



All-Party Parliamentary Group on Beauty, Aesthetics and Wellbeing

Minutes of Meeting

Inquiry session into non-surgical cosmetic procedures

Session two: Standards and Qualifications

Date: Tuesday 7th July 2020

Time: 12:45 – 1.45 pm

Location: Zoom

Members present

- Carolyn Harris MP, APPG Co-Chair
- Judith Cummins MP, APPG Co-Chair
- Peter Dowd MP, APPG Treasurer
- Alberto Costa, APPG Vice-Chair

Witnesses

- Alexander Woollard – Chair of the Cosmetic Practice Standards Authority
- Caroline Larissey – Director of Quality and Standards, National Hair and Beauty Federation
- Diane Hey – Chair of the National Occupational Standards Steering Group on Aesthetic Treatments for HABIA and Vice Chair of the Beauty Professional Apprenticeship Group at the Institute for Apprenticeships
- Dr John Curran – Former President at the British College of Aesthetics Medicine
- Lesley Blair – Chair of the British Association of Beauty Therapy and Cosmetology
- Sharon Bennett – Chair of the British Association of Cosmetic Nurses

Audience

- Katherine Morgan, APPG Secretariat
- Louise Abraham, APPG Secretariat
- Victoria McNish, APPG Secretariat

Minutes of the Meeting

Carolyn Harris MP opened the meeting, providing general background of the work done by the APPG, and introduced speakers. Invited **Alexander Woollard** to speak first.

Alexander Woollard introduced himself and the CPSA. Alexander explained that the CPSA was a not-for-profit charity. Alexander stated that the CPSA was affiliated with professional organisations in the sector, but that the CPSA operated on an unpaid, pro-bono basis. Alexander explained that the CPSA had a wide remit, primarily providing the standards to their sister organisation JCCP – which underpins their register for both practitioners and trainers. Secondly, the CPSA gather data from registrants regarding adverse incidents and complications. Thirdly, the CPSA horizon-scan for the emergence of new treatments, which Alexander observes as arising on an almost weekly basis. When assessing these new treatments, the CPSA seek to target those that are harmful or lack supporting evidence to back up their claims.

Alexander Woollard explained that in response to some of the issues raised in the Keogh Review (2013), the CPSA developed a set of standards for the non-surgical cosmetic sector that put patient safety to the fore, for which they consulted all interested parties across the industry and medical professions to create a consensus opinion based on risk profiles. The report covered five categories of



treatments: toxins, rejuvenation, laser devices, fillers and hair restorations. These standards cover training, practice, premises and the environments. What was clear from the process, explained Alexander, was that as well as a need to address the technical aspects of non-surgical procedures, there was a need to address a broader development of the professional aspects of practice, such as audit of adverse events, appraisal, mentorship and continued professional development. Alexander explained that the key to that was the risk matrix which established the levels of training and competence required at each level of practice and how individuals could acquire more skills and progress up the skills ladder.

Alexander Woollard stated that there is a need to expel the belief that the involvement of the medical profession in the process of establishing these standards and qualifications is an attempt to exclude the non-medical community. Alexander explained that what underpins this process is patient safety and an appreciation of the pitfalls of sub-standard care.

Alexander Woollard added that provided standards of technical and overall practice can be verified, they should be encouraged. Alexander explained that there is need for good data collection, of which there has been a lack, observing that this limited data has often been used to justify a lack of regulation in the sector. Alexander stressed the need for mandatory registration, such as that which exists in the medical sector, as a means of ensuring that such data is made available.

Alexander Woollard highlighted the two options endorsed by the CPSA that they believe would see an immediate increase in patient safety. One: a mandatory registration of all practitioners. A mandatory register enables and protects good practitioners. Alexander explained that current regulation is sporadic, and the lack of a mandatory register means that there is no recourse for poor practice. Two: the CPSA recommend making fillers prescription only. The lack of regulation of fillers baffles the CPSA. Alexander stated that the risks of fillers are clear, significant and arguably even greater than those posed by botulinum, which are a POM. Fillers being POMs would remove a significant danger to the public.

