

# JCCCP 10-POINT PLAN FOR SAFER REGULATION IN THE AESTHETIC SECTOR

*The Joint Council For Cosmetic Practitioners is an organisation working closely with government and national bodies seeking greater regulation on non-surgical aesthetic treatments and hair restoration surgery in the UK. Our ultimate aim is to create a safer environment for members of the public undergoing non-surgical treatments with mandated qualifications, premises criteria, insurance and many other steps relating to the sector and industry. Our 10 Point Plan lays out the campaigns we carry out and the goals we seek.*

## Contents

Point 1 - STATUTORY REGULATION.....	2
Point 2 - MANDATORY EDUCATION AND TRAINING STANDARDS.....	4
Point 3 – PUBLICATION of CLEAR, TRANSPARENT INFORMATION.....	8
Point 4 - LEGAL DEFINITION OF MEDICAL and COSMETIC TREATMENTS.....	12
Point 5 - SAFE AND ETHICAL PRESCRIBING.....	16
Point 6 - MORE REGULATED ADVERTISING AND SOCIAL MEDIA.....	21
Point 7 - NATIONAL COMPLICATIONS REPORTING.....	25
Point 8 - ADEQUATE INSURANCE COVER.....	30
Point 9 - LICENSING OF PREMISES, TREATMENTS AND PRACTITIONERS.....	34
Point 10 - RAISING CONSUMER AWARENESS.....	38

**POINT 1 -**

**Action:**

**STATUTORY REGULATION**

Seek and advise on statutory regulation for the non-surgical aesthetics and hair restoration surgical sector

**Current Issues:**

Many current cosmetic treatments present both benefits and risks to the public.

***Currently there is:***

- no record of who is providing such treatments in the UK;
- no requirement to follow best practice guidance;
- no monitoring of the practice or compliance with standards of proficiency;
- no legal requirement for them to provide treatments safely;
- no requirement for dermal fillers to be classified as prescription only devices;
- no requirement to have a supervision plan in place for urgent help when required and in particular for those who are not regulated health care professionals;
- no legal requirement for practitioners to possess any insurance cover or redress when treatments go wrong;
- no primary legislation in the UK to regulate this sector and with the exception of hair restoration surgery there are no restrictions set down to determine who can legally perform the more invasive procedures relating to chemical peels, lasers, injectables and dermal fillers. The absence of such legislation exposes members of the public to unmitigated risk;
- Secondary legislation measures that have been implemented by Local Authorities in the UK to inspect premises and to monitor the provision of aesthetic services (where these exist) are not standardised and are variable with regard to powers of enforcement and scope of provision;
- Currently, non-medically related aesthetic procedures are not legally restricted for use only for those who are over eighteen years of age:

- Primary and secondary legislation is required by the UK Government and by the devolved National Parliaments/Assemblies, in order that members of the public can receive increased protection with regard to the provision and transaction of these services.

**Objectives:**

- Work with the UK Government and the devolved National Parliaments/Assemblies to design and assist in the production and implementation of primary and secondary legislation to set standards for the provision of hair restoration surgery and non-surgical cosmetic treatments, supported by requisite operational measures and a Code of Practice. Such guidance should include registration of premises, practitioners and ensure that only safe products are used;
- Implementation of specific powers for Environmental Health Practitioners/Enforcement Officers to enable them to immediately deal with non-complaint practitioners. This will bring revenue to local constituencies, encourage aesthetic service providers to take their responsibilities seriously and discourage those entering the sector flippantly and create a level of local policing for greater safety.

**Proposals:**

- Use existing networks and partnership arrangements to lobby and to exert political influence to seek and achieve the enforcement of primary and secondary legislation for the aesthetics sector across the UK in order to restrict access to those treatments for those persons aged over 18 only (except in the case where explicit medical evidence exists to confirm the necessity of such interventions);
- Work with designated politicians (and the All Party Parliamentary Group on Beauty, Wellbeing and Aesthetics) who have declared an interest in sponsoring this agenda and generate Parliamentary Questions that are designed to stimulate Parliamentary debate with the aim of encouraging legislative debate and action;
- Continue to work in close association with national membership groups, expert reference groups and 'key influencers' to develop a 'corporate body of interest' to generate a national campaign designed to achieve this objective.

**Additional Links & References:**

APPG: <https://baw-appg.com/>

CIEH Press Release: <https://www.cieh.org/news/press-releases/2020/urgent-action-needed-to-improve-safety-of-cosmetic-treatments-say-cieh-and-iol/>

CIEH reports: [A Fragmented Picture The Ugly Side of Beauty](#)

**POINT 2 -**

**Action:**

**MANDATORY EDUCATION AND TRAINING STANDARDS**

Government and education/training regulators in the UK to mandate specific qualifications, education and training requirements for specific modalities

**Current Issues:**

The absence of a statutory obligation for aesthetic practitioners to demonstrate compliance with nationally set education and training standards to evidence their proficiency and competence in delivering safe and effective aesthetic services presents a major challenge to public protection and patient safety.

- There is a lack of clarity regarding the knowledge & competence required for practitioners to operate safely. The JCCP and the CPSA have published Education & Training Standards (2018) and a Competency Framework for Cosmetic Practice (2018) which are applicable to the vocational, further education and higher education sectors. This Framework builds on the previous Health Education England education and training standards framework that were adopted by the Department of Health in 2015. The JCCP is the current 'custodian' of these standards. The JCCP and CPSA practice and competency standards (2020) are not legally enforceable thereby creating a 'void' within the aesthetics sector with regard to public protection and patient safety;
- Ofqual has advised the JCCP that they are not empowered to require a regulated Awarding Body (i.e. the body owning the qualification, the curriculum and the associated assessment strategy) to evidence that their qualification is compliant with an industry standard in the absence of this being mandated by the Government. The JCCP considers the current Ofqual position to be a matter of concern since failure to require Awarding Bodies to confirm that their regulated qualifications conform to an industry standard leaves too much interpretation within the context of a highly commercial, disparate and fragmented sector and has had led to the creation of substandard curricula and assessment strategies that present potential risk to public protection and patient safety;
- Despite the fact that the JCCP approves qualifications in Higher Education, Further Education, from Awarding Organisations in the vocational sector and from education providers who provide regulated qualifications which meet JCCP required standards to develop competent practitioners, there is currently no formal statutory requirement for qualifications or for education and training

providers to be registered or quality assured against a national standard in the UK;

- The education and training market is characterised by the posting and publication of multiple examples of misleading information (for which evidence has been collated) that have led many practitioners to believe incorrectly that they are receiving “accredited” training (often at very high personal cost). Although the JCCP has worked with the Advertising Standards Agency (ASA) and successfully taken action against misleading advertising (companies against whom the ASA has levied five official ‘warning notices’ to date), these challenges are only addressing the tip of a very large iceberg of training organisations who seek to profit from misguided or exaggerated and unethical claims regarding the validity or standard of practice proficiency that their courses provide. Better information for the public and practitioners is required to inform them of what to look for with regard to appropriate qualifications, and greater powers are needed to prevent misleading and unethical/exaggerated advertising of education and training courses;
- The lack of any legislated or statutory requirement for education and training in the aesthetics sector has led also to the proliferation of widespread inappropriate and misleading advertising on social media of training courses which do not lead to validated qualifications or evidence of competence in practice. The Committee for Advertising Practice (CAP) and Advertising Standards Authority (ASA) are currently working with the aim of preventing training providers from making false/exaggerated claims and requiring them to cease advertising such ‘unsafe’ courses;
- There is no nationally agreed framework for CPD in the sector for practitioners; this has led to exaggerated claims being made by practitioners to their insurance companies regarding the level of their ‘updated’ skills, knowledge and competence relating to their contemporaneous practice and ‘fitness for practice’ in aesthetics. Neither is there adequate evidence of the status and credibility of the training or qualifications required to ensure the continuation of safe practice and the ‘fitness for purpose’ of the practitioner to perform treatments safely and effectively.

