JCCP Premises Standards

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1.0 Scope of Work

The aim of the group is to produce audit guidelines for premises where they;

Deliver non-surgical treatments.
Provide an education/training environment.

JCCP will require self-certification of premises for practitioners who are not going through the CQC or another system regulator process. A set of criteria is needed against which practitioners do self-certificate. Secondly a set of premises criteria is needed to apply to independent training companies regarding the environment for training of aesthetic practitioners.

2.0 Self-certification

The group agreed that self-certification of environments is not the ideal and premises should be checked and assessed regularly to ensure fit for purpose, however it has been indicated this is not possible given the resource available. The group recommends a situation where self-certification is implemented in the early phases of registration with consideration given for inspections at a later date. The accredited register would be required to inspect/visit registrants as part of Professional Standards Authority (PSA) requirements.

Further debate is required on premises where there is a statutory requirement for a system regulator to be involved and at educational/training environments of approved centres such as OFQUAL. As these environments are already regulated would there still be a requirement for self-certification?

Practitioners regulated under a statutory body such as the GMC, GDC or NMC would need to ensure the environment where they work is suitable for the procedures for which they perform as part of their professional responsibilities. In addition premises already registered with the local council/borough to perform advanced beauty/aesthetic therapy treatments would already have met the criteria.

2.1 Self-certification tool

The sub-group has begun to develop a tool for JCCP registrants to use as set criteria against work standards. This would require all premises to meet a minimum requirement, with additional requirements required dependent on the treatment modality delivered.

Premises which are regulated by system regulator, local authority or where lasers are performed as the Laser Protection Advisor visits and completes risk assessments may not require auditing. Further clarification is required by the Professional Standards Authority (PSA) on the requirements for premises to be audited to ensure they meet the standards.

Sally Taber has reviewed the HSWA 1974, section 3 and been in discussion with a representative from CIEH who advise for the sub-group to submit the final audit guidelines to the Health and Safety Executive and the CIEH and they may be able to provide specific advice.

The group feel a guidance document is required to sit with the tool to demonstrate suitable evidence and signpost practitioners to relevant guidance and regulations.

Example of minimum requirements document and format. Refer to appendices for modality specific standards.

Work Standards for Minimum Requirements **Document number: JCCPWS 001**	
Scope	
The Joint Council of Cosmetic Practitioners (JCCP) requires its members to self-certificate any premises or areas where any of the five modalities are performed.	The five modalities are: Botulinum Toxins (BTx), Dermal Fillers (DFs), Chemical Peels and Skin Rejuvenation (CPSR), Laser, Intense Pulsed Light and Light Emitting Diode. (LIPLED), Hair Restoration Surgery (HRS).
The tool includes:	
• a data collection sheet for BTx requirements. • an action plan to support improvement plans.	
Information to help carry out the audit	
Services	The audit should be carried out in all premises and areas of work where one or more of the modalities is performed.
Stakeholders	The audit should involve clinical and non-clinical stakeholders.
How to use the self-certification tool	
Minimum requirements	The minimum requirements set out the standards expected for all treatment modalities delivered.
Modality Specific	Complete this section in addition to the minimum requirements, in premises where a specific modality is performed.

Action plan	The action plan template can be used to develop and implement an action plan to take forward any areas of non - compliance.
Frequency	A self-assessment should be performed every 12 months.

3.0 Work standards by modality

The group recognise current premises where aesthetic procedures are delivered vary from practitioner/patients home to Care Quality Commission (CQC) registered premises and that the scope is not to exclude businesses or individuals from attaining registration. However the group feel strongly that more invasive procedures need a separate set of criteria which are performed in a clinical environment. Given that HEE separated the modalities by risk categories the group felt this an appropriate way forward. The group also recognise the need to remove barriers to beauty therapists who are only performing treatments that have been identified as appropriate for a salon environment that may be performed without medical supervision.

The group also recognise specific criteria already in place for in scope modalities:

- The London Local Authorities Act 1991, Standard Conditions.
- National Occupational Standards.
- QAA (2012) UK quality code for Higher Education Part B: Assuring and Enhancing Academic Quality Ch 10: Managing Higher Education Provision with Others.
- CQC Regulation 15 Premises and Equipment or an equivalent system regulator in the devolved administrations.
- MHRA Lasers, intense light source systems and LEDs – guidance for safe use in medical, surgical, dental and aesthetic practices. September 2015

The audit document produced by CIEH for tattoo and body piercing guidance contains an excellent audit http://www.cieh.org/workarea/showcontent.aspx?id=47704.

