Scottish Cosmetics Interspecialty Expert Group
Meeting on 10 December 2013 - St Andrew's House Edinburgh

Note of Meeting

Present: **[redacted]**
[redacted]
[redacted]
[redacted] NES
[redacted]
[redacted]
[redacted]
[redacted]

Apologies: **[redacted]**, (DH), **[redacted]**, **[redacted]**

1. Welcome and Introductions

- **[redacted]** welcome everyone present and a round in introductions followed.

2. Declarations of Interest

- **[redacted]**informed the group that whilst he has a private practice, this is restricted to breast surgery only.
- It was agreed that this remain as a standing item for all future meetings.

3. Review of Royal College of Surgeon's Cosmetic Surgery Interspecialty Committee

- Membership of the group to be agreed with reps from dentistry/Opthamology being considered
- Scottish presentation on this Committee has been confirmed as observer status and may assist with the apparent lack of understanding around Scotland having a different system to England & Wales.
- A scoping exercise will be undertaken with sub groups assembled to take issues forward and to decide how they can/may be linked.
- The Committee will agree the definition of Cosmetic Surgery and also areas to be looked at, such as, Laser treatment.

4. Update on Department of Health's response to Keogh

- The DH response to Keogh is still awaited and is expected to adopt many of the recommendations
- SG will be copied in and updated as appropriate
- There is slippage in what were very tight HEE timescales

5. Papers for Noting and Discussion

5 (a) Regulation

- Discussion around the regulatory framework around which this work will be set, followed.
- Issues raised included central registration, indemnity, registration of non-professionals and regulation of devices.

5 (b) Legal paper – Regulating Promotion of Cosmetic Products / Procedures

5 (c) Full SCIEG Membership Update

- Terms of Reference for the Group need to be agreed.
- Specialities need to be represented with all interests covered.
- Membership should include Chair of Groups of Colleges, CNO, CDO, a Board Chief Operating Officer, COSLA, SG Enterprise Lead and **[redacted]**.

5 (d) Data Paper on Cosmetics Industry in Scotland

- Paper is helpful in identifying a number of service providers but is not exhaustive.
- ISD may be able to assist in identifying the scale of the industry.

6. Approach from Health Education England (HEE)

- HEE to develop standards and accreditation process for non-healthcare professionals.
- Advisory group to devise qualification.
- NHS NES only advises NHS Boards and not the independent sector.
- NHS NES have indicated that they will assist with setting and agreeing standards.

7. Future Planning – Review of Slides

- High Quality Care – RCS to develop CSIC (no Scottish equivalent needed) – **Work underway**.
- CSIC links – **Equivalent Scottish organisations have been engaged.**
- Accreditation – **HIS Standards to apply where appropriate.**
- Dermal Fillers – **to be prescribed device.**
- No legislative framework leads to difficulty in auditing.
- Clarity is required around – **record keeping, governance and audit particularly with regard to single handed premises**
- DOH looking at implant **registry/link to data implant data/reporting of incidents**

- Patient information to be gleaned from **NHS inform**
- **Advertising guidelines** to be circulated to the group
- Redress & resolution to be discussed further and lines agreed

8. Any Other Competent Business

There being no further business to discuss, the Chair closed the meeting by thanking attendees for their input.

9. Date of Next Meeting

28 February 2014 – SAH

The Scottish Government Health & Social Care Directorates
December 2013

SCOTTISH COSMETICS INTERVENTIONS EXPERT GROUP (SCEIG)
Draft Note of Meeting – 4 March 2014

Present: **[redacted]**, Chair
[redacted], Academy of Medical Royal Colleges & Faculties in Scotland
[redacted], Chief Officer for Trading Standards Scotland
[redacted], HEI Chief Inspector
[redacted], Deputy Medical Director, NES
[redacted], Participation Network Manager, Scottish Health Council
[redacted], Deputy Chief Dental Officer, SGHD
[redacted], Consultant in Public Health, SGHD
[redacted], Senior Medical Officer, SGHD
[redacted], Head of Quality Unit, SGHD
[redacted], Professional Regulation, SGHD
[redacted], Capital & facilities Policy Manager, SGHD
[redacted], Business Lead, SGHD
[redacted], ISD, SGHD
[redacted], ISD, SGHD
[redacted], The Quality Unit, SGHD
[redacted], Public Health Registrar, NHS Lothian

Apologies: **[redacted]**, Deputy Medical Officer, SGHD
[redacted], Lead Director of Acute Services, NHS GG&C

1. Welcome and Introductions

[redacted]opened the meeting by welcoming all those in attendance and a round of introductions followed.

2. Declarations of Interest

[redacted] stated he undertakes some private work related solely to breast augmentation and that he had no involvement with the use of fillers or other non-surgical cosmetic interventions. [redacted] indicated as President of the Royal College of Surgeons of Edinburgh the outcome of this group must reflect the best care for patients, regardless of any interests.

3. Review of Note of Scoping Meeting

Subject to minor amendments, the minutes of the scoping meeting were adopted

4. Background Paper and Remit

[redacted] presented paper SCIEG (14) 3 and explained the background to the setting up of the group, its functions, remit and work programme. Proposed additional members could be :

- Pharmacist
- Laser protection adviser
- Independent sector advisers

- Further Education Colleges as trainers
- Public partners

[redacted] informed the Group that a meeting had taken place with the Independent Health Services Advisory Group for Scotland but that this group does not represent all the independent health sector. Additional members will be sought as required for the main group or sub-groups.

5. Organisational Updates

Local Authority Trading Standards

[redacted] confirmed that Trading Standards Scotland's current involvement in cosmetics is mainly limited to dealing with complaints from consumers and no longer does routine inspections. Trading Standards within COSLA is moving towards an intelligence-led organisation and as such will have trend data as well as more detailed information. This may be a source of information in the future. Where complaints are received via the Citizens Advice system on topics such as injections by beauticians, the complaints will be risk assessed and investigated as necessary.

They are also looking at;

- possible scams which Trading Standards Scotland will respond to
- environmental health issues related to tattoo parlours
- allergic reactions to treatments
- setting up an intelligence based database which will also hold data on counterfeit goods and door step crime

Fiona noted there is limited actual data available but will review current systems and provide feedback.

Action : [redacted] will provide feedback on data from current systems

NHS Education for Scotland (NES)

[redacted]confirmed that NES provide education for NHSScotland and are not involved with the private sector. The NHSScotland follows a GMC approved curriculum which includes a national training programme for plastic surgeons; this contains little cosmetic / aesthetic training which was revised in 2013 and further additions will require new negotiations.

NES is also responsible for nurse & allied professional training and nurse prescribing is covered with the oversight of the Royal College of Nursing. It was confirmed that only NHS trained groups could be regulated. Of the two professional bodies British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS), has introduced a code conduct for members whereas British Association of Aesthetic Plastic Surgeons (BAAPS) has not.

[redacted] suggested that the Further Education Colleges may be a useful link to those training beauticians and it was agreed this group should be considered as part of the membership in future.

Healthcare Improvement Scotland (HIS) Inspection Team

[redacted] confirmed that HIS is responsible for the inspection and scrutiny of NHSScotland and the regulation of Independent Healthcare Services such as Psychiatric Hospital, Hospices, Private Hospitals. HIS regulate the service not individuals with the providers paying a fee to HIS. The inspections are based on National Care Standards. Start-up costs for any new provider would be considerable and fees would be payable when they are up and running. How these providers are regulated would have to be agreed and clearly defined.

Doctors are regulated by the General Medical Council and those with a license to practise are subject to revalidation requirements. Each licensed doctor has a designated Responsible Officer to oversee the revalidation process, which covers the entire scope of a doctor's practise including private practice where this occurs.

The Scottish Patient Safety Programme (SPSP) may have a view on this work on cosmetic interventions and safety.

Currently there are a number of complaints about cosmetic surgery, usually based on the outcome being different from that expected and are investigated. The relationship with the English Care Quality Commission (CQC) tends to be personal and with changes, it has been difficult to keep up these links.

There is legislation to inspect clinics which has not been commenced and is currently considered not necessarily to be fit for purpose. A clinic is defined as not a hospital and with services provided by a medical doctor or dentist. **[redacted]**suggested gaining legal advice on whether the services could be deputised from one of the named practitioners and the clinic effectively run by another.

The key point will be to quantify the level of risk and agree the principles of the aim for the regulation of cosmetic interventions.

The need for inspection on dental clinics where there are 15 wholly private clinics and 1000 plus mixed NHS and private clinics was discussed. **[redacted]** requested the paper be corrected to include dentists and place dental clinics in as a clear patient safety issue.

Action : Secretariat to consider need for legal advice and to link to the patient safety programme

Action: The High Quality Care subgroup could be requested to develop a paper on the principles and bring to the SCIEG

Scottish Health Council

[redacted] gave a useful history of the Scottish Health Council (SHC) which was created in 2005 to promote the patient focus and public involvement in the NHS. There are 14 territorial board offices who concentrate on :

- Community engagement and improvement support
- Participation standard review
- Scrutiny of major service change
- The participation network

Services users are involved throughout all the work of the SHC and ideally of the variety of groups, with the key question that should be posed ***– what matters to you as service users?***

There is a need to think of the questions that the SCIEG wants answered by service users and then to help those on the groups, and consider the need to pay expenses and out of pocket money. It was agreed that **[redacted]** would produce an options paper providing detail of how the SHC involve service users in their work, for the next meeting of the group.

