

Call for Evidence

APPG Beauty, Aesthetics and Wellbeing – What is the concern?

Response from the Joint Council for Cosmetic Practitioners

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Introduction and Summary

The JCCP is pleased to present written evidence to the APPG for Beauty, Aesthetics and Wellbeing and wishes to focus the Council's response to address the following key issues:

- The range of non-surgical cosmetic procedures being carried out, where, by whom, with what qualifications, and with what clinical oversight?
- The adequacy and current status of education and training standards and qualifications who carry out specified non-surgical cosmetic procedures.
- Are standards regarding the supply and distribution of products and premises hygiene standards robust enough? Are current checks and enforcement actions adequate and consistent across the UK?
- Should there be voluntary or mandatory registration of beauty therapists and medical professionals carrying out such procedures? Are there effective alternatives or additions to registration?
- Should there be a legal age limit for undertaking specified non-surgical cosmetic procedures?
- How can the sector best respond to the psychological and emotional effects associated with these treatments?
- Should there be greater advertising restrictions for fillers and specified non-cosmetic cosmetic procedures?
- What impact is the rise of social media influencers and the increasing promotion/sale of such procedures online having on the industry and on consumer safety?
- What legislative changes are required to ensure a safe industry for those seeking treatments and to protect vulnerable people? What regulatory measures currently exist in relation to who should be able to carry out what procedures and where, under what conditions? Is the current framework adequate or are further regulatory measures required?

Each of the above areas of concern are a debate in their own right, however, the JCCP believe that in order to formulate a coherent policy response in this area that the APPG should seek to focus as a matter of priority on:

1. Introducing **statutory regulation** within the aesthetics sector in order to create a 'fair and equitable' regulatory environment for **all** practitioners that is based on **statutory regulation** as core principle (this is a critical matter that exercises the Council and is a **primary aim** of the Council strategic objectives).
2. Requiring all aesthetic services 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.
3. Seeking to publish a clear definition of what is a 'medical-related' service and what is an elective 'cosmetic' procedure/service (since these issues are not currently clearly defined in UK law and as such pose a continued 'threat' to public protection and patient safety within regard to the provision of regulatory oversight provided by the CQC and MHRA and by professional regulators). Clarification is also required to confirm what constitutes a 'cosmetic surgical' (i.e. threads and cogs are now classified as being surgical but are performed in arrange of beauty salons and clinics etc.) as opposed to a cosmetic 'non-surgical' procedure.

4. Ensuring that the identification of 'risk' of 'potential physical and psychological harm' and impact associated with each defined cosmetic treatment area of treatment and intervention is treated as a requirement in all aesthetic treatment assessments and pre-treatment consultations.
5. Move to legislate that elective, non-medically related aesthetic procedures should be restricted for use only for those who are over eighteen years of age.
6. Requiring that the information needs of patients/clients who are considering or having the 'higher risk' treatments should always be provided in an accessible format in order to ensure that they are able to make an informed choice with regard to their proposed treatment journey.
7. Mandating that education and training requirements should be prescribed for **all** practitioners linked directly to agreed standards and competencies set down by Health Education England (2016), subsequently by the JCCP (2018) and by the Cosmetic Practice Standards Authority (2018).
8. Seek to ensure the introduction of specific premises standards in England for beauty salons and non-CQC registered clinics (many of which are not currently required to comply with specific premises standards in England unlike Scotland where this is now statutory regulatory requirement). The JCCP considers that this is essential to assure public safety and health protection compliance (in particular with regard to the hygiene standards that are now required to protect against Covid-19). This will require standardisation and mandatory enforcement through the provision of new Secondary Legislation. *Local Authority Enforcement Officers should be given extended powers to be able to enforce compliance with a nationally agreed set of premises standards.*
9. To recommend the need for nationally agreed and consistent regulatory and licensing standards for the aesthetics and beauty sector with the aim of removing some of the anomalies that exist between various London Boroughs (which has their own Act) and the rest of the UK.
10. The Government should seek to impose greater regulation and oversight to reduce the significant number of false and exaggerated advertising (including social media) claims that provide misleading information to both members of the public and to practitioners about the standard, type and effectiveness of the administration of safe procedures.
11. The Government should move immediately to make dermal fillers prescription only devices (or to provide alternative legislation to restrict the currently unregulated supply of these devices).
12. The Government should reinforce the need for all aesthetic practitioners to adhere to the guidance set down by the healthcare Professional Statutory Healthcare Regulators and by the JCCP for '**Responsible Prescribing**'.
13. The Government should move immediately to require **all** practitioners to hold adequate and robust insurance cover and to be members of redress schemes in order to protect the public.
14. The Government should work with the MHRA to design and implement a coordinated approach to the reporting and analysing of complications; the MHRA occupy a central role in assisting in the design, production and implementation of a national database.
15. The evidence-based gap that exists 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) 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.

The JCCP also considers that there is an urgent need for the Government to consider how best to address the fragmented nature of the aesthetics industry which is characterised by professional dissonance and antagonism and conflicts relating to commercial interest. The JCCP considers this situation to be untenable with regard to the need to introduce a robust and effective system of governance, regulation and control within the sector. The lack of a legitimately empowered co-ordinating body to oversee the sector and to represent its multiple interests has resulted in the proliferation of multiple Professional Associations and interest groups, some of whom are diametrically opposed to public safety and effective evidence-based practice. **There is a need therefore for 'one voice' to represent the multiple interests that exist in the sector focussed on the primary aims of patient safety and public protection.**

The Joint Council for Cosmetic Practitioners (JCCP)

The Joint Council for Cosmetic Practitioners (JCCP) was established and launched formally at the House of Peers in February, 2018 following an extensive stakeholder consultation process undertaken by Health Education England (HEE) in accordance with the recommendations outlined in the Keogh Review (2013) on non-surgical treatments in England. The HEE standards were transferred to the JCCP by HEE in June, 2018. One of the key recommendations included in the 2015 HEE Report called for the establishment of statutory regulation for the sector and for the immediate creation of a voluntary register. The JCCP fulfils such a function

The JCCP is a 'not for profit' UK charitable body charged with the responsibility of voluntary 'self-regulation' of the non-surgical aesthetic sector in the four UK countries. The Mission Statement for the JCCP and its values are set out below:

'The Joint Council for Cosmetic Practitioners (JCCP) is a Professional Standards Authority (PSA) accredited voluntary self-regulator of the non-surgical aesthetic industry in England and provides an informed and legitimate point of access for the public seeking information about this area of practice and where appropriate for raising concerns about practitioners. The JCCP places public protection and patient safety as the focus of its activities'.

