JCCP and CPSA Code of Practice and Guidance for Practitioners Who Provide Cosmetic Interventions – Third Edition – March 2023

Introduction

"Cosmetic interventions" means any intervention, procedure or treatment carried out with the primary objective of changing an aspect of a patient's physical appearance, and includes non-surgical procedures, all of which, to a varying degree are invasive and carry risks. This guidance document relates specifically to those practitioners carrying out cosmetic interventions and has been developed jointly by the Cosmetic Practice Standards Authority (CPSA) and the Joint Council for Cosmetic Practitioners (JCCP). These charitable organisations were established following the Keogh Review (2013) and are not 'statutory regulatory' bodies. As such, these guidelines should be seen as 'best practice' for cosmetic practitioners as mandated by the JCCP and CPSA and not as being legally enforceable by statute. The JCCP is formally accredited by the Professional Standards Authority (PSA).

These guidelines were originally developed in 2017 following a wide-ranging consultation process of those involved in the provision of cosmetic treatments. This updated and revised version of the guidelines was approved by the CPSA and JCCP in 2020. In addition, where appropriate, reference has been made to existing guidelines issued by Professional Regulated Statutory Bodies (PRSB's) and this guidance does not replace the requirement for Clinicians, registered with any PRSB, to comply with their overarching obligations to that body. If, however, this guidance covers areas not included by their PRSB, this guidance must be followed in addition to that of their PRSB. A list of those additional resources, with links is included at the end of this guidance. It is important for practitioners to be aware that the JCCP has memoranda of understanding with main PSRBs and will not hesitate to share practitioner information if Codes of Practice have been breached and/or there is deemed to be a risk of harm to patients or the public.

Cosmetic interventions can have significant positive and negative impacts on the health and wellbeing of patients. There have been major concerns in the media, the public and the professions about patient safety and whether the sector operates in an ethical manner. To that end, it is fundamental that all practitioners have the right skills and underpinning knowledge, that they ensure that products used are clinically validated and appropriately licensed and that patients receive accurate and valid information before deciding to undergo a cosmetic intervention. Appreciation of physical and psychological health disorders, and thus the suitability for treatments must be evaluated for every case.

Any practitioner who undertakes non-surgical cosmetic treatments is embarking on a new career pathway, associated with significant risk of harm to patients and members of the public. This document sets out guidelines appropriate to all levels of practitioner as to the risks involved and how to mitigate them. This document applies to all aesthetic practitioners, regardless of level of attainment. The guidance contained within this document applies equally therefore to those cosmetic practitioners who are registered clinicians and to those who do not have registerable status with a Professional Statutory Regulatory Body. The aim is to provide all practitioners with a sense of belonging to this applied area of practice and outline the duty of care to the public and to other practitioners. As such, the CPSA and JCCP agree that those who prescribe and treat should be working to the highest current standard and, as such, this guidance is based on the GMC guidance for doctors providing cosmetic interventions but has been amended to provide a framework for ***all*** aesthetic practitioners.

It has been agreed, following the Keogh Review (2013), that patients deserve the highest level of protection in this sector and that this guidance should not be compromised or mitigated in any way.

All practitioners who provide cosmetic interventions must perform audit annually and engage in either statutory or non-statutory appraisal, revalidation and CPD activities without which patient safety cannot be assured.

Practitioners, who teach others to perform procedures covered by the 2018 JCCP Competency Framework, shall be accredited as trainers/educators by their national competent authority (PSRB) if this is appropriately defined as a requirement. Other practitioners who wish to train practitioners or assess the competence of others will need to hold (or be able to evidence that they are working towards the attainment of), current, nationally recognised, teaching/mentoring qualifications appropriate to the level of intervention at which they are training practitioners to perform.

All trainers must hold indemnity and liability insurance appropriate and commensurate to the role. Non-clinical practitioners who provide clinical oversight (but NOT training), for other practitioners must be recognised as being competent to do so by the JCCP and hold indemnity and liability insurance appropriate for the role.

Key aims

This guidance has been produced to ensure that practitioners:

- are appropriately trained and experienced to practise safely in accordance with the JCCP 2018 Competency Framework standards and with the 2019 CPSA Practice Standards: https://www.jccp.org.uk/ckfinder/userfiles/files/JCCP%20Competency%20Framework%20final%20V8%20September%202018.pdf

http://www.cosmeticstandards.org.uk/uploads/1/0/6/2/106271141/cpsa_overarching_principles_for_consultation_final.pdf

- are aware of their additional responsibilities if they have clinical oversight of other practitioners.
- are aware of their additional responsibilities if they have prescribing privileges.
- are aware of their additional responsibilities if you train or assess others in cosmetic interventions.
- work with each individual patient/client to ensure they have realistic expectations of their outcome and that they make fully informed decisions and are appropriately consented.
- follow current guidelines or protocols for safe, effective provision of cosmetic interventions.
- consider the physical, social, emotional and psychological needs of their patients prior to the commencement of any treatment.
- do not allow financial or commercial interests in any intervention, organisation, company or research group providing cosmetic interventions, to adversely affect the standards of good patient care.

Using this guidance

This guidance is structured around the four domains of the GMC Good Medical Practice (GMP). In some areas, it sets a higher standard than GMP to address the specific safety issues and ethical concerns particular to the cosmetic sector, as recommended by Sir Bruce Keogh's Review of the regulation of cosmetic interventions*

Throughout this guidance, the terms 'you must/shall' and 'you should' are used in the following ways.

- 'You must/shall' is used for an overriding duty or principle.

■ ‘You shall’ is used when we are providing an explanation of how you will meet an overriding duty.

■ ‘You should’ is used where the duty or principle will not apply in all situations or circumstances, or where there are factors outside your control that affect whether or how you can follow the guidance.

Key responsibilities

If you offer cosmetic interventions, you must:

■ promote the safety and wellbeing of patients/clients and promote public trust and confidence and not to bring the profession into disrepute.

■ at all times seek your client/patient’s consent to the procedure yourself rather than delegate that responsibility.

■ make sure patients/clients are given enough time and information before they decide whether to have an intervention. The consumer will decide what is ‘adequate time and information’, not the practitioner and you must make sure that patients/clients have the information they seek, request, want or need, including evidence-based written information that supports continuity of care and includes relevant information about the medicines or devices to be used and the benefits and risks associated with the use of the same.

■ consider your client/patients’ psychological and emotional needs and whether referral to another, experienced professional colleague is appropriate.

■ refuse to perform treatments if you deem it not to be in the patient’s/client’s best interest and/or has the potential to cause significant physical, psychological or emotional harm.

■ refuse to perform treatments if you have grounds to suspect the patient’s/client’s presentation is coercive and not requested under their own volition’.

■ complete all necessary and required training before carrying out any treatment, at all times working within your scope of knowledge and competence, seeking advice, when appropriate, from a suitably qualified practitioner/supervisor.

■ you must not work beyond the limits of your competence.

■ act legally at all times and take particular care when considering medically informed and determined consent-based requests for interventions on young people (under the age of 18yrs) and not treat young persons under 18 yrs. of age for cosmetic purposes (fillers and injectable toxins), unless it is required for a medically diagnosed condition – See also the Appendix section relating to ‘Making decisions – Younger Persons Under 18’ – [as required and set down in the Botulinum Toxin and Cosmetic Fillers (Children) Act, 2021].

■ market your services responsibly, without making unjustifiable claims about interventions, your qualifications, training and experience, trivialising the risks involved, or using unethical or irresponsible promotional tactics that might encourage people to make ill-considered and/or uninformed decisions. You must follow all guidelines from the ASA/CAP and the JCCP/CPSA.

■ maintain your registrations of professional and regulatory bodies as well as the JCCP/CPSA.

■ take part in nationally mandated audits and data collection.

■ take part in annual appraisal of your own practice and participate in peer review and supervision.

■ conduct satisfaction surveys of at least 20 patients annually and include the findings in your appraisal/revalidation documents.

■ have indemnity and liability insurance appropriate to the scope of your practice, including any training, assessment, oversight, managerial or other role you undertake.

- Participate in regular and relevant continuous professional development activities (CPD).
- Ensure that you practice from safe premises that accord with JCCP ‘Safe Premises Standards’ as defined on the JCCP website.

You must also:

- keep patients/clients safe, work to improve safety and report safety concerns and adverse events as soon as you become aware of them to the appropriate authorities (e.g. The MHRA).
- work in partnership with clients/patients, treating them with respect and dignity.

work effectively and collaboratively with colleagues.

- keep up to date with and follow all relevant laws and guidance.
- be open and honest about your skills, knowledge, experience, fees and conflicts of interests.
- ensure all information, recommendations you give and treatments you provide are evidence-based.
- exercise your 'duty of candour' without delay.
- 'whistle blow' if concerns about patient safety arise which are not taken seriously (advice may be sought from the ‘National “Speaking Up” Guardians Office’ that is aligned to the CQC).
- have transparent and robust complaints/redress policies in place and inform all patients/clients the same.
- comply with this Code of Practice and with your Professional Code if you are a registered clinical practitioner.

