NHS
Health Education England

Developing people for health and healthcare

PART ONE:

Qualification requirements for delivery of cosmetic procedures: Non-surgical cosmetic interventions and hair restoration surgery

November 2015

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PART ONE

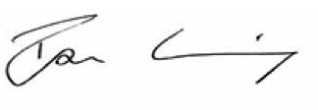
Content

Foreword

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

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

We are very pleased to be able to present the outcome of this national project developed with the support of key stakeholders in the cosmetics industry. We recognise the importance of ensuring that all practitioners working in the cosmetics industry, regardless of their previous training and professional background, have the appropriate specialist training in the use, application and, where applicable, operation and maintenance of the products they are using. The very helpful contributions received from a wide range of experts across the industry, including patients/users as well as education providers and professional and regulatory bodies, have enabled us to achieve a consensus on the way forward and demonstrate a high level of support and strong commitment to establishing a robust qualifications framework that we believe will improve standards and better protect the patients of tomorrow.



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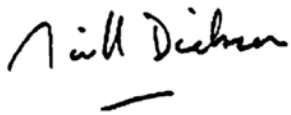

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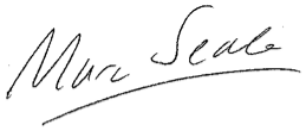

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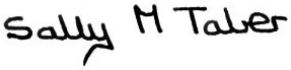

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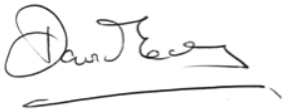

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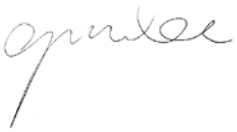

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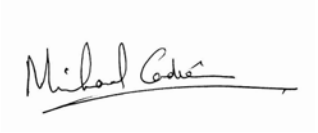

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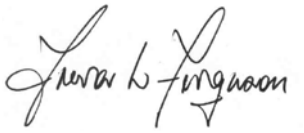

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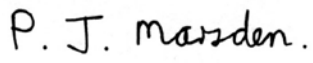

Professor Peter Marsden
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Acronyms and Abbreviations

APL	Accreditation of Prior Learning
BAD	British Association of Dermatologists
BT	Botulinum toxin
CAP	Committee of Advertising Practice
CoK	Core of Knowledge for laser protection
CPD	Continuing Professional Development
CPSR	Chemical Peels and Skin Rejuvenation
CQC	Care Quality Commission
DBS	Disclosure and Barring Service
DF	Dermal Filler
DH	Department of Health
ERG	Expert Reference Group
GDC	General Dental Council
GMC	General Medical Council
GOC	General Optical Council
GPhC	General Pharmaceutical Council
HEE	Health Education England
HCPC	Health and Care Professions Council
HRS	Hair Restoration Surgery
HSV	Herpes simplex virus
HIV	Human immunodeficiency virus
IELTS	International English Language Testing System
IT	Information Technology
LIPLED	Laser, Intense Pulsed Light (IPL) and Light Emitting Diode (LED)
LPA	Laser Protection Adviser
LPS	Laser Protection Supervisor
MHRA	Medicines and Healthcare Products Regulatory Agency
NICE	National Institute for Health and Care Excellence
NMC	Nursing and Midwifery Council
POM	Prescription Only Medicine
RCS	Royal College of Surgeons
RPL	Recognition of Prior Learning

Executive Summary

Health Education England (HEE) exists to improve the quality of care for patients by delivering a better health and healthcare workforce for England, through the education, training and personal development of every member of staff, and by recruiting for values. The qualification requirements set out in this paper have been developed to support improvements in the quality and standards of patient and client care, safety and protection in the delivery of cosmetic procedures. They apply to all practitioners, regardless of previous training and professional background, on the basis that patient safety can only be assured if delivery of cosmetic procedures is carried out by practitioners who have had specialist training in the use, application and, where applicable, operation and maintenance of the product they are using.

Stakeholder engagement has been key to developing these proposals and we have relied on the expertise of members of our Expert Reference and Advisory Groups, as well as input from other industry stakeholders and public representatives throughout the project.

This document sets out the detailed qualification requirements for delivery of cosmetic interventions together with guidance on the application of the requirements for different groups of practitioners working in the cosmetics or aesthetic field. These requirements have been revised in the light of responses to a stakeholder consultation which took place between 9 December 2014 and 9 January 2015. We recognise that the requirements will need further development and that the level of qualifications for different treatments and clinical oversight requirements will need to be developed over time when the framework is fully embedded and practitioners enter practice who have taken the full qualification

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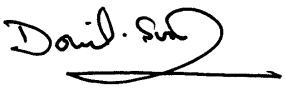


Professor David Sines
Chair, Expert Reference Group

PART ONE

1. Introduction

1.1 This paper summarises Health Education England (HEE)'s recommended qualification requirements for practitioners delivering cosmetic procedures. They have been developed by a group of industry and professional experts led by HEE, with the advice and support of an Advisory Group which included representatives from the regulatory bodies for the health professions. See Annexes 1 and 2 for information on the membership of the Expert Reference and Advisory Groups. These requirements are based on a programme of work led by HEE between October 2013 and end April 2015.

1.2 The qualification requirements have been developed to support improvements in the quality and standards of patient/client care and patient/client safety and protection – and these aims are central to our proposals. As highlighted in the review of the regulation of cosmetic interventions led by Professor Sir Bruce Keogh (the 'Keogh Review'[1]), "cosmetic interventions can have a profound impact on health and wellbeing", but the clinical risk can be considerably reduced if practitioners have the appropriate skills and knowledge.

1.3 Patient/client wellbeing and psychosocial and emotional support are essential common themes running throughout the recommended indicative curriculum content at all levels in all modalities. The primary aim of psychosocial and emotional support is to enable prospective clients and patients seeking cosmetic procedures to make informed decisions and to recognise the importance of patients and practitioners working together to achieve realistic expectations and enhance safety. This will be achieved through training, which will give practitioners the ability to use appropriate screening tools and questions to assess the suitability of prospective patients who are considering a cosmetic procedure and identify high risk groups. It will also give them an understanding of independent support services available for onward referral where necessary. The majority will not need additional involvement from a psychosocial specialist, but those identified as requiring a more detailed assessment should be referred to a suitably qualified specialist who is able to provide appropriate intervention, if needed.

1.4 The importance of patient and client protection is also recognised in the values and behaviours we would expect of practitioners delivering cosmetic procedures, which include acknowledging when treatment is not in the patient or client's best interest and referring on or refusing treatment where appropriate, practising in a non-discriminatory manner, demonstrating ethical practice and professionalism and ongoing reflection about personal practice.

1.5 There are currently no restrictions on who may perform cosmetic procedures, no qualification requirements and an absence of accredited training courses in an industry which is booming and expected to be worth £3.6 billion by 2015[2]. The requirements presented in this report address this issue by setting out qualification requirements and associated standards for delivery of cosmetic procedures.

[1] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/192028/Review_of_the_Regulation_of_Cosmetic_Interventions.pdf
[2] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/279431/Government_response_to_the_review_of_the_regulation_of_cosmetic_interventions.pdf

1.6 Although the procedures covered by these qualification requirements are normally for cosmetic purposes rather than to treat a health condition, it is important to recognise the clinical nature and risks of the cosmetic procedures being delivered. For this reason the term 'patients and clients' has been used rather than 'consumers' to describe the recipients of these interventions and emphasise the importance of clinical knowledge and skills.

1.7 These requirements apply to all practitioners, regardless of previous training and professional background, ranging from doctors and dentists and other regulated health professionals to those with a beauty therapy background. This is on the basis that patient safety can only be assured if delivery of cosmetic procedures is carried out by practitioners who have had specialist training in the use, application and, where applicable, operation and maintenance of the product they are using. The requirements also take into account the Government Response to the Keogh review[2], which accepted the majority of the review's recommendations, including those relating to education and training, but rejected the recommendation to introduce a new regulated profession for those performing cosmetic interventions, since in its view many practitioners are already members of professional registers and therefore already subject to professional regulation. For further information on the requirements for individual groups of practitioners, please see Section 3.

1.8 Although the cosmetic procedures addressed within this document are limited to five modalities (see 2.1), one of the principles underlying the development of the qualification requirements was that the requirements should be flexible enough to be able to accommodate other 'orphan' procedures not addressed as part of the scope of HEE's work and new and emerging modalities.

1.9 The qualification requirements include areas of study which were highlighted as key requirements in the Keogh review, such as training on obtaining informed consent, information governance and record keeping, and ensuring that practitioners have a clear understanding of the requirement to operate from safe premises, with patient safety training in topics such as infection control, treatment room safety and adverse incident reporting. They also address recommendations for training in physiology, anatomy, infection control, treatment of anaphylaxis and an understanding of existing medical conditions so that practitioners are aware of all the possible risks and complications of the procedures and are able to recognise and treat complications.

1.10 The words 'education' and 'training' are used, often interchangeably, to reflect both the knowledge or theory and the practical elements of learning which underpin the qualification requirements.

1.11 We recognise that the requirements will need further development and that the level of qualifications for different treatments and clinical oversight requirements will need to be developed over time when the framework is fully embedded and practitioners enter practice who have successfully completed the full qualification.

[2] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/279431/Government_response_to_the_review_of_the_regulation_of_cosmetic_interventions.pdf

2. Qualification requirements

2.1 The qualification requirements cover five treatment modalities:

a) Botulinum toxins (BTs)
b) Dermal fillers (DFs)
c) Chemical peels and skin rejuvenation (microneedling and mesotherapy) (CPSR)
d) Laser, Intense Pulsed Light (IPL) and Light Emitting Diode (LED) (LIPLED)
e) Hair Restoration Surgery (HRS)

2.2 The qualification requirements set out in this document correspond with different levels of learning which reflect the complexity and risk level of different procedures (see Annex 3) and the corresponding knowledge and skills requirements identified to ensure patient/client safety and high standards of care. These levels of learning will enable practitioners to[3]:

Level 4 (equivalent to Foundation Degree Year One level)

- evaluate the appropriateness of different approaches to solving problems related to their area(s) of study and/or work
- communicate the results of their study/work accurately and reliably, and with structured and coherent arguments

Level 5 (Foundation Degree level)

- use a range of established techniques to initiate and undertake critical analysis of information, and propose solutions to problems arising from that analysis
- effectively communicate information, arguments and analysis in a variety of forms to specialist and non-specialist audiences, and deploy key techniques of the discipline effectively

Level 6 (Graduate or Degree level)

- apply the methods and techniques that they have learned to review, consolidate, extend and apply their knowledge and understanding, and to initiate and carry out projects
- critically evaluate arguments, assumptions, abstract concepts and data (that may be incomplete), to make judgements, and to frame appropriate questions to achieve a solution – or identify a range of solutions – to a problem
- communicate information, ideas, problems and solutions to both specialist and non-specialist audiences

Level 7 (Postgraduate level)

- deal with complex issues both systematically and creatively, make sound judgements in the absence of complete data, and communicate their conclusions clearly to specialist and non-specialist audiences
- demonstrate self-direction and originality in tackling and solving problems, and act autonomously in planning and implementing tasks at a professional or equivalent level

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

2.4 The procedures able to be delivered following training at each level for each modality, and supervision requirements following qualification are set out in Table 1.

[3] QAA (2008) The framework for higher education qualifications in England, Wales and Northern Ireland. http://www.qaa.ac.uk/publications/information-and-guidance/publication?PubID=2718

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

See Glossary in Annex 4 for further information on specific procedures

Hair Restoration Surgery (HRS) | **Botulinum toxins (BTs)** | **Dermal fillers (DFs)** | **Lasers, IPL & LED treatments (LIPLED)** | **Chemical peels & skin rejuvenation (CPSR)**

Level 7 (Postgraduate level)

Pathway	Successful completion of training* enables practitioners to:	
HRS	Perform hair restoration surgery	GMC-registered practitioners with a licence to practise only
DFs	Administer permanent fillers	
LIPLED	Deliver fully ablative skin treatments (ie non-fractional resurfacing)	
CPSR	Administer full face phenol peels and injection lipolysis into superficial fat	
BTs	Administer botulinum toxins	Subject to oversight of independent prescriber
DFs	Administer temporary/semi-permanent dermal fillers	
CPSR	Deliver mesotherapy with pharmaceutical strength topical agents	
CPSR	Deliver medium depth chemical peels and localised phenol peels	
LIPLED	Deliver laser treatments of any sort within the periorbital rim (excluding treatments on or within the eyeball)	Subject to oversight of clinical professional
Common themes/shared modules		

Level 6 (Degree level)

Pathway	Successful completion of training* enables practitioners to:	
CPSR	Deliver mesotherapy with/without homeopathic topical treatment	Subject to oversight of clinical professional
CPSR	Deliver superficial chemical peels to Grenz zone	
CPSR	Deliver ≤1.5mm microneedling with manual device, ≤1.0mm power assisted microneedling and ≥1.5mm microneedling for non facial areas	
LIPLED	Deliver ablative fractional laser treatments (excluding treatments within periorbital rim)	
LIPLED	Use laser and IPL treatments for generalised and discrete pigmented lesions (excluding treatments within periorbital rim)	
Pathway	**Practical skills training under supervision will include:**	
BTs	Administration of botulinum toxins to upper face	
DFs	Administration of temporary/reversible fillers for lines and folds (precluding complex zones)	
Common themes/shared modules		

APEL/RPL

Pathway	Successful completion of training* enables practitioners to:	
LIPLED	Use laser treatments for tattoo removal (excluding treatments within periorbitla rim)	
LIPLED	Use laser and IPL treatments for benign vascular lesions (excluding treatments within periorbitla rim)	
CPSR	Deliver 0.5-1.0 mm microneedling with manual device	
Common themes/shared modules		

Level 5 (Foundation Degree level)

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

Level 4 (Foundation Degree Year 1 level)