The Charity's objects refer to the promotion of the health and safety of, and protection of the public by the development and implementation of high standards of performance and practice among non-surgical cosmetic practitioners and hair restoration surgeons, including the definition, creation and maintenance of an effective structure to inform the standard of professional education and training amongst non-surgical cosmetic practitioners and hair restoration surgeons.

The JCCP provides two voluntary registers;

- Practitioner Register (Approved by the PSA in 2018 and approval renewed without conditions in June, 2019)
- Approved Education & Training Provider Register (Approved by the JCCP and lists those education and training providers whose standards and qualification accord with the JCCP's published education and training standards required for entry to its PSA Approved Practitioner Register).

The primary aim of the JCCP is to enable the public to be more informed about the risks associated with non-surgical and hair restoration treatments and to clearly identify safe and appropriately trained practitioners who practise in these areas of specialist treatment.

Set out below is a summary of key areas of concern identified by the JCCP in the non-surgical cosmetic and hair restoration sector. These areas of concern are based on the experience of the JCCP since 2015 when it was formed following the outcome of the Keogh Enquiry (2013) and the further work undertaken by Health Education England (HEE) to develop educational standards and frameworks for the non-surgical cosmetic and hair restoration sector (Professor David Sines CBE chaired the HEE Programme between 2013-2015 and is now the Executive Chair of the JCCP).

The JCCP can draw upon its direct experience of seeking to 'regulate' (in a non-statutory) capacity practitioners and education/training providers who operate in the aesthetics sector, as well as being able to draw upon the experience that exists within the significant network of relationships that the Council has built with key stakeholders (Regulators, Suppliers, Consumers, Professional Associations etc).

What legislative changes are required to ensure a safe industry for those seeking treatments and to protect vulnerable people? What regulatory measures currently exist in relation to who should be able to carry out what procedures and where, under what conditions? Is the current framework adequate or are further regulatory measures required?

1 - Insurance

- Currently there is no legal requirement for non-healthcare practitioners (i.e. beauty therapists) to have insurance cover for non-surgical procedures that they provide to members of the public.
- In order to gain insurance, there should be a requirement to demonstrate relevant knowledge and competence- this is no current requirement for this, with insurers providing cover after completion of a short course (1-2 days) with no assurance of competence.
- Associated with this issue is the need to require 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 annual insurance renewal.

2 - Should there be voluntary or mandatory registration of beauty therapists and medical professionals carrying out such procedures? Are there effective alternatives or additions to registration?

- The JCCP Charity was created in 2018 as a Professional Standards Authority (PSA) accredited Voluntary Register for Non-Surgical Cosmetic Practitioners (including health care practitioners and Beauty Therapists) in the UK. Since its inception the JCCP has gathered firm and convincing evidence to confirm that voluntary registration does not act as an incentive to require individuals who practise in the sector to seek to register against a nationally agreed set of practice, competence and knowledge based standards. Rather the JCCP is of the opinion that Compulsory or Statutory Registration is required to provide members of the public with the assurance that registered practitioners have demonstrated their compliance with the standards set by the JCCP (which were endorsed by the professional regulators and by the PSA and by NHS England via HEE in 2016). Such standards require practitioners to practise competently, safely and ethically against a declared Code of Practice and Competence Framework/Standards. Such registered practitioners would also be accountable for their practice and would be aware that sanctions could be applied should they fail to meet the safe practice standards required in just the same way as can be imposed by a healthcare professional statutory regulator through the application of their fitness to practice rules (the PSA requires the JCCP to operate to the same fitness to practice rules as those used by the healthcare statutory regulators).
- The JCCP is therefore of the firm opinion that **nothing less than statutory registration** for **all** practising Cosmetic Practitioners should become a legislative requirement in the UK in order to afford public protection and patient safety. The JCCP is unaware of any alternative to start with the registration and regulation that would afford the public with the assurance they require to confirm that their practitioners are ethically safe, knowledgeable, competent, accountable and capable professionals.

3 - Guidelines for responsible supply and distribution of products and medicines

- The need to ensure that all practitioners use only ethically sourced and safe ‘licensed’ products as part of their treatment process.
- The need to pursue the JCCP declared policy of seeking to promote the need for all dermal fillers to be classified as ‘**prescription only devices**’ (in the interest of public protection and patient safety to ensure that these products are administered under the overall guidance and supervision of a designated prescriber).
- The need to develop best practice guidelines in the sourcing, supply and administration of dermal fillers for all practitioners.

4 - Regulation, Licensing and Premises Standards

- There is a need for nationally agreed and consistent regulatory and licensing standards for the aesthetics and beauty sector with the aim of removing some of the anomalies that exist between various London Boroughs (which has their own Act) and the rest of the UK.
- There is also a need to address the anomalies that exist where CQC registration may be required for healthcare professionals in designated clinics 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 beauty salons (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.
- Premises standards have not been universally adopted across the beauty sector within the UK. Best practice guidelines (building on the current JCCP premises guidelines) should be developed to address this gap in standardised provision.
- There is a need to seek greater uniformity of regulation for environmental health inspections and to provide training for Local Authority Enforcement Officers with regard to expected sector standards of performance and required compliance.
- The Westminster Government to note that the Scottish Government are currently consulting on the implementation of greater secondary regulation for the beauty sector for a range of more invasive aesthetic treatments and to consider undertaking a similar consultation (with the same or similar remit) in England.

5 - Best Practice in Consultation and Informed Choice

- Developing best practice guidance/videos for practitioners with regard to initial person-based assessment, consultation, cooling off periods, including the JCCPs associated campaign relating to psychological/emotional/mental health wellbeing within the sector.

6 – Education and Training Issues

- These issues will be addressed in the next section of this response paper.

7 – Age Restriction for Access to Non-Medically determined Cosmetic Treatments

The JCCP is of the opinion that the Government should move to legislate that elective, non-medically related aesthetic procedures should be restricted for use only for those who are over eighteen years of age.

8 - Other Legislative Matters Relating to Specific Treatments

The JCCP acknowledges that the stated remit of the APPG for this review is for the following treatments: Botulinum Toxins, fillers and thread lifts. Thread lifts are probably outside of JCCP scope because they are surgical procedures. However, we would advise the APPG to note the ‘Dr Evil (body modification) case’:

“The Crown Prosecution Service’s Rhiannon Jones said: This case confirms the existing law that surgical procedures must be carried out by properly trained, qualified and regulated surgeons or health care professionals.”

