, others operate with minimal policies and procedures. There are often no legally mandated safety protocols, standardised infection control practices, or an obligation to provide pre-operative assessment or aftercare. Clinics are also not required to publish complication rates, hold malpractice insurance, or employ credentialed staff under internationally recognised standards.

The commercial nature of many clinics means they often prioritise the volume of patients over patient care. A report by Kings Research⁴ noted "Hospitals and clinics in one country may adhere to different standards compared to another, which may impact patient outcomes. The lack of consistent oversight on medical facilities catering to foreign patients raises concerns regarding safety, quality, and liability, especially in complex procedures."

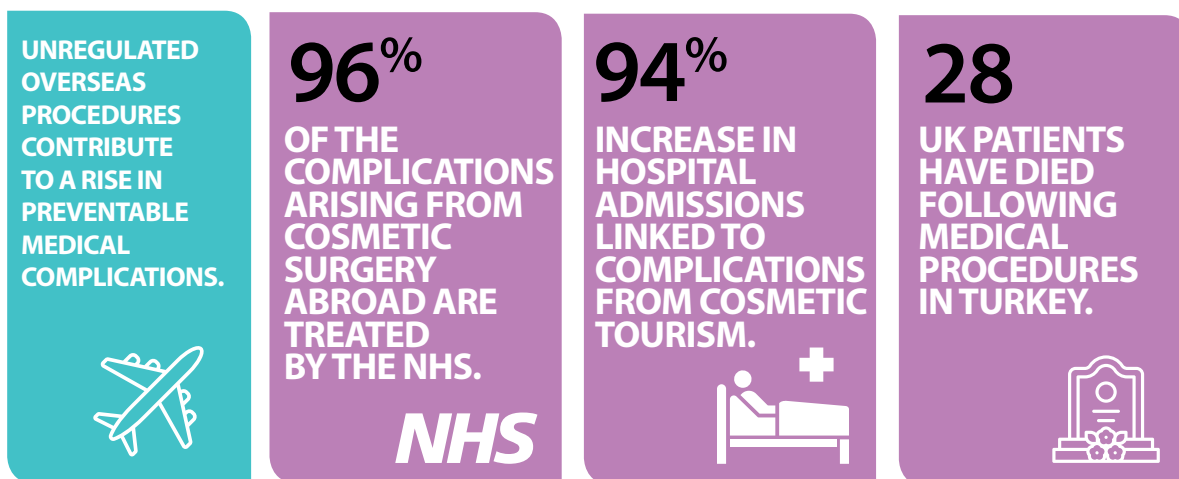
This regulatory gap has profound implications. A growing number of UK patients return from overseas treatment with complications requiring NHS intervention—these range from minor wound infections to major postoperative failures, including sepsis, thrombosis, or surgical revision.

While medical tourism may appear to offer individual benefits, such as lower costs or shorter waiting times, the collective impact on the UK's public health system is increasingly severe. Unregulated overseas procedures contribute to a rise in preventable medical complications that pressure NHS resources and compromise patient safety.

A study published⁵ found that the NHS ultimately treated over 96% of complications arising from cosmetic surgery abroad. In November 2023, the British Association of Aesthetic Plastic Surgeons⁶ advised that the number of UK residents needing hospital treatment after cosmetic surgery abroad has risen by 94% in the past three years.

These complications include implant rejection, surgical site infections, and life-threatening conditions such as sepsis and pulmonary embolism, most of which could have been avoided with appropriate clinical oversight and postoperative care.

The Hansard⁷ reported that during a parliamentary debate on Tuesday 12th March 2024, it was revealed that 28 UK patients had died following medical procedures in Turkey between 2019 and 2024. While Turkey is a notable hotspot, concerns have also been raised about procedures in Eastern Europe, South Asia and parts of the Middle East—regions where clinics often market aggressively to UK consumers but lack enforceable standards for patient safety, informed consent, or complication management.



