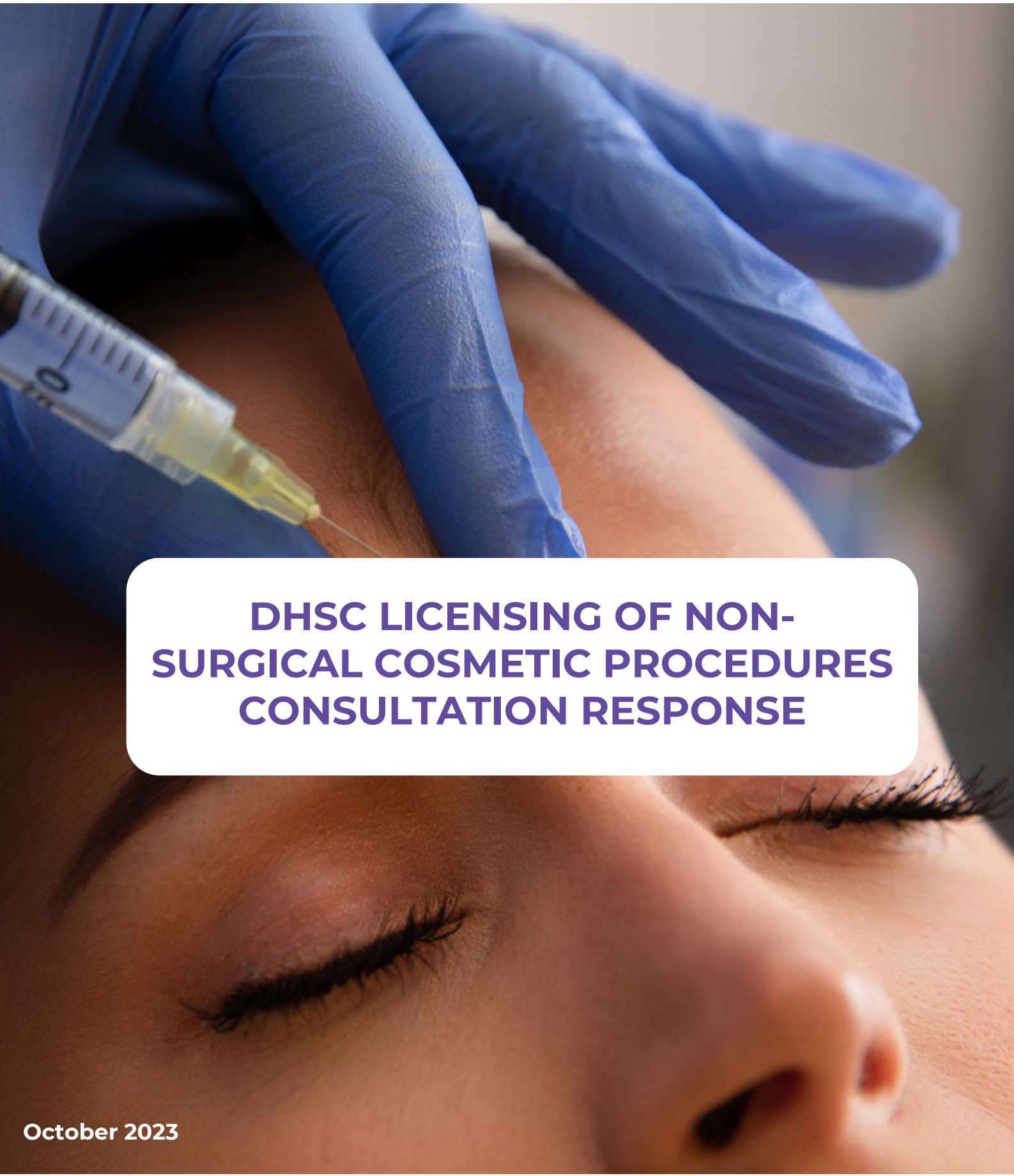
Joint Council for Cosmetic Practitioners

professional standards authority

accredited register



DHSC LICENSING OF NON-SURGICAL COSMETIC PROCEDURES CONSULTATION RESPONSE

October 2023

DHSC Licensing of Non-Surgical Cosmetic Procedures Consultation Response - JCCP

The JCCP applauds the Government for taking this key step to enforce statutory regulation of the non-surgical aesthetics sector in England. In so doing the JCCP recognises the need to extend the principles enshrined within the new scheme to the devolved nations in Scotland, Wales and Northern Ireland. It has always been our opinion that the adoption of any new system of statutory reform and regulation must be determined within the context of a robust and enforceable licensing scheme. We have previously advised that any new regulatory regime should identify and put in place a national mandated standard for education and training for all aesthetic practitioners who perform invasive procedures as a condition of practice and should protect members of the public by requiring all practitioners to evidence possession of adequate medical insurance and indemnity, complaints procedures, fitness to practice compliance and the provision of consumer access to redress and compensation schemes. The importance of ensuring that all licensed practitioners operate from appropriately licenced hygienic and safe premises is also considered by the JCCP to be essential.