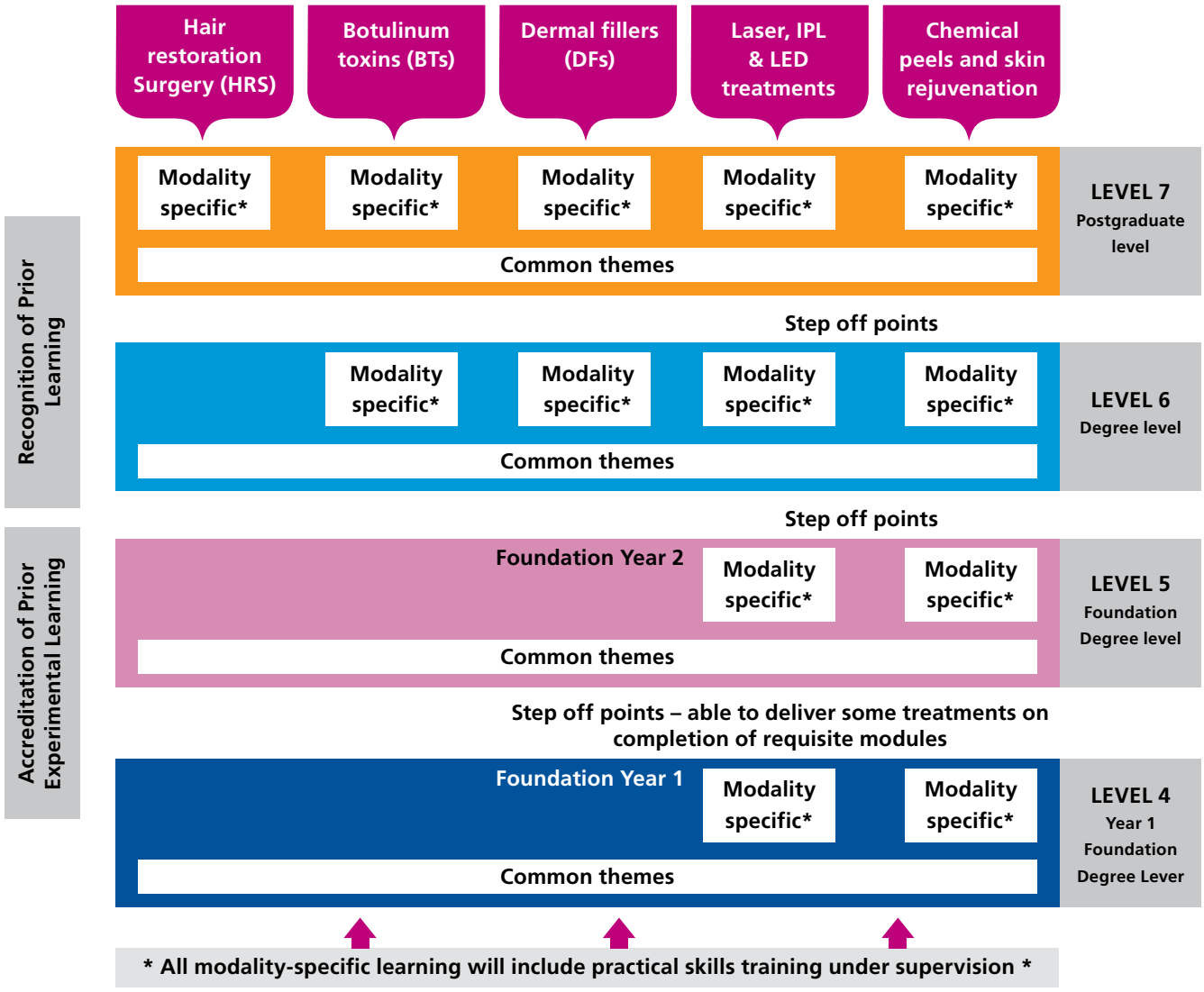
APEL/RPL

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

* Dependent on successful completion of requisite modules

2.5 The qualification requirements have been designed to provide step off points following successful completion of training at each level (at which point practitioners will be able to deliver specific procedures) and opportunities for career progression (see Figure 1). For the LIPLED and CPSR treatments, there are step off points following training at levels 4, 5, 6 and 7. For the BT, DF and HRS treatments there is only one step off point following training at level 7, although practitioners will also need to complete training at lower levels.

Figure 1



2.6 There will be a range of entry points to training for different groups. Those without any previous training or experience in the delivery of cosmetic procedures, including some groups of health professionals, will be required to start with level 4 training, selecting modules to reflect the modalities in which they wish to practice. Other groups of health professionals will be able to enter training at levels 6 and 7, depending on their previous qualifications, although their qualification will include some learning from levels 4, 5 and 6 to ensure that they are able to deliver procedures at lower levels before progressing to more complex procedures. Recognition of Prior Learning (RPL) and Accreditation of Prior Learning (APL) will be used to recognise previous certificated or uncertificated learning and determine modules to be completed to meet qualification requirements. For those already practising in the cosmetics industry who do not wish to study for a formal qualification, mechanisms will need to be available to recognise existing knowledge, skills and experience.

2.7 Practitioners do not require a basic clinically relevant qualification before they apply for training to deliver cosmetic procedures. For entry to level 4 programmes, education providers will set their own entry and admission requirements to ensure that candidates meet their eligibility criteria and have the right skills, knowledge and values to successfully complete their programmes of study, with the appropriate competencies to provide high quality and safe services. However it is recommended that the following requirements form the basis of the standards set for entry to training at level 4:

a) 5 GCSEs at grade C and above including Maths, English and Core Science

b) Plus one of the following, recognising the value of non-traditional vocational qualifications in this field:

One A-Level or equivalent

A level 3 accredited qualification from an Awarding Organisation in relevant subject, eg Beauty Therapy

Access course

Skills for Health bridging programme

c) For candidates who have not achieved secondary education-level qualifications, work experience may count towards entry, eg through submission of a portfolio of evidence, but prior work experience should not be a requirement for entry

d) Applicants must demonstrate ability to study at level 4

e) Applicants must complete an enhanced Disclosure and Barring Service (DBS) application form and receive a DBS certificate

f) If English is not the applicant's first language, an English language level of International English Language Testing System (IELTS) 6.5 or 7.0 (depending on the education provider's requirements) in all components or equivalent will be required

A key objective for HEE is to widen access to educational opportunities and provide opportunities for progression of individuals without formal school qualifications, eg through the development and provision of apprenticeship opportunities.

2.8 Education providers will be expected to ensure that the individual values and behaviour of students/trainees selected for entry support the delivery of excellent client/patient care and experience, eg through demonstrating openness, candour, compassion, integrity and honesty. The application process for those entering the programme at level 4 should include an interview, and recruitment processes must involve industry or clinical experts who understand the procedures being delivered and the needs of patients/clients. In the case of regulated health professionals, the recruitment and selection process should include a registration check to ensure that there are no outstanding fitness to practice issues.

Aims and learning outcomes

2.9 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-centeredness and appropriate theoretical knowledge.

2.10 The learning outcomes of any education programmes delivered to meet the qualification requirements should enable the practitioner to:

a) deliver cosmetic procedures safely, appropriately and proficiently

b) understand and demonstrate insight into the limitations of their own proficiencies and scope of practice

c) understand and describe the most appropriate ways to deal with duty of candour, complaints and escalation of concerns and problems

d) communicate effectively and openly with patients/clients

e) accurately assess an individual patient/client's needs

f) identify and explain the relevant risks of the proposed treatment and how to mitigate them

g) undertake a thorough history, including relevant past medical history and current medication, to inform the management plan

h) identify instances when treatment is not in the patient/client's best interests

i) provide a rationale for decisions to treat and not treat, and for choice of modality

j) understand and describe the influences that can affect the choices made by patients/clients and practitioners about cosmetic interventions to be used

k) encourage patients to use independent emotional support to foster realistic expectations, enhance safety and make best use of their consultation time and results

l) apply the principles of evidence-based practice

m) understand and describe the possible interactions between different procedures and demonstrate how to apply that knowledge

n) use knowledge and skills to achieve optimal results and minimise the risk of complications

o) recognise their own professional accountability and responsibility for delivery of procedures and manage their practice in an ethical way

p) understand and explain the roles and relationships of others involved in the prescription, delivery and supervision of cosmetic interventions

Areas of study/indicative content

2.11 In order to meet the learning outcomes and ensure that practitioners are able to deliver safe, appropriate and patient-centred procedures, the areas of study which must be incorporated into a detailed curriculum to enable practitioners to develop knowledge and proficiency appropriate to the cosmetic interventions they are delivering is set out in Table 3. These areas of study are grouped into the following four themes:

1. Generic knowledge and skills
2. Specialty specific knowledge and skills
3. Law, policy and ethics
4. Facilities, premises, health and safety

Table 2

Areas of Study: Indicative Content	
1. GENERIC KNOWLEDGE AND SKILLS	
1a.	**Evidence-based Practice**
i.	understanding of basic principles of research methodology
ii.	ability to critically appraise evidence-based literature
iii.	understanding of systematic review
iv.	adherence to evidence-based practice and ability to rationalise deviation from evidence base
v.	ability to undertake a literature search
vi.	utilisation of information technology and health informatics
1b.	**Working in a Team Context**
i.	effective multidisciplinary team working
ii.	effective communication with colleagues
iii.	respect for and appreciation of other team members
iv.	understanding of principles of leadership and management
v.	skills in supervision, mentoring and training
vi.	equality and diversity training
vii.	conflict resolution
viii.	understanding of pitfalls of lone-working; working in isolation
1c.	**Professionalism**
i.	show respect for patients/clients
ii.	treat patients/clients fairly without discrimination
iii.	act with honesty and integrity
iv.	do not abuse patient/client trust
v.	probity
vi.	recognise and work within levels of proficiency
vii.	work in partnership with patient/client to support shared decision making, informed consent and shared agreement on outcome expectations
viii.	strive to ensure patient/client receives good care and treatment
ix.	maintain proficiency, keep skills up to date
1d.	**Clinical Governance & Accountability**
i.	appreciation of the value of audit and ability to undertake routine audit of outcomes
ii.	take part in quality assurance and quality improvement to promote patient/client safety
iii.	ability to record work clearly and accurately
iv.	improve performance through reflective practice and peer review
v.	contribute to systems which protect patients/clients, eg adverse event recognition and reporting
vi.	accountability to employers
1e.	**Clinical**
i.	basic understanding of anatomy and physiology, pathology, microbiology, biochemistry, pharmacology, biophysics and hygiene

ii.	ability to examine the patient/client, take a relevant history and assess needs to develop a care plan
iii.	ability to monitor and record progress against the care plan and modify appropriately if required
iv.	ability to assess, evaluate and interpret risk indicators, balance risk against benefits and communicate potential risks and benefits to patients/clients and others
v.	ability to deal appropriately with sudden deterioration in patient's/client's physical or psychological condition or with emergency situations
vi.	numeracy skills, drug calculations required to administer medicines safely via appropriate routes
vii.	understanding of drug pathways and how medicines act
viii.	understanding of impacts of physiological state of patients on drug responses and safety
ix.	understanding of pharmaco-dynamics, pharmaco-therapeutics and pharmaco-kinetics
x.	knowledge of management of adverse drug events/reactions
xi.	management, preparation and administration of medicines
xii.	basic life support
1f.	**Psychosocial and emotional support for patients and clients seeking cosmetic procedures**
i.	basic knowledge of the psychology of appearance including the drivers for cosmetic procedure requests
ii.	understanding of the evidence for the effectiveness of cosmetic procedures in achieving psychological wellbeing
iii.	awareness of high risk groups including those with mental health conditions, adolescents and children
iv.	knowledge of relevant NICE guidelines appropriate to this area including Obsessive Compulsive Disorder (OCD) and Body Dysmorphic Disorder (BDD)
v.	communication skills to support shared decision making, informed consent and concordance in outcome expectations
vi.	ability to use appropriate screening tools and questions to identify high risk groups
vii.	ability to recognise BDD and other mental health issues
viii.	understanding of pathways for providing psychological and emotional support, including onward referral when necessary
ix.	ability to manage psychological issues post-operatively, eg heightened emotional arousal, unmet expectations, post decisional regret
x.	ability to undertake routine audit of outcomes
xi.	understanding of emotional support and referral options as part of the consent process
xii.	case supervision and professional boundary setting

2. COSMETIC PROCEDURE SPECIALTY SPECIFIC KNOWLEDGE AND SKILLS [Including patient/client consultation and assessment, treatment plan development and delivery, understanding and mitigation of risks, recognition and management of complications]	
2a.	**ALL MODALITIES (NB: * indicates HRS excluded):**
i.	understanding of the structure and function of the skin and hair
ii.	*understanding of skin ageing and preventative measures
iii.	*understanding of the morphology of facial ageing
iv.	*understanding of relevant dermatological conditions/diseases, eg cherry angioma, spider naevus, actinic lentigo, melasma, benign dyschromias related to sun damage, acne, hirsutism, rosacea
v.	understanding of the hair growth cycle
vi.	ability to perform appropriate consultation and assessment of patient/client
vii.	ability to take relevant past medical history and utilise appropriate breadth of knowledge as a basis for sound clinical judgement
viii.	understanding of psychosocial impact of presenting complaint and potential impact of specific treatment
ix.	understanding of the 'Request for Treatment' approach to consent[4]
x.	understanding of common health conditions which may affect treatment, eg diabetes, hypertension, cardiovascular disease/stroke, autoimmune disease, immunocompromised patients, those with transmissible infections, alcohol/drug abuse
xi.	recognition that each patient/client is an individual and may require or respond differently to standard procedures (eg depending on age, facial morphology, skin quality, baseline asymmetry etc) and ability to tailor treatment appropriately
xii.	understanding of relevant anatomy and physiology throughout the lifespan
xiii.	understanding of skin microbiology/microbiome
xiv.	decision-making skills to develop appropriate and effective treatment plan
xv.	understanding of treatment options in order to offer alternatives and/or refer on
xvi.	understanding of use of combination procedures to maximise outcomes
xvii.	understanding of relative and absolute contraindications of relevant procedure
xviii.	ability to deliver relevant procedure safely, effectively and proficiently
xix.	understanding of limitations of relevant procedure
xx.	development of appropriate pre-procedure and post-procedure/after care plans
xxi.	understanding of relevant interactions with concomitant medications
xxii.	recognition of common side effects/complications of relevant procedure
xxiii.	recognition of serious adverse events/complications of relevant procedure
xxiv.	ability to mitigate risk
xxv.	ability to effectively treat complications and/or refer on if appropriate
xxvi.	understanding of needle-stick injury and appropriate measures
xxvii.	adequate numeracy skills to dilute and/or dose agents appropriately
xxviii.	understanding of appropriate storage of products
xxix.	ability to utilise clean and/or sterile technique when appropriate
xxx.	recognition of differential diagnosis and signs associated with vasovagal response and management
xxxi.	appropriate use of topical or local anaesthetic, understanding of risks/benefits, and recognition and treatment of adverse reactions
xxxii.	ability to take photographs both pre and post-treatment photography and understand how they should be used

[4] http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3025230/

MODALITY SPECIFIC KNOWLEDGE AND SKILLS

Level 7
(Postgraduate level)

Successful completion of training enables practitioners to:

Perform hair restoration surgery (GMC-registered practitioners with a licence to practise only)

2b. Hair Restoration Surgery (HRS)

i. understanding of epidemiology and demographics of hair loss, including ethnic variation

ii. recognition of common causes of scarring and non-scarring alopecia for appropriate patient/client selection

iii. appropriate patient/client assessment with accurate identification of aetiology of hair loss – androgenetic, non-androgenetic or a combination

iv. ability to offer treatment options for androgenetic, non-androgenetic or combination hair loss

v. ability to assess current hair loss and anticipate future pattern development for aesthetically pleasing placement of grafts

vi. understanding of graft preparation techniques

vii. ability to dissect and trim follicular unit grafts derived from strip or follicular unit extraction (FUE) methods

viii. ability to extract grafts incised for FUE by a doctor or doctor-directed robot

ix. ability to place follicular unit grafts appropriately and accurately

x. knowledge of principles of good surgical practice/ technique

xi. in depth knowledge of medical and surgical management of hair loss and reconstruction techniques

xii. understanding risks and benefits of hair restoration surgery

xiii. knowledge of pre-operative preparation, and appropriate intra- and post-operative care

xiv. recognition and management of hair restoration surgery complications

xv. recognition and management of emergency situations in hair restoration surgery

xvi. safe, effective delivery of primary and reconstructive hair restoration surgery

Level 7
(Postgraduate level)

Successful completion of training enables practitioners to:

Administer botulinum toxins (under supervision of independent prescriber)

Level 6
(Degree level)

Practical skills training under supervision will include:

Administration of botulinum toxins to upper face

2c. Botulinum Toxins (BTs)

i. in depth understanding of facial and neck anatomy including relevant vessels, nerves and muscles

ii. understanding of static and dynamic wrinkling

iii. familiarity with the concepts of youth and attractiveness with regards to eyebrow shape and facial contours and symmetry which can be modified or enhanced using BTs

iv. understanding of age-related changes which may impact appropriate use of BTs

v. identification of contraindications for use, eg pregnancy, breast feeding, history of neuromuscular disorder

vi. understanding of biochemistry and pharmacology (eg dilution, diffusion, onset and duration of action, metabolism, toxicity) of various BTs

vii. understanding of mechanism of action of BTs, effects at neuromuscular junction and acetylcholine blockade

viii. ability to reconstitute and store various BTs appropriately

ix. knowledge of manufacturers' guidelines and ability to justify deviation from

x. accurate and appropriate injection technique and product placement (eg dose and site)

xi. ability to adjust toxin dose and placement for individualised treatment

xii. understanding of potential risks including facial asymmetry, ptosis, dry eyes, drooling, lip drooping, difficulty speaking or swallowing, dry mouth, respiratory distress

xiii. understanding of patient/client's occupation and how this may affect management options

xiv. knowledge of common treatment areas, danger zones and high risk areas

xv. ability to recognise and correct suboptimal outcomes using knowledge of facial muscle interactions

xvi. knowledge and understanding of the molecular structure of BTs and mode of action of each component

xvii. understanding of various BT products and how their doses correlate to each other

Level 7
(Postgraduate level)

Successful completion of training enables practitioners to:

Administer permanent fillers (GMC-registered practitioners with a licence to practise only)

Administer dermal fillers (under supervision of independent prescriber

Level 6
(Degree level)

Practical skills training under supervision will include:

Administration of temporary/ reversible fillers for lines and folds (precluding complex zones)

2d. Dermal Fillers (DFs)

i. in depth understanding of facial anatomy including relevant vessels, nerves, muscles and fat pads

ii. understanding of volume changes associated with ageing and impact on appearance

iii. understanding of conventional concepts of youth, beauty and attractiveness in relationship to facial shape, balance and proportion, skin folds and wrinkles

iv. appropriate patient assessment with in depth analysis of wrinkles, folds, facial shape and contour and development of appropriate treatment plan

v. understanding of biochemistry, pharmacology of various types of dermal filler: permanent, semi-permanent and temporary; replacement vs stimulatory; with or without local anaesthetic

vi. ability to choose best product for individual need

vii. familiarity with mechanistic action of stimulatory fillers

viii. knowledge of the skin microbiome and need for sterile technique to mitigate risk of infection or biofilm formation, eg particularly with permanent fillers or deep placement using cannula

ix. knowledge of various injection techniques eg threading, depot, fanning

x. dosage placement of product at appropriate anatomical site (eg nasolabial folds, marionette lines, lips, tear trough)

xi. placement of product at appropriate tissue depth (eg intradermal, sub dermal, periosteal)

xii. knowledge of needle vs cannula technique, understanding of pros/cons and ability to use appropriately

xiii. knowledge of common treatment areas, danger zones and high risk areas (eg periorbital, temple)

xiv. relative risks of common treatment areas (eg glaballa, nasolabial folds and vascular compromise)

xv. recognition of specific severe adverse events including vascular occlusion/embolisation (which can lead to skin necrosis and scarring or permanent blindness) and expedient delivery of required emergency treatment

xvi. understanding and recognition of specific adverse events including hypersensitivity, biofilm, granuloma, nodule formation with suppuration and abscess formation and treat or refer on appropriately

xvii. ability to use hyaluronidase if appropriate eg recognition of appropriate indication, accurate dilution and administration, knowledge of complications and adverse events with hyaluronidase use

Level 7 (Postgraduate level)

Successful completion of training enables practitioners to:

Fully ablative skin treatments (ie non-fractional resurfacing) (GMC-registered practitioners with a licence to practise only)

Laser treatments of any sort within the periorbital rim excluding treatments on or within the eyeball (under supervision of a clinical professional)

Level 6 (Degree level)

Successful completion of training enables practitioners to:

Deliver ablative fractional laser treatments (exluding periorbital rim)

Use laser and IPL treatments for generalised and discrete pigmented lesions (excluding periorbital rim)

Level 5 (Foundation degree level)

Successful completion of training enables practitioners to:

Use laser treatments for tattoo removal (excluding periorbital rim)

Use laser and IPL treatments for benign vascular lesions (excluding periorbital rim)

Level 4 (Foundation degree Year One level)

Successful completion of training enables practitioners to:

Use lasers and IPL for hair removal/reduction (excluding periorbital rim)

Use non ablative lasers, IPL and LED for photorejuvenation, including sun induced benign dyschromia ((excluding periorbital rim)

Use LED for clinically diagnosed acne vulgaris

2e. Lasers, IPL and LED (LIPLED)

i. understanding of basic principles of physics which underpin clinical application of lasers, IPL and LED treatment

ii. strict adherence to safety protocols including eye protection

iii. understanding of risks for patients/clients, practitioners and people outside the room and risk assessment requirements

iv. understanding of maximum permissible exposure and nominal ocular hazard distance

v. awareness of hazards to eye and skin from accidental exposure and reflection

vi. knowledge that various wavelengths will penetrate skin and eye tissue differently, depending on diffusion properties

vii. familiarity with various laser, IPL and LED delivery systems and optical radiation-tissue interactions

viii. optimisation of clinical outcomes using appropriate devices and treatment parameters

ix. ability to recognise common benign skin lesions and conditions such as cherry angioma, spider naevus, rosacea, actinic lentigo, melasma, acne vulgaris and benign dyschromias[5]

x. understanding the limitations of laser, IPL and LED in the treatment of common benign skin lesions and conditions and when to refer on

xi. dealing with complications

xii. contraindications for the use of laser, IPL and LED

xiii. appropriate patient selection including skin type, indication and treatment choice

xiv. appropriate skin preparation and role of test patch

xv. knowledge of various tattoo types, inks and pigments

xvi. appropriate wavelength selection for specific pigments

xvii. awareness of alternative methods of tattoo removal

xviii. knowledge of alternative methods of hair removal

xix. knowledge of alternative procedures for common benign skin lesions and conditions

xx. knowledge of Q-switched laser technology and difference between active and passive

xxi. knowledge of fractional and non-fractional delivery

xxii. ablative laser wavelengths and pulse durations vs nonablative wavelengths

xxiii. effects of different pulse lengths

xxiv. effects of different beam diameters

xxv. provision of appropriate postoperative instructions including wound care and sun protection

xxvi. knowledge of manufacturer device manuals and protocols

xxvii. knowledge of manufacturer/supplier guidelines and device training

NOTE: All elements of the 'Core of Knowledge' (CoK) for Laser Protection is covered within 2c or 4

[5] See Glossary for further clarification on conditions included in the terms 'Benign vascular lesions' and 'Benign dyschromias'

Level 7 (Postgraduate level)

Successful completion of training enables practitioners to:

Administer full face phenol peels and injection lipolysis into superficial fat (GMC-registered practitioners with a licence to practise only)

Deliver mesotherapy with pharmaceutical strength topical agents, medium depth chemical peels and localised phenol peels (under supervision of an independent prescriber)

Level 6 (Degree level)

Successful completion of training enables practitioners to deliver (subject to oversight of clinical professional):

Mesotherapy without/without homeopathic topical treatment

Superficial chemical peels to Grenz zone

≤1.5 mm microneedling with manual device, ≤1.0mm power assisted microneedling and ≥1.5mm microneedling for non facial areas

Level 5 (Foundation degree level)

Successful completion of training enables practitioners to:

0.5-1.0mm microneedling with manual device

Level 4 (Foundation degree Year One level)

Successful completion of training enables practitioners to:

≤0.5mm microneedling with manual device

Very superficial chemical peels to stratum corneum

2f. Chemical Peels and Skin Rejuvenation (CPSR)

i. evidence base and mechanistic understanding of common skin rejuvenation techniques

ii. understanding of skin anatomy—epidermis (stratum corneum and viable epidermis), dermis (papillary and reticular), hypodermis

iii. understanding of skin appendages (hair follicle, sebaceous gland, sweat gland/duct)

iv. understanding of depth of penetration of peel

v. understanding of wound healing mechanisms

vi. ability to accurately assess Fitzpatrick skin type

vii. recognitions of comedonal vs inflammatory and cystic acne and step-ladder algorithms of appropriate treatment

viii. understanding of cutaneous wrinkling vs skin folds secondary to deeper anatomical changes

ix. biochemistry and pharmacological or physiological actions of specific peeling agents, agents used with mesotherapy and microneedling

x. understanding of pharmacological actions of lipolytic agents used with injection and mechanism of action of tissue response

xi. understanding of microneedling including efficacy and risks associated with needle depth

xii. understanding of appropriate clinical indications for various chemical peels, microneedling and mesotherapy

xiii. understanding of appropriate clinical indications for injection lipolysis

xiv. ability to inform patient/client of expected consequences and timescales (eg bleeding, erythema, peeling, induration/oedema, pain)

xv. ability to inform patient/client of common or mild complications (eg reactivation of Herpes Simplex Virus (HSV), superficial infection) and mitigate risks

xvi. ability to inform patient/client of moderate, serious or permanent complications (eg hyper or hypo pigmentation, cellulitis, scarring, textural changes and nodules, cardiotoxicity, burns, sedation risks)

xvii. recognition of high risk areas of treatment and danger zones

3. LAW, POLICY AND ETHICS	4. FACILTIES, PREMISES, HEALTH & SAFETY
a. understanding of principles of informed consent and mental capacity	a. health, safety and welfare of patients/clients and staff
b. awareness of vulnerable patient/client groups: children, learning disability, mental health, emergency situations	b. infection prevention and control
c. equality, diversity and human rights	c. fire safety regulation
d. legal basis for practice, liability and indemnity	d. health and safety regulation
e. principles of medical negligence	e. principles of risk assessment and management
f. information governance, confidentiality and data protection	f. moving and handling
g. manufacturer and NICE guidance	g. instrument and equipment safety, servicing and record-keeping
h. role of statutory regulation for health professionals	h. emission characteristics of various equipment
i. GMC, NMC, GDC, HCPC, GPhC, GOC standards, proficiency to deliver procedures and insight into scope of practice	i. appropriate laser safety management including role of Laser Protection Advisor (LPA) and Supervisor (LPS)
j. prescribing legislation and guidance relating to cosmetics and to prescribing off-label or unlicensed use of medicines, and regulation around remote prescribing	j. understanding of relevant hazard control, eg electrical fire, explosion, plume emission
k. management of patient complaints	k. management of operating theatre if required
l. legislation and regulatory controls impacting on cosmetic practice, eg local Authority, CQC, MHRA, GMC, GDC	l. product safety, appropriate storage and expiry date
m. knowledge of professional standards of practice relating to nonsurgical cosmetic practice RCS, BAD, NMC	m. safe storage, handling and disposal of treatment products, equipment and waste
n. commercial aspects of cosmetic practice and regulatory standards, eg marketing, advertising, financial inducements (with particular reference to CAP advice and training services[6])	n. insight into risks of preparation and administration of treatment in non-clinical setting
	o. understanding of warning label signage

[6] http://www.cap.org.uk/Advice-Training-on-the-rules.aspx

2.12 Some generic knowledge and skills which are common to all cosmetic procedures will be shared across modalities and some will be modality specific. Delivery of procedures in each modality will be dependent on completion of the requisite compulsory modules for that modality, but there should be opportunities for practitioners to study to deliver procedures in more than one modality.

2.13 A number of common themes have also been identified for inclusion in the training modules for all modalities at all levels of the framework as part of a spiral curriculum, with practitioners being introduced to the themes at foundation level and then building on knowledge and skills from previous levels to deepen and integrate learning and deal with issues in an increasingly complex way. The common themes are set out in Table 3 (the numbers in brackets refer to Table 2).

Table 3

Domain one: Knowledge
1. User/patient support, engagement and involvement, patient-centered informed consent and referral pathways (1c, 1f, 2a xiv), 3f)
2. Treatment options and emerging treatments (2a xiv))
3. Evidence-based practice (1a)
4. Contraindications and referral to appropriate others (2a xvi) and xxiv))
5. Pain recognition, control, management and anaesthesia (2a xxx))
6. Pre-procedure, post-procedure/aftercare (2a xix))
7. Health and safety, treatment room safety, infection control (4a, b, g, k)
8. Managing complaints and service improvement (3k, 1d)
9. Working in teams (1b)
10. Adverse incident reporting (1d v))
Domain two: Skills
1. Risk assessment and diagnostic skills (1e iv), 2a vii), xxix)),
2. Consultation skills (1e ii))
3. Communication and interaction skills (1b ii), 1c vii), 1f v))
4. Supervision/mentoring and training skills (1b v))

2.14 It will be for education providers to determine the detailed learning outcomes for individual courses or modules of study and the number and size of required modules based on the indicative content set out in Table 2 and the practical skills training requirements. However any health care professionals who are entering learning at levels 6 or 7 will be expected to achieve the proficiencies required for procedures at levels 4 and 5 before going on to develop the practical skills for procedures at a higher level.

2.15 National Occupational Standards already exist in the beauty industry for some of the procedures able to be delivered following training at levels 4, 5 and 6 and these are listed in Table 4. Those practitioners who have a qualification which meets these standards at the appropriate level will be able to seek recognition of this qualification against HEE's requirements at the appropriate level of study.

Table 4

HEE's qualification requirements		National Occupational Standards
Use lasers and IPL for hair removal/ reduction	**Level 4**	SKAB34 – Reduction of hair growth using intense pulsed light (IPL) or laser systems
Use non ablative lasers, IPL and LED for photorejuvenation including sun induced benign dyschromia	**Level 4**	SKAB35 – Photo rejuvenation of the skin using IPL or laser systems
Deliver very superficial chemical peels to stratum corneum	**Level 4**	SKAB37 – Cosmetic skin peel treatments (Alpha Hydroxy Acids, Beta Hydroxy Acids)
Deliver ≤1.5mm microneedling with manual device Deliver 0.5-1.0mm microneedling with manual device	**Level 4** **Level 5**	SKAB38 – Cosmetic skin needling treatments

2.16 In order to practise at different levels, a practitioner will need to demonstrate that they meet the learning outcomes for that level. It will be for the education provider to determine the appropriate length of time required by practitioners to demonstrate that they have met these learning outcomes and to ensure that the programme meets national standards for notional student workload.

Practical skills training and supervision

2.17 It is important that practical skills training is integral to the programme so that the student is provided with the opportunity to observe and develop the relevant proficient practical skills under supervision. A minimum of 50% of the curriculum must be devoted to the development of practical skills, 80% of which should normally be in a practice learning environment, although the value of simulated practical learning, particularly when high fidelity simulation models are available for teaching, is recognised as a suitable alternative in some cases.

2.18 Practice-based learning must enable students/trainees to acquire proficiency in the treatments that they will be able to deliver following completion of the education programme either independently or subject to oversight of a clinical professional or independent prescriber. Learning outcomes may vary by work placement, and good practice in designing the educational programme would incorporate a requirement for more than one workplace learning attachment/ experience. It is anticipated that some clinics or salons will wish to establish their facility as a recognised training environment.

2.19 Recommendations are made in Table 5 below as to the minimum number and range of treatment opportunities which must be available for students/trainees to practise under supervision. These numbers are to be considered as a minimum, and it is acknowledged that some students/trainees will need additional opportunities to develop their proficiency over and above these minimum requirements.