Action point: [redacted] to submit Scottish Health Council options paper

6. Department of Health's Response to Keogh

[redacted] confirmed that the DoH had issued a measured response which contains areas of crossover between England and Scotland. The response refers to organisations where there are no similar organisations in Scotland like the CQC. The approach will be to scope and focus on key themes from the report and give specific topics of the work to sub-groups.

The meeting agreed it would be extremely helpful to see a comparison between the DoH response and current or proposed Scottish actions. This will highlight areas of need and also areas where Scotland is proposing any additionalities. The option to provide information on a website was discussed and will be looked into.

Action point: Secretariat to provide a comparison table of DoH and SG areas for action

Action point: Secretariat to consider options for providing information on a website

7. Papers for Noting and Discussion

a) **Regulation** - Paper to be amended to reflect the definition of an independent clinic to read " a clinic which is not comprised in a hospital and in or from which services are provided …….. by a medical or dental practitioner ". It was agreed there is also a need to reach out to the public and other groups to find out what is known about regulation.

Action point: Consider need to gain public's views on regulation

b) **Data** - **[redacted]** indicated that there is currently not a lot of information and no data sets currently available. There are gaps in the data and which aspects of data gathering is needed has to be agreed. There is a limited area of evidence but Trading Standards may be able to provide further information. The Hair and Beauty

Industry Authority (HABIA) and the UK Accident Claims Specialist (UKACS) websites may help fill the gaps. There is a need to remember the DIY and internet markets. It may be necessary to put together a package of information to get an inclusive view.

Action point: Request the subgroups to consider what data required and feedback.

c) **Health Education England** (HEE) Project – The training framework will be in place by 31 March 2014. The HEE recommendations are expected around this time including their proposed structure, what is deliverable and what might require a Phase 2 programme. Once the programme is developed there will be a need to agree how it should be delivered and regulated.

Once this information is available, there will need to be consideration of a Scottish response for any non-devolved training issues. **[redacted]** considered in response to the two questions posed in the paper that it may be possible for Scotland to use any HEE developed training framework or requirements, and NES may have a role in the development of training and accreditation requirements but would need to see the training framework and new work is likely to require funding. There is some appetite by the Royal Colleges for training on non-surgical care for staff such as ambulance operators.

Action point: NES will review the outcome of the work from HEE and provide a paper on possible options.

d) **UDI** – **[redacted]** confirmed that there was a need for unique device identification (UDI) of implantable devices to be linked to patient records and the best method may be bar coder readers transferring the information from a bar coded device into the electronic notes. What's currently available will be looked at and linked to the SPSP. Independent clinics would have to comply and this process could be expanded to include dental clinics, GPs, family practitioners for example.

8. Tasks and Sub-groups

It was agreed that the aim of this work is to result in high quality care in both surgical and non-surgical cosmetic interventions and several actions will be taken forward by the subgroups. It was agreed that two service users will be added to the sub-groups.

Representation from the following will be required;

- Pharmacy
- Aesthetic Treatment Nurse
- Practitioner undertaking the procedures
- Environmental Health
- Further Education Colleges

Sub-groups to be set up and to meet shortly after appropriate questions around their role and remit have been agreed.

The next meeting of the group will be on Tuesday 8th July 2014 2-4pm in St. Andrew's House, Edinburgh, Conference Rooms.

20 March 2014

Action table

Action	Date agreed	Responsibility	Date completed
Legislative needs assessment	**10.12.13**	**Secretariat**	
Trading Standards data feedback	**04.03.14**	**[redacted]**	
Link to SPSP	**04.03.14**	**Secretariat**	
Paper on principles by the HQC subgroup	**04.03.14**	**HQC Chair**	
Options paper on public engagement	**04.03.14**	**[redacted]**	
Table comparing DH and SG areas for action	**04.03.14**	**Secretariat**	
Consider where information could be held for ease of access	**04.03.14**	**Secretariat**	
Subgroups to provide data requirements	**04.03.14**	**Subgroup Chairs**	
Options paper on HEE output	**04.03.14**	**[redacted]**	

SCOTTISH COSMETIC INTERVENTIONS EXPERT GROUP – High quality care subgroup

Meeting date **28 May 2014**

Agenda item: **3**

Draft Minutes

Purpose:

FOR DISCUSSION AND AGREEMENT

Note of meeting held on Tuesday 1 April 2014, St Andrew's House, Edinburgh

Present: **[redacted]**, (Chair) Scottish Government Plastic Surgery Speciality Adviser, & NHS Greater Glasgow and Clyde Consultant
[redacted], Consultant in Public Health, Scottish Government
[redacted], Oral and Maxillofacial Consultant Surgeon, NHS Greater Glasgow & Clyde
[redacted], Independent Plastic Surgeon
[redacted], Independent Aesthetic Nurse Practitioner
[redacted], Head of Photobiology, University of Dundee
[redacted], Consultant Dermatologist ARI
[redacted], ENT Consultant, NHS Lanarkshire
[redacted], Person Centred and Quality Team Lead, Scottish Government
[redacted], Business Manager, Quality Team, Scottish Government

Apologies: **[redacted]**, SMO Scottish Government
[redacted], Consultant Plastic surgeon
[redacted], Consultant Dermatologist
[redacted], Consultant Ophthalmologist

1. Welcome and Introductions

[redacted] opened the meeting by welcoming all as representatives of their professional organisations so ideally placed to provide guidance. A round of introductions followed.

2. Declaration of Interest

[redacted]indicated that he undertakes some private work related to breast augmentation but had no involvement with the use of fillers or other non-cosmetic interventions.
[redacted]indicated that he undertakes some private work which includes all aspects of oral-facial surgery.
[redacted]indicated all his work is now as an independent plastic surgeon
[redacted] indicated all her work is as an independent aesthetic nurse practitioner
[redacted]indicated that he undertakes some private work where he is the Clinic Director of Tayside Laser Clinic
[redacted]indicated that he undertakes some private work where he is the Medical Director, of SK:N, Aberdeen
[redacted] indicated that he undertakes some private work which includes most aspects of rhinoplasty and nasal tip reconstructions.

3. Remit and Membership (SCIEG HQC (14) 2)

[redacted] presented paper SCIEG HQC (14) 2, circulated in advance, and which covered the remit of the SCIEG and the draft remit and membership of this sub-group. The sub-group will provide recommendations to the SCIEG who will report directly to the Chief Medical Officer. The aim of the sub-group is to to improve the control of cosmetic interventions in Scotland through the provision of an evidence based case for any additional regulations or legislation.

The Chair described the involvement of the Cosmetic Surgery Interspeciality Committee (CSIC) of the Royal College of Surgeons in England which is tasked with providing guidance for levels 1a & b ie procedures that involve a knife to skin. Health Education England (HEE) has been mandated to provide a framework for the training on level 2 interventions ie lasers, botox and fillers and queried whether hair transplant should be included.

The Chair also noted that as there is no direct parallel groups to the English equivalent of the Care Quality Commission (CQC), HEE, or the Parliamentary Service Ombudsman the sub-group will need ensure that all Scottish interests are covered. Where the work involves the regulated healthcare professionals, the agreement between the four countries is this work is taken forward by the Department of Health (DH). Where necessary, this sub-group will feed into the deliberations to inform the DH work.

Finally the Chair sought agreement on the role of this sub-group to provide advice on which procedures should be included and to define how these should be included ie via a list of specific procedures or through a rules based system. The role was agreed. In reflecting on the agenda item the meeting agreed :

- The remit should specify the inclusion of chemical peels, botox and dermal fillers
- Additional members of the group will be:

    - a pharmacist who is also an accountable officer due to the prescribing of controlled medicines for sedation that can occur and
    - a dental practitioner
- A member of the Independent Healthcare Association could be considered but not necessary given the presence of **[redacted]** and **[redacted]**.

Action : [redacted] to provide dental practitioner names and the secretariat to follow up with the Chief Pharmacy Office regarding the pharmacist

4. Background (SCEIG HQC (14) 3)

Paper SCEIG HQC (14) 3 provided the background to and current position within Scotland with regard to cosmetic interventions. This paper included a comparison between the Scottish position and the Department of Health's response to the Keogh recommendations.

The meeting agreed that the paper was helpful and it made sense to wait for the final position to emerge. The sub-group supported the aim of helping shape the areas that are reserved across the UK, and devise necessary Scottish responses where necessary.

In discussion the question of how changes have been made to the practice of teeth whitening which used to be performed by many staff but has now been brought back into the province of dental professionals was raised, and it was agreed the secretariat will follow up.

Action: Secretariat to keep sub-group updated on developments throughout the UK and to follow up regarding tooth whitening changes[1].

Papers SCEIG HQC (14) 4,5 & 6 provided details around current regulation of independent healthcare practice in Scotland and where the gaps in the legislation exist; the work of Health Education England (HEE) around non-surgical interventions and the project on the development to capture specific information on all implanted devices through a Unique Device Identifiers (IDI) new programme board.

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[1] Secretariat has found out the General Dental Council (GDC) has not changed the rules but is more proactive in prosecutions ie : Tooth whitening is regarded as the 'practice of dentistry' under the Dentist Act 1984 and this was affirmed at a recent High Court case: In the case of **GDC v Jamous** the High Court ruled that tooth whitening is the practice of dentistry. This means that tooth whitening is a dental treatment and not a cosmetic treatment. Therefore tooth whitening can only be legally carried out by GDC regulated dental professionals.The GDC has successfully prosecuted a non-registrant for unlawfully practising dentistry, namely tooth whitening.

