



Press Release 38 - Joint Council for Cosmetic Practitioners (JCCP)

The JCCP's 15 Point Plan

on Governance and Regulation within the Aesthetic Industry

Response to Edward Argar's Statement to Parliament on Friday the October 16th 2020

Second Reading of the '*Botulinum Toxin and Cosmetic Fillers (Children's) Bill*'

The Joint Council for Cosmetic Practitioners (JCCP), was formally launched In February 2018 as a 'self-regulating' body for the non-surgical aesthetics and hair restoration sector in the United Kingdom and has achieved Professional Standards Authority (PSA) recognition and **charitable status**. The charitable status reflects the overarching not-for-profit mission of the JCCP which is to improve patient safety and public protection. The concept of the JCCP was envisioned by the Department of Health and was instigated by Health Education England on behalf of NHS England and the Department of Health.

The primary aim of the JCCP is to enable the public to be more informed about the risks associated with non-surgical and hair restoration treatments and to clearly identify safe and appropriately trained practitioners who practise in these areas of specialist treatment. In order to achieve these aims the JCCP has now established a Government (Professional Standards Authority – PSA) approved **Practitioner Register**.

Parliament debated a Private Members Bill on Friday 16th October 2020 looking at the issue of providing aesthetic treatments to under 18's. The JCCP is fully supportive of this Bill and welcomes the following comments made by the **Honourable Edward Argar** (Health Minister) to Parliament on the 16th October, 2020 as part of the Second Reading of the '***Botulinum Toxin and Cosmetic Fillers (Children's) Bill***':

'Alongside this Bill, my Department is also exploring a range of options for increased oversight of practitioners, including a system of registration and licensing'.



The JCCP has been in continuous discussion with the Government and the APPG on Beauty, Wellbeing and Aesthetics with regard to proposals linked to systems of registration and licensing. Set out in Appendix 1 of this Press Release are the full range of recommendations developed by the JCCP.

Professor David Sines CBE – Executive Chair of the JCCP said,

‘We are at a pivotal point in the debate about regulation in the aesthetics sector and we are really encouraged by the interest shown by Parliament. It is over 5 years since the findings of the Keogh Review recommended increased regulation and we believe now is the time to bring all of these actions together with patient safety as the major driving force. Our 15 point plan sets the framework for a coordinated approach’.

Notes to Editors:

For general information and enquiries on the JCCP go to:

www.jccp.org.uk

For further information on standards for non-surgical aesthetic treatments and hair restoration surgery please go to:

www.cosmeticstandards.org.uk

Professor David Sines OBE – Executive Chair – JCCP

david.sines@jccp.org.uk



Appendix 1: The JCCP's Position on Governance and Regulation within the Aesthetic Industry

Response to Edward Argar's Statement to Parliament on Friday the October 16th 2020 – Second Reading of the 'Botulinum Toxin and Cosmetic Fillers (Children's) Bill':

The JCCP Charity was created in 2018 as a Professional Standards Authority (PSA) accredited Voluntary Register for Non-Surgical Cosmetic Practitioners (including health care practitioners and Beauty Therapists) in the UK. Since its inception the JCCP has gathered firm and convincing evidence to confirm that voluntary registration does not act as an incentive to require individuals who practise in the sector to seek to register against a nationally agreed set of practice, competence and knowledge based standards. Rather the JCCP is of the opinion that Compulsory or Statutory Registration is required to provide members of the public with the assurance that registered practitioners have demonstrated their compliance with the standards set by the JCCP and the CPSA (which were endorsed by the professional regulators and by the PSA and by NHS England via HEE in 2016). The JCCP was charged with the responsibility to 'own', enhance and implement the HEE standards in June, 2018 (as agreed by HEE at that time). Such standards require practitioners to practise competently, safely and ethically against a declared Code of Practice and Competence Framework/Standards. Such registered practitioners would also be accountable for their practice and would be aware that sanctions could be applied should they fail to meet the safe practice standards required in just the same way as can be imposed by a healthcare professional statutory regulator through the application of their fitness to practice rules (the PSA requires the JCCP to operate to the same fitness to practice rules as those used by the healthcare statutory regulators).

The JCCP is fully supportive of this Bill and welcomes the following comments made by the **Honourable Edward Argar** (Health Minister) to Parliament on the 16th October, 2020 as part of the Second Reading of the '**Botulinum Toxin and Cosmetic Fillers (Children's) Bill**':

'Alongside this Bill, my Department is also exploring a range of options for increased oversight of practitioners, including a system of registration and licensing'.

The JCCP has made its position on this issue explicitly clear and remains of the opinion that **nothing less than statutory registration** for **all** practising Cosmetic Practitioners should become a legislative requirement in the UK in order to afford public protection and patient safety. The JCCP remains unconvinced that any alternative form of regulation would afford the public with the assurance they require to confirm that their practitioners are ethically safe, knowledgeable, competent, accountable and capable professionals. This opinion was presented in the form of oral evidence to the 'All Party Parliamentary Group for Beauty, Wellbeing and Aesthetics', on the 16th September, 2020.