The JCCP has reiterated that in their opinion all aesthetic practitioners should provide evidence of full compliance with all standards that are proposed in the future to underpin a national system of licensing for the aesthetics industry. For this to be achieved dialogue will need to take place between the MHRA, the CQC, Local Government Licensing Authorities, the Professional Standards Authority, Professional Associations, Professional Statutory Regulatory Bodies, The Institute of Licensing, Trading Standards Authorities, the Health and Safety Executive and the Chartered Institute of Environmental Health to ensure that there is no compromise to patient and public safety.

The JCCP presents its response to the Government's first public consultation document with the aim of informing and determining the standard, type and content of the new practitioner license.

Q2. To what extent do you agree or disagree that we should set out in regulations that high-risk procedures should be restricted to qualified and regulated healthcare professionals only?

A. Strongly agree

The JCCP is unequivocal in its response to this question. The JCCP has previously set out its opinion in three related papers that were submitted to the DHSC Regulatory Team in March, 2023. The JCCP Board of Trustees, informed and supported by wider stakeholder engagement, remains of the opinion that all aesthetic procedures that are considered to be invasive, complex or present with a higher risk of complications should be restricted and limited exclusively to qualified and regulated healthcare professionals.

Furthermore, the JCCP urges the DHSC to put in place a robust and stringent scheme of regulatory enforcement that is supported by a legislative framework that mandates all practitioners to comply with nationally endorsed education and training standards, fit and proper person 'tests', robust insurance set at appropriate levels for medical indemnity, complaints procedures and access to redress schemes and compliance with the need to work from safe, hygienic and health-protected premises.

We would also advise at this stage of our response that the context within which the new practitioner license founded upon should emphasise the uncompromisable need to safeguard both younger people and adults, and to apply the key tenets of safety, protection, inclusivity and respect for persons who present with protected characteristics in accordance with both legal obligations, and in accordance with the DHSC's commitment to embedding EDI principles in all quality assurance and inspection policies and procedures.

Whilst the JCCP recognises that Professionally Regulated Healthcare Professionals are required to work within a defined scope of professional practice and to adhere to their respective Codes of Practice, we consider that many of the procedures that are proposed for inclusion within the scope of the new license are complex and invasive and require members of designated healthcare professions to provide evidence that they also meet the standards for the performance of such procedures. We therefore consider that members of the public require additional assurance to confirm that registered healthcare professionals will meet the new standards set down by DHSC within the context of the new practitioner license, whilst also recognising their right to autonomy and clinical decision-making without supervision (unless they do not possess a prescribing qualification and use prescription only medicines as part of their aesthetic practice).

Is therefore essential that registered healthcare professionals who do not hold a nationally recognised and mandated prescribing qualification should also require supervision from a prescriber when prescription only medicines form part of the patient's treatment plan or where they may otherwise become necessary to treat complications. This will require further determination and consideration.

The JCCP also calls upon the DHSC to set out proposals and parameters to define whom they regard to be a suitable and responsible 'professional health care practitioner'. We consider

this to be a fundamental requirement since there are many healthcare professional groups that are regulated by professional statutory regulatory bodies whom we do not regard to possess the requisite competence, experience and knowledge to perform nonsurgical cosmetic procedures or to provide supervision of oversight to non-professional healthcare practitioners.

The implementation of rigorous and robust regulations aimed at limiting high-risk non-surgical cosmetic procedures exclusively to qualified and regulated healthcare professionals is essential to safeguard members of the pubic and to provide them with the assurance they require and deserve is provided by professionals who are educated, knowledgeable and competent to proficiently, apply holistic emotional, psychological and physical assessments, and to perform procedures, safely, and effectively in accordance with evidence-based practice standards. Regulated healthcare professionals are also able to provide assurance to members of the public that they work within a stringently applied code of professional conduct set down by their statutory regulator that seeks to provide public protection and to require practitioners to support and promote the best interests of their patients. Such practitioners are also professionally accountable for their practice and for the delivery of any required form of aftercare or complications management.

Q3. To what extent do you agree or disagree with the proposal to amend CQC's regulations to bring the restricted high-risk procedures into CQC's scope of registration?