Carolyn Harris MP thanked **Alexander Woollard** for their contribution and invited Caroline Larissey to speak.

Caroline Larissey introduced herself as the Director of Quality and Standards for the NHBF. Caroline outlined that beauty therapists have been practising advanced practices since 2012 and contributed to the Keogh Review (2013). Caroline states that the NHBF were in support of an organisation to provide structure towards the standards established in the Keogh report, affirming that the beauty sector have always been on board with the development of the process. Caroline stated that there is a plethora of good practice in the industry, and that practitioners are keen to drive up standards. Caroline observed that poor service reflects badly on the whole industry, not just the individuals involved. Therefore, it is incredibly important that the beauty industry is acknowledged as part of the solution to any of the issues within the sector and not as the problem itself. Caroline stated that the medical and beauty industries need to work together in order to formulate a solution to issues, raise the standards of the industry and protect the wellbeing of clients.

Caroline Larissey explained that as part of their work the NHBF has been looking into developing qualifications that would support both beauty practitioners and medics. They produced a guide to qualification and age restrictions, which clearly outlines the routes from beauty therapy into aesthetics. The guidance has Primary Authority approval and Caroline stated that it is used by environmental officials as a national benchmark for qualifications and training within the beauty sector.

Caroline Larissey highlighted that there is an extensive period of training for those coming into the industry - a typical learner will spend 15-20 months working towards their level 2 qualification. A level 3 qualification requires a further 18-20 months. Caroline explained that should learners then wish to specialise, entering level 4 and level 5 treatments, they are required to complete a further year of training. Progression into advanced aesthetics requires a further year also.



Caroline Larissey explained that beauty therapists and aesthetic practitioners must have full access to appropriate qualifications and treatments. Caroline noted that the rapid growth of the industry has resulted in an increase in qualifications, but that some of these qualifications, however, have been unfairly regulated and restricted in the eyes of the NHBF. Caroline stressed that qualifications ought to be made available to all practitioners, whether they are from medical or non-medical backgrounds, and be provided by regulated awarding organisations. There should also be an assessment programme for those who are already performing these procedures.

Caroline Larissey explained that the NHBF are aware of the growing prevalence of short courses and agree that they should be addressed. Caroline noted however that this is a feature across the whole beauty sector, not just an issue associated with aesthetics.

Caroline Larissey stressed the need for less discrimination and more equality for those practitioners making the transition into aesthetics. Caroline suggested that a way forward on the matter was to address premises regulations and to establish a regulatory framework that can oversee that. Caroline proposed a licensing scheme that covers premises – like that found in Wales. Practitioners should also have mandatory first aid training, including anaphylactic and medical complications. Caroline also stated that the NHBF believe that CPD should be mandatory. On the matter of regulatory responsibility, Caroline stated that the NHBF proposed that local governments should be charged with the licensing and regulatory responsibilities.

Caroline Larissey stated that NHBF believed that the beauty and medical industries could work together to provide a way forward for the sector.

Carolyn Harris MP thanked Caroline Larissey for her contribution and invited Diane Hey to speak.

Diane Hey concurred with what has been said thus far. Diane explained that the NOS are frequently misinterpreted in purpose and provided clarity to those present about the work of the NOS. Diane stated that the aim of the NOS is to provide information and clarity surrounding the current national framework for standards setting. Diane explained that the NOS are standards of performance that an individual must achieve when carrying out an action in the workplace. They can be used all over the UK where their functions are carried out, and cover a swathe of occupational practices (including those referred to by **Alexander Woollard** earlier in the meeting), and are standards that are agreed upon by a representative sample employers and other key stakeholders which are approved by UK Standards and Frameworks Panel.

Diane Hey explained that when looking at standards for the non-surgical cosmetic procedures panel, HABIA collaborated with a number of bodies, including; the CPSA, JCCP, professional industry bodies, environmental health officers, healthcare colleagues, liaised and communicated with the department for health and social care, healthcare regulators, their own employers and healthcare providers and insurance provider to form their expert working groups.

