



All-Party Parliamentary Group on Beauty, Aesthetics and Wellbeing

Minutes of Meeting

Session 1 – Inquiry session into non-surgical cosmetic procedures: What is the concern?

Session 2 – Impact of COVID-19 on the beauty industry: Exploring the prevalence of non-surgical cosmetic treatments during lockdown

Date: Tuesday 23rd June 2020

Time: 2pm – 3.30pm

Location: Zoom

Members present

- Meeting Chair: Judith Cummins MP, APPG Co-Chair
- Carolyn Harris MP, APPG Co-Chair
- Nick Smith MP, APPG Secretary
- John McNally MP, APPG Vice-Chair
- Alberto Costa MP, APPG Vice-Chair

Witnesses

- Rachel Knappier – Alberto Costa MP's constituent who has suffered from malpractice and has been lobbying for regulation for non-surgical cosmetic procedures
- Dawn Knight – Kevan Jones MP's constituent and campaigner for better safety within the cosmetic and aesthetic sectors
- Dr Michael Aicken – Founder of Visage Aesthetics
- Helen McGuinness – Centre Principal of Helen McGuinness Health and Beauty Training International
- Chris Wade - Aesthetic Practitioner and Hair and Beauty Industry Authority Advisory Board Member
- Fiona Macrae - NHS Anaesthetist and part-time Aesthetic Doctor

Audience

- Harriet Main, Office of Alberto Costa MP
- Gabriel Fleming, Office of Judith Cummins MP
- Jo Lloyd, Office of Carolyn Harris MP
- Caroline Larissey, NHBF
- Victoria Brownlie, NHBF
- Katherine Morgan, APPG Secretariat
- Victoria McNish, APPG Secretariat
- Louise Abraham, APPG Secretariat

Minutes of the Meeting

Session 1 – What is the concern?

Judith Cummins MP started the session and explained that the Group has launched an inquiry into non-surgical cosmetic procedures. She then invited the speakers to introduce themselves.

Rachel Knappier shared her experience but highlighted what she thought needed to be done to address the concerns of non-surgical cosmetic procedures. She explained in 2018 she had Botox and lip fillers by a person who transpired to be a beautician, with no insurance or medical knowledge to deliver the appropriate medical care. The beautician injected the substance in an artery, which ran from her top lip into her eye area which caused a vascular occlusion and led to necrosis in her lip. As a result, she required immediate medical attention. She said her remedial treatment was not covered



by the NHS. She highlighted that currently, there is nowhere for people to turn when they have experienced malpractice.

Rachel Knappier further stated that currently, there is no legislation regarding premises regulation, meaning treatments such as Botox and fillers be carried out anywhere, such as in people's homes. She also highlighted that greater attention needed to be given to advertising on social platforms, as many adverts are targeted towards young people, perpetuating the social pressure for young people to conform to modern beauty standards. She stated that often these young people cannot afford the prices of properly qualified medical practitioners. Therefore she argued that costs needed to be regulated to guard against people choosing cheaper treatments with unqualified practitioners.

Rachel Knappier also stated that training is imperative for those that are administering these treatments. She called for the industry to be regulated, to protect the public and to set out minimum standards and qualifications.

Dawn Knight described herself as a campaigner for better patient safety and regulation and is a Lay Trustee to the Board of the JCCP. Her main message was about safety, highlighting that patients would be safe if the industry had safe practitioners, safe products and safe premises. She stated that choosing to have an aesthetic procedure is an individual's right, but it is also their right to be treated by an appropriately qualified, safe and ethical professional, that can advise the right course of treatment and have the right knowledge and skill to deal with any side effects.

Dawn Knight continued to emphasise the risks non-surgical cosmetic procedures have to a patient's physical and mental health, and therefore needed to be regulated. She stated that the lack of regulation and robust management of the aesthetic industry has led to extremes in both skills and ethical practise, allowing a monster materialise. She said that this monster, at times, stalk the blissfully unaware public. She highlighted that anyone, from beauty therapists to bricklayers, can jump on the so-called lucrative injectable bandwagon. She further highlighted the ease of how the general public can access fillers, by giving the example of someone being able to purchase it from Amazon.

