

*Developing people
for health and
healthcare*

PART TWO:

Report on implementation
of qualification requirements
for cosmetic procedures:
Non-surgical cosmetic
interventions and hair
restoration surgery

November 2015

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Foreword

Patients and members of the public who elect to have cosmetic interventions should be able to expect to receive safe standards of treatments and care, with the opportunity to select proficient practitioners who have had the appropriate training to deliver high quality services.

Health Education England was commissioned by the Department of Health to develop qualification requirements for the delivery of a number of non-surgical cosmetic interventions and hair restoration surgery with the aim of improving and standardising the training available to practitioners

I am very pleased to present Health Education England's final report on the implementation of the qualification requirements for cosmetic procedures. This report should be considered alongside the qualification requirements themselves which are presented in a separate report.

We would like to take this opportunity to thank members of our Advisory Group and our Expert Reference Group and other stakeholders within the cosmetics industry for all their help and support in developing the recommendations presented in both reports. The enthusiasm and high level of engagement shown by stakeholders demonstrates the level of commitment there is across the industry to improving standards of training and practice and standards of care for patients and users.



Ian Cumming

Chief Executive

Health Education England

Acronyms and Abbreviations

ACE	Aesthetics Conference and Exhibition
APL	Accreditation of Prior Learning
BACN	British Association of Cosmetic Nurses
BAAPS	British Association of Aesthetic Plastic Surgeons
BAD	British Association of Dermatologists
BAPRAS	British Association of Plastic, Reconstructive and Aesthetic Surgeons
BMLA	British Medical Laser Association
BT	Botulinum toxin
CCR	Clinical Cosmetic & Reconstructive
CIEH	Chartered Institute of Environmental Health
CEN	European Committee for Standardisation
CPD	Continuing Professional Development
CPSR	Chemical Peels and Skin Rejuvenation
CSIC	RCSEng's Cosmetic Surgery Interspecialty Committee
DF	Dermal Filler
DH	Department of Health
ERG	Expert Reference Group
EU	European Union
FE	Further Education
GDC	General Dental Council
GMC	General Medical Council
GPhC	General Pharmaceutical Council
HABIA	Hair and Beauty Industry Authority
HEE	Health Education England
HEI	Higher Education Institutions
HCPC	Health and Care Professions Council
HRS	Hair Restoration Surgery
HIV	Human immunodeficiency virus
IPL	Intense Pulsed Light
LIPLD	Laser, Intense Pulsed Light (IPL) and Light Emitting Diode (LED)
MHRA	Medicines and Healthcare Products Regulatory Agency
NMC	Nursing and Midwifery Council
OFQUAL	The Office of Qualifications and Examinations Regulation
PIAPA	Private Independent Aesthetic Practices Association
PSA	Professional Standards Authority for Health and Social Care
RCSEng	Royal College of Surgeons of England
RPL	Recognition of Prior Learning
SCIEG	Scottish Cosmetic Interventions Expert Group
UKAS	UK Accreditation Service
UKNARIC	UK's National Recognition Information Centre

Executive Summary

Health Education England (HEE) was mandated by the Department of Health (DH) to work with professional statutory regulators, Royal Colleges and other stakeholders to conduct a review of the qualifications required for non-surgical cosmetic interventions and the qualifications required to be responsible prescribers and to make recommendations on accreditation of qualifications and course delivery.

This document describes the second and final phase of the project to produce the detailed qualification requirements for delivery of non-surgical cosmetic interventions and hair restoration surgery. It describes the results of a one-month stakeholder consultation on the draft qualification requirements and changes to the requirements since the report on Phase 1 of the project was published in September 2014. It also presents HEE's recommendations for accreditation and implementation and highlights some issues to be addressed which were out of scope of the work led by HEE. In an annex to the report we provide some examples of how organisations across the cosmetics industry are planning to support implementation.

The qualification requirements, which include guidance on the application of the requirements for different groups of practitioners working in the cosmetics or aesthetic field, are set out in a separate document which accompanies this report. Designed to support improvements in the quality and standards of patient and client care, safety and protection in the delivery of cosmetic procedures, the requirements apply to all practitioners, regardless of previous training and professional background, on the basis that patient safety can only be assured if delivery of cosmetic procedures is carried out by practitioners who have had specialist training in the use, application and, where applicable, operation and maintenance of the product they are using. The requirements also recognise the importance of psychosocial and emotional support to enable prospective clients and patients seeking cosmetic procedures to make informed decisions, and to be referred on for independent information and support where appropriate.

We would like to thank all members of our stakeholder network, and in particular members of our Expert Reference and Advisory Groups for their invaluable contributions to this project.



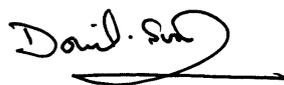
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1. Introduction

As a result of the outcome of the review of the regulation of cosmetic interventions led by Professor Sir Bruce Keogh and published in April 2013¹ (the Keogh Review), Health Education England (HEE) was mandated to work with regulators, Royal Colleges and other stakeholders to conduct a review of the qualifications required for non-surgical cosmetic interventions and the qualifications required to be responsible prescribers¹ (phase 1 of the programme), and to make recommendations on accreditation of qualifications and course delivery [sic]. This national project was led by Health Education North West London under the leadership of HEE's Director for London and the South East.

The Keogh Review highlighted the “profound impact on health and wellbeing” which cosmetic interventions can have, and the fact that the clinical risk can be considerably reduced if practitioners have the appropriate skills and knowledge. The qualification requirements, which include guidance on the application of the requirements for different groups of practitioners working in the cosmetics or aesthetic field, are set out in a separate document which accompanies this report. Designed to support improvements in the quality and standards of patient and client care, safety and protection in the delivery of cosmetic procedures, the requirements apply to all practitioners, regardless of previous training and professional background, on the basis that patient safety can only be assured if delivery of cosmetic procedures is carried out by practitioners who have had specialist training in the use,

application and, where applicable, operation and maintenance of the product they are using as well as training in the use of appropriate screening tools and questions to assess the suitability of prospective patients who are considering a cosmetic procedure, and an understanding of independent support services available for onward referral where appropriate.

The cosmetics sector is highly fragmented and includes a very diverse range of interest groups, including practitioners and those who provide premises and facilities, membership organisations, product manufacturers, insurance companies, training providers and training awarding bodies. There are also a number and variety of regulatory bodies. Achieving engagement and buy-in to the review process and the outcomes of the review was a very high priority for the project team, recognising the importance of developing an education and training framework which was supported and ‘owned’ by those working in the industry. It was also important that HEE was able to draw upon the wealth of expertise and varying insights of those working in the sector. In addition to an Advisory Group which provided oversight and strategic direction for the project and advice on the practical implications of the proposals arising from the project, the project team were also very reliant on members of an Expert Reference Group. Information on the membership of both groups is set out in Annexes 1 and 2 to this report.

This programme of activity was carried out

¹ <http://nwl.hee.nhs.uk/files/2014/07/Non-surgical-cosmetic-interventions-Report-on-Phase-1.pdf>

between October 2013 and end April 2015 and a report on Phase 1 of the project was published in September 2014 . This final report is divided into two parts:

- **Part 1** which sets out the Qualification Requirements for delivery of cosmetic procedures: non-surgical cosmetic interventions and hair restoration surgery
- **Part 2** which describes the second and final phase of the project to produce the detailed qualification requirements for delivery of non-surgical cosmetic interventions and hair restoration. It describes the results of a one-month stakeholder consultation on the draft qualification requirements and changes to the requirements since the report on Phase 1 of the project was published in September 2014. It also presents HEE's recommendations for accreditation and implementation and provides some examples of how organisations across the cosmetics industry are planning to support implementation, as well as identifying issues raised by stakeholders which are out of scope of this project.

2. Background

The *Review of the Regulation of Cosmetic Interventions*² (Keogh Review) was commissioned following the PIP implant scandal which exposed poor practice in an industry which was experiencing huge growth. The Review recognised the need for universal high standards of care, an informed and empowered public and accessible redress and resolution in cases where things go wrong.

The cosmetic interventions sector is highly fragmented encompassing an enormous range of procedures and a wide range of different interest groups. Virtually all cosmetic interventions occur in the independent sector outside the remit of the NHS. The Keogh Review describes cosmetic procedures as a rapidly growing industry in the UK, worth £2.3b in 2010 with the figure estimated to rise to £3.6b by 2015. Procedures can be surgical or non-surgical, with non-surgical procedures currently accounting for more than 75% of the market value².

The scope of the Keogh review was broad, covering both surgical (eg breast enlargement) and non-surgical (eg dermal filler injections) cosmetic interventions. It assessed the current regulatory framework in England for products or devices used in cosmetic interventions, the different practitioners involved in delivering treatments (both health professionals and non-health professionals such as beauty therapists), the range of service providers and settings in which treatment is delivered (including hospitals and clinics, beauty salons, in the home), insurance and indemnity requirements, issues relating to patient/user information and consent and advertising.

In recognition of the lack of a regulatory framework and concerns that there was not enough protection against many of the potential risks from cosmetic procedures, the Keogh Review made a number of recommendations to improve regulation of the industry, including the work led

by HEE. Other workstreams include a project led by the Royal College of Surgeons of England³ and the General Medical Council's development of guidance for doctors who carry out cosmetic procedures⁴.

The Keogh Review drew attention to the lack of restrictions on who may perform non-cosmetic procedures and the fact that in the absence of accredited training courses, anyone could set up a training course purporting to offer a qualification. It also suggested that once the requirements for training are identified and understood, it should be possible to identify, for different professional groups, which parts of the curriculum have been covered with prior training and which are consequently required to complete training. This would mean that different professional groups would enter the training scheme at different points and that professional training might be able to be provided to practitioners with no prior experience. The Review suggested that:

'The aim should be that every practitioner, no matter that their starting point, should attain the necessary skills and expertise to perform these varied procedures safely and to a high standard.'

The Review also suggested:

"People undergoing non-surgical treatments should be able to be confident that their practitioner has the required skill and expertise to undertake the procedure successfully and safely. The training and accreditation process should ensure that practitioners are able to identify and manage complications of treatment. The curriculum and training requirements should be regularly reviewed to ensure that all practitioners are adequately trained in emerging procedures, this will involve regular retraining for those who wish to perform the latest treatments."

² <https://www.gov.uk/government/publications/review-of-the-regulation-of-cosmetic-interventions>

³ <http://www.rcseng.ac.uk/surgeons/surgical-standards/working-practices/csic/sitemap>

⁴ http://www.gmc-uk.org/guidance/news_consultation/26139.asp

HEE's programme of work started in October 2013 with the identification and consultation with individuals or organisation representatives who were in a position to directly or indirectly influence the progress and outcomes of the project. Stakeholder engagement has continued to be a key priority of the programme as new contacts are identified on an ongoing basis, and a virtual network of contacts comprising over 200 members has been established.

After conducting a literature review in the early stages of the project, the project team also conducted a formal call for evidence in January which provided themes for two workshops that were subsequently held in late February 2014. An Advisory Group was established in January 2014 to provide oversight and strategic direction for the qualifications review, and this was followed

by the establishment of an Expert Reference Group (ERG) to take forward the more detailed development work. (See Annexes 1 and 2 for membership details for both groups).

Following the initial workshops in February 2014, the ERG commenced work on developing the draft qualification requirements which were shared at a further stakeholder event in May 2014 and published in the report on this first phase of the project. Further refinement of the education and training framework took place between June and the end of November 2014, together with the development of options for accreditation and transitional arrangements. The results of this second phase of work were published for stakeholder consultation in December 2014.

3. Stakeholder engagement

A one month stakeholder consultation on the revised qualification requirements, together with options for accreditation and implementation, took place between 9 December 2014 and 9

January 2015 and a total of 59 responses were received. A breakdown of responses is set out below and a full list of organisations which were represented in the responses is attached at [Annex 3](#).

Organisation responses	
Professional membership associations	19
Regulatory bodies	3
Awarding organisation	1
Voluntary independent register	2
Training provider	3
Insurance brokers/underwriters	2
Treatment providers: Organisations	12
Individuals	11
Manufacturers	1
Other	3
TOTAL	59

Breakdown of responses from service providers which provided information on professional background	
Aesthetician	1
Beauty therapist	6
Dental Therapist/Dental Hygienist	2
Doctor	4
Nurse	2
Pharmacist	1
Surgeon	3
Laser Protection Adviser	4
TOTAL	23

A summary of the proposed level of education and training for each treatment type and recommended clinical oversight requirements is summarised in Table 1. Although the requirements correspond with different levels of learning which reflect the complexity and risk level of different procedures and the corresponding knowledge and skills requirements identified to ensure patient/client safety and

high standards of care, the requirements will not necessarily equate to the requirements to achieve an academic award (ie a foundation degree, an undergraduate or postgraduate degree, certificate or diploma offered by a university or other awarding organisation).

See Part One report for information on the detailed requirements.

