

To regulate or self-regulate, that is the question



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Regulation in aesthetics is something everybody knows needs to happen but then on the other hand, nobody wants as this would mean that healthcare professionals would have to produce yet more evidence to prove they are competent. So why do we need regulation in aesthetics?

Increasing numbers of healthcare professionals provide increasingly diverse aesthetic procedures. Non-professionals are seizing opportunities to provide procedures beyond what they have traditionally provided. The public are confused about who is competent and inevitably there has been an increase in avoidable complications and poor results. We do not have statutory industry regulation and sanctions for non-professionals are fairly ineffective. There is scant incentive for some to practise safely and to a good standard. This allows the unscrupulous to provide 'attractive' low priced treatments to some of the more vulnerable members of society.

The Department of Health asked BCAM – which now includes dentists – BACN, BAD, BAARPS and BPRAS to create a frame work for the aesthetics industry and the Joint Council for Cosmetic Practitioners (JCCP) and Cosmetic Practice Standards Authority (CPSA) were formed with the help of non-clinicians to create a body to set and police standards in aesthetics.

The CPSA has created a framework of standards across the whole industry from skin peels and micro-needling to laser and injectable work. There is a competence framework set at various levels of procedure. The JCCP has two registers; one for non-professionals who cannot be registered to inject dermal fillers or botulinum toxin (level 7) and another register for professionals. There is also

a register of training providers who will be able to deliver training to various levels.

From February 2018 when the JCCP was launched there has been established a set of standards for the whole aesthetics industry which has been endorsed by all the professional bodies including the GDC and supported by Government.

The problem lies with voluntary standards and relying on self-regulation. Until it is mandatory many practitioners for various reasons have not and probably will not join the JCCP register. Some are not practising to the required standards, some are too busy or 'will get around to it' and some resent further regulation or simply cannot see the financial benefit, all entirely understandable.

There are countless clinicians 'doing a bit of Botox'. Namely they attend a short course and treat a few patients as very much a side show to their main job. Their professional training provides an understanding of infection control, ethics and consultation skills. Less have the training and the ability to deal with emergencies, complications or have a basic understanding of dermatology. Furthermore some operate from inappropriate premises and lack experience which inevitably results in substandard aesthetic results and a greater likelihood of avoidable complications. The point of JCCP registration is to ensure that everyone is at least at a minimum safe standard and have more than very basic training. Currently some professional colleagues performing the occasional treatment probably consider they are not likely to get into any performance issues. However aesthetics is difficult as patients can be very demanding which makes them likely to complain if they

are not happy. If this results in say a GDC complaint the GDC will rightly expect that the dentist has adequate training to perform the procedure. Now there is a framework of standards from the CPSA the GDC may well refer to these in their investigations. Hence I would suggest that if you are a dentist 'doing a bit of Botox' you might consider more training and registration with the JCCP.

Furthermore as the public becomes more aware of the potential risks of seeing poorly qualified practitioners they will look to see if someone is registered with the JCCP.

It has always been of concern that non-professionals are injecting dermal fillers. It is for this reason the JCCP will not register them for level 7. Even if they can learn the techniques required they rarely have the depth of understanding which healthcare professionals have as part of their general training. In particular anatomy, recognising complications and being able to deal with emergencies, ethics, psychological assessment, understanding the impact of other diseases on the use of dermal fillers. Of course, healthcare professionals also need to ensure they have the correct knowledge and skills.

For those dentists who are striving for demonstrable excellence, BCAM is currently establishing qualifications which would set its members apart. They will have an aesthetic medicine qualification at specialist level which the public can rely on. This will be launched next year. BCAM is also lobbying for statutory regulation in aesthetics. ♦

For more details on joining BCAM please visit www.bcam.ac.uk.