Developing people for health and healthcare

Review of qualifications required for delivery of non-surgical cosmetic interventions

Final Report, Phase 1
September 2014

THE NHS CONSTITUTION
the NHS belongs to us all

NHS
Health Education England

Contents

Foreword

Health Education England (HEE) exists for one reason and one reason alone: to improve the quality of care delivered to patients. As Professor Sir Bruce Keogh highlighted in his report on the regulation of cosmetic interventions, decisions by people choosing to undergo cosmetic procedures can have a significant impact on their health and wellbeing. It is therefore particularly important that practitioners have the appropriate skills and training and that members of the public are able to identify and choose practitioners with the appropriate qualifications.

HEE has been mandated by the Department of Health 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 prescribers[2] (phase 1 of the programme), and make recommendations on accreditation of qualifications and course delivery (phase 2). This report describes the outcome of the first phase of the programme and outlines some of the work to be carried out in the coming months.

We will continue to work with the wide range of organisations and individuals involved in delivering cosmetic procedures who have supported and consulted with us over recent months. The expertise, insights, and willingness to collaborate from all of our stakeholders have provided us with the means to identify and endorse the many areas of common ground upon which we hope to build as we advance into the second phase of our work.

Ian Cumming
Chief Executive
Health Education England

Executive summary

This report summarises the outcome of Phase 1 of a programme to review the qualifications required for the delivery of non-surgical cosmetic interventions and those required to be responsible prescribers, which was carried out between October 2013 and May 2014. The programme is one of a number of incubator projects initiated by HEE and is led by Health Education North West London (HENWL). The report has been prepared to provide an update on progress to the Cosmetic Interventions Advisory Board chaired by the Department of Health (DH) and to seek the Board's endorsement of the general approach being taken to the programme and the shape of the emerging education and training framework.

After outlining the purpose of the programme, which arose out of recommendations from a review of the regulation of cosmetic interventions led by Professor Sir Bruce Keogh, section 2 of the report describes the highly fragmented, but speedily expanding cosmetic industry, the lack of regulation for non-surgical cosmetic interventions and the need for accredited training for every practitioner, whatever their background, to improve the standards of patient care and to start to provide confidence to the general public.

In sections 3 and 4, the report then describes the priority given to engaging and utilising the experience and knowledge of a very diverse and vocal stakeholder group, frustrated by the lack of progress in implementing the recommendations of previous investigations into cosmetic interventions, and the results of a call for evidence and two stakeholder workshops. It then goes on in section 5 to present the results of the qualifications review, outlining a draft education and training framework, indicative content and principles underlying development of the framework, which is built around five treatment modalities (Botulinum toxin, dermal fillers, chemical peels and skin rejuvenation treatments, laser, Intense Pulsed Light (IPL) and Light Emitting Diode (LED) treatments and hair restoration surgery. These proposals were received very favourably by stakeholders at a summit meeting convened on 1 May 2014, although it is acknowledged that much work remains to be carried out to further refine the proposed education and training framework and its associated indicative content. Further work will also be required to develop proposals for accreditation, course delivery, and continuing professional development.

Section 6 of the report describes the results of the review of qualifications for prescribing, proposals for the introduction of legislation to regulate dermal fillers and plans for using a prescription-type regime, with responsibility for 'prescribing' and administering dermal fillers being held by a regulated clinical practitioner. Areas for further work during phase 2 of the programme are then set out in section 7 of the report.

We would like to take this opportunity to thank members of our stakeholder network, and in particular members of our Expert Reference and Advisory Groups, for all their contributions to Phase 1 of the programme. We would not have achieved the outcomes described in this report without their expert input and willingness to work together to reach a consensus on the way forward.

Charles Bruce
Managing Director
Health Education North West London

Carol Jollie
Performance and Delivery Manager
Non-surgical cosmetic interventions, HENWL

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 2013[1] (the Keogh Review), in 2013 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 (NSCIs) and the qualifications required to be responsible prescribers[2] (phase 1 of the programme). HEE's new Mandate published in May 2014[3] requires HEE to take forward the review of qualifications and to "make recommendations on accreditation of qualifications and course delivery". This further development work will be taken forward during phase 2 of the programme. The programme is one of a number of incubator projects initiated by HEE and is led by Health Education North West London.

HEE's main purpose is to improve the quality of care delivered to patients and patient/user-centred care was a key principle underlying development of the education and training framework which is presented in this report.

NSCIs are delivered by a range of regulated health professionals and non regulated practitioners, such as beauty therapists. HEE's review proposes a flexible education and training framework which addresses the training requirements for **all** practitioners and embodies the recommendation of the Keogh Review "that every practitioner, no matter what their starting point, should (have the opportunity to) attain the necessary skills and expertise to perform these varied procedures safely and to a high standard"

The scope of the proposed education and training framework is limited to five treatment modalities:

- Botulinum toxin injections
- Dermal filler injections
- Chemical peels and skin rejuvenation treatments (mesotherapy and microneedling)
- Laser, Intense Pulsed Light (IPL) and Light Emitting Diode (LED) treatments
- Hair restoration surgery

.
This report describes the outcome of phase 1 of this programme, which were presented to a group of stakeholders at a summit meeting on 1 May and briefly outlines work to be carried out during phase 2. The framework and indicative curriculum content for each modality at each level of the framework was presented and endorsed at the summit. Stakeholders provided very positive support and constructive feedback, although it was acknowledged that further work was needed to refine and develop the framework.

Since commencing this programme, HEE has worked closely with the Department of Health (DH), the Royal College of Surgeons of England (RCSEng) and members of its Cosmetic Surgery Interspecialty Committee (CSIC), and other organisations involved in taking forward the recommendations of the Keogh Review. HEE has also depended on members of its Advisory Group (listed in Annex 1) and Expert Reference Group (ERG) (see Annex 2) for expert input and advice in designing the framework and assisting the Project Team to take this work forward.

2 Background

The *Review of the Regulation of Cosmetic Interventions*[1] (Keogh Review) was commissioned following the PIP implant scandal which exposed poor practice in an industry which was experiencing huge growth but which was almost entirely unregulated. 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 value[1]. Despite the PIP scandal there has been a double-digit rise in all cosmetic procedures with a 17% increase on average since 2012 and not one individual procedure decreasing in popularity[4].

The scope of the Keogh review was broad, covering both surgical (e.g. breast enlargement) and non-surgical (e.g. 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.

The Medicines and Healthcare products Regulatory Agency (MHRA), an executive agency of DH is responsible for the regulation of medicines and medical devices and the regulatory framework is largely set at a European level. The Care Quality Commission (CQC) as the healthcare regulator for England only licenses and regulates cosmetic treatments that involve surgical procedures, and does not regulate non-surgical procedures. Local authorities, through their environmental health departments, have a role in licensing some services, such as tattooing and sunbeds, and in some parts of the country (London Boroughs and Nottingham) this includes locations where laser and IPL services are provided.

A number of documents have been developed to provide guidance on the standards which those working in the cosmetic industry should adhere to. These include the Royal College of Surgeons (RCS) *Professional Standards for Cosmetic Practice* (January 2013) [5], National Occupational Standards for some non-surgical procedures [6; 7; 8; 9; 10] and draft European standards for aesthetic surgery services [11], aesthetic medical services[12] (previously aesthetic non-surgical medical services) and beauty salon services[13].

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 on NSCIs and the establishment of the CSIC to set standards for the training and practice of cosmetic surgery and oversee the development of outcome measures and audit databases for cosmetic surgery and the provision of information to better inform patients on what they can expect from their surgery. CSIC's remit covers invasive surgical cosmetic procedures (defined in the *Professional Standards for Cosmetic*

Practice as levels 1a and 1b) and HEE's remit covers level 2 procedures classed as 'Minimally invasive – lower risk, usually non-permanent/reversible, day case, local anaesthetic if any'."[5] However there are a number of 'grey areas' which require ongoing dialogue between CSIC members and HEE, and both organisations are also working closely to ensure alignment between the outcomes of both work streams, with CSIC representation on HEE's Advisory Group and ERG.

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 current landscape of education and training is diffuse and in most cases aimed at specific group of practitioners currently engaged in practice, for example one-day courses provided to regulated health professionals, in which it is expected that practitioners (most typically doctors, dentists, and nurses) will attain the necessary skills and competencies within which to deliver injectable treatments such as botulinum toxin and dermal fillers. 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 and higher education (HE) institutions, professional associations and royal colleges and private training organisations and one of the principal touted benefits of completing training courses is membership of a professional association and the attainment of indemnity insurance, typically through production of a certificate of course completion.

Anecdotal evidence suggests that many of the courses currently available are of variable standard and quality, although where National Occupational Standards are used as the basis of training offered by FE colleges, as is the case with Chemical Peels and Intense Pulsed Light (IPL) treatments, there are much greater controls in place to ensure quality and consistency of standards. A limited range of postgraduate educational programmes are also provided by UK Universities but involvement of the HE sector overall in this industry is limited, although it is a growing area of interest.

The Government response to the review published in February 2014[14] accepted the majority of the review's recommendations, including those relating to education and training, however it did not support the review's recommendation to introduce statutory regulation for all those performing cosmetic interventions. Although there is already one voluntary registration organisation for cosmetic treatment providers (Treatments You Can Trust), and other bodies which have expressed an interest in setting up voluntary registers, members of HEE's Advisory and Expert Reference Groups and its wider stakeholder network, have expressed concern about the government's decision and are of the view that improvements to the standards of patient care through the development of accredited qualifications will be impossible to enforce and monitor without the introduction of statutory practitioner regulation.

3 Stakeholder engagement and governance

The NSCI 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. Achieving engagement and buy-in to the review process and the outcomes of the review was a very high priority for the project team, reflecting the significant risks of developing an education and training framework which was not supported by those working in the industry. It is also the case that whilst the majority of NSCIs are delivered by health professionals and by those working under the 'supervision' of health professionals, these treatments take place in the private sector, and it was therefore important that HEE was able to engage with and draw upon the wealth of expertise and varying insights of those working in the sector.

A significant driver in the early stages of the programme was therefore the need to identify and consult with as many individuals, groups and organisations as possible who were in a position to directly or indirectly influence the progress and/or outcomes of the programme. Stakeholder engagement has continued to be a key priority of the programme as new contacts are identified on an ongoing and iterative basis.

A 'virtual network' of contacts has been established through the literature search, the 'call for evidence' (see section 4) and other routes. The network now comprises over 200 members and receives regular project updates and invitations to stakeholder events.