On 5 February 2014 Michael Flanagan, plead guilty at Nottingham Magistrates' Court to unlawfully practising dentistry at Power Whitening in Nottingham on 10 January 2012.

This is contrary to Section 38 (1) and (2) of the Dentists Act 1984.

Mr Flanagan was given a conditional discharge, ordered to pay £355 in compensation and a £15 victim surcharge. He was also ordered to pay costs to the GDC of £1000.

Agreement arising from these papers were that any future legislative changes had to be clear and cover areas of concern easily identifying what clinics are and who was to be regulated. National Education for Scotland (NES) are linked into the work of the HEE which will support a review on possible Scottish requirements. Work around UDIs will include the use of bar codes, however any UDI must provide the relevant data to enable the device to appropriately tracked and audited.

The sub-group heard that while a register of practitioners has not been accepted as a way forward, it has supporters, but agreed that the focus remains on supporting those who are providing a service to have clearer mechanisms to demonstrate their safe and effective practices.

The subgroup devised some principles for the work which should enable the NHS to be focused on its role in providing a national health service for the whole population and not on supporting private practice.

In discussing the regulation of independent healthcare services the sub-group emphasised the need to capture the cosmetic intervention practice in high street clinics that may alter consciousness but currently are not regulated. **[redacted]** noted that most cosmetic practice she found through a review of insurance companies are provided by nurses who are not captured in the current legislative clinic definition.

It was agreed that Healthcare Improvement Scotland (HIS) as the current inspector of independent hospitals and hospices has the expertise and experience to take on an expanded role, which will need advising and resourcing. The CSIC are developing the 'request for treatment' as a consent process which together with the retention of client records, and audit, must be part of good quality cosmetic practice.

The meeting heard that notwithstanding the above, where there is a UK method to improve regulation of independent healthcare practices and services, this is preferred in order to give the industry consistent information and to reduce any opportunities for cross-border tourism.

Keeping the above in mind, the sub-group agreed that their recommendation is HIS needs to change to regulate clinics. A definition of a clinic, and what work it is meant to carry out should be drafted and brought back to the next meeting.

Action: Secretariat to draft a definition of a clinic and its activities, plus gather the principles in a list for reflection at the next meeting

5. Interventions Update

The following presentations were given and brief discussions followed. All presentations will be circulated in due course.

- Lasers and Intense Pulse Light - **[redacted]**
- Botox & Dermal Fillers - **[redacted]**
- Specialist Clinics in Scotland, Standards - **[redacted]**

6. Update on the Cosmetic Surgery Interspecialty Committee (CSIC)

The Chair had reported on the deliberations of the CSIC earlier in the meeting and will provide updates as the next meetings occur.

7. Any Other Business

No other business brought forward so the meeting closed with agreement on the date of the next meeting :

Wednesday 28th May 2014 1030-1230 St Andrew's House, Edinburgh

Note :10 April 2014

Action table

Action	Date agreed	Responsibility	Date completed
New members sought	**01.0414**	**[redacted]& Secretariat**	
Update on UK developments	**01.04.14**	**Secretariat**	**20.05.14**
Draft definition of clinic and activities	**01.04.14**	**Secretariat**	**21.05.14**
Draft list of principles	**01.04.14**	**Secretariat**	**14.5.14**

SCOTTISH COSMETIC INTERVENTIONS EXPERT GROUP HIGH QUALITY CARE SUBGROUP (HQC SCIEG)

DRAFT MINUTES OF 28 MAY 2014 MEETING

Meeting date: 21 October 2014

Agenda item: 3

Purpose:
FOR AGREEMENT

Present:

SCOTTISH COSMETICS INTERVENTIONS EXPERT GROUP (SCEIG)
HIGH QUALITY CARE SUBGROUP

Note of meeting held on Wednesday 28 May 2014,
St Andrew's House, Edinburgh

Present: **[redacted]**, (Chair) Scottish Government and Consultant in Plastic Surgery
[redacted], Consultant in Public Health Medicine, Scottish Government
[redacted], Independent Aesthetic Nurse Practitioner
[redacted], Head of Photobiology, University of Dundee
[redacted], Consultant in ENT Surgery, NHS Lanarkshire
[redacted], Consultant in Plastic Surgery, NHS Greater Glasgow & Clyde
[redacted], Senior Medical Officer Scottish Government and Consultant in Colo-rectal surgery
[redacted], Public Health registrar, Scottish Government
[redacted], Policy/Business Manager, Scottish Government

Apologies: **[redacted]**, **[redacted]**, **[redacted]**, **[redacted]**, **[redacted]**, **[redacted]**

1. Welcome and Introductions

[redacted] opened the meeting by welcoming those present and a round of introductions followed.

2. Declaration of Interest

[redacted]indicated that he undertakes some private work related to breast augmentation but had no involvement with the use of fillers or other non-cosmetic interventions.
[redacted]indicated that he undertakes some private work which includes all aspects of oral-facial surgery.
[redacted]indicated all her work is as an independent aesthetic nurse practitioner
[redacted]indicated that he undertakes some private work where he is the Clinic Director of Tayside Laser Clinic
[redacted]indicated that he undertakes some private work which includes most aspects of rhinoplasty and nasal tip reconstructions.

There were no changes to the above list. In addition:
[redacted]indicated that he undertakes some private work on the use of lasers and botox.
[redacted]indicated that he undertakes some private colorectal work.

3. Minutes of the Meeting held on 1 April 2014

The minutes were approved. For the record the HQC subgroup is looking at both levels 1 and levels 2 ie surgical and non-surgical cosmetic interventions.

4. Matter Arising

It was confirmed that **[redacted]** will speak to **[redacted]**about identifying suitable dental representation on the group and that **[redacted]**, Lead Pharmacist for Controlled Drugs, NHS Greater Glasgow and Clyde has been nominated by the Chief Pharmacists Group to be their representative on this group. **[redacted]** was unable to make today's meeting but will be available for the next one.

Action : Chair will liaise with **[redacted]** to provide a dental practitioner representative

5. Background Update

[redacted] spoke to paper SCEIG HQC (14) 12 and provided an update on work undertaken by the Department of Health on cosmetic interventions. It was noted that the table outlining possible views on legislation did not include the Health and Care Professions Council (HCPC).

Following discussion, the following observations were made;

a) Greater knowledge around the required competencies is required, the risks around competency need to be known, will previous knowledge/skills be accredited, how will the appropriate indemnity be known/ensured. Not all people with a GMC number should be supervisors and the importance of credentialing was noted. The secretariat confirmed that they will be observers at the next Health Education England meeting on the training framework and will feedback.

b) It was agreed that further assessment is required around recommendation 9, the definition of an independent clinic for inspection (later on agenda)

c) **[redacted]** confirmed that **[redacted]**, lay member of Healthcare Improvement Scotland will Chair the Informed and Empowered Public (IEP) subgroup.

d) It was confirmed that the indemnity order referred to under recommendations 36, 39 & 40 (page 8) was laid in both Parliaments on 6 May 2014 and will be in place by mid-July.

5a Draft Principles: After discussion, the principles under which the Scottish Cosmetics Interventions Expert Group (SCEIG) High Quality Care Subgroup will operate were revised and attached at Annex A.

Action : Secretariat to circulate the revised list of principles to members for any final comments before going to SCIEG in July 2014.

5b Health Education England Project: Paper SCEIG HQC (14) 14 provided an update on the work undertaken by Health Education England (HEE) to establish a training framework for regulated healthcare professionals and practitioners who are

not registered with a statutory regulatory body. NHSScotland have been unable to attend the framework meetings.

The discussion welcomed the framework and heard in detail about the laser training programme. The meeting considered it useful to hear more from the policy team for National Education Scotland (NES) on the possibilities of adopting the framework or recognising it and encouraging training organisations (including FE Colleges) to consider using it.

Action : Secretariat to contact NES policy team and request an outline paper for the SCIEG meeting.

6. Draft Definitions of a Clinic

[redacted] outlined paper SCEIG HQC (14) 15 described the current definition of a clinic for regulatory purposes and what changes to current legislation may have to be made to ensure that 'clinics' undertaking cosmetic interventions were covered by statute. It was noted that the CQC in England currently inspects on a basis of two factors: who provides and what type of service is provided. The meeting discussed the need for the definition to be based on who provides the service and / or what the service provided is and / or from which premises these are provided. Any change must be carefully targeted to optimise limited resources. The meeting considered the need for all clinics of all sorts to be inspected with a register of all practitioners. The Chair noted that it had been agreed previously not to consider a register of all practitioners. There is a need to consider evidence of benefit of approaches given the limited resources and plans elsewhere in the UK. It was agreed that options on wording should be developed with a strong preference for a service based definition (for all five Keogh services), and associated standards.

Action : Secretariat to develop options for the wording of a definition of an independent clinic to be inspected.

7. Data & Public Engagement

[redacted] outlined paper SCEIG HQC (14) 16 and the meeting briefly reviewed the data proposals and agreed to send any comments on the outlines within a fortnight. **[redacted]** offered to find providers at the next meeting of the British Association of Cosmetic Nursing (BACN) who would be willing to be interviewed.

It was also agreed that further work will continue to ensure appropriate representation on the new Informed and Empowered Public (IEP) subgroup and that in addition to those already listed, that this would include a clinician and a social marketer. In terms of independent practitioners, **[redacted]**, Director of the Independent Healthcare Advisory Service Division of the Association of Independent Healthcare Organisations has requested to attend the next meeting of the SCIEG which was agreed.