3. Stakeholder engagement and results of stakeholder consultation and further work

Table 1: Cosmetic Procedures: Qualification and oversight/supervision requirements at different levels

See Glossary for further information on specific procedures

Pathway	Successful completion of training* enables practitioners to:		Level 7 (Postgraduate level)
HRS	Perform hair restoration surgery	GMC-registered practitioners with a licence to practise only	
DFs	Administer permanent fillers		
LIPILED	Deliver fully ablative skin treatments (ie non-fractional resurfacing)		
CPSR	Administer full face phenol peels and injection lipolysis into superficial fat		
BTs	Administer botulinum toxins	Subject to oversight of independent prescriber	
DFs	Administer temporary/semi-permanent dermal fillers		
CPSR	Deliver mesotherapy with pharmaceutical strength topical agents		
CPSR	Deliver medium depth chemical peels and localised phenol peels	Subject to oversight of clinical professional	
LIPILED	Deliver laser treatments of any sort within the periorbital rim (excluding treatments on or within the eyeball)		
Common themes/shared modules			Level 6 (Degree level) APEL/RPL
Pathway	Successful completion of training* enables practitioners to:		
CPSR	Deliver mesotherapy with/without homeopathic topical treatment	Subject to oversight of clinical professional	
CPSR	Deliver superficial chemical peels to Grenz zone		
CPSR	Deliver ≤1.5mm microneedling with manual device, ≤1.0mm power assisted microneedling and ≥1.5mm microneedling for non facial areas		
LIPILED	Deliver ablative fractional laser treatments (excluding treatments within periorbital rim)		
LIPILED	Use laser and IPL treatments for generalised and discrete pigmented lesions (excluding treatments within periorbital rim)		
Pathway	Practical skills training under supervision will include:		
BTs	Administration of botulinum toxins to upper face		
DFs	Administration of temporary/reversible fillers for lines and folds (precluding complex zones)		
Common themes/shared modules			

Table 1: Cosmetic Procedures: Qualification and oversight/supervision requirements at different levels

See Glossary for further information on specific procedures

Pathway	Successful completion of training* enables practitioners to:	Level 5 (Foundation Degree level)	
LIPLED	Use laser treatments for tattoo removal (excluding treatments within periorbitla rim)		
LIPLED	Use laser and IPL treatments for benign vascular lesions (excluding treatments within periorbitla rim)		
CPSR	Deliver 0.5-1.0 mm microneedling with manual device		
Common themes/shared modules			Level 4 (Foundation Degree Year 1 level)
Pathway	Successful completion of training* enables practitioners to:		
LIPLED	Use lasers and IPL for hair removal/reduction (excluding treatments within periorbitla rim)		
LIPLED	Use non ablative lasers, IPL and LED for photorejuvenation including sun induced benign dyschromia (excluding treatments within periorbitla rim)		
LIPLED	Use LED for clinically diagnosed acne vulgaris		
CPSR	Deliver ≤0.5mm microneedling with manual device		
CPSR	Deliver very superficial chemical peels to stratum corneum		
Common themes/shared modules			

APEL/RPL

ENTRY REQUIREMENTS AS SET BY EDUCATION PROVIDER (will include level 3 regulated beauty qualification and Skills for Health bridging programme)

* Dependent on successful completion of requisite modules

The majority of respondents appeared to support the proposed qualification requirements suggesting that they were long overdue and very necessary to drive up standards and improve patient care. Those respondents who did not support the proposals suggested that they were too complicated and impossible to implement without any accompanying requirements regarding regulation.

Many of the comments contradicted each other or were presented by individuals in respect of specific aspects of the recommendations and were not therefore statistically significant.

However a number of changes were made to the final Qualification Requirements document in the light of comments received in order to improve presentation and clarity.

The importance of engagement with members of the public and patient associations and an awareness campaign amongst practitioners was highlighted during the consultation. DH has acknowledged the importance of developing a communications strategy at a later stage, once the qualification requirements and other work streams within the Cosmetic Interventions Programme have progressed further.

A number of responses commented on the levels set for different treatments and asked for clarity about some of the treatments at different levels, however in most cases the responses were contradictory and there was no overall consensus about changes needed. In order to address some of the concerns raised, a number of changes were agreed to the Glossary and the use of $\geq 1.5\text{mm}$ micro needling for non-facial areas was added to the treatments able to be delivered following successful completion of training at level 6.

Respondents also asked for further emphasis to be given to the links between the education framework and the 'Core of Knowledge' course provided for staff who either work directly with lasers and/or Intense Pulsed Light (IPL) systems, or assist with such equipment, and to the importance of using appropriately qualified individuals to deliver teaching in this area.

Botulinum toxin (BT) and dermal filler (DF) treatments

One of the key changes made to the Qualification Requirements during Phase 2 of the project was to raise the qualification level for BT treatments to the upper face and non-permanent DF treatments for lines and folds (precluding complex zones) so that no treatments are able to be delivered until practitioners have successfully completed a qualification at level 7 (postgraduate level), at which point they would only be able to practise with clinical oversight.⁶

This change was made for the following reasons:

- In recognition of the high risks and complexity associated with BT and DF treatments, possibilities of complications and the need for practitioners to be able to recognise and manage medical emergency situations and minimise the risk of complications
- In recognition of the difference between administering injections for drug delivery, eg vaccinations or intramuscular injections, and administering injections into the face to modify appearance and, in the case of BTs, alter the function of a specific muscle.

- Because it is important for practitioners to be able to deal holistically with a patient/client who may require a combination of treatments which require qualifications at level 6 and 7, with the benefit of continuity of care from the same practitioner
- Because practitioners need to make complex decisions and risk assessments regarding their treatment plans which requires learning at level 7 which meets the following criteria:

*"Much of the study undertaken for master's degrees will have been at, or informed by, the forefront of an academic or professional discipline. Students will have shown originality in the application of knowledge, and they will understand how the boundaries of knowledge are advanced through research. They will be able to deal with complex issues both systematically and creatively, and they will show originality in tackling and solving problems. They will have the qualities needed for employment in circumstances requiring sound judgement, personal responsibility and initiative in complex and unpredictable professional environments."*⁵

This decision was taken to ensure that the delivery of non-surgical cosmetic procedures was not restricted to healthcare professionals as this ran contrary to the spirit of the Keogh Review. The Keogh Review recognised that all practitioners should be able to access training to equip themselves to carry out cosmetic procedures safely. Keogh sought to address the patient safety aspect for such practitioners by requiring clinical oversight by non-healthcare practitioners. Our framework has therefore been designed to commence with learning at foundation level providing a route of entry for those who do not possess a healthcare professional qualification.

Research into the current legislation regarding prescribing on the Medicines and Healthcare Products Regulatory Agency (MHRA) website indicated that the Human Medicines Regulations does not support restrictions to groups able to

⁵ <http://www.qaa.ac.uk/publications/information-and-guidance/publication?PubID=2718>

⁶ This does not mean that practitioners must achieve a full academic award (ie postgraduate certificate, diploma or degree)

administer parenteral medicines (including BTs), which can be:

- a. self-administered
- b. administered by an appropriate practitioner
- c. administered by anyone acting in accordance with the directions of an appropriate practitioner

In this context, an 'appropriate practitioner' is a doctor, a dentist or, subject to certain limitations, a registered nurse or pharmacist independent prescriber or supplementary prescriber. The responsibility for administration of the treatment lies with the prescriber who is accountable to their regulatory body, and must undertake a physical examination of patients before issuing a prescription. Any proposal to exclude individuals able to administer BTs would require an amendment of the Human Medicines Regulations and HEE is not aware of any plans to make such an amendment.

Further information on adverse events due to dermal filler injections which are not subject to the regulations which apply to BT injections is set out in [Annex 4](#).

Responses to the consultation were fairly evenly divided between those who supported HEE's proposal that all BT and DF treatments should be at taught at educational level 7 with clinical oversight (8 responses), those who did not agree with this proposal (6 responses) and those who challenged the proposal that practitioners without a clinical qualification should be able to deliver injectables (5 responses). The main concern of those who opposed all of the injectable treatments being at level 7 was that there would be no opportunity for practitioners to attain the foundation skills before progressing on to the more advanced ones within these modalities.

In further discussions with members of HEE's ERG it was clear that the majority of organisations represented on the group felt very strongly that level 7 was the appropriate level of qualification.

It is clear that experts working in the cosmetic industry and who are represented on the ERG are committed to improving standards and minimising the risk of complications occurring, rather than replicating existing practice. Although a level 7 qualification is not required for BT and DF treatments given for clinical rather than cosmetic purposes (eg for registered nurses who deliver dermal fillers to treat HIV-associated moderate to severe facial lipoatrophy or for podiatrists who may use BTs in the treatment and management of spasticity, such as dynamic equinus foot deformity and for hyperhidrosis), it is felt that any comparison with the level of education and training for BT and DF treatments given for clinical purposes does not take into account the "explosive growth" in numbers seeking these treatments for cosmetic purposes, with a potential corresponding increase in complications – as the Keogh Review suggested, "a crisis waiting to happen"⁷.

Although there is sound scientific evidence of risk of blood borne infection and harm, including disfigurement and possible disability, the prevalence and incidence of complications is not and may never be known due to a lack of systematic reporting. The absence of hard data on the risks of cosmetic treatments has been an ongoing challenge and was recognised by the Keogh review. The views and anecdotal evidence from professional groups involved in treating complications, which formed the basis of the decisions made by the ERG on the level of learning required for delivery of each treatment was therefore key, and it is the view of the ERG that the qualification requirements at level 7 are justifiable on that basis. However the group did agree that further clarification should be provided in the final Qualification Requirements document to make it clear that education and training to deliver BT and DF treatments would start at level 6 (undergraduate level), thereby enabling practitioners to undertake practical skills training under supervision to deliver BT treatments to the upper face and non-permanent DFs for lines and folds (precluding complex zones).

⁷ <https://www.gov.uk/government/publications/review-of-the-regulation-of-cosmetic-interventions>

Delivery of treatments/clinical oversight following completion of training

This section of the document also attracted many comments, with six responses challenging the proposals that practitioners would still require oversight following the completion of training, whilst other responses suggested that further clarification was needed on the requirements for oversight and on the criteria which practitioners would have to meet to take on this role. There was also a difference in opinion about whether HEE should be more explicit about whether the individual health professional providing clinical oversight should remain in the same room, or same building when the treatment was taking place.

It is clear that the degree of clinical oversight required will be higher for someone who has only recently completed training, but will gradually reduce as the practitioner's capability increases, with oversight becoming more indirect, moving towards peer support and mentoring. It will be a matter of clinical and professional judgement on the part of the regulated health professional providing clinical oversight to determine such requirements based on a full appraisal of each practitioner's level of proficiency. We recognise that the requirements for clinical oversight may need to be reviewed in future when the qualifications framework is fully embedded.

Some responses expressed concerns about the fact that the HEE qualifications requirements include treatments that are regarded as beauty treatments at levels 4 and 5, as well as those deemed to be 'medical' aesthetic treatments' sited at levels 6 and 7. However the Keogh Review recommended a training scheme which allows different professional groups to enter the training scheme at different points and as such the qualifications framework has been designed to allow for progression from low risk treatments to more complex ones to ensure that none of the practitioner groups who are currently involved in delivering treatments would be excluded from training.

Transition and Other Matters

Respondents suggested that further consideration needs to be given to transitional arrangements and to the range of possible sanctions that might be applied for practitioners who do not meet the proposed framework requirements by 2018, and who are not subject to the requirements of a statutory or voluntary registration body to ensure they only deliver treatments within their level and scope of experience and proficiency. Some responses focused on the practicalities of implementation, the short term impact of the proposal that educators delivering HEE endorsed courses must have a teaching qualification and the potential cost implications for practitioners. These matters are explored further in the next section of this report. Other responses expressed concern about the timescale for implementation and the fact that members of the public would remain unprotected from poorly trained and unsupported practitioners in the period leading up to full implementation.

Accreditation and recognition of qualifications

Clear evidence was received to confirm that that a separate mechanism is needed for the accreditation and recognition of qualifications, although there was a difference in views about whether this should only apply to those organisations that do not currently possess degree awarding powers or are offering OFQUAL (Office of Qualifications and Examinations Regulation) regulated qualifications. (See Section 5 for further information.)

Joint Professional Council

The results of the consultation exercise demonstrated overwhelming support for the establishment of a Joint Professional Body/Council for the cosmetics industry. A wide range of views were also provided on its membership, role, function, scope of responsibilities, funding and other issues. This topic is further explored in Section 5.

Other stakeholder engagement activities

A range of meetings took place with key stakeholders in the cosmetics industry to discuss how they might support implementation of the proposals. Presentations on the project and the proposed qualification requirements also took place at the following events:

- European Committee for Standardisation CEN/TC 403 PC – Aesthetic surgery and aesthetic non-surgical medical services meeting – 26/27 September 2014
- British Association of Cosmetic Nurses (BACN) Conference – 3/4 October 2014
- Clinical Cosmetic & Reconstructive (CCR) Expo – 10 October 2014
- Private Independent Aesthetic Practices Association (PIAPA) Event – 13 October 2014
- 3rd National Aesthetic Nursing Conference – 3 November 2014
- Royal College of Surgeons of England Cosmetic Surgery Interspecialty Committee (CSIC) Stakeholder Event – 21 November 2014
- Healing Foundation's National Institute for Aesthetic Research Faculty Meeting – 28 November 2014
- Hair and Beauty Industry Authority (HABIA) Joint Beauty Industry Forum meeting – 11 December
- Meeting with representatives from Swedish Ministry of Health and Social Affairs and DH – 15 December 2014
- SMART Ideas Seminar (Consulting Room) – 17 and 24 January 2015
- Professional Beauty London Exhibition – 22 and 23 February 2015 (including HABIA Education Forum meeting on 23 February 2015)
- Galderma 2015 Aesthetics Academy – 6 March 2015
- Aesthetics Conference and Exhibition (ACE) – 7/8 March 2015
- Chartered Institute of Environmental Health (CIEH) London Special Treatment Group Open Day – 2 April 2015
- British Medical Laser Association (BMLA) 2015 Conference – 16/17 April 2015

4. Recognition of knowledge, skills and experience of existing practitioners

We recognise that it will take some time to implement the new qualification requirements and that mechanisms are needed to recognise the previously acquired skills and experience of existing practitioners. It is important that those already practising in the industry and administering the treatments covered by these qualification requirements are not unfairly penalised or forced to go out of business as a result of implementation of these requirements and that implementation is phased to avoid any dislocation of services to the public.

We would not expect practitioners to stop practising while they complete the required qualifications at the appropriate level, particularly since the qualification requirements are being recommended as good practice. However we would expect professional membership bodies and voluntary registration organisations to establish 'certification' or 'credentialing' mechanisms, eg by offering practical examinations and assessing portfolios of evidence assembled by practitioners to demonstrate that they are able to meet the required standards set by the HEE qualifications framework, providing guidance to their members/registrants on minimum standards and advising how they might go about meeting any identified gaps in knowledge and skills. Statutory regulatory organisations may also have 'certification' or 'credentialing' mechanisms, eg the General Medical Council is developing a system of regulated credentialing which would provide formal accreditation of doctors' competences in defined areas of practice so that these can be recorded on its public register.

It might be that some of the membership bodies will wish to collaborate to provide a certification service, or work with external assessors and other organisations to provide independent evaluation of whether an individual meets the required qualification standards. Voluntary registration

bodies and membership organisations may also wish to offer a service for those practitioners who are not members of an existing voluntary registration or membership body.

UKAS (the UK Accreditation Service) might also have a role in accrediting bodies which offer personnel certification schemes (as well as accrediting bodies that certify the services offered by a clinic offering cosmetic treatments). UKAS is the body recognised by Government for the assessment and accreditation mapped against international standards of certification, inspection, testing and calibration in both the private and public sectors. Accreditation by UKAS demonstrates an organisation's competence, impartiality and capability and helps to underpin the credibility of performance, goods and services. [Although UKAS can accredit certification bodies it is not able to accredit educational qualifications.]

