

Written evidence submitted by the Joint Council for Cosmetic Practitioners (IBI0003)

Introduction

1. The JCCP is pleased to present written evidence to the Select Committee's Inquiry into 'The Impact of Body image on Physical and Mental Health'. We particularly seek to address the following points noted in the Inquiry's terms of reference:
 - *'To what extent are people who have a negative body image drawn to cosmetic procedures, and how do cosmetic procedures affect their body image?'*
 - *'Is there sufficient support and advice for people who are considering cosmetic procedures?'*
 - *'What form should a regulatory regime for non-surgical cosmetic procedures take in order to improve patient safety?'*

Executive Summary

3. The JCCP is the self-regulator for the non-surgical aesthetic industry¹. It is accredited by the Professional Standards Authority (PSA).
4. The primary aims of the JCCP are to ensure the public is better informed about the risks associated with non-surgical aesthetic and hair restoration treatments and to clearly identify safe and appropriately trained practitioners who practise in these areas of specialist treatment.
5. The decision to undertake a cosmetic procedure must be an informed choice, ensuring the consumer makes the decision they consider will enhance their overall health, psychological and emotional wellbeing. All too often such decisions are influenced by misleading or inaccurate advertising or social media content and this presents a serious risk.
6. When performed appropriately cosmetic procedures can improve confidence, lessen the burden of mental health challenges, and improve individual wellbeing. However, when performed poorly procedures can exacerbate these challenges. This is particularly so where outcomes are not as expected, or when an excessively commercial attitude is taken towards the vulnerable consumer which seeks to capitalise on that vulnerability.
7. The JCCP believes there is now a compelling evidence base to suggest that **statutory registration and statutory regulation** for all practising cosmetic practitioners across the UK is the only way to afford public protection and patient safety in the aesthetics sector. A legislative approach is now required if we are to provide the public with the assurance they require and to confirm that practitioners are ethically safe, knowledgeable, competent, accountable and capable professionals.
8. Specifically, we propose that:
 - Education and training requirements should be prescribed and mandated for all cosmetic practitioners.
 - There should be specific premises standards for beauty salons and non-CQC registered clinics across the UK.
 - There should be nationally agreed and consistent regulatory and licensing standards for the aesthetics and beauty sector.
 - There should be greater regulation and oversight of advertising and social media claims that give false or misleading information about aesthetic procedures.
 - All aesthetic practitioners should be required to hold adequate and robust insurance cover and to be members of a redress scheme to protect the public.

¹ The non-surgical aesthetics industry delivers treatments that are perceived to improve the cosmetic appearance of individuals. These treatments sit between non-medical beauty treatments typically provided in high-street salons and more intrusive cosmetic surgery.

The Joint Council for Cosmetic Practitioners (JCCP)

10. The JCCP is the accredited, voluntary self-regulator for the non-surgical aesthetic industry in England, Scotland, Wales and Northern Ireland. It provides an informed and accredited point of access for members of the public seeking information about this area of practice. Where appropriate it is also the channel for raising concerns about aesthetic practitioners. The JCCP has public protection and patient safety as the key focus of its activities.
11. The JCCP is a 'not for profit' UK charity which was launched in February 2018 following an extensive stakeholder consultation process undertaken by Health Education England (HEE) in accordance with the recommendations of the Keogh Review (2013) on non-surgical treatments in England.
12. In 2015 HEE published a report on the implementation of qualification requirements for non-surgical cosmetic interventions and hair restoration surgery. One of the HEE's key recommendations was the rapid creation of a voluntary register for this sector to be followed by the eventual establishment of statutory regulation.
13. The JCCP is accredited by the Professional Standards Authority (PSA) to administer two voluntary-regulation registers:
 - The Practitioner Register
 - The Approved Education & Training Provider Register
14. The primary aims of the JCCP are to ensure the public is better informed about the risks associated with non-surgical and hair restoration treatments and to clearly identify safe and appropriately trained practitioners who practise in these areas of specialist treatment.