Diane Hey stated that the NOS report addressed the following areas: insurance, premises standards, infection control, age restrictions (as they are currently defined by law), the informed choice and consultation techniques when working with clients, cooling off periods, complication and emergency management protocols that must be in place when carrying out modalities.

Diane Hey added that NOS are not a qualification, and do not denote a level of qualification or a license to practice. They are also not exclusive to any one group of individuals or professionals, and do not provide a mandate to practice. Diane asserted that they are used to inform and are used by awarding organisations, HE institutions and professional bodies and organisations from which programmes of learning and qualifications can be developed. They can also assist Local Authority officers with relation to the execution of Health and Safety at work regulations.

Diane Hey emphasised the position held by HABIA, which endorses the view that all practitioners, irrespective of their point of entry, to be appropriately qualified in the relevant modality and treatments



they provide. HABIA also support for call for the enhancement of hygiene and premises standards enforcement checks, and for licensing to be mandated.

Carolyn Harris MP thanked Diane Hey and invited Dr John Curran to speak.

Dr John Curran thanked Carolyn for the invitation to speak. Dr Curran expressed concern for vulnerable individuals and the outlined the difficulties that come with the conflation of medical practitioners and those working within the beauty industry. Dr Curran stresses that there are 3 key areas of the inquiry that they would like to address.

Dr John Curran stated that the first item that required discussion was the prospect that the enquiry was asking the wrong kinds of questions. With reference to the question regarding what the necessary qualifications for practitioners, medic or non-medic, to administer Botox, Dr Curran expressed that the POM nature of Botox should mean that such questions are misguided and fail to safeguard vulnerable people.

Dr John Curran expressed a similar concern regarding the use of medical devices such as dermal fillers. Dr Curran stated that most fillers are deep, which pose medical risks – the complications of which must be managed immediately. In such instances, observed Dr Curran, there would not be time to send a patient to hospital and they would require urgent medical attention e.g. in the case of anaphylactic shock, you would require immediate adrenaline, which would not be readily available. Dr Curran raised the question: how can you safeguard anyone by giving a medical device, when it can do harm, and you cannot manage that harm? Dr Curran asked whether it is possible to safeguard vulnerable people if non-medics and beauticians are encouraged to undertake risky procedures that most medics fear? E.g. polydioxanone thread lifting.

Dr John Curran highlighted another area of concern which was that the belief that the sector is unregulated. Dr Curran stated that for those within the medical sector, this was a cliché. As healthcare professionals, they are regulated by regulatory bodies, such as the GMC, and are subject to regulatory procedures such as re-evaluations. Furthermore, re-dress can be sought through the courts by patients. Dr Curran emphasised the duty of care that is underpinned by a duty of standards and a standard of care among the medical community and observed that should these standards be allowed to fall; medical practitioners are liable to be taken to court for negligence. Dr Curran observed that these standards are not emulated at a civil level.

Carolyn Harris MP: urged **Dr John Curran** to wrap up their statement due to time limitations.

Dr John Curran moved to address remaining points. Dr Curran stated that BCAN were working with the GMC to establish level 7 (postgraduate level) training as a basic requirement for independent medical practitioners. Dr Curran observed that no junior doctor worked alone because it was not safe to do so, and that the GMC and BCAN were in consensus that they ought to raise the bar. Dr Curran closed his contribution by stressing the need for equitable access to healthcare, delivered by healthcare professionals who can manage any remedial emergency in a safe medical environment, who operate within the law and with the governance of the regulator. Dr Curran also stated that the best way to protect individuals from the risks associated with certain practices is to confine medical devices, POM and practices to healthcare professionals who can legally and professionally manage complications.

Carolyn Harris MP extended her thanks and invited **Lesley Blair** to speak.

Lesley Blair introduced herself and thanked the other speakers for their contributions. Lesley outlined the work of BABTAC, explaining that BABTAC is a not-for-profit organisation that handles some pro-bono work in support of the industry, working with organisations such as the NOS and the JCCP. Lesley also outlined that BABTAC are of the mind that the industry is already considered to be regulated in their eyes. Lesley also explained that provided a beauty practitioner has completed a recognised, fit for purpose training programme, and achieved an industry-standard regulated qualification that they are well qualified to *technically* carry out a number of aesthetic treatments.