Table 5

Procedures	Practical skill requirements Notes: 1. Each treatment undertaken should include a full clinical consultation and selection of appropriate treatment parameters. 2. Assessment of proficiency in delivery of procedures will be undertaken by the supervisor/assessor.
LIPLED	**Level 4** Use lasers and IPL for hair removal/reduction • A minimum of **20** hair removal treatments on **at least 3** different areas of the body Use non ablative lasers, IPL and LED for photorejuvenation including sun induced dyschromia • A minimum of 10 photorejuvenation treatments **Level 5** Use laser treatments for tattoo removal • A minimum of **20** tattoo removal treatments which must include tattoos of **more than one colour** and in **at least 3** different areas of the body Use laser and IPL treatments for benign vascular lesions • A minimum of **20** treatments which must include at least **3 different types** of vascular lesion in at least 2 different areas of the body. **Level 6** Use laser and IPL treatments for benign pigmented lesions • A minimum of twenty **20** treatments which must include **at least 3** different types of pigmented lesion in **at least 2** different areas of the body. Deliver ablative fractional laser treatments • A minimum of **10** treatments **Level 7** Deliver fully ablative skin treatments (ie non-fractional resurfacing) • A minimum of **4** treatments Deliver laser treatments of any sort within the periorbital rim excluding treatments on or within the eyeball • A minimum of **4** treatments For LIPLED, a patient may have treatments to different parts of their body and this will count as separate treatments
CPSR	**10** treatments for 10 different patients/clients (observation), **10** treatments for 10 different patients/clients (delivered under supervision) for each treatment type at each level

BTs	**Level 6** **10** treatments to upper face for 10 different patients/clients (observation), **10** treatments to upper face for 10 different patients/clients (under supervision) **Level 7** **10** treatments for 10 different patients/clients (observation) **10** treatments for 10 different patients/clients (under supervision) for each treatment type
DFs	**Level 6** Administration of temporary/reversible fillers for lines and folds (precluding complex zones • **10** treatments for 10 different patients/clients (observation), **10** treatments for 10 different patients/clients (delivered under supervision) **Level 7** • **10** treatments for 10 different patients/clients (observation), **10** treatments for 10 different patients/clients (delivered under supervision) for each treatment type
HRS	• Patient consultation/selection for medical treatment of hair loss – **50** cases • Uncomplicated patient consultation/selection for surgery – **50** cases • Complicated patient consultation/selection for surgery (eg scar reconstruction or revision hair transplant) – **10** cases • Hair line design – **50** cases • Strip FUT harvest (incision, dissection and closure) – **50** cases • Strip FUT slivering – minimum **10** slivers in **50** cases = minimum 500 slivers. The entire strip should be slivered in at least 5 of the cases. • Graft cutting – minimum **50** grafts in **50** cases = minimum 2500 grafts. In at least five of the cases grafts will be cut for the duration of the whole case taking rest breaks as appropriate. • Incision making – minimum **100** incisions in **50** cases (in varied locations and of varied sizes) – minimum 5000 incisions. In at least 5 cases all the incisions required will be made. • Graft Placing (forceps and implanter) – minimum **100** grafts implanted with forceps in **25** cases and minimum **100** grafts implanted with implanters in **25** cases = minimum 5000 grafts placed. In at least 5 cases of each type, grafts will be placed for the whole case taking rest breaks as appropriate. • Follicular Unit Extraction (manual non-motorised and manual mechanised) incision making – minimum **100** successful (ie follicle/follicular unit extracted intact) manual non-motorised incisions in **25** patients and minimum **100** successful manual mechanised incisions = minimum 5000 FUE incisions. In at least 5 cases all the incisions required will be made. • Follicular Unit Extraction graft extraction – minimum **100** successful extractions in **50** cases = 5000 FUE graft extractions. In at least 5 cases all the grafts will be extracted. Notes: • *The list is not exhaustive and the numbers listed are representative but not definitive. It is assumed that trainees learning strip follicular unit transplant (strip FUT) technique have had previous general surgical experience.*

2.20 Students/trainees will require support in both academic and practice learning environments. Trainees must have a named, designated lecturer or tutor, responsible for the totality of their learning experience, who must have a teaching qualification[7]. It is important that lecturers or tutors have the appropriate technical and clinical or scientific knowledge in the subject they are teaching, eg by using someone with the appropriate qualifications and experience, such as a certified Laser Protection Adviser (LPA) to deliver parts of the teaching to deliver LIPLED procedures.

2.21 In the practice placement(s), trainees will have one or more supervisors who will help the student/trainee develop their practical skills throughout the learning programme through observation and practice under supervision on patients/clients and will assess proficiency and achievement of learning outcomes. Education providers will be responsible for ensuring that supervisors meet the criteria set out below and will be expected to collaborate with the practise learning placement provider to ensure that supervisors/assessors have the appropriate training and support. It will be important that placement and education providers maintain a record of supervisors in order to provide an audit trail of who has assessed proficiency (which may be very important in the case of litigation) and to facilitate the updating of supervisors in line with relevant professional standards. Supervisors must:

a) have due regard and proficiency within the specific area of practice under assessment and be able to provide a role model for the student/trainee

b) be trained as a supervisor – requirements to be determined by education provider

c) meet the qualification requirements for the treatment being supervised/assessed

d) have a minimum of 3 years of post-qualification experience delivering the procedures for which they will be supervising delivery and post-qualification delivery of a minimum of 150[8] of the same procedures

e) be able to take direct responsibility for the consequences of treatment and clinical management of complications, including the ability to prescribe where appropriate

f) be able to provide evidence of contemporaneous proficiency in the treatment/s being delivered, and evidence of annual updating and of meeting any requirements for Continuing Professional Development (CPD) and revalidation

g) have appropriate indemnity insurance

h) for those procedures which can only be delivered under supervision following training, be able to produce evidence of completion of pre-registration clinical training, registration with a statutory regulatory body and, where appropriate, an independent prescribing qualification

2.22 The trainee to educator ratio should normally be as follows:

a) Demonstration: maximum of 10 trainees to one demonstrator

b) Practice placement: maximum of 4 trainees to one supervisor, but this will depend on the nature of the supervision/assessment and the treatment type and the size of the room being used. In some cases, eg for injectable procedures, a 1:1 ratio will be required.

2.23 Education providers will be responsible for the 'accreditation' or auditing of practice learning environments to ensure that:

a) student/trainees practitioners have access to the necessary facilities, range of procedures, and support in order to develop proficiency in delivering the relevant procedures for that level of study in the relevant modality

[7] The level of the required teaching qualification will be determined by the education provider
[8] The requirement for a minimum number of treatments delivered may need to be reduced for treatments which are not carried out routinely, eg laser treatments of any sort within the periorbital rim

b) Patient/client care is evidence based

c) Patients and clients are aware that students are being trained and that they can refuse the involvement of students in their treatment

d) supervisors are appropriately trained and updated annually to meet the needs of their students/trainees

e) there are an adequate number of supervisors to provide a safe environment for students and patients/clients

f) students/trainees receive the appropriate level of supervision

g) internal and external verifiers (if used) are independent of the supervisor

h) adequate learning and teaching resources, including IT resources, are available to support learning

i) they can be assured that the practice learning environment has the appropriate mechanisms in place to ensure that the practice based element of their training is of high quality and fit for purpose, that it provides value for money

j) placement providers have an understanding of the requirements of the education provider and of student/trainees

k) the practice learning provider operates a safe and effective system of care and complies with clinical and information governance requirements, with appropriate policies and procedures in place to maintain confidentiality, both related to patients and clients, staff and students/trainees

l) there are up-to-date health and safety policies and procedures to maintain patient/client, student, staff and visitor safety at all times

m) the placement provider receives timely feedback from student evaluations and any actions taken

n) the provider has the appropriate insurance cover

Assessment

2.24 All education and training programmes must be assessed and certificated. The assessment of learner proficiency at sign off is essential to ensure they have mastered the skill to a high standard of care and safety, that they are able to perform the procedure independently and manage complications and that they recognise their limitations. Course documentation must include the learning outcomes and details of knowledge and skills assessed, to support recognition and accreditation of learning.

2.25 A range of assessment methods should be used to assess whether a student/trainee has met the required learning outcomes, testing knowledge, decision-making and the application of theory to practice. These will be determined by the education provider but should include:

a) a portfolio of evidence within which students/trainees can record their progress and monitor the acquisition of practical skills and theoretical knowledge and understanding and values-based-behaviours. The portfolio may include:

i. Observation of procedures

ii. Directly observed practise

iii. Simulation

iv. Case based discussions, including looking at the emotional and psychological needs of patients/clients

v. Case studies

vi. Audit (clinical records)

vii. Feedback from supervisor/assessor or other members of team

viii. Feedback from clients/patients

ix. e-learning, tutorial/discussion or lecture attendance

x. Audio-visual media

xi. Assignments

xii. Work-based learning assessments

xiii. Reflection

xiv. Critical incident recording, analysis and reporting

xv. Evidence of prior learning or attainment

b) a summative examination of practical skills in a simulated learning environment or setting relevant to the student/trainee's area of practice which takes into account the total client/patient experience, supported by a 'final sign off' of proficiency to meet the requisite standard of proficiency

c) satisfactory demonstration of proficiency in required skills, taking into account the student/trainee's value-based behaviours, empathy and compassion, respect for client/patients and reflection on learning

d) written assessments and examinations

2.26 Training to meet requirements at each level of training for each modality (including satisfactory completion of assessments) must be completed within five years following commencement. Education providers must ensure that the trainee's acquired knowledge and skills remain valid to achieve the required proficiencies and, where appropriate, to progress to the next level of training.

Clinical oversight of procedures following qualification

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

2.28 Table 6 indicates which groups of health professionals are eligible to provide oversight for specific treatments (subject to meeting the additional requirements set out below in paragraph 2.30.

Table 6

Able to provide oversight		Modality/Procedures
Doctors Dentists Independent Pharmacist Prescribers Independent Nurse and Midwife Prescribers	**Level 7**	CPSR: Mesotherapy with pharmaceutical strength topical agents Medium depth chemical peels and localised phenol peels
		Botulinum toxins
		Dermal fillers (temporary/semi-permanent)
Doctors Dentists Pharmacists Nurses and Midwives	**Level 7**	LIPLED Laser treatments within the periorbital rim excluding treatments on or within the eyeball
Optometrists Dispensing Opticians Dental Hygienists Dental Therapists Clinical Scientists (LIPLED treatments only)	**Level 6**	CPSR ≤1.5 mm microneedling with manual device, ≤1.0mm power assisted microneedling and ≥1.5mm microneedling for non facial areas Superficial chemical peels to Grenz zone and Mesotherapy with/without homeopathic topical treatment

2.29 The following groups would not normally be able to provide clinical oversight:

a) Cosmetic treatments are outside of the scope of practice for the majority of practitioners registered by HCPC (although they can of course complete training to deliver these procedures), and they therefore do not meet the requirements for providing oversight.

b) Dental Nurses

c) Orthodontic Therapists

d) Dental Technicians

e) Pharmacy Technicians

f) Pharmacy Assistants

g) Optical Assistants

h) Beauty therapists

i) Laser Protection Advisors

j) Laser Protection Supervisors

2.30 Practitioners must also meet all of the following criteria to be eligible to provide clinical oversight of treatment delivery:

a) successful completion of the training programme at the required level for the treatment for which they are providing oversight

b) a minimum of 3 years of post-qualification experience delivering the procedures for which they will be supervising delivery and post-qualification delivery of a minimum of 150[9] of the same procedures

c) completion of pre-registration clinical training and registration with a statutory regulatory body which regulates the clinical practice being delivered

d) ability to take direct responsibility for consequences of treatment and clinical management of complications, including the ability to prescribe for level 7 CPSR, BT and DF procedures

e) evidence of contemporaneous proficiency in the treatment/s being delivered through meeting the regulator's CPD and revalidation requirements

f) appropriate indemnity insurance

2.31 In cases where the treatment is delivered with clinical oversight, the health professional providing oversight will see the patient or client to 'prescribe' the procedure and will retain responsibility and accountability for any procedures being delivered. It will be up to the clinician to ensure that the practitioner administering the treatment meets the qualification requirements for the procedures being delivered and to decide on the level of oversight required, working within the spirit and boundaries set down by their professional codes of conduct and ethical practice as mandated by their statutory bodies, and the prescribing policies of their employers. Their decision will be determined by their knowledge of the practitioner's skills proficiency and experience and their assessment of their ability to intervene in an emergency which may require prescription medication.

2.32 At the present time there is only one cosmetic treatment which is a Prescription Only Medicine (POM) governed by legislation on prescribing – Botulinum toxins. Guidance available from the Medicines and Healthcare products Regulatory Agency (MHRA) on the supply and administration of botulinum toxins for cosmetic purposes[10] does not place restrictions on the groups able to administer this product, however it does make it clear that responsibility for administration lies with a qualified and designated prescriber who possesses a qualification for prescribing recorded with their regulatory body and is accountable to their regulatory body. The prescriber is responsible for undertaking a physical examination of patients and

[9] The requirement for a minimum number of treatments delivered may need to be reduced for treatments which are not carried out routinely, eg laser treatments of any sort within the periorbital rim

[10] http://www.mhra.gov.uk/Howweregulate/Medicines/Availabilityprescribingsellingandsupplyingofmedicines/Frequentlyraisedissues/BotoxVistabelDysportandotherinjectablemedicinesincosmeticprocedures/

ensuring that any practitioner to whom they delegate responsibility to administer is appropriately trained and proficient to deliver the prescribed treatment. The following groups are able to prescribe botulinum toxins for cosmetic purposes:

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

2.33 When delivering cosmetic procedures, practitioners have a responsibility for explaining that botulinum toxin is not licensed for purely cosmetic use and ensuring that the patient understands this. There are additional responsibilities where POMs are used off-label or unlicensed and MHRA provides guidance[11] on this:

> *"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 licence. 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 (eg... potential confusion for patients or carers when the Patient Information Leaflet is inconsistent with a medicine's off-label use.)"*

2.34 Additional guidance on prescribing which is of relevance to cosmetic procedures is available for some health professions. The General Medical Council (GMC) has published guidance which supplements its Good Medical Practice[12] on Good Practice in Prescribing and managing medicines and device[13] which includes guidance on delegating responsibility for administering medicines, prescribing at the recommendation of a professional colleague and recommending medicines for prescription by colleagues. The GMC guidance also makes it clear that doctors:

are *"responsible for the prescriptions you sign and your decisions and actions when you supply and administer medicine and devices or authorise or instruct others to do so. You must be prepared to explain and justify your decisions and actions when prescribing, administering and managing medicines."*

must *"make sure that anyone to whom you delegate responsibility for administering medicines is competent to do what you ask of them."*

2.35 The GMC guidance also states that doctors must undertake a physical examination of patients before prescribing non-surgical cosmetic medicinal products such as Botox®, Dysport® or Vistabel® or other injectable cosmetic medicines, and that they must not prescribe these medicines by telephone, video-link, or online. When prescribing at the recommendation of another doctor, registered nurse or other healthcare professional, doctors must satisfy themselves that the prescription is needed, is appropriate for the patient and within the limits of his/her competence, and that when delegating assessment of a patient's suitability for a medicine, the person to whom s/he delegates has the qualifications, experience, knowledge and skills to make the assessment. In both cases the doctor will be responsible for any prescription s/he signs.

2.36 Similarly to the GMC, the General Dental Council (GDC) has published supplementary Guidance on prescribing medicines[14], which specifies that dentists must not remote prescribe (eg via telephone, email or a website) for non-surgical cosmetic procedures such as the prescription or administration of Botox® or injectable cosmetic medicinal products.