Action : All members to send comments on the data proposals (questionnaire, providers interviews, focus groups, Health Survey questions) by the 13th June 2014. Secretariat to continue work on IEP subgroup.

8. Update on the Cosmetic Surgery Interspecialty Committee (CSIC)

The Chair reported that there has been no further meetings (next one scheduled for Monday 9th June 29014) so no new information to share.

9. Adult Exceptional Aesthetic Referral protocol

It was agreed that this paper will not be revisited as part of this work.

10. Any Other Business

There being no further business, the Chair closed the meeting by thanks everyone for their input.

11. Date of Next Meeting

The next meeting of the group will be held on Tuesday 26 August 2014 in St Andrew's House, Edinburgh.

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Action table

Action	Date agreed	Responsibility	Date completed
New members sought	01.04. 14	**[redacted]**& Secretariat	On agenda
Update on UK developments	01.04.14	Secretariat	28.04.14 but keep on agenda
Principles to be revised and sent to HQC members before going to SCIEG in July 2014	28.05.14	Secretariat	Completed June 14
NES policy team to be requested to provide options outline paper on HEE training framework for SCIEG	28.05.14	Secretariat	Paper to SCIEG July – further discussions planned
Wording for options on the definition of a clinic to be inspected	28.05.14	Secretariat	On agenda 21 Oct 14
Comments on data proposals to be sent by 13th June 2014	28.05.14	All members	Comments provided on questionnaires
IEP subgroup to be developed	28.05.14	Secretariat	1st meeting held August 14 – action plan agreed
Dates of future HQC meetings	28.05.14	Secretariat	On agenda

SCOTTISH COSMETIC INTERVENTIONS EXPERT GROUP (SCIEG)

DRAFT MINUTES OF 22 JULY 2014 MEETING

Meeting date: 25 November 2014

Agenda item: 3

Purpose:
FOR AGREEMENT

Present:
[redacted], Chair
[redacted], HEI Chief Inspector
[redacted] deputing for Rowan Parks, Deputy Medical Director, NES
[redacted], Participation Network Manager, Scottish Health Council
[redacted], Director, IHAS Division, Association of Independent Healthcare Organisations
[redacted], Senior Medical Officer Primary Care, SGHSCD
[redacted], Deputy Chief Dental Officer, SGHSCD
[redacted], Consultant in Public Health, SGHSCD
[redacted], Senior Medical Officer, SGHSCD
[redacted], Public Health Registrar, NHS Lothian
[redacted], Analytical Services SGHSCD
[redacted], The Quality Unit, SGHSCD
[redacted], Lead Director of Acute Services, NHS GG&C on VC

Apologies:
[redacted], Acting Chief Medical Officer, SGHSCD
[redacted], Academy of Medical Royal Colleges & Faculties in Scotland
[redacted], Chief Officer for Trading Standards Scotland
[redacted], Deputy Medical Director, NES
[redacted], Head of Person Centred & Quality Unit, SGHSCD
[redacted], Capital & facilities Policy Manager, SGHSCD
[redacted], The Quality Unit, SGHSCD
[redacted], Analytical Services Division, SGHSCD
[redacted]Professional Regulation, SGHSCD
[redacted], Business Lead, SGHSCD

1. Welcome and Introductions

[redacted] opened the meeting by welcoming all those in attendance, and noting the slightly longer apology list due to the change of date of the meeting.

2. Declarations of Interest

[redacted] stated he undertakes some private work related solely to breast augmentation and that he had no involvement with the use of fillers or other non-

surgical cosmetic interventions. There were no changes to the declarations of interest from any attenders.

3. Review of Note from meeting 4th March 2014

Subject to minor amendments, the minutes of the 4th March meeting where approved and are appended to this note.

4. Matters Arising

Options for the different legislative approaches are being investigated by **[redacted]**. Initial feedback has been obtained from the High Quality Care subgroup.

The availability of data on rates of complaints to Trading Standards through existing administrative systems was investigated by **[redacted]**but data are currently lacking.

The Scottish Patient Safety Programme are being updated about progress on this work.

Consideration of how to display the information on the SCIEG and its subgroups is on-going and will be considered by the SCIEG Informed and Empowered (IEP) subgroup.

Suggestions for additional members, including public partners is welcomed by the secretariat at any time.

5. Organisational Updates

Association of Independent Healthcare Organisations

[redacted] introduced the remit and recent work of the organisation. This included data collection across private sector hospitals, liaising with the General Medical Council about good medical practice guidelines, assisting with the breast implant registry pilot and previous work introducing the Treatments You Can Trust scheme. She noted the Association would be very keen to work with the SCIEG, including discussing complaint management systems. After her presentation it was asked whether the patients are advised of the issues of not being involved and was assured that currently this happens and that the scheme is voluntary (to note the Competition Commission report due shortly). Links will be made to ISD.

Action point: [redacted] will share information on data with the analytical team

Healthcare Improvement Scotland Inspection Team

Since the last meeting, HIS have shared relevant information with **[redacted]** to inform the considerations around regulation; discussed the cosmetic developments with their Chief Pharmacist for crossover interest on developments in prescribing practices; and noted that the National Care Standards are under consultation.

[redacted] noted that there is a standard for involving people, and they must be reimbursed any costs in a timely manner. The SHC are very keen to ensure travel warrants or other methods are available to alleviate the unhappiness that has so far occurred. The standards for community involvement need to be considered by the group.

6. Department of Health's Response to Keogh

[redacted] presented a table on the DH and SG response, the main comments where around advertising and the HIS complaints system.

Action point: Secretariat to keep table up to date

7. NHS Education for Scotland / Health Education England Proposals

[redacted] introduced the Health Education England framework paper. **[redacted]** for NES presented the paper on their role for the NHS and limited options to support this work. In the discussion on who and how they would start to undertake the training in Scotland [redacted] noted that universities are clamouring for courses in England. It was agreed that there will be further conversation between NES & SG about the next steps. HIS has volunteered to check the accredited competence courses.

Action point : NES and SG policy colleagues in Training and Cosmetics to devise next steps

8. Papers for noting and discussion

Equality Impact Assessment

[redacted] presented the EQA paper. There was a useful discussion on age limits with some members feeling that a minimum age to undergo procedures may be necessary. Other members considered a peer view or a multidisciplinary team review process appropriate. HIS noted that the regulatory certificates never specify age but specify the need for safe service.

Action point: Secretariat to ensure this topic is included in the focus group work with the public.

Information Requirements

[redacted] and **[redacted]** outlined the work plan and the need for information to support any regulatory changes and to do a business and regulatory impact assessment (BRIA). **[redacted]** offered to send a link on a potentially relevant recent report by AHIA which provided indicative figures for numbers of complaints by different types of surgical (but not non-surgical) procedures.

Action point: All members to forward any comments, with the information gathering process to be continued and report to the Informed and Empowered Public subgroup.

UDI Project

[redacted] explained the linkages and access to UDI will enhance safety and quality, and are linked to accurate cremation certification (new legislation), revalidation and outcomes knowledge from the acute sector. There are a range of additional factors to be considered and any comments welcome.

High Quality Care Sub-Group Papers

Principles

[redacted] presented the principles, and the modifications where provided to two principles, numbers two and nine. The ninth principle modification revolved around potential for cost recovery where contrasting views were given.

Action point : Secretariat to send revised principles to the HQC subgroup and be considered by the IEP subgroup

Options for clinic definitions

[redacted] presented a paper outlining different approaches to the legal definition of a 'clinic' for the purposes of regulatory inspection by HIS. Options for the definition of a clinic included being on the basis of the professional administering the service (e.g. doctor, dentist, nurse), the type of procedure provided (e.g. dermal filler, botox) and the location from which it was provided (e.g. a fixed location). Each of these aspects of a definition could be combined to allow breadth of definition (through fulfilling either one part of the definition OR another) or to target the scope of the definition (through fulfilling one part of the definition AND another). It was noted that a very broad approach would minimise risk but would result in the greatest regulatory burden.

Views were expressed that a risk based approach which allowed the specific procedures that are the subject of regulation to be relatively easily changed would be ideal, given the rapidly changing nature of the cosmetic interventions sector and the large number of new procedures becoming available. There are similarities with the EU Medical Devices Directive and the public health risk regimes. Any inspection regime will include GP centres which was deemed to be very useful.

Action point: Secretariat to investigate possible risk based approaches

Informed and Empowered Public Sub-Group

[redacted] presented the IEP draft. Comments were that more lay members would be useful.

Action Point: Secretariat to investigate.

9. CSIC update

Andy gave an update including noting that 90% of claims in cosmetic surgery are down to complaints on provider behaviour. New behaviour training courses are being developed which will be by anatomical area. The necessary improvements in outcomes monitoring are the coding of procedures / operations etc and this issue is being tackled.