A. Strongly agree

The JCCP strongly agrees with proposals to seek significant changes to CQC regulations to include restricted high-risk non-surgical cosmetic procedures within the scope of the CQC's registration system.

We consider it to be essential that the DHSC engages as soon as possible with members of the legal profession/legislature to determine the extent to which any proposed scheme of regulation that encompasses the more invasive and complex procedures can be enforced by the CQC in the absence of a significant change in the current scope of regulatory enforcement practice. The JCCP's response is predicated on the need for the DHSC to introduce robust powers of enforcement to ensure that non-healthcare practitioners are not permitted to administer any restrictive procedure that falls within the scope and definition of the 'RED' category as proposed within the consultation document.

The JCCP has also previously highlighted the challenges associated with many other procedures included in the amber category of the consultation document and has noted that if performed inexpertly by untrained or inadequately trained practitioners (in the absence of appropriate professional supervision) can (and has) lead to physical, emotional and psychological harm and potential long-term disability and even morbidity in some cases. The incidence of complications resulted in a requirement for NHS provided emergency response services to manage and correct the consequences of poorly performed invasive and complex procedures. This presents an unacceptable burden upon the patient/member of the public and upon the taxpayer. Further, the JCCP has found that where efforts are made to mitigate morbidity in the absence of professional supervision, risk is compounded through reliance on the illicit use of prescription medicines.

The Care Quality Commission has provided assurance to members of the public over several decades and is regarded by many as providing assertive, consistent and diligent schemes of inspection for care delivery, premises inspection and clinical oversight. The CQC also possesses legally enforceable powers of inspection which we consider are fit for purpose for deployment and extension into the nonsurgical aesthetic sector to ensure that all practitioners who provide complex and invasive procedures are professionally legally accountable for their actions. The importance of CQC inspection regimes also leads to the determination of a national evidence base to inform requirements for service improvement and would also provide the opportunity for a more robust approach to the delivery of uniform standards across the aesthetic sector and also drive out unwarranted variation.

The JCCP considers that the CQC will also need to expand its definition of the 'Treatment of Disease, Disorder or Injury' (TDDI) to provide scope for the inclusion of a range of aesthetic procedures that are either 'medical' or 'medically related' in respect of their description/ definition and the use of medicines in accordance with the terms of their licenses.

The JCCP set out its position regarding these matters in a paper in 2021 and advised that 'Whilst many aesthetic consultations and procedures performed by suitably qualified Health Care Practitioners are deemed to be 'medical' or 'medically related' in nature, the JCCP acknowledges also that there are occasions when members of the public elect to seek aesthetic treatments that are deemed not to be either 'medical' or 'medically related'. The latter are considered by definition to be purely 'cosmetic' in nature' and not to be associated with a medically determined diagnosis or resultant clinical therapeutic benefit. The JCCP is of the opinion that only designated registered healthcare professionals (within the limitations of their competence), following the undertaking of an informed pre-treatment consultation and the exercise of assessment and clinical judgement with the patient, can determine whether a consultation and/or a procedure is 'medical' or 'medically related'. Patients/members of the

public present with a wide variety of physical, psychological or psychosocial symptoms and effects that relate to pre-disposing conditions. Having performed a diagnostic assessment of the patient, a practitioner should be able to demonstrate whether there is a physical, psychological or psychosocial therapeutic benefit arising from either the consultation and/or the treatment of that condition or its associated presentations. If there is a demonstrable clinically determined therapeutic benefit to the person then that treatment episode is deemed to be 'medical' or 'medically related'.

In the formulation of our opinion regarding the scope of future CQC inspection regimes within the aesthetics sector the JCCP would draw the DHSC's attention to the concept of 'therapeutic benefit' which is defined as a benefit or effect obtained as a result of treatment. The term 'therapeutic' defines any action or method used for the treatment of disease, disorder or injury. Thus, a therapeutic benefit may be defined as a positive result that occurs as a result of a method used to treat a disease, disorder or injury. It follows therefore that when a regulated healthcare practitioner assesses the outcome or benefit of the treatment, they are assessing improvement against the 'baseline' presenting problem – physical, psychological or psychosocial, rather than focussing exclusively on cosmetic/appearance related improvement. In addition, the CQC's approach to TDDI and the MHRA's determinations in licensing medicines on the basis of their therapeutic benefit provides for further alignment.

The JCCP is of the firm opinion that the inclusion of the more complex, invasive and potentially harmful procedures should fall within the scope and purview of the Care Quality Commission (CQC). Such inclusion will provide for the provision of a well-tested and aligned scheme of regulation, the uniform enforcement of nationally determined standards, objective monitoring and evaluation of service delivery and will ultimately lead to service improvement and the removal of unwarranted and unsafe variation in treatment practice.