**Objectives:**

- Work with the UK Government and the devolved National Parliaments/Assemblies to inform the design, production and implementation of primary and secondary legislation to set standards for education and training provision for the hair restoration surgery and non-surgical cosmetic treatments, supported by statutory enforcement requirements;

- Implementation of specific powers for Local Authority Enforcement Officers to enable them to deal immediately with non-compliant practitioners who do not evidence requisite knowledge, competence and proficiency in their practice or comply with premises standards requirements;
- Work with the DHSC and the DfE to encourage Ofqual to introduce additional quality assurance checks to ensure that regulated qualifications in non-surgical cosmetics meet all relevant industry standards to confirm occupational competence, patient safety and public protection;
- Continue to work with the ASA to investigate and apply proportionate sanctions to those education and training providers that provide exaggerated or inaccurate advertising regarding their offer of provision;
- Encourage insurance and CPD agencies/companies to improve the content, status and credibility of the training they approve/cover in order to ensure the continuation of safe practice and the 'fitness for purpose' of the practitioner to perform treatments safely and effectively.

**Proposals:**

- Continue to update and revise the JCCP Education and Training Competency Framework and CPSA Standards (2018) and seek statutory enforcement of the same in order to require all practitioners to be able to demonstrate that they are knowledgeable and competent to provide treatment through achievement of a relevant regulated qualification at required academic level for that treatment;
- Use existing networks and partnership arrangements to lobby and to exert political influence to draft legislation requiring registration of persons who provide cosmetic treatments to include the requirement for them to be knowledgeable and competent;
- Require all cosmetic practitioners to join a relevant PSA accredited register prior to being enabled to practise in order to provide protection and assurance to members of the public (through the administration of fitness to practice processes offering public redress in the case of unacceptable/unsafe practice);
- Continue to work with the CAP/ASA to prevent misleading advertising and false/exaggerated claims by education & training providers with financial penalty for proven breaches of the same;
- Continue to work with UK CPD organisations and insurance companies to enhance the standard of 'updated' skills, knowledge and competence training provided and advertised to ensure that practitioners remain safe and 'fitness for purpose' of performing treatments safely and effectively;

- Continue to work with social media organisations and partner agencies and groups to identify, restrict and correct the publication of social media posts and messaging that make false or exaggerated claims with regard to 'unsafe' education and training courses;
- Continue to work in close association with national membership groups, expert reference groups and 'key influencers' to develop a 'corporate body of interest' to generate a national campaign designed to achieve these objectives;
- Work with designated politicians (and the All Party Parliamentary Group on Beauty, Wellbeing and Aesthetics) who have declared an interest in sponsoring this agenda and generate Parliamentary Questions that are designed to stimulate Parliamentary debate with the aim of encouraging legislative change with the aim of ensuring that one set of statutory education and training standards are introduced across the sector in the UK;
- Continue to work with Ofqual/SQA approved Awarding Organisations to develop and submit qualifications for regulatory approval by Ofqual (particularly at higher levels of the RQF) that accord with the JCCP/CPSA 'Industry Competence Standards'.

#### Additional Links & References:

*The JCCP (2018) have defined the standards of education and training for organisations providing and awarding **regulated qualifications** in the cosmetic sector:*

<https://www.jccp.org.uk/EducationAndTrainingProvider/joining-the-education-and-training-provider-register>

[JCCP guidance developed for practitioners on what to look for in education & training courses](#)

APPG: <https://baw-appg.com/>

CPD Certification Invasive Aesthetics Guidance Note:

<https://www.jccp.org.uk/Home/AgentResource?id=1&type=4>



**POINT 3 -**

**Action:**

**CLEAR, TRANSPARENT, INFORMATION**

Aesthetic service providers to clearly display simple, informative guides on all services provided including risks, benefits, costs, qualifications and proof of insurance to members of the public.

**Current Issues:**

- There is currently no requirement to provide members of the public with an evidence-based appraisal of the benefits and risks of cosmetic treatments/interventions in a simple and comprehensible presentational format;
- There is a lack of central guidance to guide and assist members of the public to choose a safe/competent practitioner/premises due to lack of regulation or guidance;
- Misleading advertising encourages unrealistic expectations and a culture of unattainable 'outcomes/expectations' which may contribute to mental health challenges;
- Irresponsibly posted social media postings adversely influence public perception of need for cosmetic treatment and of the quality and effectiveness of services that are 'on offer';
- Poor advertising practice which often breaches ASA guidance on responsible advertising and MHRA guidance on advertising Prescription Only Medicines and the use of safe 'quality assured products and devices';
- There is an absence of any statutory obligation for aesthetic practitioners to require them to provide members of the public with evidence of their education and training certificates in order to evidence their proficiency and competence to deliver safe and effective aesthetic services to members of the public;
- Members of the public are unaware of what characterises a safe, informed and sufficient consultation that assures their safety and wellbeing;
- The unsafe and under-regulated production, supply and administration of certain cosmetic devices, medicines and products has led to members of the public to experience a range of adverse/harmful effects and untoward incidents;



- Members of the public are not always able to access insurance information and initiate claims or escalate complaints unless the 'practitioner' releases the details of their insurer or relays the complaint to their insurance provider.

**Objectives:**

- Work in partnership with the Mental Health Foundation to produce guidance for members of the public with regard to the emotional and psychological benefits and risks associated with aesthetic treatments;
- Work with members of the Pharma industry to develop evidence-based user guides on the selection and supply of safe and effective medicines, products and devices;
- Work in partnership with professional membership groups, user representative groups and the media to design and implement a well-informed national publicity campaign in support of similar work undertaken by the Mental Health Foundation and by the DHSC to draw attention to user safety issues and to provide better information to the public on what to look for when choosing a cosmetic treatment, how to find a safe practitioner;
- In the interests of public protection and public safety the JCCP and CPSA are of the opinion that Dermal Fillers should become prescription only devices as soon as possible and should thereafter be afforded the same controls as those provided for the prescription and administration of injectable toxins. The JCCP will therefore campaign for the implementation of legislation to make dermal fillers a prescription only device;
- Government to introduce legislation to promote the responsible advertising (including social media postings) of aesthetic treatments, products and services and to enforce action on those breaching advertising standards;
- Social Media platforms to take more responsibility for curbing and censoring misleading advertisements and for the mental health impacts of promoting cosmetic interventions.

**Proposals:**

- Produce a new JCCP public facing website to support the publication of ‘user-friendly’ information/service guides;
- Work with members of the aesthetic industry to produce short video clips that promote and illustrate best practice guidance on the screening and initial person-based assessment, consultation and cooling off periods for members of the public who are seeking to receive aesthetic interventions;
- Create a sub-group of the JCCP’s Clinical Advisory Group to formulate simple guidelines and messaging related to key questions that a member of the public should ask a practitioner about:
  - Informed consent (including consideration of psychological preparedness for the treatment)
  - Safe premises standards (including infection control measures)
  - Ethical and safe product testing, manufacture and supply
  - Safe product supply, administration and aftercare
  - Complications and remedial actions
  - Qualifications and background of the practitioner and of the prescribing supervisor (where appropriate)
  - Safety of treatments on offer.
- The JCCP will campaign to ensure that all practitioners use only ethically sourced and safe ‘licensed’ products as part of their treatment process;
- The JCCP will also ‘lobby’ the UK Government to publish guidance to inform members of the public on how best to safeguard their health and wellbeing by seeking to obtain aesthetic treatments only from appropriately trained and educated practitioners who operate from safe premises and who use safe and reputable products;
- The JCCP will pursue its campaign to encourage the UK Government and the MHRA of the need to introduce legislation to regulate and restrict the supply of dermal fillers in response to evidenced-based risks associated with use of unregulated dermal filler devices;
- The JCCP will continue to work with the All Party Parliamentary Group on Beauty Aesthetics and Wellbeing to require the aesthetics industry to promote the publication of user -friendly product and service guides and to reduce the current risks associated with the use of harmful and inappropriate social media postings of unsafe and ineffective non-surgical cosmetic procedures and services in order to ensure consumer safety.

