

Return to practice guidance

Update for practitioners on part 1 of the JCCP register, who propose to resume practice from July 4th.

This update to JCCP guidance '[Preparing for return to practice](https://www.jccp.org.uk/NewsEvent/preparing-for-return-to-practice-guidance-update-6th-july-2020)' <https://www.jccp.org.uk/NewsEvent/preparing-for-return-to-practice-guidance-update-6th-july-2020> dated 6th July, follows the UK Government announcement on the 23rd June regarding the easing of lockdown restrictions in England. Safe, ethical, professional and legal practice is the cornerstone of JCCP policy and this update is designed to assist practitioners to self-assess and determine if they meet these requirements, understanding that the decision to return to work has a basis in law through the Health Protection (Coronavirus Restrictions) Regulations 2020 Statutory Instrument.

The requirements for safe practice during the Covid-19 pandemic have been set out previously by the JCCP, and this current review updates, affirms and provides an overview of previous recommendations. The requirements for safe and ethical practice are set out in the light of the Government's decision to permit the resumption of elective medical procedures, but which precludes the application of beauty procedures (i.e. elective aesthetic procedures that are not considered by a healthcare professional to be 'medically-related'). We confirm that our previous recommendations remain valid but have been further extended to focus more appropriately to include professional/clinical decision making, the application of clinical judgement and risk assessment/management in this context of aesthetic practice.

It is a matter of record that Beauty Salons cannot open at this time in the UK. The JCCP can neither confirm nor deny the right for registered healthcare practitioners to resume practice in England from the 4th July since the Government have not elected to legally enforce such a restriction. The nature and range of medically-related cosmetic treatments and the differing needs and circumstances presented by individual patients dictate the requirement for clinicians to make a case by case determination with regard to whether aesthetic procedural interventions should be performed at this time of continued patient safety challenge. As such it is not possible (or appropriate) for the JCCP to provide guidance (or a generic blue print) regarding these matters. The decision to resume practice must therefore be made by individual practitioners on a case by case basis if it is to meet the requirements set down by Government Guidance and professional opinion.

The JCCP confirms that it remains firmly committed to respecting the right of registered healthcare professional clinicians to make such informed decisions without compromise to their clinical autonomy. However, as a Professional Standards Authority Accredited Register the JCCP is required to frame its operating guidance to meet with Government, PHE/HIS etc, and professional statutory regulatory body guidance.

The following overview confirms the requirements for safe and ethical practice and has been reviewed by the JCCP in the context of the changing and dynamic status of the current national emergency.

Standard precautions & Triage

You must maintain standard precautions and implement a triage process and fully informed clinical risk assessment for each patient you see, undertake a thorough premises-related risk assessment ,

including signage and consumer information, as per sections 2 and 3 of the JCCP resumption of practice guidance.

PPE

There is no change in the recommendations for PPE which include, at a minimum, gloves, face mask, apron and eye protection. Additional PPE may be required for higher risk treatments and risk assessment is required. Section 6 applies. The JCCP recommend that eye protection should take the form of a full face visor. For further information please see Government advice on '[close contact services](#)'.

Staff and reception area requirements

Sections 4 and 5 deal with requirements for staff and reception space including hand washing, social distancing, uniforms, and jewellery. The JCCP confirms that it recommends no changes to these requirements, including the requirement to maintain a 2m distance.

Cleaning.

There is no change to the requirements for cleaning of all areas, including the recommendations for cleaning solutions. Please see section 7.

Audit

No change in section 8, audit requirements, is advised. However, we would remind practitioners of the changing nature of the pandemic, the risk of a worsening scenario, and the role of audit in evaluating and responding to these factors.

Consent 9.1

There are no recommended changes to Covid consent requirements. However, further consent is required. Please see 'consent' under 'New updates' below.

9.2 and 9.3 Education and Skin Preparation.

No changes are required.

9.4 Testing

The value of testing is to be determined by the practitioner, taking into account up-to-date expert opinion and recommendations. This should include the interpretation of test results and the impact on policy and advice to avoid unrealistic expectations.