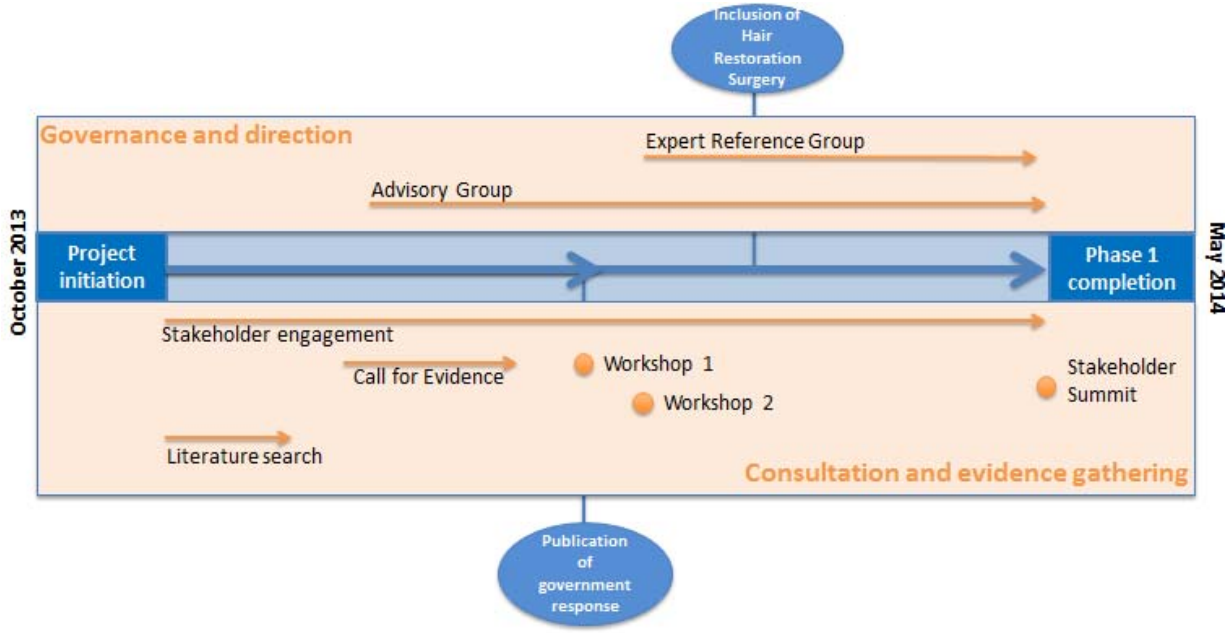


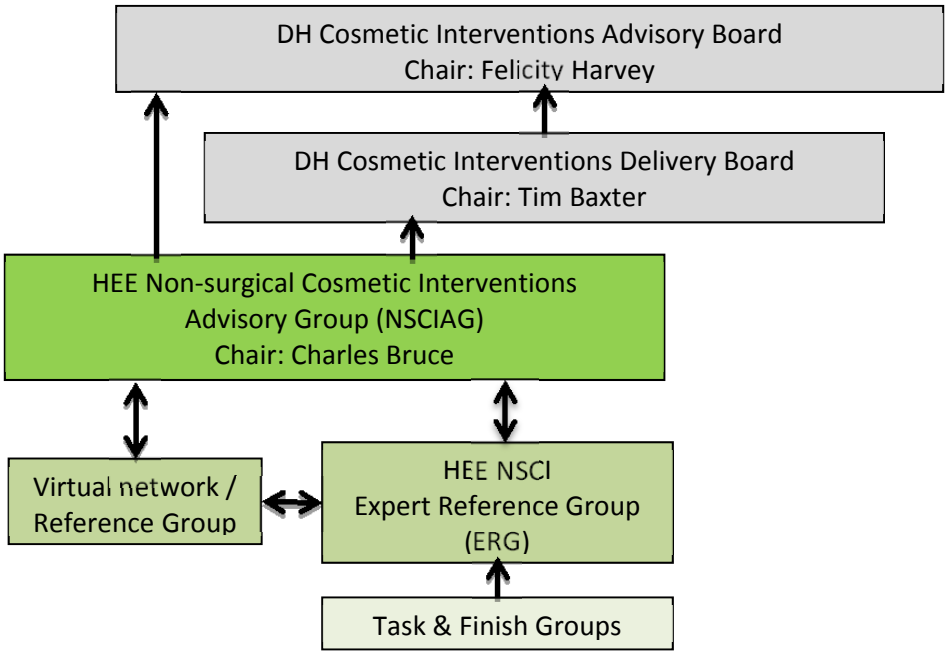
Figure 1: Summary of stakeholder engagement and other phase 1 programme activities

In addition the project team have contributed to magazine articles and news updates on the websites of organisations involved in the programme such as Professional Associations, the RCS and NICE and social media have also been used to publicise programme events and the call for evidence. News items have been published in the Aesthetics Journal, the Journal of Aesthetic Nursing and Professional Beauty. The website www.consultingroom.com (an online news source with wide readership, available to cosmetic doctors, surgeons, dentists and cosmetic nurses) also produced a one page feature on the call for evidence, and heavily promoted the programme via their social media

accounts, organising daily tweets, cross-posted to their Facebook page in the final week of the call for evidence period.

A programme web page has also been established to provide a centralised location for programme information as well as serving as an archive of downloadable resources related to the programme. This will be particularly useful in future to increase the public profile of the work as well as publicising the programme outcomes and disseminating progress.

Governance



An Advisory Group was established in January 2014 to provide oversight and strategic direction for the qualifications review. Membership includes representatives from regulatory and professional bodies, the Department of Health (DH) and the sector skills council for the hair and beauty industry (see Annex 1), with observers from the devolved administrations of Scotland and Wales.

The Advisory Group provides expert advice on the practical implications of the proposals and supports stakeholder engagement and raising the profile of this work with members of the public. A full membership list and terms of reference is included at Annex 1 to this report.

An ERG has also been established to take forward the more detailed development work. The ERG is chaired by Professor David Sines CBE, Expert Educational Adviser to the Programme (see Annex 2 to this report for the full membership list and terms of reference). In addition, a Task and Finish Group (T&FGs) contributed to the work of the ERG, and further T&FG meetings are planned during phase 2 to complement the ERG's work and draw on the expertise of other stakeholders.

4 Developing an evidence base

After conducting a literature review in the early stages of the programme, the project team also carried out a formal call for evidence[15] which included two stakeholder consultation workshops. The purpose of the call for evidence was to provide all interested parties with the opportunity to contribute evidence and opinion, in order to inform the review and supplement evidence already gathered. It provided some clarity on the scope of the programme, detailed the evidence already received, and addressed specific questions against a series of focus areas, indicated in Table 1. The responses to the call for evidence provided themes for the workshops held in late February 2014.

Call for evidence focus areas

Programme phase 1	Standards
	Scope of interventions covered
	Curriculum content – outcome standards of training, competences (knowledge, skills, attitudes and behaviours), core elements of curriculum
	Teaching and learning - teaching methods, supervision, assessment, length of training, qualifications of teachers and supervisors
	Existing courses/frameworks/standards
	Future proofing of qualifications
Programme phase 2	Quality and accreditation – quality assurance of training courses, who should accredit qualifications and how should it be funded?
	Continuing professional development (CPD) requirements

The table below provides a summary of the evidence received broken down by organisation type. In total, 103 individual pieces of evidence were received across 47 responders.

Representative group	Sent to	Received	Response rate	Additional responses received
Membership association	24	19	79%	
Provider – Training	28	7	25%	
Provider – Treatment	0	7	N/A	
Manufacturer/other private	2	2	100%	3
Others, e.g. sector skills council	6	5	83%	
Insurance/indemnity	4	1	25%	
Public user or representative	2	1	50%	
Other expert	1	1	100%	1
Regulatory body*	7	0	0%	
TOTAL	**74**	**43**		**4**

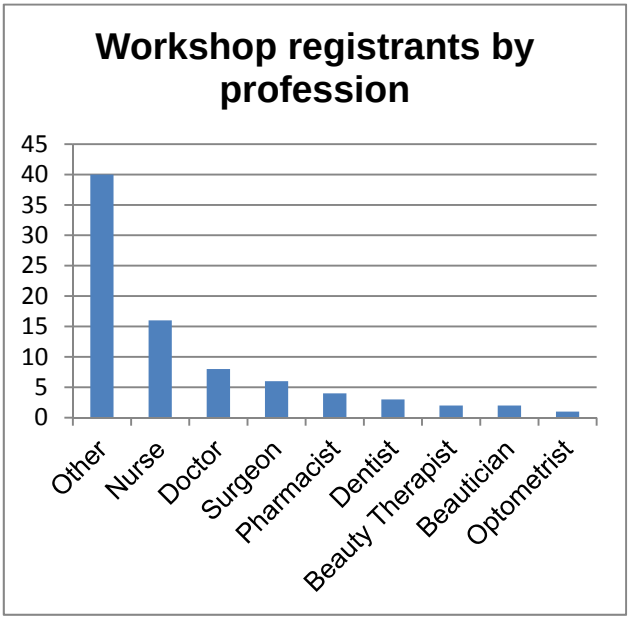
*Regulatory bodies had the opportunity to contribute through membership of the project Advisory Group

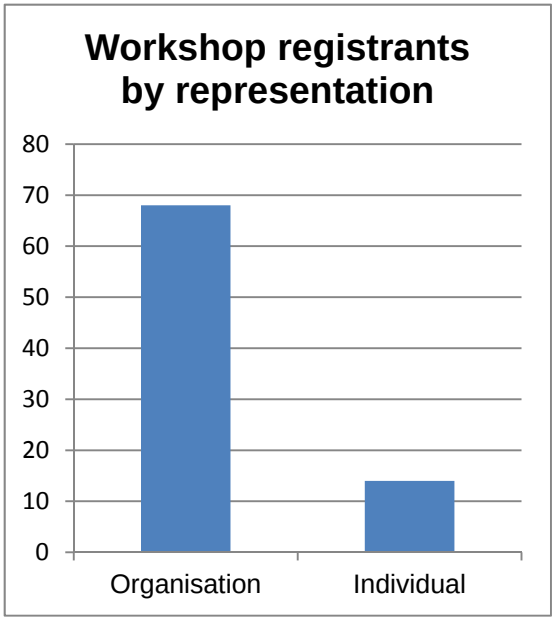
Examples of the evidence received included:

- The National Occupational Standards (NOSs) for photo rejuvenation[10], hair reduction[9], skin peel[6], skin needling[8] and radio frequency treatments[7]
- The draft European Standards for; Aesthetic non-surgical medical services[12] (now Aesthetic Medical Services), Aesthetic surgery services[11], and beauty care services[13]
- An Integrated Career and Competency Framework for Nurses in Aesthetic Medicine (British Association for Cosmetic Nurses)[16]
- Standards for Injectable Cosmetic Treatments[17] and Training Principles[18]; Standards for Class 3B/4 Lasers and ILS[19] (Independent Healthcare Advisory Services)
- A Botulinum Toxin Injectables Manual and Lesson Plan (Association of Aesthetics Injectables and Cosmetics)
- A training framework for a Diploma and MSc in skin ageing and aesthetic medicine
- A publication on 'Body art, cosmetic therapies and other special treatments' (Chartered Institute of Environmental Health)[20]
- Work practice protocols and competency profile
- Copies of education and training curricula

73 participants attended the first workshop on 24 February (see information on attendees below) and delegates then had the opportunity to contribute to discussions on:

- the scope of practice for a fully qualified practitioner in non-surgical interventions, irrespective of their previous training and the level of training which a practitioner should complete before being considered fit to practise as an independent practitioner
- the elements of training which needed to be common to all treatments and could be included in a foundation training programme
- possible titles for a practitioner successfully completing the new qualification





Type of organisation represented at workshop	Number of delegates
Government department (DH)	1
Sector skills councils	1
Regulatory bodies	3
Royal Colleges	1
Professional associations	18
Manufacturers	3
Insurance companies	3
Training providers	8
Service providers or representative bodies	2
Consumer representatives	1
Media	2
Other (including practitioners or not known)	13
Total	**73**

