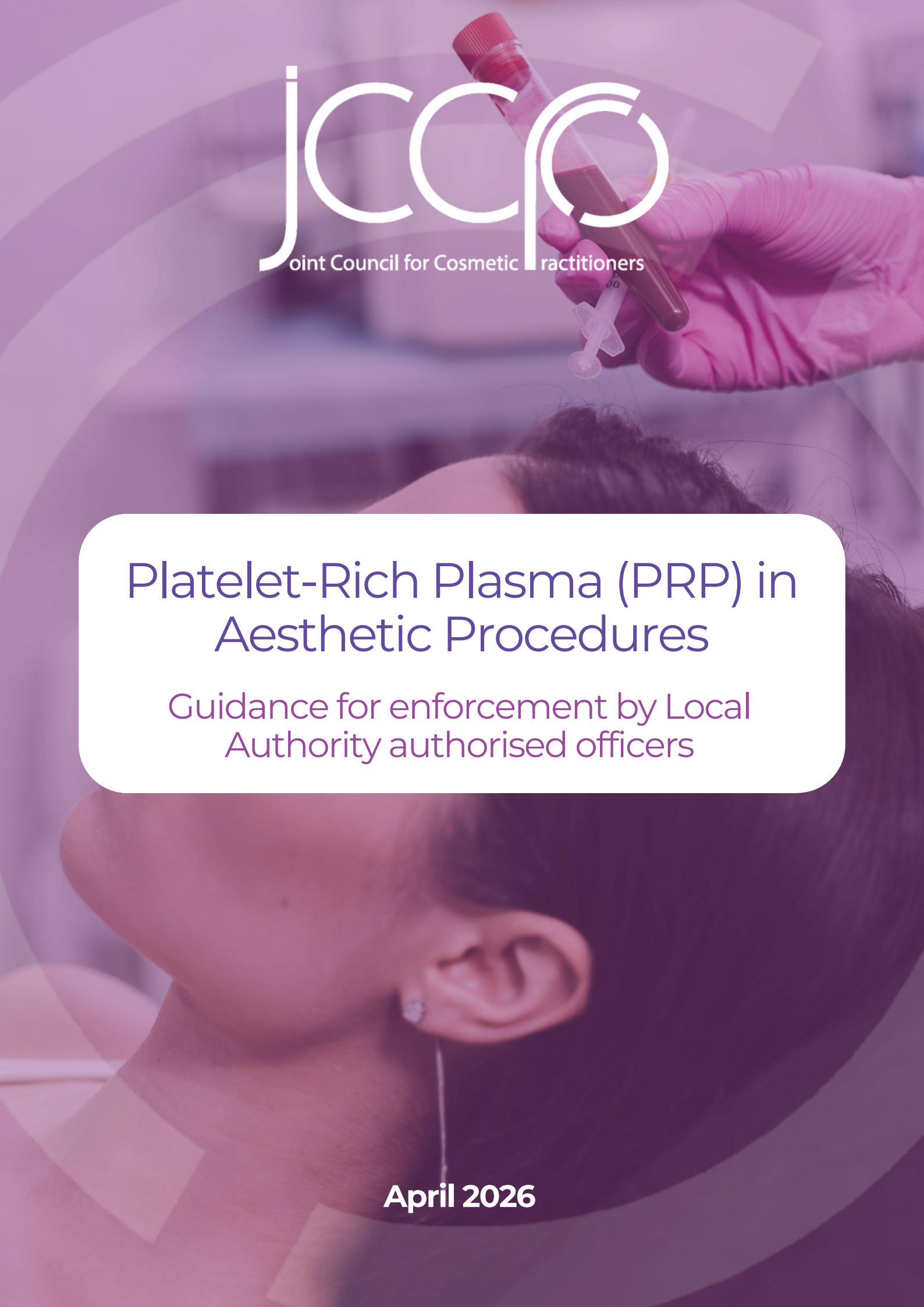

Joint Council for Cosmetic Practitioners

Platelet-Rich Plasma (PRP) in Aesthetic Procedures

Guidance for enforcement by Local Authority authorised officers

April 2026

Executive summary

This guidance has been prepared by a panel of health protection and healthcare professional practitioner representatives in coordination with relevant regulators, at the request of the Joint Council of Cosmetic Practitioners. It is a response to a range of concerns received relating to the safety of PRP procedures, which seeks to enable confident and effective assessment and, where necessary, enforcement for public protection. It is the first phase in the review of a subject that is complex from a regulatory perspective. As our understanding evolves a second phase will follow, under the aegis of the Cosmetic Practice Standards Authority, to develop a robust set of standards.

The key findings outlined below, along with the risks and their mitigation strategies identified in the paper should assist local authority officers to take a judicious approach to the assessment of practice in their areas.

