



## JCCP Statement on 'Navigating the Challenges Raised Regarding Returning to Work Safely'

Last week the JCCP released a document 'Preparing Your Place of Work: Covid-19 & Return to Practice'. This guidance document was produced to assist aesthetic practitioners to map and commence preparations to deliver effective treatments as safely as possible within the context of a carefully prepared practice environment and in such a manner that would seriously minimise risks of contracting Covid-19 for patients, practitioners and their employees. The guidance was also informed by available best practice advice and current government restrictions on non-medical related elective service delivery available at that time (noting also that this is a constantly changing and dynamic situation within the UK). This guidance was also produced following consultation with the Cosmetic Practice Standards Authority.

For the avoidance of doubt, it should be noted that under no circumstances was this document designed to supersede advice provided by the four government administrations in the UK or instructions provided by the professional statutory regulating bodies. In so doing the JCCP did not set to challenge the autonomy of professional clinical decision making of registered healthcare professionals with regard to their requirement to exercise their duty of care, informed by their clinical judgement when determining whether a patient required a consultation, assessment or an urgent treatment intervention for either a 'medical' or 'medically-related' treatment'. This extends also to preventive care and treatment. Such matters and responsibilities are referred to and set down in the JCCP/CPSA 'Code of Conduct', (2017 and 2020).

More specifically the JCCP has advised individual practitioners that 'It is not possible or appropriate for the JCCP to provide definitive guidance on when it is possible for aesthetic practitioners to return to work to provide elective non-medically related aesthetic treatments, although we affirm our position that this should not be until the Government authorises that it is safe to do so in each of the four countries of the United Kingdom. The JCCP also advises that it is important for practitioners to understand that cosmetic procedures being performed by healthcare professionals are not automatically designated as being either 'medical' or 'medically-related' in nature, in fact many such procedures fall out with this definition. Rather there must be a clearly defined, discernible and intended 'medical' benefit for the patient. The JCCP is of the opinion that if the practitioner is able to determine that they have applied a full diagnostic physical and psychological/emotional assessment of the patient's presenting condition (and if they are of the opinion that both they and the patient consider that the treatment is actually urgent) and can justify that the provision of the proposed treatment would assist the patient to prevent and/or reduce the physical, psychological and psychosocial symptoms





and effects associated with that condition, then the JCCP is of the opinion that the practitioner could justify that the treatment is 'medically related'.

We advise also that under such circumstances, practitioners would need to:

- have a written treatment plan in place to confirm the justification for their professional opinion, supported by a
  written evidence-based rationale for the assessment, diagnosis and proposed treatment (including a statement of
  intended 'medically related' outcomes). This is in accordance with expected best practice as set down by the
  Professional Statutory Regulatory Bodies (e.g. the GMC, GDC, NMC, HCPC and the GPhC);
- be able to justify that the treatment they propose to deliver is 'medically-related';
- ensure that the patient (and their associated treatment) has been risk assessed and deemed to be 'urgent' rather than either purely cosmetic or elective;
- ensure that they practise ethically at all times with the spirit and context of their professional 'Code of Practice';
- comply with guidance that has been published recently on how to practise safely during the Covid-19 related emergency period;
- ensure that they are not seen to be encouraging people to leave their homes to attend clinics for face-to-face
  assessment or treatment (since members of the public should be conforming to lock down rules) unless they
  themselves consider that the treatment is urgent and have made an informed decision to attend the clinic;
- confirm that their Insurer would still cover them during the lock down period for any aspect of their proposed function;
- have regard to relevant CQC registration and compliance requirements (depending upon nature of the 'medical procedure' to be performed).

It should also be noted that at no time has the JCCP compared professionally regulated healthcare professionals to any non-health care practitioner but we would take this opportunity to remind our colleagues that the JCCP Trustee Board members comprise professionals of all healthcare backgrounds, including experts within aesthetics and some remaining active within the health service in significant consultation and corporate governance and regulatory roles. The safety and wellbeing of the public is a fundamental principle that underpins the work of the JCCP and its Board members and remains our absolute priority. We understand that this is a difficult and challenging time for all persons working within the non-surgical aesthetic sector. We would emphasis however that any practitioner seeking to return to work to deliver aesthetic treatments should employ their own professional and ethical judgment and reflect on how appropriate it is at this time to encourage members the public to leave home for assessment and treatment that is elective and non-medically related and which is not considered to be urgent.

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





The JCCP recognises that debate exists amongst the aesthetic community as to when to return to work and which procedures can currently be provided during the 'lockdown' period. The JCCP will continue to work with central government and the devolved administrations to seek clarification in this area and will disseminate further advice following receipt of further update.

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