10. Any Other Business

None

The next meeting of the group is Tuesday 25th November 2014 2-4pm St Andrews House, Edinburgh. Dates for 2015 will be circulated

Action table

Action	Date agreed	Responsibility	Date completed
Legislative needs assessment & risk based analyses	10.12.13 22.07.14	Secretariat	On-going
Trading Standards data feedback	04.03.14	[redacted]	March 2014
Link to SPSP	04.03.14	Secretariat	Contacts made
Paper on principles by the HQC subgroup& to return and go to the IEP subgroup	04.03.14 22.07.14	HQC Chair	On agenda 22 July
Options paper on public engagement	04.03.14	[redacted]	March 2014
Table comparing DH and SG areas for action	04.03.14	Secretariat	On agenda 22 July and to be continued
Consider where information could be held for ease of access	04.03.14	Secretariat	On-going
Subgroups to provide data requirements	04.03.14	Subgroup Chairs	On-going
Options paper on HEE output	04.03.14	[redacted]	On agenda 22 July
New members sought including public partners	O4.03.14 07.22.14	All members to provide suggestions	On-going
AIHO to provide background and data information where possible	22.07.14	[redacted]	
NES and SG policy colleagues in Training and Cosmetics to devise next steps	22.07.14	Secretariat	
Ask the public for views on whether age restriction for cosmetic procedures are necessary.	22.07.14	IEP Secretariat	
Consider data information sources and report to the IEP subgroup	22.07.14	All members & secretariat	

SCOTTISH COSMETIC INTERVENTIONS EXPERT GROUP (SCIEG)

REVISED AND ACCEPTED MINUTES OF 4 MARCH 2014 MEETING

Meeting date: **POST 22 July 2014**

Agenda item: **3**

SCOTTISH COSMETICS INTERVENTIONS EXPERT GROUP (SCEIG)
Draft Note of Meeting – 4 March 2014

Present: **[redacted]**, Chair
[redacted], Academy of Medical Royal Colleges & Faculties in Scotland
[redacted], Chief Officer for Trading Standards Scotland
[redacted], HEI Chief Inspector
[redacted] Deputy Medical Director, NES
[redacted], Participation Network Manager, Scottish Health Council
[redacted], Deputy Chief Dental Officer, SGHD
[redacted], Consultant in Public Health, SGHD
[redacted], Senior Medical Officer, SGHD
[redacted], Head of Quality Unit, SGHD
[redacted], Professional Regulation, SGHD
[redacted], Capital & facilities Policy Manager, SGHD
[redacted], Business Lead, SGHD
[redacted], ISD, SGHD
[redacted], ISD, SGHD
[redacted], The Quality Unit, SGHD
[redacted], Public Health Registrar, NHS Lothian

Apologies: **[redacted]**, Deputy Medical Officer, SGHD
[redacted], Lead Director of Acute Services, NHS GG&C

1. Welcome and Introductions

[redacted] opened the meeting by welcoming all those in attendance and a round of introductions followed.

2. Declarations of Interest

[redacted] stated he undertakes some private work related solely to breast augmentation and that he had no involvement with the use of fillers or other non-surgical cosmetic interventions. [redacted] indicated as President of the Royal College of Surgeons of Edinburgh the outcome of this group must reflect the best care for patients, regardless of any interests.

3. Review of Note of Scoping Meeting

Subject to minor amendments, the minutes of the scoping meeting were adopted

4. Background Paper and Remit

[redacted] presented paper SCIEG (14) 3 and explained the background to the setting up of the group, its functions, remit and work programme. Proposed additional members could be :

- Pharmacist
- Laser protection adviser
- Independent sector advisers
- Further Education Colleges as trainers
- Public partners

[redacted] informed the Group that a meeting had taken place with the Independent Hospital Association and this group does represent all the independent acute services in Scotland but not all cosmetic practices. Additional members will be sought as required for the main group or sub-groups.

5. Organisational Updates

Local Authority Trading Standards

[redacted] confirmed that Trading Standards Scotland's current involvement in cosmetics is mainly limited to dealing with complaints from consumers and no longer does routine inspections. Trading Standards within COSLA is moving towards an intelligence-led organisation and as such will have trend data as well as more detailed information. This may be a source of information in the future. Where complaints are received via the Citizens Advice system on topics such as injections by beauticians, the complaints will be risk assessed and investigated as necessary.

They are also looking at;

- possible scams which Trading Standards Scotland will respond to
- environmental health issues related to tattoo parlours
- allergic reactions to treatments
- setting up an intelligence based database which will also hold data on counterfeit goods and door step crime

[redacted] noted there is limited actual data available but will review current systems and provide feedback.

Action : [redacted] will provide feedback on data from current systems

NHS Education for Scotland (NES)

[redacted] confirmed that NES provide education for NHSScotland and are not involved with the private sector. The NHSScotland follows a GMC approved curriculum which includes a national training programme for plastic surgeons; this contains little

cosmetic / aesthetic training which was revised in 2013 and further additions will require new negotiations.

NES is also responsible for nurse & allied professional training. There is not a single 'live' register of nurse prescribers. However, prescribing qualifications are recordable on NMC register. All registrants must record their prescribing qualification within 12 months of completing an approved programme, and can only prescribe after the qualification has been recorded. Anyone can do a register check to confirm if a nurse is on the register and view the details of their prescribing qualification* ie the parameter of their prescribing. However, this information is limited to the date they completed the qualification. If there has been any restrictions on their practice then this information would be given on register entry.
Both registrant and their employer have a responsibility to ensuring that competence is maintained through CPD and appraisal processes.

It was confirmed that only NHS trained groups could be regulated. Of the two professional bodies British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS), has introduced a code conduct for members whereas British Association of Aesthetic Plastic Surgeons (BAAPS) has not.

[redacted] suggested that the Further Education Colleges may be a useful link to those training beauticians and it was agreed this group should be considered as part of the membership in future.

Healthcare Improvement Scotland (HIS) Inspection Team

[redacted]confirmed that HIS is responsible for the inspection and scrutiny of NHSScotland and the regulation of Independent Healthcare Services such as Private Psychiatric Hospital, Hospices, Private Hospitals. HIS regulate the service not individuals with the providers pay a fee for regulation to HIS. The inspections are based on National Care Standards. . How providers of clinics are regulated would have to be agreed and clearly defined. Providers are charged a registration fee and thereafter annual continuation fees. Fees for regulation are set by Ministers.

Doctors are regulated by the General Medical Council and those with a license to practise are subject to revalidation requirements. Each licensed doctor has a designated Responsible Officer to oversee the revalidation process, which covers the entire scope of a doctor’s practise including private practice where this occurs.

The Scottish Patient Safety Programme (SPSP) may have a view on this work on cosmetic interventions and safety.

Currently there are a number of complaints about cosmetic surgery and treatments usually based on the outcome being different from that expected . The relationship with the English Care Quality Commission (CQC) tends to be personal and with changes, it has been difficult to keep up these links.

There is legislation to inspect clinics which has not been commenced. A clinic is defined in the Public Services Reform (Scotland) Act 2010. An independent clinic is defined as “a clinic which is not comprised in a hospital and in or from which services

are provided by a medical practitioner or dental practitioner's. **[redacted]**suggested gaining legal advice on whether the services could be deputised from one of the named practitioners and the clinic effectively run by another.

The key point will be to quantify the level of risk and agree the principles of the aim for the regulation of cosmetic interventions.

The need for inspection on dental clinics where there are 15 wholly private clinics and 1000 plus mixed NHS and private clinics was discussed. **[redacted]** requested the paper be corrected to include dentists and place dental clinics in as a clear patient safety issue.

Action : Secretariat to consider need for legal advice and to link to the patient safety programme

Action: The High Quality Care subgroup could be requested to develop a paper on the principles and bring to the SCIEG

Scottish Health Council

[redacted] gave a useful history of the Scottish Health Council (SHC) which was created in 2005 to promote the patient focus and public involvement in the NHS. There are 14 local board offices based in territorial boards. The functions are ::

- Community engagement and improvement support
- Participation standard review
- Scrutiny of major service change
- The participation network

Services users are involved throughout all the work of the SHC and ideally of the variety of groups, with the key question that should be posed ***– what matters to you as service users?***

There is a need to think of the questions that the SCIEG wants answered by service users and then to help those on the groups, and consider the need to pay expenses and out of pocket money. It was agreed that [redacted] would produce an options paper providing detail of how the SHC involve service users in their work, for the next meeting of the group.

Action point: [redacted] to submit Scottish Health Council options paper

6. Department of Health's Response to Keogh

[redacted] confirmed that the DoH had issued a measured response which contains areas of crossover between England and Scotland. The response refers to organisations where there are no similar organisations in Scotland like the CQC. The approach will be to scope and focus on key themes from the report and give specific topics of the work to sub-groups.

The meeting agreed it would be extremely helpful to see a comparison between the DoH response and current or proposed Scottish actions. This will highlight areas of need and also areas where Scotland is proposing any additionalities. The option to provide information on a website was discussed and will be looked into.

Action point: Secretariat to provide a comparison table of DoH and SG areas for action

Action point: Secretariat to consider options for providing information on a website

7. Papers for Noting and Discussion

a) **Regulation** - Paper to be amended to reflect the definition of an independent clinic to read " a clinic which is not comprised in a hospital and in or from which services are provided …….. by a medical or dental practitioner ". It was agreed there is also a need to reach out to the public and other groups to find out what is known about regulation.

Action point: Consider need to gain public's views on regulation

b) **Data** - **[redacted]** indicated that there is currently not a lot of information and no data sets currently available. There are gaps in the data and which aspects of data gathering is needed has to be agreed. There is a limited area of evidence but Trading Standards may be able to provide further information. The Hair and Beauty Industry Authority (HABIA) and the UK Accident Claims Specialist (UKACS) websites may help fill the gaps. There is a need to remember the DIY and internet markets. It may be necessary to put together a package of information to get an inclusive view.