If the APPG is intent on following this matter through, then the JCCP would advise that an expert legal opinion might be sought with reference to the above case law, not only in the interests of public safety but also to protect the non-medical practitioner from prosecution.

The JCCP would advise the APPG also that it would seem appropriate to obtain legal opinion in relation to non-medical practitioners performing '*medical or medical-related*' procedures in the context of the 'treatment of disease, disorder or injury'. Examples exist within the cosmetic industry of commonly performed, clearly defined medical procedures that are regularly performed by non- healthcare professionals. These include the use of botulinum toxins for hyperhidrosis and for bruxism, or the use of dermal fillers to treat HIV lipoatrophy or similar conditions. The list is extensive but is, in places, subject to further clarification from the CQC.

Plasma treatment training is another area of concern and is often conducted (for example) within (and by) the beauty industry (usually by the suppliers) at level 4 with no professional stakeholder engagement.

Other area of concern relates to some treatments performed by non-healthcare professionals in the beauty industry that might involve removal of skin lesions that may not be professionally diagnosed and high-risk treatments of the eyelids. The recent Covid-19 epidemic further highlights risk due to virus carrying surgical plumes which are little addressed for this treatment and where there are no professional bodies to provide guidance with regard to safe practice that is conducted in non-regulated premises.

The APPG remit might also wish to consider 'wellness' treatments which should also be considered for this or future reviews. Vitamin shots/drips and (blood) plasma treatments are high risk procedures which are subject, to some extent, to statutory requirements which can be abused due to lack of adequate training.

The adequacy and current status of education and training standards and qualifications who carry out specified non-surgical cosmetic procedures - Education and Training Matters of Concerns

The JCCP identified at a very early stage of its development that education in the non-surgical and hair restoration sector was potentially a major issue for the following reasons:

1. There is currently no formal requirement for practitioners to be suitably qualified to provide non-surgical cosmetic treatments. Although Health Education England published recommended standards in 2016, there was no requirement for practitioners to achieve these or prove their knowledge and competence in order to practice, with attendant risks to the public.
2. The private training sector rapidly responded to the increasing demand for education and training but the programmes on offer often at high cost, are significantly variable mainly focused on short 1 – 5 day training programmes, developed and delivered in the absence of national benchmarked standards/competencies, with no valid or reliable assessment of learning and competence for participants.
3. The JCCP has worked widely with stakeholders to agree a **Competency Framework (JCCP 2018)** for the most common non-surgical cosmetic treatments. This outlines the agreed sector wide core competencies that are required for safe cosmetic practice, and treatment specific competencies related to each procedure. This has been agreed with the Cosmetic Practice Standards Authority (CPSA) as representing the required competencies practitioners require for each specific treatment, which differ in complexity and risk. The competencies reflect different levels of learning, for example lower risk facial rejuvenation is at level 4 of the regulated qualification framework (RQF), whereas injectable treatments with higher risk are at level 7 of the RQF, post graduate level.
4. Because of the variability and lack of quality assurance of qualifications in the sector, the JCCP have agreed that practitioners should hold a relevant **regulated qualification** in order to practice. The use of the national regulated qualification framework with quality assurance measures in place ensures that qualifications are of **the correct level and rigour** to ensure practitioners can demonstrate the required knowledge and competence on completion of the qualification. The requirements and educational level of qualifications for non-surgical cosmetic qualification are outlined in the **JCCP Education Standards (2018)**.
5. The only organisations who are entitled to provide a regulated qualification are Universities, Further Education Colleges with awarding powers, or Awarding organisations approved by the regulator for their country (e.g. Ofqual).
6. Regulators such as Ofqual have limited subject or professional expertise in this rapidly growing sector and as such previously approved regulated qualifications in the absence of due rigour. Ofqual has now signed a MoU with the JCCP to recognize the Council's standards, and ensures qualifications they approve enable participants to achieve the agreed level of knowledge and competence required.
7. Some practitioners are already regulated on a statutory register (registered nurses, doctors, dentist, allied health professionals, pharmacists). The pre-registration curriculum of these professions does include some relevant learning e.g. infections control, ethical practice, but does not include specific knowledge and competence in cosmetic treatments. All practitioners, whatever their background should demonstrate relevant post registration knowledge and competence. This can be achieved through undertaking a relevant regulated qualification or demonstrating equivalence through recognition of prior learning (RPL) or a fast track assessment process for experienced practitioners who can demonstrate through an assessment of knowledge and competence that they are at the required level. The JCCP have developed quality assured procedures to enable this. Some post registrations specialisms, such as plastic surgery have used this guidance to review their specialist registrar curriculum and demonstrate how their registrants on completion of their course, will meet the required standards for some cosmetic treatments. This process should be undertaken for all relevant post registration specialist curricula, e.g. dermatology.
8. Some Universities and Awarding Organisations have already developed qualifications which have been approved by the JCCP as meeting the required standards and some education and training provider organisations in the vocational sector have also been approved to provide such qualification.
9. A major challenge is the lack of occupationally competent cosmetic practitioners who also hold teaching and assessment qualifications and experience. Regulated qualifications must be taught and assessed by staff with relevant occupational competence and teaching and assessment qualifications/experience as outlined in the JCCP Education Standards (2018) and they should appear on a national register.
10. The market is characterized by the posting and publication of multiple examples of misleading information (which we can supply evidence of) that have led many practitioners to believe incorrectly that they are receiving "accredited" training. Often at very high cost. Although the JCCP has worked with the Advertising Standards Agency (ASA) and successfully taken action against misleading advertising with 3 companies (against whom the ASA levied five 'warnings'), it is only addressing the tip of a very large iceberg of companies who seek to profit from exaggerated and unethical claims regarding courses. Better information for the public and practitioners is needed on what to look for, and greater powers are needed to prevent misleading and unethical advertising of education courses.

11. There is no nationally agreed framework for CPPD 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 of their contemporaneous practice and 'fitness for practice' in aesthetics or 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.
12. Health Care Professions Council (HCPC) registered professionals are often refused access to aesthetic, cadaver, product and other CPPD training provided by private medical training companies, universities and manufacturers. Some insurance companies also refuse to provide the additional aesthetic insurance required for all such registered healthcare professionals providing aesthetic treatments. The reason frequently given for such refusals when asked, is that company policy precludes the inclusion of allied health (HCPC registered) professions and accept doctors, dentists and nurses. Hence, the discrimination is made on professional title alone. Another important inequality comes from some of the aesthetic pharmacies refusing to dispense HCPC registrants' prescriptions, despite their annotation as an independent prescriber on their professional regulators register. These refusals go directly against public protection in the absence of regulation of the aesthetic industry itself. Admission criteria to training courses and insurance, should be equally accessible to all approved health care aesthetic practitioners or alternatively, should be decided on an individual case merit for all practitioners, rather than on professional title alone for equality and fairness, and more importantly public safety. An unfair market position is clearly also granted for doctors, dentists and nurses in consideration of the economic impact of such refusals. This also presents a challenge to public protection.

