Key Issues for Consideration and Inclusion in the Proposed Licensing Scheme for Cosmetics – Education, Training and Practice Proficiency

Introduction

The JCCP, BCAM and BAMAN propose that the following issues should be considered and expanded upon by the Scottish and UK Government teams who have responsibility for drafting new regulations for licensing and regulation in England and Scotland. We agree that any scheme of licensing must be proportionate, effective and meaningful if members of the public are to be afforded the assurance they require for their safety and protection. We therefore propose that the following issues should be included in any future framework that underpins licensing.

Key principles for any new Education and Training competency framework:

- Ensure that any future education and training framework complies fully with Safeguarding and Equality, Diversity and Inclusivity standards.
- A national education and competence framework should complement national quality assurance and external inspection (scrutiny) standards and requirements as determined by professional statutory bodies and other regulators such as the Professional Standards Authority, the MHRA, the ASA, the CQC/HIS and the Institute of Licensing. Expertise might also be provided by Global Pharma companies to inform specific components of the curriculum.
- The level of educational achievement cited by any course provider should be related to, and determined by the complexity of the knowledge and skills required to demonstrate safe and effective practice for the specific aesthetic modality that is being studied. Procedures such as Dermal fillers, Botulinum Toxin Injectables and Hair Restoration Surgery, for example are regarded as higher risk treatments and the current JCCP/CPSA Competency Framework (2018) outline the required level of knowledge and skills for such procedures to be set at postgraduate qualification Level 7 in order to ensure the provision of such treatments safely and effectively. We endorse the need for the continuation of this academic standard/level for all invasive forms of aesthetic treatments in the future.
- The design and approval of all regulated Level 7 qualifications should be tightly controlled in accordance with designated approved national training/approval standards.

Assessment of practice knowledge, skills and competence

The care, protection and safety of the service user/client should guide the design of all education and training courses. The methods of learning must be central to the preparation of any cosmetic practitioner and the clinical knowledge and skills of student practitioners should be clearly stated. e.g., its intended purpose as an adjunct course or that of a practical assessment, alongside any theoretical course component. This is necessary in order to affirm a practitioner's indemnity insurance, clinical limitation, proficiency and safety to practise any specific aesthetic modality.

The architects of the proposed Edinburgh and Westminster Governments licence/regulatory schemes for non-surgical cosmetic practice should agree a UK wide minimum standard to be met regarding the education and training of practitioners who perform more invasive non-surgical cosmetic procedures. We consider this recommendation as being essential to ensure patient safety and public protection as a central pillar of a future licensing/regulatory regime for the aesthetic sector.

Furthermore, the assessment of practice knowledge and skills should be inclusive of patient mental and emotional health and wellbeing, socio-emotional influences, psychological risk, complication management, marketing and informed consent and should not be exclusively restricted to the anatomy, physical health and methodology of treatment.

What amendments will be required for any new/revised competency framework that is 'fit for the future' to support the DHSC/Scottish Government's Licensing/Regulatory schemes?

- Competency frameworks should focus on the skills, behaviour and knowledge required for each procedural modality cited in the scheme of licensing/regulation.
- The revised standards should be designed to place patient safety and public protection and safeguarding at their core.
- Any revised clinical/educational competency framework should be designed in such a way as to be applicable to **all** registered/licensed practitioners, regardless of their professional health care (or non-healthcare) status/background. We emphasis however that whilst we endorse the need for inclusivity this must not be at the expense of compromising patient safety/public protection.
- Attention should be included in the revised framework regarding the recognition, management and central reporting of complications, adverse events relating to medicines and devices, antibiotic resistance etc; the need for duty of candour to be exercised is also required.
- Any revised education and training framework should emphasise the need for 'holistic physical, psychological, emotional and social' assessment requirements for all service users and procedures; practitioners should undertake a concise and comprehensive cosmetic consultation and assessment (supported by a suitably agreed 'cooling off period').
- A new standard for numeracy and literacy at a minimum of Level 4 for all licensed practitioners should be mandated.
- Greater emphasis on applicable legislation, including medicines, U18's, Health & Safety.
- The scope of standards relating to dermal fillers to be included in the licensing/regulatory scheme i.e., permanent, semi- permanent, absorbable specifying the areas that can be treated, and appropriate volumes with reference to manufacturer and industry guidance should be included.
- Any revised competency framework should provide explicit reference to the ethical, professional and legal requirements and standards set by PSRBs for prescribing.
- Requirement for all non-healthcare professional licensed practitioners to demonstrate that they have obtained the equivalence of a Royal Society of Public Health Level 3 qualification in Health Protection/Infection Control.
- New core competencies will need to be written for new procedural modalities that the DHSC and Scottish Government determines should be included in their proposed schemes of Licensing/Regulation (i.e., for those procedural modalities that the JCCP/CPSA has not yet set competency standards – it should be noted that the British Association of Aesthetic Surgeons (BAAPS), The British Association of Plastic Reconstructive Surgeons (BAPRAS), The British Association of Dermatologists, the British Association of Medical Aesthetic Nurses (BAMAN) British College of Aesthetic Medicine (BCAM), ACE Group World and the Royal College of Surgeons have indicated their willingness to contribute to the work required to set such standards/competencies as required).