If you have clinical oversight of other practitioners you must also:

- ensure practitioners are appropriately trained (by modality, knowledge and level of educational attainment as defined in the JCCP Competency Framework - 2018), appropriately qualified, insured and competent to provide the service you have oversight for, including sight of their annual audit, appraisal, CPD and patient satisfaction questionnaires.
- ensure the practitioner fulfils their responsibilities as set out in this guidance and as required by law and by their professional, statutory regulator, as appropriate.
- report concerns about poor, harmful, dangerous practice or problems with probity or health problems which may put the public at risk to the relevant authorities.
- have policies and plans in place for remediation of poor performance.
- only delegate tasks and duties that are within the other person's competence, making sure they fully understand your instructions and ensure the outcomes of those tasks are reported to yourself.
- confirm the outcomes of any task delegated and follow professional guidelines and legal requirements on safe prescribing (as defined and set down by the JCCP in their Guidelines on Responsible Prescribing, 2022 -) and dispensing, being particularly vigilant with regard to over or repeat prescribing. Ensure also that you undertake a review of all repeat prescriptions after six prescriptions and/or a six month period.

  https://www.jccp.org.uk/ckfinder/userfiles/files/JCCP%20prescribing%20statement%20Final(1).pdf

If you have prescribing privileges you must also:

- ensure you are properly, trained, qualified, insured and registered with the appropriate competent authority for the prescriptions you issue.
- ensure that you advise, prescribe, supply and/or administer medicines within the limits of your training and competence, the law and relevant policies, guidance and regulations.
- ensure you only prescribe for patients who are under your direct care after a face-to-face consultation (**not including via electronic communication or social media**). You must ensure you have enough knowledge of the patient's health care history and needs to prescribe medicines. treatments appropriate for them and which will not compromise other aspects of their medical care or psychological wellbeing.
- ensure that if a prescriber delegates the administration of a prescription only medicine to a responsible and competent person (the JCCP supports the GMC position which recommends that wherever possible non-surgical cosmetic treatments are delegated to a PSRB regulated practitioner but recognises also that prescribers may delegate the use of prescription only medicines for use by non-PSRB registered practitioners) that the prescribing practitioner acknowledges that, if they do delegate, they retain an overarching and ongoing responsibility to the patient, including assessment of outcomes and intervention in and reporting of adverse incidents. Further, they must be satisfied that the person to whom they delegate is both competent and proficient to administer the medication prior to agreeing to prescribe any prescription only medicine.
- ensure also that when the prescriber delegates the treatment after a face to face consultation the prescriber must be satisfied that it is safe to do so (safe administration, safe premises, safe storage of medicines/products etc.), noting that if delegating to a non-registered practitioner the legal and professional liability for the delegation of the use of the medicine remains with the prescriber. The prescribing practitioner therefore accepts, in these circumstances, responsibility not only for oversight of the patient but also for the medicines they prescribe and for their subsequent use in accordance with expected professional practice and in accordance with appropriate legal parameters.
- retain full responsibility and accountability for all prescriptions you authorise.
- inform the patient's GP, and receive their positive response to proceed, if any medication you wish to prescribe may interact with or alter an existing treatment in advance of providing the treatment yourself or by others for whom you have oversight.
- Patients should also be encouraged to seek advice from their G.P. or pharmacist about potential interactions that might occur alongside the use of existing medication.
- report poor prescribing or problems with probity to the relevant authorities.
- fulfil all the responsibilities set out under the law of the country, in which you work, for the prescribing privileges you hold.
- Be aware that only doctors and dentists are eligible to hold a stock (i.e. where the medicines have not been dispensed by a pharmacist) of prescription medicines and are required to also complete a PSD when administering injectable medicines from this stock. In these circumstances the JCCP/CPSA would remind such practitioners of their professional responsibilities when combining their roles of prescribing and dispensing. However, medical and dental practitioners are *not* permitted to provide advance stock of prescription medicines to other non-medical practitioners. The MHRA 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. The JCCP/CPSA reminds doctors and dentists in these circumstances that they are accountable for the safe use and storage of these medicines.
- ensure that advertising of non-prescription medicines complies with the marketing authorisation
- **not** allow any organisation for which you work, represent or own to advertise prescription only medications to the public (which is regarded to be an illegal practice)
- comply with the Committee of Advertising Practice guidance on advertising of prescription only medications
- recognise and address the existence of competing interests. When making a prescribing decision, practitioners must place the needs of the patient first and be transparent about their actions. The approach to shared decision making with the patient concerned should allow for the

psychological needs and signs of vulnerability to be considered and should not be influenced by personal gain or commercial interest.

The JCCP and CPSA recognises that advertising and promotion of the services offered by cosmetic treatment injectable providers is a legitimate and reasonable business practice as a means of creating public awareness about the services available and the attributes of the provider. It also recognises that it is an important tool for enabling providers to differentiate themselves from their competitors and for developing their businesses. This is in common with providers in other service businesses. The primary reason for advertising is to inform patients/clients and potential patients/clients. In the UK, guidance on advertising practice is given by The Committees of Advertising Practice (CAP and BCAP). Further guidance on the appropriate advertising and promotion of invasive non-surgical cosmetic injectable procedures is provided at Appendix One of this document.

If you provide training and/or assessment for other practitioners performing 'cosmetic interventions' you must also:

- ensure you are appropriately trained to the appropriate standard, qualified, insured and registered with the appropriate competent bodies to provide the level of training you teach or assessments you perform.
- ensure you instruct those you teach the responsibilities contained in this guidance and ensure the practitioner/s understand their responsibilities under this guidance.
- audit the outcomes of your training and/or assessments.

Knowledge, skills and performance

1) You must recognise and work within the limits of your competence and refer a patient/client to another practitioner where you cannot safely meet their needs.
2) Before carrying out an intervention for the first time yourself, or supervising others performing it, you must make sure you can do so safely and deal with any complications that may occur from the treatment e.g. by undergoing training or seeking opportunities for supervised practice,*
3) You must take part in continuing professional development activities to maintain and develop your competence and performance across the full range of your practice.
4) You must follow, and comply with, all legal, clinical, professional and ethical guidelines and standards that apply to your work. You must practise in accordance with all statutory/legal requirements, PSRB/JCCP/CPSA guidance and other regulatory guidance relevant to your work.
5) You must seek and act on feedback from patients, including information on their satisfaction and physical, emotional and psychological outcomes. You must use this, and feedback from colleagues, to inform your practice and improve the safety, quality and effectiveness of your work. Reflection on the quality of your practice as shown by audit and appraisal of your work is mandatory to improving standards and minimising poor practice.
6) You must engage in annual appraisal/revalidation, which covers the whole scope of your practice and undertake regular continuous personal and professional development. If your professional regulator applies more onerous criteria than that required by the JCCP/CPSA you must comply with your regulator's requirement. If such a period is not prescribed by your professional regulator, you must evidence your compliance at least every three years when you apply to re-register your Membership with the JCCP.

Safety and Quality

7) To help keep patients/clients safe, you must follow the guidance on establishing and participating in systems and processes that support quality assurance and service improvement. In particular, you must:

a) comply with any statutory MHRA reporting duties in place

b) contribute to national programmes to monitor quality and outcomes, including those of any relevant device registries

c) routinely monitor patient outcomes, including those you have delegated and audit your practice annually and discuss the findings in your annual appraisal.

d) report product safety concerns to the relevant regulator.*

e) have a robust Complaints Policy/Procedure which includes an independent/external review stage.

8) You should share insights and information about outcomes with other people who offer similar interventions, to improve outcomes and patient safety.†

9) You must advise patients how to report complications and adverse reactions.

10) You have a '**duty of candour'** to be open and honest with patients in your care if something goes wrong and the patient suffers or may suffer harm or distress as a result.‡

11) Prescribing practitioners must take a full clinical history and carry out a face to face, physical and emotional well-being examination of all patients before prescribing injectable cosmetic medicines or other invasive procedures. You must not, therefore, prescribe medicines by telephone, video link, social media, online or at the request of others for patients you have not examined in person. Repeat prescriptions must only be provided with the prescribers full knowledge of the patient's current medical and drug history and any change in any prescription you provide must only be made after a face to face consultation and examination in person.

12) You must seek and act on evidence about the effectiveness of the interventions you offer and use this to improve your performance. You must provide interventions based on the best available up-to-date evidence about effectiveness, side effects and other risks.

13) You must be satisfied that the environment in which you practise is safe, suitably equipped and staffed and complies with any relevant regulatory requirements and JCCP premises standards requirements.

You should also read Annex paragraphs - Good Practice; Raising Concerns

** Medicines and medical devices in the UK are regulated by the Medicines and Healthcare products Regulatory Agency. See www.gov.uk/government/organisations/medicines-and- healthcare-products-regulatory-agency (accessed 7 March 2016).*

† Northgate Public Services - https://www.northgateps.com/ - collects and publishes information about aesthetic procedures in liaison with the JCCP and CPSA to help patients/clients make informed choices. Northgate Public Services (UK) Limited, acting on behalf of JCCP, collects activity and complications data from all practitioners registered on the JCCP website (www.jccp.org.uk) for the purposes of audit and safety.

‡ See the GMC/NMC guidance, Openness and honesty when things go wrong, available at: www.gmc-uk.org/guidance/ethical_guidance/27233.asp - April, 2017

Safeguarding

14) Safeguarding practices and procedures are drawn up within a legal framework. Local Authorities have clearly laid out responsibility for making provision for these to be carried out. This includes the provision of a designated safeguarding lead professional who is available to support with enquiries or reported cases of disclosure, or where there is reasonable cause to suspect significant harm. This is available to the general public and to all professionals including those working in private practice or working alone. Your local authority can provide you with details of your local Safeguarding Officer.

15) The JCCP requires all practitioners to engage in regular supervision as determined within our published Code of Conduct. Supervision provides a space where safeguarding issues can be discussed. By giving yourself time to discuss in supervision, you can separate yourself from the emotion

of the moment so that you can see things clearly, which allows for consideration of the many things that may need to be taken into account. The JCCP recognises that many of our Registrants working in private practice or alone and acknowledge that practitioners may occasionally face dilemmas that will require careful judgment and consideration. The following guidelines consider key points in relation to the interface between the requirements of safeguarding procedure and the role of the practitioner. The JCCP has cited the following key principles of ethical practice in its Code of Conduct: avoiding harm, benevolence, candour, competence, honesty, human rights and social justice and personal accountability. Practitioners are reminded that each situation is unique, and the process of learning will be continuous.