Key findings

- All devices used in the preparation of PRP, including centrifuges and vacutainer tubes, should be regulated medical devices appropriately registered with the MHRA, or they must meet an equivalent standard of safety and efficacy.
- Vacutainer tubes used should be manufactured for the intended purpose of performing autologous PRP procedures.
- The application of PRP to the scalp for the purposes of hair restoration is a medical procedure. In these circumstances PRP is a medicine and important restrictions apply.
- In all cases the Blood Safety and Quality Regulations (2005) provide for the relevant standards for the collection of blood.

The JCCP

The JCCP is a charitable organisation primarily concerned with public safety across the cosmetic sector. It is the recognised body responsible for oversight of the cosmetic qualifications' framework. The JCCP works through agreements with a range of regulators and stakeholders and has significant experience in the application of diverse regulations and standards to the cosmetic sector.

Introduction

This guidance has been prepared at the request of the Joint Council of Cosmetic Practitioners (JCCP) in response to reports of potentially significant public harm being caused by the inappropriate preparation procedures and administration of Platelet Rich Plasma (PRP) conducted by unqualified practitioners. Commonly referred to as the 'Vampire Facial' in the aesthetics sector, PRP is widely used for various applications, including skin rejuvenation, hair restoration, and to improve the appearance of scars . Furthermore, procedures such as synovial joint injections and genital rejuvenation are being undertaken more widely and are being augmented with PRP. Requests for assistance in relation to this procedure have been received by a range of UK-wide Local Authority Environmental Health Officers (EHO) who are responsible for enforcement. Recent investigations by enforcing authorities have raised significant concern about the potential for blood-borne virus transmission.

Objectives

The Guidance is intended for use by Local Authorities who have identified businesses, received complaints or other intelligence, relating to PRP procedures. These procedures can pose a risk of serious personal injury when carried out by unsuitably trained practitioners. Local Authorities in this position have powers available under the Health and Safety at Work etc Act 1974, to issue a Prohibition Notice on businesses or practitioners who pose a significant risk, and are performing, or likely to perform these procedures. Some Local Authorities may not possess the required medical knowledge and expertise to feel confident in issuing such notices. This Guidance is provided to fill that knowledge gap and to promote a consistent approach.

Cross infection with Blood Borne Viruses (BBV), including hepatitis and HIV, are typically asymptomatic in the short to medium term and tracing exposure is complex and often compounded by an absence of incident reporting. For professionally unregulated individuals, a lack of procedural competence, regulatory compliance, and relevant oversight often means that risks are not identified. This may mean that contact tracing is not undertaken. Where such BBV transmission does occur, the impact on public health can be significant.

This guidance arises from important findings in clinical practice that indicate potential

BBV transmission, and where the need for extensive contact tracing has occurred. Given that PRP is commonly used for cosmetic purposes in the absence of appropriate qualification, there is a risk to individual and wider public safety, and it now becomes a matter of urgency to provide guidance that mitigates that risk and, where appropriate, permits enforcement.

Applicable regulation

Professional regulation: All regulated Health Care Practitioners (HCPs) are subject to regulation, including that relating to competence, incident reporting, and the use of regulated products/devices.

The Health and Safety at Work etc. Act 1974 and associated regulations: All HCPs and non-regulated healthcare providers are subject to Health and Safety compliance requirements, including risk assessment and mitigation. Implementation of these requirements may vary between self-employed individuals and employers. Medicines regulations: The Human Medicines Regulations (2012): These Regulations only apply in those instances where the product is determined to be a medicinal product. The full scope of MHRA's position can be found in MHRA Guidance Note 8: A guide to what is a medicinal product.

Blood regulations: Blood Safety and Quality Regulations 2005 (BSQR) have relevance in respect of standards of quality and safety for the collection of blood and blood components, irrespective of intended use or equivalent standards.

The MHRA is of the view that when PRP is being used for medical purposes PRP falls within the definition of a medicinal product, or where a more complex manufacturing process is undertaken (such as pooling for allogeneic use, addition of other substances), the MHRA regards PRP to be a blood product. In such circumstances the sourcing of the starting material will be subject to all relevant aspects of the BSQR, while the manufacture, storage and distribution will be subject to Human Medicines legislation.

Environmental Health Officers should seek evidence that blood or blood components are not stored for future use. There should also be policies and procedures in place to avoid the risk of PRP being used on the incorrect person. This could include not commencing a new treatment until one has finished.

Control of Substances Hazardous to Health Regulations 2002: impose duties on employers and employees to take effective measures to control exposure to harmful materials and protect health.