Our work with the Mental Health Foundation

16. The JCCP has recently been working with the Mental Health Foundation (MHF) to explore the significant impact that aesthetic treatments can have on the mental health and psychological wellbeing of members of the public and to what extent an individual's negative body image may draw them towards cosmetic procedures.
17. The JCCP and MHF believe that all persons considering cosmetic procedures should be fully informed about what they can expect to achieve from the procedure and should be able to evaluate this against any known physical or psychological risks that might be associated with the treatment.
18. The decision to undertake a cosmetic procedure must be an informed choice, ensuring the consumer makes the decision they consider will enhance their overall health, psychological and emotional wellbeing.
19. All too often such decisions are influenced by misleading or inaccurate advertising or social media content and this presents a serious risk. Members of the public require (and deserve) access to accurate information that provides insight into the way that cosmetic treatments might impact them in the context of their unique and individual circumstances, so they can make safe and appropriate choices before beginning any treatment.
20. The emotional and psychological needs of all those seeking or considering cosmetic treatments should be considered at the time of initial consultation but all too often this does not happen. All practitioners should be aware of the need to consider potential consumer vulnerability and should prioritise treatment decisions that reflect the interests of consumer wellbeing and mental health but again this does not always happen.
21. Recent research by the JCCP found that 22% of patients did not have any pre-treatment consultation, whilst 70% had a consultation that lasted less than 20 minutes. Almost one in four were not asked anything about their previous medical history during their consultation and most worryingly almost four out of five patients were not asked anything about body image or psychological/emotional challenges.
22. When performed appropriately cosmetic procedures can improve confidence, lessen the burden of mental health challenges, and improve individual wellbeing. Conversely, poorly performed procedures can add to these challenges on both an individual and a societal level. This is particularly so where outcomes are not as expected, or when an overly commercial attitude is taken towards the vulnerable consumer which seeks to capitalise on that vulnerability.
23. The JCCP and the MHF believe there is a need for legislation to ensure that all persons who elect to receive aesthetic procedures receive a full psychological and emotional assessment before treatment. We believe that mental health screening should be undertaken as an integral part of mandatory face-to-face consultations, to ensure that patients are fully informed and prepared for any procedure they elect to undergo.
24. We also believe there should be mandatory training for practitioners to improve the quality of their work and reduce the number of people who feel that their appearance has been damaged, to the detriment of their self-esteem and mental health.

The advertising of aesthetic procedures

26. With its focus on public protection, the JCCP believes that all practitioners in this industry should be committed to responsible advertising of aesthetic products and services which does not mislead customers as to risk, benefits and outcomes.

27. The JCCP works with the Advertising Standards Authority (ASA) to promote responsible advertising and recently reported three training providers who appeared to have breached the ASA guidelines. All three complaints were upheld by ASA. Five more training providers were advised they were in breach of ASA rules by the JCCP. Miles Lockwood, Director of Complaints and Investigations at the ASA said:

“These rulings set a key precedent for us in taking action against advertisers in this sector. It’s important to ensure that aesthetics practitioners are being upfront and not making misleading claims about the training they provide. I am sure that you will agree that the aesthetics sector has much to be proud of, but accurate advertising should be promoted at all times in the interest of both patient safety and practitioner fairness.”

28. The JCCP advises that advertising communications must be prepared with a sense of responsibility to consumers. The citation of ‘anti-wrinkle Injections’ is considered to be another inappropriate statement, as is the illegal advertising of prescription only medicines, such as Botox.

29. The JCCP believes there should be stricter regulation and oversight to reduce the significant number of false and exaggerated advertising claims that provide misleading information about the standard, type, and effectiveness of the administration of safe procedures.

30. We also believe the advertising of education and training programmes for aesthetic practitioners should be regulated if the public is to be properly protected. The JCCP requires all its approved training providers to evidence how they meet the following criteria:

- Capacity to deliver high quality courses, relevant admission criteria and academic accreditation at the correct level
- Alignment with the appropriate standards and clarity of information provided to potential participants
- Quality of the course or programme delivery (is it a good learning experience, does it develop knowledge, skills, values)
- Quality of assessment for the course or programme (does it produce competent practitioners)
- How evaluation of the course or programme is undertaken and how it is used to improve quality

The role of social media

32. The JCCP operates in a burgeoning market for non-surgical cosmetic interventions that is largely promoted through unregulated social media. This market is served by providers of diverse quality, who present with very varied knowledge, and often inadequate training. It is characterised by multiple examples of commercially related conflicts of interest and the use of exaggerated social media posts that fail to advise members of the public of the emotional and psychological challenge and consequences associated with aesthetic procedures.
33. In the JCCP's view, the span of knowledge and training required to safely deliver all the possible interventions – and particularly those that include transdermal procedures – requires a framework of knowledge and skill within which safe delivery can be assured and which should be underpinned by a robust Code of Professional Practice.
34. The JCCP has identified many social media posts that advertise ineffective and possibly dangerous substances administered by self-promoting individuals, many of whom lack the knowledge, experience and training required to practice safely. We have also identified many examples of social media posts involving exaggerated or false claims relating to the benefits/ efficacy/ outcomes of aesthetic treatments, some of which have resulted in psychological and emotional distress for consumers.
35. Social media has the exceptional quality that it can be both open to the world or open to member-only lists. While notionally advertisers in this sector should abide by the ASA rulings, this is, in fact, an unregulated sector.
36. The JCCP has also discovered multiple examples of social media posts that promote elective, non-medically related aesthetic procedures to vulnerable persons; many such postings fail to describe the risks of emotional and psychological harm that some aesthetic treatments can result in if they are provided on the basis of promoting a 'false picture of perfection'.
37. Inappropriate advertising frequently targets vulnerable individuals, exploiting and reinforcing underlying emotional and psychological challenges that relate specifically to body image, wellbeing and mental health. For example, images of face and body parts are often digitally edited and not declared by the advertiser, misleading the public about realistic results of treatments. Such activity creates new and unrealistic norms, plays on the consequent sense of inadequacy and indicates the promise of resolution for these unrealistic expectations, thus compounding any underlying mental health challenges.
38. In summary, the JCCP considers that the government should impose greater advertising and social media regulation for specified invasive non-surgical cosmetic procedures. The impact of social media influencers and the increasing promotion and sale of aesthetic procedures online is a matter of considerable concern.