16) Practitioners should be aware that abuse may be physical, psychological, sexual, financial, material, discriminatory, or involve neglect. If working directly with a vulnerable adult you may hear or see signs that reasonably indicate preliminary evidence that they or another person have suffered, is suffering, or is likely to suffer actual abuse. You may also become aware of possible abuse via other means, for example though the use of social media.

17) All aesthetic practitioners have duty of care and responsibility to protect vulnerable adults, your client and yourself. You should also proportionality the 'weight' of the evidence pertaining to your concerns. The JCCP Code of Conduct requires you to be cognisant of issues relating to capacity to 'capacity' when making choices; sometimes choices that you may consider harmful. Whenever you believe there is a significant issue of concern regarding a safeguarding issue then the JCCP is of the opinion that you should undertake to discuss this matter with your Local Authority Safeguarding Officer in order to obtain advice on whether to pursue the matter further.

18) Any decision to follow up or to report a safeguarding concern must be considered in the best interest of the client or adult who is considered to be at risk. Under such circumstances you are advised to show an expression of concern: reassure but do not promise inappropriate confidentiality. Good practice is to make clear in an initial contract that where their safety or the safety of others is a matter of concern, the practitioner may need to talk with relevant people in order to ensure their safety. You may want to remind a client of this agreement and make them aware of any statutory responsibilities that would be invoked by specific disclosures. There are helpful definitions of abuse relating to children and adults to be found in Appendix 2 of the NHS Safeguarding Policy (June 2015). In the case of adults, the threshold of significant harm has been replaced by the phase 'adult at risk' from: self-neglect, modern slavery, domestic abuse and exploitation (Adult and Care Act 2014).

19) If your assessment of risk suggests that you need to take urgent action you could call the local authority designated safeguarding lead professional or local authority duty care officer who will have experience of dealing with many cases and ask for advice on the case.

20) Following the above steps your actions may be to make full notes of your decision, actions and reasons for them – the rationale for your decision should also be recorded. But also consider how to respect the confidentiality of clients and treat information that does not need to be disclosed about them as confidential.

21) Remember that you can share confidential information without consent if it is required by law, or directed by the court, or if the benefit to the adult that will arise from sharing that information outweigh both the public and the individual's interest in keeping the information confidential. The key issue is to discuss concerns with your Local Authority Safeguarding Team if you are uncertain that the adult is at risk. They are the body that takes responsibility (ultimately passed to the courts) for any further action. In the first instance you may want to withhold personal details of the person at risk. In sharing concerns about neglect and abuse you are not making the final decisional how best to protect the individual.

22) Our duty is always to uphold the best interests of members of the public and to seek to protect vulnerable members of society to the very best of our ability.

Boundary Setting

23) The JCCP and CPSA Code of Practice requires all Practitioners duty to ensure that they keep their clients psychologically safe. Safe professional practice is underpinned by the principle of setting defined boundaries which may be defined as agreed limits or rules which help provide this safety and protect both the client and the practitioner. They set a formal structure, purpose and standards for the administration of aesthetics procedures.

24) Practitioners are responsible for setting up, monitoring and maintaining boundaries as part of their professional practice. Boundary setting require you to create a therapeutic relationship where the client feels safe and comfortable and free from both conscious and unconscious intimidation or exploitation.

25) Boundaries should always serve the patient/client's interests.

Boundaries

26) There are a range of instances when boundaries should be set to define the parameters of your interaction with your clients/patients. Boundaries can include practical details such as fees and appointment times, or what contact you might have between sessions. These may be negotiated at the outset as part of your contract with the client/patient.

27) Other boundaries are not explicitly discussed but are essential as part of the practitioner's case of professional/ethical practice – such as refraining from any form of conversation or behaviour that might be interpreted as being 'sexual' in nature (including not having **any form** of sexual relationship with a client/patient).

28) Other boundaries have been explored in the JCCP/CPSA Code of Practice depend and relate to the Practitioner's scope of knowledge and the need to always conduct as assessment or treatment session in a professional and non-intrusive manner. It is always advisable to ask clients/patients about their preferences for social distancing and to ensure that the client/patient has been fully briefed and consent to any form of 'physical touch' or close proximity. Practitioners should undertake to ensure that their clients/patients 'feel comfortable' with their proposed treatment plan.

29) Boundaries that all practitioners should maintain include:

- providing consistency, predictability and security during all procedural encounter ensuring sessions take place in a calm environment with no distractions and where confidentiality can be ensured
- limiting contact between the practitioner and the client/patient to pre-arranged appointments, as far as possible
- appropriately and ethically managing any emotional and/or physical attraction between you and offering to provide a chaperone if requested
- remaining impartial rather than judging you or imposing their values
- not giving, receiving or exchanging any gifts during the treatment sessions
- managing the end of the treatment contract in an appropriate way and ensuring formal boundaries are maintained during any breaks in treatment and after treatment has ended.

Good Practice for Boundary Setting

30) Practitioners should:

- make clear, professional arrangements regarding fees and appointments
- readily provide information about your training and experience

- focus on you and your concerns
- show that you will maintain your confidentiality appropriately
- demonstrate how feelings can be safely discussed and understood rather than acted upon
- support and encourage your self-confidence and autonomy
- treat you with respect, care and dignity
- engaging in professional supervision sessions that facilitate time to discuss professional boundary issues
- maintaining boundaries of confidentiality as set out in the JCCP/CPSA Code of Practice. These should be clearly explained at the start of the treatment contract. And discussed with each client/patient.

Crossing Boundaries

31) If a Practitioner deliberately crosses a boundary, this should be based on:

- their professional judgement about whether it's appropriate in the context of an individual client/patient's treatment plan
- confidence that they you could justify your decision to professional colleagues/regulators , if challenged
- anticipating the likely effect that the boundary crossing, and your intention to do it, may have on your client/patient

Examples of Boundary Crossing (32)

- Practitioners seeking praise, reassurance or constantly wanting clients/patients to show gratitude for their work
- Practitioners gradually changing from their usual practice or drifting away from the contract originally agreed with their patient/client.
- Practitioners focus on their own needs rather than their patient/client – for example talking about themselves or unexpectedly ending sessions early.
- Practitioners share their problems and expects their patient/client you to 'empathise' with them.
- Suggesting you are the only practitioner or person who can meet their patient/client's needs.
- Offers additional sessions, not agreed at the outset, without there being a clinical justification.
- Practitioners behaving in an insincere or flattering manner towards their patient/client or appearing to judge or blame them.
- 'Flirting with patients/clients - no practitioner should ever make sexual advances towards their patient/client.
- Practitioners who 'take sides with their patient/client, no matter what the situation, or argues with their patient/client.
- Lending or borrowing money from their Practitioner.
- Practitioners working with their patient/client despite any issues which seem beyond their competence or experience.
- Practitioners who infer/suggests one of their patients/clients might have a special relationship with them, which may seem exciting or flattering but implies something secretive or unprofessional.
- Making patients/clients feel uneasy, tense or unsafe.
- Often allowing sessions to overrun the agreed time.

33) The JCCP recognises that sometimes practitioners are concerned or confused about boundaries being broken. Practitioner can sometimes cross a boundary without it causing a major problem, but it should not be ignored. Practitioners should always record their concerns and ensure that a confidential discussion takes place with their line manager and supervisor. Sometimes breaking boundaries can be a legal matter as well as grounds for complaint. For

example, a practitioner making sexual advances to a client may be a criminal offence and a reportable offence to their professional regulator and to the JCCP in their capacity as a Professional Standards Authority Accredited Register.

Communication, partnership and teamwork*

34) You must communicate clearly and respectfully with clients/patients, listening to their questions and concerns and considering any needs they may have for support to participate effectively in decision making. In so doing practitioners should be mindful of the need to discuss the consumer's expectations of their reason for seeking the intervention and provide honest and evidence-based advice and information about the risks and benefits of such treatments, taking account at all times of the emotional and psychological well-being of the patient/client.

You should also read Annex paragraphs - Leadership and management for all practitioners

Seeking client'/patients' consent

35) You must be familiar with the exemplar guidance on Consent: patients and doctors making decisions together. In the following paragraphs, we have extracted and highlighted key points from the guidance, which are important to protecting patients' interests in relation to cosmetic interventions.

You should also read Annex paragraphs - Consent; Patients and Practitioners making decisions together.

Responsibility for seeking consent for cosmetic interventions

36) If you are the practitioner who will be carrying out the intervention, it is your responsibility to discuss it with the patient and seek their consent – you must not delegate this responsibility. It is essential to a shared understanding of expectations and limitations that consent to a non-surgical cosmetic intervention is sought by the practitioner who will perform it, or supervise its performance by another practitioner. If you were not present when consent was gained by the person supervising you, you must reconfirm with the patient/client that the treatment you are about to deliver is that which the patient is expecting and they have consented to and confirm they wish to proceed. Where clinical oversight is required, patients/clients must be informed in writing of the name and business address of the clinician providing the oversight. If you are performing procedures at level 6+ under supervision you must check the consent is completed correctly. If you were not present when consent was gained by the person supervising you, you must reconfirm with the patient/client that the treatment you are about deliver is that which the patient is expecting and they have consented to.

