



Revised Statement on Returning to Work

The JCCP has sought advice from the GMC on cosmetic practitioners returning to work during COVID-19. The GMC does not make service provision decisions, offer legal advice, or comment on the specific circumstances of each clinic wishing to reopen.

However, the GMC advised us how it would respond to any doctors considering reopening cosmetic clinics based on existing provisions within their guidance.

The following 'broad lines' of advice have been provided to the JCCP by the GMC:

Advice for doctors

'In our core piece of guidance, Good Medical Practice (GMP), we say doctors must keep up to date with, and follow, the law, our guidance and other regulations relevant to their work, which will include the Health Protection Regulations. These regulations allow an exemption to closing for:

'Dental services, opticians, audiology services, chiropody, chiropractors, osteopaths and other medical or health services, including services relating to mental health'.

The Regulations in Scotland, Wales and Northern Ireland include an identical provision.

We expect doctors to use their professional judgment when interpreting what is meant by 'other medical or health services', and whether there is a genuine medical or health need for treatment which would permit their business to reopen.

The standards we set continue to apply during the pandemic and we expect all doctors to act responsibly and reasonably in response to the circumstances they face. In GMP, we set out key 'duties of a doctor' and highlight the expectation that doctors will make the care of their patients their first concern and protect and promote the health of patients and the public. These duties are particularly important considerations when deciding whether to reopen aesthetic clinics during the lockdown.



Cosmetic intervention guidance

Our guidance on [cosmetic interventions](#) sets out additional considerations. By cosmetic intervention, we mean any intervention, procedure or treatment carried out with the primary objective of changing an aspect of a patient's physical appearance. This includes surgical and non-surgical procedures, both invasive and non-invasive.

As the primary objective of cosmetic treatment is not medical need it may be considered non-essential treatment. Our existing guidance already emphasises the need for doctors to ensure the environment for practice is safe, suitably equipped and staffed and complies with any regulatory requirements ([paragraph 13](#)). Given the continued progress of the pandemic in the UK, ensuring a safe environment in which to practice, with adequate infection control procedures in place is essential. Should a clinic wish to reopen, doctors need to be confident that they have assessed all risks and can operate safely in accordance with the PHE guidance on social distancing.

We know that many doctors have adapted their practice to include remote consultations in an attempt to minimise the spread of Covid-19. However our cosmetic guidance sets an expectation that doctors must carry out a physical examination of patients before prescribing any injectable cosmetic medicine and therefore must not prescribe these medicines by telephone, video-link, online or at the request of others for patients they have not examined ([paragraph 11](#)).

Indemnity

Doctors must have appropriate indemnity and should check with medical indemnity providers, and seek independent legal advice, as to the extent to which cover is available if a clinic reopens while the regulations are still in effect.

The JCCP supports this advice and would add that it is important for practitioners to understand that cosmetic procedures being performed by healthcare professionals are not automatically designated as being either 'medical' or 'medically-related' in nature, in fact many such procedures fall out with



this definition. Rather there must be a clearly defined, discernible and intended 'medical' benefit for the patient. The JCCP is of the opinion that if the practitioner is able to determine that they have applied a full diagnostic physical and psychological/emotional assessment of the patient's presenting condition (and if they are of the opinion that both they and the patient consider that the treatment is actually urgent) and can justify that the provision of the proposed treatment would assist the patient to prevent and/or reduce the physical, psychological and psychosocial symptoms and effects associated with that condition, then the JCCP is of the opinion that the practitioner could justify that the treatment is 'medically related'.

The final decision whether to proceed to provide an aesthetic service at this time of 'lockdown' must be made by the Practitioner themselves, informed by the exercise of their clinical judgement following the provision of a clinical risk assessment, whilst mitigating the conflicts of interest between commercial and ethical practice and having thoroughly reviewed the advice provided by Government in its authorised statements. Health care professionals must also follow the advice provided by their professional statutory regulatory body.

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