Current Challenges and Proposals

The JCCP and the Cosmetic Practice Standards Authority ('CPSA' – the JCCP's 'sister' organisation that sets practice standards for the aesthetics sector) are agreed that a nationally agreed (and mandated) standard of assessed knowledge and practice competence is required for all aesthetic treatments. The CPSA and JCCP produced a competence framework to accommodate to this requirement in 2018, which built upon the 2016 education standards produced by Health Education England which were mandated by the DHSC, and approved by stakeholders, regulators, and Government. These standards related not only to academic and practical or outcomes at defined levels, but also describe components necessary for safe practice. These include clinical oversight, progressive learning, and professional development to maintain competence. Many of these factors have been further developed by the CPSA and the JCCP. All of these outcomes are aligned to risk assessment and risk management.

One deficiency of the HEE review was perhaps the failure to distinguish between the nature of cosmetic treatments which are 'purely cosmetic' and those with a medical or medically related imperative. These factors, which invariably impinge upon regulatory decision-making, are now becoming more transparent as the industry seeks to describe and define aesthetic treatments and to seek their inclusion as 'medically-related' procedures. The catalyst for this has been in part JCCP's work with the Mental Health Foundation and the insights gained therein, and also through challenges that have surfaced during the current Covid-19 pandemic to Coronavirus legislative restrictions/'exemptions'.

A - Non-Health Care Practitioners

The JCCP is cognisant of its commitment to enhance the standard of education and training provided to non-health care practitioners providing cosmetic treatments. The JCCP and CPSA both acknowledge that the UK Government recognises the legal right of non-healthcare practitioners being able to perform non-surgical cosmetic procedures, including injectable and filler procedures, but remain resolutely committed to promoting the message that such practitioners must be appropriately knowledgeable and occupationally competent to perform these treatments safely in the interests of public protection. The knowledge and competence level defined to provide injectable treatments is defined at level 7 of the RQF, or post graduate level. In order for any practitioner to undertake this more complex level of learning (which includes critical evaluation of the underpinning evidence for treatments and ability to recognise complications and take emergency action) and achieve a regulated qualification, they must undertake progressive learning, from their starting point, which may for beauty therapists be at level 2 or 3 of the RQF, up to graduate L4,5,6, then post graduate level L7.

It should also require non-healthcare practitioners (and healthcare practitioners who are not designated prescribers) to work in co-operation with designated prescribing professionals in such a way that meets legal

and professional/regulatory obligations for the prescription, supply and administration of prescription only medicines which are invariably involved with these treatments.

It is our firm belief that if the DHSC is minded to maintain its current policy to permit non-healthcare practitioners to perform such higher level risk procedures (i.e. injectables, dermal fillers and threads) then legislation should be introduced in the longer term to require such practitioners to have to provide independently verifiable evidence that they have met the JCCP/CPSA standards for these treatments as defined at Level 7 in the 2018 JCCP Competence Framework. Furthermore, we consider that all training companies that offer such treatments should be required to be approved by the JCCP and registered on the previously described Council's Register of 'Approved Education and Training Providers'. It is also important to note that HEE transferred responsibility to the JCCP for the maintenance, enhancement and implementation of its 2016 education and training standards in 2018.

In order to achieve common understanding of how best to protect the public through the implementation of robust education standards for all practising non-health care aesthetic practitioners the JCCP considers that further investment is required to align education and training frameworks (e.g. the sector National Occupational Standards for Beauty [developed by Skills Active and Habia and the more recently accredited standards for non-health care cosmetic practitioners recognised by UKAS) to the nationally agreed JCCP Competence Framework. The JCCP is currently discussing these matters with UKAS and will seek to explore whether an aesthetics-specific certification scheme for training providers could be developed in accordance with UKAS ISO/IEC 17067, with the aim of considering whether the certification of such a scheme delivered by a certification body accredited by UKAS (with the scope of delivering the aforementioned scheme) would be able to offer the JCCP the confidence required to register training providers who meet this standard. It is in the absence of such assurance that the JCCP and the CPSA determined not to register non-healthcare practitioners who undertake Level 7 procedures in injectables and dermal fillers in the interests of public safety and in recognition of the risks associated with such invasive procedures.

The JCCP believes that serious consideration should be given by the DHSC to seek to require all practising non-healthcare practitioners who insert fillers and who inject toxins to be required to provide independently verifiable evidence that they meet the requisite JCCP Competence Framework training standards as more advanced aesthetic practitioners (compared to Beauty Therapists who perform lower-level and less risky procedures). The JCCP would recommend also that a transition period of between 3-5 years should be given to such practitioners to enable them to provide evidence that they meet the required standard of proficiency either by obtaining a JCCP approved educational qualification or by attending a JCCP fast track assessment centre (subject to future approval by the JCCP Trustee Board to extend access to these Centres to non-healthcare practitioners) to enable the practitioners to be able to demonstrate their proficiency, capability and knowledge to practise safely in the interests of public protection. In this way the JCCP believes that better regulation would be achieved and that the Government would be able to be seen as responding to consumer demand and public safety at a time when the market is expanding and risks to public safety are increasing.

The JCCP would be willing to prioritise work to align its published standards with those of other education and training standard frameworks that are operating in the non-healthcare aesthetic sector (however without comprise to public safety or to reducing the currently published CPSA/JCCP threshold and competence standards). The JCCP regards this to be a priority requirement due to the number of 'mixed messages' that are currently populating the non-health care cosmetic practitioner sector with regard to training providers who are claim to be accredited against 'unapproved' competence and training standards frameworks (and in so doing may be misleading members of the public with regard to their credentials to be practising safely). The JCCP is also earnest in its endeavour to explore a potential alliance with UKAS with the aim of promoting a robust standard of practice for non-healthcare practitioners in the sector.