Responding to requests for cosmetic interventions

37) If a patient/client requests an intervention, you must follow the guidance on Consent, including consideration of the person's clinical history. You must ask the patient/client why they would like to have the intervention and the outcome they hope for, before assessing whether the intervention is appropriate and likely to meet their needs.
38) If you believe the intervention is unlikely to deliver the desired outcome or to be of overall benefit to the person, you must discuss this with them and explain your reasoning. If, after discussion, you still believe the intervention will not be of benefit to the person, you must not provide it. You should discuss other options available to them and respect their right to seek a second opinion. Your discussions must be recorded contemporaneously in your clinical notes,

39) When you discuss interventions and options with a patient/client, you must consider their vulnerabilities, psychological and emotional needs. You must satisfy yourself that the person's request for the cosmetic intervention is voluntary. If you have any concerns that the person may suffer emotional, psychological or physical harm if their requested treatment is delivered, your duty of care is not to treat the person but to advise they must consult their GP and/or a psychologist (or other healthcare professional) with appropriate expertise for assessment before embarking on treatment.
40) You must explain any monitoring or follow-up care requirements, and potential costs involved, from the outset. You must tell patients if implanted medical devices may need to be removed or replaced and after how long.
41) You must tell prospective patients/clients if you do not have the knowledge, skills, competence or confidence to deliver the treatment they require.
42)You must discuss and have knowledge of a range of accepted alternative interventions that could meet their needs or reduce risk, including referral to other practitioners.

Discussing side effects, complications and other risks

43) You must give patients/clients clear, accurate information about the risks of the proposed intervention and any associated procedures appropriate to your level of training, including the use of any form of anaesthesia or sedation, as well as any other medication you recommend or use in their treatment.
44) You must talk to the person about any adverse outcomes and risks that may result from the proposed intervention, paying particular attention to those the patient is most concerned about.† You must talk about the potential adverse physical, emotional and psychological impact of the intervention going wrong or failing to meet the patient's expectations.

** See the Royal College of Anaesthetists' Safe Sedation Practice for Healthcare Procedures: Standards and Guidance, available at: www.rcoa.ac.uk/document-store/safe-sedation- practice-healthcare-procedures-standards-and-guidance (accessed 7 March 2016).*
† See Montgomery v Lanarkshire Health Board (Scotland) [2015] UKSC 11.

Giving patients time for reflection ('Cooling Off')

45) You must give the patient/client the time and information they need to reach a voluntary and informed decision about whether to go ahead with an intervention.
46) The amount of time patients/clients need for reflection and the amount and type of information they will need depend on several factors. These include the person's presentational state and emotional well-being, invasiveness, complexity, permanence and risks of the intervention, how many intervention options the patient is considering and how much information they have already considered about a proposed intervention.
47) You must inform the patient/client they can change their mind at any point.
48) You must consider whether it is necessary to consult the patient's GP (or other relevant healthcare professional) to inform the discussion about benefits and risks. If so, you must seek the person's permission and, if they refuse, discuss their reasons for doing so and encourage them to allow you to contact their GP. If the person is determined not to involve their GP (or other relevant healthcare professional), you must record this in their notes and consider how this affects the balance of risk and benefit and whether you should go ahead with the intervention. Irrespective of the person's decision to allow or deny access to their GP record, practitioners should only prescribe medicines or provide treatment if they are assured that have adequate knowledge of the patient's medical and medicines history.

Being clear about fees and charges

49) You must explain your fees and charges clearly, so patients/clients know the financial implications of any decision to proceed to the next stage or to withdraw.
50) You must be clear about what is included in quoted prices and what other charges might be payable, including possible charges for revision or routine follow up.

Treating adult persons who lack capacity

51) If you consider providing an intervention for an adult who lacks capacity to make the decision about whether to go ahead with the intervention, you must follow the advice in paragraphs 62–79 of the GMC Consent guidance. The advice in these paragraphs takes account of the legal requirements across the UK that govern decision-making with adults, who lack capacity.
52) You must seek and take account of the views of people close to the patient/client, as well as any information you and the healthcare team may have about the patient's wishes, feelings, beliefs and values. Your approach to consulting with those close to the person should follow the advice on sharing information set out, for example in paragraphs 18–25 of the GMC Consent guidance and in Section 4 of the NMC 'Code' of Professional Standards of Practice and Behaviour for Nurses, Midwives and nursing Associates' (2015)' .

You should also read Annex paragraphs - Capacity Issues; Confidentiality

Treating young people*

53) It is **not** appropriate to provide non-surgical cosmetic interventions to children under 16 years of age unless there are specific, medical indications. You may, however give non-surgical treatments to young persons aged 16 and 17 years with their consent (if they are competent to give it, or with the consent of a parent or the Court) *.
54) If indicated, you must only provide interventions that are in the best interests of the young person. If a young person has capacity to decide whether to undergo an intervention, you should still encourage them to involve their parents in making their decision *.
55) Your marketing activities must not target children or young people, through either their content or placement *.

***You should also read Annex paragraphs* - Making decisions – Younger Persons 16 – 18**

Providing continuity of care

56) You should consider whether you or a colleague will need to review the patient/client's response to the intervention and make sure the person understands whether you recommend a follow-up appointment.
57) You must make sure the patient/client is aware of the medicines or equipment they may need to care for themselves after an intervention.
58) You must make sure that your patient/clients know how to contact you or another named, suitably qualified person if they experience complications outside your normal working hours.
59) You should provide clients/patients with verbal and/or written information that explains the intervention they have received in enough detail to enable another practitioner to take over the patient/. client's care should the need arise or if this is requested. This should include relevant information about the medicines, devices or products used. You should also send this information, with the patient/client's consent, to their GP, and any other healthcare practitioners treating them, if it is likely to affect their future healthcare or emotional/psychological wellbeing. If the patient/client objects to the information being sent to their doctor (or other relevant healthcare professional), you must record

this in their notes and you will be responsible for providing the patient/client's follow-up care (see also paragraph 28 of this guidance).
60) You should organise your records in a way that allows identification of clients/patients who have been treated with a particular device or medicine in the event of product safety concerns or regulatory enquiries.

61) You must keep records that contain personal information about patients securely and in line with:
a - data protection requirements
b - JCCP/CPSA Confidentiality guidance
c - guidance published by the UK health departments, even when the interventions are provided outside the National Health Service.

** See the GMC guidance 0–18 years: guidance for all doctors for more information about the general principles you should follow, in addition to this guidance, when you treat children and young people.*
† See paragraphs 12 and 13 of 0–18 years: guidance for all doctors for guidance on assessing best interests.
‡ 'Parents' are people with parental responsibility.
§ See the GMC Guidance for doctors acting as responsible consultants or clinicians.

Working with colleagues*

62) You must make sure that anyone you delegate† care to has the necessary knowledge, skills, competence, capability and training and is appropriately supervised.
63) You must work effectively with healthcare professionals and others involved in providing care. You must respect the skills of colleagues within multidisciplinary teams and support them to deliver good patient care.

* *'Colleagues' include anyone a practitioner works with, in and outside their team.*
* *† See GMC guidance on Delegation and referral, available at: www.gmc-uk.org/guidance/ethical_guidance/21187.asp.*

64) You must ask for advice from colleagues if the patient/client has a physical or emotional/ psychological health condition that lies outwith your scope of knowledge or expertise and that may be relevant to the intervention or the patient/client's expectations.
65) You must make sure that you build a support network of experienced, trained and capable professional colleagues who can advise and support you.
66) You should ask for advice when you treat patients who may need psychological/emotional or other expert assessment or support. You must recognise the training and skills of all colleagues, accepting and supporting them to achieve good patient care.

Non-medical aesthetic practitioners and provisionally registered clinical professionals (or trainees) must ensure they are supervised when performing treatments at level 6+.

Maintaining trust and probity

Honesty

67) You must always be honest and never misleading about your skills, experience, qualifications, professional status and current role.

Communicating information about your services

68) When advertising your services, you must comply with the rules in the Advertising Codes which are authored by the Committees of Advertising Practice (CAP) and enforced by the Advertising

Standards Authority* and you must follow guidelines issued by the JCCP/CPSA. CAP provides extensive guidance on how to comply with its Codes via its website and also offers a free, bespoke, pre-publication advice service on individual ads. More information about CAP and the ASA is available via their website.
69) You must make sure the information you publish is factual, verifiable and does not exploit patients' vulnerability or lack of medical knowledge.
70) Your marketing must be responsible.† It must not minimise or trivialise the risks of interventions and must not exploit patients' vulnerability. You must not claim that interventions are risk free.
71) If patients/clients will need to have a medical assessment before you can carry out an intervention, your marketing must make this clear.
72) You must not mislead about the results you are likely to achieve. You must not falsely claim or imply that certain results are guaranteed from an intervention.
73) You must not use promotional tactics in ways that could encourage people to make an ill-considered decision, such as 'Buy one, get one free" or time limited offers.
74) You must not provide your services as a prize.
75) You must not knowingly allow others to misrepresent you or offer your services in ways that would conflict with this guidance *†*.

You should also read Annex paragraphs - Resolving disagreements

** The Committee of Advertising Practice (2013) Marketing of Cosmetic Interventions, available at: bit.ly/CAP_cosmeticmarketing (accessed 7 March 2016).*
† JCCP - (2020) Policy Statement on the Advertising and Promotion of Aesthetic/Cosmetic Injectable Treatments by Registrants on the Joint Council for Cosmetic Practitioners Register, available for inspection on the JCCP WebSite.

Honesty in financial dealings

76) You must be open and honest with your patients about any financial/commercial interests that could be seen to affect the way you prescribe, advise, treat, refer or commission services for them, especially if you are owner of the business or the premises in which the patient will be treated.
77) You must not allow your financial or commercial interests in a cosmetic intervention, organisation providing cosmetic interventions, to affect your recommendations to patients or your adherence to expected good standards of care.
78) You should also act in the best interests of consumers at all times in line with best available evidence. Practice and decision making should therefore be impartial, evidence based and centered on the best interests and health and wellbeing of the individual. Financial or other interests should not detract from this duty of care.
79) Offers of any gift from a patient/client must be appropriate and proportionate. The acceptance of any gift, hospitality or favour could be interpreted as an attempt to gain preferential treatment.