[11] http://www.mhra.gov.uk/Safetyinformation/DrugSafetyUpdate/CON087990
[12] http://www.gmc-uk.org/guidance/good_medical_practice.asp
[13] http://www.gmc-uk.org/Prescribing_guidance.pdf_52548623.pdf
[14] http://www.gdc-uk.org/Dentalprofessionals/Standards/Documents/Guidance%20Sheet%20Guidance%20on%20Prescribing%20Medicines%20September%202013%20v2.pdf

3. What will the qualification requirements mean for practitioners?

3.1 As indicated previously, these requirements apply to all practitioners, regardless of previous training and professional background, on the basis that patient safety can only be assured if delivery of procedures is carried out by practitioners who have had specialist training in the use, application and, where applicable, operation and maintenance of the product they are using. The qualification requirements will provide an opportunity for practitioners, whether clinically trained or not, to attain the necessary skills and expertise to safely deliver cosmetic procedures in five defined modalities.

3.2 As already highlighted in section 2.5, the qualification requirements have been designed to provide step off points following completion of training at each level (at which point practitioners will be able to deliver specific procedures) and opportunities for career progression. For the LIPLED and CPSR treatments, there are step off points following training at levels 4, 5, 6 and 7. For the BT, DF and HRS treatments there is only one step off point following training at level 7, although practitioners will need to complete training at levels 6 and 7 to deliver BT and DF treatments. Some common themes and generic knowledge and skills which are common to all cosmetic procedures will be shared across modalities and some will be modality specific. Delivery of procedures in each modality will be dependent on completion of the requisite compulsory modules for that modality, but there should be opportunities for practitioners to study to deliver procedures in more than one modality.

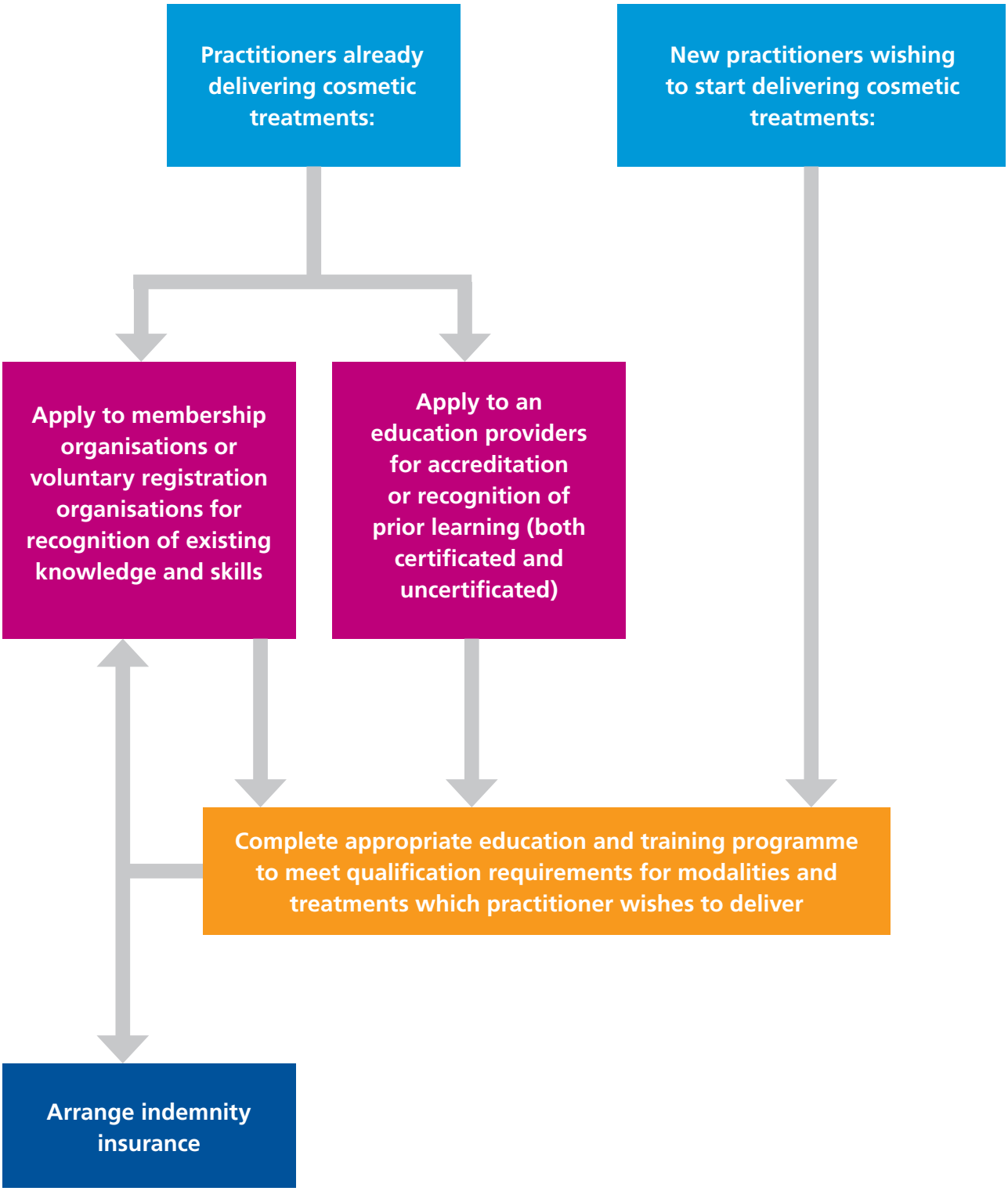
3.3 All groups will be required to undertake additional education and training to be able to deliver cosmetic interventions or to demonstrate that they already meet the qualification requirements (see Figure 2). However there will be a range of entry points to training for different groups:

a) Those without any previous training to deliver cosmetic procedures, including some groups of health professionals, will be required to start with level 4 training, selecting modules to reflect the modalities in which they wish to practice.

b) Some groups of practitioners will be exempted from some of the areas of study set out in Table 2 and will be able to enter training at levels above level 4, depending on the level of previous qualifications. Further information on exemptions for each group is given below. However any practitioner entering their programme of study at higher levels will be expected to achieve the proficiency required for procedures covered at lower levels of training before going on to develop the practical skills for procedures at a higher level.

c) For those already practising in the industry who have completed additional education and training and who do not wish to acquire one of the new formal accredited qualifications, there will need to be mechanisms in place for recognition and assessment of existing knowledge, skills and experience through submission of a portfolio of evidence and/or a practical assessment. It is expected that voluntary registration organisations, professional membership associations and private organisations will wish to provide these services.

Figure 2


Practitioners already delivering cosmetic treatments:
New practitioners wishing to start delivering cosmetic treatments:
Apply to membership organisations or voluntary registration organisations for recognition of existing knowledge and skills
Apply to an education providers for accreditation or recognition of prior learning (both certificated and uncertificated)
Complete appropriate education and training programme to meet qualification requirements for modalities and treatments which practitioner wishes to deliver
Arrange indemnity insurance

3.4 All those applying to study for an accredited qualification will be able to apply for Recognition of Prior Learning (RPL) or Accreditation of Prior Learning (APL) to recognise previous certificated or uncertificated learning and determine modules to be completed to meet qualification requirements. Only previous studies taken at the same level as (or higher than) the course for which the applicant is requesting partial exemption will be considered for APL and very short courses, eg 1-2 days in duration, will not meet the requirements for APL/RPL. Applicants will need to demonstrate that prior learning is valid, matching the level and content of study of the module for which they are seeking exemption, and current (cosmetic qualifications more than five years old are unlikely to be considered, unless the practitioner has ensured, through CPD, that their qualification remains relevant and up-to-date). There is normally a limit to the amount of credit which can be imported into an award via APL. This varies between one half and two thirds.

3.5 A typical process for recognising prior learning and experience will include submission of a portfolio of evidence and/or a description of how the individual already meets the learning outcomes of a course or module through their experience, background reading and research and courses which they have attended. The education provider may also wish to carry out a practical skills assessment.

Requirements for doctors

3.6 For all modalities, including HRS, Doctors will not be required to complete the generic areas of study 1a-e and the non-cosmetic specific parts of areas of study 3 and 4 (see Table 2) and will be able to apply for APL/RPL for other areas of study (subject to meeting education provider criteria for recognition). In recognition of their additional learning, Dermatologists and Plastic surgeons will also be exempt from 2a.

Requirements for dental care professionals

3.7 Dentists, Dental Hygienists and Dental Therapists will not be required to complete the generic areas of study 1a-e and the non-cosmetic specific parts of areas of study 3 and 4 (see Table 2) and will be able to apply for APL/RPL (subject to meeting education provider criteria for recognition) for other areas of study.

3.8 There are no automatic exemptions for Dental Nurses, Orthodontic Therapists and Dental Technicians, but as with any other group, practitioners will be able to apply for APL/RPL for other areas of study (subject to meeting education provider criteria for recognition.

Requirements for pharmacy professionals

3.9 Pharmacists will not be required to complete the generic areas of study 1a-e and the non-cosmetic specific parts of areas of study 3 and 4 (see Table 2) and will be able to apply for APL/RPL for other areas of study (subject to meeting education provider criteria for recognition).

3.10 There are no automatic exemptions for Pharmacy Technicians and Pharmacy Assistants, but as with any other group, practitioners will be able to apply for APL/RPL for other areas of study (subject to meeting education provider criteria for recognition.

Requirements for nurses and midwives

3.11 Nurses and Midwives will not be required to complete the generic areas of study 1a-e and the non-cosmetic specific parts of areas of study 3 and 4 (see Table 2) and will be able to apply for APL/RPL for other areas of study (subject to meeting education provider criteria for recognition).

Requirements for optical professionals

3.12 Optometrists and Dispensing Opticians will not be required to complete the generic areas of study 1a-e and the non-cosmetic specific parts of areas of study 3 and 4 (see Table 2) and will be able to apply for APL/RPL for other areas of study (subject to meeting education provider criteria for recognition).

3.13 There are no automatic exemptions for Optical Assistants, but as with any other group, practitioners will be able to apply for APL/RPL for other areas of study (subject to meeting education provider criteria for recognition.

Requirements for professionals regulated by Health and Care Professions Council (HCPC)

3.14 Orthoptists, Podiatrists/Chiropodists, Physiotherapists, Radiographers and Paramedics wishing to train to deliver cosmetic treatments will not be required to complete the generic areas of study 1a-e and the non-cosmetic specific parts of areas of study 3 and 4 (see Table 2) and will be able to apply for APL/RPL for other areas of study (subject to meeting education provider criteria for recognition).

3.15 Occupational Therapists will not be required to complete the generic areas of study 1a-d and 1f and some of the non-cosmetic specific parts of areas of study 3 and 4 (see Table 2) and will be able to apply for APL/RPL for other areas of study (subject to meeting education provider criteria for recognition). For example, Occupational Therapists will already have standards of proficiency in some areas of study within 1e.

3.16 Clinical Scientists will not be required to complete the generic areas of study 1a-d and the non-cosmetic specific parts of areas of study 3 and 4 (see Table 2) and will be able to apply for APL/RPL for other areas of study (subject to meeting education provider criteria for recognition). Subject to meeting the criteria set out in paragraph 2.30, Clinical Scientists will be able to provide clinical oversight of LIPLED treatments at level 7.

3.17 Biomedical Scientists, Art Therapists and Drama Therapists will not be required to complete the generic areas of study 1a-d and the non-cosmetic specific parts of areas of study 3 and 4 (see Table 2) and will be able to apply for APL/RPL for other areas of study (subject to meeting education provider criteria for recognition). For example, Biomedical Scientists will already have standards of proficiency in some areas of study within 1e.

3.18 Podiatrists/Chiropodists use botulinum toxins and dermal fillers for clinical purposes. Although the MHRA guidance indicates that podiatrist independent prescribers are not included in the groups of 'appropriate practitioners' able to prescribe botulinum toxins for cosmetic purposes, since they can prescribe only those medicines which are relevant to the treatment of disorders affecting the foot, ankle and associated structures, this guidance may need to be revisited, since botulinum toxins could be used for cosmetic purposes for these parts of the body, eg to address hyperhydrosis. Delivery of cosmetic procedures to any other part of the body would be out of scope of practice of a practitioner delivering procedures as a podiatrist, and for this reason they have not been included in the list of groups of health professionals able to provide clinical oversight of procedures.

3.19 Physiotherapists use botulinum toxins for clinical purposes. However physiotherapist independent prescribers are not included in the list of groups of 'appropriate practitioners' able to prescribe botulinum toxins for cosmetic purposes, and delivery of cosmetic procedures would be out of scope of practice for a physiotherapist. For this reason they have not been included in the list of groups of health professionals able to provide clinical oversight of treatments.

3.20 Therapeutic and Diagnostic Radiographers do not currently use any of the treatments covered by these qualification requirements for clinical purposes and they have not been included in the list of 'appropriate practitioners' able to provide clinical oversight, since this activity would be out of scope of their regulated scope of practice. If the framework is modified in future to accommodate other treatments, eg the use of ultrasound equipment for cosmetic purposes, the position of Diagnostic Radiographers and exemptions from study may need to be reviewed.

3.21 Orthoptists use botulinum toxin for clinical purposes, using injections into the extra ocular muscles for the restorative treatment of strabismus. However as it is the case with other health professionals regulated by HCPC, orthoptists are not included in the list of 'appropriate practitioners' able to provide clinical oversight of cosmetic treatments, since this activity would be out of scope of their regulated practice.

Requirements for professionals working in the beauty industry

3.22 Beauty therapists wishing to deliver cosmetic procedures will need additional training in all areas of study (see Table 2). However it is likely that practitioners who have undertaken a vocational qualification which meets the relevant national occupational standards will already meet the requirements at the level of the qualification, although the organisation being asked to recognise the qualification may wish to check that all key areas/ themes have been covered as part of the qualification. As with all other groups, beauty therapists will be able to apply for APL/RPL for other areas of study (subject to meeting education provider criteria for recognition).

3.23 All practitioners who have completed the 'Core of Knowledge' course delivered by qualified Laser Protection Advisers (LPAs) and who wish to deliver LIPLED treatments would be exempt from completing 2e i – vii, xix – xxiv, 3k where relevant to LIPLED and 4 (see Table 2) and will be able to apply for APL/RPL for other areas of study (subject to meeting education provider criteria for recognition).

4. Standards for practice

4.1 Practitioners are accountable for their practice and should only ever deliver procedures within their level and scope of experience and proficiency, meeting the requirements of their regulatory bodies if appropriate. If practitioners wish to move to another area of practice, they must recognise the limits of their existing knowledge and skills and ensure they meet the qualification requirements for any additional procedures they will be delivering.

4.2 Practitioners are expected to demonstrate the following values and behaviours:

a) recognising limits of knowledge and scope of practice

b) acknowledging when treatment is not in patient/client's best interest and referring on or refusing treatment where appropriate

c) actively seeking out and participating in CPD opportunities

d) promoting an open culture of transparency and learning

e) demonstrating ethical practice and professionalism

f) practising in a non-discriminatory manner

g) reflecting on own personal practice

4.3 Following completion of training, practitioners are encouraged to identify a professional colleague or mentor with whom they can discuss complex clinical or ethical developments.

4.4 Practitioners will be expected to ensure that they update their practice and education regularly in accordance with contemporaneous practice standards, the CPD requirements set by professional statutory or voluntary regulatory and membership bodies, if applicable, and the appraisal and revalidation requirements of employers. It is particularly important that practitioners who do not offer regular procedures take steps to update and refresh their skills and that they invite peer review as part of this process. When it comes to prescribing, doctors, dentists and other independent prescriber groups are required to maintain and develop knowledge and skills relevant to their role and prescribing practice.