UKNARIC, the UK's National Recognition Information Centre, might be able to assist professional bodies in dealing with applicants who have international qualifications in terms of providing contextual information on regulation and training in the sector in different countries. It could also help with reviewing the certification/competency assessment procedures established across different bodies in terms of identifying similarities, differences and examples of good practice to help bodies further develop their processes as needed and promote consistency across the professional bodies.

Although adoption of the new requirements will be voluntary at this stage, it is recommended that the qualification requirements be adopted as best practice and accepted as the standard that the industry should adopt to improve public safety and raise standards of practice and professionalism (Recommendation 1). It is also recommended that existing practitioners

should be required to demonstrate that they meet the standards for those treatments which they wish to deliver and which are covered by the framework by September 2018 (Recommendation 2). This will allow time for practitioners to validate their existing knowledge and skills and respond to any gaps in competence and learning. However this proposal is dependent upon the provision of new qualifications and programmes that will be available for those who need to undertake formal study to meet the requirements. Until new qualifications are available which meet the requirements, no restrictions should be imposed on practitioners in accessing existing training courses in order to practise safely and meet Continuing Professional Development (CPD) requirements, although practitioners should take care to select courses which promote safe practice.

To ensure the credibility of the new qualifications, those responsible for curriculum design, delivery and assessment must themselves demonstrate that they have successfully achieved the knowledge, skills and competencies associated with HEE's framework standards. Similarly priority will need to be given to recognising the requisite knowledge, skills and experience of those who may be eligible and willing to take on the role of training supervisors or to provide clinical oversight for those delivering more complex treatments that require oversight following completion of training. Education providers will need to identify appropriately experienced, credible and trained supervisors before they can deliver the practical skills elements of their training programme. Initially at least, supervisors and those who provide clinical oversight would need to engage in peer review to provide evidence of objective assessment of their 'fitness', capability and experience to provide the standard of supervision and oversight required by HEE's qualification framework.

The consultation document referred to the possible option of using a 'grand parenting' approach to recognise previously acquired training, skills proficiency and knowledge of existing practitioners. This approach enables individuals or organisations undertaking a particular activity to be exempted from new rules relating to that activity, either for a limited period or indefinitely, and is a recognised feature of other major system changes enabling someone to continue to practise under their existing rights after new rules for that activity have been introduced. There are three groups to whom grand parenting rights may be relevant:

- Those already practising in a field for which a new qualification is required
- Those who have developed the qualification and will oversee its implementation
- Those involved in teaching and delivering practical skills training

It will be for professional membership and voluntary registration bodies to determine whether they wish to adopt a 'grand parenting'-type approach to support the implementation of the new HEE qualification requirements.

Mutual recognition of qualifications

If the government decides at a future date to introduce legislation requiring practitioners to meet the qualification requirements in order to deliver some or all of the cosmetic procedures, this would in turn result in potential barriers/restrictions to individuals being able to access employment to deliver these procedures and there would then be a requirement for mutual recognition arrangements. If this was the case, UK NARIC (as the contact point for the EU Directive on professional qualifications) would have a role for those wishing to practice who have qualified in other EU countries, in advising on the statutory requirements and directing the professionals to the appropriate competent authority.

4. Recognition of knowledge, skills and experience of existing practitioners working in the cosmetics industry

Statutory professional regulatory bodies

General Dental Council

“The GDC welcomes the publication of these training requirements. We are clear that dental professionals carrying out non-surgical cosmetic treatments as an additional skill should be suitably trained, competent and indemnified to do so.”

General Medical Council

“Revalidation aims to give patients greater confidence that their doctors are up to date in the area of medicine in which they practise and able to provide a good level of care. It supports licensed doctors in maintaining and developing their practice throughout their career in medicine, by ensuring that they have the opportunity to regularly reflect on how they can change and improve their practice. In order to meet our revalidation requirements, doctors must have a regular appraisal based on our core guidance, Good medical practise⁸. The appraisal must cover the whole of their practice. This means that if doctors provide non-surgical cosmetic interventions, we would expect them to demonstrate at their appraisals that they are fit to practise and are up to date in this field, including following the guidance, standards or recommended practice set out by the appropriate body in that area.”

Nursing and Midwifery Council

“In October 2015, the NMC Council is expected to launch revalidation. Under the NMC’s requirements for revalidation all registered nurses/midwives will be expected to undertake CPD (50 percent being participatory learning) relevant to their scope of practice. Although NMC does not prescribe the specific type of CPD activity, it expects the nurse/midwife to undertake what is suitable and relevant to their individual practice. The requirements for reflection on feedback from service users will ensure that nurses/midwives will be responsive to the needs of their service users and are committed to professional development and improvements to their practice. NMC registrants who work in the cosmetic industry will find the HEE framework a useful tool for professional development and maintaining high standards of care and patient safety.”

Health and Care Professions Council

“HCPC would view completion of the qualification requirements as robust proof that a registrant has appropriate training to practise in the delivery of cosmetic interventions. This training could contribute towards meeting HCPC’s CPD requirements.”

General Pharmaceutical Council

“The GPhC supports the introduction of these new training requirements for professionals carrying out or supervising non-surgical cosmetic treatments. Pharmacy professionals should take these into account alongside the GPhC standards of conduct, ethics and performance.”

⁸http://www.gmc-uk.org/guidance/good_medical_practice.asp

5. Accreditation and recognition of qualifications

As part of its Mandate for 2014/15⁹, HEE was required to make recommendations on the accreditation or recognition of its proposed qualifications and programme delivery.

The current landscape of education, training and workforce development relating to non-surgical cosmetic interventions is diffuse and extensive, which makes it difficult for those selecting training courses and companies providing insurance to practitioners to know which courses provide the appropriate training. In most cases courses are aimed at specific groups of practitioners who are currently engaged in practice, for example one-day courses provided to regulated health professionals to deliver specific treatments. Vocational courses and qualifications are also available for those working in the hair and beauty industry. Training providers include manufacturers, professional associations, further education (FE) colleges, higher education institutions (HEIs), professional associations and Royal Colleges and private training organisations. The size of the potential education market is also significant – for example OFQUAL data indicates that between June 2012 and June 2014 163,000 learners were certificated against regulated qualifications in the beauty industry.

HEE would not wish to exclude any training companies and education providers currently offering courses from continuing to contribute to qualifications for practitioners delivering cosmetic procedures, particularly those which offer specialist training, eg the Core of Knowledge course delivered by qualified Laser Protection Advisers. It is recognised that the design and delivery of qualifications to meet the requirements set out in this document will require collaboration and partnerships to be forged between education providers and industry experts and trainers for the provision of specialist training in the use of different cosmetic products, equipment and devices. However, it will also

be important that education providers ensure that they cover a range of treatments and not just those used by a particular specialist trainer, who might also represent a manufacturer. It will also be important for those education providers providing foundation level training to collaborate with those providing higher level degree and postgraduate degree level training to ensure seamless progression throughout HEE's proposed qualifications framework.

It is recommended that all organisations wishing to develop and provide qualifications which meet HEE's requirements and which have not been approved or accredited by a professional regulatory body or Royal College should be regulated by OFQUAL or have their own degree awarding powers or should work in partnership with these organisations to obtain appropriate course accreditation (Recommendation 3).

In the case of OFQUAL regulated qualifications, awarding organisations are responsible for every aspect of the qualification, from design to award, and must meet rigorous requirements to ensure qualifications maintain appropriate standards and quality, including evidence of engagement with employers, stakeholders and professional associations and fitness for purpose of qualifications. They also have a role in ensuring consistency across education providers which offer the same course units/modules. Those organisations which have degree awarding powers on the other hand, are responsible for the academic standards and quality of learning opportunities of the programme they offer and the qualifications and credits they award, but they must also meet standards set by the Higher Education Quality Assurance Agency which monitors and advises on standards that all providers of UK higher education are required to meet.

⁹ <https://www.gov.uk/government/publications/health-education-england-mandate-april-2014-to-march-2015>

5. Stakeholder engagement and results of stakeholder consultation and further work

In both cases, the awarding organisations are required to demonstrate that there is industry and public involvement in the design, management and ongoing development of educational programmes and that:

- a) students/trainees are able to access all the necessary specialist facilities and resources, including academic and appropriately qualified clinical and technical support, to meet the required learning outcomes
- b) students/trainees, employers and other key stakeholders can be assured that education providers have the appropriate robust governance and quality assurance to support programme delivery, including engagement with employers and specialists in programme design and delivery to ensure consistency of educational outcomes against agreed profession or industry specific-standards.

It is also recommended that there should be an additional and separate process for the accreditation and recognition of qualifications which meet HEE's requirements for delivery of cosmetic procedures, and that this should apply to both OFQUAL regulated qualifications and those qualifications offered by organisations that have degree awarding powers, as well as to other courses offered by education and training providers, including those offered by product manufacturers (Recommendation 4). This process will ensure that national education and training standards are met and that:

- a) the qualifications prepare practitioners with the necessary knowledge and level of skills proficiency to ensure high standards of patient care and satisfaction
- b) the assessments are fit for purpose and assess whether a student/trainee has met the required learning/competence outcomes relevant to their scope of practice
- c) stakeholders know which qualifications meet the national standards for education and training
- d) there is consistency of standards across qualifications and education provision.

It is recommended that this accreditation function be led by a single, national body which is representative of constituent bodies to ensure consistency of standards across education and training programmes and to provide assurance to those purchasing a place on a course and to those providing indemnity insurance that it will meet the industry standards (Recommendation 5).

Alternative options which were considered, such as accreditation being led by professional membership organisations or voluntary registration organisations, have been rejected because not all practitioners choose to take out membership of a professional association or apply for registration by a voluntary registration body. Additionally, there are currently no organisations which offer membership or registration to all groups of practitioners practising in the cosmetics industry, since they all focus on specific groups of professionals, such as doctors and nurses or beauty therapists.

There was overwhelming support from consultation respondents for the establishment of some form of Joint Professional Council, although there was a lack of agreement about the role or scope of this organisation. **It is recommended that a Joint Professional Council be established to assume ownership of the cosmetic industry standards for education and training, with lead responsibility for accreditation and further development of the qualification requirements to accommodate 'orphan' treatments which were out of scope of this project and new and emerging treatments, and to ensure the future proofing and continuing validity of the qualification requirements (Recommendation 6).** The responsibility for accreditation could be managed by the joint body or sub-contracted out as an income generating activity.

It is important that any new joint professional body is seen to be independent without undue influence from the industry. As the qualification requirements have been designed to meet the needs of all practitioners, whatever their professional background, it is important that

this body includes representation from all of the different professions operating across the industry, including beauty therapy, those with an understanding of the relevant vocational qualifications which already exist or might be developed, as well as those offered by universities, and those which might be able to support the development of new apprenticeships in cosmetic or aesthetic practice. It is also important that there is patient/user and trainee representation.

The proposal to set up a Joint Professional Council to take a lead on accreditation of qualifications is supported by some of the professional membership associations representing some groups of health professionals, although there is a lack of consensus about the scope of its role. It is not currently clear how this initiative might be funded.

UK NARIC might be able to assist the Joint Professional Council by reviewing existing non-OFQUAL registered UK/international qualifications against the standards to identify gaps in knowledge and skills. Skills for Health might also be able to assist the Joint Professional Body in acting as an impartial/ independent body that could review the content of the proposed learning/ qualifications to ensure that it meets the outcomes required by the education and training framework.

6. Areas for further work which are not within HEE's remit

Public awareness

The importance of engaging with members of the public to promote an understanding of the qualification requirements was highlighted during the consultation.

Patient/client wellbeing and support

The Qualification Requirements recognise the importance of patient/client wellbeing and psychosocial and emotional support. Practitioners must have the ability to use appropriate screening tools and questions to assess the suitability of prospective patients who are considering a cosmetic procedure, identify high risk groups, and understand the independent support services available for onward referral where necessary. The Keogh Review also stressed the importance of people who are considering cosmetic interventions having access to:

“clear, independent and evidence-based information to help inform their decisions. This should include information about the risks and possible outcomes from any procedure, what to expect, what questions to ask about a procedure and what happens in the event of complications or corrections. The information should be available freely before people decide to choose a procedure and available at consultations.”

Out of scope procedures

Although the cosmetic procedures addressed within this document are limited to five modalities, one of the principles underlying the development of the qualification requirements was that the requirements should be flexible enough to be able to accommodate other 'orphan' procedures and new and emerging modalities. A list of procedures not addressed as part of the scope of HEE's work is attached at [Annex 5](#).

It is recommended that the application of the Qualification Requirements for 'orphan procedures' is assessed and an ongoing arrangement put in place for assessing new and emerging modalities (Recommendation 7).

Many patients may be misled, either unintentionally or deliberately by the range of names that are used for different treatments. Moving forward, it is important that steps are taken to try to harmonise the language used and this might be one of the roles of the Joint Professional Council as part of the further development of the qualifications framework.

Regulation and enforcement

Ongoing concerns have been raised by members of our ERG that the absence of mandatory controls will affect the likelihood of practitioners undergoing training, particularly those not subject to regulation by a professional statutory regulator for health.

Dermal fillers are medical devices and do not require a prescription. Some consideration has been given to whether the Human Medicines Regulations, which allow for the control of sale and supply of medicines by prescription, could be extended to include dermal fillers, but the range of controls which would then need to apply would not be appropriate for medical devices. Any further decision on the way forward will be a matter for future Government consideration. but expert representatives on HEE's ERG would be pleased to contribute to further developments.

Training in administration of botulinum toxins

The majority of botulinum toxin treatments for cosmetic purposes are provided as 'off-label' treatments, which can create difficulties for practical skills training. This issue needs to be further investigated.

Practitioner titles

Some of those responding to the consultation requested greater differentiation between beauty treatments (levels 4 and 5) and 'aesthetic' and/or 'medical' treatments (levels 6 and 7) and suggested that it might be appropriate to apply a different title to those practitioners who do not have previous healthcare-related training who deliver treatments at levels 6 and 7 (eg Aesthetic Practitioner). Their rationale was to make it clear to potential customers and to practitioners that these treatments are potentially 'risky', that they are not deemed to be beauty treatments and that they are out of scope for beauty therapists. This might also meet the needs of those with backgrounds other than beauty therapy who wish to train to deliver more complex treatments, but who cannot use their previous professional title, on occasions when the treatment modality or function is out of scope of their professional role, eg podiatrists.