A second stakeholder workshop took place four days later. Unlike the first workshop, attendance was limited to invitation only, and was tailored to ensure representation from the Advisory Group, professional associations and consumers. Discussions focused on:

- The scope of practice and profession, and raising the public profile
- Training frameworks and curriculum content

The second workshop was attended by 25 delegates, roughly half of whom had attended the first workshop:

Type of organisation represented at workshop	Number of delegates
Government department (DH)	1
Sector skills councils	0
Regulatory bodies	3
Royal Colleges	0
Professional associations	14
Manufacturers	0
Insurance companies	0
Training providers	0
Service providers or representative bodies	1
Consumer representatives	1
Media	0
Other (including practitioners or not known)	5
Total	**25**

Scope of interventions covered by HEE's review

The call for evidence identified a wide range of treatment that respondents felt needed to be included in the review of qualifications, including:

- Autologous fat transplant
- Body piercing
- Body sculpting, including liposculpting and liposuction
- Branding and scarification
- Carboxytherapy
- Cautery
- Cryogenic neuromodulation, cryo lipolysis, injection lipolysis, cryotherapy
- Derma rolling
- Ear stapling
- Electrolysis
- Hair restoration surgery
- Medical needling
- Mesotherapy
- Milia removal
- Microsclerotherapy
- Non-conventional liposuction
- Platelet rich plasma
- Radiofrequency treatments and ultrasound
- Resorbable thread lifting
- Tattooing, tattoo removal
- Tongue splitting
- Various laser treatments

In view of the very short timescale for completing phase 1 of the programme, and in response to a request for guidance from HEE, DH suggested that HEE's initial focus should be on the 5 areas identified by Keogh (Botulinum toxin, dermal fillers, chemical peels, laser and IPL treatments), although it did not wish HEE to exclude other interventions if it made sense to include them.

At HEE's second workshop held on the 28 February, attendees agreed in principle with DH's suggestion but suggested that LED treatments should also be added. It was later agreed that in addition, microneedling, mesotherapy and hair restoration surgery be included. Although hair restoration surgery is classed as a level 1b invasive surgical intervention[5],the CSIC took the view that this treatment fitted better with the work led by HEE given the non-surgical background of the majority of practitioners who perform this type of surgery.

One of the principals underlying the framework is that the framework must be flexible enough to be able to accommodate other existing interventions and new treatments or treatment modalities to enable their assimilation within the proposed HEE framework should a decision be taken at a future date to widen the scope of the treatments covered by the framework.

Education and training framework, indicative content and 'training' principles

Attendees at both workshops reached a consensus that any future education and training framework should include mandatory learning at Foundation level supported by additional specialist or more advanced modules enabling opportunities for educational progression and clinical advancement, following the acquisition of relevant skills, competencies, values and knowledge. Topics were suggested for inclusion in the Foundation module and a number of principles were agreed relating to training and supervision and the nature of the education and training framework, and these have now been further developed by the ERG (see section 5).

Practitioner Title

At the first Stakeholder workshop there was some discussion about possible titles for a practitioner completing one of the new qualifications being developed as a result of HEE's work.

The majority of stakeholders were broadly supportive of the title 'Aesthetic practitioner', although some groups were uncomfortable with this phrase in isolation, and felt that it would be necessary to apply a descriptor indicative of professional background (e.g. 'Aesthetic Nurse Practitioner', 'Aesthetic Medical Practitioner' etc.).

At the second workshop consideration was given to concerns raised at the end of the first workshop that 'Aesthetic practitioner' was not a title which was transparent enough or meaningful for the general public. The term 'Cosmetic practitioner' was suggested, again using professional titles to differentiate between different groups, e.g. Cosmetic Doctor, Cosmetic Nurse, Cosmetic Therapist, although some concerns were also raised that the term 'cosmetic' was being phased out at a European level, and that for some it holds a broader feminine connotation due to its association with makeup. It is also acknowledged that the title 'Cosmetic dentist', whilst not a formal specialty recognised by the General Dental Council (GDC), is a term widely used by dentists who provide cosmetic dental treatments, such as tooth-whitening, veneers, dental implants and some orthodontic treatments. Use of this title for non-surgical cosmetic treatments therefore has the potential to be confusing for patients and its use more generally would be of concern to GDC.

Further development of work around the issue of titles will be revisited during phase 2 of the programme. Such work will need to consider the usefulness and effectiveness of the ascription of such titles without any regulation to protect use of that title. Further consideration will also need to be given to titles for practitioners who acquire qualifications and endorsement of requisite competencies at different levels within the framework. The suggestion has been made by some stakeholders that it might be more appropriate to agree a title or titles for the education and training framework instead of practitioner titles. It has also been suggested that since it is key that the public understands what they are buying and who they are buying their services from, it is important to engage with members of the public and those delivering services to seek their views on this important issue.

5 Deliverables from Phase 1: Training principles, education and training framework, and indicative content

Following the workshops in February, the work was taken forward by HEE's ERG in March and April. The main focus of discussions was:

- To make recommendations on the scope of treatments which should be addressed during phase 1 of programme, based on advice received from DH and discussions at the second stakeholder event in February
- To group the treatments into coherent and functional treatment modalities and develop an education and training framework addressing the education and training needs of each treatment modality, building on suggestions made at the two stakeholder events in February
- To identify leads to take forward the development of modality-specific elements of the framework and to make recommendations for indicative content[1] to differentiate the levels of training and scope of treatments that practitioners are able to deliver following successful completion at each level of the framework and to embed the same within the context of the Qualifications and Credit Framework (QCF)
- To agree the indicative content and level of training for a generic foundation training module or qualification which all practitioners delivering one or more NSCIs would be required to complete prior to practice, based on responses to the call for evidence
- To agree common curriculum themes to be included at every level of training within each modality
- To develop a further set of core principles underlying the development and implementation of the education and training framework, building on responses to the call for evidence, discussions at the two stakeholder meetings and contributions from the Advisory Group

The ERG includes doctors and surgeons, dentists, pharmacists, nurses, beauty and industry representatives, user representatives and experts from laser and hair transplant fields and environmental health and decisions have been reached by consensus, recognising the depth and breadth of experience of group members. This unified and transparent approach, with regular opportunities for the wider stakeholder group to comment on progress, has been received very positively by all those involved in the programme. At an event on 1 May to share the outcomes from phase 1 of the programme, a number of suggestions were made for further work, and it was acknowledged that the framework, principles and indicative content would need to be further developed. It is therefore important to take this into account when considering the outcome of phase 1 set out below.

Draft core principles

In developing the framework, a number of draft core principles have been agreed:

1. The education and training framework has been developed to support improvements to patient safety and protection and users/patients are at the centre of the framework;

[1] It is not HEE's intention to develop detailed curriculum content, rather to develop indicative content and outcome standards only – detailed curriculum content would be for education providers to determine when developing programmes for accreditation (options for accreditation to be determined during phase 2 of the project).

practitioners must demonstrate knowledge, skills and values to ensure delivery of high quality care and engagement.

2. Delivery of treatments should only be 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.
3. There will need to be a phased implementation and transition period to avoid any dislocation of services to the public while the framework is being implemented.
4. During the transition period, there should not be any restrictions to practitioners in accessing existing training courses as this would not be in the interests of public safety. [This principle was agreed in light of concerns expressed during the call for evidence that some practitioners were now being denied access to training and insurance cover, despite having practiced in the cosmetic industry for some years.]
5. The education and training framework must be flexible enough to accommodate new devices/treatments being introduced.
6. The training requirements set out in the framework apply to all practitioners, regardless of previous training and professional background. The education and training framework will recognise a range of entry points to training for different groups and APEL will be used to assist to determine specific entry levels and modules to be completed successfully prior to the award of any qualification or endorsement of competence to practice.
7. The education and training framework will provide an opportunity for practitioners, whether clinically trained or not, to attain the necessary skills and expertise to safely deliver those non-surgical cosmetic interventions addressed by the framework.
8. Training will be competence-based not time-based and will include supervised practice as well as theory and assessment. Outcome assessments will be proficiency and competency based. There will be a requirement to set minimum training hours, the threshold of competences required and minimum requirements for exposure to the appropriate range of treatments in order to achieve the required competences and standards for proficiency for practice at each level of the framework.
9. The interpretation implied in this framework builds on QCF levels which are reflective of the depth and level of learning and teaching required to achieve the learning outcomes prescribed for each modality at each level of progression. Therefore the depth and level of study required will correspond with QCF defined standards but will not necessarily equate to the requirements to achieve an academic award, although opportunities will be available to build up credits towards an academic award.
10. Practitioners will be expected to ensure that they update their practice and education regularly in accordance with contemporaneous practice standards and function effectively as evidence based practitioners.
11. The foundation and modality specific modules will introduce practitioners to a range of different brands and types of devices and other products. However in recognition of the wide range of current, new and emerging technologies and products, there will be an expectation that practitioners will continue to develop their professional knowledge and competencies following completion of training modules and ensure that they have received specific training for devices or products they are using in practice.
12. Proposals will take into account equivalence of qualifications and impact on freedom of movement across EU countries

13. Qualification development will take into account (but not necessarily be restricted by) National Occupational Standards already developed and European standards where applicable

Common themes

A number of common themes for inclusion in the training modules for all modalities at all levels of the framework have been identified, with practitioners being introduced to the themes at Foundation level and then progressing to develop more advanced skills and knowledge as they progress through the framework.

Domain one: Knowledge

1. Psychology and user/patient support, engagement and involvement
2. Request for Treatment/Patient-centered informed consent and referral to counseling and independent advice
3. Emerging treatments
4. Evidence-based practice, critical thinking, problem solving, analysis, systematic review
5. Contraindications and referral to appropriate others
6. Pain recognition, control, management and anaesthesia
7. Aftercare
8. Health and safety, treatment room safety, infection control
9. Managing complaints and service improvement
10. Working in teams
11. Adverse incident reporting

Domain two: Skills

1. Risk assessment and diagnostic skills
2. Consultation skills
3. Communication and interaction skills
4. Supervision/mentoring and training skills

Domain three: Values, behaviours and attitudes

1. Demonstrates patient/client centred care and principles of do no harm
2. Deals with complaints and problems appropriately
3. Understands and acknowledges instances when treatment is not in patient/client's best interest
4. Has insight into limitations of own competences and refers on/refuses treatment where appropriate
5. Uses knowledge/skills to achieve optimal results and minimise risk of complications
6. Promotes public health at all times
7. Takes appropriate measures to explain and mitigate risks
8. Actively seeks out and participates in CPD opportunities
9. Promotes open culture of transparency and learning
10. Demonstrates ethical practice
11. Professionalism

Indicative content at Foundation level

The foundation level will include modality-specific elements, which on completion, will enable practitioners to deliver specific treatments to a specified standard in defined areas of

application. A number of topics have been identified for inclusion at this level of training but further work is required on which of these topics fit better with the common themes.