B - Health Care Practitioners

The JCCP and CPSA have been disappointed not to have gained traction amongst the health care practitioner community with regard to their demonstration of willingness to join the JCCP Practitioner voluntary Practitioner Register. The apparent lack of incentivisation to join a voluntary register has been postulated by practitioners as

a reason for the low number of persons who have elected to join one of the two UK PSA accredited registers that operate in the aesthetics sector.

Some of the larger Clinic Chains, such as Transform have now signed an MoU with the JCCP and have registered their eligible clinicians with the JCCP Practitioner Register.. The JCCP and CPSA are also mapping the higher level knowledge and competencies set down by eligible and relevant medical Royal College Specialist Registries to enable the JCCP to recognise the synergies that exist between the standards that doctors are required to evidence in order to join the JCCP Practitioner Register without the need to be further assessed.

As agreed with the Professional Standards Authority the JCCP will also be introducing new JCCP Approved Fast Track Assessment Centres later this year. The need for this initiative became very apparent early on during the establishment of the JCCP following recognition that there was much work to be undertaken to assess the standard of knowledge and practice competence possessed by existing practitioners as well as assessing standards for new entrants to the sector. Prior to the proposal put forward by the JCCP to establish fast track assessment centres there were no benchmarks or processes for independently determining or verifying the competency of highly experienced healthcare practitioners (in accordance with proposals set down by HEE in 2016 with regard to 'grandparenting'). It was in this context that the idea of 'Fast Track Assessment Centres' was established. A significant amount of work needs to be transacted over the next six months to design and implement the fast track assessment centres and to complete the alignment of the Specialist Registry standards against the JCCP/CPSA Frameworks.

Certification of Competence in the Beauty Sector with reference to the United Kingdom Accreditation Service (UKAS)

UKAS is the Government approved body providing accreditation against international standards. Industry standard 17024 provides for the 'certification of persons' as a measure of competence.

"Confidence in the certification schemes for persons is achieved by means of a globally accepted process of assessment, and periodic re-assessments, of the competence of certified persons."

(ISO. How to develop schemes for the certification of persons.)

Schemes may apply to any industry, but 17024 presents a robust mechanism which is ripe for further development within the cosmetic industry and should be appealing to the non-medical cosmetic sector.

The following are the key points:

- The JCCP are the only stakeholder with responsibility to assess conformity against nationally recognised standards. This ensures a clear and unified approach to agreed competency standards. Through agreement with UKAS, the 17024 scheme utilises JCCP expertise to map only against JCCP competency standards. The application of 17024 standard to the cosmetic industry is relatively new.
- The 'novelty' of this development, along with agreement with UKAS that the JCCP exclusively provides the measure of competence, means that the scheme is underpinned by a single industry standard – the JCCP Competency framework (2018).

Accreditation is currently in place for skin rejuvenation treatments at level 4, with the anticipation of future accreditation at level 5 for this same modality. *The JCCP recommends further examination of the potential of the UKAS system to provide 'certification' for all beauty therapists who operate at levels 4 and 5 of the JCCP Competence Framework (i.e. the administration of 'lower' risk-related treatments).*

Should there be greater advertising restrictions for fillers and specified non-cosmetic procedures? What impact is the rise of social media influencers and the increasing promotion/sale of such procedures online having on the industry and on consumer safety?

1- Should there be greater advertising restrictions for fillers and specified non-cosmetic procedures?

The Advertising Standards Authority (ASA) issues guidance on the advertising of cosmetic non-surgical interventions and monitors advertising effectively, warning transgressors against repetition of unacceptable adverts. As such prescription-only substances, such as botulinum toxins, are prohibited from being advertised. Fillers, however, whilst being similar to botulinum toxin with regard to risk, are also injected but at present are not defined as prescription-only devices at this time by the MHRA. In the interests of public protection and patient safety the JCCP is of the opinion advertising restrictions should be placed on dermal fillers, in the same way that are imposed currently on botulinum toxins.

There is no industry-wide regulation of which cosmetic procedures may be performed. The JCCP believes that all aesthetic procedures should only be performed by suitably experienced and qualified practitioners who are able to evidence that they meet the JCCP/CPSA practice and training standards that have been established for the sector. As such all advertising of such procedures should be accompanied by an explanation that advises members of the public of the need to seek assurance that practitioners are suitably trained and experienced prior to commencing treatment.

2- What impact is the rise of social media influencers and the increasing promotion/sale of such procedures online having on the industry and on consumer safety?

The JCCP operates in a burgeoning market for non-surgical cosmetic interventions that is largely promoted through social media. There are chains of clinics and some stand-alone clinics that invest in the highest standards of safety, quality and customer satisfaction. Maintaining these standards is expensive and charges are higher. At lower levels of safety this market is served by providers of diverse quality, very varied knowledge, and often inadequate training. It is characterised by multiple examples of commercially related conflicts of interest.

In JCCPs view, the span of knowledge and training required safely to deliver all the possible interventions (and particularly those that include transdermal procedures) requires a framework of knowledge and skill within which safe delivery can be assured, underpinned by a robust 'Code of Professional Practice' (such as that published by the JCCP/CPSA in 2017 and 2020). However, lacking the authority that would be accorded by Government endorsement, the way remains open to a rush for the bottom in prices, leading to inadequate standards across a large part of the market. Additionally, many unregulated Social media posts permit the advertising of ineffective and possibly dangerous substances administered by self-promoting individuals, many of whom lack the knowledge, experience and training required to practice safely.

Advertising

With its focus on public protection, the JCCP believes that all workers in this industry should be committed to responsible advertising of aesthetic products and services which does not mislead customers as to risk, benefits and outcomes. The JCCP therefore believes it proper that it should advocate responsible advertising by the providers operating in the sector. The JCCP works with the Advertising Standards Authority (ASA) to promote responsible advertising and recently reported three training providers who appeared to have breached the ASA guidelines (see reference section for further details). All 3 rulings were upheld by ASA. Five more training providers were advised they were in breach of ASA rules by the JCCP. The following summarise the **ASA rulings which are now published in the public domain**.

'What the ASA said – Miles Lockwood Director of Complaints and Investigations said – *These rulings set a key precedent for us in taking action against advertisers in this sector. It's important to ensure that aesthetics practitioners are being upfront and not making misleading claims about the training they provide. I am sure that you will agree that the aesthetics sector has much to be proud of, but accurate advertising should be promoted at all times in the interest of both patient safety and practitioner fairness'.*

The core issue is about practitioners possessing necessary qualifications for the safe administration of transdermal injectable treatments using a Prescription only Medicine (POM), which the Standards required to be performed only by persons qualified to Level 7, both of which demand evidence of higher level knowledge and competence. The three errant Training Providers misleadingly advertised that Level 6 and 7 could be reached by those entering the sector who lacked the core knowledge. Further, they misleadingly used names for

themselves that implied they were a University or Academy. Of concern was a statement made by the **'The Aesthetics Uni'** who said – "You can now enter this course as a novice and learn a range of techniques for injection of lip filler".