Premises & employment arrangements for procedures requiring clinical oversight

It was suggested during the consultation that restrictions should be applied to the types of premises used to deliver treatments where clinical oversight was required and that level 6 and 7 treatments should be delivered only in clinics where there are facilities for dealing with medical emergencies. Although it would be up to the individual providing clinical oversight to ensure the provision of an appropriate and safe environment, insurance companies may also have a view on the types of premises used and employment arrangements from a risk reduction perspective.

Trailblazer apprenticeship scheme

The Government has introduced new plans for apprenticeships, with all apprenticeship starts from 2017/18 based on new standards and assessments designed by employers. HEE is mandated to support the development of apprenticeships and as such these are accommodated within our proposed educational framework. In the case of the beauty industry,

two new Trailblazer level 2 apprenticeships have been designed – one for beauty professionals and one for hair and beauty.

For professions where there is not yet an apprenticeship standard in development for the occupation, as is the case for Aesthetic Practitioners delivering different types of non-surgical cosmetic treatments, a group of employers would need to come forward with a proposal to develop one. As part of the application a lead employer would need to be identified to chair the development group and lead this work, and the group would need to confirm that it is representative of the industry sector and willing to work with colleagues from other sectors where the standards are closely related. Applicants would have to demonstrate that the proposed occupation is unique, that there is not a high degree of overlap between the proposed occupation and another, that the occupation requires rigorous and substantial training to achieve full competence and that the occupation is at a sufficiently high level to allow the successful apprentice to develop transferable skills that will enable them to perform this role for other employers.

Accredited registers

A number of voluntary registration bodies and professional membership bodies currently offer support to practitioners working in the cosmetics industry. **It is recommended that any organisation wishing to offer registration to practitioners delivering cosmetic procedures who are not subject to statutory regulation should apply for accredited register recognition by the Professional Standards Authority for Health and Social Care (PSA) (Recommendation 8).**

The PSA oversees statutory bodies that regulate health and social care professionals in the UK, and also sets standards for organisations holding voluntary registers for unregulated practitioners in health and social care occupations and accredits those organisations that meet them. Accredited registers enable people to receive safer and more effective care by ensuring

that the health practitioners they register are competent and trustworthy. They set standards for people working in unregulated health and care occupations, encourage them to meet such benchmark standards and take action to protect the public when necessary. They ensure that the information they and their registrants provide is clear and supports patients and users to make informed choices about the practitioner they want to see and about the treatments, therapies, care and products they offer. Accredited registers work alongside employers, commissioners, local authorities, patient and consumer protection agencies as part of a quality assurance network to:

- enable patients and users to feel confident that the person they see is competent and trustworthy
- take action to protect patients and users from risk
- work together to improve standards.

Registers that have passed PSA's assessment can use the PSA quality mark; a list of organisations which hold accredited registers can be found on the PSA's website. The PSA would expect organisations applying for accredited register status to ensure that their registrants meet any national standards for qualification, such as those set by HEE. If all voluntary registration organisations in the cosmetics industry were accredited by PSA, this would in turn ensure consistency of standards across the different organisations. Smaller organisations may choose to collaborate when seeking accredited register status to share the costs of accreditation.

Devolved administration

The Scottish Cosmetic Interventions Expert Group (SCIEG) was set up in January 2014 to explore the need for introducing regulation of cosmetic procedures following the publication of the Keogh Review in April 2013. The Group was formed with representation from all stakeholders interested in ensuring that those delivering cosmetic interventions do so with an appropriate training and level of skill. In its report due to be submitted to ministers in late March,

it is understood that there is recognition of the need for training of all health practitioners and providers of cosmetic interventions to be kept up-to-date and linked to national standards, and a recommendation that the HEE training framework be assessed for its relevance to Scotland.

7. Conclusions and recommendations

We have witnessed enormous enthusiasm across the industry for improved standards of practice based on HEE's proposed educational qualification framework requirements developed by experts representing different professional groups.

We recognise it will take some time to move to a situation where the new qualifications are available to those wishing to enter or continue to work in this field, and we appreciate that there must be effective mechanisms to support practitioners already delivering treatments and that we must not impose unreasonable or disproportionate burdens on businesses. However at the heart of our mission has been our quest to improve patient protection. Our recommendation for the standards to be in operation by September 2018 recognises our concerns and public expectations as expressed in the Keogh Review.

We want to support practitioners and improve the quality of education and training available to them, and to provide achievable career pathways for all practitioners, irrespective of their starting point in our proposed qualifications framework.

We recognise the need to improve intelligence, including data on complaints and complications, to inform a robust evidence base to assist with the further refinement and development of our education and training standards. However, we remain committed to the implementation of our 'ambitious goals' which we consider require urgent implementation in the interests of public safety.

As such we are hopeful that industry representatives will not wait for some form of action or mandate from the government, but will move to drive forward standards themselves in recognition of the important role that different organisations have in self-regulation.

Annex 6 evidences the wide ranging support for the qualification requirements from various organisations across the industry, including manufacturers and suppliers, insurers, employers, professional membership associations, voluntary registration bodies, and practitioners themselves

who have confirmed that this is what the industry requires. They have also acknowledged that these qualifications will provide individuals with a route to future employment within the industry.

We recognise that the requirements will need further development and that the level of qualifications for different treatments and clinical oversight requirements will need to be developed over time when the framework is fully embedded and when practitioners who have taken the full qualification are themselves practising.

Recommendations

Recommendation 1: Although adoption of the new requirements will be voluntary at this stage, it is recommended that the qualification requirements be adopted as best practice and accepted as the standard that the industry should adopt to improve public safety and raise standards of practice and professionalism.

Recommendation 2: It is recommended that existing practitioners should be required to demonstrate that they meet the standards for those treatments which they wish to deliver and which are covered by the framework by September 2018.

Recommendation 3: It is recommended that all organisations wishing to develop and provide qualifications which meet HEE's requirements and which have not been approved or accredited by a professional regulatory body or Royal College should be regulated by OFQUAL or have their own degree awarding powers or should work in partnership with these organisations to obtain appropriate course accreditation.

Recommendation 4: It is recommended that there should be an additional and separate process for accreditation and recognition of qualifications which meet HEE's requirements for delivery of cosmetic procedures and that this should apply to both OFQUAL regulated qualifications and those qualifications offered by organisations that have degree awarding powers,

as well as other courses offered by education or training providers, including those offered by product manufacturers.

Recommendation 5: It is recommended that the accreditation function be led by a single, national body which is representative of constituent bodies to ensure consistency of standards across education and training programmes and to provide assurance to those purchasing a place on a course and to those providing indemnity insurance that it will meet the industry standards.

Recommendation 6: It is recommended that a Joint Professional Council be established to assume ownership of the cosmetic industry standards for education and training, with lead responsibility for accreditation and further development of the qualification requirements to accommodate 'orphan' treatments which were out of scope of this project and new and emerging treatments, and to ensure the future proofing and continuing validity of the qualification requirements.

Recommendation 7: It is recommended that the application of the Qualification Requirements for 'orphan procedures' is assessed and an ongoing arrangement put in place for assessing new and emerging modalities.

Recommendation 8: It is recommended that any organisation wishing to offer registration to practitioners delivering cosmetic procedures who are not subject to statutory regulation should apply for accredited register recognition by the Professional Standards Authority for Health and Social Care (PSA).

Annex 1: Advisory Group Membership

Health Education England	Julie Screaton , Director for London and South East (Chair) Carol Jollie , Performance and Delivery Manager Filmawit Kiros/Patrick Spicer/Elizabeth Jackson , Project Support Officers
General Dental Council	Janet Collins , Head of Standards Jane Pierce , Head of Education Policy and Quality Assurance
General Medical Council	Paula Robblee , Policy Manager, Education Directorate
General Optical Council	Kiran Gill , Head of Legal Compliance
General Pharmaceutical Council	Joanne Martin , Quality Assurance Manager (Education)
Health & Care Professions Council	Laura Coveney , Policy Officer
Nursing & Midwifery Council	Aditi Chowdhary-Gandhi , Standards Development Officer, Continued Practice
Hair & Beauty Industry Authority (HABIA)	Tiffany Tarrant , Development Manager
Royal College of Surgeons	Mr David Ward , Vice-President, Vice-Chair of Cosmetic Surgery Interspecialty Committee & Consultant Plastic Surgeon
British Association of Dermatologists (BAD) & Royal College of Physicians Dermatologist lead	Dr Tamara Griffiths
Royal Pharmaceutical Society	Ruth Wakeman , Head of Professional Support
National Institute for Health & Care Excellence	Prof Neal Maskrey , Consultant Clinical Adviser
Department of Health	Noel Griffin/Dawn O'Neill , Public Health Policy and Strategy Unit
Ex Officio Member	Prof David Sines CBE , Chair of ERG
In attendance NHS Education for Scotland Wales	Prof D Stewart Irvine , Director of Medicine Darren Ormond/Catherine Cody , Healthcare Quality Division

Annex 2: Expert Reference Group (ERG) Membership

Health Education England	<p>Prof David Sines CBE (Chair)</p> <p>Carol Jollie, Performance and Delivery Manager</p> <p>Patrick Spicer/Elizabeth Jackson/Filmawit Kiros, Project Support Officers</p>
Advisory Group	<p>David Ward, Royal College of Surgeons (RCS) and RCS Cosmetic Surgery Interspecialty Committee (CSIC)</p> <p>Jane Pierce, General Dental Council (GDC)</p>
CSIC Standards for Training & Certification Sub Group	<p>Simon Withey, Chair and Member of Keogh Review Committee</p>
Beauty therapy	<p>Sharon Preston, British Association of Beauty Therapy and Cosmetology (BABTAC)</p> <p>Chris Wade, Association of Aesthetics, Injectables and Cosmetics (AAIC)</p> <p>Cheryl Cole, Federation of Holistic Therapists (FHT)</p>
Dentistry	<p>Mike Mulcahy, Faculty of General Dental Practice (UK) (FGDP)</p> <p>Brian Franks, Visiting Senior Lecturer, MCLinDent Programme, BPP University/City of London Dental School & Supporting Clinical Tutor, MSc Non-Surgical Facial Aesthetics, School of Medicine and Dentistry, University of Central Lancashire;</p>
Medicine	<p>Tamara Griffiths, British Association of Dermatologists (BAD)</p> <p>Kam Singh, British College of Aesthetic Medicine (BCAM)</p> <p>Greg Williams, British Association of Hair Restoration Surgery (BAHRS)</p> <p>Nilofer Farjo, British Association of Hair Restoration Surgery (BAHRS)</p>
Environmental Health Practitioner	<p>Ian Gray, Chartered Institute of Environmental Health (CIEH)</p>

<p>Lasers therapy</p>	<p>Harry Moseley or Jonathan Exley, British Medical Laser Association (BMLA)</p> <p>Stan Batchelor, Society of Radiological Protection (SRP)</p>
<p>Nursing</p>	<p>Andrew Rankin, British Association of Cosmetic Nurses (BACN)</p> <p>Yvonne Senior, Private Independent Aesthetic Practices Association (PIAPA)</p>
<p>Pharmacy</p>	<p>Nazia Hussain</p> <p>Gary Fletcher/Gurj Bhella</p>
<p>Plastic surgery</p>	<p>Ash Mosahebi, British Association of Aesthetic Plastic Surgeons (BAAPS)</p> <p>Sarah Pape, British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS)</p>
<p>Psychology</p>	<p>Dr Alex Clarke, Clinical Psychologist & Visiting Professor, Centre for Appearance Research, University of West of England</p> <p>Prof Diana Harcourt, Co-Director of the Centre for Appearance Research, University of the West of England, Bristol</p>
<p>Users</p>	<p>Deborah Sandler, www.cosmeticsupport.com (Psychotherapist, user and independent patient support service provider)</p> <p>Catherine Kydd, Campaigner on PIP implants and Member of Keogh Review Committee</p>
<p>Sector Skills Council</p>	<p>Tiffany Tarrant, Development Manager, Hair & Beauty Industry Authority (HABIA)</p>
<p>Industry representative</p>	<p>Sally Taber, Former Director, Independent Healthcare Advisory Services (IHAS) (to end February 2015)</p>
<p>Ex Officio Member</p>	<p>Julie Screamton, Director for London & South East, HEE & SRO for project</p>

Annex 3: List of organisations which responded to the consultation

Professional bodies/ membership associations	Association of Aesthetics, Injectables & Cosmetics (AAIC)
	British Association of Body Sculpting (BABS)
	British Association of Cosmetic Nurses (BACN)
	British Association of Hair Restoration Surgery (BAHRS)
	British Association of Plastic, Reconstructive & Aesthetic Surgery (BAPRAS)
	British Association of Skin Camouflage (BASC)
	British Dental Association (BDA)
	British Institute and Association of Electrolysis (BIAE)
	British Medical Laser Association (BMLA)
	British Society of Dental Hygiene and Therapy
	Faculty of Dental Surgery, RCS
	Faculty of General Dental Practice (UK), RCS(Eng)
	The Federation of Holistic Therapists (FHT)
	The Independent Healthcare Advisory Services (IHAS)
	Private Independent Practices Association (PIAPA)
	The Royal College of Ophthalmologists (RCOphth)
	Royal College of Surgeons of England (RCS(Eng))
Royal Pharmaceutical Society (RPS)	
Regulatory bodies	Committee of Advertising Practice (CAP)
	General Dental Council (GDC)
	Hair and Beauty Industry Authority (HABIA)
Voluntary registration organisations	Save Face
	Cosmetic Practitioners Register (CPR)
Training providers	Learna Limited
	Derwentside College
	Northumbria University
Awarding body	Industry Qualifications/cdBAFI

Insurance brokers and underwriters	Cathedral Associates/LM (London Market) Underwriting Hamilton Fraser/Marketform
Treatment providers	Anne Roberts Hair and Beauty Beautiful Ink Ltd Bioptica Laser Aesthetics ltd Dermalase Training Services Expert Beauty Solutions The Face and Body Shop/The FAB Clinic Mapperley Park Clinic Natural Enhancement UK Panaceohealthcare Sk:n Sk:n clinics Skin.KT
Manufacturer	Ferndale Pharmaceuticals Ltd & AestheticCare (its aesthetic division)
Other	www.cosmeticsupport.org (website to support consumers) Royal College of Surgeons' Patient Liaison Group British Standards Institution www.WhatClinic.co.uk (Healthcare search engine) UK Accreditation Service (UKAS) UK NARIC (National Recognition Information Centre)

Annex 4: Dermal filler adverse events

Submitted to HEE by Tamara Griffiths MD
FRCP on behalf of the British Association of
Dermatologists 12 March 2015

Adverse events due to dermal filler injections range from mild and self-limited to those which cause chronic disability and even death. It is not possible to know the incidence rate of adverse events in the UK as the number of injections/treatments per year can only be estimated. The general consensus is that temporary fillers such as hyaluronic acid (HA) are safe products and permanent fillers less so. Some manufacturers have robust adverse event reporting systems with effective audit trails, suggesting dermal filler injections are low risk procedures. These systems are dependent on information provided to the manufacturer, usually by the injector or the patient. It is widely felt by dermatologists and plastic surgeons that there is significant under-reporting of adverse events, as evidenced by the British Association of Dermatologists (BAD), the British Association of Aesthetic Plastic Surgeons (BAAPS) and the British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS) national surveys.