- Introduction to psychology and patient/user support, engagement and involvement, which might include:
  - Understanding integrated emotional support: How, what and why
  - The humanistic approach (for practitioners & patients including theory and role play)
  - Difficult patients – addictions to procedures/surgery, personality problems, mental health problems
  - Transference in the clinical setting
  - Body Dysmorphic Disorder, Anxiety and the DSM-V (screening tools)
  - Reconstructive cosmetic overlaps, including gender assignment, hermaphrodite patients and female genital mutilation
  - Creating well-informed patients – informed/emotional consent – right to refuse psychological assessment
  - Realistic expectations - advertising – psychological benefit
  - Cooling-off periods (benefits/risks)
  - Pre and procedure support
  - Independent Support/Peer Support Groups (how to create/supervise them)
- Anatomy
- Physiology
- Pharmacology
- Immunology
- Pathology
- Basic bacteriology and infection control
- Dermatology: Skin structure, function & skin disease
- Management of cases outside normal routine (e.g. patients with medical conditions)
- Understanding of products used & treatment options
- Ability to manage complications relating to the relevant procedure
- Law and Ethics
- Quality control
- Audit
- Premises requirements
- Record keeping & data protection
- Regulatory matters
- Insurance
- Commercial aspects
- Health promotion

Draft Education and Training Framework

The draft framework set out on the next page includes foundation training in key essential competencies and additional training specific to individual treatment modalities. It has been designed around five treatment modalities:

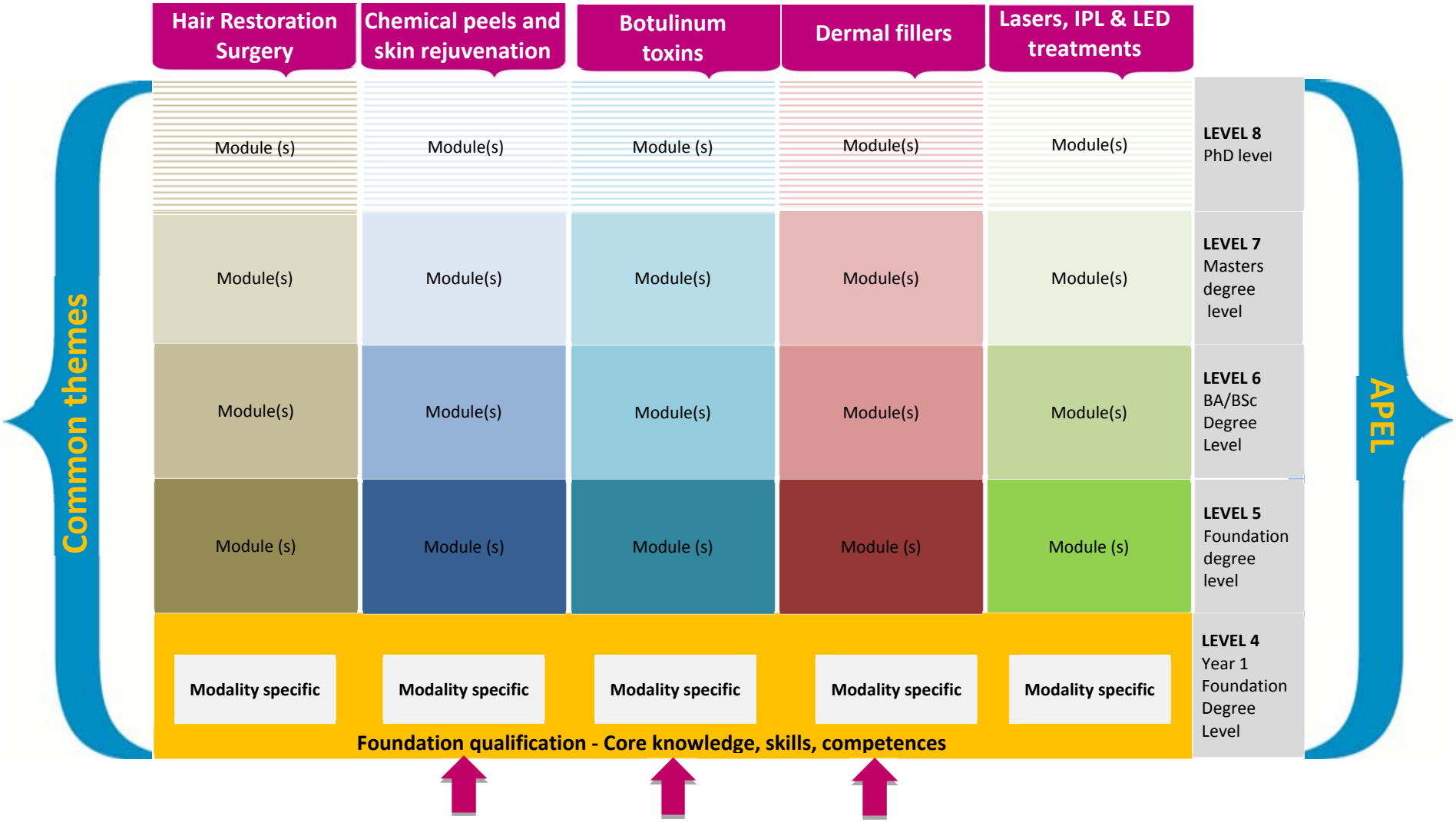
- Botulinum toxin
- Dermal fillers
- Chemical peels and skin rejuvenation therapies (microneedling/mesotherapy)
- Lasers, IPL and LED treatments
- Hair restoration surgery

As already mentioned, the proposed framework will recognise a range of entry points to training for different groups and APEL will be used to assist to determine specific entry levels and modules to be completed successfully prior to the award of any qualification or endorsement of competence to practice. The depth and level of study will correspond with QCF defined standards, but will not necessarily equate to the requirements to achieve an academic award.

Further refinement of the education and training framework will be carried out during phase 2 of the programme to ensure consistency across modalities, to meet the requirements of accrediting bodies and to fit with educational modules for progression to higher QCF levels operating within the FE and HE sectors. Guidance will be provided so that different groups of practitioners, e.g. doctors, nurses, pharmacists and beauty therapists have an understanding of where they fit into the framework and which modules or parts of modules they are likely to be required to complete (although it will be up to educational providers to assess each individual's portfolio of evidence on their previous learning and experience).

Draft Training Framework: Non-surgical cosmetic procedures

NHS Health Education England



Entry requirements to be determined

Various access courses available which are likely to meet education provider requirements

Botulinum toxin

ERG Modality Lead: Andrew Rankin, British Association of Cosmetic Nurses (BACN)

Botulinum toxin was one of the treatments addressed in the Keogh Review, and is included in the draft European standard for Aesthetic Medical Services. It 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)

The risks and complications include drooping of the eyelid, swelling of face/eyelid, mild inflammation of cornea, difficulty in completely closing eyes, overflow of tears, dry eyes and sensitivity to light, dizziness, blurred vision, weakness of facial muscles and difficulty swallowing and breathing.

As a prescription-only medicine, Botulinum toxin must be prescribed by a healthcare professional (although it is available for purchase via the web without a prescription).

Licenced use of Botulinum toxin for cosmetic purposes

MHRA licenses use of some Botulinum toxin brands for temporary improvement of glabellar lines (vertical lines between eyebrows) and at the outer corners of the eye (crow's feet) when severity of these lines has important psychological impact for patients.

MHRA does not regulate cosmetics and does not license Botulinum toxin for general cosmetic procedures – use of Botulinum toxin for general cosmetic purposes is therefore 'off label'

Draft Botulinum toxin (BT) training pathway

	Knowledge	Skills
Level 7 **On completion of module/s at level 7 able to deliver:** *Injections to lower face and neck and to treat hyper hydrosis*	• Correct dosage and product placement • Rationale for deviating from manufacturers' specifications • Reasons for technique requirements, e.g. intradermal • Risk, diagnosis and management of complications associated with lower face, neck and hyperhidrosis • Relevant anatomy	• Proficient and safe and appropriate prescribing and administration of BT to lower face and neck • Proficient and safe and appropriate prescribing and administration of BT to treat hyperhidrosis (severe excessive sweating from the armpits in adults when this can't be controlled by alternative means) • Able to individualise treatments
Level 6 **On completion of module/s at level 6 able to deliver:** *Upper face*	• Different roles for practitioners and where to refer • Risk analysis in relation to benefit and cost • Potential complications and how to avoid them • Advanced skin and facial analysis, e.g. woods lamp, visia • The ageing process: volume and collagen loss • The nature and role of different BTs • Relevant anatomy	• Proficient and safe and appropriate prescribing and administration of botulinum toxin to upper face • Able to make clinical decisions from sound research and critically appraise new products • Able to identify injection sites, calculate and administer correct dose and dilution and correct depth and technique for safe and comfortable treatment • Able to provide advice on alternative treatment options • Proficient, safe and appropriate prescribing for complications
Level 5 **On completion of module/s at level 5 able to deliver:** *No treatments*	• Skin analysis, e.g. Glogau and Fitzpatrick scales • Biochemistry and pharmacology of BTs • Indications, cautions, contraindications, reconstitution, diffusion • Appropriate patient selection • Correct dose and product placement • Variations (e.g. units) of different brands • Reasons for specific techniques, e.g. to support orbital rim • Aseptic technique, choice of diluent, careful reconstitution and accuracy • Treatment options for specific complications e.g. ptosis • Principles of peer opinion in medical negligence • Regulating cell function • Role of ROS, inflammatory mediators etc. • Principles of medicines management	• Able to utilise various media and clinical reflection for self-improvement • Able to carry out informed decision making – patient selection, enhancing quality and minimising risk • Able to identify and mark Glabellar complex, frontalis and orbicularis oculi
Level 4 **On completion of module/s at level 4 able to deliver:** *No treatments*	• Basic microbiology • Biochemistry • The ageing process: extrinsic and intrinsic factors • Basic skin analysis • Dynamic and static rhytides • The role of acetylcholine • Overview of BT side effects	• Relates knowledge to potential practice to understand safe treatment options

Dermal Fillers

ERG Modality Lead: Andrew Rankin, British Association of Cosmetic Nurses (BACN)

Dermal filler injection was a treatment addressed in the Keogh Review, and is included in the draft European standard for Aesthetic Medical Services.

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. Concerns have been raised that there are insufficient checks in place with regard to product quality.

Risks and complications include infection, scarring, persistent inflammatory response (redness), thickening, pain, infection, asymmetry, tissue loss, poor aesthetic outcome, visual disturbance and blindness

At present, the administration of dermal fillers can be conducted by anyone.

Legislative developments

DH policy is to make, “initially dermal filler injections and later other NSCIs” available only after consultation with a clinician under a prescription-like regime based on the risk of the procedure and ensure the administration of dermal filler injections is done by appropriately trained practitioners. It is apparent that it will be necessary to enact new legislation to achieve this.

