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FEATURE ARTICLE

Confused About the Training and Qualification Landscape for Cosmetic Injectables?

Review of the Rules and Requirements Post-Keogh

CONFUSED ABOUT THE TRAINING AND QUALIFICATION LANDSCAPE FOR COSMETIC INJECTABLES?

Review of the Rules and Requirements Post-Keogh



It's true to say that currently there is still much confusion and concern surrounding the regulation of the medical aesthetic sector, and just how experienced practitioners, and new entrants alike, can be best practice compliant and demonstrate adequate skills and qualifications to perform cosmetic interventions. In our post-Keogh times, it's important to understand what is actually going on!

Having commented on the medical aesthetic industry for nearly fourteen years, it's fair to say that I have seen a lot of changes. Most significantly of all has been in the number, and differing types of minimally invasive cosmetic treatments now available; although not all stood the test of time!

The growth in the marketplace, both in terms of generated revenue and the number of service providers has been immense. Public acceptance and demand has outstripped all expectations, and the core demographic for seeking cosmetic interventions has expanded to

include the millennials as well as baby boomers, and more men.

A lot has changed, and I didn't see all of it coming when I started getting involved in 2003.

Back then we were talking about a group of pioneering medical practitioners, mostly general practitioners and nurses, who had realised that there was a marketplace for the cosmetic correction of ageing, and were still experimenting with collagen, newly launched hyaluronic acid fillers and the off-label use of Botox®.

Having established their clinics and proven successful businesses, this naturally led to training for industry peers, the formation of expert associations and early congresses to share knowledge and ideas. It wasn't just the doctors though, nurses were very much more involved too, and even some dentists had seen the potential. Consumer demand began to rise as dinner party conversations

questioned how well everyone was looking. There was never a debate over who to go to though; it was a needle and a syringe, or other medical looking treatments after all. And that's the territory of a doctor or nurse, end of conversation.

Or so we thought... but more and more the provision of cosmetic treatments, like injectables, became available outside of the medical arena. Somehow supply, training and insurance expanded to include other non-medical practitioners. And the public were quite happy to see these minor 'nips and tucks' as more cosmetic than medical.

Roll on another decade or so and the training of non-medics in the administration of cosmetic injectables is nothing new, we know this, but what is new is the increased acceptance and availability of such training. This goes hand in hand with the notion that not having a medical background is no longer an impediment to joining this growing marketplace

for delivering aesthetic treatments. Training across all sectors is unregulated in the main, ruled by attendance rather than proven competency – a bad deal for all practitioners, but at least the medics have their background knowledge to fall back on. So, we find ourselves with non-medically led businesses up and down the country, who claim to have all the skills and insurance needed to do the job as well as any medical professional, and a Government fumbling around in the dark as there was, and probably still is, a complete lack of data available to demonstrate that non-medics pose a higher risk to patient safety.

How did this happen? What's the state of play with regards to training and qualifications for both medics and non-medics? What do the companies who offer cosmetic injectable training courses think about this? Let's find out...

Looking Back...

Healthcare Commission Report

In September 2002, the Healthcare Commission (HCC), the forerunner to the current Care Quality Commission (CQC), published a report which looked at the Provision of Cosmetic Surgery in England. This report, produced for the Chief Medical Officer at the time, Sir Liam Donaldson, was one of, if not the first report to properly scrutinise the sector.

Although, it's primary aim was to assess the area of surgical procedures, it drew mention of the unregulated medical aesthetic sector and concluded that;

"Treatment by these injectables does not come under the Healthcare Commission's current remit. However, it is a recommendation of this report that this currently unregulated area of non-surgical cosmetic treatments requires



further review. Accordingly, we recommend that the Healthcare Commission conduct a risk assessment based review of both cosmetic and aesthetic procedures to determine, in consideration of the size, scope and rate of growth of evolving procedures and techniques, whether those services should be regulated."

Expert Group Report

This set the wheels in motion for the industry to come under further scrutiny, and by January 2005 another report was submitted, entitled *Expert Group on the Regulation of Cosmetic Surgery*, issued to the Chief Medical Officer by Harry Clayton representing the Department of Health.