Medical devices regulations: Products on the market that form preparation kits intended for use in the production or preparation of PRP; where the final resulting product (PRP) is intended for medical purposes, are regulated as medical devices and subject to the UK Medical Device Regulations 2002.

Definitions and Scope

The scope of this guidance should be the application of PRP where the intended purpose is for cosmetic use in procedures such as skin rejuvenation and where Care Quality Commission registration is not in place.

PRP involves using autologous blood plasma, with concentrated platelets, and is currently employed in the following aesthetic procedures:

- Skin rejuvenation and texture improvement (aka 'vampire' facial)
- Hair restoration
- Improving scars and stretch marks

The scope of this guidance includes all PRP procedures performed in non-CQC settings. It should be noted that there are a number of variations of PRP, with novel developments arising within the commercial and competitive environment. This guidance includes any procedure where autologous blood is taken and then manipulated in any way prior to autologous administration. PRP procedures require precise application, aseptic techniques, and an understanding of anatomical structures to ensure safety and efficacy.

It is important to note that PRP may be administered for different reasons or indications, and that this can have consequences in regulation. Depending on the indication, PRP may be a medicine, and this will be considered by the MHRA on a case-by-case basis to determine if it is treating/preventing disease or an intended medical purpose.

Where PRP is provided for a medically intended purpose, that is, where any medical claim is made relating to the procedure, legal provision requires a manufacturer's and

market authorisation licence, or an exemption in medicines legislation, to be in place. Doctors and dentists benefit from these exemptions. When undertaken by specified healthcare professionals, these medical procedures must be carried out in CQC-registered premises in England, HIS in Scotland, and equivalent in other UK countries. Practitioners and local authority enforcement officers should refer to the CQC (or equivalent in devolved administrations) to identify those individuals who are legally required to register. Medical indications that CQC currently require registration for include, but are not limited to, androgenetic alopecia (and other forms of hair loss), all genital use, and use in joints.

The additional manufacture of PRP to form 'Biofiller' where the liquid PRP is reconstituted into a gel for use, for instance, as an alternative to a dermal filler, is not within scope of this paper. This group intends to provide separate guidance in this regard.

Background

Recent years have witnessed a growing prevalence and normalisation of non-surgical cosmetic procedures. This has been associated with the rise of social media, the increasing accessibility and affordability of high street providers and aesthetic clinics and the advancement of technologies and products applied in this field. All procedures have some risks, and many can lead to serious complications if not performed correctly. These risks are greater where the person carrying out the procedure is not sufficiently knowledgeable or trained, where they use unregulated products, or when the procedure is carried out at unsuitable premises. These procedures are subject to the outcome of a government consultation which proposes restrictions limiting them entirely to those individuals practising from CQC-registered (or equivalent) premises. Further details on the current proposals can be found here: https://www.gov.uk/government/consultations/licensing-of-non-surgical-cosmetic-procedures/the-licensing-of-non-surgical-cosmetic-procedures-in-england

The increased demand for non-surgical cosmetic procedures has driven the proliferation of providers offering PRP treatments. Many operate without adequate regulation, training, or adherence to aseptic standards. These shortcomings pose risks such as:

- Infection, including sepsis
- Allergic reactions and adverse immune responses

- Misapplication leading to tissue damage, including skin necrosis and blindness
- Cross-contamination due to improper handling of blood and blood components and devices used, leading to potential transmission of blood-borne viruses

PRP in the medical sector.

PRP used in a medical procedure as a medicine
Platelet Rich Plasma (PRP) therapy is a complex area and PRP products will be regulated in different ways depending on the characteristics of the product and the exact purpose for which they are being supplied or administered to the patient or client. Some PRP products may be classified as (biological) medicinal products, including advanced therapy medicinal products (ATMPs), and these PRP products would be regulated under human medicines legislation. In some cases, unlicensed medicinal products, including PRP, may qualify for manufacturing and supply under the MHRA "specials" scheme. MHRA's full position can be found here MHRA Guidance Note 8: A guide to what is a medicinal product.

PRP used in a medical procedure and medical devices
PRP kits, where the final resulting product (PRP) is intended for medical purposes, must be marketed in line with the legal manufacturer's intended purpose and uses, which in turn must be supported with appropriate evidence in their technical documentation. Depending on the components included with the preparation kits (e.g. inclusion of anti- coagulant solutions), they may be subject to conformity assessment and require UKCA / CE certification from an Approved / Notified Body. The output PRP itself is not a medical device, as it does not meet the definition provided in the Medical Devices Regulations 2002. Claims regarding the efficacy of the end PRP output from the kit should not therefore be made.

Medical Claims

PRP is determined a medicinal product if medicinal claims are made. The determination that a claim is or is not medical must be made by MHRA on a case-by-case basis. However, to assist EHOs who wish to enforce against any activity of concern, the following indicators may be helpful as part of an assessment.