Action point: Request the subgroups to consider what data required and feedback.

c) **Health Education England** (HEE) Project – The training framework will be in place by 31 March 2014. The HEE recommendations are expected around this time including their proposed structure, what is deliverable and what might require a Phase 2 programme. Once the programme is developed there will be a need to agree how it should be delivered and regulated.

Once this information is available, there will need to be consideration of a Scottish response for any non-devolved training issues. **[redacted]** considered in response to the two questions posed in the paper that it may be possible for Scotland to use any HEE developed training framework or requirements, and NES may have a role in the development of training and accreditation requirements but would need to see the training framework and new work is likely to require funding. There is some appetite by the Royal Colleges for training on non-surgical care for staff such as ambulance operators.

Action point: NES will review the outcome of the work from HEE and provide a paper on possible options.

d) **UDI** – **[redacted]** confirmed that there was a need for unique device identification (UDI) of implantable devices to be linked to patient records and the best method may be bar coder readers transferring the information from a bar coded device into the electronic notes. What's currently available will be looked at and linked to the SPSP. Independent clinics would have to comply and this process could be expanded to include dental clinics, GPs, family practitioners for example.

8. Tasks and Sub-groups

It was agreed that the aim of this work is to result in high quality care in both surgical and non-surgical cosmetic interventions and several actions will be taken forward by the subgroups. It was agreed that two service users will be added to the sub-groups.

Representation from the following will be required;

- Pharmacy
- Aesthetic Treatment Nurse
- Practitioner undertaking the procedures
- Environmental Health
- Further Education Colleges

Sub-groups to be set up and to meet shortly after appropriate questions around their role and remit have been agreed.

The next meeting of the group has been changed to Tuesday 22nd July 2014 2-4pm in St. Andrew's House, Edinburgh, Purple Room

8 July 2014

Action table

Action	Date agreed	Responsibility	Date completed
Legislative needs assessment	10.12.13	Secretariat	On-going
Trading Standards data feedback	04.03.14	[redacted]	March 2014
Link to SPSP	04.03.14	Secretariat	Contacts made
Paper on principles by the HQC subgroup	04.03.14	HQC Chair	On agenda 22 July
Options paper on public engagement	04.03.14	[redacted]	March 2014
Table comparing DH and SG areas for action	04.03.14	Secretariat	On agenda 22 July
Consider where information could be held for ease of access	04.03.14	Secretariat	On-going
Subgroups to provide data requirements	04.03.14	Subgroup Chairs	On-going
Options paper on HEE output	04.03.14	[redacted]	On agenda 22 July
New members sought	O4.03.14	All members to provide suggestions	On-going

DRAFT **SCIEG IEP (14) 11**

SCOTTISH GOVERNMENT HEALTH AND SOCIAL CARE DIRECTORATES
THE QUALITY UNIT: PLANNING AND QUALITY DIVISION

Draft Minutes of the meeting held on Tuesday, 19th August 2014

1 WELCOME AND INTRODUCTIONS

The Chair welcomed all members and asked for introductions.

Attendees:
[redacted], Public Partner, Healthcare Improvement Scotland (Chair)
[redacted], Council member of the British Association of Beauty Therapy and Cosmetology (BABTAC)
[redacted], standing in for **[redacted]**, Head of Healthier Marketing, SG
[redacted], plastic surgery consultant, NHS Greater Glasgow and Clyde and member of the UK's Cosmetic Surgery Interspeciality Committee's Informed Public subgroup
[redacted], Participation Manager, Scottish Health Council
[redacted], Analytical Services Division, SG
[redacted] Public Health Registrar, SG
[redacted], Policy Manager, Quality Unit, SG
[redacted], Policy Assistant, SG
[redacted] public health medicine consultant, SG

Apologies
[redacted]– young person individual member (was Vice President Women of the Edinburgh Colleges)
[redacted]– young person and current Vice President Women of the Edinburgh Colleges
[redacted]Professional Adviser, Workload & Acute Care, Deputy Nursing Office, Scottish Government (SG)
[redacted], Chair-SCOTSS, the Society of Chief Officers of Trading Standards in Scotland
[redacted], Creative Industries Director, Ayrshire College

2 DECLARATIONS OF INTEREST AND CONFIDENTIALITY

The Chair asked for declarations of interest and received the following :
[redacted] noted he is a Medical Director for S:kin and works occasionally for Transform.

The Chair asked members to keep matters confidential until further notice and confirmed that all meeting papers had been circulated to members of the group prior to the meeting.

3 BACKGROUND TO SCIEG GROUPS

[redacted] spoke to paper SCIEG IEP (14) 2 on the SCIEG group and its sub groups and asked for any comments. Members were interested in the plan for a report to be provided to the Scottish Government in 2015. The Chair noted her name is to be included in the membership of SCIEG so that communication between all sections of SCIEG remain effective.

4 EXPECTATIONS OF IEP SUBGROUP

The Chair explained that she is keen to explore the expectations of all members in order to find any gaps. She initially gave her view before inviting members, indicating that she expected the outcome of the meeting should be that all members are clear about what they are involved in and what is expected of them. She expected to be able to feedback to SCIEG. The following are the expectations noted by members:

Scottish Government has similar expectations as the Chair and expected advice on gathering information and involvement of members which will lead to clarity on need for legislation.

- **[redacted]** echoed these sentiments.

- **[redacted]** agreed and hoped he would be able to provide clinical background and the link to the patient information group of the CSIC (Cosmetics Surgery Intraspecialty Committee) of the RCS (Royal College of Surgeons)

- **[redacted]** wished for the voices of lived experiences to inform the work of the group.

The Chair welcomed these comments and indicated her satisfaction that they are likely to be met. She asked all members to keep these in mind so they could maximise the use of the meeting time.

5 BACKGROUND TO DEPARTMENT OF HEALTH ACTIONS

[redacted]spoke to paper SCIEG IEP (14) 3 and asked for comments. There was interest in the links to patient safety and the adverse event framework and it was noted that the Chair is on the Patient Safety Board. It was reported that the GMC (General Medical Council) is working with the CSIC.

6 SCIEG IEP DRAFT REMIT AND MEMBERSHIP

The Chair spoke to paper SCIEG IEP (14) 4, the draft remit on membership and asked for comments. There was a discussion on membership from older person groups but it was agreed that these views can be sought in other means (other groups including the Scottish Health Council Public Forums). There was a detailed discussion on the expectations of the public regarding cosmetic interventions and whether these are framed as the norm or exceptional. Informed consent is difficult, but a variety of ways should be investigated. Non-surgical cosmetic practitioners see their users as clients, not

patients. Adherence to advertising standards is also a concern and the group feel they should be reviewed.

Action – Secretariat to be sent notification of any additional industry members
Action – Secretariat to discuss advertising standards with trading standards bodies.

7. PRINCIPLES FOR SCIEG

[redacted] presentation.pdf

[redacted] spoke to paper SCIEG IEP (14) 5 presented these principles which have been developed by the High Quality Care Group and modified by SCIEG. The members found these acceptable.

8. ORGANISATIONAL OUTLINES

The Chair invited short verbal updated on members on their organisations.

British Association of Beauty Therapy and Cosmetology [redacted]
BABTAC is a membership organisation founded in 1997 and has around 15,000 members. It provides insurance to its members and over the last 2-3 years has changed its qualification standards. They have an education section of the organisation and is very keen to have regulation in the beauty industry. They also have international experience and noted that in the rest of Europe, dermal fillers can only be given by registered professionals. There is a range of data on complaints and membership which **[redacted]** agreed to look into.

Action – **[redacted]**agreed to look for data on complaints on Scottish membership and international experience for the group.

Scottish Health Council -[redacted]
[redacted] gave a useful presentation which is attached to these minutes.

9 WORKPLAN : EVIDENCE REQUIREMENTS

[redacted]& **[redacted]**spoke to paper SCIEG IEP (14) 6 which the group thought was a detailed and professionally organised evidence gathering plan.

The comments included the concern that 12-18 year olds are an important group to gather views from and they are currently missing from the plan. There was a discussion on the value of school based workshops.

[redacted] noted the three types of questionnaires that are going to be developed; consumers, providers & the general public. Members were asked for help to design the questionnaires and all members agreed to check the questionnaires from their view point. The target is to receive at least 100 responses per questionnaire. The questions for the questionnaires are to be developed by the end of September, answered in October and reviewed in November. As the next meeting needs to make

recommendations based on this information, it was agreed that the next meeting would be postponed to December.

[redacted] discussed the need to have questions in the longitudinal survey so robust data is available on a population basis in due course. There is a tight timescale to get these questions entered and **[redacted]**offered to provide a quick turnaround of public comments from the Scottish Health Council's Reader Panel on these Scottish Health Survey draft questions.

All members were asked to consider how to make the questionnaires visible to the public and ideal respondents, and how to offer suggestions on how to make the format easy to use. A web presence maybe necessary and social media should be considered.

Action - **[redacted]**agreed to look into school based workshops.
Action – Secretariat to circulate the draft questionnaires to members for comment in the following two weeks; all members to responded in similar timescale.
Action – **[redacted]** and **[redacted]** to correspond on public views on draft questions
Action – Secretariat to consider communication strategy.

10 SOCIAL MARKETING

[redacted]spoke to paper SCIEG IEP (14) 7 from Health Marketing, Scottish Government. She noted that social marketing can be used to promote behavioural change and/ or provide information to the public and emphasised that the method used will depend on the public question results and public engagement views. She commented the budget required is usually similar regardless of the focus of the campaigns and asked members to start thinking about figureheads to support the messaging next year.