Some of the most important conclusions to come from this investigation, which was much reported and debated at the time, revolved around botulinum toxins and dermal fillers. As well as recommendations related to clarifying filler classifications as permanent, semi-permanent and temporary, the report also made two specific recommendations as to who and where they should be administered and better regulated;

"Recommendation 13

That temporary aesthetic fillers are only injected by a doctor or nurse, and that permanent and semi-permanent fillers are only injected by a doctor.

Recommendation 14

That the facilities where aesthetic fillers are injected be licensed with the Healthcare Commission and therefore subject to its regulations."

The same was true for botulinum toxins;

"Recommendation 6

That steps are taken to ensure that the law pertaining to the injection of botulinum toxins is more consistently adhered to; that is that the botulinum

toxins are prescribed by a doctor, and administered by a doctor (or a nurse under direction of a doctor) for a specific patient.

Recommendation 7

That the facilities where botulinum toxins are injected be licensed with the Healthcare Commission and therefore subject to its regulations."

The report also noted that; *"Some beauty therapists were carrying out treatments, possibly without necessary qualifications, particularly for botulinum toxin injections and acid peels."*

Responding to the report via an action plan, the government said it would; *"... work with the Healthcare Commission and other stakeholders to develop plans for bringing additional cosmetic procedures (including dermal fillers and botulinum toxins) within the remit of the Healthcare Commission by the end of 2005/06."*

All of this points to the fact that just over a decade ago, the Government backed regulators were adamant that the provision of cosmetic injectable procedures be locked down to doctors and nurses only – even the dentists didn't get a look in! So, how come we ended up with other non-medical practitioners such as beauty therapists, podiatrists and other allied healthcare and dental professionals practising cosmetic injectables on the public with impunity?

Self-Regulation

Following the publication of this report, the Healthcare Commission hoped that a change to the relevant Acts of Parliament would bring the inspection and audit of premises offering cosmetic injectables under its wings. Remember that, at this time, HCC was also still regulating laser and IPL providers, until that stopped in 2010.

As time went on into 2006 and 2007, the rumour mill started to report that Sir Liam was losing the battle with ministers and any legislative plans were set to be shelved, in favour of self-regulation. And that is exactly what we got – eventually culminating in the launches of Treatments You Can Trust and Save Face over the coming years.

No mandatory requirement to register

establishments or practitioners, and no statutory legislation to qualify who could and could not perform dermal fillers or botulinum toxin injections – not what the report, nor the vast majority of the sector wanted to see as they watched the flood gates open yet further.

Looking back, hindsight being a wonderful thing after all, I think this was the nail in the coffin for common sense and set seed for one of the biggest public safety failings for our industry.

The Government, already lacking in funds for public services, had no appetite to be seen to regulate an elective, private healthcare marketplace which served the needs of the vain, rather than the sick, whilst the NHS struggled to keep its head above water.

Without statutory regulation in place to monitor the progress of the marketplace, impose standards and restrictions, the growth in the number of practitioners, the differing types of practitioners, and the spawning of unaccredited training courses was unstoppable.

Enter the Non-Medics

By 2010, we at The Consulting Room were already reporting, via our [blog](#), on training houses set up specifically to train allied healthcare professionals and other non-medical people in the administration of cosmetic injectables. From paramedics, phlebotomists, acupuncturists and beauty therapists to semi-permanent make-up artists and dental nurses, all were welcome and a Doctor or Nurse was on hand to train and certify, as well as provide product supply and a route to insurance.

It's true to say that the publication of this blog has probably been the most commented on article ever produced on our website. Lines were drawn in the sand – shocked medical professionals on one side, spitting feathers that this should be allowed and sickened that their industry colleagues saw nothing but pound-signs in their eyes whilst they 'trained' this demographic and set them free on the unsuspecting public. On the other side, were the non-medical professionals, eager to participate, accusing the medical professionals of

trying to ring-fence the marketplace just for themselves, and discriminating against those who could do 'just as good a job as them' at delivering such treatments.

One such recipient of this early, open-door policy to aesthetic training, then a fresh-faced sports science graduate was Maxine McCarthy, now more well-known as the owner of **Cosmetic Couture**, a successful training course business in Manchester offering cosmetic injectable training to beauty therapists and other non-medics.