Dawn Knight then expressed her concerns around advertising on social media as she said often these ads would contain misleading claims and that she had challenged Facebook over this. Furthermore, she stated the lack of accountability or consequences for practitioners carrying out treatments, highlighting the ease of which they can declare themselves bankrupt and start again. In the situations where the patient claims on their insurance, the insurer is able to refuse payout because they do not cover medical complications and the practitioner was not insured as a medical professional in the first place. She pointed out that there is nobody to take away licenses to practice if someone were found to be negligent.

Dawn Knight further added that the industry cannot be left to self-regulate and that the voluntary register system simply does not work. She also argued in favour of a nationally recognised standard for aesthetics training.

Dawn Knight ended her opening statement by highlighting that there is nowhere to report treatments that have gone wrong, no additional support for patients, no guarantees of skills and competency, and often there is a lack of knowledge in the NHS when presented with an aesthetics complication. She illustrated that the aesthetics 'Pandora's Box' was well and truly open, and called for the following solutions: an aesthetic centralised register, which would be mandatory and funded by registration fees; relevant insurance registration of premises including an inspection which could provide a revenue stream to local authorities; one nationally accepted standard of education and a register for training providers; a national reporting scheme; dermal fillers to become a prescription only device; track aesthetics products; address advertising and deal with the misinformation; strict enforceable rules on cosmetic advertising online; prescriptions for non-healthcare professionals for aesthetic purposes. She concluded most of the solutions she had proposed are already in place, but now the Government needed to listen and prioritise patient safety.

Dr Michael Aiken then introduced himself as a GP and an aesthetics practitioner. In 2016, he was contacted by a few different non-medical groups including beauty therapists, who had informed him that some insurance companies are starting to cover them for being trained in aesthetics. He described



being surprised initially, but after further research, he found that the insurance companies were doing things quite carefully and they had a sense of risk. Speaking about training, he said that insurance companies had decided that whereas a doctor, dentist or nurse could do a one-day course for Botox and fillers, at the time, insurance companies ruled that beauty therapists needed to have done a two-day course, and this had since risen to a minimum of four-day training course. Acknowledging that beauty therapists are coming from a different starting point, he believes that with extra training time, beauty therapists can be trained in all of the things that they need to know to be at the same level as most other medics. He clarified that doesn't mean beauty therapists can do surgery if needed, but it does mean they could, for example, administer emergency drugs for someone who has had a dermal filler complication such as vascular necrosis.

Dr Michael Aiken agreed with what **Dawn Knight** and **Rachel Knappier** said about the regulation needed in the industry. He added that he believes registers are important. He believes that the assessment of patients, statistics of malpractice, a reporting mechanism, basic training for treatments and the regulation of premises should all be covered by an aesthetics register. Furthermore, he stated that the issue with existing registers is that they currently seem to prioritise discrediting certain non-medical groups, rather than prioritising patient safety. He believes there is a logical fallacy that some professional groups are saying some groups are not educated enough to be educated. He gave the example of him going to medical school, not as a doctor, therefore highlighting that he needed to be taught to be a doctor. He believes that with Botox and fillers, everything can be taught that needs to be taught.

Dr Michael Aiken explained that as a GP, he would still refer patients to the closest A&E Department with a plastic surgeon just in the same way that beauty therapist might. But for beauty therapists that have been trained correctly, they might not know how to do that. He concluded by highlighting that he believes it is entirely possible to train non-medics to a certain level, as long as strict criteria and strict guidelines are in place. There would also need to be strict criteria as to how non-medics would be appraised each year to keep up standards and he believes a register, following the set-up of the General Medical Council register, would be the perfect way of doing so.

Chris Wade introduced himself as an owner of an aesthetic clinic and was involved in the Keogh Report in 2013. He said that the sector requires a qualification that is regulated for both medics and non-medics. He believes that with the correct training, skillset, monitoring and supervision, there would be the ability for beauty therapists to correct complications. Furthermore, it is important that the procedure is done in the correct environment and that the practitioner has the correct qualification, training and insurance, particularly as social media grows.