Similarly **'Boss Babes Uni'** advertised "Good Quality Advanced Training – an advanced training company who train unique beauty courses across the UK. The Qualification: Anti-winkle Injections and Dermal Fillers".

Whilst **'Aesthetics Lounge Academy'** said "Our VTCT NVQ Level 3 in Beauty Therapy works as a Bridging Course to Aesthetics".

The JCCP identified education, training, and qualifications as a major issue within the advertising arena in particular on the closed social media sites. The market contains a huge number of providers making all kinds of bogus claims about courses being accredited, qualifications being recognized and who are recruiting prospective or existing practitioners with no background in the sector and lower level qualifications to programmes which suggest they are competent to deliver highly complex and risky treatments.

The JCCP advises that advertising communications must be prepared with a sense of responsibility to consumers. It is therefore inappropriate to describe Level 3 in Beauty Therapy 'as a bridging course to aesthetics'. It is misleading to claim to be accredited – this is false or the accreditation may be irrelevant or from a non-conformant 'authority'. 'You can now enter this course as a novice and learn a range of techniques for injection of lip filler' – is an example of another totally inappropriate statement. Again, to advise that 'Good Quality Advanced Training – an advanced training company who train unique beauty courses across the UK. The Qualification Anti-wrinkle Injections and Dermal Fillers" is considered to be another inappropriate statement.

Social Media

Social Media has the special quality that it can be both open to the world; or to members-only lists. While notionally advertisers in this sector should abide by the ASA rulings, this is in fact an unregulated activity in the UK. With specific reference to **'Face book'** - Kevan Jones MP wrote to Guy Parker CEO ASA about Facebook. Following this the ASA issued an **Enforcement Notice: Advertising 'Botox' and other Botulinum Toxin injections.**

The JCCP and the Mental health Foundation have identified many examples where the use of social media has resulted in exaggerated and false claims being presented to the public relating to the benefits/efficacy/outcomes of aesthetic treatments, some of which have resulted in psychological and emotional distress for consumers.

Advertising appropriate education and training programmes is also regarded to be essential if the public are to be protected. The JCCP requires all approved training providers to evidence how they meet the following criteria:

1. Capacity to deliver high quality courses, relevant admission criteria & academic accreditation at the correct level
2. Alignment with JCCP/CPSA standards & clarity of information provided to potential participants
3. Quality of the course or programme delivery (is it a good learning experience, does it develop knowledge, skills, values)
4. Quality of assessment for the course or programme (does it produce competent practitioners)
5. How evaluation of the course or programme occurs and how it is used to improve provision

Social Media and Prescription only Medicines advertising concerning issues which need to be enforced as being inappropriate - Key issues that have been of concern are listed as follows:

- The importance of not mentioning product names.
- Care must be taken when providing information about Prescription Only Medicines (POMs)
- Home pages should be clear that 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
- Time limits should be realistic
- Competitions and Prizes are not permitted
- Advertising aimed at those under 18 is also not permissible

In summary, the JCCP considers that the Government should impose greater advertising restrictions for fillers and specified non-surgical cosmetic procedures. A range of advertising restrictions exist currently but the lack of enforcement results in the fact that a high volume of practitioners and clinics continue to ignore these restrictions and continue to mislead members of the public and aesthetic practitioners, providing both with false assurance and access to unsafe practice and harm. The impact in the rise of social media influencers and the increasing promotion/sale of such procedures online has been a matter of considerable concern, in particular with many training courses being carried out by people that lack qualifications, resulting in a significant compromise to consumer safety.

How can the sector best respond to the psychological and emotional effects associated with these treatments? Psychological and Emotional Issues and Challenges.

The JCCP is currently working with the Mental Health Foundation (MHF) to develop a range of public and practitioner facing 'toolkits' to assist in raising awareness regarding the significant impact that aesthetic treatments can have on the mental health and psychological wellbeing of members of the public.

The MHF and the JCCP acknowledge that all persons that seek to receive cosmetic procedures should be afforded every opportunity to be informed about what they can expect to achieve from the procedure, and to be able to evaluate this against any known physical or psychological risks that might be associated with the treatment itself. The decision to undertake a cosmetic procedure must be an informed choice, ensuring the consumer makes the decision that they consider will enhance their overall health and psychological and emotional wellbeing. We acknowledge this to be a decision that is often influenced by advertising and social media, which itself presents a risk. Members of the public require access to accurate information that provides insight into the way that cosmetic treatments might impact them in the context of their unique and individual circumstances, so that they can make the correct (and safe) choices prior to commencing their treatment journey.

For those who seek cosmetic treatments, emotional and psychological needs may also be identifiable at the time of initial consultation. As such, all practitioners should be aware of the need to consider potential consumer vulnerability and prioritise making treatment decisions that reflect the interests of consumer wellbeing and mental health. These considerations should occur jointly with practitioners and consumers, to inform the appropriate treatment, signposting for alternatives and/or ongoing assessment of treatment outcomes and aftercare.

The JCCP has developed a partnership with MHF and a number of national experts in this area to raise awareness of these issues amongst members of the public and cosmetic practitioners and to develop a range of 'tools' to assist in this process.

Why are MHF and the JCCP doing this work?

MHF's new [Making Prevention Happen \(2020-2025\)](#) strategy further accentuates the need to take a preventative approach to the root causes of mental ill health and strengthen the promotion of protective factors that enhance mental health. A public mental health approach such as this should acknowledge the particularly important concept of mental health security. Health security is understood on a societal level (reducing community vulnerabilities of harms to health) and an individual level (including access to safe and effective products, services, and technologies). Public education is insufficient and should be provided alongside steps to actively protect, on a societal and individual level, against harmful factors.

Whilst cosmetic treatments may have a positive effect on mental health and wellbeing, there is also a significant need to acknowledge that problems associated with potential client-dependence/over reliance on the cosmetic treatment process, the experience of undesired results and/or results that do not meet personal expectations, and of adverse events with permanent consequences can have a detrimental effect on a person's emotional and psychological wellbeing.