Now at the sharp end of much controversy, Maxine maintains that she is a strong advocate for regulation in the aesthetics industry, and believes that it is in the interests of the public to know that the people implanting fillers or using botulinum toxin for cosmetic reasons are appropriately trained and that their first aid and anaphylaxis training is up-to-date. To further appease her doubters, Maxine formed a not-for-profit, voluntary regulatory body for the non-medical aestheticians that she trains. Originally known as the Association of Cosmetic Practitioners of Britain (ACPB) it provides members with ongoing business support, UK based public liability insurance and annual bespoke first aid training for aestheticians. Recently renamed to the **Association of Registered Aestheticians (ARA)**, the association also allows membership to both medics and non-medics, and access to clinical oversight and a prescriber database. Maxine was approached for comment on her entry into the industry as a non-medic trained by a medic, but declined the opportunity.

Keogh Report

It took another public scandal, the fraudulent and criminal PIP breast implant scare during 2011, to bring the regulation and provision of cosmetic interventions back into the limelight, and in front of Government ministers yet again.

Andrew Lansley, Health Secretary in 2012 asked the Department of Health to investigate the whole industry once more and gave the remit to the NHS Medical Director, Professor Sir Bruce Keogh and an expert panel.

The Keogh report produced one of the defining statements of recent years

for the aesthetic industry with Sir Bruce stating that; "...dermal fillers are a crisis waiting to happen".

Explaining this further he said; "*dermal fillers are a particular cause for concern as anyone can set themselves up as a practitioner, with no requirement for knowledge, training or previous experience.*"

Having established a lack of a regulatory framework, which meant that there were no restrictions on who could and couldn't perform non-surgical cosmetic interventions, he exposed the poor state of the training sector.

"*No qualifications are required to carry out these procedures and, in the absence of accredited training courses, anyone can set up a training course purporting to offer a qualification. The committee was alarmed that a number of self-accredited training organisations have sprung up*"; the report highlighted.

Despite this Keogh noted that all too often we are getting hung up on the 'who should perform' question, rather than considering, just what is adequate training and accreditation? Shying away from labelling individual specialties as unfit, the report made a call for inclusivity, with a rung on the ladder available for all, but did point out that without specific, accredited training in a number of areas, non-medical practitioners were unlikely to be aware of all the possible risks and complications, as well how to recognise and treat them.

"*Once the requirements for training are identified and understood, it should be possible to identify, for each professional group, which parts of the curriculum have been covered with prior training and which are consequently required to complete training. This will mean that different professional groups will enter the training scheme at different points. Such a scheme could provide broad access, and may be able to provide professional training for those with no prior experience. The aim should be that, every practitioner, no matter what their starting point should attain the necessary skills and expertise to perform these varied procedures safely and to a high standard.*"

Now, there are those who say that Keogh was somewhat 'leant' on by those within the then Department



for Business, Innovation & Skills, who pointed out that a published report couldn't really be seen to put people out of business per se, by overnight restrictions on the practitioners who could perform cosmetic interventions. This may go some way to explaining the contradictory warm and fussy inclusive stance for ALL practitioners that concluded prior talk of '*crisis waiting to happen*' and '*anyone can set themselves up as a practitioner*'.

Published recommendations from Keogh stated;

Recommendation 4

All non-surgical procedures must be performed under the responsibility of a clinical professional who has gained the accredited qualification to prescribe, administer and supervise aesthetic procedures.

Recommendation 5

Non-healthcare practitioners who have achieved the required accredited qualification may perform these procedures under the supervision of an appropriate qualified clinical professional.

Recommendation 6

The Government's mandate for Health Education England (HEE) should include the development of appropriate accredited qualifications for providers of non-surgical interventions and it should determine accreditation requirements for the various professional groups."

The Government response to Keogh, issued in February 2014, set the wheels in motion for the HEE to conduct a review of the training and skills needed to deliver non-surgical cosmetic interventions and the qualifications required to be responsible prescribers. HEE was also asked to make recommendations on who might be suitable bodies to accredit qualifications for such providers.

The HEE published two reports in the autumn of 2015, more on that in a moment.

"Backing or approval by insurance companies does not make a course accredited."

What Does Accreditation Mean?

Accreditation is defined as '*the process in which certification of competency, authority, or credibility is presented*'.

Those organisations or associations that issue certification to others, measured by meeting standards-

based assessment, are often formally accredited themselves by over-arching accreditation bodies. By having such accreditation processes it ensures that the certification practices of those issuing accreditation to third parties are acceptable, ethical, quality assured and they are competent to do so.