4.5 The education and training provision which meets the HEE qualification requirements for cosmetic procedures 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 qualification and ensure that they have received specific training for devices, products or equipment they are using in contemporaneous practice.

4.6 When prescribing a particular treatment for a patient/client, practitioners must satisfy themselves that they have undertaken a full assessment of the patient/client, and that they have offered the appropriate level of advice about independent support services and an explanation of the risks associated with preferred procedures to help patients/clients reach an informed decision on whether or not to go ahead. Practitioners should refer the patient/client on when it is necessary to do so. They should also offer the appropriate follow-up and after-care.

4.7 As already highlighted in Section 2, the responsibility for administering a Prescription Only Medicine remains with the prescriber who must only prescribe within their scope of practice and competence and work within the spirit and boundaries set down by their professional regulatory codes of conduct and ethical practice as mandated by their statutory bodies and the prescribing policies of their employers, if appropriate.

Guidance on prescribing BTs for cosmetic purposes issued by MHRA and some of the professional regulatory bodies is highlighted in sections 2.32 to 2.36, together with MHRA guidance relating to the prescribing of medicine 'off-label'.

4.8 Practitioners will be expected to ensure that they meet any employer, education provider or regulatory body requirements to declare any changes, eg as a result of convictions, cautions or health conditions, which might impact on their practice and to meet Disclosure and Barring Service (DBS) requirements.

4.9 Practitioners must ensure that they have adequate professional indemnity insurance which covers the full range of procedures they are delivering.

4.10 It is anticipated that a draft European standard for Beauty Salon Services (CEN/TC 409 – currently under development) will provide guidance on requirements for the provision of the types of procedures able to be delivered in beauty salons, ie those procedures in this document able to be delivered following completion of training at levels 4 and 5. A draft European standard for Aesthetic Medicine Services – Non-surgical medical procedures (CEN/TC 403 – published for public consultation in 2015) will provide guidance on requirements for those procedures identified in this document as requiring qualification at levels 6 and 7.

4.11 A range of standards and guidance documents have been developed by professional membership bodies and regulatory bodies The following are of particular relevance:

a) MHRA *Guidance on the safe use of lasers, IPL systems and LEDs*[15]

b) MHRA guidance on the supply and administration of Botox®, Vistabel®, Dysport® and other injectable medicines outside their licensed medicinal uses such as cosmetic procedures[16]

c) Royal College of Surgeons Professional Standards for Cosmetic Practice[17]

d) GMC's guidance on Good Practice in prescribing and managing medicines and devices[18],[19]

e) GDC guidance on remote prescribing[20]

f) Association of Independent Healthcare Organisations (AIHO) guidance on Good Medical Practice in Cosmetic Surgery[21] (which includes standards which are also applicable to non-surgical procedures)

g) Treatments You Can Trust (TYCT) Injectable Cosmetic Treatments Training Principles[22]

h) Committee of Advertising Practice (CAP) and Broadcast Committee of Advertising Practice's Help Note on Marketing of Cosmetic Interventions[23] (also see para below)

i) IEC Technical Reports producing guidance on the use of certain technology, in particular LIPL technology such as TR 60825-14 *'Safety of Laser Products – A User's guide'*

j) Control of Artificial Optical Radiations at Work Regulations 2010, which although are part of HASAWA (Health and Safety at Work Act) nevertheless have specific requirements, particularly regarding training and risk assessment using optical radiation sources such as lasers and IPLs (2 responses).

A range of other standards documents and guidance are also available from professional membership organisations.

[15] http://www.mhra.gov.uk/Publications/Safetyguidance/DeviceBulletins/CON014775
[16] http://www.mhra.gov.uk/Howweregulate/Medicines/Availabilityprescribingsellingandsupplyingofmedicines/Frequentlyraisedissues/BotoxVistabelDysportandotherinjectablemedicinesincosmeticprocedures/
[17] http://www.rcseng.ac.uk/publications/docs/professional-standards-for-cosmetic-practice/
[18] http://www.gmc-uk.org/Prescribing_guidance.pdf_56002831.pdf
[19] The GMC is also developing a code of ethics relating to cosmetic procedures (due for completion in 2015)
[20] http://www.gdc-uk.org/Dentalprofessionals/Standards/Documents/Remote%20prescribing.pdf
[21] http://aiho.org.uk/doc_view/458-good-medical-practice-in-cosmetic-surgery
[22] www.treatmentsyoucantrust.org.uk/treatments-you-can-trust/treatments-you-can-trust-training-principles
[23] http://www.cap.org.uk/Advice-Training-on-the-rules/Help-Notes/Cosmetics-interventions-marketing.aspx

4.12 Although the Help Note document (para 4.11i) above only constitutes guidance, CAP's rules are mandatory and advertisers must comply with them. The Advertising Standards Authority (ASA) is responsible for policing compliance with the Codes. CAP provides a range of advice services to help advertisers comply with the Codes. These include an extensive keyword-searchable database of advice (which include entries with advice about the advertising of many different procedures); bespoke advice from CAP's advisers; website audits and training events. These services can be accessed via CAP's website: www.cap.org.uk and many of them are provided for free. The following AdviceOnline entries provide guidance on the advertising of the modalities covered by HEE's qualification requirements and related issues:

Cosmetic interventions: social responsibility

Botulinum toxins

Anti-ageing treatments using fillers

Anti-ageing: Chemical Peels

Anti-ageing procedures using lasers

Anti-ageing: Treatments using fillers

Cosmetics: use of production techniques

Hair: Hair care

Hair: Hair loss

4.13 Cosmetic procedures that do not involve surgery and are not undertaken by healthcare professionals are not normally treated as being within the scope of Care Quality Commission (CQC) registration requirements. This includes laser treatments with the exception of those procedures that are deemed to cut or cause oblation to the skin, such as ablative skin resurfacing, which are seen as surgical when carried out by a health care professional and are regulated by CQC. The use of botulinum toxins by a health care professional to treat a disease, disorder or injury is also within CQC's scope because it constitutes a regulated activity.

4.14 Businesses offering cosmetic procedures are affected by a wide range of laws and duties relating to public health, occupational health and safety, environmental protection, and in some parts of the UK to public control licensing. Most of this law is administered by local authorities, often through their environmental health departments. However there is uneven regional coverage. There are two areas of legislation open to local authorities: the general provisions of the Health and Safety at Work etc. Act 1974 and adoptive licensing/registration powers in the Local Government (Miscellaneous provisions) Act 1982 and the London Local Authorities Act 1991 which only applies in the London boroughs. In addition, many local authorities have local licensing legislation applying to their particular area.

4.15 The Health and Safety at Work Act, 1974, is the legal enforcement used by local authority officers to ensure health and safety standards are maintained, so far as reasonably practicable, in commercial premises.

4.16 If the local authority formally resolves that the provisions of the Local Government (Miscellaneous Provisions) Act 1982 apply within its district, then the authority can register electrolysis procedures which involve actual, or risk of, skin piercing. By-laws are made by the council to bring the Act into effect locally and both the person undertaking the activity, as well as the premises, must be registered with the local authority.

4.17 The London Local Authorities Act 1991 enables the London borough councils to license premises intended to be used for 'special treatment' provided they adopt the provisions included within the Act. This has latterly been amended by the London Local Authorities Act, 2000. 'Special treatment' now includes light, electric or other special treatment 'of a like kind'. The powers cover any premises used, intended to be used, or represented as being used, for the reception or treatment of persons. Premises which are under the supervision of a medical practitioner registered by the GMC or health practitioners (defined as a person who uses his skills with a view to curing or alleviating of bodily diseases or ailments') are excluded from the requirements. The Act is adoptive, meaning that the London borough council must resolve to adopt its powers before it can come into effect in that London borough. A London borough may grant or renew a licence on any such terms and conditions as it specifies and the conditions for the granting of a licence may include the qualifications of the person giving the special treatment[24].

[24] The information on legislation in paras 5.12 to 5.15 has been taken from evidence submitted by the Chartered Institute of Environmental Health

Annex 1: Expert Reference Group (ERG) Members Biographies

Professor David Sines
CBE BSc (Hons) RN RMN RNMH RNT PGCTHE PhD FRCN FRSA FHEA

Expert Reference Group Chair
Health Education North West London

Professor David Sines was recently Pro Vice Chancellor and Executive Dean and Professor of Community Health Care Nursing at the Faculty of Society and Health at Buckinghamshire New University. He held previous roles as Executive Dean for the Faculty of Health & Social Care at London South Bank University and as Head of School of Health Sciences at the University of Ulster. David obtained his PhD in social policy from the University of Southampton in 1993 and has held four Secretary of State appointments, including appointments to the UKCC and NMC. He has been a Governor of three NHS Foundation Trusts in London. He recently held an Honorary Appointment with Imperial College Healthcare NHS Trust as Associate Director of Nursing. He is a Fellow of the RCN and received a CBE in the 2010 Queen's Birthday Honours List for 'Services to Health Care'. David is a Non-Executive Director with the Central London NHS Community Healthcare Trust and an Associate Non Executive Director with Buckinghamshire NHS Hospitals Trust. David retired from his position at Buckinghamshire New University. David is currently chairing the Expert Reference Group for Cosmetic Interventions for Health Education England and holds an appointment with the University of London/HEE Deanery as Associate Assistant Director in Primary Care. He is also actively engaged as a primary care and integrated care workforce advisor in London.

Carol Jollie MBA

HEE Performance and Delivery Manager, Cosmetic non-surgical procedures
Health Education North West London

Carol Jollie has over 20 years experience working in health and education. She recently joined Health Education North West London on secondment to lead the non-surgical cosmetic interventions programme, having worked previously as a Policy Manager for Health Education England's national team. Her previous experience includes working in statutory and voluntary health regulation, higher education, primary, community and mental health care NHS Trusts and social services. She has also worked on a range of consultancy projects both within the UK and internationally relating to accreditation in higher education accreditation, medical regulation, undergraduate medical education and health management education.

Dr Alex Clarke

Clinical Psychologist & Visiting Professor
Centre for Appearance Research, University of the West of England, Bristol

Psychology

Dr Alex Clarke is a consultant clinical and health psychologist. She led a small team specialising in the psychology of plastic and reconstructive surgery at the Royal Free Hospital NHS Foundation Trust in London until July 2014, since when she has focussed on academic activities in association with the Centre for Appearance Research. Current research interests focus on the development and evaluation of brief screening tools for surgeons working in private cosmetic surgery settings and psychological aspects of shared decision making. In the wider context of health psychology she is working on teaching and training evidence based behaviour change in a range of applied contexts.

Mr Andrew Rankin RGN BA(hons) NIP

BACN (Board Member) Aesthetic Practitioner and Trainer
British Association of Cosmetic Nurses (BACN)

Nursing

Mr Rankin is an experienced Aesthetic Practitioner and Trainer and is the joint owner of Regenix Medical Aesthetic Clinic in Worcestershire.

As a lead trainer in Harley Street from 2007 to 2013, teaching and mentoring medical professionals nationally and internationally, his reputation has grown. Andrew has done extensive training on behalf of Merz Aesthetics (UK) Ltd and has sat on international expert panels.

In 2010 Andrew became the original Consultant Editor for the Journal of Aesthetic Nursing and in 2012 was asked to join the Board of the BACN. In 2012 he was awarded the 'Outstanding Contribution Award' for leading a working party writing guidelines for safe prescribing in aesthetic nursing. He is also Chair of the Education Committee on behalf of the BACN. He is currently modality lead for dermal fillers for the HEE Expert Reference Group.

Mr Ash Mosahebi
MBBS FRCS FRCS(Plast) PhD MBA

British Association of Aesthetic Plastic Surgeons (BAAPS)

Plastic Surgery

Mr Mosahebi qualified at Guy's & St Thomas Medical school in London. His Plastic surgical training was in London Deanery in some of the largest & busiest hospitals in UK. He has had further specialist training in reconstructive & aesthetic surgery in New York & Belgium. He is a Consultant & Honorary senior lecturer at Royal Free Hospital, University College Medical School, London. He is an author a number of publications & has lectured extensively worldwide. He is involved in pioneering research work on regenerating new tissues through new biomaterials & tissue engineering.

His specialist interest is congenital, cosmetic & reconstructive breast surgery. He is also an active member of the regional skin cancer network. In addition to his specialist area, Ash has expertise in all aspects of cosmetic & laser surgery as well as non-surgical rejuvenation. Ash also deals with complex soft tissue reconstruction following accident or cancer surgery.

He is a Consultant Plastic Surgeon & Clinical Lead at Royal Free Hospital & Honorary Senior lecturer at University College London.

Dr Brian Franks
BDS (U.Lond) LDS RCS(Eng) MFGDP(UK) FPFA ACIArb MEWI

Facial Aesthetics Practitioner.

Principal, Dr Brian Franks Facial Aesthetics Training Faculty.

Visiting Senior Lecturer, MClinDent Programme, BPP University/City of London Dental School.

Supporting Clinical Tutor, MSc Non-Surgical Facial Aesthetics, School of Medicine and Dentistry, University of Central Lancashire.

Managing Director, Medisico Academy.

Dental Expert Witness – Member of the Expert Witness Institute

Dentistry

Dr Franks is a Bachelor of Dental Surgery of the University of London, a Licenciate of Dental Surgery of The Royal College of Surgeons of England, has a post-graduate Membership of the Faculty of General Dental Practice of The Royal College of Surgeons (UK) and is a Fellow of The Pierre Fauchard Academy (" "Fellowship of this distinguished Honour Academy is by invitation only and is limited to ethical dentists who have made a significant contribution to the profession and the community" "). He is an Associate of the Chartered Institute of Arbitrators and a member of The Expert Witness Institute.

Brian is an experienced presenter/lecturer and teacher on the cosmetics and dental circuits.

Catherine Kydd

Campaigner on PIPS Implants and member of Keogh Review Committee

User representative

Cheryl Cole

Vice-President
Federation of Holistic Therapists (FHT)

Beauty Therapy

Cheryl's career within the beauty and complementary sectors spans a period of 33 years, with roles including advanced practitioner, examiner, lecturer and course team leader in FE, author, international speaker, and owner of a private training academy. She is a Vice President of the Federation of Holistic Therapists (FHT), which enables her to participate in a number of critical roles to enhance the sector. Current projects include working on the British and European Standard for Beauty Salon Services and the work being undertaken by HEE. Cheryl is proud of what is being achieved and sees this as a positive step to raising standards and safety.

Christopher J Wade

Chairman
Association of Aesthetics, Injectables and Cosmetics (AAIC)

Beauty Therapy

Christopher is Chairman of the Association of Aesthetics Injectables & Cosmetics

He has over 30 years' experience within the industry and regularly trains medics and beauty therapists in the delivery of non-invasive cosmetic injectables and treatments. Christopher holds teaching, assessing and Internal Verifier's qualifications under the umbrella of owning the company aUK Hair, Beauty, Health Spa & City & Guilds training school in Grantham, East Midlands. He is proud to champion a level playing field for medics and non medics in the training and standards of non-invasive cosmetic injectable treatments and is passionate about improving standards and education within the industry.