- **Vampire facials**: These are usually provided to improve appearance and are cosmetic, with no restrictions in who can perform them.

- **Scars**: Scarring can be medical. Examples include acne scarring or scarring from trauma when assessed and determined by a HCP against a diagnosis.
- **Joints**: Treatment of joints against a medical diagnosis (e.g., arthritis, sports injury) is medical.
- **Hair loss**: Treatment of hair loss caused by, for instance, androgenetic alopecia, is a medical procedure.

The CQC confirms that hair restoration procedures are a regulated activity when performed by a regulated healthcare professional. The MHRA advises that:

'Claims to reverse permanent hair loss, cause hair growth or re-grow lost hair are medicinal claims, so the claims to stimulate and promote new hair growth, increase blood flow to the follicles, and that the product is an alternative to transplant, are medicinal.'

Therefore, any PRP procedure for hair loss, the treatment of joints or wherever a medical claim or diagnosis is made, is restricted to doctors and dentists operating within CQC registered facilities.

For professionally unregulated practitioners, any regulation that may apply to them in performing cosmetic procedures remains to be determined, and clarification is required as a matter of urgency. This may be achieved through discussions between government and competent authorities as part of cosmetic sector regulation. However, the MHRA do advise that practitioners and suppliers who are not entitled to possess wholesale stock medicines, must not promote the use of PRP for medical purposes. We note the recommendations in UK devolved administrations to restrict the PRP procedures to regulated healthcare professionals. Given the current and emerging understanding of risk attached to the procedure, we support this position and recommend that similar positioning is considered in England.

PRP used in the cosmetic sector

Risks & Their Mitigation in the Use of Platelet-Rich Plasma (PRP) in Aesthetic Procedures

This section sets out the principal risks associated with PRP procedures and offers detailed mitigation and management strategies. PRP involves the handling of human

blood components , which inherently carries clinical, infection control, and cross-contamination risks. The improper performance of PRP treatments, particularly outside of CQC-regulated healthcare environments and by untrained individuals, can result in serious complications, including transmission of bloodborne viruses (BBVs), sepsis, and permanent injury.

This guidance assumes that where a local authority officer may wish to enforce against a procedure, in the absence of a framework of licensing for cosmetic procedures, they will use their powers under the Health and Safety at Work Act where there is a risk to public safety. By identifying the appropriate risk mitigation and management factors, the enforcement officer may be able to specify additional areas of non-compliance where an individual has not or cannot meet the specification, to support the use of a prohibition notice or other enforcement tool.

For the purposes of enforcement, local authority officers may further be guided by the MHRA's position that:

- In the event of uncertainty about a medical claim being made about a procedure and therefore the medicinal status of the PRP, Medicines legislation takes precedence. Therefore, whilst awaiting any determination by the MHRA, enforcement officers might act on this basis, permitting the reintroduction of the procedure if the MHRA's response is favourable to it.
- Irrespective of the intended purpose of the procedure, the relevant standards relating to the collection of blood to ensure quality and safety are those captured in BSQR. Officers may therefore wish to reference these standards as part of any enforcement action.

Risk 1: Contamination During PRP Preparation – Cross-contamination with Bloodborne Viruses (BBVs)

There is a substantial risk of cross-contamination with BBVs (e.g. HIV, Hepatitis B/C) during PRP preparation. This risk arises from improper phlebotomy technique, use of inappropriate or reused equipment, a lack of appropriate operating procedures, failure to adhere to aseptic protocols, and contamination of centrifuges and tubes.

In 2018, the Centers for Disease Control and Prevention (CDC) reported multiple cases of BBV transmission related to aesthetic PRP procedures in clinics where blood-handling protocols were not followed. One notable case involved a PRP "vampire facial"

clinic in New Mexico, which was closed following confirmed HIV transmissions due to equipment being reused across clients without sterilisation (CDC, 2019). Evidence of BBV transmission is now beginning to emerge in the UK.

There is increasing evidence and concern surrounding the use of equipment used for PRP preparation procured from inappropriate sources, including from social media and online marketplaces. This equipment, including for instance centrifuges, is not usually suitable for the intended purpose. It is not designed to permit adequate cleaning and manufacturer instructions typically do not provide sufficient information to mitigate the risk of BBV transmission. It is in this context of unregulated practitioners with no professional obligation towards safety, operating in an unregulated sector without standards or measures of competence, using unregulated or insufficiently regulated products, that risks and their mitigation is considered.