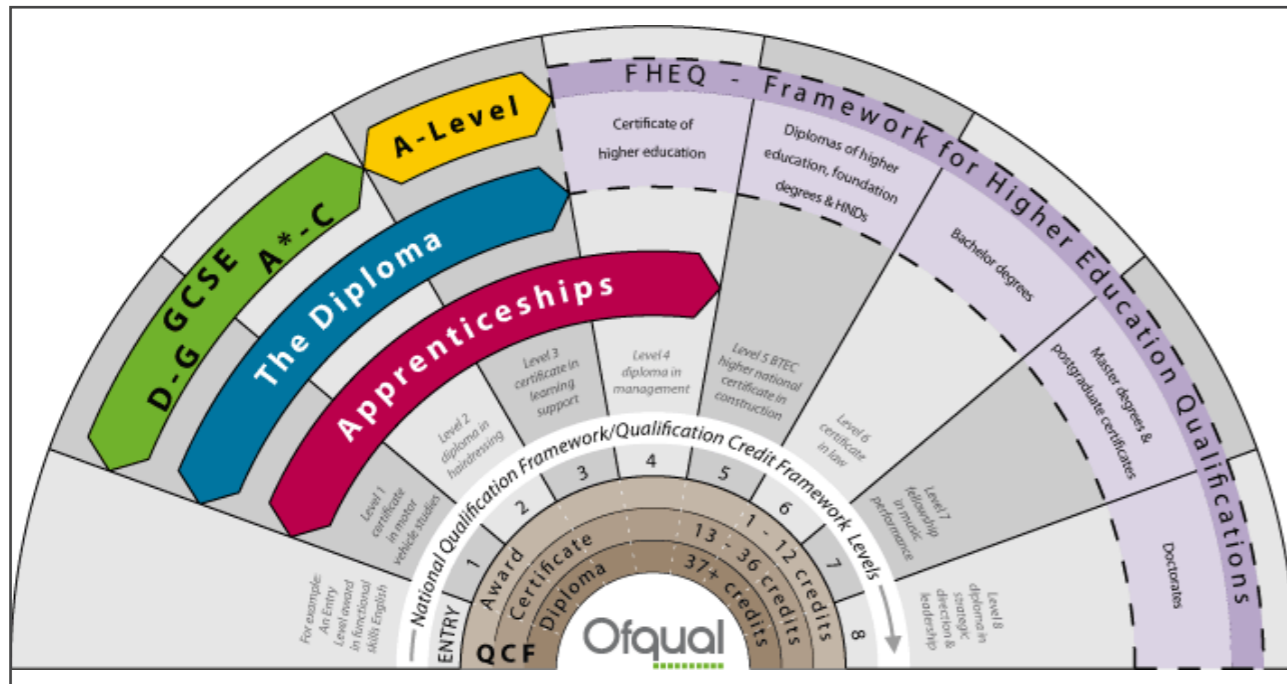
Yet, despite this, the terminology 'accredited training course' seems to be banded about all too easily with little policing or substantiation. Backing or approval by insurance companies, for example, does not make a course accredited.

CPD, Qualifications and Prior Learning

CPD

CPD, or Continuing Professional Development is a mechanism for maintaining knowledge and skills across a wide range of professions. For medical professionals, it is a vital and integrated part of the process by which they evidence and maintain their professional credentials and licence to practise, through Government-based revalidation systems.

Training companies and conference organisers use CPD accreditation services as a means of applying specific points related accreditation to training modules, or events, to quantify the relevant learning hours



achieved. This adds credibility that formal accreditation is applicable to the training provided for delegates who attend. CPD does not however constitute a qualification.

OFQUAL

OFQUAL, or the Office of Qualifications and Examinations Regulation, regulates qualifications, examinations and assessments in England. They are the ones who maintain standards and confidence in qualifications including GCSEs, AS/A levels and other vocational qualifications including NVQs and BTECs. OFQUAL recognises eight levels of formal qualifications, ranging from GCSEs at levels 1 and 2 (depending on grade), through to post-graduate Doctorates or PhDs at level 8.

A level 7 qualification equates to a Master's degree or post-graduate certification (PGCert) as provided by Higher Education Institutions (HEI) such as Universities. Accredited level 7 qualifications of the type provided by other non-HEIs are regarded as practical industry qualifications, rather than theoretical, academic qualifications as obtained at University.