The sub-group note many beauty therapists deliver chemical peels in addition to traditional beauty treatments such as facials and waxing and not the higher level modalities, such as cosmetic injectables, therefore the minimum requirements of the work standards should not exclude these therapists from being able to attain the standard.

3.1 Chemical Peels and Skin Rejuvenation

Chemical peels involve the controlled, chemical destruction of skin at varying depths for cosmetic or medical indication.

Peels can be classified as:[1]

Very Superficial: destruction of surface dead skin cell layer
Superficial: destruction into viable epidermis
Medium depth: full thickness destruction of entire epidermis into upper dermis
Deep: destruction into reticular dermis – full ablative treatment, requires sedation, cardiac monitoring, performed in theatre. Deep peels are exempt from these work standards and should be performed in a CQC registered environment.

The group are consulting with Lorna Bowes, Director of Aesthetic Source on the development of work standards for this area. Further discussion is needed on whether peels with a pH of 3 or above should be excluded from this work given the low risk factors and may not be covered as a medical device, however may be branded preparations licensed under the EU Cosmetics Regulation.

In regards to skin rejuvenation and in particular micro-needling, we are consulting with Elizabeth Marshall, Clinical & Scientific Manager, Aestheticare to develop the standards in this area.

The group recognise that micro-needling 0.5mm on face (level 4) and 1mm on the body (level 5) will have different work standards requirements from micro-needling delivered at 1.5mm and above.

3.2 Lasers

Some laser procedures fall under regulated activities Treatment of Disease, Disorder and Injury and Surgical Procedures and therefore would be excluded from the audit guidelines.

The CQC state that -

Providers of laser and IPL services provided by listed health care professionals will only need to register where:

The specific skills of a listed professional are used, e.g. where the service is part of a package of clinical care and requires specialist physiological and psychological knowledge such as use of a laser as part of plastic surgery procedures (in this case the regulated activity of surgical procedures would apply), or

[1] Health Education England (2015) Part One: Qualification requirements for delivery of cosmetic procedures.

- The service is combined with other procedures that require a listed health care professional qualification, e.g. prescribing, or
- The service is described by the provider as carried out by someone acting in their capacity as a registered health care professional.

3.3 Hair Restoration Surgery

Hair Restoration Surgery (HRS) is a field of surgery that provides hair coverage to areas where it has been lost or is desired. HRS includes Hair Transplant Surgery and Prosthetic Hair Fibre Implantation.

Hair Transplant Surgery is an invasive procedure that involves autologous donor hair harvesting and transplantation to a recipient area. There are two methods of donor hair harvesting. These are Follicular Unit Excision (FUE) and Linear Strip Excision which is also referred to as Strip Follicular Unit Transplantation (Strip FUT). All HRS procedures are mandated to be performed in CQC regulated premises as they are surgical procedures.

4.0 Environments - Conferences / Exhibitions

The sub-group would recommend the criteria for work standards apply where live demonstrations are performed during conferences or exhibitions.

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

Procedures should be performed in a clinical room with minimal essential personnel to reduce the risk of cross contamination. If presentations are for large groups then pre-recorded procedures live or video link from a clinical environment is more appropriate.

Appropriate emergency medicines should be available to treat the patient immediately in the event of an adverse reaction.

The issue of confidentiality and consent was also debated as many attendees of conferences use social media such as Twitter and send photographs of volunteers having treatment performed.

Manufacturer Response – Allergan

“As part of Allergan’s commitment to the safe of effective use of its products, any training and treatments that we deliver is done so to best clinical standards and within an appropriate environment, ensuring patient safety at all times. Healthcare Professionals who deliver training for Allergan UK, employed or on a consultancy basis by Allergan in the UK, are usually either GMC or NMC registered and all work within their scope of professional practice and within their regulatory

body guidelines. From time to time, Allergan also conducts training programmes utilising internationally renowned healthcare specialists. In these programs, we adhere to the highest standards of patient safety using strict aseptic technique in an appropriate environment. Furthermore Allergan ensures that all our HCPs who deliver training are appropriately qualified to perform a full patient assessment, gain consent, deliver treatments and understand how to recognise, minimise & manage complications. At Allergan, we believe that the most appropriate professionals to administer aesthetic injections are qualified and trained doctors, dentists and registered nurses."

Manufacturer Response – Galderma

Galderma is committed to developing and maintaining the highest possible standards within aesthetics.

We have launched the Galderma Aesthetics Academy to provide industry leading, innovative and safe standards of training and education that are of great benefit to healthcare practitioners. Galderma are driven to deliver high patient satisfaction levels with patient safety at the core.

Trainers working for, or under contract to Galderma have to complete a 3 day intensive programme to ensure that standards for safety and quality are met and are drawn from GMC or NMC registers. The day programme ensures that our trainers are competent in patient analysis, injection skills and methods as well as demonstrating the highest clinical standards.