9.5 Time management

The JCCP expect a possible increase in patient assessment time for the reasons outlined in 'patient assessment' below, and which adds to the necessity for optimal time management. We recommend that no new patients are seen during this stage of the pandemic. A focus on known clients should elicit significant information already available, which may be enhanced with pre-appointment telephone assessment where necessary. Please note that this does not constitute a remote consultation for the purposes of prescribing, but an enhanced assessment of a known patient, to supplement information and guide or educate the patient and which is only appropriate in these current circumstances to limit contact time.

9.6 Risk assessment

The role of risk assessment throughout the JCCP 'Return to practice' guidance remains key to the decision-making process. This now also extends to the role of patient assessment and the decision to

proceed with elective medically related treatment from 4th July. Please see 'patient assessment' **below**.

New updates

Lasers

Please see the updated laser guidance from BMLA.

<https://www.bmla.co.uk/category/standards-and-guidance/>

Complications

At no stage through the lockdown has urgent medical attention been prohibited. In the event that a patient suffers an adverse event from treatment and a second lockdown comes into force, practitioners must assess the patient and provide remedial treatment, providing they can demonstrate the medical nature of the problem through a clinical diagnosis and the urgency which requires its management at that time.

Insurance

It is the practitioners responsibility to ensure they have valid insurance for the treatments they undertake. Additional precautions are required to confirm that insurance continues to be in place at this stage of Government mandated lockdown. Please review the [joint statement from Hamilton Fraser and Cosmetic Insure](#).

Patient assessment, risk assessment and consent.

Practitioners should recognise that a proportion of the treatments they perform may be requested by members of the public for cosmetic purposes only i.e. with little or no medically-related intent other than being considered to provide a sense of enhanced appearance-related wellbeing. Given the Government mandate which precludes beauty treatments at this time of the phased return to work process, the JCCP remains of the opinion that it is not possible to perform these non-medically related procedures at this time. The JCCP support the following 'broad lines of advice' by the GMC and consider that it applies to all practitioners on Part 1 of the JCCP register. Please see

[https://www.jccp.org.uk/ckfinder/userfiles/files/CovidJCCP%20Statement%20GMC%20Guidance_\(2\).pdf](https://www.jccp.org.uk/ckfinder/userfiles/files/CovidJCCP%20Statement%20GMC%20Guidance_(2).pdf)

The advice that the **JCCP**, would offer is that in order to make a professional determination to proceed with medical or medically-related procedures, the practitioner should:

- Undertake a patient by patient individualised risk assessment to include requirements for objective, clinical and ethical decision-making, to demonstrate an understanding of client motivations and to mitigate against commercial or vested interests.
- Perform a holistic assessment in relation to each patient's presenting concern, which includes physical, psychosocial, and cultural factors. Practitioners should also apply their professional/clinical judgement to form a diagnosis and to outline and agree a treatment plan in association with the patient. The assessment and resultant treatment plan should determine both the medically related intention of the procedure and the sense of need/urgency attached to it. This sense of need or urgency should form part of a risk to benefit evaluation to further inform professional decision making and the decision to proceed to 'treat' at this time.
- Additional consent should also be sought from each patient which demonstrates the nature of the discussion had, the understanding and agreement reached, and confirmation of the medical or medically related nature of the procedure. The resultant consent record should

also meet the requirements of 9.1 above, confirming that the clinician has engaged in an informed conversation with the patient regarding any identified risk of attending the clinic at this particular time.

- Make a self-assessment of the qualifications, skills, experience, and resources they have which determine the competence of the practitioner to diagnose, treat and respond appropriately to medically related aspects of the presenting concern.

For helpful further reading, it may also be useful to review the decision-making process used by the CQC to determine if a procedure should be registered as medical for treatment of disease, disorder or injury in terms of

- The defined primary medical benefit
- The person performing the treatment
- The skills required to perform the treatment that are peculiar *only* to that person's professional qualification.

The principle in the example below can apply to other non-laser interventions. Please see:

'Service specific guidance. Lasers and IPL' at <https://www.cqc.org.uk/guidance-providers/registration/treatment-disease-disorder-or-injury>