Following on from Mental Health Awareness Week in 2019 in which body image was the theme, MHF can meaningfully take the lead, alongside partners, in national policy changes, informing practitioners and enhancing consumer awareness of risk in regards to their own mental health and wellbeing needs. The JCCP has parallel and synergistic interest in these objectives and will use the outcomes to inform JCCP standards and the CPSA/JCCP Code of Practice.

The project is focussing on:

- Promoting positive and effective messaging to consumers and practitioners, including responsible marketing and the appropriate and 'safe' use of social media/Apps.
- Considering how practitioners can lead responsible and appropriate consultations through the use of toolkits, checklists and 'informed conversations'.

- Producing short video postings to promote and demonstrate best practice.
- Participating in the production of an online training package/assessment toolkit for practitioners etc. and reviewing how these tools can be used to influence policy and regulation and to inform the development and revision of practice standards.

Scope of the project

MHF and JCCP are working jointly to provide or contribute to a co-branded set of outputs for release by April 2021:

1. a consumer-facing guide taking a harm-reduction approach and targeting vulnerable population groups
2. an e-learning resource for cosmetic practitioners to account for mental health and wellbeing needs of consumers. This online course will be produced, with the co-leadership of the JCCP, to enable practitioners to carefully account for the mental health and wellbeing implications of potential and existing consumers of non-surgical cosmetic procedures. The online course will include an e-learning module focusing on improving awareness of inherent vulnerabilities of consumers and mental health implications for consumers.
3. a policy campaign to improve regulation of non-surgical cosmetic procedures, including the need for Government legislation to be implemented to **restrict the age of persons who can elect to have (non-medically related) aesthetic treatment to the age of 18** within the UK and also to regulate the supply of **Lip Enhancers (dermal fillers) by making these devices 'prescription only devices'** (which will require MHRA/CQC agreement and enforcement).

The MHF and the JCCP will propose and advocate for realistic and effective regulatory solutions to gaps in current regulation of non-surgical cosmetic procedures. We consider that current regulations are insufficient to protect the wellbeing of consumers and do not mitigate the substantial risk that arises from unregulated procedures.

Policy campaigns will particularly proliferate focus on sections of the cosmetic procedure market which currently operate in a predatory fashion, trading less on reputation and do not prioritise adherence to current voluntary measures outlined. Policy campaigning will be derived from existing research and the voice of consumers who have particular vulnerabilities to their mental health outcomes.

Are standards regarding the supply and distribution of products and premises hygiene standards robust enough? Are current checks and enforcement actions adequate and consistent across the UK?

1 - Supply and Distribution of Products

The JCCP has been working with a range of national Pharma companies, Pharmaceutical Distributors and the MHRA to identify the critical issues facing the sector with regard to the sourcing, supply and distribution of pharma products used within the aesthetics industry. Key issues have been identified:-

Product Sourcing

All parties have expressed concern about the issues around practitioners buying medicines and products off the internet. Colleagues reported that some such products were not CE marked and were imitations and unsafe. The MHRA are keen to collect evidence of problem and fake products to refer to the MHRA investigation unit. Evidence exists also to confirm that representatives from the environmental health/local authority enforcement sector (and the Chartered Institute of Environmental Health) have identified issues and challenges relating to the supply and use of non-evidence based products in high street beauty salons.

The production of guidelines for the ethical, safe, responsible and effective sourcing and supply of products and medicines that are in use in the aesthetic sector is required in the interests of public safety.

Prescribing and remote prescribing

- Critical issues have been identified with the processes whereby healthcare prescribers undertake to prescribe for third parties without first engaging in a face-to-face consultation with the patient, 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). There are several commercially led prescribing networks designed to facilitate prescribing for third parties, but which rely on inadequate quality assurance processes. The JCCP has been working closely with Professional Statutory Healthcare Regulators and has recently published **'Guidelines on Responsible Prescribing'**: [https://www.jccp.org.uk/ckfinder/userfiles/files/JCCP%20prescribing%20statement%20Final\(1\).pdf](https://www.jccp.org.uk/ckfinder/userfiles/files/JCCP%20prescribing%20statement%20Final(1).pdf)

Complications Reporting

The issue of the lack of a coordinated approach to reporting and analysing complications is a matter of extreme concern. There is an urgent need for 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 organizations such as: The MHRA – Yellow card system; 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.

It is proposed that the MHRA/JCCP should be requested to convene a meeting with all parties to design such a centralised adverse reporting system.

Pharmaceutical Companies, Pharmacies and Training Programmes

All Pharma companies provide product training to enable practitioners who use their products to use them effectively, appropriately and safely. Many national Pharma companies restrict access to their training events to

doctors, nurses and dentists. This practice excludes access to other legitimate aesthetic practitioners, such as designated allied health professionals and prescribing pharmacists who are legitimately entitled to practise in the field of aesthetics by their Professional Statutory Regulators. This is regarded to be unacceptable, leading to large numbers of healthcare professional aesthetic practitioners being denied access to training in the safe use of Pharma products. This is considered to be negatively correlated with the promotion of the patient/public interest.

Marketing and Communications and the role of the Pharmaceutical Companies and Pharmacies

The JCCP considers that there is a duty to provide simple information and guidelines both for members of the public (consumers) and practitioners about safe products, prescribing and dealing with complications. Members of the public should be encouraged to ask their cosmetic practitioner a range of key questions to assure them that the products being used as part of their procedure were safe and ethically sourced. This was considered to be essential if public confidence is to be achieved. The following key groups were identified as the target audiences for simple guidelines:

- Practitioners
- Members of the general public/consumers (who should also be encouraged to report complications directly to the MHRA using the 'Yellow Card Scheme')
- Professional bodies (Regulators and professional Associations).

The JCCP believes that members of the public should receive responses to the following key questions within the context of such guidelines:

- Informed consent (including consideration of physical and psychological preparedness for the treatment)
- Information about ethical and safe products
- Safe product administration and aftercare
- Complications, follow up and remedial actions
- Qualifications and background of the practitioner
- The range of treatments on offer and the risks and benefits of the same.

Age restriction on accessing Aesthetic treatment and Pharma Products

The JCCP and CPSA is in firm support of the Parliamentary 'Private Members Bill' to restrict the age of access to non-medically determined aesthetic procedures to over 18s. The JCCP has provided advice and has been in active dialogue with the Civil Servants responsible for drafting this legislation.

Medical Device Regulation: Knowledge requirements & the perceived role of the prescriber for dermal fillers.

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 manufacture of dermal fillers is regulated to a stringent set of safety requirements which extend to the conditions for use to maintain that safety. The information leaflet contained within the dermal filler package denotes the approved requirements for safe usage.