Other resources

References and links to other sources of information and guidance, *which complement our guidance for practitioners, are included below. A number of organisations, including the GMC, Royal College of Surgeon of England , BAAPS, BAPRAS, the BAD, the BACN, the BACD, the General Pharmaceutical Council (GPC), JCCP and CPSA have produced guidance on the professional standards, skills, experience needed to carry out cosmetic interventions. The Committee of Advertising Practice (CAP) has developed guidance on the advertising and marketing of cosmetic interventions.*

- *Professional Standards for Cosmetic Surgery Published by the Royal College of Surgeons (2016), available at: bit.ly/RCScosmeticstandards.*
- *JCCP – Guidelines on Responsible Prescribing – (July, 2022) -* https://www.jccp.org.uk/ckfinder/userfiles/files/JCCP%20prescribing%20statement%20Final.pdf
- *JCCP (2018) Competency Framework (September, 2018) -* https://www.jccp.org.uk/ckfinder/userfiles/files/JCCP%20Competency%20Framework%20final%20V8%20September%202018.pdf
- *Cosmetic Practice Standards Authority (2018) 'The Practice Standards', - http://www.cosmeticstandards.org.uk/*
- *Qualification requirements for delivery of cosmetic procedures. Published by NHS Health Education England (2015), available at: bit.ly/HEEcosmeticqualreq.*

- *Report on implementation of qualification requirements for cosmetic procedures. Published by NHS Health Education England (2015), available at: bit.ly/HEEcosmeticqualreport.*
- *The codes of practice from:*
- *The British Association of Aesthetic Plastic Surgeons, available at bit.ly/BAAPS_code*
- *The British Association of Plastic Reconstructive and Aesthetic Surgeons, available at bit.ly/BAPRAS_code.*
- *A Competency Framework for All Prescribers is available at https://www.rpharms.com/resources/frameworks/prescribers-competency-framework*
- *Marketing of Cosmetic Interventions Published by Committee of Advertising Practice (2013), available at: bit.ly/CAP_cosmeticmarketing.*
- *Department of Health (England) (2013) Review of the Regulation of Cosmetic Interventions, available at: www.gov.uk/government/ publications/review-of-the-regulation-of-cosmetic-interventions (accessed 7 March 2016). See also the report of the Scottish Cosmetic Interventions Expert Group (Scottish Government, 2015), available at: www.gov.scot/Resource/0048/00481504. pdf (accessed 7 March 2016).*

Annex

The following are extracts from our other pieces of selected guidance, which you are recommended to read alongside this document. Healthcare professionals, especially those prescribing, training, overseeing or assessing others, should also refer to profession-specific guidance provided by their respective professional body and/or professional associations. Our thanks to the General Medical Council for allowing us to base this guidance on their document on Good Cosmetic Surgical Practice.

"Good practice"

You must provide a good standard of practice and care. If you assess and treat patients, you must:

a) adequately assess the patient's conditions, taking account of their history (including the symptoms and psychological, spiritual, social and cultural factors), their views and values; where necessary, examine the patient
b) promptly provide or arrange suitable advice, investigations or treatment where necessary
c) refer a patient to another practitioner when this serves the patient's needs.

In providing clinical care you must:

a) prescribe drugs or treatment, including repeat prescriptions, only when you have adequate knowledge of the patient's health and are satisfied that the drugs or treatment serve the patient's needs
b) provide effective treatments based on the best available evidence
c) take all possible steps to alleviate pain and distress whether or not a cure may be possible.
d) consult colleagues where appropriate
e) respect and encourage the patient's right to seek a second opinion
f) check that the care or treatment you provide for each patient is compatible with any other treatments the patient is receiving, including (where possible) self- prescribed over-the-counter medications
g) wherever possible, avoid providing medical care to yourself or anyone with whom you have a close personal relationship.

You must take part in systems of quality assurance and quality improvement to promote patient safety. This includes:

a) taking part in regular reviews and audits of your own work and that of your team, responding constructively to the outcomes, taking steps to address any problems and carrying out further training where necessary
b) regularly reflecting on your standards of practice and the care you provide
c) reviewing patient feedback where it is available.

To help keep patients safe you must:

a) contribute to confidential inquiries
b) contribute to adverse event recognition
c) report adverse incidents involving medical devices that put or have the potential to put the safety of a patient, or another person, at risk
d) report suspected adverse drug reactions
e) respond to requests from organisations monitoring public health.

When providing information for these purposes you should still respect patient's confidentiality.

Good practice in prescribing and managing medicines and devices

Early, routine reporting of adverse reactions, incidents and near misses involving medicines and devices can allow performance and systems issues to be investigated, problems rectified and lessons learned. You must make reports in accordance with your employer or contracting body's local clinical governance procedures.

You must inform the Medicines and Healthcare Products Regulatory Agency (MHRA) about any serious suspected adverse reactions to all medicines and all reactions to products marked with a Black Triangle in the British National Formulary and elsewhere using the Yellow Card Scheme b adverse incidents involving medical devices, including those caused by human error that put, or have the potential to put, the safety of patients, healthcare professionals or others at risk. These incidents should also be reported to the medical device liaison officer within your organisation. You should provide patients with information about how they can report suspected side effects directly to the MHRA.

You should also:

a) check that all serious patient safety incidents are reported to the National Reporting and Learning System (in England and Wales), especially if such incidents are not automatically reported through clinical governance arrangements where you work

b) where appropriate, inform the patient's general practitioner, the pharmacy that supplied the medicine, the local controlled drugs accountable officer and the medicines manufacturers of relevant adverse drug reactions and patient safety incidents.

You should respond to requests from the Drug Safety Research Unit for prescription-event. monitoring data and information for studies on specific safety or pharmacovigilance issues.

You should also be guided by the JCCP (2022) Guidelines on Responsible Prescribing referred to earlier in these guidelines.

Raising and acting on concerns about patient safety and public protection

Duty to raise concerns

All practitioners have a duty to raise concerns where they believe that patient/public safety or care is being compromised by the practice of colleagues or the systems, policies and procedures in the organisations in which they work. They must also encourage and support a culture in which staff can raise concerns openly and safely.

You must not enter into contracts or agreements with your employing or contracting body that seek to prevent you from or restrict you in raising concerns about patient safety. Contracts or agreements are void if they intend to stop an employee from making a protected disclosure.

Obstacles to sharing information

It is sometimes difficult, because of pressures on your time or the limited resources available, to give consumers as much information or support in making decisions as you, or they, would like. To help in this, you should consider the role that other members of the healthcare team might play, and what other sources of information and support are available. These may be, for example, patient/client information leaflets, advocacy services, expert patient programmes, or support groups for people with specific conditions.

You should do your best to make sure that patients/clients with additional needs, such as those with disabilities, have the time and support they need to make a decision. In all cases, you must treat people fairly and not discriminate against them and act at all times in accordance with fair and equitably applied equality guidance..

If you think that limits on your ability to give patients/clients the time or information they need is seriously compromising their ability to make an informed decision, you should raise your concerns with your employing or contracting authority. See paragraph 25b of the GMC Good Medical Practice and the explanatory guidance 'Raising and Acting on Concerns About Patient Safety'.

Overcoming obstacles to reporting

You may be reluctant to report a concern for a number of reasons. For example, because you fear that nothing will be done or that raising your concern may cause problems for colleagues; have a negative effect on working relationships; have a negative effect on your career; or result in a complaint about you.

If you are hesitating about reporting a concern for these reasons, you should bear the following in mind.

a) You have a duty to put patients/client' interests first and act to protect them, which over-rides personal and professional loyalties.

b) The law provides legal protection against victimisation or dismissal for individuals who reveal information to raise genuine concerns and expose malpractice in the workplace

C)You do not need to wait for proof – you will be able to justify raising a concern if you do so honestly, on the basis of reasonable belief and through appropriate channels, even if you are mistaken. Advice on such channels if provided in the following websites:

https://www.nmc.org.uk/standards/guidance/raising-concerns-guidance-for-nurses-and-midwives/whistleblowing/

https://improvement.nhs.uk/resources/freedom-speak-guidance-nhs-trust-and-nhs-foundation-trust-boards/

Leadership and management for all practitioners.

Early identification of problems or issues with the performance of individuals, teams or services is essential to help protect patients.

You must take part in regular reviews and audits of the standards and performance of any team you work in, taking steps to resolve any problems.

You should be familiar with, and use, the clinical governance and risk management structures and processes within the organisations you work for or to which you are contracted. You must also follow the procedure where you work for reporting adverse incidents and near misses. This is because routinely identifying adverse incidents or near misses at an early stage can allow issues to be tackled, problems to be put right and lessons to be learnt.

You must be conversant with all relevant national and local guidance set down by employers, professional bodies and professional associations that relate to raising and acting on concerns about

patient safety when you have reason to believe that systems, policies, procedures or colleagues are, or may be, placing members of the public at risk of harm.

Practitioners with extra responsibilities

If you have a management role or responsibility, you must make sure that systems are in place to give early warning of any failure, or potential failure, in the clinical performance of individuals or teams. These should include systems for conducting audits and considering patient feedback. You must make sure that any such failure is dealt with quickly and effectively.

If you are managing or leading a team, you should make sure that systems, including auditing and benchmarking, are in place to monitor, review and improve the quality of the team's work.

You must work with others to collect and share information on patient experience and outcomes.

You must make sure that teams you manage are appropriately supported and developed and are clear about their objectives.

Consent: patients/clients and practitioners making decisions together

Sharing information

How you discuss a person's diagnosis, prognosis and treatment options is often as important as the information itself. You should:

a) share information in a way that the patient/client can understand and, whenever possible, in a place and at a time when they are best able to understand and retain it
b) give information that the person may find distressing in a considerate way
c) involve other members of the healthcare team in discussions with the person, if appropriate give the patient/client time to reflect, before and after they make a decision, especially if the information is complex or what you are proposing involves significant risks
d) make sure the patient/client knows if there is a time limit on making their decision, and who they can contact in the healthcare team if they have any questions or concerns.