**Additional Links & References:**

*CAP enforcement of inappropriate advertising of services and products:*  
[Guidance Note on Cosmetic Interventions](#)

[Enforcement Notice: Advertising Botox and other botulinum toxin injections](#)

*All Party Parliamentary Group on Beauty Aesthetics and Wellbeing:*  
<https://baw-appg.com/>

*CAG:* <https://www.jccp.org.uk/NewsEvent/jccp-clinical-advisory-group-cag>

**POINT 4 -**

**Action:**

**DEFINITION OF MEDICAL and COSMETIC TREATMENTS**

Work with Government agencies to clearly define in law what constitutes a 'medical', a 'medically-related' treatment and what is 'cosmetic' only

**Current Issues:**

- No primary or secondary legislation exists with the UK to define what constitutes whether a non-surgical aesthetic procedure is determined to be medical or cosmetic in nature. The implications and risks associated with treatments performed that might be regarded as being purely cosmetic in nature are little understood and have not benefitted from extensive discussion;
- The understanding of what constitutes a 'medical', a 'medically related' and a 'cosmetic' treatment is not universally understood, despite attempts being made to define the concept of aesthetic 'medical treatments' on the basis of case law and legal opinion. For regulators (e.g. CQC and MHRA), procedures that are not viewed as being categorised as strictly medical are considered 'purely cosmetic', implying a lack of any meaningful health related component. This brings about additional difficulty for practitioners when, for instance, applying the appropriate medicines licensed indications to clinical practice in the face of differing regulator opinion. The understanding of unregulated practitioners is also less well understood, as is the relationship between them and the regulated practitioners they may work with or under either direct or indirect supervision;
- The recent Coronavirus pandemic and the associated Government Coronavirus restrictions legislation has forced us to review our understanding of the fundamental nature of these treatments to enable practitioners to work confidently within the confines of legislation. The JCCP Covid-19 Return to Practice guidance ([see link below](#)) explores the concept of procedures which have a medical or health related component, underpinned by diagnosis, risk assessment and statement of need and outcome, yet which may not meet requirements for, for instance, CQC registration for the treatment of disease, disorder or injury. Such procedures have been termed 'medical' or 'medically related' by the JCCP;
- Despite the fact that a range of benefits and risks are known to exist for non-surgical cosmetic treatments no systematic review of the longer-term effects of such treatments has been undertaken in the UK to confirm whether the more

'invasive' treatments should be restricted by the CQC and performed only by suitably qualified and regulated health care practitioners;

- Should treatments be categorised as being 'medically determined', there remains a requirement for clear directives and best practice instructions for 'do not treat' / 'postpone treatment' indications that fall outwith the physical assessment of the patient, (that relate to issues such as environmental challenges - e.g. practising during a pandemic, age restrictions - e.g. the administration of aesthetic treatments to your persons under the age of 18, the timely availability of practitioner/prescriber intervention for review and response in the instance of complications etc.);
- At the present time (with the exception of hair restoration surgery) there are no legal restrictions set down within UK law to determine who is entitled to legally perform the more invasive procedures, such as lasers, deep chemical peels that contain toxic active substances, the extraction of blood for the purpose of re-injecting its plasma component, prescription injectables and dermal fillers. Further, treatments such as certain 'threads' are now defined as surgical procedures and the lack of current regulatory restrictions may create a significant risk to members of the public. The absence of such legislation exposes members of the public to unmitigated risk.

**Objectives:**

- Work with representatives across the aesthetics industry to seek to better define what constitutes a 'medical', 'medically related' or 'cosmetic' procedure and to determine whether such treatments require evidence of a health-related benefit (physical and/or psychological, supported by a diagnosis and risk-assessed need, described within the context of an overall treatment plan);
- Address the fragmented nature of the aesthetics industry, which is characterised by professional dissonance and conflicts relating to lack of definition (in part) of what constitutes a 'medically determined' cosmetic procedure compared to one that is regarded as being 'purely' cosmetic in nature;
- To lobby for the enforcement of primary and secondary legislation to restrict the provision of 'medical' and 'medically related' non-surgical interventions to be performed only by suitably qualified and regulated health care practitioners;
- Seek to narrow the gap in understanding within and across medical and non-medical, regulated and unregulated practitioner groups and their associated professional interest groups to clarify and determine the need for the implementation of UK wide government policy that seeks to protect members of the public by introducing a risk-managed and proportionate system of

regulation for the sector that is designed to enhance both public and stakeholder confidence in the aesthetic industry;

- UK Government to develop and implement primary and secondary legislation, supported by requisite operational measures and a Code of Practice to set standards that determine who can lawfully undertake and perform 'medical', 'medically related' in the UK;
- Implementation of specific powers for Local Authority Enforcement Officers to enable them to deal immediately with non-compliant practitioners.

**Proposals:**

- Continue to work in close association with national membership groups, expert reference groups and 'key influencers' to develop a 'corporate body of knowledge and opinion' to generate a national campaign designed to achieve the objective of further defining what constitutes a 'medical', 'medically related' or 'cosmetic only' procedure;
- The JCCP has implemented a new Clinical Advisory Group (CAG) that will work throughout 2021 to consider these matters with regard to the need to introduce a robust and effective system of governance, regulation and control within the sector. The CAG has been created to provide a cross-sector discussion and decision forum for public safety and effective evidence-based practice. The JCCP recognises that there are multiple 'voices' that could make a legitimate and valued contribution to this debate. There is a need however to build consensus amongst the multiple interests that exist in the sector, focussed on the primary aims of patient safety and public protection in order to create a risk-managed regulatory environment for all practitioners;
- The aim of the Clinical Advisory Group will be to consider the three treatment categories noted above, whilst also prioritising other treatments which are perceived to present a significant risk, through further exploration, debate and discussion. For this purpose, a dedicated 'task & finish' group will be created with a view to providing recommendations from which a final consensus may be achieved for consideration and endorsement by CAG and the JCCP.
- The CAG will also seek to identify 'best practice' patient assessment tools in order to identify and mitigate physical, psychological and emotional risks presented by members of the public who seek access to non-surgical aesthetic and hair restoration treatments;
- The JCCP will work with others to consider what requests might be made to the CQC and liaise with PSRB's whenever indicated for clarification of registerable/restricted treatments that may be performed in aesthetic clinics only be suitably trained, experienced and regulated health care professionals;

- Work with designated politicians (and the All Party Parliamentary Group on Beauty, Wellbeing and Aesthetics) who have declared an interest in sponsoring this agenda and generate Parliamentary Questions that are designed to stimulate Parliamentary debate with the aim of encouraging legislative change to respond to these matters.