APEL/RPL

Accreditation of Prior Experiential Learning (APEL) is a means of granting credit to an individual who can demonstrate the learning that they have acquired through their

experiences or working life. Similarly, Recognition of Prior Learning (RPL) is the process by which previous learning, that has taken place in formal or informal settings, can be recognised and used to gain credits or exemptions from the need for formal qualifications. This makes it a time and cost effective method of gaining a recognised qualification without having to undertake additional learning via a University or further training courses.

Demonstrating APEL/RPL is a key part of the HEE recommendations going forward, and is also integral it seems to ongoing and future self-regulatory models. For example, Save Face, who were recently accredited by the Professional Standards Authority (PSA) were tasked by them to develop a suitable method of evaluating the skills and competency of those on their register.

Teaming up with IQ, an OFQUAL regulated awarding body, they are now offering RPL that enables aesthetic practitioners to match their experience and competency in providing cosmetic injectables with an OFQUAL regulated Level 7 qualification in aesthetic medicine. RPL involves a formal assessment process which allows practitioners to utilise their previous skills, knowledge and understanding to demonstrate that they have the necessary practical and theoretical skills required to be awarded an OFQUAL regulated qualification. This RPL programme

will be available to both Save Face members and non-members from the New Year.

What Are the Qualification Requirements Set Out by the HEE?

Health Education England (HEE) published two advisory reports in November 2015. It listed qualification requirements, which correspond to levels of learning, based on the complexity and risk associated with differing cosmetic interventions. The treatments covered included botulinum toxins, dermal fillers, chemical peels and skin rejuvenation (to include mesotherapy and micro-needling), laser, IPL and LED, and hair restoration surgery.

Despite the formal sounding nature of the qualification requirement the first report states;

"The requirements will not necessarily equate to the requirements to achieve an academic award (i.e. a foundation degree, an undergraduate or postgraduate degree, certificate or diploma offered by a university or other awarding organisation) although opportunities should be available for practitioners to build up credits towards such awards. Those practitioners who do not wish to study for a formal academic

award may take an individual accredited module, or may apply for recognition that they have met the qualification requirements through experience and informal learning."

Thus, the first report (subsequently changed by the second report) sets out that in order to administer botulinum toxins and temporary or semi-permanent dermal fillers, (subject to oversight of an independent prescriber), practitioners will need to successfully complete training to a level 7 (post-graduate level), or demonstrate APEL/RPL. This is not a statutory requirement however.

The report went on to say; *"The aims of any training and education programmes delivered to meet the HEE qualification requirements should be to prepare practitioners to provide high standards of proficient patient/client-centred care and deliver cosmetic interventions safely and appropriately, adhering to the principles of 'do no harm' and promoting public health at all times, with skills and proficiency underpinned by person-centredness and appropriate theoretical knowledge."*

It pointed out that half of any curriculum should be devoted to the development of practical skills, providing a minimum number of treatment opportunities for trainees to practice under supervision. In most cases this related to 10 treatments on 10 patients as an observation, and 10 treatments on 10 patients under supervision.

However, as per Keogh, it is important that supervision or clinical oversight does not stop there, (once the qualification has been achieved). The HEE report made this important point, particularly relevant to non-prescribers and non-medical practitioners;

"In supporting the Keogh review recommendations, it is not HEE's intention to exclude any practitioners from delivering cosmetic procedures or to deny training to any industry sectors, as this might encourage practitioners to practise without training or with training which does not meet the standards recommended by HEE which could consequently undermine patient safety."

Rather than seeking to exclude practitioners who do not have clinical

training, Keogh sought to address the patient safety aspect by requiring professional/clinical oversight of non-healthcare practitioners for some more complex procedures, and this is the approach underlying these qualification requirements. This recognises the risks associated with certain procedures and the need for practitioners to have access to and support from experienced clinicians who are able to deal with medical emergency situations and complications and, where appropriate, have independent prescribing rights."

However, their report left this most important of considerations, still with little overall clarity;

"We recognise that the requirements for clinical supervision may need to be reviewed in future when the qualifications framework is fully embedded."

Clinical oversight for botulinum toxins and dermal fillers (temporary/semi-permanent) can only be provided by doctors, dentists, independent nurse/midwife prescribers or independent pharmacist prescribers, the report highlighted. However, they must also meet other criteria including demonstrating their own qualifications, experience and proficiency in the treatments, as well as medical indemnity insurance and registration with a statutory regulator. All other practitioners (post-qualification) must work under such supervision – as well as a lack of clarity as to whether this means 'in the same room' or 'the same building', it also poses a tricky prospect to police!