Q4. To what extent do you agree or disagree with using the 3-tier system to classify the different categories for cosmetic procedures based on the risk they present to the public?

A. Strongly agree

The JCCP has always advocated that a risk-stratified approach to differentiating between various categories of aesthetic procedures should be implemented. Any risk stratified system of classification should be predicated upon a measured, and proportionate approach, regarding the extent to which the designated aesthetic procedure presents a risk to the emotional, psychological, and/or physical health and well-being of the individual. The JCCP does not support the imposition of unnecessary or disproportionate oversight measures where procedures are considered to be controlled or mitigated by other means, such as by the manufacture and utilisation of 'failsafe devices', many of which are used within the cosmetics industry, as opposed to the aesthetics industry.

The JCCP supports the views of other healthcare organisations that operate within the aesthetic sector and is of the opinion that the use of any system of categorisation must consider factors such as complexity, invasiveness, and potential complications and their potential impact on patient safety and health protection and wellbeing. The JCCP has referred to these matters within the context of our Ten Point Plan, 2021, in the publication of our advice and guidance on safe prescribing practice, and in our definitions paper on what constitutes a medical, medically related or cosmetic procedure (2021). Such issues, principles and concepts also form the foundation of the JCCP/CPSA Code of Practice (2023) and have been referred to in both oral and written evidence presented to the Government's APPG on Beauty, Aesthetics and Well-being (2021) and to the Health and Social Care Select Committee in 2022.

One of the key issues for consideration will relate to the final determination on what

constitutes robust professional supervision and oversight. We consider that the DHSC should engage in consultation on this matter as soon as possible, since the acceptability and endorsement of the three tier system will depend upon the extent to which members of the public can be safeguarded for those procedures that fall within the Amber category of the consultation paper.

We also recognise that there will be an increasing number of procedures that will enter the market over the next few years, which would need to be included within the concept and principles of the practitioner license, and as such 'future proofing' will be essential. Therefore, whilst it is important to list specific procedures by name, it will also be important to ensure that the adoption of this approach does not restrict the opportunity to add additional procedures as they emerge in the future.

At this stage, we would also refer to the differentiation between the importance of providing support from a regulated and designated professional healthcare practitioner from that of a designated healthcare prescriber. We are of the opinion that all procedures that involve the use of a prescription only medicine that is part of the actual procedural application, as an adjunctive requirement, such as the use of Lidocaine or Adrenaline, or any procedure that could involve the use of a prescription only medicine to manage an urgent complication arising from an aesthetic procedure should be supervised by a professionally, regulated prescriber who is present on site when the procedure itself is conducted.

The JCCP is also aware that a number of procedures that are currently included in the three categories require further examination and evidence to confirm which category they should ultimately reside within. We refer specifically, for example to procedures, relating to lasers and light, chemical peels, and those procedures that rely on the use of devices, many of which have been produced with self-limiting controls to mitigate potential harm. This is a highly

complex area that will require further consideration. We recommend therefore that further enquiries (regarding scope, parameters and operating principles) are undertaken in the areas of, for example, lasers and light, radiofrequency and electrocautery with the aim of determining which category they should fall within prior to agreeing their final allocation within the three tier system.

We also have significant concerns regarding the use of the generalised term ‘Dermal Fillers’. We regard there to be significant and varied issues with regard to the manufacture, supply and administration of such devices. We will return to this matter in a further section of this consultation response.

Q5. To what extent do you agree or disagree with the categorisation of the procedures listed in the green category?

A – Agree (but with revisions)

The JCCP agrees that this is a required category. We predicate our opinion on the requirement for all persons who perform GREEN categorised aesthetic treatments must also meet all of the conditions associated with both the premises and practitioner license, including the need to demonstrate compliance with the standards required for the practice of such messages.

By virtue of their inclusion in the GREEN category, aesthetic procedures included therein carry some degree of risk with regard to their procedural administration and requirements for aftercare. The degree to which risk might be presented, will be dependent on a range of factors, including predisposing diagnosed (or potentially undiagnosed psychological, emotional, social or physical, health care determinants, or conditions), a range of epidemiological factors, including culture, race, age etc (e.g., skin colour and tone – the use of IPL procedures on black skin, for example is known to carry specific risks along with the more generally recognised risk of visual loss where unsafe practice is identified).

As with each of the three RAG rated categories, the JCCP urges the DHSC to set rigorous and unequivocal knowledge-based education and training and practice proficiency standards as part of the requirement for the issue of a practitioner license.