You should give information to patients/clients in a balanced way. If you recommend a particular treatment or course of action, you should explain your reasons for doing so. But you must not put pressure on the person to accept your advice.

You may need to support your discussions with patients/clients by using written material, or visual or other aids. If you do, you must make sure the material is accurate and up to date and intelligible to the person irrespective of their first language of choice or intellectual ability to comprehend complex information.

You should check whether the patient/client needs any additional support to understand information, to communicate their wishes, or to make a decision and you should bear in mind that some barriers to understanding and communication may not be obvious; for example, a person may have unspoken anxieties, or may be affected by pain or other underlying problems. You must also make sure, wherever practical, that arrangements are made to give the person any necessary support. This might include, for example: using an advocate or interpreter; asking those close to the individual about the person's communication needs; or providing the patient/client with a written or audio record of the discussion and any decisions that were made.

Involving families, carers and advocates

You should accommodate a patient's wishes if they want another person, such as a relative, partner, friend, carer or advocate, to be involved in discussions or to help them make decisions. In these circumstances, you should follow the guidance in paragraphs 7–21.

Discussing side effects, complications and other risks

Clear, accurate information about the risks of any proposed investigation or treatment, presented in a way patients can understand, can help them make informed decisions. The amount of information about risk that you should share with patients will depend on the individual service user and what they want or need to know. Your discussions with patients/clients should focus on their individual situation and the risk to them.

In order to have effective discussions with the person about risk, you must identify the adverse outcomes that may result from the proposed options. This includes the potential outcome of taking no action. Risks can take a number of forms, but will usually be:

a) side effects
b) complications
c) failure of an intervention to achieve the desired aim
d) unanticipated emotional or psychological consequences of receiving the intervention.

Risks can vary from common but minor side effects, to rare but serious adverse psychological and emotional outcomes and of course physical complications that care (rarely by) possibly result in permanent disfigurement, disability or death.

In assessing the risk to an individual, you must consider the nature of the person's condition, their general health and other circumstances. These are variable factors that may affect the likelihood of adverse outcomes occurring.

You should do your best to understand the person's views and preferences and expectation about any proposed investigation or treatment, and the adverse outcomes they are most concerned about. You must not make assumptions about a person's understanding of risk or the importance they attach to different outcomes. You should discuss these issues with your patient/client and provide adequate time for such an informed conversation to take place without compromise to any other motivation

You must tell patient/clients if an investigation or treatment might result in a serious adverse outcome, even if the likelihood is very small. You should also tell patients/clients about less serious side effects or complications if they occur frequently, and explain what the person should do if they experience any physical, emotional or psychological symptoms as a consequence on the intervention.
You must share and provide information about risk in a balanced and proportionate way. You should avoid bias, and you should explain the expected benefits as well as the potential physical, emotional and psychological challenges and risks of any proposed investigation or treatment.

You must use clear, simple and consistent language when discussing risks with patients/clients. You should be aware that the service user might understand information about risk differently from you. You should check that the person understands the terms that you use, particularly when describing the seriousness, frequency and likelihood of an adverse outcome. You should use simple and accurate written information or visual or other aids to explain risk, if they will help the individual to understand and make an informed choice about their choice of treatment and how to engage with the treatment process in a safe and participatory manner.

If a patient/client does not want to know about the possible risks of a proposed investigation or treatment, you must follow the guidance in paragraphs 13–17.

You must keep up to date with developments in your area of practice, which may affect your knowledge and understanding of the risks associated with the investigations or treatments that you provide.

Ensuring that decisions are voluntary

Patients/clients may be put under pressure by employers, insurers, relatives or others, to accept a particular investigation or treatment. You should be aware of this and of other situations in which persons may be vulnerable (e.g. Female Genital Mutilation – please see https://www.nmc.org.uk/standards/code/female-genital-mutilation-cases/).

Such situations may be, for example, if they are resident in a care home, subject to mental health legislation, detained by the police or immigration services, or in prison.

You should do your best to make sure that such persons have considered the available options and reached their own decision. If they have a right to refuse treatment, you should make sure that they know this and are able to refuse if they want to.

Expressions of consent

Before accepting a patient/client's consent, you must consider whether they have been given the information they want or need, and how well they understand the details and implications of what is proposed. This is more important than how their consent is expressed or recorded.

In cases that involve higher risk, it is important that you get the person's written consent. This is so that everyone involved understands what was explained and agreed.

You should also obtain written consent from a person if:

a) the investigation or treatment is complex or involves significant risks
b) there may be significant consequences for the person's employment, or social or personal life
c) providing clinical care is not the primary purpose of the investigation or treatment
d) the treatment is part of a research/audit programme or is an innovative treatment designed specifically for their benefit.

Reviewing decisions

Before commencing treatment, you or a member of the team should check that the patient/client still wishes to proceed ; and you must respond to any new or repeated concerns or questions they raise. This is particularly important if:

a) significant time has passed since the initial decision was made
b) there have been material changes in the person's condition, or in any aspect of the proposed investigation or treatment
c) new information has become available, for example about the risks of treatment or about other treatment options.

You must make sure that patient/clients are kept informed about the progress of their treatment, and are able to make decisions at all stages, not just in the initial stage. If the treatment is ongoing, you

should make sure that there are clear arrangements in place to review decisions and, if necessary, to make new ones.

Capacity issues (see Paragraph 51)

The legal framework

Making decisions about treatment and care for patients who lack capacity is governed in England and Wales by the Mental Capacity Act 2005, and in Scotland by the Adults with Incapacity (Scotland) Act 2000. The legislation sets out the criteria and procedures to be followed in making decisions when patients lack capacity to make these decisions for themselves. It also grants legal authority to certain people to make decisions on behalf of patients who lack capacity. There is more information about legislation and case law in the legal annex to this guidance.

The guidance that follows is consistent with the law across the UK. It is important that you keep up to date with, and comply with, the laws and codes of practice that apply where you work. If you are unsure about how the law applies in a particular situation, you should consult your professional association, membership organisation or seek independent legal advice.

Presumption of capacity

You must work on the presumption that every adult service user has the capacity to make decisions about their care, and to decide whether to agree to, or refuse, an examination, investigation or treatment. You must only regard an adult as lacking capacity once it is clear that, having been given all appropriate help and support, they cannot understand, retain, use or weigh up the information needed to make that decision, or communicate their wishes.

You must not assume that a person lacks capacity to make a decision solely because of their age, disability, appearance, behaviour, medical condition (including mental illness), their beliefs, their apparent inability to communicate, or the fact that they make a decision that you disagree with.

Maximising a patient/client's ability to make decisions

A person's ability to make decisions may depend on the nature and severity of their condition, or the difficulty or complexity of the decision. Some patient/clients will always be able to make simple decisions, but may have difficulty if the decision is complex or involves a number of options. Other persons may be able to make decisions at certain times but not others, because fluctuations in their condition impair their ability to understand, retain or weigh up information, or communicate their wishes.

If a person's capacity is affected in this way, you must follow the guidance in paragraphs 18–21 of GMP, taking particular care to give the patient the time and support they need to maximise their ability to make decisions for themselves. For example, you will need to think carefully about the extra support needed by persons with dementia, enduring mental health conditions or learning disabilities.

You must take all reasonable steps to plan for foreseeable changes in a person's capacity to make decisions. This means that you should:

a) discuss treatment options in a place and at a time when the patient/client is best able to understand and retain the information
b) ask the person if there is anything that would help them remember information, or make it easier to make a decision; such as bringing a relative, partner, friend, carer or advocate to consultations, or having written or audio information about their condition or the proposed investigation or treatment
c) speak to those close to the person (with the patient/client's permission) and to other healthcare staff about the best ways of communicating with the person, taking account of confidentiality issues.

You should offer a written record of your discussions, detailing what decisions were made and why.

You should record any decisions that are made, wherever possible while the patient/client has capacity to understand and review them. You must bear in mind that advance refusals of treatment may need to be recorded, signed and witnessed. Other information and guidance on these matters may be found at:

http://www.gmc-uk.org/guidance/ethical_guidance/consent_guidance_index.asp

OR

http://www.gmc-uk.org/guidance/ethical_guidance/consent_guidance_part3_capacity_issues.asp

Assessing capacity

You must assess a person's capacity to make a particular decision at the time it needs to be made. You must not assume that because a person lacks capacity to make a decision on a particular occasion, they lack capacity to make any decisions at all, or will not be able to make similar decisions in the future.

You must take account of the advice on assessing capacity in the Codes of Practice that accompany the Mental Capacity Act 2005 and the Adults with Incapacity (Scotland) Act 2000 and other relevant guidance. If your assessment is that the patient's capacity is borderline, you must be able to show that it is more likely than not that they lack capacity.

If your assessment leaves you in doubt about the person's capacity to make a decision, you should seek advice from:

a) relevant healthcare professionals or others involved in the person's care, or those close to them (with their agreement and consent), who may be aware of the patient's usual ability to make decisions and their particular communication needs
b) colleagues with relevant specialist experience, such as nurses, psychiatrists, psychologists, neurologists, or speech and language therapists (or other engaged therapists).

If you are still unsure about the person's capacity to make a decision, you must seek legal advice with a view to asking a court to determine capacity.

Making decisions when a patient lacks capacity

You must avoid treating patients who lack capacity

In making decisions about the treatment and care of persons who lack capacity, you must:

a) make the care of your person your first concern
b) treat patients as individuals and respect their dignity

c) support and encourage service users to be involved, as far as they want to and are able, in decisions about their treatment and care
d) treat patients/clients with respect and not discriminate against them.