Lesley Blair clarified, however, that there are a number of serious concerns regarding other aesthetic modalities that ought to be addressed. Firstly, due to the lack of regulation in the industry, observed Lesley, there is no enforcement of what training needs to be completed, and there is limited accountability should something go wrong. One area of particular concern expressed by Lesley was that of the saturation of the market with short courses that are not fit for purpose. Lesley observed that there is a lack of regulation to police this. Additionally, Lesley observed that because of the short period of time in which these courses are completed, they cannot be delivered effectively and safely – Lesley provided the example of advanced aesthetics. Lesley does however emphasise the importance of short course training programmes to the industry. Lesley observed that short courses do have a place in the industry, and stressed that the ever-evolving nature of the industry required practitioners to update their skills and undertake regular CPD. Short courses, are an ideal way to do this. However, Lesley stated, short courses should be viewed for what they are. They are CPD, they are not a stand-alone qualification. Lesley explained that short courses ought to be viewed more in line with a certificate of attendance and not the only knowledge required to carry out a treatment and stressed that practitioners must have underpinning knowledge or skills before undertaking short courses. Lesley observed that unfortunately organisations and insurance companies are accepting one day certifications and attendance on such courses as sufficient for individuals to practice modalities. As a result, practitioners can perform procedures in which they do not have enough training, knowledge or experience in, and thus potentially put public safety at risk.

Lesley Blair then addressed managing the risks of cosmetic procedures. Lesley explained that a means of managing these complications needs to be immediately available and on-side. Due to the inability of beauty therapists to hold prescribing powers, they are not allowed to legally administer any of the antidotes, regardless of how much training they have completed, unless that is prior medical practice. Lesley emphasised the concern among those at BABTAC regarding the choice of some organisations to provide complication management training to non-medics which leaves practitioners to believe that, after a few short hours of training, they are qualified to deliver the complications management medicine required. Even more concerning, expressed Lesley, was that some of these organisations were giving practitioners access to complication management medicine by putting them in contact with the relevant providers.

Lesley Blair also expressed concern for the lack of accountability in the industry for beauty practitioners. Unlike medics who are held accountable and can be struck off, this is not possible in the beauty industry currently, observed Lesley.

Lesley Blair stated that whilst botulinum toxins legally must be prescribed by a doctor or prescriber at the very least, dermal fillers (which are perceived to be far more dangerous) are not a classified medical device. As a result, anyone can buy them online and administer treatments with no medical oversight. Lesley expressed that there were, as a result, significant safety concerns with procedure, premises and product.

Lesley Blair expressed that it was the belief of BABTAC that procedures should have medical oversight and expressed her concurrence with **Dr John Curran** on the point raised earlier in the inquiry session regarding polydioxanone thread-lifting, which in their view should not be performed by anyone from a non-surgical background. Lesley stated that the ability for those with no previous knowledge or surgical experience can train in this modality is of concern and highlights the need for mandatory registration.

Lesley Blair also observed that another issue regarding training was that some practitioners do not have the relevant 3,4- or 5-year training periods outlined by earlier in the meeting. Lesley emphasised the role that short courses play in facilitating the belief among practitioners that the limited period of training qualifies them as a beauty therapist and then go on to perform aesthetic procedures. Lesley observed that this was not just an issue among aesthetics but is a problem for all of beauty that needs to be addressed.



Lesley Blair advocated for a more regulated approach across the board from all factions and stakeholders of the beauty industry to achieve the goal of public safety and protection across key areas. These key areas include: educating consumers, providing consistent regulated licensing for products, equipment and premises for procedures carried out nationwide, the provision of fit for purpose training and mandatory requirements and the introduction of mandatory registration for any practitioner providing advanced modalities that can ensure their accountability.

Carolyn Harris MP extended her thanks to **Lesley Blair** for her contributions and invited **Sharon Bennett** to speak.