Due to the changing nature of aesthetic practice, we would also recommend that all practitioners who provide procedures that reside within the GREEN category should be overly aware of the need to refer members of the public on to clinical practitioners should the necessity arise should there be any concerns regarding the patient's emotional, physical or psychological health and well-being. We make specific reference to predisposing physical

factors/diagnoses and to the importance of body dysmorphic disorder in this context.

Whilst not being a prescribed requirement within this category, weconsider that all practitioners should be encouraged to undertake and engage in peer review and ongoing CPD and where possible to join online ‘communities of good practice’ to remove some of the challenges associated with isolated practice in the industry, and to encourage openness, transparency, and the reporting of potential complications etc. With regard specifically to IPL and photorejuvenation, we recognise that it may be disproportionate to require the oversight of a regulated, prescribing Health Care Professional . However, these procedures do carry risk and we would recommend further consideration of the need for the inclusion of protective factors to be included within the terms of a premises license, including the need to follow procedural and policy advice provided a Laser Protection Advisor. The adoption of this additional protective measure would lead to uniform compliance with nationally approved standards in alignment with current special treatment licenses.

As with all three categories the JCCP considers that ongoing monitoring and evaluation will be required to ensure that scope exists to adjust the inclusion and exclusion criteria applied for the ascription of specific aesthetic procedure to any designated category. Reviews need to be undertaken periodically and should be based on the emergence of user feedback, public opinion, manufacturer and product/clinical data to inform the continued ‘fitness’ and suitability for inclusion within any designated category. Provision for moving procedures between categories in the future should also be built into the regulatory scheme.

Do you think that any changes should be made to the listed procedures?

YES

Please explain your answer.

- All non-ablative Lasers with the exception of Low Light Intensity Lasers and Hair Removal and Photorejuvenation lasers (parameters to be defined) should be moved to the 'Amber Category'. All Ablative and CO2 Lasers must be moved to the RED category.
- Radiofrequency and electro-cautery – to be defined by parameters and scoped by range/spectrum and wavelength and by a required evidence based review.
- There is a need for greater definition of 'two or more combined interventions' where both procedures are defined as being 'non-invasive'.
- No needle fillers should be moved from GREEN to AMBER (subject to a required evidence based review regarding 'fail safe' devices)
- Cellulite subcision – should be moved from AMBER to RED

The JCCP has produced a guide on the preparatory work being undertaken by the Government for the new Licensing scheme for England in partnership with the UK's leading cosmetic insurance partner, Hamilton Fraser. The guide can be found by clicking **here**.

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Q6. To what extent do you agree or disagree with the categorisation of the procedures listed in the amber category?

A – Agree (but with revisions)

The JCCP agrees that this is a required category. We predicate our opinion on the requirement for all persons who perform AMBER categorised aesthetic treatments must also meet all of the conditions associated with both the premises and practitioner license,

including the need to demonstrate compliance with the standards required for the practice of such messages.

However, we are fundamentally opposed to any procedure that is considered by the CQC to be included in its definition of the 'Treatment of Disease, Disorder or Injury (TDDI) falling into any category other than the 'RED' category. The JCCP is of the opinion that only designated and experienced registered healthcare professionals (working within the scope and range of their professional competence), who have undertaken an informed pre-treatment consultation and assessment, and who have exercised their clinical judgement with the patient, can determine whether a consultation and/or a procedure is 'medical' or 'medically related'.

The JCCP is also of the opinion that the administration of all procedures that involve the use of a prescription only medicine as part of the actual application, as an adjunctive requirement, such as the use of Lidocaine or Adrenaline, or any procedure that involves the use of a prescription only medicine to manage a complication arising from an aesthetic procedure, should be supervised by a professionally, regulated prescriber who is present on site when the procedure itself is conducted. Our preference is that such procedures (including the administration of all "soft dermal fillers", injectable toxins, injectable vitamins and injectable weight loss treatments) should move to the RED Category. We consider that the terminology "soft tissue filler" is more accurate and appropriate than "dermal filler" as they are generally injected into the subdermal layers rather than the dermis where they can cause greater complications due to the presence of important structures and vessels beneath the skin.

The JCCP recognises, however, that the administration of injectable toxins and soft dermal fillers by non-healthcare practitioners is currently endemic. We also recognise that an economic impact assessment might not permit the transfer of these specific procedures to

the ‘RED’ category. Should it therefore not be possible to restrict the administration of these procedures to a designated and appropriately trained regulated healthcare practitioner, then the JCCP is of the firm opinion that the administration of injectable toxins, and soft dermal fillers should only take place if a regulated prescriber is present on the premises at the time of administration, having first conducted a face to face consultation prior to prescribing any required prescription only medication required for treatment or the management of a complication.