Source: NHS/Hansard.

3. Lack of Legal Protection for Patients

UK legal and regulatory laws do not protect UK patients who seek medical treatment abroad. In most cases, international clinics operate outside the jurisdiction of UK courts and health authorities, leaving patients with no legal protection in the event of malpractice, negligence, or substandard outcomes. Unlike UK-based healthcare providers, who are subject to oversight by the Care Quality Commission (CQC), the General Medical Council (GMC) and mandatory indemnity insurance, many overseas providers are not required to carry medical liability coverage, disclose clinician qualifications, or report adverse event data.

Pre-operative consultations are often conducted remotely—via phone, WhatsApp, or basic online forms—with no physical examination or verification of medical history. Patients sometimes have to sign pre-surgery waivers that explicitly absolve clinics of responsibility for postoperative complications, infections, or failed procedures.

Crucially, medical tourism also falls outside the scope of UK consumer protection legislation, such as the Consumer Rights Act 2015 or the Consumer Protection from Unfair Trading Regulations 2008. Overseas providers are not obligated to provide transparent pricing, written contracts, or verifiable credentials.

Most UK travel insurance policies exclude cover for elective or non-urgent medical treatment.

According to a 2023 report by the Association of British Insurers (ABI), fewer than 5% of travel insurance policies available on the UK market provide any form of cover for medical tourism-related care, and even these are subject to stringent exclusions. As a result, when complications occur, patients face a difficult choice: pay themselves for emergency care overseas or return to the UK and seek corrective treatment, often from the already overstretched NHS.

A report by BAAPS found the average cost to a patient to rectify botched overseas cosmetic surgery is estimated to be around £15,000.⁸ For those unable to afford private care, the cost is transferred to the NHS, which receives no reimbursement despite having to perform complex corrective procedures, sometimes under emergency conditions.

Because the procedures are performed outside UK jurisdiction, patients have little to no access to UK legal protections, including those under the Consumer Rights Act 2015, the Medical Act 1983, or the General Medical Council's code of practice. Most patients sign treatment agreements governed by foreign law, if contracts exist, and are rarely provided with documentation that would be enforceable in a UK court.

To protect patients and public services, policymakers must consider introducing a specialist medical tourism insurance as a condition of travel for elective procedures.



Source: BAAPS

4. A Comprehensive Policy Framework for Safer, Accountable Medical Tourism

To address the growing risks caused by unregulated outbound medical tourism, I propose a comprehensive UK policy framework. This framework is designed to safeguard patients, protect NHS resources, and hold international providers accountable when marketing and delivering cosmetic procedures to UK patients. The framework comprises five pillars grounded in global best practice.

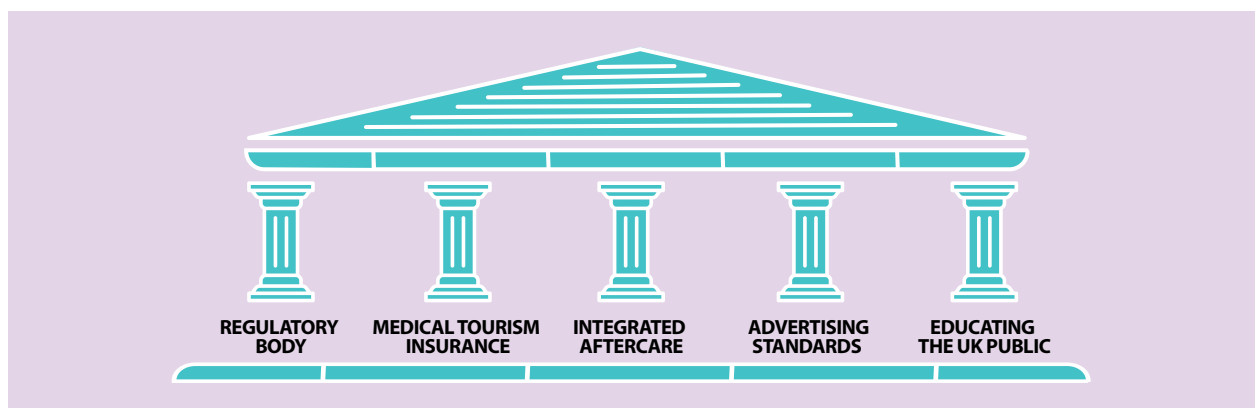
The creation of a regulatory body—the UK Medical Tourism Accreditation Association (UKMTAA)—would provide structured oversight of international healthcare providers engaging with UK patients. At present, no national organisation exists to assess the clinical governance, safety protocols, or patient care standards of overseas organisations offering services to UK patients. This leaves patients vulnerable to unsafe care environments. The UKMTAA would establish enforceable accreditation criteria covering transparency, safety, and continuity of care, ensuring only providers meeting these standards can market services to UK patients. Comparable models exist internationally: Canada and Australia maintain registers of approved international providers, and the United States operates the Joint Commission International (JCI), which sets widely recognised global hospital accreditation benchmarks. UKMTAA would mirror such models, ensuring better-informed patient choices and preventing poor-quality care from burdening the NHS.