Chris Wade stated that regulation needs to take into account products that are going to be available online. Furthermore, from a voluntary perspective of self-regulation, he believes that the system should be cross-referenced based on skillset and qualification. He explained there is already a Level 7 qualification for medics and non-medics that is regulated by Ofqual. He said he would also like to see practitioners carrying a card to show they are connected to a register highlighting if they are an aesthetic practitioner 'medical trained' or aesthetic practitioner 'non-medically trained'. It would then be up to the consumer to choose the practitioner. He emphasized that this register would need to be available for all people who have the appropriate training and if they meet a certain criteria. He also agreed with **Dr Michael Aiken** in that beauty practitioner can be trained to be competent level.

Judith Cummins MP then asked **Dawn Knight** and **Rachel Knappier** if there was a support mechanism for patients who have suffered malpractice and what they would like to see improved in terms of support for patients from their experience.

Dawn Knight said that there are a few places patients could go such as the JCCP or the GMC if the complications were caused by one of their registrants. However she said that the biggest problem is that there is no specific place that the public can go to. She believes that it would be beneficial to have one overarching regulator that would be able to deal with the complaint directly and would be able to advise how the patient could be best supported, but also capture the data to feedback into the industry. She concluded by saying that the regulator and the register could also support practitioners through complications.



Nick Smith MP asked how good the data is on complications and the understanding of this issue.

Dr Michael Aiken replied that he believes there is some data being collected by some small groups but he does not believe it is representative of the whole industry because it is not mandatory to record anything, such as a complication, and also patients do not necessarily know where to report complications too. He further explained that there is a bit of bias with the recording from some of the small groups that have an agenda to outlaw certain non-medical groups, so they are lumped together in the statistics with people who have never been trained at all. He believes that a unified aesthetics register that is mandatory would mean that the industry can start to collect that data for the first time.

Dawn Knight added that the existence of data in the industry is a huge black hole. While there are a lot of organisations collecting their own data, they can be a little precious in the way that data is shared. She agreed with **Dr Michael Aiken** that data collection and the mandatory reporting of adverse events is not well-known outside the medical sphere.

Dr Michael Aiken added that once the data is collected about what procedures are going wrong, then the industry can start working on what extra training can be implemented for different professional groups.

Nick Smith MP asked if there are any doctors or medical groups that would be interested in gathering this data for transparency.

Chris Wade replied that he is in the process of launching the Association of Aesthetic Practitioners, of which Dr Michael Aiken would be the Chairman. He also said that the growth of the high street should also be considered and that no one should be able to deliver a treatment without having the proper qualifications.

Dr Michael Aiken added that other Groups such as Save Face and the JCCP will have this data but the issue is not the practitioners who are recording their data, it is those who are practicing in private and not practicing without the supervision of a medical practitioner in the background. That is why registration should be mandatory but the issue is that this register would require a lot of work and would possibly be done without funding. He highlighted that there needed to be a mandatory push for all practitioners to be on a register.

Dawn Knight further added that the data would need to be independent.

Dr Michael Aiken agreed and that all the major training organisations need to be involved with a register and there would need to be a Board for oversight. He said that no practitioner wants to see someone get rich from a register, they want a register for patient safety.

Helen McGuinness then gave her introduction and short statement. She said she provides a range of professional training courses in beauty therapy and aesthetics to individuals, spas and salons, both nationally and internationally. Regarding training standards for beauty practitioners, she said that it seems to vary considerably, with some courses just consisting of a few days training, and she has come across foundation dermal filler training for a duration of one day. She then described the research she has done for her own training courses and her qualifications.

Helen McGuinness said that she is always working to raise standards and she currently works to a set of National Occupational Standards and is under the supervision of an independent prescriber for the administration of botulinum toxin injections. She said that she has experienced some discrimination from some medical groups about offering injectables which, she believes is because some medicals believe that beauty professionals should not be allowed to administer injectables because they do not know how to recognize and deal with complications. She added it is her belief that if a practitioner is well trained then it is irrelevant what their background is. What's needed is instead a level playing field for medicals and non-medicals and for people to be treated safely and effectively.