As advised above the JCCP considers that greater specification needs to be applied to the term ‘dermal fillers’. The evidence base regarding the potential and actual harm that can be occasioned by the inappropriate and inexpert application of certain dermal filler devices is a matter of major concern (including the retention of ‘dissolvable’ fillers for prolonged and sometimes permanent periods).

We consider therefore that greater scrutiny is required regarding the application of dermal fillers regarding the risks associated with their application to certain ‘landmark’ areas which could result in them being moved to the RED category. We regard, for example that the highest risk areas of the face for dermal fillers (irrespective of depth) are:

- The forehead
- The frown lines
- The nose
- To the side of the nose including tear trough and naso-labial folds.
- The lips

We are of the opinion that subject to a further evidence based review, that soft tissue fillers injected into certain anatomical areas, specific injection techniques and injections in other

areas of the body other than the face or neck, may need to be moved into the 'RED' category and any Licensing Scheme must be future proofed to allow this fluidity and updates.

We agree that all procedures that fall within the 'AMBER' category should only be performed by appropriately trained practitioners. For those practitioners who are not regulated by professional statutory regulatory bodies then we advise that supervision and oversight must be provided when specific 'AMBER' rated procedures are administered. Regulated healthcare professionals are able to provide assurance to members of the public that they work within a stringently applied code of professional conduct set down by their statutory regulator that seeks to provide public protection and to require practitioners to support and promote the best interests of their patients. Such practitioners are professionally accountable for their practice and for the delivery of any required form of aftercare or complications management. Qualifications and competence are not static concepts and, given the complex and changing technical nature of cosmetic procedures, only regulated professionals can provide sufficient assurance that they recognise and work within the limits of their competence and delegate procedures to the same standard. However, we recognise the need to better evidence this accountability and welcome the opportunity for improved enforcement.

Furthermore, it is considered necessary to define what is meant by supervision and oversight, and also to determine who could be considered to be an appropriate supervisor for specific procedures. The JCCP has already advised in this response that nationally regulated prescribers should be the only persons to supervise any procedure that involves the use of a prescription only medicine. The concept of supervision in its own right, however, will also need to be determined in accordance with a risk assessment undertaken for each of the procedures that are determined to be included under the 'AMBER' category, on a procedure-by -procedure basis.

The JCCP considers that a proportionate approach to the definition of supervision should be taken on the basis of risk to members of the public related to the level of complexity, invasiveness and the potential for complication that the procedure itself might present or where there is consistent evidence of abuse of, or lack of compliance with current regulations. The definition of supervision and oversight also needs to unequivocally determine where the supervision should be provided on site, under the 'line of sight', remotely by telephone contact, or by some other means (e.g., peer or team supervision).

Do you think that any changes should be made to the listed procedures?

YES

Please explain your answer.

- For procedures that incur the actual or adjunctive use of prescription medicines, the requirement for onsite supervision by a prescriber is deemed to be essential. If this is not mandated, then we consider that such procedures should be moved to the RED category.
- Move all permanent dermal filles to the RED category.
- Move all weight loss injectable and vitamin injectable procedures to the RED category.
- All ablative lasers should be moved to the RED category. Non-ablative lasers should remain within the AMBER category.
- 'No needle' fillers should be moved from GREEN to AMBER (subject to a required evidence based review regarding the use of 'fail safe' devices)
- Ensure that fat dissolving injections which use medical devices or cosmetic injectable products for the purposes of Lipolysis remain in the AMBER category– e.g., Aqualyx).
- All fat dissolving injections using prescription medicines should be moved to the RED category.
- Move cellulite subcision to the RED category.

Q7. To what extent do you agree or disagree with the categorisation of the procedures listed in the red category?

Strongly agree

The JCCP agrees that this is a required category. We predicate our opinion on the requirement for all persons who perform green categorise aesthetic treatments must also meet all of the conditions associated with both the premises and practitioner license, including the need to demonstrate compliance with the standards required for the practice of such messages.

The JCCP fully supports and endorses the proposal for the procedures listed in the red category to be restricted and to be regulated by the Care Quality Commission (CQC).

The JCCP would also like to see a range of the procedures listed within this category to be formally re-designated by the Royal College of Surgeons, as surgical procedures, which, in our opinion would provide for a much needed further degree of public protection.

Scope should exist to enable the addition of new and emergent procedures and also to facilitate the transfer of specific procedures from the AMBER to RED category should future evidence determine the need for enhanced public safety and professional oversight.

Do you think any changes should be made?

A. Procedures should be added.

Please explain your answer.