Sharon Bennett thanked Carolyn and introduced herself as the Chair of the British Association of Cosmetic Nurses, which is currently the largest professional association in the UK's independent medical sector with 1000 members. Sharon stated that the BACN have been working closely with the sector in recent months, which is heavily divided by the issue of discrepancies in language. Sharon observed the confusion generated within the sector as a result of a lack of clarity surrounding the use of terms such as "medical", "aesthetics", "cosmetics". Sharon however suggested that there exists a clear distinction between terms such as "cosmetic", "aesthetic" and "medical aesthetic/ aesthetic medicine". Sharon observed that this differentiation is very important.

Sharon Bennett observed that the practice of aesthetic medicine is a medical process, and therefore, in the opinion of the BACN should only be practiced by regulated medical professionals to reflect the legal position which safeguards the rights of patients in law. Sharon asserted that the practices of medicine, nursing and dentistry exist for one reason only – and that is to provide excellent standards of healthcare and health improvement for patients and the public. Sharon emphasised that government must ensure that the work of today and tomorrow in the practice of medical aesthetics are carried out in accordance with a reasonable standard of medical care, skills, values and behaviours.

Sharon Bennett observed that the roots of the specialism of aesthetic practices are found in plastic and reconstructive surgeries and have evolved and developed to become part of other practices such as dermatology. Sharon added that only medical and nursing practitioners are able to practice within these specialisms, and only they are able to medically assess patients. Patients require optimum care from the point of consultation through to the point of aftercare, due to the risk of complication. Sharon stated that the BACN do believe that the current alignment of medical aesthetics practice to beauty practice is putting patients' lives at risk. Another concern, explained Sharon, was the unfortunate far greater emphasis placed on the cosmetic results of procedures, rather than on the medical significance required to safeguard the public.

Sharon Bennett explained that the BACN do believe that the regulation of all non-surgical cosmetic procedures within the scope of medical surgery should therefore not be confined to a given set of treatments which reflect a beauty menu, but that they do believe should constitute a level of care which is commensurate to the care that patients undergoing treatment require.

Sharon Bennett stated that appropriate regulation would include features such as; the carrying out of comprehensive consultation, assessments, skin analysis, infection control, life support, anaphylaxis, informed consent, ethics, medical and psychological assessment of patients, anatomy applicable to medical practice (which can be learnt), dermatological knowledge and management of complications. Sharon also emphasised the risks associated with underlying conditions and the need to be able to understand those, which can only be appropriately achieved by having a medical or nursing qualification. Sharon stated that this cannot be taught in any vocational course.

Sharon Bennett explained that in accordance with Article 3 of the HRA, patient safety and health ought to be respected. Sharon observed that patients can be subjected to substandard and degrading care by unregulated operators who do not respect the rights and the needs of patients.

Sharon Bennett then addressed the Keogh Review (2013) and posed the question of why, following the review, was the responsibility of regulation, qualifications and standards was left to government?



Sharon also observed that two important recommendations produced by the Review have been missed. Sharon cited recommendation 3.17, which outlines the belief held by the committee that those prescribing fillers or performing other potentially harmful cosmetic procedures should be held accountable by a professional regulator. Sharon observed that the professional regulators in such instances are the NMC, the GMC and the GTC. Sharon then addressed recommendation 4, which suggested that procedures must be performed under the responsibility of a clinical professional who has gained the accredited qualifications to prescribe, administer and supervise aesthetic procedures.

On the matter of prescribing, Sharon observed that remote prescribing and supervision is a key factor in all injectable treatments is patient safety is to be maintained within a framework of practice that meets legal and regulatory parameters. It is commonly understood through explicit statutory statements and implicit regulator guidelines that remote prescribing is not acceptable for cosmetic medical treatments.

Sharon Bennett then went on to address the standards of education and qualifications in the sector, and observed that there is a lack of agreed standards for aesthetic treatments that has bedevilled the sector for many years. Sharon explained that the recent efforts of the JCCP to build on the work performed by the HEE with regard to establishing a competency framework is welcomed. Sharon also explained that the BACN cannot support the attempts of the beauty sector to use the NOS.

Carolyn Harris MP requested that Sharon Bennett draw their statement to a close due to time restrictions.