[redacted] updated members on the thinking of CSIC to develop one portal for the public to find useful information and if there is regulation to put out a positive message.

Action – Members to think about a figurehead to support the messaging next year.

11 EQUALITY IMPACT ASSESSMENT SCOPE

[redacted]spoke to paper SCIEG IEP (14) 8 and asked for comments. The Chair flagged that she wished to be involved and **[redacted]** invited anyone else who was interested, to get in touch.

12 OPTIONS FOR REGULATION

[redacted] spoke to paper SCIEG IEP (14) 9 noting the current options of person/product/place that could be considered in any regulation proposals. He emphasised that draft proposals must be given to the High Quality Care group in November. In discussion there were comments around ensuring that advertising standards are enforced; Group-on deals managed and improved and the Chair requested serious consideration is given to regulating health practitioners. All members

thought that the market is changing so rapidly that it will be unhelpful have a prescribed list of procedures.

13 UPDATE ON CSIC (Cosmetic Surgery Intraspeciality Committee)

[redacted] gave a brief update on the CSIC last meeting which discussed credentialing (i.e. gaining certification of specialisation in cosmetic surgery) and behavioural training for surgeons. **[redacted]** added that the public information subgroup of CSIC is aiming to have improved information available for the UK which we can look at in Scotland.

14 ANY OTHER BUSINESS

No other business was noted so the Chair thanked everybody and wished them a safe journey home. Next meeting **2nd December 10:30am in Atlantic Quay, Glasgow**

Action table

Action	Date agreed	Responsibility	Date completed
Additional industry reps to be notified to Secretariat	**19.08.14**	**All members**	**On-going**
Liaise with Trading Standards bodies to understand advertising standards and their enforcement	**19.08.14**	**Secretariat**	**On-going**
Data from industry organisation on complaints, local membership and international experience to be shared where possible	**19.08.14**	**BABTAC member**	**On-going**
School based themed workshops /PSA sessions to be investigated	**19.08.14**	**SG Analyst team**	**On-going**
Questionnaires to be circulated for comment to all members in two weeks	**19.08.14**	**Secretariat to circulate : all members to respond**	**To be sent questionnaires**
SHC to provide access to the Reader Panel for SHS draft questions	**19.08.14**	**Secretariat and SHC**	**Completed**
Communication strategy to be considered	**19.08.14**	**Secretariat**	**On-going**
Consider figureheads for messaging action	**19.08.14**	**All members**	**On-going**

SCOTTISH COSMETIC INTERVENTIONS EXPERT GROUP HIGH QUALITY CARE SUBGROUP (HQC SCIEG)

DRAFT MINUTES OF 21 OCTOBER 2014 MEETING

Meeting date: 17 February 2015

Purpose:
FOR AGREEMENT

In Attendance

[redacted], (Chair) Scottish Government and Consultant in Plastic Surgery
[redacted], Consultant in Public Health Medicine, Scottish Government
[redacted], Independent Aesthetic Nurse Practitioner
[redacted]Consultant in ENT Surgery, NHS Lanarkshire
[redacted], Consultant in Plastic Surgery, NHS Greater Glasgow & Clyde
[redacted], Public Health registrar, Scottish Government
[redacted], Policy/Business Manager, Scottish Government
[redacted], Lead Pharmacist for Controlled Drugs, NHS Greater Glasgow & Clyde
[redacted], Independent Plastic Surgeon
[redacted], Deputy Chief Dental Officer, Scottish Government
[redacted], Team Leader, Quality Team, Scottish Government
[redacted], Administrative Officer, Scottish Government
By telephone **[redacted]**, Senior Medical Officer Scottish Government and Consultant in Colo-rectal surgery

Apologies:
[redacted], **[redacted]**, **[redacted]**, **[redacted]**, **[redacted]**, **[redacted]**, **[redacted]**

1. Welcome and Introductions

[redacted] opened the meeting by welcoming in particular Audrey and Lynne to their first meeting.

2. Declarations of Interest

No changes to the declarations of interest were noted.
[redacted]indicated that he undertakes some private work related to breast augmentation but had no involvement with the use of fillers or other non-cosmetic interventions.
[redacted]indicated all his work is now as an independent plastic surgeon
[redacted] indicated all her work is as an independent aesthetic nurse practitioner

[redacted]indicated that he undertakes some private work which includes most aspects of rhinoplasty and nasal tip reconstructions
[redacted]indicated that he undertakes dome private work on the use of lasers and botox.
[redacted]indicated that he undertakes some private colorectal work.

[redacted] introduced everyone and went over previous meeting minutes.

3. Review of Note from meeting 28th May 2014

There were no amendments, the minutes of the previous meeting were reviewed, accepted in full and no further matters arising noted.

4. Matters Arising

The principles were accepted by SCIEG and no further changes noted. There were no comments on the Health Education England report. The policy leads for NES (National Education for Scotland) would meet with Quality Unit colleagues shortly to discuss a possible training framework for cosmetic procedures will meet shortly.

5. Background Update

The Glasgow breast implant team is submitting information to the pilot UK implant registry. The group expressed concern that the I.T system may not be successful. The pilot, if accepted and rolled out would eventually include procedures carried out in the private sector. It was discussed that patients are travelling all over the UK for operations. Scotland is investigating the unique device identifier project which ideally leads to routine data collection for multiple implants and is looking forward to the report of the UK pilot breast implant.

6. Papers For Noting and Discussion

Literature review

[redacted] took the group through the 5 procedures, and explained how he had started to draft the scope of the information needed. He asked the group if they would be willing to help with reviewing the papers including peer reviewing and compiling a summary of findings, and advising on how best to present the evidence. As there is no existing data on the 5 procedures **[redacted]**explained that they would need to come from academic sources, including quantifying the level of complaints and compensation.
[redacted] suggested that the group enquire how much of the actual equipment and prescriptions for the procedures are bought on an annual basis, such as syringes and vials of Botulinum toxin. She also suggested finding information from pharmacists and looking for the number of adverse events from MHRA and companies.

A template was suggested to review the 70+ articles to be able to compile the information, and each clinician will look at roughly 10-12 articles. Iain agreed at the meeting that he would take hair restoration procedures. The template will ask for the

numbers of procedures performed, the number of complications, the types of regulations and include a brief description of each procedure.

Action:
Secretariat to investigate other data sources.

Action:
The articles should be distributed by the end of the first week in November. Once they have been issued, return on the templates will be expected in 2-3 weeks.

Informed and Empowered Public data collection methods

[redacted] presented his paper and the group discussed the detail of data collection methods. It was suggested that recruitment for focus groups and consumer questionnaires should include adverts in gyms, sport centres to improve the amount of men applying. Common cosmetic procedures requested by men include rhino-plasty, ear correction and treatment for acne scars. It was suggested to send requests to specific sites and ideally to move the Kilmarnock focus group to Glasgow. It was agreed that hard copies of the online questionnaires could be given to patients and sent back directly to the secretariat.

Action:
All the clinicians agreed to help recruit around 12 people each as 100 consumers are required as a minimum.

7. CLINIC INSPECTION 2 PHASED PROPOSALS

[redacted] presented his paper outlining a proposed two phased approach to new regulations for improvement of cosmetic procedures quality. These were:

Phase 1 :
Statutory duties to be given to Healthcare Improvement Scotland to inspect all independent clinics run by any of the following registered health professional (doctors, dentists and nurses)

Phase 2 :
Licensing of cosmetic clinics run by practitioners (beauticians) and/or provision of specific procedures only on behalf of regulated health professionals .

The group discussed the detail and heard that there is a need to inspect private dentists quickly to close the current gap in inspection provision. It was agreed that licensing could gather public enthusiasm for safer centres and the possibility of a UK system would be encouraged. The meeting discussed the frequency of inspection and agreed it should be the same as NHS clinics. The link to medical appraisal leverage should be looked at in more detail and it was heard that NHS Lanarkshire currently expects private practice outcomes to be included in the re-validation processes. The maximum level of delegation needed from a regulated health professional led to a number of proposals from the Group. These included “an appropriate degree of oversight depending of the severity of procedure” and “discretion allowed, checked by appraisal”. The group agreed to recommend the 2 phase legislative approach, and

noted the disappointment from the dental colleagues that inspection of independent clinics will not be commence immediately.

Action:
Secretariat to investigate the 2 phase approach.

8. MONITORING ARRANGEMENTS

[redacted] informed the meeting of the logic model, that he and **[redacted]** have developed and will circulate shortly. Members discussed the monitoring and evaluation option which included short term processing measures, how many clinics get taken on by HIS.

Action:
Secretariat to circulate logic model and members to respond ASAP.

9. UPDATE ON THE COSMETIC SURGERY INTERSPECIALITY COMMITTEE (CSIC)

[redacted] spoke to this item highlighting the discussion on credentialing and certification at the last CSIC meeting. **[redacted]** will attend the next meeting and check on links from certification to credentialing.