**Additional Links & References:**

APPG: <https://baw-appg.com/>

CAG: <https://www.jccp.org.uk/NewsEvent/jccp-clinical-advisory-group-cag>

*European Court of Justice Rulings:*

<https://www.jccp.org.uk/Home/AgentResource?id=6&type=3>

*JCCP Covid-19 Return to Practice guidance:*

<https://www.jccp.org.uk/NewsEvent/preparing-for-return-to-practice-guidance-update-6th-july-2020>

*JCCP Statement on the UK Government' Position on the Second Wave*

*Covid Lock Down Situation:* <https://www.jccp.org.uk/NewsEvent/jccp-statement-on-the-uk-governments-second-wave-lock-down-position>



**POINT 5 -**

**Action:**

**SAFE AND ETHICAL PRESCRIBING**

Implement robust standards and regulation for safe, ethical and professional prescribing within non-surgical aesthetics

**Current Issues:**

- Botulinum toxin is a prescription only medicine (POM) that can only be prescribed by a qualified prescriber during face to face consultation and administered by a practitioner under the supervision of the prescriber;
- Prescribers are accountable for the administration of POMs they prescribe and should be available to manage any complications/adverse events;
- Dermal fillers are medical devices and legally at the present time anyone can inject them despite the fact there are many risks associated with their use (these can, for example, occlude blood vessels, cause tissue death, infection, granuloma, blindness, anaphylaxis etc.); if vascular occlusion occurs, early recognition & prompt action is required (within 4 hours) using Hyaluronidase (Hyalase®) to dissolve the filler; Hyaluronidase is a POM so can only be prescribed and used by regulated prescriber or under guidance of prescriber. The supply of prescription only medicines is subject to strict legal requirements. The mechanisms used to regulate and to supply these medicines in the cosmetic sector are not always understood by practitioners, leading them to 'suffer from a considerable lack of transparency';
- Whilst the Professional Statutory Regulatory Bodies do not permit regulated health care prescribers to train and provide prescriptions for prescribed medicines to non-clinicians in the absence of a face to face patient assessment and determination regarding the competence of the practitioner to perform injectable procedures safely, there are still clinicians who do this for a fee without first assessing the patient. This practice exposes members of the public to unmitigated risk;
- Where face to face patient assessment does occur, there have been occasions when there has been a notable absence of adequate assessment of practitioner competence, supervision and ongoing patient care;
- Secondary legislation measures that have been implemented by Local Authorities in the UK to inspect premises and to monitor the provision of aesthetic services (where these exist) are not standardised and are variable

with regard to powers of enforcement and scope of provision to detect and to challenge such unsafe practices;

- The UK Government should seek to enforce legislation to ensure that unethical and unprofessional 'remote' prescribing practices and the illicit supply of medicines is no longer performed.

**Objectives:**

- UK Government, the devolved National Parliaments/Assemblies and the professional regulatory bodies (PSRBs) to enforce legislation to prevent the practice of unsafe prescribing;
- UK Government, the devolved National Parliaments/Assemblies, the MHRA and the CQC to re-classify dermal fillers as prescription only devices (PODs) as their potential for harm is greater and complications and adverse incidents require the prompt use of POMs;
- Professional associations and the aesthetic community to ensure full compliance with the JCCP guidelines (2019) for the safe, responsible and ethical prescribing and administration of POMs in cosmetic treatments, reminding prescribers of the need to conform with their legal and professional accountability & responsibilities;
- Development of new legislation that requires the publication of details of the prescriber who prescribes POMs for patients/members of the public and reinforce the fact that the prescriber is therefore accountable for managing all ongoing care, including complications and adverse incidents for non-regulated practitioners. Such details should be clearly displayed (and included in any advertising material) so that members of the public have a route of redress and the prescriber can be held to be professional accountable;
- Remind all prescribers, who are all regulated by a professional statutory regulatory body that they are at risk of removal from their professional register if they act outside of professional guidance, and that they are required to have insurance cover if complications/adverse events cause adverse consequences for the patient;
- Seek to introduce legislation to ensure that all members of the public have access to redress schemes should they experience unacceptable standards of care and/or treatment (there are currently no legally enforceable consequences/sanctions for practitioners who are not professionally regulated if they act outside of guidance, cause harm, and no compulsory redress access for patients/members of the public who experience poor care or serious harm);

- Implementation of specific powers for Local Authority Enforcement Officers (LAEOs) to enable them to deal immediately with non-complaint practitioners, including the provision of advice and guidance to LAEO's regarding regulatory standards and legal/compliance requirements;
- Censure and sanction the operation of commercially led prescribing networks that facilitate prescribing for third parties and which rely on inadequate (and unsafe) quality assurance processes.

**Proposals:**

- Use existing networks and partnership arrangements to lobby and to exert political influence to seek and achieve the enforcement of responsible prescribing practice within the aesthetics sector across the UK;
- Work with regulators to seek the enforcement of rules around 'remote or illicit prescribing';
- Use existing networks and partnership arrangements to lobby and to exert political influence to prevent remote prescribing currently occurring and unavailability of prescribers to manage complications and adverse events safely and in accordance with expected professional and legal practice standards and requirements;
- Promote the need to identify and report poor professional practice by prescribers and the use of products sourced illegally via internet rather than a regulated UK pharmacy
- Work with Government agencies (e.g. the MHRA, HIS and the CQC) to reclassify dermal fillers as prescription only devices;
- Promote and disseminate the best practice guidance published by the JCCP in July, 2019 regarding 'Responsible Prescribing for Cosmetic Procedures' in order to restrict the practice of remote prescribing and reinforce the need for supervision by a regulated prescriber potentially impacts on for non-prescribing practitioners e.g. registered nurses, allied health professionals, non-prescribing pharmacists and non-regulated practitioners, such as beauty therapists who remain legally able to administer injectable treatments, such as Botox or dermal fillers;
- Raise awareness with prescribers of the fact that they must not prescribe POMs by telephone, video link, online or at the request of others for patients whom they have not assessed personally on a face-to-face basis;
- Raise awareness amongst both members of the public and practitioners about such matters in order to advise them of how to obtain medicines safely;

- Ensure that whenever healthcare prescribers prescribe for third parties that they first engage in a face-to-face consultation with the patient (and exercise their professional and clinical judgement and have adequate knowledge of the patient's physical and psychological health status and be satisfied the proposed procedure best (and safely) serves the person's needs);
- Seek to identify and report those commercially led prescribing networks that facilitate prescribing for third parties, but which rely on inadequate and unsafe quality assurance processes;
- Promote best/required practice with regard to 'stock' medicines (i.e. where the medicines have not been dispensed by a pharmacist specific to an individual patient) and in particular to advise that medical and dental practitioners are not permitted to provide advance stock of prescription medicines. The MHRA also advise that the supply of medicines from stock is only permissible where the doctor/dentist delegates to a practitioner employed within the same employing organisation, or via a prescription obtained from any prescribing colleague within the employing organisation. The JCCP reminds doctors and dentists that in these circumstances that they are accountable for the safe use and storage of these medicines;
- Seek to influence a change in current legislation to permit all prescribing professionals to obtain 'stock' medicines, particularly for emergency purposes;
- Seek and achieve the enforcement of primary and secondary legislation for the aesthetics sector across the UK in order to restrict the prescription of POMs to persons aged over the age of 18 only in relation to aesthetic treatments (except in the case where explicit medical evidence exists to confirm the necessity of such interventions);
- Work with designated politicians (and the All Party Parliamentary Group on Beauty, Wellbeing and Aesthetics) who have declared an interest in sponsoring this agenda and generate Parliamentary Questions that are designed to stimulate Parliamentary debate with the aim of encouraging legislative debate that seeks to identify and sanction unsafe/illegal prescribing practice within the aesthetics sector that relates to the absence of face to face assessments by prescribers who prescribe to third parties, where prescribing processes otherwise fall outwith the terms of regulatory requirements and patient interests, or where a non-prescribing practitioner provides prescription medicines outside of the terms of the prescription (or in the complete absence of a prescription);
- Continue to work in close association with national membership groups, expert reference groups and 'key influencers' to develop a 'corporate body of interest' to generate a national campaign designed to achieve these objectives.