In the second of its reports, which discussed the implementation of the qualification requirements, the HEE recognised that implementing any new qualification requirements, and the mechanisms to recognise APEL/RPL, will take some time, and that they did not expect practitioners to stop practising while they complete or demonstrate the qualification required. It also pointed out that although adoption of the new requirements will be voluntary at this stage, it is recommended that the qualification requirements be adopted as best practice and accepted as the standard that the industry should adopt to improve public safety and raise standards of practice and professionalism, both for new and long-standing sector participants.

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

The key take home point from this is 'voluntary', surely. In theory, it all hinges on whether there may be a time, in the future, when the Government decides to introduce legislation requiring practitioners to meet the qualification requirements in order to continue to practice and deliver some, or all, of the cosmetic procedures covered. This in itself creates an element of fear, despite the non-statutory requirement. The perception is that it is best practice to seek out compliance, just on the off chance that the law does change, or your insurer, regulator, or trade association demands it.

"...existing practitioners should be required to demonstrate that they meet the standards for those treatments which they wish to deliver and which are covered by the framework by September 2018."

Mapping out the route to accreditation and appropriate qualifications was one of the largest areas of the mandate given to the HEE. Within its second report it highlighted its core recommendations which go a long way towards attempting to regulate the training course area, as criticised by Keogh.

"It is recommended that all organisations wishing to develop and



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

This means that existing training course providers cannot claim to meet these HEE standards if they are not accredited or regulated by OFQUAL, through an awarding organisation, or are an HEI. It is therefore imperative that practitioners take heed when choosing who to invest in, particularly for level 7 training certification and qualifications.

The HEE did note that it does not wish to exclude any training companies and education providers currently offering courses from continuing to contribute to qualifications for practitioners delivering cosmetic procedures. The report therefore makes reference to the need for collaboration, accreditation and recognition for training provided by other educators and product manufacturers, and gives this job to a single overarching body that is representative of the sector. From this, the HEE recommended the creation of a Joint Professional Council, including representation from all the differing professions within the sector.

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

requirements (Recommendation 6)."

Thus far, there has been no direct response from the Government to the individual recommendations outlined in the part two HEE report. The industry, through the creation of a Joint Professional Council has been somewhat left to 'get on with it'.

The JCCP

In January 2016, the British College of Aesthetic Medicine (BCAM) and the British Association of Cosmetic Nurses (BACN) announced the formation of the JCCP – Joint Council of Cosmetic Practitioners. The JCCP would be a new non-mandatory, self-regulatory body providing oversight for the cosmetic medicine sector in England. The results of the HEE consultation exercise demonstrated overwhelming support for the establishment of a Joint Professional Council for the cosmetic industry.



The creation of the JCCP is supported in principle by the Department of Health and Health Education England (HEE), and has since widened to include a working group with BAAPS, BAPRAS and BAD also on board.

The long-term plans include the management of registers of JCCP registered practitioners, training bodies, training courses and premises. It also includes the formation of a Clinical Standards Authority (CSA) to set the standards of proficiency and practice for the non-surgical sector, building on the previous work undertaken by the HEE. The ownership of the qualification and training standards, formulated by the HEE, have now passed to the JCCP. They have the opportunity to amend them, if needed, prior to a final and formal publication, currently set for April 2017.

In September 2016, it was announced that a working party had been established which will develop a

range of processes for accrediting practitioners, training bodies and training programmes against the new framework of standards being developed by the new CSA. A separate working party is engaged in designing the processes and criteria involved in establishing the JCCP register(s) of practitioners, training bodies, training courses and premises.

Currently Available Accredited Courses

Recently, several Universities, including the University of Central Lancashire and the University of Manchester have embarked on offering MSc and post-graduate diploma (PGDip) qualifications in non-surgical cosmetic interventions or skin ageing and aesthetic medicine. Such courses are open to medical professionals with level 6 bachelor degrees for their speciality and professional regulator membership.