The objective is to develop a system consisting of:

- Clinical oversight of intervention from a regulated professional working within their field of competence– consultation
- Securing consent from individual who is to undergo procedure by a regulated health professional and, if desired,
- Delegation of intervention to, or nomination of, a suitably qualified practitioner to carry out the procedure

Draft Dermal fillers (DF) training pathway

	Knowledge	Skills
Level 8 **On completion of module/s at level 8 able to deliver:** *Permanent DFs (not advised) Treatments to the tear trough and temple.*	• Indications for the use of permanent fillers under *sterile* conditions. • Microbiology to include role of biofilms and management of long term complications of permanent fillers (including surgical options) • The nature of synthetic permanent fillers • Indications for tear trough and/or temple treatment • Risk, diagnosis of complications associated with tear trough/temple • Relevant anatomy (e.g. cadaver dissection)	• Able to refer in diagnosis of complications (e.g. histology) • Proficient and safe and appropriate 'prescribing' and administration of permanent DFs • Timely intervention to minimise the impact of impending complications.
Level 7 **On completion of module/s at level 7 able to deliver:** *Temporary, reversible & non reversible DFs – facial sculpting and volume augmentation and non-facial treatments. (precludes permanent DFs and highest risk areas –tear trough & temple)*	• The advantages and use of the cannula for higher risk areas • Indications for facial volumising • Risk, diagnosis and management of complications associated with complex areas • Mechanism and use of collagen stimulating fillers • The nature and role of non-hyaluronic acid (collagen stimulating) fillers • Relevant anatomy	• Proficient and safe and appropriate 'prescribing' and administration of temporary and reversible or non-reversible DFs for complex zones • Able to provide timely management of complications
Level 6 **On completion of module/s at level 6 able to deliver** *Temporary & reversible fillers for lines & folds (precludes complex zones)*	• The advantages and use of the cannula for level 6 treatments • Advanced skin analysis: woods lamp, visia and facial analysis – marking, symmetry, proportion. • Biochemistry of hyaluronic acid DFs • Principles of NASHA and cross-linking • The ageing process: Fat compartments and descent. Skin elasticity. • Indications, cautions and contraindications • Common treatment areas, avoiding complex zones • Complication risk for specific area • Treatment options for DF complications (e.g. hyalase, heat, nitrates, steroids, antibiotics) • Mode of action and safe use of all complication interventions • Understands various injection techniques and depth • Principles of medical negligence and role of peer opinion • Regulating cell function • Role of ROS, inflammatory mediators etc. • Principles of medicines management • Relevant anatomy	• Proficient and safe and appropriate 'prescribing' and administration of temporary and reversible DFs for lines and folds with appropriate patient selection • Able to make clinical decisions from sound research and critically appraise new products • Able to identify injection sites, calculate and administer correct volume and correct depth and technique for safe and comfortable treatment • Able to diagnose and manage complications to minimise impact
Level 5 **On completion of module/s at level 5 able to deliver:** *No treatments*	• Different roles for practitioners and where to refer • Risk analysis in relation to benefit and cost • Overview of potential complications and how to avoid them • Skin analysis, e.g. Glogau and Fitzpatrick scales • The ageing process: volume and collagen loss • The nature and role of implanted hyaluronic acid	• Understands limits of competence • Able to utilise various media and clinical reflection for self-improvement
Level 4 **On completion of module/s at level 4 able to deliver:** *No treatments*	• Basic microbiology • Biochemistry of DFs • The ageing process: extrinsic and intrinsic factors • Basic skin analysis: dynamic & static rhytides • The nature and role of intrinsic hyaluronic acid • Overview of DF side effects	• Relates knowledge to potential practice to understand safe treatment options

Chemical peels and skin rejuvenation treatments

ERG Modality Lead: Tamara Griffiths, British Association of Dermatologists (BAD)

Treatments used to improve appearance of skin, correct facial blemishes, reduce effects of smoking and sun exposure and reduce uneven pigmentation, acne, acne scarring and cellulite

Chemical peels

Chemical peels are a spectrum of treatments addressed in the Keogh Review, and are included in the draft European standard for Aesthetic Medical Services (superficial and medium), draft European standard for Beauty care services (superficial only), and draft European standard for Aesthetic Surgical Services (deep only.) At present chemical peels can be delivered by anyone.

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—minimal risk; minimal effect
- Superficial: destruction into viable epidermis—series of ongoing treatments required
- Medium depth: full thickness destruction of entire epidermis into upper dermis—moderate risk; good effect for some conditions
- Deep: destruction into reticular dermis--full ablative treatment, requires sedation, cardiac monitoring, performed in theatre

Risks and complications are proportional to the depth of tissue destruction and include infection, scarring, changes in pigmentation, alteration of skin texture, persistent redness and asymmetry

The education and training framework being developed will incorporate Level 4 National Occupational Standard SKAB37[6] on provision of cosmetic skin peel treatments.

Micro needling or skin needling

Micro/skin needling was not addressed in the Keogh Review, and is able to be delivered by anyone.

Involves repeatedly puncturing the skin with tiny, sterile needles and is purported to induce endogenous production of cutaneous collagen in the upper dermis, though evidence is modest. Typically the procedure involves a specialised microneedling device which may consist of up to 200 super fine needles, e.g. Dermaroller®.

Risks and complications include infections of bacteria, fungi and viruses, including HIV and hepatitis, bad reactions and deteriorating skin conditions. The length of needles is proportional to the depth of skin injury and risk.

Mesotherapy

Mesotherapy was not addressed in Keogh Review, and is mentioned only in the draft European standard for Beauty care services. At present mesotherapy treatments can be delivered by anyone

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)

The risks and complications include; infection, including HIV and hepatitis, abscess formation and mycobacterial infection, scarring, pigmentation change, absence of control over mixtures used for injection, unknown risk for injection of pharmaceutical grade treatments into skin or fat, e.g. phosphatidylcholine deoxycholate (PCDC) used for subcutaneous fat injection can cause extreme inflammation, nodule formation, necrosis and blindness (periorbital injection)

Draft chemical peels and skin rejuvenation treatments training pathway

	Knowledge	Skills
Level 7 **On completion of module/s at level 7 able to deliver:** *Medium depth chemical peels – upper to mid dermis; mesotherapy with pharmaceutical strength topical pre-treatment; adipocytolysis (injection to dissolve fat)*	• In depth understanding of basic science concepts relevant to chemical peels, pharmaceutical topical agents, injection lipolysis • High level critical thinking and evidence-based approach • Breadth of knowledge regarding medical, light-based and device-based treatment alternatives • Relevant skin pathology and indications for appropriate use of chemical peels, pharmaceutical grade mesotherapy, injection lipolysis • Preventative measures to maximise skin health • Relevant knowledge to optimise patient selection • High risk anatomical sites, indications for appropriate treatment • Evidence base knowledge of prescription strength topical products and potential risk/interactions • Pharmaceutical treatments used in mesotherapy and injection lipolysis, pathophysiology and mechanism of action • Common and serious complications and ability to treat appropriately • Insight into what comprises competence and scope of practice	• Able to select patients appropriately • Able to take informed consent for Level 7 procedures • Proficient and safe and appropriate use of medium depth peels to mid dermis • Proficient and safe and appropriate use of mesotherapy into skin with pharmaceutical strength topical agents pre-treatment • Proficient and safe and appropriate use of lipolysis injections into superficial fat • Able to treat complications (medical or surgical treatment) • Able to recognise complications and treat with prescription medications or surgical treatment as required • Able to understand and critically appraise current relevant scientific literature • Able to use logical and systematic approach to problem-solving and decision making for Level 7 procedures • Able to advise patient/client on appropriate, accurate preventative measures and promotion of skin health • Able to construct sound rationale for management plans using Level 7 techniques • Ability to effectively utilise information technology/health informatics • Able to use reflective practice to improve academic, clinical and managerial practice • Ability to audit own practice • Ability to take appropriate past medical/surgical history • Ability to perform appropriate clinical assessment/examination
Level 6 **On completion of module/s at level 6 able to deliver:** *>1.0mm microneedling; superficial chemical peels; superficial chemical peels to Grenz zone; mesotherapy (micro-injections into skin); mesotherapy with homeopathic topical treatment)*	• Basic science concepts relevant to Level 6 procedures • Critical thinking and evidence-based approach to microneedling, superficial chemical peels, mesotherapy with/without homeopathic topical treatment • Indications and contraindications for use of Level 6 procedures • Relevant skin pathologies and need to refer on • Appropriate patient selection • Use of technique and instrumentation required for Level 6 procedures • Evidence-based treatment options • Appropriate pre- and post-treatment care • Anatomy and high risk areas • Relevant peeling agents and optimising treatment for each	• Able to assess and select patients appropriately • Able to explain indications for treatment and other options • Proficient use of sterile technique • Proficient, safe and appropriate use of superficial peels to Grenz zone • Proficient and safe and appropriate use of medical microneedling • Proficient and safe and appropriate use of mesotherapy (micro-injections into the skin and with homeopathic topical pre-treatment) • Able to prescribe pre-treatment prophylaxis, or corrective treatment if required • Able to recognise complications and advise appropriately • Able to refer patient on appropriately if required for treatment complications or poor outcome • Able to understand limitations of treatment and refuse treatment/refer on appropriately • Able to use reflective practice to improve practice • Able to audit own practice

	patient • Use of topical anaesthetic and associated risks, precautions • Common and serious complications • Risks of de-epithelisation and how to minimise • Evidence-based preventative measures to promote skin health	• Ability to take appropriate past medical/surgical history • Able to perform appropriate clinical assessment/examination • Able to understand and critically appraise current relevant scientific literature • Able to use logical and systematic approach to problem-solving and decision making for Level 6 procedures • Able to advise patient/client on appropriate, accurate preventative measures and promotion of skin health • Able to construct sound rationale for management plans using Level 6 techniques
Level 5 **On completion of module/s at level 5 able to deliver:** *0.5-1mm microneedling*	• Skin and skin ageing and appropriate indications relevant to procedure • Appropriate instrumentation, treatment options • Appropriate pre/post treatment care • Use of sterile technique • Therapeutic options • Use of topical anaesthetic and associated risks, precautions • Basic science concepts as applied to Level 5 techniques • Range of evidence-based rejuvenation techniques and choosing technique most appropriate for patient/client • Risks of Level 5 procedures • Blood-borne infection and prevention • Use of topical anaesthetic and associated risks, precautions	• Appropriate patient assessment • Able to explain indications for treatment • Able to convey appropriate risks and benefits of microneedling and superficial peels, and take consent • Proficient and safe and appropriate use of microneedling technique • Able to recognise complications and advise appropriately • Able to prescribe treatments for complications if appropriate • Able to take appropriate past medical/surgical history • Able to perform appropriate clinical assessment/examination • Able to use reflective practice for improved delivery of care • Able to understand and critically appraise current relevant scientific literature • Able to use logical and systematic approach to problem-solving and decision making for Level 5 procedures • Able to advise patient/client on appropriate, accurate preventative measures and promotion of skin health • Able to construct sound rationale for management plans using Level 5 techniques
Level 4 **On completion of module/s at level able to deliver:** *≤ 0.5 microneedling; very superficial chemical peels to stratum corneum*	• Skin and skin ageing and appropriate indications relevant to procedure • Appropriate instrumentation, treatment options • Appropriate pre/post treatment care • Relevant peeling agents and options • Clean and sterile technique and indications • Complications • Post treatment care • Benefits and limitations of treatment	• Appropriate patient assessment • Able to explain indications for treatment • Able to convey appropriate risks and benefits of microneedling and very superficial peels, and take consent • Proficient in use of clean and sterile technique • Proficient and safe and appropriate use of microneedling technique • Able to use very superficial peels safely and appropriately • Able to advise appropriate after-care advice, e.g. sun protection • Able to advise on evidence-based skin health promotion • Able to decline treatment appropriately • Able to refer on appropriately • Able to audit practice • Able to use reflective practice to improve delivery of care

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

ERG Modality Lead: Jonathan Exley, British Medical Laser Association (BMLA)

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 and IPL treatments were addressed in the Keogh Review, and are included in the draft European standard for Aesthetic Medical Services. LED treatments are mentioned only in the draft European standard for Beauty care services. All three treatments can be delivered by anyone for cosmetic purposes

An MHRA Device Bulletin provides guidance on the safe use of lasers, IPL and LEDs in medical, surgical, dental and aesthetic practice, including requirements for laser users, Laser Safety Officers and Laser Protection Advisers (LPAs) and relevant legislation

Laser treatments

Lasers emit light at a single wavelength at high energy, generating heat within targeted site in tissue. When laser light is delivered to tissue, it is absorbed (predominantly in specific target) which generates a reaction – in skin treatments this is most commonly a thermal affect but it can be mechanical or ablative. These treatments may take 15 minutes to over an hour.