- Identification of standards for teachers, assessors, moderators and examiners will need to be agreed for implementation across the sector – (possibly assisted/set by Ofqual/SQA).
- Any revised curriculum must be aligned to meet any DHSC/Scottish Government's proposed premises license standards.

The role of accredited short courses

Short courses which are *accredited for continuing professional and personal development (CPD*) and offer CPD points should not be regarded to equate to initial training courses. It is important to understand the difference between basic training and Continued Professional Development (CPD). CPD should be delivered to those with prior demonstrable qualifications and experience in the applied area for which they are seeking to undertake CPD short courses. CPD courses should be designed to enhance, refresh and update knowledge and skills throughout a person's working life and are unsuitable for those with no prior experience and initial training in the field of aesthetics. The holding of a CPD Certificate is intended to maintain and enhance competence, not to replace primary qualifications. Persons offering CPD must themselves be appropriately qualified and competent. Further, CPD and learning are not equivalent. However, regulated healthcare professionals have a duty to self-determine their competence and to undertake further learning where they are unable to do so, and to demonstrate their learning from CPD through processes of revalidation or appraisal. For this reason, and because of the unregulated nature of CPD courses, we recommend caution in the application of APEL to unregulated practitioners whose foundation training is a CPD short course.

Proposed Routes to Demonstrating Evidence of Meeting a Proposed DHSC/Scottish Government Industry Standard

We consider that the following routes to qualification should be endorsed by the DHSS/Scottish Government as part of their proposed licensing/regulatory scheme:

- Validated, approved and regulated qualifications awarded by UK Universities and Ofqual/SQA designated and approved Awarding Bodies
- A Time limited Accelerated Route awarded by Ofqual/SQA designated and approved Awarding Bodies
- National Apprenticeship Route – Levels 3 - 7
- A new nationally approved 'Credentialing Route' (see below)

We consider that following conditions/principles should apply to these proposed routes:

- Approval should be restricted only to appropriate validated and regulated qualifications awarded by UK Universities and Ofqual/SQA (or other UK Vocational Regulators) designated Awarding Bodies that meet the standard, kind and content of the new DHSC/Scottish Government standards, either following study of the whole curriculum or via an approved RPL route, including summative final outcome examinations of knowledge and practice competence.

- A new time limited (the time limit to be agreed by the DHSC/Scottish Government during a pre-determined implementation phase for the new licence/regulatory schemes) Accelerated Route approved by Ofqual/SQA (or other UK Vocational Regulators) designated Awarding Bodies resulting in the award of an approved and regulated awarded qualification (including evidence of meeting defined entry and prior experience criteria and summative final outcome examinations of knowledge and practice competence).

- Apprenticeship Routes (Levels 3 – 7) that meet the standard, kind and content of the new DHSC/Scottish Government standards, including summative final outcome examinations of knowledge and practice competence.

- A new credentialing route should be designed and implemented to include routes set by the Royal College of Surgeons, designated GMC Specialist Registers, Royal/Professional Colleges etc (such a route and designed Registers/ Colleges etc to be endorsed by the DHSC/Scottish Government as meeting their required governance and scrutiny standards).

Specific Principles for practitioner credentialing for non-surgical cometic practice Practitioners (all of which should be designated as being mandatory and 'non-negotiable').