Recognised adverse events of any injection include: pain, bleeding or bruising (minor); infection, and vasovagal response (minor if managed appropriately); anaphylaxis and death. Adverse events associated with any filler injection include: biofilm formation as a result of low grade bacterial colonisation around the implant (risk increased with unsterile conditions) requiring long term systemic antibiotics or surgical excision of the implant; vascular occlusion caused either by compression or embolisation resulting in tissue necrosis and permanent scarring/disfigurement, or permanent blindness (retinal artery embolisation).¹⁰ Adverse events associated with permanent filler

injections include: granuloma formation¹¹ (a tissue response also seen in diseases such as sarcoidosis and tuberculosis) which can require intermittent or chronic systemic immunosuppression and/or surgical removal of the implant. There has been at least one documented case of death from permanent filler injection due to pulmonary embolism.¹²

As anecdotal evidence suggests an increasing frequency of adverse events related to nonsurgical cosmetic procedures including dermal fillers, a survey was sent to more than 600 members of BAD. A total of 309 members responded. 20% of responders engaged in cosmetic practice themselves, but 60% had reviewed at least one patient with complications secondary to a nonsurgical cosmetic procedure. Dermal filler injections were the most common treatment involved (51%) after laser/light therapy (67%). 71% were considered to have a very severe negative impact (40%) or moderately severe impact (31%) on quality of life. 72% were chronic/permanent (unable to correct).

An extensive prospective study of American board-certified dermatologists suggests a wide range of nonsurgical cosmetic procedures including dermal fillers are safe, with adverse events occurring in less than 1% of patients.¹³ Undoubtedly the high level of professional training enables such a favourable safety profile. In the UK, the absence of rigorous training frameworks for those who engage in nonsurgical cosmetic practice leave patients and clients at risk. Dermal fillers have been likened by Professor Sir Bruce Keogh to “a crisis waiting to happen”¹⁴ and are known to cause severe, permanent and life-ruining adverse events. The level of training required to perform these procedures should be commensurate to the risk profile.

¹⁰ J Cosmet Dermatol. 2015 Mar 19. doi: 10.1111/jocd.12141. [Epub ahead of print]

¹¹ Arch Plast Surg. 2015 Mar;42(2):232-9. doi: 10.5999/aps.2015.42.2.232. Epub 2015 Mar 16

¹² www.bbc.co.uk/news/world-us-canada-31804928

¹³ JAMA Dermatol. doi:10.1001/jamadermatol.2014.2494. Published online November 5, 2014

¹⁴ <https://www.gov.uk/review-of-the-regulation-of-cosmetic-interventions>

Annex 5: Out of scope treatments

A range of treatments were deemed to be out of scope when designing the qualification requirements, although a key principle underlying development of the requirements was that they should be flexible enough to accommodate other treatments, including new and emerging treatments at a later date. During the call for evidence carried out during phase 1 of HEE’s project a wide range of treatments were identified and these are listed below, with an indication of whether they are ‘orphan’ treatments which might potentially need to be addressed as part of the future development of the qualifications requirements or whether they would be out of scope.

Surgical (part of activities regulated by CQC)	‘Orphan’ non-surgical treatments	Out of scope
Liposuction treatments (see below) which require the skin to be broken with any device larger than a needle, and those which require a device, eg a probe or cannula, to be used underneath the skin	Non-surgical lipomodification treatments (see below)	Tattooing ¹⁴ and micropigmentation for the scalp
Autologous fat transplant or lipofilling	Threadlifting (surgical sutures or threads designed to lift the skin)	Body piercing
	Sclerotherapy which involves injections with a very fine needle to remove surface and thread veins	Branding and scarification
	Radio frequency treatments deliver an electrical current via electrodes to the skin to treat skin laxity	Ear stapling
	Growth factor facial injections (also known as vampire face lifts)	Tongue splitting
		Cautery
		Electrolysis – using AC, DC or AC and DC combined to permanently remove hair or treat benign skin lesions
		Carboxytherapy – cutaneous and subcutaneous administration of carbon dioxide gas to treat stretch marks, cellulite and hypertrophic scars

Notes:

Lipomodification removes fat from the body and the process may be undertaken surgically or by using non-surgical techniques. It can be delivered by:

- injection (non-surgical)
- freezing (can be surgical or non-surgical) – also known as cryotherapy, cryolipolysis, cryogenic neuromodulation, lipocryolysis
- the use of ultrasonic devices (surgical or non-surgical)
- liquification (surgical or non-surgical)
- the use of a probe inserted inside the body (surgical)

¹⁴ Tattoo removal using lasers is covered within the qualification requirements

Annex 6: Statements of support for implementation of qualification requirements

HEE has been very grateful for the expressions of support received from a wide range of organisations with an interest or involvement in non-surgical cosmetic interventions and hair restoration surgery, and it is clear that there is a commitment to improved standards of training and the introduction of a qualifications framework that will better protect patients and clients wishing to undergo cosmetic procedures. The statements below provide examples of how a cross-section of organisations are planning to support implementation of HEE's qualification requirements, and HEE would like to thank these organizations and others not identified below for their contributions and enthusiasm.

The inclusion of these statements does not in any way represent an endorsement by HEE of the products and services these organisations offer.

Professional membership bodies

Dr David Eedy

President

British Association of Dermatologists (BAD)

Mr Nigel Mercer

President

British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS)

Mr Michael Cadier

President

British Association of Aesthetic Plastic Surgeons (BAAPS)

We recognise the need for some form of accreditation process to support the work to be completed imminently by HEE regarding training frameworks for the non-surgical cosmetic sector. We therefore support some form of Joint Accreditation Body with the very specific remit of assessing training programmes to ensure they meet the standards set by HEE. We envision the Joint Accreditation Body to consist of members representing professional societies such as BAD, BAAPS, BAPRAS, BCAM and BACN with other professional groups co-opted into the core membership as required.

Greg Williams FRCS (Plast)

President

British Association of Hair Restoration Surgery

The British Association of Hair Restoration Surgery (BAHRS) supports the introduction of a formal training structure for Hair Restoration Surgery as proposed by Health Education England (HEE) since this currently does not exist in the UK. The BAHRS supports the concept of accreditation for hair transplant surgery as a means of providing assurance to patients that the doctor performing their operation has demonstrated an adequate level of training. The BAHRS would welcome the formation of a Joint Professional Council which would oversee training programmes to ensure they meet the standards set by HEE. The BAHRS looks forward to advising on, and contributing to, any future training system and accreditation process.

Yvonne Senior

Founder and Lead
**Private Independent Aesthetic Practices
Association (PIAPA)**

PIAPA unequivocally express our support for the framework and will encourage its members to participate and further develop their knowledge and skills by setting up support systems and groups to facilitate this. This has proved a successful approach previously when we encouraged and supported nurses to undertake the V300 nurse prescribing course with a very high uptake over time. We feel this will support an organic embedding of the framework and the principles underlying the framework into the culture of our practitioners.

Professor Harry Moseley

Honorary President
British Medical Laser Association (BMLA)

British Medical Laser Association is well placed to contribute to the ongoing developments and requirements in the field of non-surgical aesthetic laser treatments. We have pioneered safe practice in this area, in particular developing the Core of Knowledge syllabus and providing approval for laser courses. We have also advocated a competence-based approach underpinned by knowledge and skills at an appropriate level for any particular treatment. BMLA's membership spans all areas of application of laser/IPL in medicine and includes doctors, scientists, nurses, some beauty therapists and others who have an interest in this area. Although it is not yet clear how implementation of the qualification requirements will be taken forward, BMLA is keen to continue to be involved in these developments where it can be of help.

Professor Mike Mulcahy

Faculty of General Dental Practice (FGDP) (UK)

The work presented in this report (Part One) represents an important step forward in improving protection for patients who seek non-surgical cosmetic treatments. Our organisation has contributed our views on those procedures considered to be part of the scope of practice for dentists, namely the administration of botulinum toxin (BT) and dermal fillers (DFs). In his 2013 review, Bruce Keogh described injections with DFs as being a "crisis waiting to happen", and we believe that the recommendations presented here will go a long way towards improving standards of care and ensuring that only those professionals who have the necessary competencies are able to treat patients.

It is our view that dentists are among a group of professionals with the necessary underpinning knowledge upon which to develop the skills needed for the delivery of treatment to the face and neck with BT and DFs. Dental practitioners are required to demonstrate clinical competencies in many of the areas of practise that are relevant to this modality, in addition to skills in gaining informed consent, compliance with ethical advertising practises, and the management of medical emergencies. In dentistry, these competencies are set within a framework of established standards (such as those published by the FGDP(UK)) and are subject to the requirement for regulatory compliance with the General Dental Council.

The Faculty has serious concerns on the variability of current training provision in the area of facial aesthetics. This important work provides a blueprint for continued practise and provides a mandate for further development of requirements. However, further work is needed before we will have a system that offers the kind of protection for patients described as being necessary in the Keogh review. We urge the Department of Health to support continued collaboration between stakeholders in working towards the formation of a single national body to oversee accreditation of training and qualifications relating to these treatments. This will help to ensure consistency

of standards and clarity for professionals who are seeking suitable courses.

Regardless of the need for further development work in this area, it is clear that these proposals represent an opportunity to have a significant and lasting impact on the regulation of non-surgical cosmetic treatments, and we urge that the Department of Health supports the recommendations presented and seeks their implementation as a priority within the new administration.

Christopher J Wade

Chairman

The Association of Aesthetics, Injectables and Cosmetics (AAIC)

The Association of Aesthetics Injectables and Cosmetics (AAIC) has played a leading role in representing the interests of the beauty industry in the review of cosmetic non surgical procedures conducted by HEE. The AAIC is in full support of the final recommendations and will work with its members to assist them to meet the standards proposed by HEE. As part of this commitment, AAIC is working with Industry Qualifications (IQ), a regulated awarding organisation, as well as learning providers, to ensure that the beauty industry has access to qualifications and training that is compliant with the proposals. In addition, it is the policy of the AAIC that establishments offering cosmetic non surgical procedures should be inspected by an independent and competent inspection body, certificated by UKAS to ISO17065 and operating to standards agreed by the Association.

Sharon Bennett

Chair

British Association of Cosmetic Nurses (BACN)

Paul Burgess

CEO

British Association of Cosmetic Nurses (BACN)

The BACN is pleased to have had the opportunity to participate in developing the qualification requirements for delivery of cosmetic procedures which will improve standards of patient care across the industry, and is currently looking at how it might support accreditation and ongoing revalidation of the competence of its members against these qualification standards, as a requirement for future BACN membership.

The BACN has been selected to be one of the Pilot Bodies for the NMC Revalidation Programme in 2015. This is ground breaking and has now formalised the recognition of the cosmetic nurse specialty and the role of BACN as a professional association. It will also enable the NMC to look at how revalidation can work in an environment where many nurses work independently in their own businesses. In this situation nurses will not have supervisors or be able to use traditional appraisal techniques. A new series of processes and procedures will be required to be set up to manage this process and these will be evaluated as part of the pilot. The main aim of the pilot from the NMC perspective is to learn as much as possible around the processes that support the revalidation model, such as the development by practitioners of online portfolios of evidence and nurses working with other nurses to confirm that revalidation requirements are being met, where they do not have line managers. This project is an excellent example of joint working in the aesthetics sector with a strong emphasis on delivering highly qualified, competent and up to date patient treatments, care and safety.

Cheryl Cole

Vice President

Federation of Holistic Therapists (FHT)

The beauty therapy sector is a proactive industry with an entrepreneurial spirit, which can be considered both an asset and a risk as such boundaries are constantly being challenged as the sector evolves, leaving formal qualifications unable to keep abreast of the changes. In the field of cosmetic interventions in particular, FHT has become concerned with the direction being taken by some practitioners and support the recommendations being proposed by HEE. We also echo and recognise the concerns raised by the regulated professionals regarding the lack of Statutory Regulation for the non healthcare practitioner.

Whilst regulation is not part of the HEE remit, we would strongly support its recommendation for the requirement for practitioners to become members of a PSA Accredited Register. There are a number of Voluntary Registers currently available in the beauty sector; however each set their own varying independent membership criteria. As such we do not feel that a Voluntary Register will deliver the required level of confidence and nothing will change from the current status unless the training and qualification framework proposed by HEE becomes a compulsory requirement to practise, which we would strongly advocate. FHT currently have two practitioner registers, one for therapies not accepted by the PSA Register, (includes beauty therapy), and the second our PSA Accredited Register for Complementary Therapy. Our experience of the rigor involved to meet the PSA requirements gives us the confidence to recommend this as a solution for regulation going forward, provided that PSA are willing to accept beauty therapy treatments on their register.

Sharon Preston

Examiner

British Association of Beauty Therapy and Cosmetology (BABTAC)

Managing Director

Sharon Preston International School of Beauty

Cosmetics and beauty is an exciting industry that moves at such a galloping pace and is constantly evolving. BABTAC is recognised as a beauty industry leader and is often the first port of call for industry professionals (national and international) looking to keep informed of current beauty industry treatment and trends. Our members are encouraged to update and further develop their skills and knowledge on a regular basis to meet new demands led by the public. We have a team of experts in advanced beauty treatments on hand to support our members as well as offering members internationally recognised education and training in advanced beauty technologies.

BABTAC have worked closely with HEE and fully support the whole framework to raise standards of education and training within the beauty industry. We agree that education must include thorough treatment consultation. As an industry we must develop professionals who not only can perform a high level treatment and understand how to deal with complications but more importantly, can identify when treatment will not benefit the client /patient in any way and practice with integrity to gain public confidence. We also express the need for a title change for beauty therapists qualified in non surgical cosmetic procedures. The public must be able to differentiate between a beauty therapist trained to level 3 and an industry professional who has completed the education and training requirements for the treatments they are providing.