David Ward MB BS FRCS FRCSEd

Senior Vice President
Royal College of Surgeons

Cosmetic Non-Surgical Interventions Advisory Group

David Ward is a consultant plastic surgeon and until 2014 worked at the University Hospitals of Leicester NHS Trust. He qualified from King's College Hospital Medical School in 1976 and after training first in general surgery he trained in plastic surgery at East Grinstead and several plastic surgical units in London. He has extensive experience in training and assessment of surgeons, and has been an examiner for the University of Leicester, the Royal Colleges of Surgeons of England and of Edinburgh, the Intercollegiate Board of Surgery, and in several countries abroad.

Deborah Sandler MBACP

Psychotherapist, user and independent patient support service provider

User

Deborah Sandler (MBACP) is a psychotherapist and co-founder of Cosmeticsupport.com , a non-profit, independent cosmetic patient support site offering pre- and post-procedure support and information set up in January 2000. 'Patients (particularly surgical) have a need to communicate and it is imperative that they talk to independent support providers rather than patient advisors to protect them from exploitation at a vulnerable time'. Deborah believes that psychology and psychotherapy must work together to create a holistic standardised independent patient welfare programme to protect both patients and practitioners from the misleading info in the media. Cosmeticsupport.com is an official campaign member in the All Party Parliamentary Group on Body Image and Be Real Campaign.

Professor Diana Harcourt

Health Psychologist
Centre for Appearance Research, University of West of England, Bristol

Psychology

Diana Harcourt is a health psychologist and co-director of the Centre for Appearance Research at the University of the West of England, Bristol. She has over 15 years' experience of researching the psychosocial aspects of appearance, and the development and evaluation of interventions to support those who are adversely affected, including psychological aspects of shared decision making about surgery.

Greg Williams FRCS (Plast)

President
British Association of Hair Restoration Surgery (BAHRS)

Medicine

Greg Williams is a Plastic Surgeon who specialises solely in Hair Restoration and is the only member of the British Association of Aesthetic Plastic Surgeons (BAAPS) who performs Hair Transplant Surgery on a full time basis.

Greg has over a decade of experience in Hair Restoration not only for genetic male and female hair loss, but also for reconstruction post trauma, burns and following dermatological scarring alopecias. He is the current President of the British Association of Hair Restoration Surgery (BAHRS), is involved in the education of doctors learning about Hair Transplant Surgery and is part of the faculty at the University College London's Plastic Surgery MSc program. He also participates in hair related research and was recently awarded the prestigious Fellow status by the International Society of Hair Restoration Surgery.

Prior to embarking on a full time private practice in Hair Restoration, Greg was the Lead Clinician

at London's only Burn Service at the Chelsea and Westminster NHS Foundation Trust and was the Clinical Director of the London and South East of England Burn Care Network. He co-authored the UK national documents for Burn Major Incidents, Burn Advice to National Trauma Networks and Thresholds for Admission to Burn Services. Greg was one of the very few doctors who performed follicular unit hair transplants in the National Health Service (NHS).

Gurj Bhella

Clinical Director
Midlands Cosmetics Ltd

Pharmacy

I qualified as a pharmacists in 2002 and have specialised in aesthetic practice since 2009. I have since undergone extensive training and expanded the portfolio of my aesthetic practice whilst retaining a senior role within the NHS as a Chief Pharmacist in an NHS Foundation Trust, we carry out a wide range of non-surgical cosmetic interventions and pride ourselves on the high quality and safe standard of our work. We recognises that my patients demand excellence from their treatment; consequently I continuously collaborate with other practitioners to bring new non-surgical innovations to my practice for the benefit of his patients. We employ medical and nurse prescribers who work with us as part of our clinical team.

Professor Harry Moseley
PhD FInstP FIPEM MBA

Professor, Dermatology Department, University of Dundee

Head of Scientific Services, Ninewells Hospital & Medical School

British Medical Laser Association (BMLA)

Laser Therapy

Harry Moseley PhD FInstP FIPEM MBA is Honorary Professor in the Dermatology Department at the University of Dundee and Head of Scientific Services in the Photobiology Unit, Ninewells Hospital & Medical School, Dundee, UK. He has a significant clinical workload, with responsibility for dermatological laser clinics in the NHS and private sector.

Dr Moseley has delivered over 200 lectures before learned societies and institutions worldwide. Contributions to educational resources comprise some 400 published works, including 160 peer-reviewed papers. He has authored 18 chapters in textbooks and has made numerous contributions in the media.

Professor Moseley is President of the British Medical Laser Association, Fellow of the American Society of Lasers in Surgery and Medicine, and Fellow of the Royal Society of Medicine.

Dr Moseley is a registered expert witness with court room experience including cases acting as sole expert for the General Medical Council.

Ian Gray
MBE, CFCIEH, ATSI

Chartered Environmental Health Practitioner, Principal Policy Officer
Chartered Institute of Environmental Health (CIEH)

Environmental Health Practitioner

Ian Gray is a Chartered Environmental Health Practitioner, Principal Policy Officer at the Chartered Institute of Environmental Health and Associate Member of the Trading Standards Institute.

He has detailed knowledge of the regulatory requirements for cosmetic procedures and prepares detailed submissions in response to government consultations.

He chaired the editorial group for the Tattooing and Body Piercing Guidance Toolkit which was jointly produced and endorsed by Public Health England, the Health and Safety Laboratory and the Tattooing and Piercing Industry Union and published by CIEH in 2013. This has been adopted by the British Standards Institute as the basis of their submission for a European Standard.

Jane Pierce

Head of Education Policy and Quality Assurance

Cosmetic Non-Surgical Interventions Advisory Group

Jane joined the GDC in May 2013 and leads the GDC's work to quality assure pre-registration education and training, policy on the quality assurance of dental specialty education and the review of the GDC's approach to regulating the dental specialties. Prior to joining the GDC, Jane worked at the Department for Education, most recently leading work on assessment policy.

Jonathan Exley
B.Sc. Ph.D. MBA

British Medical Laser Association (BMLA)

Laser Therapy

In addition to being the Managing Director of Lynton Laser Ltd, Jon is the Honorary Secretary of the British Medical Laser Association and it is in this capacity that Jon has been working as part of the Expert Reference Group established by Health Education England. During this project, Jon was appointed as the modality lead for the use of Lasers, Intense Pulsed Light (IPL) and LED for non-surgical cosmetic interventions.

Jon's interest in lasers began over twenty years ago whilst studying physics both at the University of Leeds (UK) and the Université Joseph Fourier in Grenoble (France). Following graduation with a first class honours degree; he joined one of the UK's leading medical Laser research centres at the University of Manchester to undertake a Ph.D. and research in the field of Laser physics. Jon's research focused on light-tissue interactions and the application of Lasers and light sources for the treatment of dermatological skin lesions.

In more recent years Jon completed his MBA at Manchester Business School and was appointed a Director of Lynton Lasers Ltd which is a UK manufacturer of Laser and IPL systems for medical and aesthetic treatments. Jon was responsible for establishing one of the UK's leading laser training centres (The Lynton Clinic) which offers training courses delivered in conjunction with the University of Manchester. Jon is also actively involved with wider industry matters as a Member of the Institute of Physics and he has recently been appointed to the External Advisory Board for the Department of Physics & Astronomy (University of Manchester).

Dr Kam Singh
Bsc(Hons),MRCGP,MBCAM

Specialising in Cosmetic Dermatology and Lipo Sculpture
British College of Aesthetic Medicine (BCAM)

Medicine

Dr Kam Singh qualified at Leeds Medical school in 1990 and has been a GP for 20 years. He developed a specialist interest in cosmetic dermatology 15 years ago. Over the past 15 years he has attended numerous training courses throughout the world and continues to work as a full time GP with 4 surgeries in Leicester and a separate private cosmetic practice. He is a full member of the British College of Aesthetic Medicine (BCAM) and director of Education within BCAM. He also sits on the board of the British Association of Body Sculpting (BABS). Dr Singh has been invited to talk on numerous radio programmes as a recognised expert in Cosmetic Medicine. In his quest for the perfect body sculpting technique he was appointed to be the first UK trainer for the Vaser liposelection procedure and has trained many colleagues.

As well as body sculpting Dr Kam Singh provides a full range of minimally invasive cosmetic procedures including, muscle relaxing injections, dermal fillers, chemical skin peels, Accent Radio Frequency , and Intracel – The non-surgical skin tightening resurfacing treatment.

Dr Singh has a keen interest in the development of standards in cosmetic medicine and training of clinicians in this field. He mentors a number of cosmetic doctors and was happy to be invited to sit on the expert review panel for Non-surgical cosmetic treatments.

Professor Mike Mulcahy
BChD. FFGDP(UK). FRCS(Hon) FDS(Hon) MGDS LDS RCS(Eng)

Course Director, Restorative Dentistry
Faculty of General Dental Practice (UK) (FGDP)

Dentistry

Mike was appointed Dean of the Faculty of General Dental Practice of the Royal College of Surgeons in 2003, selling his practice in 2005 to focus on his academic commitments. His term of office ended in 2006 and since then Mike has maintained a part time primary care clinical role.

He gained the Fellowship of the Faculty of General Dental Practice, Mike was also awarded an honorary Fellowship of the Royal College of Surgeons of England. He was appointed Professor in Primary Dental Care by the University of Kent. Mike is now programme director of the MSc in Primary Dental Care at the University of Kent, the Diploma in Restorative Dentistry and the Advanced Certificate in Aesthetic Dentistry at the Royal College of Surgeons.

Nazia Hussain
MRPharmS Independent Prescriber

Advanced Aesthetic Practitioner

Pharmacy

Nazia Hussain is an independent prescribing pharmacist with over 14 years experience within both the NHS and private sector.

Noted as one of the first pharmacists to embark in a career within the aesthetic industry she developed a specialist interest in Dermatology and Aesthetic Medicine working alongside many of the pioneering doctors and surgeons in the industry.

Her previous roles within the NHS include working as a Superintendent Pharmacist, Dermatology prescriber and hospital pharmacist.

Within the Aesthetic industry her experience ranges from prescribing and administering aesthetic treatments, designing and developing health drinks and skincare products and distribution of aesthetic products and devices.

Nilofer Farjo

British Association of Hair Restoration Surgery (BAHRS)

Medicine

Nilofer Farjo graduated in 1988 from the Royal College of Surgeons in Ireland. In 1993, she trained in hair restoration surgery in Canada and co-founded clinics in Manchester and London exclusively practicing hair restoration surgery. She is a founding member and past president of the British Association of Hair Restoration Surgery, Fellow of the International Society of Hair Restoration Surgery (ISHRS), Editor Emeritus of the Hair Transplant Forum International journal, past Chair and current member of the Fellowship Training Committee of the ISHRS, Diplomate of the American Board of Hair Restoration Surgery, Fellow of the Institute of Trichologists, and Treasurer of the European Hair Research Society. In 2015 Nilofer is program chair for the ISHRS annual conference being held in Chicago in September. Her clinic has ongoing research collaborations and publications with the Universities of Manchester, London, Durham and Bradford as well as Unilever plc. From 2003-2009, she was a clinical principal investigator with Intercytex plc during the first hair cell multiplication human trials. In 2012, Dr Farjo was awarded the Platinum Follicle Award by the ISHRS for outstanding achievement in basic science and/or scientific research as it relates to hair restoration.

Sally Taber

Director

Independent Healthcare Advisory Services (IHAS) (to end February 2015)

Industry Representative

Sally Taber is a former Director of Independent Healthcare Advisory Services (IHAS) a division of the Association of Independent Healthcare Organisations, which maintains the only impartial network serving the operational needs of the independent healthcare industry in the four UK countries. She provides the Secretariat for the Welsh Independent Healthcare Association (WIHA) and the Scottish Independent Hospitals Association.

She set up the Independent Sector Complaints Adjudication Service (ISCAS) which has now been operational for fourteen years. ISCAS has a working arrangement with the Care Quality Commission and Healthcare Inspectorate Wales. She is currently working towards the same arrangement with Healthcare Improvement Scotland.

Sally is on the Board of: Skills for Health, The Editorial Board of Healthmarket News, The Revalidation Implementation Advisory Board (Medical Revalidation), England, Wales and Scotland Revalidation Implementation Board, Nursing Revalidation Advisory Board.

At the request of the government she set up a cosmetic industry self-regulation regime for use of Botulinum toxins and dermal fillers entitled Treatments you can Trust. She has been represented on a number of Cosmetic/Aesthetic Working Groups

She co-chaired the nursing partnership group with the Chief Nurse for six years.

Sally has worked in the independent sector for over 20 years and was the Director of Nursing at the Independent London Bridge Hospital. She advised the Royal College of Nursing on the independent sector for four years and wrote the strategy for the College in relation to the independent sector.

Sally qualified as a Registered General Nurse at the Royal Free Hospital in London and is also a qualified midwife from Queen Charlotte's Hospital, again in London. She specialised in renal nursing, holding senior posts at St Mary's Hospital Paddington, Addenbrooke's Hospital in Cambridge and St Mary's Hospital in Portsmouth. She pioneered the role of Transplant Co-ordinator, becoming the Secretary of the European Dialysis and Transplant Nurses Association.

In her spare time she is the Chair of the British Kidney Patient Association.

Sarah Pape

Consultant Plastic Surgeon, Royal Victoria Infirmary Medical Director, Sk:n clinic
British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS)

Plastic Surgery

Sarah A. Pape has been a consultant plastic surgeon at the Royal Victoria Infirmary, Newcastle upon Tyne since 1995 and the Medical Director of the Sk:n clinic in Newcastle upon Tyne since 2003. Her main interests are burns, paediatric plastic surgery, lasers and cosmetic surgery. In 2006 she was awarded a Masters in Clinical Education from the University of Newcastle upon Tyne. She is currently the National Clinical Lead for the joint BAPRAS and Department of Health project e-Learning for Plastic Reconstructive and Aesthetic Surgery (e-LPRAS).

Sharon Preston

Beauty Therapist
British Association of Beauty Therapy and Cosmetology (BABTAC)

Beauty Therapy

Sharon Preston represents the British Association of Beauty Therapists (BABTAC) and has 20 years industrial experience as a beauty therapist. She has worked with all leading skincare brands, skin peels, lasers, microdermabrasion and massage to find the most effective non-surgical techniques for treating skin.

Sharon is also on the Education Team for the Confederation of International Beauty Therapists (CIBTAC) and since 2008 has travelled the world as a CIBTAC examiner maintaining industry standards globally and sharing her years of experience, knowledge and expertise to all nationalities. Sharon is fully qualified Lecturer and has experience of teaching all levels of Beauty Therapy. She continues to treat her clients from her skin clinic in central London specialising in skin rejuvenation and advanced skin technology treatment and is part of the judging process for the Professional Beauty Awards and own Sharon Preston International Training & Consultancy offering quality assurance health checks for educational providers (both private and government funded) and practical training for independent beauty therapists.

Simon Withey

Chair and Member of Keogh Review Committee

CSIC Standards for Training & Certification Sub Group

Mr Simon Withey is a consultant Plastic and Reconstructive surgeon based in London. He trained in London and Paris and has a practice that ranges from facial and thoracic reconstruction to all forms of aesthetic surgery. He is a council member of the British Association of Aesthetic and Plastic Surgeons (BAAPS) and is President elect of the organisation.

Mr Withey has been at the forefront of setting standards in aesthetic surgery for many years. He has been a member of a number of influential committees including the BSI (British Standards Institute) and CEN (European Standards) committees, two committees set up at the Royal College of Surgeons and he was the sole surgical representative on Sir Bruce Keogh's review of cosmetic practice.