**Additional Links & References:**

APPG: <https://baw-appg.com/>

CIEH Press Release: <https://www.cieh.org/news/press-releases/2020/urgent-action-needed-to-improve-safety-of-cosmetic-treatments-say-cieh-and-iol/>

CIEH reports: [A Fragmented Picture The Ugly Side of Beauty](#)

JCCP guidance on Responsible Prescribing for Cosmetic Procedures:  
<https://www.jccp.org.uk/ckfinder/userfiles/files/JCCP%20prescribing%20statement%20Final.pdf>

GMC Guidance on Good Practice in Prescribing and Managing Medicines and Devices (2021): <https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-practice-in-prescribing-and-managing-medicines-and-devices-updated>

*Aesthetic Complications Experts (ACE) Group is a subscription organisation offering immediate help, advice supervision and support to regulated practitioners who experience complications or adverse events.*

See [ACE guidance](#) on emergency treatment for vascular occlusion

*The CPSA have produced guidance on level of supervision required for practitioners providing higher risk treatments – see supervision:*  
<http://www.cosmeticstandards.org.uk/>

**POINT 6 -**

**Action:**

**MORE REGULATED ADVERTISING AND SOCIAL MEDIA**

Tighter controls and penalties on exaggerated, inaccurate and misleading advertising and social media posts in relation to aesthetic treatments, hair restoration and training

**Current Issues:**

- Irresponsible social media posts adversely influence public perception of the need for, and of the risk and benefits associated with cosmetic treatments and of the quality and effectiveness of services that are 'on offer';
- Poor advertising practice which often breaches ASA guidance on responsible advertising and MHRA guidance on advertising Prescription Only Medicines and the use of safe 'quality assured products and devices';
- Facebook and other social media platforms not consistently recognising laws around advertising POMs and ASA standards in the UK (and taking measures to respond to the same);
- Inadequate primary and secondary legislation exists with the UK to regulate the publication of advertisements that mislead and misinform members of the public and aesthetic practitioners about the exact nature, risks and benefits associated with cosmetic treatment and cosmetic training offers;
- Social media posts can promote elective, non-medically related aesthetic procedures to persons who are under the age of eighteen;
- Images of face and body parts are often digitally edited and not declared by the advertiser, misleading the public on realistic results of treatments.
- Inappropriate advertising frequently targets vulnerable individuals, exploiting and reinforcing underlying emotional and psychological challenges;

**Objectives:**

- UK Government and the devolved National Parliaments/Assemblies to implement primary and secondary legislation to set standards restricting the publication of misleading, unsafe and exaggerated advertisements for the provision of hair restoration surgery and non-surgical cosmetic treatments;

- UK Government and the devolved National Parliaments/Assemblies to implement primary and secondary legislation to set standards restricting the publication of misleading, unsafe and exaggerated advertisements promoting education and training for practitioners who operate within the UK aesthetic sector;
- Advertising Standards Authority (the ASA) to report and take stronger action against poor advertising practice which often breaches CAP guidance on responsible advertising and MHRA guidance on advertising Prescription Only Medicines and the use of safe 'quality assured products and devices.';
- Government agencies to work with social media companies to restrict the publication of misleading and harmful social media posts that result in physical, emotional and psychological harm being placed on members of the public in the absence an evidence base that enables a fully informed decision to undertaking a cosmetic procedure.

**Proposals:**

- Use existing networks and partnership arrangements to lobby and to exert political influence to seek and achieve the enforcement of primary and secondary legislation to restrict and where required to remove inappropriate advertising within the aesthetics sector across the UK;
- Continue to work with the Advertising Standards Authority (ASA) to focus on public protection by promoting best practice that requires all workers in this industry to be committed to the responsible advertising of aesthetic products and services which do not mislead customers with regard to risk, benefits and outcomes. The JCCP therefore believes it is proper that it should advocate responsible advertising by the providers operating in the sector and as such the JCCP advises that advertising communications must be prepared with a sense of responsibility to consumers;
- Continue to work with the Advertising Standards Authority (ASA) to ensure that prescription-only substances, such as botulinum toxins, are prohibited from being advertised;
- Work with the MHRA and the ASA to introduce similar advertising restrictions on dermal fillers, in the same way that are imposed currently on botulinum toxins;
- Work to ensure that the advertising of all aesthetic procedures should be accompanied by an explanation that advises members of the public to seek assurance that practitioners are suitably trained and experienced prior to commencing treatment with a link to further advice and information on how to



do this. In the JCCP's view, the span of knowledge and training required to safely deliver all the possible interventions (and particularly transdermal procedures) requires a framework of knowledge and skill underpinned by a robust 'Code of Professional Practice' (such as that published by the JCCP/CPSA in 2020);

- Work with Government agencies, the All Party Parliamentary Group for Beauty, Wellbeing and Aesthetics, the ASA and the Mental Health Foundation to introduce legislation to restrict the publication of false, exaggerated, inaccurate and inappropriate social advertising that relate to ineffective and possibly dangerous substances/devices administered by self-promoting individuals, many of whom lack the knowledge, experience and training required to practise safely. In particular, the JCCP has identified the following areas of concern that require urgent attention within the context of unacceptable advertising and social media posts:
  - The importance of not mentioning product names
  - Care must be taken when providing information about Prescription Only Medicines (POMs)
  - Home pages should be clear whenever the customer is being offered a health-care practitioner led consultation and that depending on the outcome of the consultation, this may or may not lead to the provision of a prescription
  - Promotional discounts should not be communicated
  - Competitions and Prizes are not permitted
  - Advertising aimed at those under 18 is also not permissible
- Continue to work with the Mental Health Foundation to identify and report examples where the use of social media promotions result in exaggerated and false claims relating to the benefits/efficacy/outcomes of aesthetic treatments, some of which have resulted in psychological and emotional distress for consumers;
- Continue to work with the ASA to ensure that only appropriate and 'safe' education and training programmes are advertised if the public are to be protected;
- Use existing networks and partnership to lobby and to exert political influence to seek and achieve primary and secondary legislation to provide enforcement sanctions to ensure that practitioners and clinics comply with ethical advertising to avoid misleading members of the public and providing false assurances. In addition, the impact in the rise of social media influencers and the increasing promotion/sale of aesthetic procedures, products and services online has been a matter of considerable concern, in particular with many training courses being

delivered by people that lack appropriate experience and qualifications, resulting in a significant compromise to consumer safety.

**Additional Links & References:**

APPG: <https://baw-appg.com/>

Advertising Standards Authority: <https://www.asa.org.uk/resource/cosmetic-interventions.html>

*CAP enforcement of inappropriate advertising of services and products:*

[Guidance Note on Cosmetic Interventions](#)

[Enforcement Notice: Advertising Botox and other botulinum toxin injections](#)

**POINT 7 -**

**Action:**

**NATIONAL COMPLICATIONS REPORTING**

Introduce enhanced and co-ordinated processes for the reporting and analysis of adverse incidents at a national level

**Current Issues:**

- The existence of an acknowledged evidence-based gap with regard to the lack of data, research relating to the non-surgical sector should be addressed as a priority – such as: the size of sector, the number and type of practitioners who operate in the UK (including details of their professional backgrounds and training), the procedures carried out, the products, and the value of the industry to the UK economy. In addition, data is required on the number, type and extent of complications that occur as a result of aesthetic treatments, how these adverse events are reported and the cost to the NHS of correcting such complications;
- There is a constant emergence of new treatments (e.g. platelet rich replacement therapy, threads, cogs etc), with limited understanding of benefits, risks, best practice guidance;
- Decision making on the need for and cost of regulation in the cosmetic sector has been delayed due to lack of data on:
  - The actual prevalence of complications & adverse events
  - Which practitioners/services people seek to obtain services from
  - Whether/how those people /services record referrals and attendance to enable accurate data collection
  - Whether those people /services are willing and adequately prepared to manage and report complications
- There is an urgent need for access to national evidence-based guidance or specialist support when managing cosmetic complications; currently the MHRA yellow card scheme is used to collect data on adverse reactions but, despite efforts to raise awareness by the MHRA and others, there is evidence that reporting is inadequate:
  - Regulated practitioners are required by their Professional Statutory Regulatory Bodies (PRSBs) to report adverse incidents, yet there is evidence of underreporting in this group.