Introducing mandatory medical tourism insurance for outbound UK patients would resolve a critical financial and health risk protection gap. A statutory insurance requirement would ensure cover for surgical risks, emergency repatriation, and aftercare.

In addition, the framework proposes an integrated UK-based **aftercare pathway to support returning patients**. Currently, patients often return from overseas treatment with little or no follow-up, resulting in delayed complications and costly emergency interventions. Under this framework, overseas clinics must coordinate with licensed UK-based aftercare providers through private sector partnerships or formal NHS liaison.

The framework would also establish **legal accountability for international providers marketing to UK patients**. Many overseas clinics use digital platforms and influencer marketing to promote services to UK-based patients, yet remain outside the country and its laws. This loophole allows misleading advertising. The proposed policy would extend the current UK consumer protection laws to any provider advertising medical services to UK patients, regardless of geographic location. This would reduce unlawful practices and introduce financial penalties for violations, which could help fund regulatory enforcement. Indirectly, this policy would reduce access to low-quality unregulated practices, lowering NHS costs for corrective care.

Finally, the framework recognises the importance of **educating the public in the UK and introducing tighter advertising standards**. When selecting international clinics, many patients rely on social media, anecdotal reviews, or influencer endorsements. Advertising standards for medical tourism should be developed in collaboration with the Advertising Standards Authority (ASA) and the Care Quality Commission (CQC), ensuring that marketing practices are the same as those required for domestic healthcare advertising.



5. The UK Medical Tourism Accreditation Association (UKMTAA)

Establishing a UK Medical Tourism Accreditation Association (UKMTAA), an independent, not-for-profit body, would serve as the new organisation to safeguard UK patients seeking care abroad, while alleviating pressure on the NHS and promoting accountability among international providers.

The UKMTAA, funded by membership fees, would provide a centralised, transparent and patient-focused framework for assessing and accrediting foreign clinics and medical professionals who actively market to or treat UK patients. It would function as an independent regulatory authority that would offer trusted guidance to patients, insurers, and clinicians.

The Association would establish and enforce robust, evidence-based quality and safety standards. Only providers demonstrating verifiable clinical governance, hygiene protocols, professional licensing and transparent complication rates would be eligible for accreditation. Accreditation would be renewed annually, and members would be subject to having inspections.

A public-facing database would list all accredited clinics and clinicians, detailing their specialities, qualifications, safety records, and patient satisfaction metrics. This registry would be developed as a consumer protection tool, ensuring that UK patients are better informed and make safer choices.

The UKMTAA would collect and analyse performance data from accredited providers. Trends and safety alerts would be published in annual reports and shared with UK health authorities, insurers and the NHS.