One of the first independent training companies to embrace the more formal qualification-led side of aesthetic training is Harley Academy who now operate an OFQUAL regulated, HEE compliant level 7 qualification in injectables for aesthetic medicine. As well as having the qualification accredited by the OFQUAL regulated awarding organisation Industry Qualifications (IQ), their course has also been accredited for 142 CPD points by BCAM. Anyone wishing to undertake this course will need to demonstrate a level 6 (bachelors) degree in medicine, nursing, midwifery, dentistry or pharmacy and a valid GMC/NMC/GDC/GPhC number. Harley Academy also offer a route for RPL for those wishing to accredit their prior learning.

This was soon followed by the announcement by MATA Medical & Aesthetic Training Academy of a level 7 postgraduate certificate in the principles and practice of clinical injectable therapies (botulinum toxin and dermal fillers). This course is accredited by the OFQUAL regulated awarding organisation EduQual. Anyone wishing to undertake this course will need to demonstrate a level 6 (bachelors) degree for a doctor, dentist, nurse, independent nurse prescriber, pharmacist or ODP, and a valid GMC/NMC/GDC/GPhC number

or ODP registration on the HCPC register.

SkinViva Training have also announced the forthcoming launch of their level 7 certificate in injectables. They told us; "We are currently working in conjunction with the JCCP and other partners to establish a recognised Level 7 qualification in Aesthetics by early 2017."

Such courses are ideal for those new market entrants, with limited or no current medical aesthetic training, or those who are unable to demonstrate adequate prior learning through longevity and experience in the sector.

Currently there are no level 7 training courses in place which meet the HEE standards for training beauty therapists (and other non-medics) in dermal fillers and botulinum toxins, in terms of being accredited by OFQUAL or run through a Higher Education Institution (HEI). This is despite claims to the contrary by some providers, including Cosmetic Couture.

Training Company Opinions

Now you would think that if Keogh said he doesn't want to exclude non-medics from the aesthetic sector, and thus widen the number of practitioners looking to train and perform such cosmetic interventions, that training houses would be tripping over themselves to offer more and more courses aimed at beauty therapists, paramedics, dental nurses, pharmacists, ODPs, podiatrists, physiotherapists, radiographers etc.

But this is certainly not the case, no matter how lucrative a prospect it might seem. Certainly, there are initial cost implications for setting out and accrediting new course modules, which may pose a prohibitive investment amount for some, but in the main it seems that many are content to carry on training the medics that they have always trained, the safe option, and avoid any potential recrimination for joining Keogh in his 'inclusive' stance. It's not all about the money.

We conducted a confidential survey which was sent out to around two dozen differing training course providers, from larger, well-known

and established companies, to smaller, newer market entrants. All were selected for their presence in the marketplace and for openly admitting to training, or not training, non-medical practitioners in cosmetic injectables. In all only 5 companies chose to respond, but the opinions were interesting, if not surprising.

Dr. Tristan Mehta, Managing Director of Harley Academy said; "I didn't want to open up Pandora's box and train non-medics. In my opinion, I also don't ethically feel that this is appropriate as I believe that a medical background is required to deliver these medical treatments."

A spokesperson for Wigmore Medical stated; "Our doctor/trainer feels that their (non-medics) lack of training or understanding regarding anatomy, allied with the possibility of complications or wrongful treatment, makes it too big a risk for us to be made responsible for, as having trained them."

"We have opted to play safe. We do our best to train the right people in small groups, rather than open the doors to all comers, purely for the sake of making money. We may lose out, but at least we can sleep easy at night"; they added.

And they are not the only ones. "We only want to promote training to medical professionals to ensure the procedures are carried out by qualified medics"; affirmed the Academy Manager at HealthXchange Pharmacy.

With their soon to launch level 7 course on the horizon, a representative from SkinViva noted that they are more open to Keogh's plan for inclusivity, but many questions still remain unanswered.

"We are open to the possibility of extending the list of those we train. I think clarification on what qualifications and knowledge certain professionals have would assist us in extending the list. We would also need to be assured they had the support of a prescriber for Botox, and insurance after training. It

would also be good for clarity on who is eligible to do the Level 7 qualification, and we are hopeful the list will be extended in the coming weeks"; they said.

Conclusion

It is certainly something of a minefield at the moment, and a tricky job for practitioners to really know which way to turn to ensure that they do the right thing.

Speaking to Emma Davies, Clinical Director at Save Face, she noted; "At the moment I think there is a great need for clarity. My concern is that practitioners are worried and confused, if not panicked. There are many companies and bodies sending out misleading and conflicting information, and making spurious claims. It would be helpful to set the record straight."