Conclusion

40. The JCCP believes there is now a compelling evidence base to suggest that statutory registration and statutory regulation for all practising cosmetic practitioners across the UK is the only way to afford public protection and patient safety in the aesthetics sector. A legislative approach is now required if we are to provide the public with the assurance they require and to confirm that practitioners are ethically safe, knowledgeable, competent, accountable and capable professionals. In support of this broad objective the JCCP considers that:

- All aesthetic service providers should be required to publish a summary of the procedures they provide, the risks associated with such treatments, the cost of such procedures, a summary of their practitioner qualifications, their insurance certificate and details of their redress scheme.
- There should be a clear legal definition of what is a 'medical-related' service and what is an elective 'cosmetic' procedure or service. Clarification is also required on what constitutes a 'cosmetic surgical' procedure (threads and cogs are now classified as being surgical but are performed in a range of settings including beauty salons) as opposed to what constitutes a cosmetic 'non-surgical' procedure.
- There is a need to address the anomalies that exist where CQC registration may be required for healthcare professionals in designated clinics but where no CQC registration, or any other form of licensing, is required for non-healthcare practitioners who may operate from the same premises. This not only serves to create a dual standard from a safety perspective, but commercially advantages unregulated practitioners compared to their regulated counterparts.
- The identification of the risk of 'potential physical and psychological harm' associated with each defined cosmetic procedure should be treated as a requirement in all aesthetic assessments and pre-treatment consultations.
- The information provided to patients or clients who are considering the 'higher risk' treatments should always be provided in an accessible format to ensure they are able to make an informed choice about their proposed treatment.
- Education and training requirements should be prescribed and mandated for all practitioners and linked directly to agreed standards and competencies as set down by Health Education England (2016), subsequently by the JCCP (2018) and by the Cosmetic Practice Standards Authority (2018).
- There should be specific premises standards for beauty salons and non-CQC registered clinics across the UK. (In Scotland this is now statutory regulatory requirement.) This is essential to assure public safety and health protection compliance. Local Authority Enforcement Officers should be given extended powers to enforce compliance with a nationally agreed set of premises standards.
- There should be nationally agreed and consistent regulatory and licensing standards for the aesthetics and beauty sector with the aim of removing some of the anomalies that exist between various London Boroughs and the rest of the UK.
- There should be greater regulation and oversight to reduce the significant number of false and exaggerated advertising and social media claims that give false or misleading information to both members of the public and to practitioners about the standard, type, and effectiveness of the administration of safe procedures.
- All aesthetic practitioners should be required to hold adequate and robust insurance cover and to be members of a redress scheme in order to protect the public.
- The Medicines and Healthcare Products Regulatory Agency should be required to design and implement a coordinated approach to the reporting and analysing of complications.

- The evidence-based gap that exists regarding the lack of data on the aesthetic sector should be addressed as a priority. Specifically, data is required on the number, type and extent of complications that occur as a result of aesthetic treatments, how these adverse events are reported and the cost to the NHS of correcting such complications.

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References:

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- Joint Council for Cosmetic Practitioners complaints prompt Advertising Standards Authority (ASA) Investigation into Aesthetic Training Companies – Press Release 28 – 07.08.19
- CPSA Practice Standards (2018) - (available on the JCCP Website)
- JCCP Competence Framework JCCP (2018) (available on the JCCP Website)
- JCCP/CPSA Code of Conduct for Cosmetic Practitioners (2020) - (available on the JCCP Website)
- JCCP Guidelines on Responsible Prescribing – (2019) - (available on the JCCP Website)
- JCCP Premises Standards – (2019) - (available on the JCCP Website)