A formal, impartial complaints system would enable UK patients to report substandard care, safety breaches, or contractual violations. The UKMTAA would investigate cases and impose graduated sanctions on non-compliant providers, including public warnings, suspension, or revocation of accreditation.

The Association would collaborate with UK healthcare professionals to develop structured aftercare protocols, ensuring patients returned to the UK could access safe, timely follow-up care. This would reduce clinical complications and NHS burden, while ensuring cross-border clinical continuity.

With many patients navigating medical tourism operators without guidance, the UKMTAA would become a trusted authority, providing objective information and protecting against unsafe providers and misleading advertising. By helping patients select higher-quality overseas providers, the Association would reduce the volume of complications requiring NHS intervention.

Implementation Roadmap Overview

PHASE 1

Establish UKMTAA as a voluntary accreditation body.



PHASE 2

Develop insurer and aftercare partnerships; begin data collection.



PHASE 3

Introduce mandatory insurance and aftercare compliance legislation.



PHASE 4

Enforce advertising standards and penalties for non-compliance.



Initially operating in an advisory capacity, the UKMTAA would be well-positioned to inform future government policy, advocate for statutory safeguards, and support the development of legislation regulating cross-border health services and medical tourism insurance.

The UKMTAA would bring together expertise across the health, legal, insurance and patient advocacy sectors. The proposed board would include surgeons, public health officials, medical insurers, legal experts and patient representatives.

The UKMTAA would mirror and complement international models such as the Joint Commission International (JCI) and the Australian Health Practitioner Regulation Agency (AHPRA).

The UKMTAA could evolve into an internationally recognised benchmark for responsible medical tourism. Its presence would incentivise overseas providers to adopt higher standards to access the UK patient market, driving greater global safety and transparency in medical tourism.

Through its accreditation, data reporting, and collaborative partnerships, the UKMTAA would fill a critical regulatory space.

6. Mandatory Insurance: A Consumer Right

As the medical tourism industry continues to expand, it is increasingly evident that mandatory medical tourism insurance for UK patients is a matter of consumer protection and a vital policy tool to safeguard the NHS and reduce the systemic burden of post-treatment complications. Patients who travel abroad for elective or semi-elective procedures do so with minimal or no insurance protection. This creates a dangerous exposure to financial loss, inadequate follow-up care, and unrecoverable damages in malpractice or surgical failure cases.



The Association of British Insurers (ABI) has confirmed that more than 95% of standard travel insurance policies exclude coverage for elective or cosmetic medical procedures, even when complications arise during travel. Those who do seek elective surgery abroad are frequently unaware that they are uninsured once the procedure begins, especially if it involves general anaesthesia or invasive treatment.

The average treatment costs the NHS from £1,058 to £19,549 per case⁹ at 2024 prices, depending on the severity and need for revision surgery or hospitalisation. Over time, these costs compound into tens of millions in avoidable NHS expenditure annually, diverting resources from core services and elective waiting lists.



Source: www.medrxiv.org

I propose developing and implementing a statutory medical tourism insurance model, similar in concept to motor insurance or travel insurance for high-risk activities (e.g., skiing or scuba diving). This specialised insurance would be mandatory for all UK patients travelling abroad for planned medical procedures and would provide comprehensive protection for patients and the public health system.

The core components of this insurance policy should include covering treatment for infections, failed implants, revision surgery, thromboembolic events, and other recognised risks, whether abroad or upon return to the UK. Funding for immediate return to the UK via air ambulance or medical escort in cases of postoperative emergency, such as sepsis, pulmonary embolism, or uncontrolled bleeding. Provision for follow-up care, wound management and medication in the UK through private clinics or agreed NHS cost-sharing mechanisms, and financial protection for patients in the event of negligence, substandard care, or unlicensed practice by the foreign provider, including legal support and compensation. Finally, there should be insurance cover for procedure cancellation due to patient illness, provider misconduct, or regulatory breach, ensuring that patients are not left out of pocket.