The risks and complications include; damage to eyes and vision, scarring, hyper, hypo and depigmentation, burns and blister, infection, bruising, redness and milia.

IPL treatments

IPL treatments differ from laser treatments by emitting a broad spectrum of non-coherent light, although the interaction between the light and tissue is largely the same as laser light and results in thermal effects in the skin. They are typically used in hair reduction and other skin procedures, such as photo-rejuvenation, and as with lasers, the treatments are typically 4-6 weeks apart

The risks and complications include damage to eyes and vision, scarring, hyper, hypo and depigmentation, burns and blister, infection, bruising, redness and milia.

LED treatments

LED devices are non-thermal devices that emit incoherent light over a range of wavelengths. They are commonly used in the treatment of photodamage, inflammatory acne, sebaceous gland disorders, and oily skin.

These treatments are generally safe, nonthermal, nontoxic, and noninvasive, though the wearing of goggles is essential, particular with infrared (IR) wavelengths)

Draft laser, IPL and LED treatments training pathway

	Knowledge	Skills
Level 7 **On completion of module/s at level 7 able to deliver:** *tbc*		
Level 6 **On completion of module/s at level 6 able to deliver:** *Ablative laser treatments; Photodynamic therapy – photoageing & prescription only drugs (e.g. Photosensitising drugs)*	• Photodynamic therapy (including photoageing) • Medical and other health practitioner treatments (including prescription only drugs) • Ablative laser treatments • Ablative laser wavelengths and pulse durations • Applications of ablative lasers (skin resurfacing, scar reformation, cutting) • The difference between fractional and non-fractional application of the laser • Aftercare, possible side effects and infection control	• Safe drug storage • Skin preparation • Able to select appropriate laser equipment to suit client skin • Able to use products, tools, equipment and techniques to suit clients' treatment needs • Able to record and evaluate the results of the treatment
Level 5 **On completion of module/s at level 5 able to deliver:** *Tattoo removal*	• Different types of tattoos, inks and pigments • Wavelength selection - the correct wavelength for given pigment • Q-switched laser technology and the difference between Active and Passive Q-switches • Laser removal of tattoos and why short pulses are required • Alternative methods of tattoo removal • Appropriate treatment parameters	• Appropriate device selection • Selection of suitable laser parameters • Preparation of treatment room • Safety and Equipment • Identification of skin types and any contraindications • Able to explain the process of laser removal of tattoos
Level 4 **On completion of module/s at level 4 able to deliver:** *Hair removal, Vascular and pigmented lesion treatment; Skin rejuvenation and acne treatments; LED general treatments; phototherapy (including acne vulgaris and photorejuvenation, scars)*	• Properties of light and light/tissue interaction • Physics of Lasers, IPL and LED's • Various Laser, IPL and LED delivery systems • Laser safety issues and equipment management • Controlling hazards and risk assessment • Skin – structure and function • Skin - ageing • Skin - Acne and pathogenesis • Skin – laser interactions • Hair growth cycle, skin and hair types • Common lesions and treatment options • Consultation procedure and history taking • Treatment procedures and clinical considerations • Device and treatment differentiation • Appropriate treatment parameters • The role of a Laser Protection Advisor (LPA) and Laser Protection Supervisor (LPS)	• Able to select suitable lasers/IPL/LED parameters • Appropriate device selection • Preparation of treatment room and equipment • Safety and Equipment • Identification of skin types • Laser/IPL/LED parameter selection • Appropriate treatment selection • Patient consultation and preparation • Treatment delivery • Appropriate aftercare • Skin preparation

Hair restoration surgery

ERG Modality Lead: Greg Williams, British Association of Hair Restoration Surgery (BAHRS)

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 was not addressed as part of the Keogh Review, and is included within the draft European Standard: Aesthetic Non-surgical procedures includes Hair Micro Grafts (Follicular Unit Transplantation and Follicular Unit Extraction).

Hair restoration surgery 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.

Risks

The general risks and complications of surgery are bleeding, infection and pain. Risks specific to the Donor site are - for FUT - wound healing problems and widened scarring, and are – for FUE – donor depletion and skin necrosis. General risks for the recipient site are; incorrect hairline design, low density, suboptimal aesthetic (hair direction/angle), and scalp pitting/cobblestoning. Additionally, poor patient selection has the potential to accelerate hair loss. As with any cosmetic procedure, failure to manage expectations can result in patient dissatisfaction.

Hair restoration surgery is classed as a Level 1b[5] Invasive Surgical procedure usually done under local anaesthetic and is delivered in the UK and internationally by doctors from a variety of medical backgrounds, not limited to those with formal surgical training. The CSIC has taken the view that Hair restoration surgery would fit better with work on NSCIs led by HEE, given the non-surgical background of the majority of practitioners who currently perform this procedure.

Hair Transplant Surgeons are supported by Hair Transplant Surgical Assistants (e.g. nurses, beauty therapists, technicians) who prepare follicular grafts, place follicular units, and remove FUE follicular grafts. No formal training is available for these practitioners in UK. Whilst Hair Restoration Surgery can only be delivered by GMC registered doctors, there is a spectrum of learning needs and skills required by Hair Transplant Surgical Assistants that is in common with those of Hair Transplant Surgeons and there are common themes that overlap with other modalities within HEE process and the indicative Foundation Content is applicable.

Draft Hair restoration surgery training pathway

	Knowledge	Skills
Level 7 **On completion of module/s at level 7 able to deliver:** *Hair restoration surgery (GMC registered doctors only)*	• General medical and surgical knowledge • Wound healing • Epidemiology and demographics of hair loss • Diagnosis and medical management of alopecia • Development of a treatment plan • Emergency preparedness • Professional ethical standards • Hair restoration surgery reconstruction • Complications management • Interdisciplinary and patient centred care • Medico-legal issues	•
Level 6 **On completion of module/s at level 6 able to deliver:** *Calculate and prepare medication and solutions for tissue infiltration*	• Regulatory Issues • Instrumentation and instrument preparation • Anaesthesia and sedation	• Able to calculate and prepare appropriate dose of medication for sedation, local anaesthesia, and solutions for tissue infiltration • Able to manage hair restoration surgery operating room
Level 5 **On completion of module/s at level 5 able to deliver:** *Surgical assistance: Follicular graft placement, Follicular Unit Extraction graft removal*	• General surgical principles • Pre-operative preparation, intra and post-operative care • Emergency situations in hair restoration surgery • Epidemiology and demographics of hair loss • Special considerations regarding hair, e.g. gender, ethnic variations, eyebrows, other anatomical areas	• Able to provide surgical assistance • Able to place follicular unit grafts • Able to carry out Follicular Unit Extraction (FUE) graft removal • Able to set up hair restoration surgery operating room
Level 4 **On completion of module/s at level 4 able to deliver:** *Follicular graft preparation*	• Basic science of hair • Graft preparation techniques	• Able to prepare Follicular Unit grafts

6 Review of qualifications for prescribing

In addition to carrying out a review of the qualifications required for NSCIs, HEE was also required to carry out a review of the qualifications required to be responsible prescribers.

This work was initiated by considering each of the professions able to prescribe: doctors and dentists able to prescribe on registration with their statutory body, and those professions able to take an additional qualification to become independent or supplementary prescribers[2] (pharmacists, nurses, midwives, optometrists, physiotherapists, chiropodists/podiatrists and radiographers – this latter profession is only able to train as a supplementary prescriber). The review also identified the various legislative instruments underpinning the rights to prescribe.

The second part of the review was to consider in more detail the prescribing and administration of Botulinum toxin for cosmetic purposes. The licensing arrangements for this use of Botulinum toxin have already been explained in section 5. The following healthcare professionals, who are able to prescribe the full range of drugs, can prescribe Botulinum toxin off label for cosmetic purposes[3] (subject to the requirements of their regulatory bodies):

- Doctors and Dentists
- Pharmacist independent prescribers
- Nurse and midwife independent prescribers

Other groups of health professionals who are able to train as independent prescribers are not able to prescribe Botulinum toxin for cosmetic purposes for the following reasons:

- The use in cosmetic practice is beyond the scope of practice of Physiotherapist and Podiatrist/chiropodist independent prescribers (practitioners may prescribe Botulinum toxin for clinical purposes within their scope of practice)
- Medicines for parenteral administration (injectables) is beyond the scope of practice for Optometrist independent prescribers
- A community nurse practitioner prescriber, e.g. District Nurses, Health Visitors or School Nurses can only prescribe from a limited formulary – The Community Nurse Prescribers' Formulary (which can be found in the British National Formulary)
- Supplementary prescribers, working in a voluntary partnership with a doctor or dentist, can only prescribe within an agreed patient-specific Clinical Management Plan

MHRA guidance[21] refers to the responsibility of all healthcare professionals to practise in accordance with the tenets laid down by their relevant professional statutory regulatory body, with responsibility for administration of Botulinum toxin for cosmetic use remaining with the prescriber who must provide evidence of their individual clinical competence and work within the spirit and boundaries set down by their professional codes of conduct and ethical practice as mandated by their

[2] Independent prescribing is prescribing by a practitioner who is responsible and accountable for the assessment of patients with undiagnosed or diagnosed conditions and for decisions about the clinical management required, including prescribing; Supplementary prescribing is a voluntary partnership between a doctor or dentist and a supplementary prescriber to prescribe within an agreed patient-specific Clinical Management Plan (CMP) with the patient's agreement. Once trained and qualified, a supplementary prescriber may prescribe any medicine within their clinical competence, according to the CMP.

[3] Additional training would be needed to deliver the injections for cosmetic purposes

statutory bodies, and the prescribing policies of their employers. Legally, there are no restrictions on who is able to administer Botulinum toxin (or other injectable treatments), however practitioners must take responsibility for prescriptions they sign and be able to justify their clinical decisions or delegation of clinical decisions. The responsibility for administration lies with the prescriber even if the product is administered by a third party, and the prescriber should therefore ensure that the person administering the injection has the appropriate proficiency. The guidance also states that:

> "The responsibility that falls on healthcare professionals when prescribing ..... a medicine off-label may be greater than when prescribing a licensed medicine within the terms of its license. Prescribers should pay particular attention to the risks associated with using unlicensed medicines or using a licensed medicine off-label. These risks may include: adverse reactions; product quality; or discrepant product information or labelling (e.g. ... potential confusion for patients or carers when the Patient Information Leaflet is inconsistent with a medicine's off-label use.)