Professor Peter Marsden

President

The Society for Radiological Protection (SRP)

The Society for Radiological Protection (SRP) recognises the value that this report provides in creating a robust accreditation training framework for the Laser / IPL cosmetic treatment sector. We recognise that the public requires reassurance that they are treated by appropriately trained professionals so that the risk of adverse outcomes when having such treatments is as low as possible. The SRP is willing to play an active role with any Joint Accreditation Body involved in the assessment of training programmes to ensure they meet the standards set by HEE. The SRP is well placed to contribute to the ongoing developments and requirements in this field, pioneering safe practices in all ionising and non ionising radiation work areas.

Voluntary registration organisations

Brett Collins

Ashton Honeyball

Emma Davies

Save Face Ltd

Save Face is an independent and impartial accreditation scheme for aesthetic medical professionals and clinics. In addition to holding a register of accredited practitioners and clinics, Save Face also aims to act as a consumer champion to provide free and impartial information, access to expert advice, channels to leave feedback through testimonials and rate cards and support and guidance when things go wrong. We now have 200 clinics on our register and consumer/brand awareness is building.

Offering a registration service to regulated health professionals only, Save Face audits practitioners against seven core standards and each practitioner must supply the following:

- evidence of registration and qualification with the relevant statutory body (this is verified)

- evidence of insurance and training for each procedure included on the clinic profile
- evidence of mandatory training
- evidence of registration with The Information Commissioners Office
- samples of patient information
- consent forms
- evidence of legitimate supply of medicines (invoices or delivery notes)

Each clinic premises is inspected by auditors who ensure standards are being met and look at medicines management, infection control, consent and confidentiality, management and reporting of adverse events, record keeping, managing complaints, and whether maintenance of equipment is appropriate. The inspection includes an interview with the practitioner to assess quality of patient information and consent. Clinics are provided with a suite of documents to support the standards; these include template policies, procedure protocols and consent forms and additional guidance notes on consent and managing complaints. The process is designed to be robust, constructive and supportive. Auditors may pass, fail or refer and all audits are anonymised and reviewed by the Clinical Directors who have the option to refer to The Advisory Board if any issues are raised.

We hold our accredited providers accountable to our standards and to the consumers they serve. If any provider is found to breach these standards or concerns are raised, we have an objective and responsible process for investigation, suspension or exclusion from our register. As our register gains momentum and reputation, the safety conscious consumer will not be looking to services without our accreditation. No amount of legislation will prevent an ever present 'black market' and government respects consumer choice. It is our expectation that the safety conscious consumer will at least have this register to navigate to a safe service and to provide support when complaints arise. We would also be happy to reference, promote and collaborate with professional bodies and join forces on shared consumer education campaigns.

Save face does not propose or presume to judge a practitioner's clinical skills or experience but sees this as the remit for the professional bodies. We would also not see our role as including accreditation of training providers. However once a framework is in place we anticipate that the qualification requirements will be incorporated into our evidence requirements for registration. We have prepared to apply for PSA accreditation, and are evaluating whether this significant investment will have any further positive impact on either potential registrants or the consumer.

We would welcome the opportunity to explain our model in more depth and actively participate in any further work to ensure momentum is sustained and the work of Keogh and HEE is picked up and run with. Government has actually provided stakeholders with an opportunity to determine the landscape of the future of Aesthetic Medical Practice and Services and to take ownership of our responsibility to ensure the safety of consumers and credibility of those professionals who choose to specialise in this field of practice.

Sally Taber

Treatments You Can Trust (TYCT)

Treatments You Can Trust (TYCT), established in 2010 as a measure towards patient safety, entirely supports the work that HEE has taken forward to establish a qualification framework for the delivery of non-surgical cosmetic interventions.

A register was requested by the Government for the protection of consumers. Initiated in 2010 by the Independent Healthcare Advisory Services (IHAS), it is now operated by Cosmetic Quality-Assurance Ltd under the guidance of the TYCT Governance Group chaired by the Baroness Morris of Bolton OBE DL and members drawn from among industry and independent experts. It meets the requirements of the Review of Cosmetic Interventions 2013 (requisitioned by the previous Secretary of State Andrew Lansley CBE and taken forward by Sir Bruce Keogh, the NHS Medical Director) which recommended that:

- All practitioners must be registered centrally.

- The register should be independent funded through registration fees.
- Entry achievement of an accredited qualification
- Premises meeting certain requirements
- a code of practice ... handling complaints, insurance responsible advertising.... and consent practices
- Continued demonstration of competence through an annual appraisal.

TYCT is eligible for and ready to apply to the Professional Standards Authority for voluntary accreditation.

In 2008/2010 IHAS, in association with the Department of Health, Better Regulation Executive (now BIS), the Healthcare Commission (now the Care Quality Commission) and industry experts developed a set of best practice standards for cosmetic injectable treatments, published as Standards for Injectable Cosmetic Treatment (version 4) dated April 2013 (The Standards). The Standards are referenced to the statutory regulatory powers of the professional regulators General Medical Council, General Dental Council and Nursing and Midwifery Council; also the Medicines Act and The Health and Safety Act Section 3 and evidenced good industry practice.

Treatments You Can Trust is now an industry self-regulatory scheme for the benefit of patients and is independent of interest groups and funded through registration fees. The TYCT Register lists cosmetic injectable treatment providers who have been independently assessed to comply with the Standards. Applications are assessed against The Standards by an independent Registrar and annually renewed.

More than 200 providers are on the Register, including all the most professionally governed. The TYCT Register receives large numbers of enquiries from the public. TYCT recognizes the need to collect, aggregate and analyse data on performance to assist in further development of a safe industry, and is engaged in meeting this need. Registered providers follow a prescribed

code for handling of complaints and agree to comply with the Committee of Advertising Practice guidance on the advertising of cosmetic interventions.

Treatments You Can Trust is ready to expand its activities to register cosmetic laser providers who meet its Essential Standards for Class 3B and Class 4 Lasers and Intense Light Systems in non-surgical applications.

Education and training providers and awarding bodies

A number of educational institutions have indicated that they already offer programmes in this area or are in the process of developing new programmes which will meet HEE's requirements.

Dr Tamara Griffiths

Consultant Dermatologist
University of Manchester

The University of Manchester MSc is the first truly multidisciplinary programme which incorporates the spectrum of skin ageing and aesthetic medicine, including basic skin science; non-surgical cosmetic procedures; an introduction to invasive cosmetic surgery; and psychological, ethical and regulatory issues. The three-year distance-learning degree programme is provided by The University of Manchester, renowned globally for research in skin science, in collaboration with Salford Royal NHS Foundation Trust, which has one of the UK's largest and most comprehensive dermatology departments. The faculty incorporates internationally acclaimed experts including basic scientists, dermatologists, plastic surgeons and psychologists. We aim to set the gold-standard in education, fully aligned with the comprehensive HEE curriculum. As education providers, we are committed to supporting and delivering HEE's robust curriculum, which has been agreed across all stakeholder groups to be the educational standard for a diverse and fragmented industry.

Dr Anne McNall

Enterprise Fellow, Workforce Development
Innovation Team, Faculty of Health & Life Sciences
Northumbria University

The Workforce Development Innovation Team from the Faculty of Health & Life Sciences at Northumbria University has been working with a team of aesthetics practitioners to develop a programme for professionally registered aesthetic practitioners (nursing, medical) undertaking non-surgical interventions to meet the HEE standards. The programme will be accredited at level 6 (Degree) and 7 (Masters) level with accreditation of prior experiential learning (APEL) opportunities. The programme will have multiple exit points enabling the practitioner to exit with a full degree or a shorter award such as a Graduate Certificate, PG Cert or PG Diploma. The programme will be practice based and competency assessed covering various modalities delivered through a blended learning approach which includes e-learning, workshops and practice based mentorship provided by a registered nursing or medical aesthetic practitioner. Assessment will include theoretical assessment of knowledge and professional practice and assessment of competence against a competency framework via supervised clinical assessment by a registered nursing or medical aesthetic practitioner. The programme is currently under development.

Gary Trappitt

**Business Development Manager, Faculty of Health & Life Sciences
De Montfort University**

The School of Nursing & Midwifery at De Montfort University has a well-established relationship with, and has trained healthcare professionals from this sector and is currently working with industry experts to prepare and launch a series of high quality post graduate modules mapped against the new standards framework. The innovative programme will enable practitioners to develop understanding and skills for aesthetic treatments with opportunities for engaging with a blend of face to face and distance learning and clinical placements. This will enable students to study aesthetic and other professional modules flexibly while building towards a recognised post graduate qualification.

Yvonne Mills

University of the Arts/London College of Fashion

As the course leader of the Aesthetic Therapist (AT) short course based at the University of the Arts/London College of Fashion, I feel I am well placed to comment on HEE's qualification requirements for the delivery of cosmetic treatments.

Our AT course recruits beauty therapists qualified to NVQ level 3 or equivalent and exposes them to academic specialist tutors that are experts in their chosen disciplines; anatomy, physiology and cosmetic science. The course structure also has industry experts embedded within the curriculum that are well established and indeed trail blazers in the aesthetic field. The AT course runs over 10 weeks of part time study, with 10hrs contact time per week and students attain a 'Core of Knowledge' certificate as well as a number of Continuous Professional Development (CPD) certificates covering the use of superficial chemical peels, 0.5 mm micro-needling, non-ablative lasers and intense pulse light for hair

removal and facial/body rejuvenation and skin tightening treatments. Students must complete a two hour written exam at the end of the course in order to achieve a certificate which supports their CPD, and this is awarded by University of the Arts.

The AT course aims to produce a well rounded Aesthetic therapist who, whilst requiring further training, has already achieved a level of knowledge that will assist with her future progression in the Aesthetic field. Successful completion of the course equates with NVQ level 5 in terms of the academic content delivered, which is aligned with the delivery received by year two students of the FdSc Beauty and Spa Management and year one of the MSc Cosmetic Science, courses which are also run at LCF. The College is currently looking into the possibility of course accreditation by an awarding body outside of the University of the Arts.

On reviewing the HEE Qualifications requirements for cosmetics procedures final recommendations it was heartening to realise that our aims and objectives are in sync. We both wish to establish a sustainable, professional and academic qualification for those beauty therapists wishing to up-skill, achieve employment and indeed work safely within the aesthetic field. I have no wish to produce a practitioner that administers Botox/ Fillers or performs the more in depth invasive treatments with Lasers and IPI without the more specialist training that is required to do so.

It was confirmation for me that the AT course rationale is viable and I welcome the HEE Level 4-7 guidance from Foundation to Postgraduate, which makes the training and supervision requirements transparent. How these levels will be incorporated and regulated across the industry remains to be seen; however in the wake of the Keogh report (2013) we now, at least, have a starting point that ensures beauty therapists will receive the appropriate training to successfully perform aesthetic treatments. This can only bode well for the aesthetic industry and of course its clientele.

Maxine Waugh

Cosmetic Couture Aesthetic Training

Cosmetic Couture is a leading training provider delivering aesthetic and cosmetic training for practitioners, including Beauty Therapists. Successful completion of training entitles practitioners to become members of the Association of Cosmetic Practitioners of Britain (ACPB). We support the findings of the HEE in relation to cosmetic procedures and wish to continue to offer training and development for personnel in a range of non-surgical procedures, where the priority is the 'end user' who needs to feel confident in the treatment and the person carrying out such treatment.

The ACPB has been set up to represent any aesthetic practitioner, whether medical or not medical, providing they are qualified to perform aesthetician treatments. As a non-profit making organisation, ACPB aims to set standards in this field and has contracted the Cosmetic Practitioners Register and regulator (CPR) to provide an independent registration and inspection service. As a member of ACPB, members are able to access 'face to face' consultations by our registered prescribers, whereby the client / patient is protected and is able to feel confident that all procedures are carried out correctly and that the correct products are obtained from reputable sources. ACPB supports the qualification requirements developed by HEE as a gold standard for practitioners delivering aesthetic treatments.

Raymond Clarke

Chief Executive Industry Qualifications

Established in 2010, Industry Qualifications (IQ) gained approval as an OFQUAL regulated awarding organisation in 2011 and has since developed associated products and services in the educational sector, operating on an international basis. IQ develops and quality assures assessments and qualifications, sources and supplies learning materials and offers consultancy and relationship brokerage services. One of IQ's subsidiaries is

IQ Verify Ltd, a UKAS approved inspection and verification service for ISO17065 and ISO17021, which enables it to undertake accredited compliance audits of management systems, products and services on behalf of clients.

IQ works closely with the Association of Aesthetics, Injectables and Cosmetics (AAIC), and is keen to support implementation of the qualification requirements to support improved safety through working with education providers to deliver an OFQUAL regulated qualification which meets the new qualification requirements and working with other registration and inspection bodies to agree a common industry standard for inspection.

Sally Durant and Sue Shaw

Sally Durant Training and Consultancy (SDT&C)

Sally Durant has a wealth of expertise in the aesthetic sector and recognised many years ago that this specialist part of the profession needed formal qualifications to ensure best practice provision and safety of the public. To that end three years ago Sally sought the support of the awarding body Industry Qualifications (IQ) and recruited Sue Shaw for her knowledge of the sector, education and higher-level qualification development. We have welcomed and strongly support the recommendations of HEE.

One of our biggest challenges has been making the profession aware of these developments and bringing them to market and to this end we welcome HEE recognition of existing provision and the smaller, less well known awarding bodies in the sector and end providers like us.

Over the past three years SDT&C with IQ has developed and accredited the IQ Level 4 Organisation Certificate in Clinical Aesthetics. This course incorporates awards in advanced skin science, investigative consultation and advanced skin assessment and the physiology and practice of chemical skin peeling, dermal rolling and blemish removal. All of these qualifications are designed to provide robust, fit for purpose qualifications and combine blended delivery

mechanisms encompassing 'on line' underpinning knowledge and 'face to face' practical skills learning and assessment.

As a company we are keen to ensure that our qualifications do meet the standards required and are structured in accordance with the HEE framework and we will be working to this end. We will welcome as much contact as possible with those organisations which take on the responsibility for implementation of the framework. We also support the HEE recommendation that sector experts work together in partnerships, to ensure that qualifications designed to improve safety and effectiveness of practitioners come to market quickly and to this end we are continuing our drive to engage with other qualification providers, sector professionals, and manufacturers to ensure that we continue this journey. We would welcome contact from any sector specialists who may want to work with us.