Introducing this insurance requirement would deliver several significant benefits for patients and the NHS. Patients would no longer face high and unexpected costs following failed or harmful procedures. Insurance would also improve transparency in provider-patient contracts and elevate trust in cross-border healthcare.

With insurers covering postoperative complications and corrective surgery, NHS providers would face fewer unplanned admissions and unreimbursed costs, particularly in plastic surgery, general surgery and emergency medicine.

Clinics abroad must maintain high safety and quality standards to remain insurable. Insurers would vet clinics, monitor outcome data and potentially blacklist providers with poor safety records, effectively creating a private-sector quality filter.

UK underwriters could develop new product lines for medical tourism, informed by real-time risk data collected via the UK Medical Tourism Accreditation Association (UKMTAA). As the UKMTAA audits provider outcomes and patient satisfaction data, insurers could adjust premiums dynamically, rewarding safer clinics and creating a sustainable risk pool.

7. The Importance of Comprehensive Aftercare

Among the many regulatory blind spots in medical tourism, postoperative care is essential and widely neglected. While much attention is focused on the quality of surgical facilities abroad, far less consideration is given to what happens after the patient returns home.

This aftercare gap is not merely a clinical issue—it is a systemic failure that endangers patient safety, places an avoidable burden on the NHS, and leads to disjointed, reactive emergency care. Standard UK medical protocols for post-surgical patients include regular wound checks, dressing changes, infection screening, physiotherapy and access to on-call medical support. Most international providers do not provide these safeguards, particularly those offering low-cost, high-volume procedures.

Further exacerbating the issue, many patients are promised "aftercare" as part of their medical travel package, but this is often virtual, generic, or poorly translated. The British Association of Aesthetic Plastic Surgeons warns that "it is fairly common when you have work done overseas to have limited or no aftercare, particularly once you're back in the UK."

The number of people needing hospital treatment in the UK after getting cosmetic surgery abroad increased by 94 per cent in three years¹⁰, with procedures carried out in Turkey accounting for more than three quarters of those in the past six months alone.

To close this gap, this White Paper proposes that any overseas provider offering treatment to UK patients must establish a formal partnership with licensed UK-based aftercare providers as a condition of accreditation. These include private clinics, NHS-affiliated community health teams, or specialist rehabilitation centres. Such partnerships would ensure continuity of care through shared treatment records and recovery plans, enable patients to access timely, in-person clinical support, reduce reliance on emergency NHS services for predictable complications and provide UK clinicians with the information necessary to treat patients effectively.

By requiring international providers to work with UK-registered clinicians and share responsibility for post-treatment care, the UK can raise standards, reduce complications, and improve patient outcomes.

A cornerstone of the proposed policy framework is the mandatory integration of UK-based postoperative care into all cross-border medical treatment arrangements involving UK patients. At present, the lack of structured follow-up after treatment abroad is one of the most significant contributors to avoidable harm, delayed recovery, and NHS cost escalation. This proposal seeks to embed continuity of care into the regulatory architecture of medical tourism by requiring international providers to coordinate with UK healthcare services formally.

Under the proposed framework, all international providers marketing elective medical services to UK patients would be legally required to establish partnerships with CQC-registered UK clinics or providers capable of delivering in-person aftercare services, including wound management, follow-up assessments, and complication monitoring. Before travel, issue patients a written, personalised aftercare plan that details the provider's responsibilities, contact points, and timelines for recovery and escalation.

In addition, guarantee 24/7 clinical helpline support for at least 30 days post-procedure, ensuring patients can access qualified advice for managing symptoms or complication and arrange for an in-person follow-up appointment within seven days of the patient's return to the UK, either through a private provider or coordinated NHS referral, depending on patient preference and treatment type.