The bottom line, and answer to the question – do I need to achieve a level 7 qualification in order to practice? – is no.

All of the new qualification and training requirements set out by the HEE reports are not, and will not be mandatory. This means that they are voluntary as there is no statutory legislation in place, or plan to initiate any.

So, then you say – so what's the point?

The point is that the practitioners wishing to demonstrate best practice and a responsible attitude to their work are expected to be motivated to achieve the accredited qualifications, either through study for an appropriate award or through demonstrating prior learning, both of which must be done through regulated awarding schemes.

It is possible that voluntary registers and member associations may set mandatory requirements to

demonstrate qualification/training accreditation before permitting entry, with the PSA accredited registers and regulators expected to do so. There is currently no news on this from the GMC or NMC though. Similarly, employers may look to seek practitioners with such recognised qualifications, and if enough awareness is raised, the public may also do this. Policing may become a remit of the industry's insurers, who may show preference to those with demonstrable compliance, over those without. All of this would be dependent on the risk assessments from their underwriters and their own commercial aims of course.

The point being that this may be enough to make many practitioners look to meet the standards by 2018; but they cannot be forced to do so.

So, we're back to the situation of self-regulation, something which Sir Bruce himself branded as a 'failure' for the sector in his 2013 report. With recent PSA accreditation for the two, core voluntary, self-regulators in the industry and the launch of the JCCP, we may be tempted to see this as self-regulation 2.0 – the new, improved self-regulation model. But nothing is 100% iron-clad and future proof.

"Of course, if voluntary self-regulation fails, it is possible, if risk to public safety increases, that the Government could revisit the risks versus the benefits of introducing further legislation and provide the necessary resources to police. Of course, the costs would need to be

recovered through registration fees"; added Emma Davies.

The JCCP is making a positive start, and it is within our own hands to make self-regulation work. If professionals can't be trusted to self-regulate then it would be a sorry state of affairs, and not one which the Government can afford to effectively police or mandate for.

Based on the people that I have spoken to, and many of the companies offering training to the sector, it is really only the HEE, and now the JCCP, who are acknowledging and advocating the inclusivity for non-medics that Keogh first announced. Many still believe that training non-medics is a bad choice and simply don't wish to be part of that process.

The, as yet unpublished, draft of the forthcoming European CEN Standard for *Aesthetic medicine services - Non-surgical medical procedures* (FprEN 16844) also does not recognise non-medical practitioners as providers of non-surgical cosmetic injectables. As another non-mandatory regulatory tool, and one which may indeed be affected by Brexit, it's easy for those stakeholders who would not benefit from it to simply ignore it.

Inclusivity is here to stay however, and I don't think there is any getting away from that. As the JCCP takes this forward, it will recognise individuals such as beauty therapists, but they will need to participate in fully accredited level 7 qualifications and work under

appropriate supervision or clinical oversight. It is not felt by many that the recent raft of supposedly 'qualified' beauty therapists entering the marketplace meet such requirements, and more should be done, for their sake, as well as the public they go on to treat.

It's fair to say that 2017 is going to be an interesting year for the aesthetic industry, and training and accreditation is just one small part of the overall regulatory amendments that will affect the sector. From further implementation of self-regulation in England, to statutory regulation enforcement in Scotland, plus the inauguration of registers as the JCCP and the RSC surgical registers establish. But, the bottom line for many will come down to the cost of compliance, and the over-riding feeling that yet again the already regulated are being more heavily regulated than the currently non-regulated.

We'll bring you more updates as the situation unfolds.

Lorna Jackson, BSc.



Lorna has been Editor of Consulting Room, the UK's largest aesthetic information website since 2003. She has become an industry commentator on a number of different areas related to the aesthetic industry, collating and evaluating statistics, plus researching, investigating and writing feature articles, blogs, newsletters and reports for Consulting Room and various consumer and trade publications, including *Cosmetic News*, *Journal of Aesthetic Nursing*, *Body Language*, *PMFA News*, *Aesthetic Medicine* and *Aesthetic Dentistry Today*. Lorna has also been asked to present at various industry events, including *Smart Ideas*, *FACE* and the *CCR Expo*. She was awarded *Journalist of the Year* at the *MyFaceMyBody Awards 2014*.