Professor Bob Khanna

Professor of facial aesthetics
University of Seville

President
International Academy of Advanced Facial Aesthetics

CEO and Principle
DrBK

Clinical Director
Dr Bob Khanna Training Institute

As Clinical Director of the Dr Bob Khanna Training Institute for the past 18 years, I have witnessed and been intimately involved in the development of the non-surgical facial aesthetics industry from its early inception to the present day. As the industry continues to grow and buck economic trends, the demand for training thrives. However, what was and will always be of paramount importance is the patient journey and patient safety. This can only be maintained by ensuring that there is in place a universal set of standards and practices where both training and practice are concerned. It is with this in mind that I fully support the proposal for the implementation

of qualification requirements for non-surgical cosmetic interventions and hair restoration surgery.

6.5 Insurers

Laurence Hinge

Cathedral Associates London Ltd (insurance broker)

I welcome the HEE qualification requirements because they will help individual practitioners from a range of professional backgrounds (whether medical or non-medical) to pick the right courses to invest in rather than spending money on courses which will not be acceptable by Medical Malpractice Insurers. At the end of the day without the appropriate insurance coverage nobody would be able to practice. Improved courses, which include more content and considerably more practical training can only benefit all parties. This should improve standards of care, but it must be appreciated that all potential persons entering this field are all different and some may need longer training to reach their 'goal'. As a leading insurance broker in the medical malpractice insurance field in our opinion the training for lasers should be the highest priority as it is here where the majority of claims occur. This area needs to be addressed sooner rather than later because the injury caused to the client / customer can have implications for the rest of their life, whether mentally or physically.

Lisa Matthews LM

(London Market) Underwriting

A formalisation of standards and qualifications should benefit all.

Eddie Hooker

Hamilton Fraser

Katie Caris-Harris

Marketform

Insurance protection for cosmetic and aesthetic practitioners serves a dual purpose: firstly, to protect the practitioner against allegations of wrong-doing by paying defence costs, and secondly to financially compensate the client/customer if bodily injury occurs. Insurers base their willingness to accept a risk based on several factors including practitioner type and experience, procedure complexity and claims frequency, severity and history, both of the practitioner and the industry as a whole.

The vast majority of practitioners looking to purchase malpractice insurance for cosmetic procedures have attended a specialised training course and received certification to perform a certain procedure. From an insurance viewpoint, it is increasingly difficult for insurers to gauge whether a training course is adequate and comprehensive enough in order to provide insurance to the trained practitioner. Most insurers and brokers are not medically trained themselves and rely on basic information about the course which is submitted by the trainers themselves, generally when the course is first set up. There is little governance of these training courses on an ongoing basis. Training courses can be set up extremely easily with no requirement for teaching qualifications or course content and structure. It is not unheard of for training courses to be run by practitioners who themselves have only just completed training or who have little or no 'real world' experience of the procedures they are teaching. There are no standards prescribing numbers of students, provision of clinical environments or split between theory and practical/hands-on sessions. Very few have post-course support and updates.

We welcome the qualification requirements developed as part of HEE's project and would recommend that this is accompanied by some form of accreditation stamp from a governing body or similar that confirms that the course has achieved and maintains standards which align with the framework. This stamp or kite-mark would allow a minimum standard of training within the UK which could be relied upon by practitioners, clients and insurers alike.

Alison Thornberry

Sure Insurance Services Ltd

I support the move to improve and standardise qualification requirements for delivering non-surgical cosmetic treatments and am interested in exploring the establishment of a 'no blame' insurance scheme to support practitioners who meet these requirements, similar to schemes which are available for cosmetic surgery treatments.

Aubrey Craig

Head of Dental Division

MDDUS

MDDUS is well placed to indemnify Dentists so they can contribute to the ongoing developments defined by Health Education England and requirements in the field of non-surgical aesthetic treatments. Dentists have pioneered safe practice in this field and MDDUS is keen to continue to be involved in these developments where it can be of help. In order to obtain indemnity with MDDUS, registration with Treatments you can Trust (TYCT) is validation that the Dentist has the governance arrangements in place to ensure safe practice in the application of injectable cosmetics. Once registered, the Dentist and the Dental Surgery details are displayed on a public website for patients to assure themselves they are to be treated by a qualified practitioner who has appropriate insurance.

David Croser

Communications Manager

Dental Protection

Dental Protection is in a position to meet the indemnity requirements of Dentists so that they can contribute to the on-going developments defined by Health Education England and requirements in the field of non-surgical aesthetic treatments. Dentists have pioneered safe practice in this field and Dental Protection is keen to continue to be involved in these developments where it can be of help.

Currently, in order to access indemnity with Dental Protection at a preferential rate (see website), for treatments involving injectable cosmetics, registration with Treatments you can Trust (TYCT) is necessary and acts as validation that the Dentist has suitable governance arrangements in place to ensure safe practice in this field. Once registered with TYCT, the Dentist's and the Dental Practice's details are displayed on a public website for patients to assure themselves they are to be treated by an appropriately qualified practitioner who has a right to access suitable indemnity.

Manufacturers and suppliers

Dr Imran Lodhi

UK Medical Director

Allergan

Allergan welcomes the HEE's recommendations for training and education requirements pertaining to the delivery of NSCIs, specifically in reference to the educational framework for botulinum toxins and dermal fillers. We are supportive of any initiative that works to increase the safe and effective use of these products by qualified and trained healthcare professionals. Allergan does not advocate that these products are used by non-healthcare professional as stipulated on each of the product labels. The HEE framework is a significant first stride in the establishment of the necessary educational

pathway that a professional operating in the field of non-surgical cosmetic interventions will need to undertake in order to perform the administration of botulinum toxins and dermal fillers in a safe and ethical manner. Allergan believes that accreditation and enforcement of this framework will serve the best interests of the public and moreover the patients undergoing treatment with botulinum toxins and dermal fillers.

Toby Cooper

Business Unit Head, A&C Sales and Marketing
Galderma UK

Galderma UK fully supports the introduction of the HEE's formalised framework that will encourage healthcare professionals to further develop their non-surgical cosmetic intervention's knowledge and clinical skill set. The recommendations for training and education, specifically related to the uses of botulinum toxin and dermal fillers, will be very welcomed by Galderma. This will ensure a standardised, high level of attainment and qualifications across the various healthcare disciplines leading to both higher levels of patient satisfaction and more importantly higher levels of clinical safety. Galderma is now part of Nestle Skin Health. This global dermatological organisation demands impeccably high standards of customer service, product training and product quality. Galderma, as a pharmaceutical company, has a strong heritage of training and education within the medical community and commits a significant amount of its resource to clinical training. Hence Galderma welcomes this significant regulatory step forward in maximising the qualification requirements in cosmetic practice to minimise the potential of any adverse event or side effect that may be a result of insufficient training or education.

Dr Samantha Hills and Dr Andrew Berry

Directors

Lynton Lasers Ltd: a UK manufacturer and supplier of Laser/IPL/LED devices

Lynton Lasers Ltd was founded in 1994 as a spin-off venture from the University of Manchester Physics Department and is now recognised as one of the UK's leading suppliers of Laser and Intense Pulsed Light (IPL) technology for Medical and Aesthetic applications.

For the last 20 years, Lynton has offered all customers intensive on-site training as part of the package it provides for those purchasing lasers and IPL devices for non-surgical cosmetic interventions

In addition to the product training provided to customers, Lynton also established, in 2008, its own national training centre, the Lynton Clinic (south Manchester). Through this training facility, Lynton provides an opportunity for anyone with an interest in lasers and light sources (whatever their background) to attend a variety of courses which range from 1-day "Laser Safety / Core of Knowledge" courses and treatment specific "Masterclasses", to 3-day intensive "Advanced Skin-Laser Applications" courses. In recent years the Lynton Clinic has been approved as a training centre for a Level 4 QCF Laser/IPL qualification, accredited by the awarding body CIBTAC. In addition, Lynton is actively engaged with HABIA in the development of National Occupational Standards for a variety of Laser/IPL treatments.

Lynton Lasers Ltd welcomes the development of the qualifications framework by HEE and, as a leading UK supplier of Laser/IPL equipment, Lynton is ideally placed to promote and encourage its customers to undertake this qualification. Lynton would, in fact, seek to become an accredited training provider adopting the framework provided by HEE for the Laser/IPL/LED modality. For Lynton to offer higher level (post-graduate) training, they would require the support of an academic institution and in this regard, Lynton would seek to expand on its existing collaboration with the University of Manchester. Lynton would also use its existing

knowledge and experience to engage with beauty colleges and further education colleges to facilitate the implementation of the Level 4 and Level 5 Laser/IPL/LED apprenticeship learning programmes.

As a manufacturer and supplier of Laser and IPL equipment, Lynton feels that the new HEE qualification requirements are a significant step towards the improvement of patient/client safety. Unfortunately in the currently de-regulated sector, it is legitimate to acquire Laser/IPL equipment without any training or support from the supplier (some practitioners purchase low cost and potentially dangerous equipment from internet suppliers). Unlike many existing courses, the HEE indicative content includes key elements of the "Core of Knowledge" course and aspects relating to the suitable selection and maintenance of Laser/IPL equipment. This knowledge is paramount to understanding and selecting suitable Laser/IPL devices and ensuring they deliver consistently calibrated output parameters, which has a significant bearing on patient/client safety.

There is concern within the industry that if such a scheme is not supported by regulation, there may be limited engagement by practitioners, particularly from fringe sectors. However, it is estimated that Lynton has one of the largest bases of installed Lasers/IPL in the UK with customers ranging from the NHS to Beauty Salons. As such, Lynton is extremely well placed to communicate the importance of this new qualification to a wide section of Laser/IPL practitioners.

Service providers/Employers

Valerie Simpson

The Face and Body Shop (Guinot Crown Salon 2015)

The Face and Body Shop in Grotton is a Save Face accredited aesthetics clinic offering a range of treatments from laser hair removal to facial peels and injectables. My staff vary from Beauty Therapists to Doctors all of whom have had the highest quality of training. The beauty therapists in my current employ have in some cases 20 years of experience in the industry. They are passionate about their careers and their industry and above all thrive on the ability to offer their clients the very best in results driven treatments. The move for them into non-surgical cosmetic procedures has been a huge boon and their patients have seen great success with the treatments they have received.

To operate the platform that we use in clinic the therapists have undertaken 12 months of training and are all currently working towards the NVQ Level 4 and take this ongoing education and professional development very seriously.

I am in firm agreement with the qualification requirements proposed by HEE and am particularly keen to ensure that that Beauty Therapists' qualifications, knowledge and professionalism are taken as seriously as the Beauty Therapists themselves take the responsibility for the treatments they undertake.

Charles Tuke

CEO

DestinationSkin Group Limited

DestinationSkin Group Limited has 22 clinics nationwide and has been treating clients with a wide range of non-surgical, aesthetic treatments since 2003. Clinical standards and levels of client care are paramount and DestinationSkin offers exemplary training in advanced skincare to all of its employees from practitioners to nurse prescribers and doctors. Only nurse prescribers

and doctors provide injectable treatments and all our practitioners complete Core of Knowledge training and have a minimum of NVQ Level 3 as a standard. DestinationSkin clinics are CQC registered and have regular audits from both the CQC and Laser Protection Advisors. Our clinics also operate under the governance of local authority and special treatment licences. As key members of Treatments You Can Trust (TYCT), DestinationSkin works alongside key providers in the industry to pioneer safety and clinical standards and as such welcome the opportunity to contribute to the development of the HEE recommendations and offer help where appropriate.

Lisa Mason

Head of Medical Standards sk:n Limited, Edgbaston, Birmingham

sk:n clinics are the largest provider of non-surgical procedures in the UK, employing over 200 practitioners, with 85,000 active clients on our database. In the last five years alone, we have carried out over 1 million treatments. We drive the highest standards in voluntary regulation of lasers, maintain and repair more lasers nationwide than any other provider and support greater mandatory regulation through governing bodies.

Our heritage dates back twenty-five years to our origins working as partners with the NHS, as experts in dermatological laser treatments. From this partnership, all clinical standards, training and treatment outcomes have been developed and we are confident there are none better in the industry. sk:n clinics are CQC registered and have an in-house clinical audit to ensure all 35 clinics exceed regulatory standards and operate under the clinical governance set by our in-house Medical Standards Team, which consists of Consultant Plastic Surgeons, Dermatologists and Nurses. We were instrumental in setting up Treatments You Can Trust (TYCT), were founder members of IHAS now AIHO and welcome the opportunity to support implementation of HEE's new qualification requirements for the industry.

Annex 6. Statements of support for implementation of qualification requirements

Bernice Berry

Training and Clinical Services Director
The Harley Medical Group

The Harley Medical Group has built its business and reputation by providing expert treatments and care to our patients over many years; we recognise that the training we provide our personnel with is vitally important to us achieving this objective consistently. We wholly support the initiatives being proposed by Health Education England in the area of cosmetic training and would be receptive to being involved in the implementation of this ground breaking development which we feel will serve to, not only improve the reputation of the cosmetic industry, but in the long term provide clarity and protection for consumers

Kemal Rajabally

COO and CFO
The Private Clinic

The Private Clinic has been heavily involved in the delivery of non-surgical cosmetic interventions and hair restoration for over 10 years. We believe we are therefore well placed to contribute to the ongoing developments and requirements in the field of nonsurgical cosmetic interventions and hair restoration via the qualifications framework led by Health Education England, with the assistance of the excellent work by Treatments You Can Trust. We passionately believe in a competence-based approach underpinned by knowledge and skills at an appropriate level for any particular treatment.

Dr Robin Stones

Medical Director
Courthouse Clinics

Courthouse Clinics have been providing specialist cosmetic treatments at locations throughout the UK since 1998. Courthouse Clinics have 10 locations which all have an excellent reputation for patient safety in the aesthetic industry. The key to safe practice with cosmetic injectables and laser technology undoubtedly lies with good education and training with experienced practitioners, resulting in industry-wide patient safety. It is incumbent on all of us to protect the public from unsafe practice. Courthouse Clinics therefore congratulate Health Education England in formulating a Qualifications framework for Cosmetic Procedures and is keen to see this implemented by accredited bodies in order to prevent unsafe practice.