The proposed regulatory requirements would address these challenges by ensuring clinical continuity, enabling UK practitioners to deliver safe, informed follow-up care and improving patient outcomes, with earlier intervention and reduced risk of escalation. Decreasing unplanned NHS admissions, particularly for preventable postoperative complications and facilitating data sharing, allowing for better documentation, monitoring, and quality assurance.



This aftercare integration also presents a commercial opportunity for UK-based providers. Licensed clinics, community health hubs, and outpatient services could offer regulated, revenue-generating postoperative care packages tailored to medical tourists. This would provide a new income stream for private health services, improve utilisation of underused clinical capacity, and reduce pressure on the NHS by diverting manageable cases from public services.

A more transparent aftercare structure would benefit insurers, too, reducing claims volatility and improving patient satisfaction. Working in partnership with the proposed UK Medical Tourism Accreditation Association (UKMTAA), providers and insurers could jointly monitor outcomes, standardise care protocols, and build a sustainable, risk-mitigated ecosystem for international treatment pathways.

Policy Recommendations

The government should legislate that no international provider may advertise, accept referrals, or conduct procedures for UK patients without establishing a verifiable UK aftercare plan. Enforcement mechanisms could include a public listing of non-compliant providers on an official register, suspension of marketing privileges to UK audiences and financial penalties or legal injunctions against brokers or facilitators who circumvent the requirement.

By making UK-based aftercare a mandatory component of medical tourism, policymakers can significantly improve patient safety, system efficiency, and public trust in international healthcare engagements.

8. Regulating Advertising and Influencer Marketing

Social media has become a dominant force in driving medical tourism, with platforms such as TikTok, Instagram, Facebook and YouTube saturated by influencer endorsements and targeted advertising for overseas clinics. These promotions are often unregulated, lack appropriate medical validation, and omit critical information about risks, consent, aftercare and provider credentials. This unmonitored marketing environment fuels impulsive health decisions, particularly among younger and financially vulnerable populations, and undermines efforts to protect public health and consumer rights.



Further research by Ofcom¹¹ revealed that since 2022 there has been a significant increase in people getting their health-related information from social media. Findings revealed that 42% of adults in the UK rely on social media for health-related information, with adults aged 18-24 (60%) are most likely to be influenced.



Source: Ofcom.

Many influencers are paid—either with money or free treatments—to promote cosmetic clinics, but often they don't reveal these agreements to their followers. Although this goes against the rules set by the UK's Advertising Standards Authority (ASA) and the Committee of Advertising Practice (CAP), these rules aren't always strongly enforced. In 2024¹² the ASA issued a specific Enforcement Notice aimed at overseas cosmetic surgery providers, highlighting how influencers were breaking the rules by not clearly stating when their posts were part of a paid partnership.

Policy Recommendations

To address this growing risk, I recommend a series of regulatory interventions aimed at cleaning up the digital marketing landscape and ensuring patient safety. This would involve all overseas clinics, facilitators, and intermediaries marketing to UK audiences must display a unique UK Medical Tourism Accreditation Association (UKMTAA) logo and registration number on social media, websites, and influencer content. This would be a visible indicator of regulatory approval, allowing consumers to instantly verify whether a clinic is accredited and compliant with UK standards.

All promotional content must include standardised risk warnings, similar to pharmaceutical advertising, stating that procedures carry medical risks and may require follow-up or corrective care. Posts must also inform viewers that patients must consent to pre-operative screening and aftercare arrangements. Clinics not accredited by the UKMTAA—or equivalent recognised regulatory body—would be prohibited from advertising or promoting their services to UK patients. Platforms found hosting such content would be held liable under enhanced advertising regulations, in line with the Online Safety Act 2023 and Consumer Protection from Unfair Trading Regulations 2008.

Influencers and brand ambassadors who fail to disclose paid partnerships or promote non-accredited providers would be subject to civil fines, suspension of content, and potential referral to the Financial Conduct Authority (FCA) or other relevant enforcement bodies. A tiered fine system should be introduced, with penalties ranging from £10k to £100k, depending on the scale and impact of the breach.