Confidentiality (see paragraph 30)

Protecting information

You must make sure that any personal information about patient/clients that you hold or control is effectively protected at all times against improper disclosure. The UK health departments publish guidance on how long health records should be kept and how they should be disposed of. You should follow the guidance whether or not you work in the NHS. You must be registered with the Information Commissioners Office if you hold patient identifiable information in any form.

Many improper disclosures are unintentional. You should not share identifiable information about patients where you can be overheard, for example in a public place or in an internet chat or other social media-related forum. You should not share passwords or leave patients' records, either on paper or on screen, unattended or where they can be seen by other patients, unauthorised healthcare staff, or the public.

Unless they have a relevant management role, practitioners are not expected to assess the security standards of large-scale computer systems provided for their use in the NHS or in other managed healthcare environments. You should familiarise yourself with and follow policies and procedures designed to protect patients' privacy where you work and when using computer systems provided for your use. This includes policies on the use of laptops and portable media storage devices. You must not abuse your access privileges and must limit your access to information you have a legitimate reason to view.

If you are responsible for the management of patient/client records or other patient information, you should make sure that they are held securely and that any staff you manage are trained and understand their responsibilities. You should make use of professional expertise when selecting and developing systems to record, access and send electronic data. You should make sure that administrative information, such as names and addresses, can be accessed separately from clinical information so that sensitive information is not displayed automatically.

If you are concerned about the security of personal information in premises or systems provided for your use, you should follow the advice in Good medical practice on raising concerns about patient safety, including concerns about confidentiality and information governance.

Ethical Use of Social Media

The JCCP/CPSA welcomes and encourages practitioners to utilise social media to express comments, questions and to elicit feedback on their performance but advises that practitioners who utilise social media to at all times be respectful of others, follow the social networks' 'Terms of Service' and avoid sharing personal information, whether it is their own or that of another person. By posting on social media the JCCP/CPSA advises that practitioners should agree that they:

- will act at all times with honesty and integrity, treating people fairly and without discrimination, bullying or harassment treat people in a way that does not take advantage of their vulnerability or cause them upset or distress;

- are aware of how your behaviour can affect and influence the behaviour of other people use all forms of spoken, written and digital communication (including social media and networking sites) responsibly;
- recognise that if they act in any way that is unprofessional or unlawful through the use of social media including (but not limited to), ***'bullying, intimidating or exploiting people'*** or by ***'inciting hatred or discrimination'*** that they may face legal and/or professional misconduct sanctions;
- will avoid posting photographs or the personal (identifiable) details of patients at all times;
- accept that they are solely responsible for the content of all information that they contribute, link to, or upload;
- note that everything that they post is truthful to the best of their knowledge and is accurate, not misleading and posted in good faith;
- confirm that they have the right to post the content/material (including ensuring that it does not infringe upon any third party's copyright or trademark);
- acknowledge that when disagreeing with others' opinions, that they will keep their comments appropriate and polite, avoiding comments that are disrespectful, distressing, intimidating or impolite;
- will avoid posting anything that may constitute spam (e.g., posting with a degree of frequency or repetitiveness such that others may be discouraged from posting, posts that are irrelevant to the site);
- ensure that advertising of non-prescription medicines complies with marketing authorization and **not** allow any organisation for which the practitioner works, represents or owns to advertise prescription only medications to the public (which is regarded to be an illegal practice);
- ensuring also that advertising of services is compliant with the rules set down by the Advertising Codes which are authored by the Committees of Advertising Practice (CAP) and enforced by the Advertising Standards Authority;
- ensure that all posts are attributed as being the opinion of a named author and are posted without prejudice; and
- ensure that PDF's/books/articles and other forms of printed or on line media etc. will only be posted if they are known to be COPYRIGHT free.

The JCCP/CPSA advises also that all practitioners should adhere to the published Code of Conduct from either their Professional Statutory Regulator or to the Published Code of Conduct/Guidelines set down by their Professional Membership Association. Additionally, members of the JCCP are required to comply with the principles published in this guidance document.

The JCCP/CPSA considers that all practitioners should endeavour to uphold the reputation of the aesthetics profession at all times and as such should display a personal commitment to the standards of practice and behaviour set out in their professional Codes of Practice. In particular practitioners should seek to be regarded as 'a model of integrity and leadership' for others to aspire to, thereby building trust and confidence in the aesthetics profession from patients/people receiving care, other practitioners and the public. As such the JCCP/CPSA considers that practitioners should uphold the reputation of the aesthetics profession at all times and that in order to achieve this, practitioners must undertake not to attempt to impersonate someone else or to promote any form of illegal conduct/practice.

Sharing information with a patient/client's partner, carers, relatives or friends

You should establish with the patient/client what information they want you to share, who with, and in what circumstances. This will be particularly important if the person has fluctuating or diminished capacity or is likely to lose capacity, even temporarily. Early discussions of this nature can help to avoid disclosures that patient/clients would object to. They can also help to avoid misunderstandings with, or causing offence to, anyone the patient/client would want information to be shared with.

If anyone close to the patient/client wants to discuss their concerns about the person's health, you should make it clear to them that, while it is not a breach of confidentiality to listen to their concerns, you cannot guarantee that you will not tell the patient/client about the conversation. You might need to share information that you have received from others with your patient/client, for example, if it has influenced your assessment and treatment of the service user. You should not refuse to listen to a patient/client's partner, carers or others on the basis of confidentiality. Their views or the information they provide might be helpful in your care of the individual. You will, though, need to consider whether your patient/client would consider you listening to the concerns of others about your patient/client's health or care to be a breach of trust, particularly if they have asked you not to listen to particular people.

Making decisions – Younger Persons Under 18 (See also paragraph 53)

A younger person aged under 18 years should not require or have access to most cosmetic treatments delivered in the aesthetics sector. However, in exceptional circumstances, if you are treating a patient/member of the public aged under 18, you must be confident and assured that the person presents with a genuine medically diagnosed and determined condition and will gain physical benefit from the treatment and it will not have a detrimental impact on physical, psychological or emotional wellbeing.

You must act legally at all times and take particular care when considering medically informed and determined consent-based requests for interventions on young people (under the age of 18yrs) and not treat young persons under 18 yrs. of age for cosmetic purposes (particularly for fillers and injectable toxins), unless it is required for an explicitly diagnosed medical condition. You must follow legal requirements set down in the Botulinum Toxin and Cosmetic Fillers (Children) Act, 2021] at all times. Cooling off guidance must also be adhered to.

Resolving disagreements

You should aim to reach a consensus about a person's treatment and care, allowing enough time for discussions with those who have an interest in the person's welfare. Sometimes disagreements arise between members of the healthcare team, or between the healthcare team and those close to the individual. It is usually possible to resolve disagreements, for example by involving an independent advocate, consulting a more experienced colleague, holding a case conference, or using local mediation services. You should take into account the different decision-making roles and authority held by those you consult, and the legal framework that they use for resolving disagreements.

If, having taken these steps, there is still significant disagreement, you should seek legal advice on applying to the appropriate Court or Statutory Body for review or for an independent ruling. Patients/clients, those authorised to act for them, and those close to them, should be informed as early as possible of any decision to start such proceedings so that they have the opportunity to participate or be represented.

Further resources

British Association of Aesthetic Plastic Surgeons (2012) Code of conduct
British Association of Plastic Reconstructive and Aesthetic Surgeons (2013) Code of Practice
Committee of Advertising Practice (2013)
Marketing of cosmetic interventions
Cosmetic Practice Standards Authority (CPSA) – Standards for Aesthetic Practice
http://www.cosmeticstandards.org.uk/uploads/1/0/6/2/106271141/cpsa_overarching_principles_for_consultation_final.pdf
Department of Health (2013) Review of the regulation of cosmetic interventions
Health Education England (2016) Qualification requirements for cosmetic procedures
General Medical Council (2007) 0–18 years: guidance for all doctors
General Medical Council (2009) Confidentiality General Medical Council (2008) Consent:
patients and doctors making decisions together
General Medical Council (2013) Delegation and referral
General Medical Council (2013) Financial and commercial arrangements and conflicts of interests
General Medical Council (2013) Good medical practice
General Medical Council (2013) Good practice in prescribing and managing medicines and devices
General Medical Council (2014) Guidance for doctors acting as responsible consultants or clinicians
General Medical Council (2012) Leadership and management for all doctors
General Medical Council (2015) Openness and honesty when things go wrong: the professional duty of candour
General Medical Council (2012) Raising and acting on concerns about patient safety
JCCP (2018) Competency Framework available for inspection on the JCCP WebSite
JCCP - (2020) Policy Statement on the Advertising and Promotion of Aesthetic/Cosmetic Injectable Treatments by Registrants on the Joint Council for Cosmetic Practitioners Register, available for inspection on the JCCP WebSite.
Nursing and Midwifery Council (2015) 'The Code' of Professional Standards of Practice and Behaviour for Nurses, Midwives and nursing Associates' (2015)'
Royal College of Anesthetists (2013) Safe Sedation Practice for Healthcare Procedures: Standards and Guidance
Royal College of Surgeons Professional Standards for Cosmetic Surgery (2016)
Scottish Cosmetic Interventions Expert Group (2015) Scottish Cosmetic Interventions Expert Group report

Appendix One

Policy Statement on the Advertising and Promotion of Aesthetic Cosmetic Injectable Treatments by registrants on the Joint Council of Cosmetic Practitioners Register

The Joint Council for Cosmetic Practitioners (JCCP) is a representative organisation that manages the PSA approved JCCP Practitioner Register and associated competencies/standards for its registrants , which include Medical Practitioners, Registered Nurses, Dentists, Dental Therapists, Dental Hygienists, Pharmacists, Physiotherapists (and other designated HCPC registered Allied Health Care Professions) and Beauty Therapists (undertaking up to Level 5 Treatments) who undertake cosmetic treatments and Hair Restoration Surgery (for suitably qualified doctors only). It is a requirement for admission to the Joint Council for Cosmetic Practitioners Register that this policy is taken into consideration by the Registrant.