- Unregulated practitioners are not subject to any obligation to report adverse incidents with the result that under reporting is evidenced.
  - Patients are largely unaware of the options open to them to report adverse incidents.
  - Many products used in the non-surgical cosmetic sector, particularly those that lack medical device approval, do not benefit from sufficient traceability and any meaningful reporting mechanism.
- Requests from Government for an evidence base to inform changes in regulation are therefore made in the context of a regulatory framework that does not currently support sufficient evidence gathering and reporting;
  - Non-cosmetic NHS specialist staff (GP practice, A&E, Consultants, Walk in Centres etc) may not be aware of risks/management of cosmetic treatment complications and urgent actions in event of adverse incidents.

**Objectives:**

- Government agencies to commission and fund a national research study to develop better understanding of these issues, to include review of data collected via the MHRA yellow card scheme - accessibility/ease of reporting for members of the public and for members of the aesthetic practitioner community;
- Establish reviews of a national sample of GPs, A&Es and walk-in centres in order to determine how they record and code attendances for cosmetic related complications, and identify a robust centralised system for data collection and to confirm the actual costs that remedial actions create for the NHS;
- Construct a single national data base for adverse incidents/complications with regard to prevalence, intervention requirements and patient outcomes;
- Publicise and promote the use of the MHRA mobile App for complications reporting and make recommendations on how the App might be used to better inform members of the public about patient safety issues associated with the use of aesthetic treatments;
- MHRA to adapt and extend the current 'Yellow Card Scheme' for specific use with cosmetic related procedure reporting.

**Proposals:**

- Work with the MHRA to identify, determine, publish and implement a consistent approach to the reporting of adverse incidents and 'near miss' events in order to encourage the creation and implementation of an effective 'person safety and public protection' culture across the sector;

- The JCCP supports the work of the GMC to promote medicines management safety, including responsibilities for adverse incident reporting, amongst its registrants. The JCCP will work with other PSRBs to extend this work and disseminate best practice advice to all regulated professionals across the cosmetic sector;
- Undertake further work with the CPSA and CQC to provide an informed evidence base regarding current and emerging treatments;
- The JCCP to engage in a joint meeting with the MHRA and key sector influencers to host a shared discussion event to scope and explore a range of key issues relating to adverse incident data collection and reporting. This includes challenges faced by practitioners, product manufactures, pharmacists and regulators to provide safeguards to the public in respect of the appropriate and legitimate ways in which clinical complaints should be collected and reviewed and 'patient' activity data gathered, collated and reported to the MHRA (and to others) with the aim of informing best/safe evidence-based practice in the sector with regard to the use and application of medicines, devices and procedures used in the non-surgical cosmetic sector.
- Utilise adverse incident reported data submitted by JCCP Registrants (that has been analysed by Northgate Public Services on behalf of the JCCP and the CPSA) to inform the CPSA and MHRA of emergent trends and issues that require further attention in order to improve patient safety and public protection;
- Use the outcomes of this joint event to consider and explore the range of reporting mechanisms that exist currently to record and communicate adverse incidents and to consider how best to enhance understanding across the sector regarding the need to report adverse incidents to the MHRA;
- Work with the MHRA to implement a national co-ordinated approach to reporting and analysing complications in the form of a central and agreed reporting point and process for this activity. The MHRA occupy a central role in assisting in the design, production and implementation of a national database for complications that could bring together the following:
  - Complications reported to pharma companies and pharmacies
  - Complications where the patient had required 'rescue' or 'remedial' interventions from the NHS for treatment
  - The centralisation and co-ordination of adverse data reports collected by a range of organisations such as: The MHRA – Yellow card system
  - The use of unique product identifiers for enhanced traceability and effective 'at risk' patient identification

- It is proposed that the MHRA should be the adopted and preferred mechanism to achieve this objective
- Work with Government agencies and the Chartered Institute for Environmental Health to consider compliance issues and explore whether the current regulatory framework for non-surgical cosmetic treatments and hair restoration surgery is sufficient to ensure that adverse incidents are reported in order to protect and safeguard the public from undue harm or consequence and to identify existing gaps in current reporting practice and legislation;
- To work in close partnership with existent national data reporting organizations, such as The MHRA, The Ace Complications Expert Group (ACE); The International Association for Prevention of Complications in Aesthetic Medicine (IAPCAM); DHSC; Northgate Public Services; Major aesthetic clinic chains – Sk:n, Transform etc. to identify the key challenges relating to the range and scope of current forms of ‘clinical’ complaints reporting and adverse incident reporting, to identify/confirm whether current guidelines or protocols for safe, effective complaints reporting, monitoring, theme analysis and adverse incident reporting are in fact ‘fit for purpose’, to make recommendations for their potential enhancement and to consider next steps and actions with the aim of seeking greater consistency and compliance with adverse incident reporting activity;
- Use existing networks and partnership arrangements to lobby and to exert political influence to seek and achieve the enforcement of responsible reporting arrangements for adverse incidents within the aesthetics sector across the UK;
- Continue to work in close association with national policy makers, membership groups, expert reference groups and ‘key influencers’ to develop a ‘corporate body of interest’ to generate a national campaign designed to achieve these objective.

**Additional Links & References:**

MHRA: <https://www.gov.uk/government/organisations/medicines-and-healthcare-products-regulatory-agency>

*Aesthetic complications expert group:* <https://acegroup.online/>

CPSA: <http://www.cosmeticstandards.org.uk/>

[The International Association for Prevention of Complications in Aesthetic Medicine \(IAPCAM\);](#)

[Northgate Public Services:](#)

GMC: [Managing medicines and devices.](#) (Page 12)

[SK:N](#)

[Transform Hospital Group](#)



**POINT 8 -**

**Action:**

**ADEQUATE INSURANCE COVER**

Legislate for all cosmetic non-surgical aesthetics and hair restoration surgical practitioners to hold robust and adequate medical indemnity insurance covering each service provided

**Current Issues:**

- There is no legal requirement for non-healthcare practitioners (i.e. beauty therapists) to have medical insurance cover for non-surgical procedures that they provide to members of the public;
- Evidence exists to confirm that where medical insurance exists the actual amount of indemnity cover may be inadequate to meet that actual costs associated with successful litigation claims;
- The provision of patient/public redress schemes are not currently mandated within the UK, thereby exposing members of the public to receive neither and/or apology or compensation for the consequences of unacceptable practices;
- In order to gain insurance, there should be a requirement for all practitioners to demonstrate relevant knowledge and competence in the provision of cosmetic treatments; this is no current requirement for this, with some insurers providing cover to cosmetic practitioners after the completion of a short course (1-2 days) with no assurance of competence, safety or proficiency;
- Where insurance companies do request a minimum standard of learning it is important that such CPD learning is set at a level and standard that is commensurate with the degree of risk associated with the procedure as identified by the CPSA and as cited in the JCCP Competency Framework (2018);
- Associated with this issue is the need to require practitioners to undertake appropriate and regular continuing personal and professional development (CPPD) undertaken with appropriately accredited training provider organisations to maintain and update knowledge/competence as part of annual insurance renewal;
- Secondary legislation measures should be produced and implemented by Local Authorities in the UK to inspect and monitor practitioner compliance with these proposed requirements.