I would like to propose that UKMTAA membership be a mandatory requirement for any clinic or provider wishing to advertise on search engines (Google, Bing, Yahoo, etc.) or social media platforms (Meta, TikTok, YouTube, X, LinkedIn, etc.). Advertisers should be required to submit their UKMTAA registration number in order to open an advertising account on these platforms. This approach would allow the ASA to control who is permitted to advertise upfront, rather than having to monitor every advertiser retrospectively for compliance — a much more resource-intensive process. ASA can easily establish this requirement with the ad platforms.

9. Building a National Database

A vital component of effective medical tourism regulation is establishing a secure, centralised national database to collect and monitor real-world data on international treatment outcomes involving UK patients. No national authority systematically tracks overseas provider performance, patient outcomes, complication rates, or consumer complaints, leaving UK patients and health services exposed to unknown clinical and financial risk levels.

To address this, a comprehensive medical tourism data registry, led by the proposed UK Medical Tourism Accreditation Association (UKMTAA), in collaboration with NHS England, the Care Quality Commission (CQC), and the Department of Health and Social Care, is proposed.

A national database would serve as a trusted, privacy-protected platform for tracking and analysing key data sets. This would include surgical success rates, infection rates, re-admission statistics, provider accreditation status, and volume of procedures by type and geography. Documenting clinical outcomes following treatment abroad, including rates of postoperative complications, NHS follow-up intervention requirements, and recovery timelines, and capturing patient-reported experiences, satisfaction scores, complaints against clinics or facilitators, and legal action or regulatory breaches. The database would also hold information on claims for emergency repatriation, surgical complications, aftercare needs, and insurer payouts can help identify high-risk procedures and providers.

Findings by the British Association of Plastic Reconstruction and Aesthetics Surgeons¹³, highlighted that a lack of reliable data on overseas treatment-related complications impedes NHS resource planning and risk forecasting. The NHS only captures these cases once patients present to emergency services, often without documentation, surgical notes, or provider contact information.



A LACK OF RELIABLE DATA ON OVERSEAS TREATMENT-RELATED COMPLICATIONS IMPEDES NHS RESOURCE PLANNING AND RISK FORECASTING.



THE NHS ONLY CAPTURES THESE CASES ONCE PATIENTS PRESENT TO EMERGENCY SERVICES.

NHS

Source: British Association of Plastic Reconstruction and Aesthetics Surgeons.

A structured data-focused system would enable early warning systems, targeted regulatory action, and public transparency. For instance, if a specific clinic abroad is associated with a surge in postoperative infections or insurance claims, its accreditation could be suspended, and patients redirected to safer providers.

Moreover, data-driven risk scoring—modelled on tools used by the Financial Conduct Authority (FCA) and the CQC—would allow providers to be graded on quality, reliability, and patient experience. This could feed into public reporting dashboards, enabling patients to compare provider ratings, insurance underwriting, to tailor premiums based on risk levels, policy decisions, such as restricting advertising by high-risk clinics and annual health and safety reviews, informing government reporting and intervention.

All data collection would comply with the UK General Data Protection Regulation (UK GDPR), ensuring that patient identities are protected and that data is used exclusively for regulatory, clinical, and policy-related purposes. Patients would consent to data inclusion when scheduling treatment through accredited providers or insurance companies.

10. Conclusion

To address the growing clinical, legal, and economic risks associated with unregulated outbound medical tourism and to protect UK patients seeking care overseas, I urge the UK Government to take the following policy actions. These recommendations form the foundation of a safe, sustainable and internationally responsible medical tourism framework.

Officially Recognise and Support the UK Medical Tourism Accreditation Association (UKMTAA)

Grant formal recognition to the UKMTAA as the national authority responsible for accrediting international providers treating UK patients.