The JCCP believes that in order to formulate a coherent policy response in this area that the UK Government should seek to focus as a matter of priority on:

1. Introducing **statutory regulation** within the aesthetics sector in order to create a 'fair and equitable' regulatory environment for **all** practitioners that is based on **statutory regulation** as core principle (this is a critical matter that exercises the Council and is a **primary aim** of the Council strategic objectives). Statutory registration is required as a priority for all practitioners who perform non-surgical aesthetic treatments at, and above Level 5 as defined in the JCCP Competency Framework (2018).
2. Mandating that education and training requirements should be prescribed for **all** practitioners linked directly to agreed standards and competencies set down by Health Education England (2016), subsequently by the JCCP (2018) and by the Cosmetic Practice Standards Authority (2018).
3. Requiring all aesthetic services to publish (in plain English format) a summary of the procedures that they provide, the risks associated with such treatments, the cost of such procedures, a summary of their practitioner qualifications, their insurance certificate and details of their redress scheme. This is required to ensure that members of the public are appropriately informed and able to make risk-assessed choices about 'safe and effective' treatment options.
4. Seeking the publication of a clear definition of what is a 'medical-related' service and what is an elective 'cosmetic' procedure/service (since these issues are not currently clearly defined in UK law and as such pose a continued 'threat' to public protection and patient safety within regard to the provision of regulatory oversight provided by the CQC and MHRA and by professional regulators). Clarification is also required to confirm what constitutes a 'cosmetic surgical' treatments (i.e. threads and cogs are now classified as being surgical but are performed in arrange of beauty salons and clinics etc.) as opposed to a cosmetic 'non-surgical' procedure. All aesthetic treatments should therefore be licensed by a national co-ordinating centre/body with each treatment being risk assessed with regard to patient harm and impact on public protection.
5. Ensuring that the identification of 'risk' of 'potential physical and psychological harm' and impact associated with each defined cosmetic treatment area of treatment and intervention is treated as a requirement in all aesthetic treatment assessments and pre-treatment consultations.
6. Move to legislate that elective, non-medically related higher risk aesthetic procedures should be restricted for use only for those who are over eighteen years of age.
7. Requiring that the information needs of patients/clients who are considering or having the 'higher risk' treatments should always be provided in an accessible format in order to ensure that they are able to make an informed choice with regard to their proposed treatment journey.
8. Seeking to ensure the introduction of specific premises standards in England for beauty salons and non-CQC registered clinics (many of which are not currently required to comply with specific premises standards in England unlike Scotland where this is now statutory regulatory requirement). The JCCP considers that this is essential to assure public safety and health protection compliance (in particular with regard to the hygiene standards that are now required to protect against Covid-19). This will require standardisation and mandatory enforcement through the provision of new Secondary Legislation. *Local Authority Enforcement Officers should be given extended powers to be able to enforce compliance with a nationally agreed set of premises standards.*
9. Introducing nationally agreed and consistent regulatory and licensing standards for the aesthetics and beauty sector with the aim of removing some of the anomalies that exist between various counties and London Boroughs (which have their own Act) and the rest of the UK.
10. The imposition of greater regulation and oversight to reduce the significant number of false and exaggerated advertising (including social media) claims that provide misleading information to both members of the public and to practitioners about the standard, type and effectiveness of the administration of safe procedures.
11. Requiring the UK Government to move immediately to make dermal fillers prescription only devices (or to provide alternative legislation to restrict the currently unregulated supply of these devices).
12. Reinforcing the need for all aesthetic practitioners to adhere to the guidance set down by the healthcare Professional Statutory Healthcare Regulators and by the JCCP for '**Responsible Prescribing**'.



13. Requiring **all** practitioners to hold adequate and robust medical indemnity insurance cover and to be members of redress schemes in order to protect the public.
14. The Government working with the MHRA to design and implement a coordinated approach to the reporting and analysing of complications; the MHRA occupy a central role in assisting in the design, production and implementation of a national database.
15. Plugging the evidence-based gap that exists with regard to the lack of data, research relating to the non-surgical sector should be addressed as a priority – such as: the size of sector, the number and type of practitioners who operate in the UK (including details of their professional backgrounds and training) and the value of the industry to the UK economy. In addition data is required on the number, type and extent of complications that occur as a result of aesthetic treatments, how these adverse events are reported and the cost to the NHS of correcting such complications.

The JCCP has also been pleased to engage with the **Chartered Institute for Environmental Health (CIEH)** over the past three years with the aim of promoting evidence based practice, public protection and consumer safety in the aesthetic industry. The JCCP welcomes the publication of two CIEH reports in September, 2020 that emphasis on the current inadequacy of both primary and secondary legislation to enable local authorities in England to enforce the standard and scope of enforcement required to protect members of the public. The JCCP also applauds the CIEH in its endeavour to seek additional health and safety powers for Local Authorities and the Health and Safety Executive to take action against mobile or home-based practitioners. The reports also note correctly that for most treatments, there are no mandatory education, qualification or training requirements to practice and that training courses vary considerably in length, content and quality. Importantly the JCCP recognises and acknowledges its thanks to the CIEH for advising that in the in absence of statutory regulation, that voluntary registration can only provide limited public protection, as practitioners who cannot meet the required standards for safe and effective practice can continue to practise legally, thereby failing to provide evidence of their competence and capability to protect the public'

In summary our position is based on the premise that the JCCP considers that there is an urgent need for the Government to consider how best to address the fragmented nature of the aesthetics industry which is characterised by professional dissonance and antagonism and conflicts relating to commercial interest. The JCCP considers this situation to be untenable with regard to the need to introduce a robust and effective system of governance, regulation and control within the sector. The lack of a legitimately empowered co-ordinating body to oversee the sector and to represent its multiple interests has resulted in the proliferation of multiple Professional Associations and interest groups, some of whom are diametrically opposed to public safety and effective evidence-based practice. There is a need therefore for 'one voice' to represent the multiple interests that exist in the sector focussed on the primary aims of patient safety and public protection in order to create a 'fair and equitable' regulatory environment for all practitioners.

Edward Argar's announcement is therefore welcomed. The JCCP believes that this now the time for the UK Government in association with the devolved Governments in Northern Ireland, Scotland and Wales) to take positive and assertive action to introduce legislation to protect the public in the interests of consumer and patient safety.

Professor David Sines CBE PhD
Chairperson JCCP
18th October September 2020