Galderma will maintain the highest standards and will adopt any new standards that contribute towards safer patient care.

Manufacturer Response – Merz

Merz Aesthetics is committed to the safe and effective use of its products and the safety of patients is of utmost importance to us. With this in mind, Merz Aesthetics works hard to ensure that any training in the use of our products is carried out to the highest possible clinical standards and within an appropriate clinical environment. Training and demonstrating is always carried out by qualified and experienced healthcare professional who are GMC, GDC or NMC registered Doctors, Dentists or Nurses and have been trained in the use of Merz Aesthetics products, using them regularly in their own clinical practice and training settings. All patients taking part in training or demonstration events are appropriately assessed and consented for the treatment, and are followed up post-meeting to ensure a satisfactory outcome for the patient and to manage any adverse events accordingly.

The above statements are for the purposes of the JCCP for use in the development of standards at conferences and training centres and for review by persons attending the JCCP meetings who have signed an NDA. It is not intended for use publically.

The sub-group would like to further engage with the pharmaceutical companies to provide them with guidance when live demonstrations are performed at conferences. We also discussed the type of conferences that pharmaceutical companies attend and agreed that where the primary audience is beauty therapists then live demonstrations of injectable treatments or any other treatment beyond the scope of a beauty/aesthetic therapist should not be performed; from past experience this has encouraged beauty therapists to undertake such procedures. Sally Taber to take this forward and arrange a meeting with the larger pharmaceutical companies in the industry.

The group recognise that in countries such as Spain, cells are used to perform live procedures for demonstration purposes as shown in picture 1.

Picture 1. courtesy of Skin Tech Pharma Group

5.0 Mobile Working

The sub-group debated that some procedures are currently being performed in patient homes / hotel rooms and that for some modalities this causes concern not just of the environment but lack of patient / practitioner protection, chaperoning and confidentiality, perhaps with other members of the family present.

The group proposes the following:

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

Health Improvement Scotland have produced guidance for independent clinics where services are provided in a service users home which could be used as part of the JCCP work.

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

6.0 Further work development

The group were unable to fulfil all of the requirements in the timescale given. The additional work required is outlined below with a guide to completion dates.

1. The group feel a supporting guidance document is required to sit alongside the audit tool to demonstrate what evidence would be adequate and signpost practitioners to relevant guidance and regulations.
   Deadline for completion – 6th April 2017

2. Works standards for CPSR. Additional advice is being sought from Lorna Bowes and Elizabeth Marshall and a referral will be made to the CPSA on classification of very superficial peels with a pH of 3 or more being excluded.
   Deadline – 17th April 2017.

3. Work standards for HRS. Further advice is needed on FUE techniques and premises requirements.

4. Work standards and guidance for exhibitions and conferences needs developing and engagement from manufactures and conference organisers. Deadline – 17th April 2017.

7.0 Regulation relevant to these standards

The Care Act 2014

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015

Control of Substances hazardous to Health regulations 2002

The Electricity at Work regulations 1989

Equality Act 2010

The Gas Safety (Installation and Use) regulations 1998

The Hazardous Waste (England and Wales) Regulations 2005

Health and Safety at Work etc. Act 1974

The Health and Safety (First-Aid) Regulations 1981

The Health and Safety (Miscellaneous Amendments) 2002

Human Rights Act 1998

The Ionising Radiations Regulations 1999

The Ionising Radiation (Medical Exposure) Regulations 2000

Management of Health and Safety at Work Regulations 1999

The Manual Handling Operations Regulations 1992

The Health and Safety (Miscellaneous Amendments) 2002

The Medical Devices Regulations 2002

The Medical Devices (Amendment) Regulations 2012

Mental Capacity Act 2005

Mental Capacity Act Code of Practice

Mental Health Act 1983

Mental Health Act 2007

Code of Practice (Mental Health Act 1983)

The Regulatory Reform (Fire Safety) Order 2005

The Workplace (Health, Safety and Welfare) Regulations 1992

The Health and Safety (Miscellaneous Amendments) Regulations 2002

Other guidance relevant to this topic:

MHRA
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/474136/Laser_gui dance_Oct_2015.pdf

CQC
http://www.cqc.org.uk/content/regulation-15-premises-and-equipment

NOS
http://www.ukstandards.org.uk/PublishedNos/SCDHSC0230.pdf#search=healthcare%20procedures

Department of Health https://www.gov.uk/government/collections/health-building-notes-coreelements

Beauty Salon Services Standard – awaiting publication date.

BMLA Essential Standards for Laser - tbc

8.0 Authors

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