Mitigation:

1. Use closed-system PRP kits approved for medical use and specifically designed to prevent contamination.

2. It is advised all devices for use in the production or preparation of PRP must be CE or UKCA marked and should additionally be MHRA registered. Devices should additionally be indicated for use in the production or preparation of PRP. Where medical devices are not, and they are used off-label, the practitioner is obliged to justify, including by way of risk assessment, how the off-label use continues to meet standards for both safety and efficacy.

3. All centrifuges used must be CE or UKCA marked and should be MHRA registered and maintained in accordance with the manufacturer's instructions. Practitioners must demonstrate that appropriate cleaning, operating and maintenance protocols are in place and routinely followed. Where a centrifuge is not registered with the MHRA as a medical device, the user must be able to demonstrate an equivalent standard of safety and efficacy.

4. Tubes used must be registered medical devices, appropriate for blood products, sterile, single-use, and compatible with the chosen centrifuge system. Products should be procured from legitimate and authorised suppliers, and the user must be able to demonstrate that they are genuine. Tubes should be manufactured for the intended purpose of autologous PRP procedures. Where they are not, we note that the manufacturer may advise as follows:

"Endotoxin not controlled. Blood and blood components collected and processed in the tube are not intended for infusion or introduction into the human body."
BD Vacutainer IFU

5. Staff must undertake rigorous training in infection prevention, including COSHH Regulations 2002, which mandate risk assessments and control measures for exposure to biological agents. Practitioners must be able to demonstrate competence in all aspects of the procedure.

We note that there is currently no set standard of competence for performing PRP procedures and we make recommendations to that end on pages 17 to 20 of this paper. To ensure that sufficient Infection Prevention and Control measures are in place, we recommend that the local authority enforcement officer seeks expert opinion where necessary, including from the UK Health Security Agency.

Management:

1. Immediate identification of exposure or breach of asepsis must prompt patient recall and referral for BBV testing.

2. Appropriate incident reporting (RIDDOR/MHRA) and decontamination of equipment should be completed before resuming procedures.

3. Infected clients must be supported with clinical referral and public health notification where required.

Risk 2: Infection and Sepsis
PRP involves venepuncture (phlebotomy) and reinjection of processed blood plasma. Each step introduces a risk of infection, including localised infections (phlebitis, cellulitis) or systemic infection, such as sepsis, if aseptic technique is not followed. Improper skin preparation, use of contaminated devices, and lack of follow-up exacerbate this risk.

Mitigation:

1. Practitioners must adhere to strict aseptic no-touch technique, including the use of single-use sterile gloves, skin disinfectants (e.g., chlorhexidine), and sterile dressing packs.

2. Ensure competence in infection recognition and management. Training should include identification of:

a. Erythema, swelling, discharge at injection site

b. Fever, malaise, tachycardia indicative of systemic infection

2. Premises must meet suitable infection control standards.

3. Clients must have timely access to prescribing healthcare professionals in the event of post-treatment infection requiring antibiotics.

Management:

1. Early signs of infection must prompt clinical assessment and intervention.

2. Severe or systemic symptoms (e.g. sepsis) require urgent referral to secondary care.

3. Clear documentation of aftercare instructions and escalation processes should be provided to all patients.

Risk 3: Allergic or Immune Response
Although PRP is autologous, allergic responses can arise due to:

- Use of contaminated or improperly sterilised equipment,
- Residual contaminants within centrifuge chambers,
- Exposure to non-autologous products in mixed-use environments.

Mitigation:

1. Conduct comprehensive pre-treatment medical history and allergy screening.

2. PRP must only be used autologously; blood products must not be stored or reused for other clients and where necessary, measures must be in place to prevent inadvertent use on the incorrect client, for instance where several clients are undertaking the procedure at the same facility

3. Practitioners must be trained in the recognition and management of anaphylaxis, and clinics must hold adrenaline (IM) and resuscitation equipment (including oxygen and airway support) and be able to demonstrate competence to use it

4. Adhere to Blood Safety and Quality Regulations 2005 prohibiting use or storage of human-derived products.

Management

1. Immediate management of allergic reactions includes administration of adrenaline and supportive care.

2 .Emergency services must be contacted without delay in suspected anaphylaxis.

3. An incident report should be completed and submitted to MHRA and local authority if practitioner error or product failure is suspected.

Risk 4: Improper Application of PRP

Incorrect injection technique can result in serious complications, including vascular occlusion, tissue necrosis, and blindness, particularly in high-risk areas such as the glabella, periorbital region, and nasolabial folds.

Moreover, PRP mixed HA filler or modified to create "biofiller" has been inappropriately marketed and used for buttock, breast, and genital augmentation, despite the lack of evidence regarding safety and efficacy. These applications carry an increased risk of embolism and must be treated as surgical-level interventions.