**Objectives:**

- The UK Government should seek to enforce legislation to ensure that all health and non-healthcare practitioners (i.e. Beauty Therapists) have adequate medical insurance cover for all non-surgical procedures that they provide to members of the public;
- UK Government, the devolved National Parliaments/Assemblies and the Professional Statutory Regulatory Bodies (PSRBs) should enforce/oversee legislation to ensure that all aesthetic practitioners possess adequate medical insurance to cover the full costs of liability and medical indemnity;
- UK Government, the devolved National Parliaments/Assemblies and the professional regulatory bodies (PSRBs) should enforce legislation to ensure that all insurance underwriters and brokers provide an adequate level of cover for the procedures listed on the policies;
- Professional health care regulators should require Prescribers to have adequate levels of insurance cover if complications/adverse events cause consequences for members of the public as the result of their prescribing practices (including third party prescribing practices);
- All aesthetic services should be required to publish (in plain English format) a summary of the procedures that they provide, the risks associated with such treatments, the cost of such procedures, a summary of their practitioner qualifications, their insurance certificate and details of their redress scheme. This is required to ensure that members of the public are appropriately informed and able to make risk-assessed choices about 'safe and effective' treatment options;
- Practitioners should be required to demonstrate and evidence that they possess relevant knowledge and competence to deliver cosmetic treatments proficiently and safely In order to gain insurance;
- Associated with this issue is the need for practitioners to undertake appropriate and regular continuing professional personal and professional development (CPPD) undertaken with appropriately accredited training provider organisations to maintain and update knowledge/competence as part of their annual insurance renewal procedure;
- Professional associations and the aesthetic community should undertake to ensure full compliance with these requirements and to make membership of their association conditional upon production of valid (and suitably indemnified) insurance certificates;
- All practitioners, who are all regulated by a Professional Statutory Regulatory Body should be reminded that they are at risk of removal from their professional register if they fail to possess suitably indemnifiable insurance cover if complications/averse events cause adverse consequences for the patient;

- Legislation should be developed and implemented to ensure that all patients have access to redress schemes should they experience unacceptable standards of care and/or treatment (there are currently no consequences/sanctions for practitioners who are not professionally regulated if they act outside of guidance, cause harm, and provide no redress for patients/public who experience poor care or serious harm);
- The Health Care Professions Council (HCPC) should be invited to ensure that aesthetic professionals who are registered with them have access to aesthetic training courses, product training and other Continuing Personal and Professional Development (CPPD) training provided by private medical training companies, universities and manufacturers. Some insurance companies refuse to provide the additional aesthetic insurance required for all such registered healthcare professionals who provide aesthetic treatments. The reason frequently given for such refusals when asked, is that company policy precludes the inclusion of allied health (HCPC registered) professions whilst doctors, dentists and nurses are accepted. Hence, the discrimination is made on professional title alone. This presents a challenge to public protection.

**Proposals:**

- Use existing networks and partnership arrangements to lobby and to exert political influence to seek and achieve the enforcement of compulsory medical insurance and appropriate indemnity cover within the aesthetics sector across the UK for all practitioners;
- Use existing networks and partnership arrangements to lobby and to exert influence to enhance and improve the current standard of CPPD education and training within the aesthetics sector;
- Promote the need to identify and report poor professional practice provided by CPPD education and training providers that present exaggerated or unsafe claims to practitioners;
- Promote and disseminate the best practice guidance published by the 'CPD Certification Service' in their CPPD 'CPD Certification Guide for Invasive Aesthetic Treatment Submissions' that advises that 'It is important to understand the difference between basic training and Continued Professional Development (CPD). CPD should be delivered to those with prior demonstrable qualifications and experience in the applied area for which they are seeking to undertake CPD training. The holding of a CPD Certificate is intended to enhance competence, not replace primary qualifications. Persons offering CPD must themselves be appropriately qualified and competent'. 'Course materials should refer to the regulatory framework approved by the PSA (Professional Standards Authority) who authorise the JCCP (Joint Council for Cosmetic Practitioners), particularly where invasive treatments under their definition of the term are being delivered';

- Work with professional associations to ensure that they require proof of appropriate indemnity medical insurance and annual CPPD certificates that are proportionate to the degree of risk that the treatments that their members provide;
- Continue to work with the Pharma industry and with the Health Care Professions Council (HCPC) to ensure that designated and appropriately trained and experienced allied health aesthetic practitioners have equal access to product related training and CPPD to enable them to practise safely;
- Seek and achieve the enforcement of primary and secondary legislation for the aesthetics sector across the UK in order to ensure that members of the public who use aesthetic services have access to appropriate redress schemes;
- Work with designated politicians (and the All Party Parliamentary Group on Beauty, Wellbeing and Aesthetics) who have declared an interest in sponsoring this agenda and generate Parliamentary Questions that are designed to stimulate Parliamentary debate with the aim of encouraging legislative debate that seeks to promote the need for compulsory insurance and associated CPPD for all practitioners who operate in the aesthetics sector;
- Continue to work in close association with national membership groups, expert reference groups and 'key influencers' to develop a 'corporate body of interest' to generate a national campaign designed to achieve this objective.

**Additional Links & References:**

APPG: <https://baw-appg.com/>

CPD Certification Service' (2020) – CPD Certification Guide for Invasive Aesthetic Treatment Submissions:

<https://www.jccp.org.uk/ckfinder/userfiles/files/JCCP%20Competency%20Framework%20final%20V8%20September%202018.pdf>.

CIEH Press Release: <https://www.cieh.org/news/press-releases/2020/urgent-action-needed-to-improve-safety-of-cosmetic-treatments-say-cieh-and-iol/>

CIEH reports: [A Fragmented Picture The Ugly Side of Beauty](#)

[JCCP/CPSA Code of Practice](#)

**POINT 9 -**

**Action:**

**LICENSING OF PREMISES, TREATMENTS AND PRACTITIONERS**

Set nationally agreed standards for licensing and regulating premises, treatment procedures and individuals.

**Current Issues:**

- Absence of 'fit for purpose' primary and secondary legislative requirements for public protection;
- Current reliance on the Local Government (Miscellaneous Provisions) Act 1982 and the Local Government Act 2003 requires registration with the Local Authority (LA) of premises and people to undertake specified treatments with risk of transmission of blood borne viruses (BBV) through breaking the skin barrier/use of equipment. The specified list includes the following, with the notable exclusion of non-surgical cosmetic treatments:
  - Acupuncture
  - Tattooing
  - Electrolysis
  - Ear piercing
  - cosmetic piercing (piercing of any part of the body, including the ear)
  - semi-permanent skin-colouring
- LAs cannot refuse applications under the Act but can make bylaws for the purposes of securing the cleanliness of premises and fittings in such premises; the cleanliness of persons and persons assisting/ registered in the business; the cleansing and, so far as is appropriate, the sterilisation of instruments, materials and equipment used in connection with a business in respect of which a person is registered. Exemption exists for medical practitioners (dentist for acupuncture) and those under their supervision;
- The Health and Safety at Work Act, 1974 (HASWA) can be used by authorised officers -Section 3 (1) and provides for a general duty of care for those who are not employees. Current legislation is not extensive enough to provide for public protection in the aesthetics industry;
- Environmental Health Practitioners are limited to access to registered premises for existing treatments only and even then, have limited powers to act. Service of Prohibition Notices under section 22 HASWA is reserved for hazards that pose an 'imminent risk' and Service of Improvement Notices under section 21 HASWA are not immediately enforceable as there is a 21-day appeal period.

Because of the limitations of the existing primary legislation, some areas have developed their own licensing arrangements (e.g. London Local Authorities Act 1991) extending the scope to other treatments but this still excludes many current popular treatments which have emerged in the last 20 years such as botulinum toxin, dermal fillers, micro needling etc which also present similar infection risks of BBVs plus additional risks (e.g. dermal fillers can occlude blood vessel, cause tissue death, granuloma, blindness, anaphylaxis);

- There is also a need to address the anomalies that exist where CQC registration may be required for healthcare professionals in designated clinics and for certain treatments such as PDO Thread lifting etc. but where no CQC registration is required for non-healthcare practitioners who may operate from the same premises;
- There is a need for new, direct legislation to deal with the continually expanding list of treatments offered in within the UK aesthetic market (particularly where the standards are set by product manufacturers) and for a shift from a voluntary to a statutory register for practitioners offering high risk treatments;
- Mobile working causes hazards to both patients and to practitioners with no independent assurances being provided regarding clinical and sterile environments as well as personal safeguarding.