- Move all permanent dermal fillers to the RED category.
- For procedures that incur the actual or adjunctive use of prescription onluy medicines, the requirement for onsite supervision by a prescriber is deemed to be essential. If this is not mandated, then we consider that such procedures should be moved to the RED category.

- Any TDDI treatment/procedure (Treatment of Disease, Disorder and Injury) should remain and be ascribed to the RED category
- Weight loss and vitamin injections should be moved to the RED category
- Cellulite subcision should be moved to the RED category
- All fat dissolving injections using prescription medicines should be moved from the AMBER to the RED category.

Q8. To what extent do you think that these procedures should be age restricted?

A. Some of the procedures should be age restricted.

Strongly agree

The JCCP supports this recommendation in the interests of patient safety and public protection. Implementing a minimum age requirement of 18 years for all of the procedures to be included in new licensing scheme is considered to be essential for cosmetic purposes EXCEPT by medical practitioners or by another healthcare professional on the instruction of a medical practitioner as is currently the case under the Botulinum Toxin and Cosmetic Fillers (Children) Act 2021 s1(4).

We consider, however that further consideration should be given to any decision to limit access to procedures such as hair removal, non-prescription skin care for acne or superficial treatments for acne scarring (excluding ablative lasers). We see no reason to add limitations on health care professionals with a license to prescribe as a legal and regulatory framework is already in place with the relevant regulatory bodies.

Q9 Do you have any other comments on the issues raised in this consultation?

A. YES. The JCCP offers the following additional comments:

Missing Procedures

- Teeth whitening treatments - Should be included in the RED Category as advised by the General Dental Council.
- ? Trichology – evidence is emerging to advise certain components of Trichology practice should be included in the scope of the license. We advise that consultation should take place with experts regarding this area of practice, including the British Association of Dermatologists.
- Tattooing – this is an area outwith the expertise of the JCCP, but we are committed to encouraging an evidence based review of certain aspects of tattooing practice that are applied to sensitive areas of the body, and which might require inclusion within the definition of the scope of the new license. We recommend further consultation should be undertaken with experts, including the British Association of Dermatologists, The British Beauty Council and others.

Legal Enforcement and Sanctions

Our response is predicated on the principle that the DHSC will work to ensure that a legally enforceable and robust system of regulation is implemented. It is important to ensure that the new licensing requirements are accompanied by legal sanction that is enforceable in the context of legal interpretation to assist local authority health and safety officers (and others) to take appropriate action, and to restrict practice where infringements are identified.

This will require the determination and implementation of rigorous penalties and enforcement measures targeting individuals who perform these treatments without possessing the necessary qualifications, expertise and conditions.

Training and Qualifications

The JCCP is supportive of the principle of mandating a national and uniform standard of education and training that should be provided by suitably qualified and approved education providers within the United Kingdom.

Not only will the DHSC be required to establish a robust new industry standard for each of the procedures that are included within the context of scope of the new license they will also need to ensure that regulatory processes are in place to provide a national database of suitably approved qualifications and education and training providers that local authority enforcement offices will be able to refer to confirm compliance with standards etc. The JCCP also considers that the new standards (once developed and approved by DHSC) should be regarded as the 'legitimate' and enforceable industry standard. This new industry standard should be adopted and implemented by Ofqual as the baseline standard for the approval of all future vocational qualifications for the aesthetics sector. There will also be a need to ensure that new routes to demonstrate compliance with the new required education and training standard are made available to all practitioners who wish to demonstrate such compliance. This will include vocational/degree qualifications approved by Ofqual and UK Universities, new apprenticeship routes and alternative routes to enable established and experienced practitioners to demonstrate compliance with the new standard without necessarily having recourse to have to undertake a new qualification. There will also be a need for a new national database to provide members of the public and inspectors/regulators with access to confirm the legitimacy of qualifications and provider education and training organisations.

The JCCP is of the opinion that flexibility is required to ensure that **all** practitioners have meaningful and fair access to training opportunities in the future but affirms that there should be no compromise to the standards that underpin the essence of evidence-based practice, knowledge and education, that should form the baseline and standards of proficiency for the new practitioner license.

Public Education, Engagement and Co-Design

The DHSC should design and implement a major national campaign to raise public awareness of their proposals regarding the license, and to inform them of the public of the significance that the license will have in, assisting them to find safe and effective practitioners who practise from safe and hygienic premises. The principles of safeguarding and public protection should form the central axis for this campaign.

Such a campaign should also seek to invite further opinion from members of the public regarding the design and the implementation of the licensing scheme and encourage them to report on both good and unacceptable practice with the aim of contributing to a national database relating to complications and future safeguarding standards and requirements.