Mitigation

1. Practitioners must undergo robust anatomical training and demonstrate competence in injection techniques, particularly in high-risk areas. Anatomy and injection technique are core components of Level 7 cosmetic qualifications which may provide sufficient evidence of competence.

2. Emergency protocols must be established for vascular compromise, including hyaluronidase access when fillers are used.

3. PRP should be used only autologously, with protocols in place to prevent cross-use.

4. Clinics must have a no-storage policy for blood products and ensure appropriate clinical waste disposal.

5. CPD accreditation alone is not sufficient; evidence of supervised, observed practical competence is essential.

Management

1. Immediate recognition of signs of vascular compromise (pain, blanching, livedo reticularis) is critical.

2. Application of warm compress, massage, and administration of hyaluronidase (if filler present) may be required.

3. Referral to ophthalmology or plastic surgery is necessary in cases of suspected blindness or necrosis.

4. Clinical photography and documentation must be used to support diagnosis and escalation.

Local Authority Enforcement

Local Authorities have a statutory duty to protect public health and uphold environmental and occupational safety within non-surgical cosmetic settings. Under the Health and Safety at Work etc. Act 1974, Local Authority Authorised Officers possess enforcement powers to investigate, inspect, and regulate businesses offering aesthetic procedures such as PRP treatments, particularly where a risk to public safety is identified.

These powers are applicable regardless of whether a procedure is being carried out in a traditional clinic, or a beauty salon. Where the procedure is undertaken in home-based settings, enforcement officers should refer to the Health and Safety Executive to consider options for the transfer of powers. Where evidence of unsafe or unregulated practice is found, Local Authorities are empowered to intervene through proportionate and evidence-based enforcement actions.

Enforcement Tools Available to Local Authorities

1. Prohibition Notices (Section 22, HSWA 1974)
These may be issued where an activity presents a risk of serious personal injury, such as a lack of competence, poor infection control, unsafe premises or inadequate emergency preparedness. The notice may prohibit:

- The continuation of the PRP procedure entirely;
- Use of specific equipment (e.g. unregistered centrifuges);
- Use of particular premises or treatment areas.

2. Improvement Notices (Section 21, HSWA 1974)
Improvement notices require the recipient to rectify specific breaches within a set time period. These may be appropriate where the risk is not immediate but regulatory breaches are present, such as:

- Lack of risk assessments (e.g. under COSHH for biological hazards);
- Inadequate training records;
- Absence of standard operating procedures for sterile technique.

3. Public Health (Control of Disease) Act 1984 – Part 2A Orders
Where PRP treatments are being carried out in unsanitary or unsafe premises, or where a "thing" (such as contaminated equipment) presents a risk of infection, Local Authorities may apply to a Magistrate for a Part 2A Order. These allow for:

- Closure of premises;
- Destruction or restriction of the use of contaminated materials;
- Prevention of access to treatment rooms or equipment.

4. Evidence of Competence and Clinical Oversight
Authorised officers should request and assess:

- Professional registration numbers (e.g. GMC, NMC, HCPC);
- Proof of relevant training, practical supervision, and observed competence (not CPD alone);
- Prescribing protocols and delegation agreements where applicable;
- Clinical governance structures in place (e.g. medical oversight, aftercare pathways).

5. Enforcement of Infection Prevention and Control Standards
Given the blood-handling involved in PRP, Authorised Officers must assess compliance with:

- Personal hygiene
- COSHH Regulations (2002), particularly in relation to bloodborne pathogens;
- Safe sharps disposal, clinical waste handling, and aseptic practice;
- Cleaning and decontamination of medical devices (e.g. centrifuges) per manufacturer guidance.

Failure to meet these standards may justify enforcement actions and should be recorded with photographic evidence and witness statements where possible.

6. Collaboration with Professional Bodies and Competent Experts
Local Authorities are encouraged to:
·Seek authoritative advice from relevant regulators such as the MHRA.

- Seek expert opinion from medically regulated professionals (e.g. through the JCCP or the Cosmetic Practice Standards Authority);
- Refer regulatory breaches to the Care Quality Commission (CQC) if clinical procedures are being carried out without registration;
- Notify the MHRA in cases involving unregistered medical devices or for compliance with medicines legislation;
- Work with the General Medical Council, Nursing and Midwifery Council, or other relevant regulators where concerns relate to professional misconduct or practice outside of scope.

Competence, Training and Qualifications

Local Authority enforcement officers assessing PRP treatments within aesthetic settings are unlikely to encounter practitioners who possess regulated qualifications sufficient to demonstrate safe and lawful competence in the performance of such procedures. PRP involves the extraction, processing, and reinjection of human blood products and falls within a clinical domain that demands rigorous standards of training, regulation, and accountability.