**Objectives:**

- Create a system whereby there is adequate auditing for qualifications, the safe supply and use of products/medicines and safe 'harm-free' premises as well as the implementation of sanctions when aesthetic service providers are unable to evidence compliance with mandated measures/standards;
- Implementation of specific powers for Enforcement Officers to enable them to immediately deal with non-complaint practitioners for a wider range of registerable procedures in the future;
- Work with the CPSA, the MHRA and the CQC to undertake an evidence-based risk assessment of further range of cosmetic treatments in order to determine whether additional measures should be undertaken to register premises and to restrict the administration of 'high risk' treatments to appropriately trained and registered professional health care professionals, in accordance with current regulatory enforcement legislation/powers;
- To restrict and regulate the practice of mobile working.

**Proposals:**

- Use existing networks and expertise within the Chartered Institute of Environmental Health (CIEH), the Institute of Licensing (IoL), and the JCCP to exert political influence and to 'lobby' for change to develop and implement



legislation that is 'fit', responsive and adequate to protect members of the public;

- Co-design a national training programme for Enforcement Officers in partnership with the CIEH on how to identify and respond to key issues of concern within the aesthetics sector and to enhance understanding regarding non-surgical aesthetic and hair restoration treatments and their associated risks;
- Agree a uniform public safety auditing process across the UK for application within the aesthetics sector that will bring revenue to local constituencies, encourage aesthetic service providers to take their responsibilities seriously, and discourage those entering the sector without first having evidenced compliance with sector (enforceable) safety/compliance standards;
- Work with the CQC, the MHRA and the CPSA to undertake an evidence-based risk assessment of a range of more invasive cosmetic procedures with the aim of determining whether further restrictions, controls and regulations should be implemented in the interests of public protection (such as requiring all practitioners to operate from safe premises, to use 'safe' products, to possess adequate medical insurance cover, to possess the required knowledge and skills to perform aesthetic procedures safely and effectively);
- Ensuring that all practitioners possess a 'minimum' standard of training to enable them to practise safely (e.g. in areas such as health protection and infection control);
- To work with the Chartered Institute for Environmental Health to restrict and regulate the practice of mobile working across the four UK nations and to put in place safeguards to protect members of the public with regard to lone working, the lack of clinical oversight and supervision and practitioner requirements to demonstrate and exercise their Duty of Care to members of the public.

**Additional Links & References:**

*Cosmetic Practice Standards Authority (CPSA), Joint Council for Cosmetic Practice (JCCP), Chartered Institute for Environmental Health (CIEH):*

<https://www.cieh.org/media/2004/tattooing-and-body-piercing-guidance-toolkit-july-2013.pdf>

*CIEH Press Release:* <https://www.cieh.org/news/press-releases/2020/urgent-action-needed-to-improve-safety-of-cosmetic-treatments-say-cieh-and-iol/>

*CIEH reports:* [A Fragmented Picture The Ugly Side of Beauty](#)

*Royal Society for Public Health:* <https://www.rsph.org.uk/our-work/policy/infection-control/skins-and-needles.html>

*The JCCP/CPSA have produced Premises Standards for providing cosmetic treatments: <https://www.jccp.org.uk/EducationAndTrainingProvider>*

*The National Occupational Standards also provide guidance on premises requirements*

*National Occupational Standards for treatments in the beauty sector are available <https://www.ukstandards.org.uk/>*

- *Under business sector enter Beauty aesthetics*
- *Under occupation enter beauty therapist*



**POINT 10 -**

**Action:**

**RAISING CONSUMER AWARENESS**

Raise public awareness of the risks and benefits associated with non-surgical treatments and hair restoration surgery

**Current Issues:**

- Consumers in the UK are widely unaware of the lack of regulation and the inconsistent manner in which practice, education and training standards are applied within the aesthetic arena;
- No universally accepted criteria exist to inform patient consultations or to inform members of the public about the specific risks and benefits associated with specific aesthetic treatments;
- There is a lack of evidence-based data to enable members of the public to make informed decisions about the selection of aesthetic treatments;
- Government campaigning and engagement around non-surgical interventions and 'body-image related' mental health issues has been minimal and with no co-ordinated or collaborative approach to the dissemination of information about the risks/benefits of aesthetic treatments, qualifications held by practitioners, the products they use or the premises they work from;
- Advertising and the promotion of non-surgical treatments in mass media coverage on the ease of accessing treatments, in the absence of safety guidelines, is often been sponsored by 'influencers' or celebrities who are paid to promote treatments and brands, but whom are not briefed on the risks or encouraged to discuss them;
- Pressure is continuously exerted via social media to encourage members of the public to seek to procure and receive cosmetic treatments – for all ages, but particularly for younger people. Social media outlets continue to advertise Prescription Only Medicines and do very little to limit or remove advertisements that make exaggerated or unsubstantiated claims about the benefits of aesthetic treatments and interventions without making reference to potential risk;
- Regulation, or minimal regulation, exists in the UK with regard to the advertising of products and services. Current ASA guidelines are not far reaching enough or enforced strictly enough, with few penalties issued;

- The aesthetic industry is characterised as being a disparate sector that is currently unable to collaborate effectively to co-ordinate messages around patient safety, public protection and risk.

**Objectives:**

- Government policy makers and national regulators to promote and raise the media profile around patient/consumer safety issues with official communication channels and fora, such as NHS websites, directing members of the public to a specific online area that contains relevant information and evidence relating to cosmetic interventions;
- Promoting a co-ordinated approach/response from all industry stakeholders with regard to messaging and information on patient safety for consumers in relation to practitioner training requirements, product safety, insurance, premises standards and infection control;
- Seeking the implementation of stricter advertising enforcement and penalties from agencies, such as the ASA and encouraging greater compliance and the publication of ethical/accurate information postings on social media platforms.

**Proposals:**

- Use existing networks and partnership arrangements to develop key messages for a safety campaign aimed at consumers/patients;
- Work with manufacturers and product/pharma distributors to develop a strategy and plan for raising consumer awareness about safe/ethically sourced products and devices;
- Work with the ASA to highlight major areas of concern with regard to advertising services/products on all platforms;
- Work with Government agencies to develop a major information campaign on safety in the sector – link to findings arising from the All Party Parliamentary Group on Beauty, Wellbeing and Aesthetics;
- Develop a single safety ‘kitemark’ that can be used by practitioners to provide public confidence with regard to the standard, quality safety of the services they offer;
- Work with campaign partners to issue guidance to the public on key issues e.g. mental and physical health and wellbeing, emotional resilience, body dysmorphia etc;
- Highlight and publicise reports and surveys around complications and the adverse effects of specific treatments;

- Promote the need for all service users to have access to nationally renowned redress schemes;
- Issue the JCCP Annual Report in a format that is designed for public consumption;
- Open up the JCCP Stakeholder Council for public attendance;
- Review and upgrade the JCCP website and social media platforms for public use;
- Harness influential figures, media outlets and brands to facilitate factual and honest conversations around aesthetic treatments

**Additional Links & References:**

APPG: <https://baw-appg.com/>

*CAP enforcement of inappropriate advertising of services and products:*

[Guidance Note on Cosmetic Interventions](#)

[Enforcement Notice: Advertising Botox and other botulinum toxin injections](#)

Advertising Standards Authority: <https://www.asa.org.uk/resource/cosmetic-interventions.html>

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[jccp.org.uk](http://jccp.org.uk)



accredited register

JCCP Registered Charity Number 1177540