The JCCP also considers that an adjunctive campaign should be conducted with the Advertising Standards Authority to ensure that accurate and non-exaggerated social media posts are deployed across the sector to promote, explain and advertise the new license. The JCCP is also of the opinion that such advertisements and promotional 'social media posts' should carry a 'warning logo' to advise members of the public of the need to seek fully informed consent prior to engaging in aesthetic procedures in order to safeguard their personal interests, health and wellbeing.

Further consideration should be given to engage with product and pharmaceutical manufacturers, and distributors to provide members of the public with a simple system to recognise that legitimacy of products/medicines that are being used within the aesthetics industry and to provide assurance that such products and medicines are ethically sourced, safe and appropriate for use.

Ongoing Evaluation and Review

The consultation should explore the need for the potential implementation of a continuous

monitoring and review mechanism to assess the categorisation of procedures. The field of aesthetics is undergoing rapid evolution, characterised by the continual emergence of novel techniques and products. Frequent evaluations are crucial to maintain the currency and flexibility of the programme in response to evolving conditions.

Complaints and Adverse Incident Reporting

The importance of considering how best to introduce a nationally inclusive system of complaints and adverse incident reporting is considered to be essential if we are to enable both current and future procedures to be identified, monitored and reviewed from an evidence based perspective. Such a uniform procedure would also ensure the accurate allocation to procedural categories proposed within the consultation document. Further alignment is required with the MHRA, and with other national reporting bodies.

All practitioners should also be required (as a condition of their practitioner license) to publish robust complaints procedures and redress arrangements to members of the public who avail of their services.

Equality, Diversity and Inclusivity

The JCCP is committed to promoting awareness and action plans regarding equality, diversity and inclusivity. As such, we believe that a statement should be included in each of the consultation exercises conducted by DHSC to inform the aesthetics licensing work programme of the importance of being inclusive and having regard to equality, cultural diversity and inclusivity within the aesthetics sector. The importance of emotional, psychological and physical influences that motivate persons of colour, for example to receive cosmetic treatments should be further explored, as should the need for products and procedures to be suitably adapted and adjusted based on an holistic and thorough assessment of individual need and aspiration.

Local Authority Collaboration with the CQC

The JCCP is of the considered opinion that wherever it is possible, appropriate and justifiable,

that schemes of regulation should be integrated to provide a single scheme of regulation to members of the public and reduced unnecessary burden and challenge of fragmentation and duplication on practitioners. For example, we consider that it is achievable for CQC registered regulated healthcare practitioners to be able to demonstrate compliance with the requirements of any new premises license that might be considered as part of the new licensing regime without recourse to the need to be registered with a local authority for a premises license. The design of an enhanced scheme of regulation by the CQC should be encouraged for these purposes. Similarly, we advise that any invasive and complex procedures that are deemed by the DHSC to fall under an expanded remit of the CQC should not require additional regulation by a Local Authority when they are performed by designated and appropriately trained and regulated healthcare professionals.

Mobile Practitioners

Further clarification is required in respect of practitioners that offer 'mobile' services. It is the JCCP's view that all licensed procedures should only be provided in designated premises that have been inspected for the purposes of the license and from premises that comply with the requirements of the procedures offered (and where the practitioner is available to provide emergency aftercare if complications arise). The JCCP does not support mobile working whereby practitioners attend client's *own homes* for the purposes of administering cosmetic procedures.

Glossary

A range of inaccuracies exists in the current glossary of terms used to describe procedures in the consultation document. We recommend that the glossary is reviewed and revised accordingly (e.g., the definition of Hair Restoration Surgery).

Other Matters

- Need to focus more on definitions and parameters to determine how certain aesthetic procedures fit within the three RAG rated categories.
- Consideration of whether there is a need for a national register of all Licensed

Practitioners to enable portability between Local Authorities/Nations and also to permit transparency and accountability to members of the public.

- Emphasis to be placed on the importance of the accuracy and importance of risk assessment and risk management procedures that encompass physical, social, emotional and psychological factors – leading to the provision of informed consent based on an holistic assessment of the patient.
- Need to reinforce the need for the administration of all aesthetic procedures that are currently defined by the General Dental Council (GDC) as falling within 'The Practice of Dentistry' to be performed only by designated GDC Registrants.
- Need for ongoing CPD for all Licensed Practitioners.
- Need for the DHSC to mandate the implementation of a national public facing register of licensed practitioners in the interests of accessibility, public protection and accountability. The immediate benefit of such a national database would be that it lends itself to public scrutiny and choice. From a regulatory perspective, a 'national' database would be key to ensuring practitioner traceability, aiding enforcement implementation.