Training Landscape and Common Practice
The current training available for PRP procedures within the aesthetic sector is predominantly delivered through short-format commercial courses. These courses are typically marketed as “CPD-accredited” and may include instruction in:

- Basic phlebotomy (venepuncture)
- Use of PRP centrifuge systems
- Injection techniques for skin, scalp, and genital areas
- Business and consent considerations

However, CPD accreditation alone is not a regulated qualification and is not accepted by statutory professional regulators as standalone evidence of competence. It is designed as a mechanism to demonstrate continuing competence where a regulated qualification already exists. Contrary to current activity, CPD cannot align with any academic 'level', and there is no means to ensure the accuracy or relevance of any teaching that takes place. It simply denotes that an individual has attended a course or learning activity and does not, in and of itself, assess or validate hands-on proficiency or adherence to medical standards of care.

Moreover, many PRP courses are not delivered or overseen by regulated medical professionals. In such instances, claims of "certified training" should be treated with scrutiny, particularly where:

- There is no observed assessment of practical skills;
- No regulated healthcare professional has signed off on competence;
- Training duration is insufficient to confer procedural competence (e.g. half-day or one-day workshops);
- PRP is being taught as part of "biofiller" for high-risk body augmentation techniques (e.g. for breast, buttocks, or genitals).

JCCP Expectations and Regulatory Position

The Joint Council for Cosmetic Practitioners (JCCP) has previously set out clear expectations regarding competence and scope of practice for aesthetic procedures involving invasive techniques and biologically derived materials.
The JCCP holds the following position:

- PRP, as a treatment involving venepuncture, processing of blood, and reinjection, is considered an advanced, clinically invasive and high-risk procedure.
- Only regulated healthcare professionals (e.g., GMC, NMC, HCPC registrants) should carry out PRP treatments, given the clinical risks associated with blood handling, cross-contamination, sepsis, and allergic response.
- Training in PRP should be:
  - Delivered by appropriately qualified and regulated professionals;
  - Conducted in a clinical setting;
  - Include both theoretical and practical instruction, with observed competence assessment;
  - Supported by ongoing clinical supervision, audit, and annual appraisal.

Limitations of CPD and the Risk of Misuse

While CPD is a valuable component within a framework of professional regulation, it:

- Does not constitute a qualification;
- Must be contextualised within regulated practice and accompanied by reflective learning and appraisal;
- Cannot substitute the clinical judgement, anatomical knowledge, and infection control competence required for procedures involving bloodborne material.

Use of CPD certificates in isolation as evidence of competence is inappropriate and potentially misleading.

Implications for Enforcement

In the absence of a regulated qualification or evidence of clinical oversight, the enforcement officer may reasonably conclude that the individual:

- May lack demonstrable competence to undertake PRP procedures;
- May be operating outside of safe and lawful boundaries;
- May be placing clients at risk, particularly where phlebotomy, centrifuge use, and reinjection are performed without supervision, regulation, or emergency preparedness.

In such cases, Local Authorities may:

- Request evidence of qualifications and competence, seeking expert guidance where necessary, for example via the JCCP.
- Request evidence of professional registration numbers and contracts of delegation;
- Inspect premises to understand if they are fit for the intended purpose.
- Enforce under the Health and Safety at Work etc. Act 1974 where unacceptable risk is identified;
- Refer matters to the MHRA (for unlicensed medical device use), the CQC (for clinical service provision without registration), or the relevant professional regulator.

Recommendations for Future Regulation

Platelet-Rich Plasma (PRP) treatments represent a significant and growing area of aesthetic practice. However, the current regulatory framework in England, and across the wider UK, does not sufficiently address the risks associated with the administration of PRP by individuals who are not regulated healthcare professionals. As a result, there is a pressing need for specific and enforceable standards that apply to PRP under a formal licensing and regulatory regime.

Given the evolving evidence, The Joint Council for Cosmetic Practitioners (JCCP) would support the categorisation of high-risk procedures, including PRP, within the 'Red' Category of proposed licensing for non-surgical cosmetic procedures. The aim of this categorisation is to eliminate the regulatory void that currently exists, where the same invasive and clinically significant activity is subject to comprehensive oversight when performed by a doctor or nurse, but remains largely unregulated when undertaken by an unregistered individual.

Regulatory Context and Current Developments

- CQC Oversight: PRP falls within the Care Quality Commission's (CQC) scope of regulation when it is used for medical purposes, including joint injection, treatment of alopecia, and sexual dysfunction. In these instances, registration with the CQC is legally required.
- MHRA Classification: When classifying a product, the MHRA looks at the way the product is presented (especially any claims) and at its function, that is, its effects (when administered) on human physiology diagnosis. The position from the MHRA can be found MHRA Guidance Note 8: A guide to what is a medicinal product.
- Scottish Government Proposal: In Scotland, legislative proposals have been drafted that would restrict the administration of PRP entirely to healthcare professionals, based on its classification as a medical procedure involving blood products. These proposals may serve as a model for similar reform across the UK.