In order to ensure public protection and to minimise the risk to patient safety, practitioners seeking credentialling in Non-Surgical Cosmetic practice should be able to:

1. Provide evidence of an active, no conditions attached **full** professional registration with a relevant regulatory body (list of PSRBs to be defined in consultation with the DHSC/Scottish Government).
2. Provide evidence of formal qualifications and or informal education and training relevant to the specialist area of Non-Surgical Cosmetic practice (including evidence of qualifications awarded by other approved credentialing bodies and CPD and manufacturers training in the form of certificates) – (Criteria to be agreed on whether such evidence should be 'time influenced'; should practitioners be required to perform a 'minimum' number of procedures per year?).
3. Provide evidence of sufficient clinical practice experience relevant to Non-Surgical Cosmetic practice (i.e. against a yet to be determined minimum number of years practice experience in the filed aesthetics) including:
   - Provide evidence to demonstrate the management of known *side-effects, adverse reactions, and complications* that may arise from the treatment modality being offered. (i.e., botulinum toxin, soft tissue fillers, bio stimulatory products for cosmetic purposes).
   - Provide evidence to demonstrate evidence-based theoretical knowledge and practical skill to undertake a holistic medical, mental health and well-being consultation (possibly to be assessed by an evidence-based portfolio).
   - Provide evidence of pre- intra- and post-procedural documentation to ensure adequate patient care.
   - Provide evidence to demonstrate adherence to evidence-based practice to inform clinical practice.
   - Provide evidence to demonstrate knowledge and understanding of the legal, professional and ethical considerations associated with Non-Surgical Cosmetic practice.
   - Provide evidence to demonstrate theoretical knowledge and clinical skill competency of the facial anatomy.
   - Provide evidence to demonstrate theoretical knowledge and practical skill competency to conduct an anatomical facial assessment.
   - Provide evidence to demonstrate theoretical knowledge and understanding of the medicines / products used across the different cosmetic treatment modalities (i.e., botulinum toxin, soft tissue fillers, bio-stimulatory products etc.).
   - Provide evidence to demonstrate clinical skill competency and proficiency in the administration /application of medicines/products used across the different cosmetic treatment modalities (i.e., botulinum toxin, soft tissue fillers, bio stimulatory products for cosmetic purposes).
4. Provide evidence that the prescribing practitioner who provides clinical oversight performs an holistic **face-to-face** assessment, appropriate delegation and is present on-site whilst all prescription only medicine-related procedures are being performed.
5. Provide evidence to demonstrate how theoretical knowledge and clinical skill competency is maintained and or updated.
6. Provide evidence of clinical practice audit and self-evaluation.
7. Provide evidence of adequate malpractice indemnity insurance cover for the treatment modalities provided/offered (parameters to be defined by the DHSC/Scottish Government as part of Licensing/Regulatory conditions).
8. Provide a competency and character reference from an occupationally qualified regulated practitioner.
9. Provide evidence of an up-to-date enhanced DBS check.

10. Must be able to submit a peer reference from a colleague whose modality/field of experience is equal or greater than that of the learner, who is also registered with a professional regulatory body such as the GMC, GDC, NMC, HCPC, GPhC. This reference should verify and vouchsafe the quality and quantity of the learner's work and practical abilities, supported by applicant's CV and procedural / training record, verified by an independent assessor.

We have identified the following issues for DHSC/Scottish Government to consider (regarding credentialing):

- Who should\will be responsible\accountable for commissioning or approving organisations to conduct the credentialling process for non-surgical practice?
- What organisations should be considered to award practising privileges via a credentialing route?
- Who should\will develop the standards for a credentialling process in non-surgical cosmetic practice?
- What should the credentialling process look like? What should the credentialling organisation's infrastructure look like?

Other Issues

A UK wide register of approved qualifications, approved education and training centres and approved credentialing authorities should be maintained to enable licensing and registration authorities access to an offical database against which to validate qualifications etc.

Summary and Conclusion

The proposals cited in this paper will be presented to the DHSC/Scottish Government for consideration to inform their deliberations on education, training and competency standard setting in support of their proposed scheme of licensing/regulation for the aesthetic sector.

[redacted] [redacted] ***JCCP***

[redacted] ***BCAM***

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References

Parliament (2022) House of Commons Health and Social Care Select Committee 'The Impact of Body Image on Mental and Physical Health, Parliament, London.