"Each device must be accompanied by the information needed to use it safely and properly, taking account of the training and knowledge of the potential users, and to identify the manufacturer" (EEC Directive 93/42. Medical Devices. 13.1). In reviewing the 'cautions' and 'contraindications' for each dermal filler, and accepting that this information is required for safe and proper usage, the following key points arise:

- The required knowledge is to a significant extent clinically determined and in large part outwith the remit of non-prescribing cosmetic practitioners (including level 7). Level 7 cosmetic qualifications are cosmetic specific and intended to build on this knowledge.¹
- The clinical judgment required to formulate a decision to proceed with a dermal filler treatment requires experience of these clinically informed non-cosmetic requirements, understanding both the disease and the treatment for it.
- An element of diagnosing may or may not be required, but the underpinning knowledge and the process of clinical decision making are typically limited to prescribing professionals, with additional training in some groups.

- This non-cosmetic knowledge is prerequisite in a larger sense in prescribing for the management of complications and should inform initial decision making.²

¹Example 1.

It is appropriate that 'Impaired cardiac conditions' are cautions requiring clinical judgment, since the provision of dermal filler treatment in these instances could have significant detrimental if not disastrous consequences. It is clear that a comprehensive knowledge of the extensive range of cardiac conditions, their symptoms, treatments and attendant risks is realistically outwith the scope of any cosmetic qualification.

²Example 2.

Hepatic or renal insufficiency are cautions which, through consideration of the direct risk to treatment, may lead the non-prescriber to proceed with treatment. However, a prescriber would be able to recognise the difficulty or inability to prescribe for any complications that may arise in these situations, and this should significantly influence decision making.

In both examples this extended clinical knowledge is required to:

- Reach a decision to proceed or not with treatment.
- Inform the client to enable them to reach a joint decision based on a professionally informed risk assessment and the exercise of clinical judgment.
- Reach a decision about *how* best to proceed with treatment, recognising the ability or limitations in managing potential adverse scenarios.
- Recognise the limits of personal knowledge and seek further professional guidance or referral to a more clinically informed and knowledgeable practitioner.

2 - Issues Relating to Premises Standards used for the Application of Cosmetic Procedures

Currently beauty salons and non-CQC registered clinics are not required to comply with specific premises standards in England (unlike Scotland where this is a statutory regulatory requirement). The JCCP considers that a similar statutory requirement should be introduced in England as soon as possible to assure public safety and health protection compliance (this is particularly important with regard to the hygiene standards that are now required to protect against Covid-19). At the present time standards and inspection regimes are variable across England and require standardisation and mandatory enforcement through the provision of new Secondary Legislation. *Local Authority Enforcement Officers should be given extended powers to be able to enforce compliance with a nationally agreed set of premises standards.*

The JCCP has produced *Premises Standards for Conferences, Exhibitions, for the five treatment modalities that has produced standards for and for practitioner mobile working:*

These include the following:

Health and Safety Standards – Is there a named person responsible for health and safety identifiable at the venue?

Risk Assessment and Control – Are risk assessments carried out and significant risks identified?

Accident, incidents and first aid – Have adequate arrangements been made for a trained first aid person to be available?

Infection Control - Is there a designated clinical area where the procedure is performed?

Consent – Are demonstration volunteers given adequate consent and time for reflection?

Management of Medicines – Is there evidence that only licensed, approved products are used which have been sourced from official outlets or product manufacturers?

Waste Management - Is there a Waste Management policy detailing how waste is disposed of

Safe and healthy working environment – Are premises (structure, fabric, fixtures, and fittings) safe and healthy (suitable, maintained and kept clean)?

Assessment of the above criteria – The outcome of the above is the subject of objective assessment.

Cosmetic injectable procedures – Such procedures should be performed in clinical environments given that it is known that biofilm can develop after inoculation of 40 bacteria. Therefore, injections in carpeted environments are not appropriate. Procedures should be

performed in a clinical environment with minimal essential personnel to reduce the risk of cross contamination and if presentations used are for large groups, then pre-recorded procedures live or video link from a clinical room are more appropriate. Appropriate emergency medicines should also be available to treat the patient immediately in the event of an adverse reaction.

Conferences and Exhibitions - The issue of confidentiality and consent must be addressed as many attendees of conferences use social media such as Twitter and send photographs of volunteers having treatment performed.

The Care Quality Commission has also produced a premises-related regulation ensure that healthcare 'regulated' premises where care and treatment are delivered are clean, safe, appropriate and suitable for the intended purpose of delivering health or health-related procedures:

Regulation 15: Premises and equipment produced by the Care Quality Commission

<https://www.cqc.org.uk/guidance-providers/.../regulation-15-premises-equipment>

The JCCP has also published detailed Premises Standards for each of the treatment modalities for which it has set standards and also for exhibitions and demonstration events. These may be inspected on the JCCP website.

Mobile Working

Specific risks are inherent with regard to mobile working. Health Improvement Scotland have produced guidance for independent clinics where services are provided in a service users home.

https://www.google.co.uk/#q=health+improvement+scotland+mobile+work&*&spf=845

The recommendations are

- If the practitioner is working from their home address and meet the audit guidelines this would be acceptable practice.
- If the practitioner (registrant) is moving between houses/premises they take the responsibility to ensure every premises meets the audit guidelines.
- Any other mobile working would not be permitted.

The JCCP advises that similar regulatory standards should be introduced in England for mobile working in order to enhance public protection and patient safety. Other challenges associated with mobile working relate to the difficulties with the provision of clinical and professional oversight and supervision, lack of engagement with professional revalidation and difficulties known to exist with lone working and practitioner requirement to demonstrate and exercise their Duty of Care to members of the public.

References:

Joint Statement JCCP and the ASA

<https://www.jccp.org.uk/ckfinder/userfiles/files/Joint%20Statement%20JCCP%20and%20the%20ASA%2011%2002%202018.pdf>

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Joint Council for Cosmetic Practitioner complaints prompt Advertising Standards Authority (ASA) Investigation into Aesthetic Training Companies – Press Release 28 – 07.0819

CPSA Practice Standards (2018) - (available on the JCCP Website)

JCCP Competence Framework JCCP (2018) (available on the JCCP Website)

JCCP/CPSA Code of Conduct for Cosmetic Practitioners (2020) - (available on the JCCP Website)

JCCP Guidelines on Responsible Prescribing – (2019) - (available on the JCCP Website)

JCCP Premises Standards – (2019) - (available on the JCCP Website)