Helen McGuinness explained that her clients receive a full consultation and are checked for their medical suitability. Patients are also required to sign a full consent form, which is several pages long and outlines their risks and complications. She added that her clients are given a cooling off period where they can consider the procedure and whether it's suitable for them. For those wanting Botox,



these clients would have to have a face-to-face meeting with the independent prescriber as it is a prescription-only medicine and they also need to be assessed manually and visually to assess what's realistic and what's achievable for that particular client. She concluded that client safety and communicating with clients is important, and that this should include a review after the treatment and that practitioners should keep in touch with clients in the event of a complication. She agreed with **Dr Michael Aiken** and **Chris Wade** there needs to be a centralised register that is open to both medics and non-medics, where people are judged on merit and their qualifications.

Alberto Costa MP asked why people consider having cosmetic procedures and their motivations behind it.

Dawn Knight replied that everybody's journey is very individual and explained that she got her procedure because she had lost weight. She believes that depending on the generation, peer pressure and social media plays a part in people's decision-making. But for more mature adults, it's about well-being and it's a part of their care regime. She also believes that some people are not considering the seriousness of the treatments and the ongoing financial commitments the comes with procedures.

Carolyn Harris MP said she is concerned about what psychological assessments are done before procedures. She asked if the speakers follow a specific guideline for psychologically assessing patients before they undergo the treatment.

Dr Michael Aiken said that body dysmorphia is something that needs to be taught on every course but there is not a lot in terms of screening for it.

Carolyn Harris MP asked again if Dr Michael Aiken did any kind of psychological assessment on potential patients.

Dr Michael Aiken said that it would be impossible to go ahead with the treatment without discussing what they wanted and because he understands the symptoms of body dysmorphia, he would be able to recognize it. He added that they would also ask for a medical history form but this is assuming they have not slipped through the net. Ultimately, he would recognize body dysmorphia when a patient is asking for something unreasonable.

Carolyn Harris MP asked if a practitioner would have a good insight into what drives a person to undergo these procedures.

Fiona Macrae added that there is a questionnaire on appearance anxiety that she uses which patients could fill out online, which gives a score and then practitioners are able to screen those that could need psychological referral.

Dawn Knight said that it is one thing thinking practitioners can recognize someone with a body image issue, as it isn't always body dysmorphia, sometimes it could be self-harm and factors that have driven someone to get a procedure done. She noted that some of the medical councils have made it mandatory that their members do a mental health screening as part of the consultation process but unfortunately, this comes down to the lack of regulation in the industry and the lack of continuity.

Carolyn Harris MP then asked if **Helen McGuinness** performed any mental health assessment.

Helen McGuinness replied that she does and red flags to her would be if they were looking to improve a relationship or are doing it for somebody else. Her concern is under-aged client as she is concerned about their safety. She is also concerned about 'client hoppers' which are people that go from one clinic to another. This is why she does a manual assessment as she wants to feel their skin because she has had experience of people lying to her about what procedures they have had previously.

Judith Cummins MP asked if all practitioners looked for the addictive nature in patients when they are asking to do procedure after procedure.

Helen McGuinness said yes.



Carolyn Harris MP asked if everyone agreed that having some kind of assessment for patients would be the way forward.

Chris Wade said that as part of the Level 7 qualification, there are assignments and assessments that relate to body dysmorphia. He also believes that now is the right time to develop tools for understanding the condition. He added that it is also difficult because many people that have this condition are good at hiding it so they would move to another practitioner if they sense that someone would be unwilling to do the treatment.

Carolyn Harris MP asked if **Chris Wade** would include a psychological assessment in his training package.

Chris Wade said yes.

Carolyn Harris MP asked if **Helen McGuinness** would include a psychological assessment in her training package.

Helen McGuinness explained that she does not train people in injectables but it would be something that she would definitely suggest.

Dr Michael Aiken said that a psychological assessment should be included in any cosmetic training, from injectables to permanent makeup, and therefore outlines another benefit of having a mandatory register as the industry can agree certain standards for assessments.