Practitioners have a responsibility for explaining that Botulinum toxin is not licensed for general cosmetic use and for ensuring that the patient understands this.

The review of qualifications for responsible prescribing identified guidance available from each regulatory body on prescribing, administration and management of medicines, scope of practice, minimum entry requirements for those wishing to take a prescribing qualification and, requirements for maintaining competence in prescribing[22; 23; 24; 25; 26; 27] The National Prescribing Centre (NPC) guidance '*A single competency framework for all prescribers*'[28], which was designed to apply to all existing prescribers and any professions which are subsequently granted supplementary and/or independent prescribing responsibilities and provides an outline of common prescribing competences that, if acquired and maintained, can help all prescribers become and remain effective prescribers in their area of practice was also highlighted. This framework is able to be used by regulators, education providers, professional organisations and specialist groups to inform standards, the development of education and to inform guidance and advice.

The review also identified additional guidance published by MHRA[29], the General Medical Council (GMC)[25; 30], the General Dental Council (GDC)[27] and the Nursing and Midwifery Council (NMC)[31; 32; 22; 33] specifically relating to the prescribing and administration of medicines for non-surgical cosmetic procedures and guidance published by all of the regulatory bodies to ensure that practitioners are aware of their limitations and only carry out treatments if they have the necessary up-to-date skills and are appropriately trained, competent and indemnified. This guidance makes it clear that practitioners must undertake a physical examination of patients and there is no support for remote prescribing of injectable cosmetic products such as Botulinum toxin.

Botulinum toxin is currently the only non-surgical procedure which requires a medicine prescription. However DH is keen to introduce legislation for dermal fillers for which the Keogh Review particularly emphasised the dangers of the lack of regulation (with possible extension to other treatments at a later date). In drawing up new legislation DH will be establishing a new responsibility for regulated professionals. The model they will be using is the prescription regime where responsibility is delegated from the prescriber to the practitioner administering the treatment. In delegating responsibility, the regulated professional must know what level of training and skill is required and that the practitioner has this, whilst at the same time retaining the 'residual' responsibility.

The Keogh review refers to 'all non-surgical procedures' being performed 'under the responsibility of a clinical professional who has gained the accredited qualification to prescribe, administer and supervise aesthetic procedures' (Recommendation 4). The review also states that 'Non-healthcare practitioners who have achieved the required accredited qualification may perform these procedures under the supervision of an appropriate qualified clinical professional'.

In its response[14] to the Keogh Review, the government refers to *'certain* non-surgical cosmetic interventions' involving clinical professionals 'to an *appropriate* extent'. It is not yet clear whether the 'clinical professional' refers to independent and supplementary prescribers, or any health practitioner on a professional register and DH will be exploring this issue in the pre-legislative scrutiny of the legislation they are considering when they identify appropriate practitioners to delegate cosmetic interventions to others. It has been suggested that the independent prescribing qualification is key because this gives practitioners the skills to supervise and ensure safe administration of medicines, even where they are delegating some of the responsibility for patient care to other practitioners, in addition to competence to diagnose and construct a treatment plan. The concept used by professional bodies of 'area of competence' or scope of practice will also be crucial here.

DH does not therefore intend to exclude any groups of individuals who currently deliver non-surgical cosmetic treatments from continuing to deliver such interventions, provided that they complete appropriate training. However they will limit those who can delegate such treatments to a named group of regulated professionals – pending pre-legislative scrutiny.

HEE's ERG is of the view that some groups of individuals *should* be excluded from delivery of some non-surgical interventions. This will be further explored during phase 2 of the programme, together with the levers for enforcement of any recommendations of this nature. Phase 2 will also include some consideration of supervision or oversight requirements at different levels of the NSCI education and training framework for all modalities and management of medical emergencies (especially procedure related emergencies).

7 Areas for further work during Phase 2

The next phase of the programme starting in May/June 2014 will have a number of interrelated components:

- Further refinement of the education and training framework to ensure consistency across modalities, to meet the requirements of accrediting bodies and to fit with educational modules for progression to higher QCF levels operating within the FE and HE sectors
- Development of options and recommendations for accreditation, the operational delivery of qualifications and APEL
- Development of recommendations for Continuing Professional Development (CPD), linking with existing work in areas such as revalidation and credentialing
- Further review of the scope of treatments covered and not covered by the education and training framework, including risk stratification and further discussions with CSIC representatives about 'grey' areas where it is not clear whether a treatment should be regarded as surgical or non-surgical
- Identification of levers to support implementation of the framework
- Working with DH and other partners to raise the profile of this work with members of the public and potential users of cosmetic treatments
- An impact assessment of the recommendations and a cost/benefit analysis
- Evaluation of the programme and identification of funding to support longitudinal research into the impact of the introduction of the education and training framework.
- Production of a glossary of terms to support implementation of HEE's recommendations

As already highlighted, the education and training framework being developed by HEE will provide an opportunity for every practitioner, including those practising currently without a recognised clinical qualification, to attain the necessary skills and expertise to deliver NSCIs safely and proficiently, and will recognise a range of entry and exit points to and from training for different groups. APEL will be used to assist in determining the entry level and modules to be completed for individual practitioners to ensure public safety and proficiency to practice. It is recognised that individual practitioners will want to see where they fit into the framework and which modules or parts of modules they will be required to complete, and this will depend on experience acquired in the workplace, as well as formal previous learning. Guidance on how qualifications, e.g. level 4 qualifications which meet national occupational standards, medical and pharmacist qualifications, nursing degrees and training courses to deliver specific cosmetic treatments meet the needs of the framework at different levels and in different modalities, together with guidance on the type of experience which would provide valid evidence, will be developed during phase 2, although it will be up to educational providers to assess the learning on the basis of evidence presented by individual candidates. Further information will also be provided on how long a practitioner could expect it to take to complete each module.

Accreditation, as the award of status, recognition and sometimes license to operate based on the application of pre-defined standards, can be used to describe the accreditation of practitioners following successful completion of programmes of learning, accreditation of programmes of teaching and learning and accreditation of educational institutions and practice learning environments. HEE's approach to accreditation will take account of the very different educational backgrounds of different groups of practitioners, both regulated healthcare practitioners and other professionals who do not belong to a regulated health profession. Since most learning is transacted in the workplace, opportunities for work-based

learning and accreditation of high quality practice learning environments will also be key features of our work in Phase 2. HEE will also be keen to learn from approaches to values based recruitment being developed as part of another HEE incubator project to incorporate testing of values as part of selection for NHS funded training.

In the HE sector, a limited number of MSc and Postgraduate Diploma qualifications are currently available or are being developed, and institutions are considering the adaptation, further development and expansion of existing course provision, e.g. for independent prescribers. For those practitioners who do not currently possess a health care qualification, a range of vocational qualifications are available, with a range of awarding bodies (e.g. Vocational Training Charitable Trust (VTCT), The Confederation of International Beauty Therapy and Cosmetology (CIBTAC) etc.) working in association with employers, education providers (including FE Colleges and private manufacturing companies), and other relevant organisations to design, develop and accredit qualifications for practitioners. HEE will therefore need to bring together a range of different stakeholders to contribute to the development of recommendations for course delivery, accreditation and APEL. We are also keen to consider how the education and training framework can support apprenticeship and higher apprenticeship schemes.

In addition to engaging with HE institutions, FE colleges and private training providers, HEE will work with Royal Colleges, professional associations and other membership organisations, members of the insurance industry, and organisations which have established, or have expressed an interest in establishing, voluntary registers to identify levers to support implementation of the framework. HEE will also continue to work closely with government departments in the development of legislation to support improved regulation of the industry and with other organisations which might have a role in supporting implementation. We will also continue to engage with, and expand our virtual network of stakeholders, including user representatives. In addition to continuing to make stakeholder engagement a high priority, it will be important to work with DH and other organisations to raise the profile of this work with members of the public and potential users, so that they are informed about the advantages of choosing qualified practitioners. In addition it will be important to ensure that training is accessible and affordable for those wishing to enter training and that they have opportunities for work-based learning with access to supervised practice and peer review.

8 Conclusions

This paper summarises the work carried out by HEE to review the qualifications required for delivery of NSCIs and the qualifications required for responsible prescribing. It then outlines a draft education and training framework, indicative content and principles underlying development of the framework, which is built around five treatment modalities (Botulinum toxin, dermal fillers, chemical peels and skin rejuvenation treatments, laser, Intense Pulsed Light (IPL) and Light Emitting Diode (LED) treatments and hair restoration surgery. The draft framework and indicative content were received very positively by members of HEE's stakeholder network at a summit meeting on 1 May. These and many other stakeholders continue to seek to engage in and contribute to this programme.

The paper has been prepared to provide an update on progress to the DH-chaired Cosmetic Interventions Advisory Board and to seek the Board's endorsement of the general approach being taken to the programme and the shape of the framework which is emerging, taking into account the further development work needed to ensure consistency across the modalities at different levels and to align the framework with vocational and HE requirements for teaching and learning at different levels to provide career progression and development opportunities. In addition to further refinement of the framework, phase 2 of the programme will consider and make recommendations on accreditation of qualifications and course delivery.

Annex 1

HEE Cosmetic Non-surgical Interventions Advisory Group Membership and Terms of Reference

Membership

Health Education England	Dr Charles Bruce, Managing Director, HENWL (Chair) Carol Jollie, Performance & Delivery Manager, HENWL Elizabeth Jackson/Patrick Spicer, Project Support Officers, HENWL
General Dental Council	Janet Collins, Head of Standards Jane Pierce, Head of Education Policy & 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	Selma Elgaziari, Policy Officer
Nursing & Midwifery Council	Jackie Smith, Chief Executive and Registrar 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 Claire Flatt, Policy and Implementation Manager (Regulation of Cosmetic Surgery), Professional and Clinical Standards
Royal Pharmaceutical Society	Ruth Wakeman, Head of Professional Support
National Institute for Health & Care Excellence	Professor Neal Maskrey, Consultant Clinical Adviser
Department of Health	Noel Griffin, Team Leader, Public Health Policy and Strategy Unit
British Association of Dermatologists (BAD)	Dr Tamara Griffiths/ Dr Nicholas Lowe

Ex Officio

Chair of ERG	Prof David Sines CBE,
Health Education England	Prof Wendy Reid, Director of Education and Quality

In attendance

NHS Education for Scotland	Professor D Stewart Irvine, Director of Medicine
Wales	Darren Ormond, Healthcare Quality Division
	Mr Richard Karoo, Consultant Plastic Surgeon

Terms of Reference

The purpose of the Advisory Group is to:

- Oversee the review and provide strategic direction
- Provide expert advice and comment on practical implications of proposals
- Support stakeholder engagement and raising the profile of this work with members of the public

Annex 2

HEE Cosmetic Non-surgical Interventions Expert Reference Group Membership and Terms of Reference