Other organisations

Brendan Eley

Chief Executive

The Healing Foundation

The Healing Foundation wishes to support the introduction of qualification requirements for cosmetic practice which aim to raise the standards of practice for patients. The Healing Foundation is a national fundraising charity established to champion the cause of people living with disfigurement and visible loss of function and has close links with BAAPS. It recently established a National Institute for Aesthetic Research (NIAR) chaired by Professor Sir John Temple, Chairman of the Healing Foundation Research Council, which aims to benefit patients and the public who engage in aesthetic treatments by overseeing a research priority setting exercise in aesthetics treatments and advising on the management of a programme of research in aesthetic treatments. The National Institute may, in future, have a key role in looking at the efficacy of new and emerging treatments and advising any organisation responsible for managing and developing standards for education and training on treatments which should be addressed within the qualifications framework.

Deborah Sandler

<http://www.cosmeticsupport.com>

Cosmeticsupport - the independent patient association for cosmetic patients supports the new qualification framework. Our work has been recognised by the All Party Parliamentary Group on Body Image. We provide British Association for Counselling and Psychotherapy (BACP) independent and ethical support, information and referral pathways for patients in order for them to achieve realistic expectations and become well-informed. Patient safety is at the heart of our patient association and we hope to see more emotional support included to protect patients.

Catherine Kydd

Patient/user representative on HEE's Expert Reference Group and member of Keogh Review Committee

The horrendous experience of PIP began in 2004 for me and then turned mine and my family's life upside down in December 2010. Discovering that I have industrial silicone in my body and still have it in my lymph nodes to this day and living with the uncertainty of what that will do to me and others like me, I asked myself how the hell this could happen in the UK in 2004-2014!

I want to thank HEE for your fantastic work. I pray the proposed qualification requirements will be supported by the government to help change and lead towards more regulations within this billion pound industry. If this framework is put in place, patients can make more informed decisions on whom and where to go for cosmetic interventions in the future.

Hair and Beauty Industry Authority (HABIA)

Tiffany Tarrant

Development Manager

HABIA (Hair and Beauty Industry Authority)

Habia are part of the SkillsActive Group. We are licensed by the UK Government as the Sector Skills Council for the hair and beauty industry, and are responsible for setting the standards that form the basis of all qualifications in hair and beauty including NVQs, SVQs, Apprenticeships and Foundation degrees as well as industry codes of practice

We welcome and support the framework developed by Health Education England, from which nationally recognised qualifications will be developed. We will work closely with qualification partner awarding organisations, expert groups, educators and industry stakeholders to ensure we are collectively meeting the needs of the industry and adhere to the HEE recommendations.

Habia endorse training delivered by providers across the industry to set criteria levels through our Quality Training Portal. Endorsement provides a robust quality check on training which is cross referenced with set criteria developed by industry and ensures there is a minimum standard of training within our footprint that is regulated.

Habia in partnership with SkillsActive also own and operates the Professional Register for Beauty Professionals. The register is the first voluntary and independent register for the industry supported from the Government via UK Commission for Employment and Skills (UKCES). The aim is to ensure individuals working within the industry meet National Occupational Standards and are fully competent to conduct treatments and service to consumers.

Graham Jukes

Chief Executive

Chartered Institute of Environmental Health

The arrangements set out in this report for access to qualifications and training have the potential to have a significant impact on the safe delivery of the identified procedures.

The Keogh Review recommended that 'All those performing cosmetic interventions must be registered' (Recommendation 7). This recommendation was not supported by the Government, however it has been a concern of the members of the Expert Reference Group throughout their deliberations that there needs to be an ability to ensure that the members of unregulated professions complete the necessary accredited training, obtain the associated qualifications, and practise in accordance with the required standards. If these measures are not put in place then the intentions of the Keogh Review will not be achieved, namely universal high standards of care, an informed and empowered public and accessible redress and resolution in cases where things go wrong.

We urge the Department of Health to support the recommendations and implement the measures as a priority within the new government administration.

Annex 7: Glossary

Academic award

In this document, academic award is used to describe a certificate, diploma, degree or postgraduate equivalent.

Accreditation of Prior Learning (APL)

This is an umbrella term for the process by which Higher Education Institutions (HEIs) give credit against learning achieved by an individual before entry to a programme of study. This takes into account current knowledge from formal study and qualifications or through experience gained, eg in a job, and compares it with the learning required on the programme to be studied. Some of this prior learning may be counted towards the programme of study and result in exemptions from studying one or more courses. The term encompasses both Accreditation of Prior Certificated Learning (APCL) and Accreditation of Prior Experiential Learning (APEL).

Aesthetic/Cosmetic

The words 'aesthetic' and 'cosmetic' can be used interchangeably to refer to treatments which are intended to restore or improve a person's appearance. At a stakeholder event held by HEE in February 2015 it became clear during discussions that the term 'cosmetic' is much better understood by members of the public, whereas the term 'aesthetic' is the term more widely used more by practitioners involved in the delivery of cosmetic or aesthetic treatments.

Awarding Organisations

Awarding Organisations are organisations recognised by OFQUAL to provide specific qualification types, for example from GCSEs and A levels to specialised vocational qualifications. All awarding organisations have to comply with OFQUAL's General Conditions of Recognition.

Botulinum toxins

Botulinum toxin is a neurotoxin produced by the bacteria *Clostridium botulinum*. By preventing nerve endings from releasing acetylcholine, a chemical essential for nerve to communicate with muscle cell, it prevents muscles from receiving nerve stimulation.

It is used for cosmetic purposes to address dynamic wrinkles which occur with facial expression. Signal from nerve ending to muscle is blocked, therefore dynamic wrinkle does not form. Untreated facial muscles work normally. Brands include Botox(R), Vistabel(R) (UK brand name for Botox(R)), Dysport(F), Azzalure(R) (UK brand name for Dysport(R)), Bocouture(R). As a prescription-only medicine, botulinum toxin must be prescribed by a healthcare professional.

Chemical peels

Chemical peels involve the controlled, chemical destruction of skin at varying depth for cosmetic or medical indications. The depth of the peel is proportional to the risk and potential benefit. The types of peel are broken down as:

- Very superficial: destruction of surface dead skin cell layer
- Superficial: destruction into viable epidermis – series of ongoing treatments required
- Medium depth: full thickness destruction of entire epidermis into upper dermis
- Deep: destruction into reticular dermis--full ablative treatment, requires sedation, cardiac monitoring, performed in theatre

Very Superficial Peels to Stratum Corneum

(level 4 in Table 1) are those that are currently used by beauty therapists and which conform to the European Cosmetic Regulation (EC) No 1223/2009. This includes cosmetic grade Alpha Hydroxy Acids (AHAs) and Beta Hydroxy Acids (BHAs) which are licensed for use as a cosmetic product. Note: The European Cosmetic Regulation (EC) No 1223/2009 also lists ingredients that are prohibited for use as a cosmetic for use by beauty therapists due to increased risk factors.

Superficial Peels (level 6 in Table 1), penetrate superficially in the skin as a whole but are deeper and more invasive than the above peels, up to the Grenz zone and as such would require enhanced training to a medical level (or medical equivalent in terms of module content for non-medical practitioners), which is provided within these requirements. These are classified as medical or requiring medical supervision due to higher risks associated including possible inflammatory reactions/complications.

Medium depth chemical peels and localised phenol peels (level 7 in Table 1) use chemicals which are classified for medical use and penetrate within the dermal tissues; as such the delivery of treatments are subject to the oversight of an independent prescriber due to the complexity of the procedure and complications that can occur with these treatments.

Cosmetic/Aesthetic

See 'Aesthetic' above

Dermal fillers

Dermal fillers are used to plump lines, wrinkles, folds and some scarring, and augment the lips (and facial contours) by restoring volume and definition – the practitioner injects the filler in a series of small injections or using a cannula. Some treatments require the application of a local anaesthetic cream, others may be performed using nerve block anaesthesia, and treatment time can vary between 30 minutes to an hour. Dermal fillers are made from a variety of materials and the effects can be either temporary or permanent, depending on the filler.

Emotional support

See 'Psychosocial and emotional support' below

European Standard

European Standards are documents that have been ratified by one of three European Standardization Organisations: CEN, CENELEC or ETSI, recognised as competent in the area of voluntary technical standardization as for the EU Regulation 1025/2012. Standards are voluntary which means that there is no automatic legal obligation to apply them. However, laws and regulations may refer to standards and even make compliance with them compulsory.

Hair Restoration Surgery

Hair restoration surgery is of the commonest male cosmetic surgical procedures and can be used to treat many causes of alopecia (hair loss), including eyebrows and beards and scars and dermatological conditions. It is almost exclusively transplant based, and there are two main methods of extracting donor hair. The first is Strip Follicular Unit Transplant (Strip FUT), which involves surgical wound closure, producing a linear donor scar, and Follicular Unit Extraction (FUE), which involves multiple punch biopsies, producing small round scars. Strip FUE can be conducted either manually, or using automated robotics. The method of implantation is the same for both, involving incision and the placement of grafts with forceps and implanters.

Independent prescriber

After successful completion of an approved education programme, nurses, pharmacists, optometrists, physiotherapists and podiatrists/chiropodists can become independent prescribers. All non-medical prescribing (ie not including doctors and dentists who are able to prescribe on registration) is underpinned by legislation and regulatory standards. Accordingly, all non-medical prescribers must record their qualification with their professional regulator and have a responsibility to remain up to date with the knowledge and skills that enable them to prescribe competently and safely.

Lasers, Intense Pulsed Light (IPL) and Light Emitting Diode (LED) treatments

This group of treatments involve the use of certain optical radiation devices to change the appearance, colour, texture, or structure of the skin or hair, for cosmetic purposes.

Laser is an acronym for Light Amplification by Stimulated Emission of Radiation. Laser light is emitted at a discrete wavelength (colour) or wavelengths. The laser beam may be very high intensity with a high risk in case of accidental exposure. Lasers used in aesthetic medicine are generally high risk (category 3B and 4 devices).

IPL is a non-coherent, broad-band (multiple wavelengths) light source which is usually filtered to remove certain wavelengths of light not intended for the required treatment. The light source is typically an arc lamp (flash lamp) used in direct contact with the skin or via some form of light guide (often a sapphire or quartz prism). IPL is mainly used to treat a variety of cosmetic conditions, including thread veins, sun damage and for hair removal.

LEDs are non-laser sources that emit light over a wider range of wavelengths than the laser. They are used for pain relief and to improve wound healing. More recently, LEDs have been promoted for hair growth. As is the case of low intensity laser therapy, it is fair to say that LED is still not an established clinical tool.

Fully ablative skin treatments (ie non-fractional resurfacing) Fully ablative laser treatments are defined by the controlled and complete removal of the tissue to a depth beyond the epidermis and across an extensive area of skin (typically the entire area being treated). The ablative process is achieved by the application of laser energy (typically Carbon Dioxide or Erbium YAG lasers) which causes vaporisation of the water content within the tissue. Fully ablative laser treatments are usually administered to improve skin texture, wrinkles or scars.

Laser treatment within the periorbital rim:

The application of laser or IPL on the palpebra (eyelid) or in the immediate vicinity of the eye extending as far as the periorbital rim (the bony orbit commonly known as the eye socket) but excluding treatments on or within the eyeball.

Ablative fractional laser treatments:

Fractional ablative laser treatments are defined by the controlled and complete removal of the tissue to a depth beyond the epidermis with this effect being limited to small and discrete damage zones (typically micrometres in diameter). These damage zones are surrounded by a larger more extensive area of tissue remaining uninjured. Fractional ablative lasers are typically used to address skin problems such as pigmentation, scarring from acne and other types of scars.

Treatments for discrete pigmented lesions:

Includes conditions such as Café au Lait, Nevus of Ota and Becker's nevus.

Treatments for benign vascular lesions:

Includes conditions such as cherry angioma, spider naevus, rosacea, actinic lentigo, port wine stains.

Treatments for benign dyschromias: Includes pigmentation associated with ageing and sun damage, eg age spots (benign lentigo), small red veins and broken capillaries.

Photorejuvenation: is the use of light sources, eg lasers, IPL or photodynamic therapy to rejuvenate the skin, treat skin conditions and remove effects of photoaging such as wrinkles, spots and textures. The process induces controlled wounds on the skin, prompting it to heal itself by creating new cells.

Level

The level indicates the complexity and depth of learning on a course from level 1 (GCSE) to level 8 (PhD).

Mesotherapy

Mesotherapy involves multiple injections of pharmaceutical and homeopathic medications, plant extracts, vitamins and other ingredients into subcutaneous skin for skin rejuvenation. It has been extended to subcutaneous injection into fat for lipolysis (cell rupture and death of fat cells)

Microneedling

Micro/skin needling (also known as skin rolling) involves repeatedly puncturing the skin with tiny, sterile needles and is purported to induce endogenous production of cutaneous collagen in the upper dermis. Typically the procedure involves a specialised microneedling device which may consist of up to 200 super fine needles. The needles are usually attached to a roller which is rolled over the skin by hand (manual device). However power assisted devices are also available which have calibrated needles and may deliver other ingredients, such as moisturisers or topical treatments simultaneously with the needling treatment.

Oversight

For some more complex treatments, HEE is recommending that delivery of treatments following successful completion of training is carried out with the oversight of a health professional, with that health professional retaining responsibility for carrying out the patient or client assessment, 'prescribing' a particular treatment and being able to deal with emergency situations and complications. If they delegate administration of a treatment they must ensure that the practitioner has the appropriate training and skills.

Psychosocial and emotional support

For the purposes of this report, psychosocial and emotional support aims to enable prospective clients and patients seeking cosmetic procedures to make informed decisions. It recognises the importance of patients and practitioners working together to achieve realistic expectations and enhance patient safety. The Keogh Review¹⁶ stressed the importance of people who are considering cosmetic interventions having access to:

“clear, independent and evidence-based information to help inform their decisions. This should include information about the risks and possible outcomes from any procedure, what to expect, what questions to ask about a procedure and what happens in the event of complications or corrections. The information should be available freely before people decide to choose a procedure and available at consultations.”

Recognition of Prior Learning (RPL)

RPL is a similar scheme to the APL, to provide the opportunity to claim credits for relevant exams and qualifications awarded through awarding bodies.

Supervisor

For the purposes of this paper, a supervisor is the person who helps the student/trainee develop their practical skills throughout the learning programme through observation and practice under supervision on patients/clients. The supervisor may also have an assessor role, taking responsibility for assessing proficiency and achievement of learning outcomes.

¹⁶ <https://www.gov.uk/government/publications/review-of-the-regulation-of-cosmetic-interventions>

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