Sharon Bennett brought her contribution to a close by drawing attention to the work completed by the British Standards Institute which has a classification of aesthetic medical treatment risk levels, which Sharon was on the committee for. The standards address botulinum injections, pulsed light, radio frequency, chemicals peels, and fillers. They also provide an assessment of categories, room types, risk levels and physical states of patients, which Sharon observed as being essential. Sharon also expressed the desire from the BACN for a mandatory register and the classification of dermal fillers as a prescription only drug, which Sharon observed as being the correct way to go forward.

Carolyn Harris MP thanked Sharon for their contribution and moved to questions and discussion. Speaking to **Alexander Woollard** and **Dr John Curran** Carolyn expressed the need for an acknowledgement that botched treatments do not just arise from the beauty industry. Carolyn observed that some of the worst practices that she has seen have come from medics who are performing treatments. Carolyn referred to one instance of a medic, who she has personally spoken with, who is in the business of providing 'lifetime' prescriptions of Botox for £50 a time. Carolyn stressed the need to observe that there are good and bad practitioners in both the beauty and medical industries.

Alexander Woollard responded, agreeing that not all scrupulous practitioners are medics. Alexander observed that the delineation between the non-medical and the medical sector is actually a barrier to proceedings, and stated that whilst at the top end of the spectrum there are high risk procedures that should only be performed by doctors, Alexander does not agree that these should be performed by all doctors. Alexander stated that having a medical qualification was not a free reign to do anything you want. Having trained for 20 years to be a plastic surgeon, Alexander observed that there are procedures that his colleagues would not wish to do. Alexander stressed that a line does need to be drawn with regards to procedures however, below which you are not considered to have the expertise to deal with the complications.

Carolyn Harris MP moved to ask a question on behalf of **Alberto Costa MP**, and asked the panel if they believed there should be a set of standards regarding where patients can have treatments, i.e. only in clinics and not in their own homes.

Diane Hey responded, informing Carolyn that there would be very few people on the current panel who would endorse home treatments. Diane reiterated that the NOS were not levelled, they are a standard practice similar to the competency framework produced by the JCCP. Diane also observed that HABIA,



JCCP and the CPSA all worked together in establishing those standards, and therefore they all mirrored one another in content.

Dr John Curran added that the matter of home treatments are already regulated.

Peter Dowd MP asked about international comparators regarding regulatory processes, and observed that it is beneficial to have knowledge of best practices from other countries.

Dr John Curran stated that as part of their submission it was noted that the UK is unique in allowing non-medically qualified individuals to practice aesthetic medicine. John defined the UK as outliers.

Alexander Woollard agreed, and stated that the UK is an anomaly in being very unregulated in the area.

Judith Cummins MP thanked the participants and asked **Alex Woollard** if they would be happy to circulate their presentation.

Alex Woollard agreed to circulate the crib sheet from the session and indicated that the standards matrix was available on the CPSA website.

Judith Cummins MP then asked if the witnesses were in agreement that dermal fillers should be prescription only. Judith also asked for the panellists' thoughts on the standards regarding product quality, particularly if the panellists considered them robust enough.

Carolyn Harris MP proposed, due to time constraints, that **Lesley Blair** and **Diane Hey** give answers on the matter of dermal fillers – providing an answer from the beauty and medical side of the witnesses respectively.

Lesley Blair agreed strongly that fillers should be prescription only. Lesley stated that it was their belief that non-medics should not be performing such treatments. The only caveat to that would be if there was a medical professional on hand to handle risk complication.

Judith Cummins MP enquired as to whether such measures would be sufficient to stop individuals selling fillers on the internet.

Lesley Blair suggested that such measures would place fillers in the same category as botulinum toxins, which from personal research experience, Lesley identifies as being unable to purchase online.

Diane Hey expressed that remote prescription was not something desired in any sector, by anyone regardless of their occupational background. Diane expressed that the central issue related to matters of ethics and standards, not of entry mechanisms (i.e. whether you are a medic or a non-medic) and it should not be polarised as such. Diane explained that cooperation was required to raise standards in the industry.

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