JCCP and CPSA Guidance for Practitioners Who Provide Cosmetic Interventions – Second Edition – May 2020

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 informed consent-based requests for interventions on young people (16 and 17yrs) and usually not treat children under 16 yrs. of age, unless it is required for a medical reason (e.g. Laser for hirsutism) – See also the Appendix section relating to ‘Making decisions – Younger Persons 16 – 18’.
- 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, 2019 -) 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.

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.

‡ 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

Communication, partnership and teamwork*

14) 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

15) 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

16) 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

17) 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.
18) 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,
19) 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.
20) 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.
21) You must tell prospective patients/clients if you do not have the knowledge, skills, competence or confidence to deliver the treatment they require.
22)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

23) 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.
24) 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')

25) 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.
26) 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.
27) You must inform the patient/client they can change their mind at any point.
28) 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

29) 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.
30) 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.

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Treating adult persons who lack capacity

31) 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.
32) 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*

33) 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) *.
34) 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 *.
35) 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

36) 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.
37) You must make sure the patient/client is aware of the medicines or equipment they may need to care for themselves after an intervention.
38) 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.
39) 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).

40) 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.

41) 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*

42) You must make sure that anyone you delegate† care to has the necessary knowledge, skills, competence, capability and training and is appropriately supervised.
43) 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.*

44) 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/clients expectations.
45) You must make sure that you build a support network of experienced, trained and capable professional colleagues who can advise and support you.
46) 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

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

Communicating information about your services

48) 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.
49) You must make sure the information you publish is factual, verifiable and does not exploit patients' vulnerability or lack of medical knowledge.
50) 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.
51) If patients/clients will need to have a medical assessment before you can carry out an intervention, your marketing must make this clear.
52) 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.
53) 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.
54) You must not provide your services as a prize.
55) 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

56) 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.
57) 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.
58) 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.
59) 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, 2019) - 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 (2019) 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 30)

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 31)

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 16 – 18 (See paragraph 34)

A younger person aged between 16 -18 year should not routinely require or have access to most treatments delivered in the aesthetics sector. However, in exceptional circumstances, if you are treating a patient/member of the public aged between 16-18, you must be confident and assured that the person will gain physical benefit from the treatment and it will not have a detrimental impact on physical, psychological or emotional wellbeing. Cooling off guidance must be adhered to.

A patient under the age of 18 is deemed a 'minor'. Minors between the age of 16 and 18 years can consent for themselves under the Family Law Act 1969. The legal age for medical consent is

therefore 16 years, however, the ability to consent is dependent on the complexity of any proposed treatment and the person's ability to understand, 'weigh up' and consider the risks and benefits of the proposed treatment, and relay an informed and cognisant response back to the practitioner. This ability will vary person to person and you must be assured that any treatment is in the person's best interest, supported by valid and fully informed consent.

In contrast to giving consent, which cannot be overruled by the practitioner, the refusal of consent by a competent child of any age under 18 years may be overridden by a parent or by the court if it is deemed in the child's best interest i.e. in the exceptional situation where a treatment is lifesaving or to considered to be necessary to prevent deterioration in health.

Resolving disagreements (see Paragraph 55)

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