1 Advertising and promotion of Aesthetic Cosmetic Treatments

The JCCP recognises that advertising and promotion of the services offered by cosmetic treatment injectable providers is a legitimate and reasonable business practice as a means of creating public awareness about the services available and the attributes of the provider. It also recognises that it is an important tool for enabling providers to differentiate themselves from their competitors and for developing their businesses. This is in common with providers in other service businesses. The primary reason for advertising is to inform patients/clients and potential patients/clients. In the UK, guidance on advertising practice is given by The Committees of Advertising Practice (CAP and

BCAP) which author two Codes with which ads in both non-broadcast and broadcast media must comply.

Non-broadcast Code. The UK Code of Non-broadcast Advertising and Direct & Promotional Marketing (CAP Code) is the rule book for non-broadcast advertisements, promotional marketing and direct marketing communications.

Broadcast Code. The UK Code of Broadcast Advertising (BCAP Code) applies to all advertisements (including teleshopping, content on self-promotional television channels, television text and interactive TV ads) and programme sponsorship credits on radio and television services licensed by Ofcom.

- **See Advertising Codes**

The JCCP advises that all non-broadcast advertisements should conform to the UK Code of Non-broadcast Advertising and Direct & Promotional Marketing. Relevant advice published by CAP can be obtained online and bespoke advice is available through the CAP Copy Advice Team.

- **See the UK Code of Non-broadcast Advertising and Direct & Promotional Marketing**
- **See more about the CAP Copy Advice service**
- **Go to Advice online database**

All Broadcast advertisements must comply with the UK Code of Broadcast Advertising. Advice on pre-clearance for TV and radio advertising can be obtained from 'Clearcast' and the 'Radiocentre' respectively.

- **See the UK Code of Broadcast Advertising**
- **See the Clearcast website**
- **See the Radiocentre website**

Communications to existing clients can be in remit of the CAP Code in some circumstances, e.g. if selling a new product / service to them.

CAP issue *Insights* from time to time. Two recent *Insights*: -

- *Advertising surgical and non-surgical interventions: Cutting Edge Advice* (August 2016)
  - See Here
- *Guide on prescription only medicines* (July 2016)
  - See Here

- Both of the above link to Botox – Frequently Asked Questions issued 23 January 2020
  https://www.asa.org.uk/news/botox-frequently-asked-questions-faqs.html

2 Framework for the CQAL Policy Statement

Advertising Standards Authority. Compliance with both Advertising Codes is enforced by the Advertising Standards Authority (ASA) which rules on complaints about ads and publishes weekly rulings. The Committee of Advertising Practice can apply a number of sanctions to non-compliant advertisers. Access to ASA is signposted in paragraph 1 above.

Medicines and Healthcare Regulating Authority (MHRA). MHRA police the advertising of Prescription Only Medicines (POM). Access to advice is set out below.

Those aesthetic cosmetics that are medicines or medical devices e.g. botulinum toxin are subject to the advertising regulations under the Human Medicines Regulations 2012.

- See Human Medicine Regulations here.

Further information can be found in the MHRA "**Blue Guide**" on Advertising and Promotion of Medicines in the UK and the relevant sections of that publication are referred to in brackets below. The Regulations prohibit the issue of any advertisement wholly or mainly directed to the general public which is likely to lead to the unlicensed use of a prescription only medicine (POM) [see Blue Guide 5.2].

- Read the Blue Guide

If they offer both POM and non-POM treatments, providers may promote the service they provide by stating "wrinkle treatment consultation", for example, as this is non-specific and unlikely to be considered indirect promotion of a POM.

Advertising must not mention product names such as "Botox" or "botulinum toxin". The appropriate management for a condition in an individual patient is for the prescriber and patient jointly to consider and this may include a number of medical factors as well as a range of therapeutic options. Prescribers have a responsibility to provide information about the products they prescribe. Care must be taken when providing information about POMs. This should be presented in the context of a balanced overview of all potential treatment options following a consultation. The advertising controls for medicines also apply to other materials produced by clinics such as leaflets available in the clinic.

3 MHRA Enforcement priorities

The MHRA enforcement approach for advertising of web-based treatment services takes the potential risk to public health into account. It focuses primarily on material on the home pages of clinic web-sites. The aim is to ensure that customers who are seeking general information on the internet about a clinic or potential treatments are not presented with overt advertising for POMs. This is similar to its approach for other forms of advertising for services, e.g. in magazines, where mention of POMs is not permitted.

To target its resources effectively and appropriately, the MHRA have chosen not to focus on information that is found by the browser who chooses to access information about specific treatment options for their condition on a clinic website. The MHRA will not routinely review material on website pages other than the home page unless it considers that the information poses a risk to public health.

The MHRA takes robust enforcement action where a significant risk to public health has been identified from advertising to the public for unlicensed or prescription only medicines. Failure to comply with the Regulations will result in a request for the website to be amended or withdrawn. Cases may also be referred to the Inspection, Enforcement and Standards Division of MHRA for consideration of legal action. Clinics and individual healthcare professionals may also be referred to their professional regulators if compliance is not achieved in a timely fashion.

Please note that MHRA enforcement priorities do not inform the CAP / ASA approach, which looks beyond the homepage.

4 Policy positions on specific areas of advertising and promotion

In formulating this policy statement the JCCP has considered a number of specific issues that have been raised by patient and public interest groups with regard to the advertising of aesthetic cosmetic treatments. The JCCP has adopted the following policy positions on the relevant issues:

The Home Page
The Home page should not include any reference to named POMs, including price information, see below. Links and navigation aids may be given for particular conditions but not to specific POMs. Hover text and any small print at the bottom of the home page should also not refer to specific POMs. This is so that casual browsers are not presented with advertising for specific POMs.

Further pages about the condition, which the consumer chooses to access, may contain information on specific medicines, provided this is presented in the context of a fair overview of various potential treatment options following a consultation. The text should not unduly emphasise a particular treatment option or the need to seek treatment.

It 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.

- See guidance here

Promotional discounts
JCCP recognises that demand for cosmetic treatments varies seasonally and it recognises the financial benefits, both to the patient and to the provider, of price discounts designed to boost activity levels during seasonally slack periods. In doing so, the JCCP recognises that these may appeal to and benefit those marginal purchasers who otherwise would not be able to afford the full cost of the treatment they desire. Advertising of such discounts should be in accordance with the paragraph below and MHRA guidance on advertising a POM where applicable. Also see Cosmetic Interventions: Social Responsibility

Price lists
On the homepage, only indicative prices for a particular medical condition may be provided. Any mention of POMs on the home page is likely to be considered as advertising of prescription only medicines to the public. A factual list of prices for available treatments may be provided on pages other than the home page. The price list should not include product claims or actively encourage viewers to choose a product based on the price. The information associated with price lists should make it clear that the viewer's preferred option will not be prescribed if it is not suitable. Advertisements may set a time limit on the period that consultations for treatment are available. However, guidance must be observed in allowing sufficient time between consultation and treatment in order for the client to consider consent. All prices in advertisements should be linked to a footnote stating that these are the prices prevailing at the time of publication.

Icons
Icons are an integral part of advertisement practice. They must not be used to bypass the rules on advertising POMs or to entice patients to seek treatment which is outside professional standards.

Promotional claims

Whilst reference to specific POMs in a natural, contextually relevant way may be permissible (but not on the Home Page), explicit and excessive promotion of a POM is likely to contravene advertising regulations. All information about medicines should be balanced and factual. Suitable sources of non-promotional material may include the summary of product characteristics for the product, often available on the UK website of the company marketing the product.

Website addresses
Website addresses should not name specific POMs in their core URL (e.g. www.wesell-botox®.co.uk). Web addresses such as this may be considered to promote a POM to the public.

Sponsored links
The text may promote the service provided but should not mention specific prescription only medicines.

Exhibition, conference and trade show discounts
Discounts that are conditional upon the patient 'signing up', that is contracting for the procedure on the day of an event, should not be offered to attendees of conferences, exhibitions and trade shows. Implicit in this recommendation is the JCCP's view (based on the standards set by the professional regulators) that prospective patients/clients must be given adequate time to reflect on all the implications of the proposed treatment, free from the pressure of a short time constraint or a short lived financial inducement.

Sponsorship of exhibitions, conferences and trade shows
Cosmetic treatment providers may sponsor conferences, exhibitions and trade shows whose purpose is to facilitate the dissemination of information about aesthetic cosmetic treatments either to health care professionals or to providers and the public at large.

Advertising aimed at those under 18
The JCCP is fundamentally opposed to any aesthetic cosmetic treatment advertising in media targeted at teenagers below the age of eighteen. Marketing communications should not be directed at children/adolescents under 18 through the selection of media, style of presentation, content or context in which they appear.

Gift vouchers
Gift vouchers, which cover part or all of the cost of aesthetic cosmetic treatments, may be advertised in the published media and also advertised on the provider's own website, as well as point of sale literature in the clinics. However, it must be clearly stated in the terms and conditions that the voucher is redeemable against cash should the recipient prefer or if the recipient is not suitable for treatment.

Loyalty cards
Loyalty cards are cards which may be given by a specific provider to any of its patients which typically entitle the patient to a discounted price for future treatment by that provider. Loyalty cards are considered an acceptable way of rewarding patients for returning to the same provider for future or ongoing treatment. They may also be mentioned or offered to patients or prospective patients at any time that they present themselves to a provider for a consultation.

Competitions and prizes and Gambling
The JCCP considers it unethical to participate directly or indirectly in competitions or gambling-related promotions for which the cost of an aesthetic cosmetic treatment will be paid by the

competition organiser or sponsor as a prize for winning the competition. Furthermore, JCCP registrants should not sponsor any such competitions or gambling-related activities.