Expert Position and Best Practice Recommendations for standards development

The authors of this guidance, including the JCCP Clinical Advisory Group and, strongly advise that PRP procedures should only be carried out by regulated healthcare professionals who are competent and suitably qualified.

1. Competence Requirements

- Practitioners must be registered with a statutory professional regulator such as the:
  - General Medical Council (GMC)
  - Nursing and Midwifery Council (NMC)
  - General Dental Council (GDC)
  - General Pharmaceutical Council (GPhC)
- Practitioners must demonstrate:
  - Proficiency in phlebotomy and venepuncture
  - Safe and effective use of centrifuges and PRP preparation kits
  - Advanced understanding of anatomical injection techniques for the relevant treatment areas

- Competence in managing adverse reactions, including anaphylaxis and infection
- An understanding of the regulatory frameworks that apply to all aspects of the procedure.

2. Premises and Environment Standards

- PRP must be administered within a CQC-registered clinic or healthcare setting, where standards of infection prevention, sharps disposal, and emergency preparedness can be assured.
- Facilities must have:
  - Sterile procedure capability
  - Hand hygiene stations
  - Emergency equipment (e.g., resuscitation trolleys, oxygen, adrenaline)
  - A demonstrable audit trail for infection control compliance
  - Standard Operating Procedures including for adverse event reporting.

3. Product Handling and Medical Device Regulation

- Only PRP kits that are:
  - MHRA-registered
  - CE-marked or UKCA-marked
  - Approved for medical use should be utilised.
- All centrifuges and associated devices must be:
  - Maintained and cleaned in line with the manufacturer's instructions
  - Compliant with relevant biosafety standards
  - CE/UKCA marked with MHRA medical device registration
- Biological waste, including used syringes, tubes, and PPE, must be:
  - Disposed of through licensed clinical waste disposal services
  - Managed in accordance with COSHH and infection prevention guidelines

Further recommendations

The JCCP recommends the following elements be embedded in the future statutory regulation for PRP and related procedures:

1. Mandatory Registration for all premises offering PRP, with CQC in England or equivalent body in the devolved administrations.
2. Procedural Scope Restrictions:
   - PRP should be restricted to regulated professionals;
   - Genital applications, hair loss treatment, and PRP used as biofillers should be explicitly classified as ‘Red’ procedures requiring medical oversight.

3. Training Accreditation:
    - Training must be delivered or endorsed by a regulated healthcare professional;
    - Practical skills must be observed and assessed in a clinical setting, with certification of competence—not merely attendance.
4. Patient Safety Standards:
    - Clinics must demonstrate robust processes for consent, emergency response, follow-up, and adverse event reporting;
    - Patients must be informed of the unlicensed status of PRP for most indications.
5. Audit and Governance:
    - Annual audits of outcomes and adverse incidents;
    - Regular review of protocols and equipment compliance.

Glossary

Autologous. 'Obtained from the same individual'. An autologous procedure is one which uses an individual's own tissue (e.g. blood, cells.) which is then returned to them.

Medicine. Any substance or combination of substances presented as having properties of preventing or treating disease in human beings. Any substance or combination of substances that may be used by or administered to human beings with a view to restoring, correcting or modifying a physiological function by exerting a pharmacological, immunological or metabolic action, or making a medical diagnosis.

Unlicensed (medicine). A medicine that has not received authorisation for use within the UK. The safety and efficacy of unlicensed medicines has not been confirmed. A medicine's license broadly details how it should (or should not) be used, including the specified indications and doses for which the medicine was granted approval by the MHRA. Unlicensed medicines must not be used for cosmetic purposes.

Off-label. Using a licensed medicine or a medical device outside of the terms of its license or approval, for example, for a different indication or a different dose. All purely cosmetic procedures are off-label. Further information on the off-label use of medical devices can be found here.

Medical device. All products (including instruments, materials and software) that meet the definition of a medical device in the UK Medical Device Regulations 2002 are regulated by the MHRA. The MHRA confirm that compliant medical devices are safe

and effective when used for their intended purpose and in accordance with the manufacturer's instructions.

References

COSHH basics - COSHH
Platelet-rich plasma injections | The Chartered Society of Physiotherapy
Visual Loss after Platelet-rich Plasma Injection into the Face - PMC
MHRA Guidance Note 8: A guide to what is a medicinal product.
Instructions For User: BD Vacutainer IFU (NHS)