He currently chairs a subcommittee of the CSIC (Cosmetic Surgery Inter-speciality Committee) tasked with setting standards of training and practice. He is an invited member of the CSIC and also acts as an advisor to the General Medical Council (GMC) in their preparation of guidance for doctors practicing in this area of practice. He is a specialist inspector for the Care Quality Commission (CQC) and a founding and faculty member of the National Institute for Aesthetic Research NIAR. He a member of the Breast Implant Register steering group and is a committee member of the British Standards Institute (BSI) committee reviewing implants in surgery. He is also a member of the Department of Health Advisory Board for Aesthetic Surgery.

Mr Withey is regularly asked to speak on Standards in Surgical Practice, he has written numerous papers in peer reviewed journals. He has been involved as a faculty member on many European courses and is currently the faculty lead for a course helping surgeons develop their skills of 3D perception by using training in sculpture.

Stan Batchelor

Head of Radiation and Laser Safety at Guy's and St Thomas NHS Foundation Trust
Society of Radiological Protection (SRP)

Laser Therapy

My career in Medical Physics has now spanned 37 years. During that time I have been active in Nuclear Medicine and Radiation/ Laser Protection and Radiology Physics; 27 years at a prestigious large London Teaching Hospital as Head of Radiation and Laser Safety. National Laser / Radiation Adviser to the National Care Standards Commission and then Healthcare Commission (which more recently became the Care Quality Commission). I acted as an expert witness in four court cases for this the CQC and councils. Currently advises councils in London and Nottingham on compliance standards for use of cosmetic lasers / IPL's

Acts as a referee for 5 journals, 21 invited speaker presentations, 50 published papers/posters and contributed to three books on Radiation Protection. (in fields of Ionising Radiation and Lasers)

Interviewed live on BBC1 for 20 minutes during the centenary year of the discovery of radioactivity and appeared in 5 National papers on laser deregulation in May 2012. Also quoted in the Guardian (protecting the population in the event of nuclear disaster).

Acts as the Science Media Centre liaison contact for the SRP and serves on 3 SRP committees: Communications, Events and Qualification and Professional Standards Committees.

Dr Tamara Griffiths

Consultant Dermatologist, Greater Manchester Dermatology Centre
British Association of Dermatologists (BAD

Medicine

Dr Tamara Griffiths is a consultant dermatologist at the Greater Manchester Dermatology Centre based at Salford Royal NHS Foundation Trust. The centre is one of the largest departments of dermatology in the UK. Trained at the University of Michigan Department of Dermatology, and Fellow of the American Academy of Dermatology as well as on the UK Dermatology Specialist Register, she has a global view on dermatology service both in the public and private sector.

She is a founding member and past President of the British Cosmetic Dermatology Group, representing the British Association of Dermatologists on numerous national and international advisory bodies including the Royal College of Surgeons Interspeciality Group, British Standards Industry, the Committee for European Standardisation (CEN), National Institute for Health and Clinical Excellence (NICE), Medicines and Healthcare products Regulatory Agency (MHRA), and the Review of Cosmetic Interventions led by Sir Bruce Keogh.

She is Honorary Lecturer at the University of Manchester Medical School and clinical lead of the Skin Ageing and Aesthetic Medicine section within the School of Inflammation and Repair. She has been national and principal investigator on many phase II and III clinical trials with publication in high-impact peer-reviewed journals.

Dr Griffiths is the North Western Deanery Dermatology Training Programme Director and is Vice-Chairman of the Royal College of Physician's Dermatology Specialist Advisory Committee which oversees curriculum development and delivery of dermatology training throughout the UK. She is co-director to the University of Manchester Ageing Skin and Aesthetic Dermatology MSc programme.

Tiffany Tarrant

Development Manager
Hair & Beauty Industry Authority (HABIA)

Sector Skills Council

Tiffany has worked in the hair and beauty industry for 28 years and she has had a varied career from running her own beauty business to managing several hair and beauty training provisions in the private and FE sector.

She currently works for Habia, project managing the development of National Occupational Standards for beauty & spa therapy, nail services, hairdressing and barbering. Other responsibilities include working on government projects to support new educational initiatives and industry developments.

Tiffany also works as an external examiner for Derbyshire University and runs her own semi-permanent make-up business.

Yvonne Senior
RN, NIP BSC, MA

Director
Private Independent Aesthetic Practices Associations (PIAPA)

Nursing

Yvonne Senior is a highly experienced non-surgical aesthetic nurse with clinics in both Yorkshire and the North West and over 15 years of practise within the field of medical cosmetics. Her NHS career began as a young staff nurse and her dedication and interest in healthcare eventually secured her position in hospital management and the highly respected and selective King's Fund Leadership programme. This experience led her to complete her MSc in management and enter her first teaching role at Leeds University before finally embarking on her career in aesthetics.

Her advanced training and passion for learning has put her in high regard among medical piers, industry suppliers and educational institutions.

She continues to widen her scope of knowledge as she was recently awarded a first class honours degree in dermatology by Sterling University.

Yvonne was among the first wave of nurses to enter the profession and as a result she has helped pave the way for many who followed by forming the professional membership organisation PIAPA (Private Independent Aesthetic Practices Association). The group supports other practitioners in advancing their skills and expertise and has helped several to gain their V300 qualification and exposed them to continuously progressing techniques, treatments, laws and regulations.

She currently resides on the board of The Journal of Aesthetic Nursing and consults with governmental bodies such as Health Education England and the NMC regarding developing frameworks and qualifications.

Annex 2: Advisory Group Membership

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

Annex 3: Risk & Hazard Stratification

Note: All procedures have the potential to be high risks. For example a client may suffer an unexpected allergic reaction, even though there is very low or no reported incidence, or a patient and clinician may damage their eyesight if they are not wearing the correct protective eyewear when using lasers. For this reason we have defined a level of training which will help to ensure that a practitioner has the appropriate skills and knowledge to mitigate any potential risks. However, due to lack of evidence, it has not been possible to weight the potential risks according to likelihood of occurrence.

Level	Treatment	Potential risks and hazards
	LIPLED	
7	Fully ablative skin treatments (ie non-fractional resurfacing)	• Severe pain, poor cosmetic outcome, permanent hyper or hypo pigmentation, risks of sedation • Depth and large area of injury results in risk of scarring, infection – impetigo, erysipelas, cellulitis, keloid scarring • Systemic fluid imbalance • Eye damage
7	Laser treatments of any sort within the periorbilal rim	Pain, infection, hyper or hypopigmentation, poor outcome, eye damage or blindnes
6	Ablative fractional laser treatments (excluding treatments within the periorbital rim)	• Pain, infection, poor outcome, prolonged erythema • Reactivation of HSV, acne or millia • Hyper or hypopigmentation • Eye damage
6	Laser and IPL treatments for generalised and discrete pigmented lesions (excluding treatments within the periorbital rim)	• Inappropriate treatment • Missed diagnoses eg melanoma • Hyper or hypopigmentation, scarring • Eye damage
5	Laser treatments for tattoo removal (excluding treatments within the periorbital rim)	• Pain • Hyper or hypo pigmentation • Paradoxical permanent hyperpigmentation, scarring • Allergic reaction, blistering, infection, eye damage
5	Laser and IPL treatments for benign vascular lesions (excluding treatments within the periorbital rim)	• Pain, poor outcome • Infection • Reactivation of Herpes Simplex Virus (HSV) • Hyper or hypo pigmentation, scarring • Eye damage
4	Lasers and IPL for hair removal (excluding treatments within the periorbital rim)	• Discomfort, • Absence of effect • Hyper or hypo pigmentation, scarring • Eye damage
4	Non ablative lasers, IPL and LED for photorejuvenation, including sun induced dyschromia (excluding treatments within the periorbital rim)	• Discomfort, • Absence of effect, • Hyper or hypo pigmentation, scarring • Eye damage
4	LED for clinically diagnosed acne vulgaris	Unsuitable or inappropriate treatment of disease Eye damage

CPSR		
7	Full face phenol peels	Requires cardiac monitoring due to cardiotoxic effects; depth and large area of injury results in high risk of scarring, infection--impetigo, erysipelas, cellulitis, severe pain, poor cosmetic outcome, permanent hyper or hypo pigmentation, keloidal scarring, risks of sedation, systemic fluid imbalance.
7	Injection lipolysis into superficial fat	Pain, oedema, neurological adverse events, drooping, asymmetry, irregular skin texture and subcutaneous nodules. Off licence use of Phosphatidylcholine and deoxycholate (PCDC) in periorbital fat has resulted in reports of blindness.
7	Mesotherapy with pharmaceutical strength topical agents	• Pharmacological agents will be required using a prescription and the risks are those associated with the specific agent, though may be magnified when used in conjunction with mesotherapy due to increased penetration • Risk of pain, bleeding, infection, bruising • Autoimmune and hypersensitivity reactions; granuloma and biofilm formation
7	Medium depth chemical peels	• Pain, permanent scarring, permanent hyper or hypo pigmentation, impetigo, cellulitis, erysipelas. Risk of spills can result in unintended tissue destruction. • Systemic fluid imbalance (depending on total body surface area treated) • Reactivation of HSV
7	Localised phenol peels	Severe pain, risks of sedation, permanent scarring, poor cosmetic outcome with permanent hyper or hypo pigmentation, permanent skin textural irregularities, impetigo, cellulitis, risk of spills will result in unintended and severe tissue destruction.
6	Up to 1.5 mm microneedling with manual device or ≤1.0 mm power assisted microneedling	• Pain, bleeding, infection eg impetigo, cellulitis • Blood borne infection eg Human immunodeficiency virus (HIV), hepatitis • Systemic fluid imbalance (depending on surface area treated);
6	Superficial chemical peels to Grenz zone	• Erythema, scaling, allergic reaction or hypersensitivity • Hyper or hypopigmentation, unsatisfactory outcome/absence of response
6	Mesotherapy with/without homeopathic topical treatment	• Pain, bleeding, swelling, bruising; hypersensitivity and allergic reactions, persistent erythema, textural irregularities/lumpiness • Risk of blood borne infection (eg hepatitis, HIV), impetigo, erysipelas, cellulitis,
5	0.5-1.0 mm microneedling with manual device	Pain, bleeding, infection, inadequate response
4	≤0.5 mm microneedling with manual device	Discomfort, absence of effect, aggravation of underlying skin disease
4	Very superficial chemical peels to stratum corneum	Discomfort, absence of effect, aggravation of underlying skin disease

BTs		
7	Botulinum toxin	Prescription drug; risks are injection related (pain, bruising, bleeding, impetigo, cellulitis and blood-borne infection); reactivation of HSV; ptosisis, asymmetry, inappropriate muscle paralysis impairing function (especially lower face/neck); dry eyes, dry mouth. Pain and vasovagal response, paraesthesia, dizziness, headache, erythema.
DFs		
7	Permanent fillers	• Requires fully sterile conditions due to permanent nature of implant and risk for biofilm formation; this type of filler is associated with higher risk of long term adverse events in addition to all risks associated with temporary/semi-permanent fillers • Granuloma formation, hypersensitivity risk, risk for permanent disfigurement; vascular occlusion with necrosis and scarring, blindness
7	Dermal fillers (temporary/semi-permanent)	• Bleeding, infection, bruising; poor cosmetic outcome, overcorrection and facial disfigurement. Reactivation of HSV. Pain and vasovagal response. • Autoimmune and hypersensitivity reactions; permanent blindness, vascular occlusion with resultant skin necrosis and permanent scarring. Granuloma and biofilm formation
HRS		
7	Hair restoration surgery	Permanent and disfiguring scarring from donor site or as a result of poor graft placement; cellulitis/ infection; risks of sedation

Annex 4: Glossary

Academic award

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

Accreditation of Prior Learning (APL)

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

Aesthetic/Cosmetic

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

Assessors

A person who undertakes marking or the review of marking on behalf of an Awarding Organisation. This involves using a particular set of criteria to make judgements as to the level of attainment a Learner has demonstrated in an assessment.

Awarding Organisations

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

Botulinum toxins

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

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

Chemical peels

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

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

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

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

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

Competence

Competence describes professional capability or ability to perform a task to therequired standard. It can be achieved through non direct patient contact, eg simulation. It has been agreed that for the purposes of these qualification requirements where practitioners may be working in isolation and where there is a potential risk to the patient or client, practitioners should be proficient, which reflects the additional capability requirements over and above basic competence[25]. (Also see proficiency)

Cosmetic/Aesthetic

See 'Aesthetic' above

Course Credit

Academic institutions use course credits as a unit that gives weight to the value, level or time requirements of an academic course. It is used as a means of assessing previous learning and the study required to complete a course.

Dermal fillers

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

Education

The word 'education' is used to describe the theoretical, knowledge based elements of the qualification requirements, as opposed to 'training' which describes the skills based learning.

Emotional support

See 'Psychosocial and emotional support' below

European Standard

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

[25] See Eraut (1997, 1998) for further clarification (eg http://informahealthcare.com/doi/abs/10.3109/13561829809014100)

Hair Restoration Surgery

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

Independent prescriber

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

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

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

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

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

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

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

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

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

Treatments for discrete pigmented lesions: Includes conditions such as Café au Lait, Nevus of Ota and Becker's nevus.

Treatments for benign vascular lesions: Includes conditions such as cherry angioma, spider naevus, rosacea, actinic lentigo, port wine stains.

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

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

Laser Protection Advisers (LPAs) should be knowledgeable in the evaluation of laser hazards. S/he is not responsible for implementing laser safety measures but is responsible for advising on the control of laser or IPL hazards. Responsibility for safety lies with the employer. The LPA sets up safe systems of work which will be set out in Local Rules which he will draft and finally approve. All employers must appoint or consult a certified LPA where Class 3B and Class 4 lasers or IPL systems are being used. The LPA is generally the person who will provide 'Core of Knowledge courses for staff so they may achieve the minimum competency level as part of their initial safety training. The syllabus of such courses is defined by the British Medical Laser Association (BMLA) and the Medicines and Healthcare Products Regulatory Agency (MHRA).

Laser Protection Supervisors (LPSs) are responsible for overseeing compliance with Local Rules and communicating with the LPA on items of safety. They work within the department, clinic or healthcare establishment with responsibility for supervising the work of personnel who operate Class 3 or 4 lasers and IPLs, and supervising the local rules to ensure that they are followed on a day-to-day basis. The LPS would be expected to have achieved a certain level of equipment understanding, practical experience and knowledge of the lasers or IPLs that they are working with. They would be expected to have received 'Core of Knowledge' training, even if they are not a laser/IPL operator.

Level

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

Mentor

A mentor works in partnership with their mentee to help them find the right direction and develop solutions to problems, allowing the mentee to explore new ideas in confidence and become self aware.

Mesotherapy

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

Microneedling

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

Module

A standardized part or independent unit used to construct a course or qualification.

Oversight

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

Proficiency

This paper refers to proficiency rather than competency to reflect the higher level of skills required by practitioners. Whereas competency is associated with standardised and routinized procedures, proficiency requires a practitioner to see systems holistically, receive deviations from the normal pattern and have a higher level of decision-making.

Psychosocial and emotional support

For the purposes of this report, psychosocial and emotional support aims to enable prospective clients and patients seeking cosmetic procedures to make informed decisions. It recognises the importance of patients and practitioners working together to achieve realistic expectations and enhance patient safety. The Keogh Review[26] stressed the importance of people who are considering cosmetic interventions having access to:

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

Recognition of Prior Learning (RPL)

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

Supervisor

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

Training

The word 'training' is used to describe the practical skills or 'learning-by-doing' element of the qualification requirements.

[26] https://www.gov.uk/government/publications/review-of-the-regulation-of-cosmetic-interventions

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