The UK lacks an oversight body for overseas clinics that market directly to UK patients. Recognising the UKMTAA would establish a centralised, independent mechanism to vet and monitor foreign healthcare providers, much like the Care Quality Commission (CQC) does for domestic services. This would enable data collection, performance auditing, and consumer protection, which are currently absent from the system. It also provides a practical route for standard setting without immediate legislative overhaul, enabling scalable oversight in the short term.

Introduce Legislation Mandating Minimum Safety and Aftercare Standards

Enact primary legislation requiring any international provider treating UK patients to comply with minimum clinical safety protocols, patient consent procedures, and postoperative care standards.

Currently, clinics abroad operate outside the UK legal frameworks. The government can significantly reduce postoperative complications and NHS burden by legislating for safety and aftercare compliance, especially for high-risk procedures such as cosmetic surgery, bariatric surgery, and dental implants. Requiring overseas providers to arrange formal partnerships with CQC-registered UK aftercare clinics would ensure continuity of care and reduce unplanned NHS interventions. This is aligned with public health protection objectives and NHS cost containment goals.

Mandate Medical Tourism Insurance for All Elective Procedures Abroad

Require all UK patients travelling abroad for elective medical treatment to hold comprehensive medical tourism insurance.

The absence of insurance is one of the most significant risk factors in medical tourism. Most standard travel insurance policies explicitly exclude elective procedures, leaving patients financially exposed and pushing the cost of failed procedures onto the NHS. Mandatory medical tourism insurance—covering complications, repatriation, and aftercare—would protect patients, encourage responsible provider behaviour, and save the NHS an estimated £30–40 million per year in avoidable costs. This approach is consistent with other statutory insurance models in healthcare and personal injury law.

Regulate Medical Tourism Advertising and Enforce Penalties for Non-Compliance

Introduce targeted regulation of medical tourism advertising and impose civil penalties on unaccredited providers and influencers who mislead the UK public.

Social media platforms are flooded with misleading or unverified promotional content for overseas clinics, often without mentioning risks or qualifications. Influencers are often paid to promote clinics without disclosure, breaching UK advertising and consumer protection laws. The government should empower regulators such as the Advertising Standards Authority (ASA) and Financial Conduct Authority (FCA) to enforce new rules specific to medical tourism marketing. These should include mandatory risk disclosures, unaccredited provider promotion bans, and non-compliance fines as well as registration with the UK Medical Tourism Accreditation Association (UKMTAA).

I would like to propose that UKMTAA membership be a mandatory requirement for any clinic or provider wishing to advertise on search engines (Google, Bing, Yahoo, etc.) or social media platforms (Meta, TikTok, YouTube, X, LinkedIn, etc.). Advertisers should be required to submit their UKMTAA registration number in order to open an advertising account on these platforms. This approach would allow the ASA to control who is permitted to advertise upfront, rather than having to monitor every advertiser retrospectively for

compliance — a much more resource-intensive process. ASA can easily establish this requirement with the ad platforms.

Enable NHS–Private Sector Partnerships to Deliver Structured Aftercare

Support and fund public-private partnerships to deliver high-quality, UK-based postoperative care to returning medical tourists.

Most patients return from abroad without structured follow-up care, leading to delayed complications and increased NHS workload. Supporting CQC-registered private providers to deliver aftercare services—funded through insurance or private means—would reduce emergency admissions and help reintegrate patients into safe recovery pathways. These partnerships would also expand capacity and support health system resilience, particularly as the NHS navigates increasing elective care demand and workforce pressures.

The rise of unregulated medical tourism presents an urgent public policy challenge with cross-cutting implications for public health, NHS sustainability, consumer protection, and global healthcare ethics. These recommendations provide a blueprint for UK Government action—combining regulatory oversight, patient safety, market discipline, and strategic healthcare system integration.

By acting decisively, the UK can become a global leader in responsible medical tourism regulation, protecting its public at home and abroad while reducing public health risk and financial exposure to the NHS.

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