Membership

Health Education England	Prof David Sines CBE (Chair) Carol Jollie, Performance and Delivery Manager, HENWL Patrick Spicer/Elizabeth Jackson, Project Support Officers, HENWL
NSCI Advisory Group	David Ward, Royal College of Surgeons (RCS) and RCS Cosmetic Surgery Interspecialty Committee (CSIC) Jane Pierce, General Dental Council (GDC)
CSIC Standards of Training & Practice Sub Group	Simon Withey, Chair, and Member of Keogh Review
Beauty therapy	Sharon Preston, British Association of Beauty Therapy and Cosmetology (BABTAC) Chris Wade, Association of Aesthetics, Injectables and Cosmetics (AAIC) Cheryl Cole, Federation of Holistic Therapists (FHT)
Dentistry	Mike Mulcahy, Faculty of General Dental Practice (UK) (FGDP) Brian Franks, MSc Clinical Lead, Non-surgical Facial Aesthetics School of Postgraduate Medical & Dental Education, University of Central Lancashire
Medicine	Nicholas Lowe or Tamara Griffiths, British Association of Dermatologists (BAD) Beatriz Molina/Kam Singh, British College of Aesthetic Medicine (BCAM) Greg Williams, British Association of Hair Restoration Surgery (BAHRS)
Environmental Health Practitioner	Ian Gray, Chartered Institute of Environmental Health (CIEH)
Laser therapy	Harry Moseley or Jonathan Exley, British Medical Laser Association (BMLA) Stan Batchelor, Society of Radiological Protection (SRP)
Nursing	Andrew Rankin, British Association of Cosmetic Nurses (BACN) Yvonne Senior, Private Independent Aesthetic Practices Association (PIAPA)
Pharmacy	Nazia Hussain

Plastic surgery	Ash Mosahebi, British Association of Aesthetic Plastic Surgeons (BAAPS) Sarah Pape, British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS)
User	Deborah Sandler, www.cosmeticsupport.com Catherine Kydd, Campaigner on PIP implants and Member of Keogh Review Committee
Sector Skills Council	Tiffany Tarrant, Development Manager, Hair & Beauty Industry Authority (HABIA)
Industry representative	Sally Taber, Director, Independent Healthcare Advisory Services (IHAS)
Ex Officio Members	Dr Charles Bruce, Managing Director, HE North West London and SRO for programme Prof Wendy Reid, Director of Education and Quality, HEE

Terms of Reference

The purpose of the ERG is to represent all of the groups engaged in delivering NSCIs and to:

- share an expert body of opinion to inform the construction of an education and training framework for the industry
- provide clarification on contingent issues that will impact on the construction of that framework
- provide expert opinion on the applicability and relevance of the proposed framework to all practitioners, irrespective of their point of entry to the 'profession'
- identify potential barriers and solutions to facilitate adoption and implementation

Annex 3

Call for Evidence respondents

This list does not include responses provided by non-affiliated individuals.

Allergan
Association of Aesthetics, Injectables & Cosmetics
Association of Laser Safety Professionals
Brian Franks / UCLAN
British Association of Aesthetic Plastic Surgeons
British Association of Cosmetic Nurses
British Association of Dermatologists
British Association of Beauty Therapy and Cosmetology
British Association of Cosmetic Nurses
British Association of Dermatologists
British Association of Hair Restoration Surgery
British Association of Plastic, Reconstructive and Aesthetic Surgeons
British College of Aesthetic Medicine
British Cosmetic Dermatology Group
British Institute & Association of Electrolysis
British Standards Institute
Chartered Institute of Environmental Health
Cosmetic Support
Coventry University
Faculty of General Dental Practice
Federation of Holistic Therapists
General Dental Council
General Medical Council
Hair and Beauty Therapists Authority
Hamilton Fraser Cosmetic Insurance
Harley Medics
Healing Foundation, National Institute for Aesthetic Research
Health and Care Professions Council
Independent Healthcare Advisory Service
Institute of Chiropodists and Podiatrists
Joint Royal Colleges of Physicians Training Board
London School of Facial Aesthetics
Medicines and Healthcare Products Regulatory Agency
Medics Direct
Merz Pharma UK Ltd.
Midlands Cosmetic Ltd
National Institute for Health and Care Excellence
Novalash Eyelash Extensions
Nursing and Midwifery Council
Primary Care Dermatology Society
Private Independent Aesthetic Practices Association
Heather Irvine
Pulsar IPL
Royal College of Surgeons of England
Sally Durant
Save Face Ltd

Sinclair Pharma
Sk:n Clinics
Sparx Beauty
Therapy House
Transform Medical Group
University of Bradford
VTCT

Bibliography

1 **Department of Health (UK)** (2013, April). Review of the Regulation of Cosmetic Interventions.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/192028/Review_of_the_Regulation_of_Cosmetic_Interventions.pdf

2 **UK Government** (2013, May). Delivering high quality, effective, compassionate care: Developing the right poeple with the right skills and the right values. A mandate from the Government to Health Education England: April 2013 to March 2015.
http://hee.nhs.uk/wp-content/uploads/sites/321/2013/11/HEE-Mandate.pdf

3 **UK Government** (2014, May). Delivering high quality, effective, compassionate care: Developing the right poeple with the right skills and the right values. A mandate from the Government to Health Education England: April 2014 to March 2015.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/310170/DH_HEE_Mandate.pdf

4 **British Association of Aesthetic Plastic Surgeons** (2014). ""Over 50,000 cosmetic procedures in 2013 - Liposuction up by 41%"." Retrieved 21 May 2014, from http://baaps.org.uk/about-us/press-releases/1833-britain-sucks.

5 **Cosmetic Surgical Practice Working Party Royal College of Surgeons** (2013, January). "Professional Standards for Cosmetic Practice."
http://www.rcseng.ac.uk/publications/docs/professional-standards-for-cosmetic-practice/

6 **Hair and Beauty Industry Authority** (2012, November). National Occupational Standards: SKAB37 Provide cosmetic skin peel techniques.
http://nos.ukces.org.uk/PublishedNos/SKAB37.pdf

7 **Hair and Beauty Industry Authority** (2012, November). National Occupational Standards: SKAB36 Provide cosmetic radio frequency treatments.
http://nos.ukces.org.uk/PublishedNos/SKAB36.pdf

8 **Hair and Beauty Industry Authority** (2012, September). National Occupational Standards: SKAB38 Provide cosmetic skin needling techniques.
http://nos.ukces.org.uk/PublishedNos/SKAB38.pdf

9 **Hair and Beauty Industry Authority** (2012, September). National Occupational Standards: SKAB34 Reduction of hair growth using intense pulsed light or laser systems.
http://nos.ukces.org.uk/PublishedNos/SKAB34.pdf

10 **Hair and Beauty Industry Authority** (2012, September). National Occupational Standards: SKAB35 Perform photo rejuventation of the skin using intense pulsed light or laser systems.
http://nos.ukces.org.uk/PublishedNos/SKAB35.pdf

11 **European Committee for Standardization** (2011, December). Standard prEN 16372. Aesthetic surgery services.
http://standardsdevelopment.bsigroup.com/Home/Project/201102810

12 **European Committee for Standardization** (2013, December). Standard prEN 16372. Aesthetic non-surgical medical services.

13 **European Committee for Standardization** (2014, February). "Standard prEN 16708. Beauty Salon Services."
http://drafts.bsigroup.com/Home/ExternalIdentifier/MzAyOTQwOTc=

14 **UK Government** (2014, February). "Government Response to the Review of the Regulation of Cosmetic Interventions."
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/279431/Government_response_to_the_review_of_the_regulation_of_cosmetic_interventions.pdf

15 **Health Education North West London** (2014). "Non-surgical cosmetic interventions - Call for Evidence."
http://nwl.hee.nhs.uk/wp-content/uploads/sites/481/2014/01/Non-surgical-cosmetic-call-for-evidence.pdf

16 **British Association of Cosmetic Nurses** (2013, September). An Integrated Career and Competency Framework for Nurses in Aesthetic Medicine.

17 **Independent Healthcare Advisory Services** (2013, April). Standards for Injectable Cosmetic Treatments.

18 **Independent Healthcare Advisory Services** (2013, April). Injectable Cosmetic Treatments Training Principles.
http://www.independenthealthcare.org.uk/doc_view/486-cosmetic-ihas-injectable-cosmetic-treatment-training-principles/menu-id-571

19 **Independent Healthcare Advisory Services** (2013, April). Essential Standards, Class 3b and Class 4 Lasers and Intense Light Systems in non-surgical applications.

20 **Chartered Institute of Environmental Health** (2001). Body art, cosmetic therapies and other special treatments, Chadwick House Group Ltd.

21 **Medicines and Healthcare Products Regulatory Agency** (2009, April). Off-label or unlicensed use of medicines: prescribers' responsibilities.
http://www.mhra.gov.uk/Safetyinformation/DrugSafetyUpdate/CON087990

22 **Nursing and MIdwifery Council** (2012, June). "Standards of proficiency for nurse and midwife prescribers."
http://www.nmc-uk.org/Documents/NMC-Publications/NMC-Standards-proficiency-nurse-and-midwife-prescribers.pdf

23 **The College of Optometrists** (2012, September). Guidance for optometrist prescribers.
http://www.college-optometrists.org/en/utilities/document-summary.cfm?docid=7C3868AB-6362-4741-87C8C427CA9E870F

24 **Health and Care Professions Council** (2013, August). "Standards for prescribing."
http://www.hcpc-uk.org/assets/documents/10004160Standardsforprescribing.pdf

25 **General Medical Council** (2013, January). "Good practice in prescribing and managing medicines and devices."
http://www.gmc-uk.org/Prescribing_guidance.pdf_52548623.pdf

26 **The College of Podiatry** (2013, June). Good Practice in Prescribing and Medicines Management for Podiatrists.
http://www.scpod.org/foot-health/2013-latest-news/independent-prescribing/

27 **General Dental Council** (2013, September). "Guidance on prescribing medicines.".
http://www.gdc-uk.org/Dentalprofessionals/Standards/Documents/Guidance%20Sheet%20Guidance%20on%20Prescribing%20Medicines%20September%202013%20v2.pdf

28 **NICE National Prescribing Centre** (2012, May). "A single competency framework for all prescribers."
http://www.npc.co.uk/improving_safety/improving_quality/resources/single_comp_framework.pdf

29 **Medicines and Healthcare Products Regulatory Agency** (2010, October). "Supplementary prescribing."
http://www.mhra.gov.uk/Howweregulate/Medicines/Availabilityprescribingsellingandsupplyingofmedicines/ExemptionsfromMedicinesActrestrictions/Supplementaryprescribing/index.htm>

30 **General Medical Council** (2013, March). "Delegation and referral.".
http://www.gmc-uk.org/static/documents/content/Delegation_and_referral.pdf_51449482.pdf

31 **Nursing and Midwifery Council** (2011). "Remote prescribing and injectable cosmetic medicinal products."
http://www.nmc-uk.org/Nurses-and-midwives/Regulation-in-practice/Regulation-in-Practice-Topics/Remote-prescribing-and-injectable-cosmetic-medicinal-products/

32 **Nursing and Midwifery Council** (2012). "Cosmetic Practice."
http://www.nmc-uk.org/Nurses-and-midwives/Regulation-in-practice/Medicines-management-and-prescribing/Cosmetic-injectables/>

33 **Nursing and Midwifery Council** (2013, September). "Remote prescribing and injectable cosmetic medicinal products."
http://www.nmc-uk.org/Nurses-and-midwives/Regulation-in-practice/Regulation-in-Practice-Topics/Remote-prescribing-and-injectable-cosmetic-medicinal-products/