Carolyn Harris MP concluded that the APPG is not yet decided on what stance to take regarding a mandatory or voluntary register and that the Group was still collecting evidence from the industry.

Session 2 – Exploring the prevalence of non-surgical cosmetic treatments during lockdown

Carolyn Harris MP explained that since COVID-19, there has been concern around clinics and hairdressers operating illegally. She then asked Fiona to share her thoughts on this because there was nothing mentioned in the Government's announcements.

Fiona Macrae explained that she came across an advert from a clinic announcing it was open and she was shocked when she heard her colleagues in the industry claiming their clinics remained open because they are doctors and therefore not subject to lockdown rules. The rationale was that medics were never subjected to lockdown because all of their procedures are prescription-based.

Fiona Macrae explained that there is a license for Botox, where it is possible to have medical indications, meaning doctors are able to say their procedures are for medical purposes, such as a patient needing it for psychological reasons. She had also asked her daughter to message a clinic to ask for a dermal filler appointment and the clinic came back within hours offering a treatment that afternoon. She emphasised that it must be only medical essential procedures that are allowed, not procedures that can be postponed.

Carolyn Harris MP asked if the rest of the group are aware of any clinics that are still operating. She explained that the Group had previously written a letter to the Minister regarding this but received a reply that it was down to the local trading standards to police it.

Dawn Knight said that COVID-19 has put a spotlight on the need for regulation in the industry. The problem is that it is not known which practitioners are administering these treatments.

Carolyn Harris MP asked if **Dr Michael Aiken** had any thoughts on how to tackle illegal practitioners.

Dr Michael Aiken replied that he has been involved in discussing re-opening with an aesthetics Facebook group, and that they risk assessed the most comparable sector and saw that dentists were recommended to start back on 8 June, when initially it was 4 July. However, he said ideally there would be a register to regulate these re-opening dates.

Chris Wade replied that in his area, the dentist is open and has been for the past two weeks. He thinks it is difficult because there is not one clear directive and that the message has been diluted.



Carolyn Harris MP said that people will continue interpreting the guidelines as they wish. That's why the Group will push Government that there is confusion in this industry which has led to loopholes, outlining that this has created a dangerous situation in the sector.

Fiona Macrae added that non-surgical cosmetic procedures should be regulated by a referral process.

Chris Wade said that this has re-opened the debate for dermal fillers to be classified as prescription-only medicine.

On behalf of **Harriet Main**, **Carolyn Harris MP** asked the speakers if remote prescribing was still happening.

Fiona Macrae replied that yes it was still happening. Medics will largely be the prescribers but the beauty therapists are not regulated. Therefore highlighting the need for regulation.

Dr Michael Aiken said that prescribers are all regulated. So if a prescriber is known to be prescribing remotely, they can be reported.

Dawn Knight again emphasized that there is an issue of not knowing who are performing these treatments and she knows of some practitioners who are asking people to sign non-disclosure agreements.

Fiona Macrae added that some people are being forced into getting fillers online such as fillerworld.com

Carolyn Harris MP asked what action the APPG could take against irreputable practitioners.

Chris Wade replied that it is important the industry cannot be monopolized by any professional groups, whether that be medic or non-medics.

Dawn Knight said that the JCCP is already set up for registering practitioners.

Fiona Macrae agreed that a register is needed, but thinks the fee for the JCCP is excessive alongside the fees practitioners have to pay for the other professional bodies. Therefore, the fee should be reduced and registration made mandatory. Furthermore if medical Botox was separated from cosmetic Botox, practitioners would have to pay VAT for the cosmetic Botox.

Dr Michael Aiken said the best thing for the industry would be to regulate it. He adds that the JCCP has done the easy job by registering people who are already registered in the GMC and NMC. He adds that they have excluded those are not subject to regulation.

Harriet Main added that Botox is prescription-only but there is a loophole through remote prescribing. The JCCP do not allow non-medics to join the register.

Dawn Knight replied that the JCCP did not take the easy option, and have looked at the industry in fine detail. They have a memorandum of understanding with all the major organisations and the decision was taken because of patient safety.

Carolyn Harris MP thanked all the attendees for their contributions and concluded the meeting.