10. Any Other Business

None

11. The next meeting of the group has been changed to Tuesday 13th January 2015 10:00 - 12:30pm Atlantic Quay, Glasgow. To confirm the room booked is in Glasgow

Action table

Action	Date agreed	Responsibility	Date completed
Legislative needs assessment and two phased approach	10.12.13 21.10.14	Secretariat	On-going
Trading Standards data feedback	04.03.14	[redacted]	March 2014
Link to SPSP	04.03.14	Secretariat	Contacts made
Paper on principles by the HQC subgroup	04.03.14	HQC Chair	Agreed by SCIEG
Options paper on public engagement	04.03.14	[redacted]	March 2014
Table comparing DH and SG areas for action	04.03.14	Secretariat	On agenda 21 October
Consider where information could be held for ease of access	04.03.14	Secretariat	On-going
Subgroups to provide data requirements	04.03.14	Subgroup Chairs	Agreed by members and data collection commenced.
Options paper on HEE output	04.03.14	[redacted]	Policy discussion October 2014.
New members sought	O4.03.14	All members to provide suggestions	Concluded
Secretariat to investigate other data sources.	21.10.14	Secretariat	
The articles should be distributed by the end of the first week in November. Once they have been issued, return on the templates will be expected in 2-3 weeks.	21.10.14	Secretariat to distribute, members to respond.	
All the clinicians agreed to help recruit around 12 people (100 consumers are required for questionnaires)	21.10.14	Secretariat to distribute, members to respond.	
Secretariat to circulate logic model and members to respond ASAP.	21.10.14	Secretariat to distribute, members to respond.	

SCOTTISH GOVERNMENT HEALTH AND SOCIAL CARE DIRECTORATES
THE QUALITY UNIT: PLANNING AND QUALITY DIVISION

Draft Minutes of the meeting held on Tuesday, 2nd December 2014

1 WELCOME AND INTRODUCTIONS

The Chair welcomed all members and asked for introductions.

Attendees:
[redacted], Public Partner, Healthcare Improvement Scotland (Chair)
[redacted], Council member of the British Association of Beauty Therapy and Cosmetology (BABTAC)
[redacted], Senior Marketing Manager, SG
[redacted] Public Health Registrar, SG
[redacted], Policy Assistant, SG
[redacted] public health medicine consultant, SG

Apologies
[redacted], plastic surgery consultant, NHS Greater Glasgow and Clyde and member of the UK's Cosmetic Surgery Interspeciality Committee's Informed Public subgroup
[redacted], Participation Manager, Scottish Health Council
[redacted], Analytical Services Division, SG
[redacted]– young person individual member (was Vice President Women of the Edinburgh Colleges)
[redacted]– young person and current Vice President Women of the Edinburgh Colleges
[redacted], Professional Lead, Chief Nursing Office, Scottish Government (SG)
[redacted] -SCOTSS, the Society of Chief Officers of Trading Standards in Scotland
[redacted], Creative Industries Director, Ayrshire College
[redacted], Policy Manager, Quality Unit, SG

2 DECLARATIONS OF INTEREST AND CONFIDENTIALITY

The Chair asked for declarations of interest, and nil were declared. The Chair reminded all members that the matters discussed should be kept confidential and conformed that all papers had been circulated to members in advance.

3 REVIEW OF NOTE FROM MEETING 19TH AUGUST 2014

The minutes were reviewed and accepted with minor amendments.

4 MATTERS ARISING

I. [redacted] gave a quick update on the industry membership that attempts had been made to increase the membership to HABIA but after 5 attempts, no responses received.
II. An excellent meeting has taken place with **[redacted]** on trading standards which emphasised their interest in the work and gave contact details for environmental health which will be useful in phase two. There was very little data on complaints on cosmetic interventions and was not considered useful by the compliers.
III. Industry and College based data – **[redacted]** offered to find more data on numbers registered and the breakdown for Scotland if possible. Numbers trained in Scotland are around 6,500 in beauty and beauty therapy. However it is difficult to track where people go on to work. Need to clarify the numbers in the specialisms.
IV. School based interventions – it can be very hard to work in schools so the message must be very clearly presented. Keep on agenda for any campaigns.

Action – secretariat to make contact with environmental health in due course re phase two
Action – BABTAC to provide updated information on membership and any useful information on complaints, and levels of demand and supply.
Action – Breakdown of college data to be considered by the secretariat and college representative

5 UPDATE ON DEPARTMENT OF HEALTH ACTIONS

[redacted] took the group through the paper. **[redacted]** & BABTAC (British Association of Beauty Therapy & Cosmetology) are considering trying to pull together a 'trip advisor' styled list of all the UK providers or some sort of helpful advice such as given by local authorities on local trade services. The breast implant registry pilot is now being trialled in a hospital in Glasgow.

6 DRAFT OUTLINE OF SCIEG REPORT

[redacted] took the group through the paper and it was agreed that we need a social marketing change campaign and to expand social marketing. The focus point being to raise awareness and a common sense approach to cosmetic treatments. The 'Stop and Think' campaign will need future proofing as interventions and attitudes or events may change so the information must keep flowing. The requirement to hold a new style qualification in line with the HEE recommendations was considered helpful. The social marketing campaign will require a budget which will be discussed with the policy team. It was agreed the IEP subgroup will review a draft of the report to check wording use.

Action – the secretariat to work with the marketing team to determine the needs for a social marketing campaign.
Action - the draft report will be circulated to IEP members for comment.

7. PAPERS FOR NOTING AND DISCUSSION

a) Literature Review

[redacted] presented the paper which notes there are five different procedures, and the High Quality Care (HQC) subgroup are reviewing these in order to pull together the relevant information. Any offers to help with the literature review or pass on additional references is welcome.

b) Clinical inspection recommendations

[redacted]presented the paper agreed by the SCIEG that the proposal is for a two phase approach to regulation.

- Phase one: Expand on the definition of an independent clinic to include dental healthcare practitioners and a registered nurse, and possibly midwife. Commence the legislation.
- Phase two: Which focuses on the health practitioner end via the possible Department of Health new legislation whereby, certain procedures will have to be undertaken by or on behalf of a health professional. Additionally in Scotland, the possibility of a licensing scheme for premises where cosmetic interventions take place will be investigated.

The group found the proposals acceptable and interesting although it was agreed the public may struggle with the different terminology of practitioner and professional. It was agreed for legal views and to support consistency across the four countries, the terms are understood but for other communication, new terms such as 'aesthetic' provider may be necessary. It was agreed the training component is very important and referred back to the HQC.

Action - the importance of training as a key part of the work of SCIEG is referred back to the HQC subgroup

c) Informed and Empowered Public data collection methods

[redacted] presented the paper, explaining to the group about the data collection methods noting that there have been interviews for providers. The Omnibus survey has now gone to commissioning. The questionnaires to providers and consumers are to be released and issued online. There will be focus groups set up, four so far and the Scottish Health Survey will be issued. **[redacted]** was warmed thanked for his and **[redacted]** work.

8. EQUALITY IMPACT ASSESSMENT NEXT STEPS

As the policy position had not been finalised, there has been no further work on this but it will be re-examined in due course.

9. SOCIAL MARKETING NEXT STEPS

Agreed to the proposals above.

10. UPDATE ON CSIC (Cosmetic Surgery Interspecialty Committee)

[redacted] gave a report from **[redacted]** who is on the CSIC's Informed Public subgroup. They looked at what websites consumers are using and agreed currently to use the professional societies ones and enhance the NHS ones. The work remains on-going as ideally in the future there may be one portal for all.

12. ANY OTHER BUSINESS

None

13. DATES OF FUTURE MEETING

The Chair thanked everybody and wished them a safe journey home. Next meeting 17th Febuary 10:30am in Atlantic Quay, Glasgow **however this has changed to :**

Action table

Action	Date agreed	Responsibility	Date completed
Additional industry reps to be notified to Secretariat	**19.08.14**	**All members**	**On-going**
Liaise with Trading Standards bodies to understand advertising standards and their enforcement	19.08.14	Secretariat	Completed November 2014
Data from industry organisation on complaints, local membership and international experience to be shared where possible	**19.08.14 & 02.12.14**	**BABTAC member**	**On-going**
School based themed workshops /PSA sessions to be investigated	**19.08.14**	**SG Analyst team**	**On-going**
Questionnaires to be circulated for comment to all members in two weeks	19.08.14	Secretariat to circulate : all members to respond	Questionnaires sent December 2014
SHC to provide access to the Reader Panel for SHS draft questions	19.08.14	Secretariat and SHC	Completed
Communication strategy to be considered	**19.08.14**	**Secretariat**	**On-going**
Consider figureheads for messaging action	**19.08.14**	**All members**	**On-going**

Liaise with LA Environmental Health re phase two	**02.12.14**	**Secretariat**	
Data from colleges to be examined for detailed information	**02.12.14**	**Secretariat & College Representative**	
Action	**Date agreed**	**Responsibility**	**Date completed**
Social marketing programme to be developed	**02.12.14**	**Secretariat and marketing teams**	
Draft report o be circulated to IEP members for comments	**02.12.14**	**Secretariat**	
Training plans referred back to HQC subgroup	**02.12.14**	**Secretariat**	

DRAFT: Minutes of the Cosmetic Interventions Regulation Stakeholders meeting 1st September 2015

SCOTTISH GOVERNMENT HEALTH AND SOCIAL CARE DIRECTORATES
THE QUALITY UNIT: PLANNING AND QUALITY DIVISION

Attendees:

[redacted], (Chair) Consultant Plastic Surgeon, NHS GG&C
[redacted], Healthcare Improvement Scotland
[redacted], Healthcare Improvement Scotland
[redacted], Cosmetic Nurse Practitioner
[redacted], Cosmetic Nurse Practitioner
[redacted] sk:n , Glasgow Manager
[redacted], sk:n Glasgow
[redacted] sk:n Manager Edinburgh
[redacted], Consultant Plastic Surgeon, Elanic clinic, Glasgow
[redacted], Director, Dermalclinic Edinburgh
[redacted], Treatments You Can Trust
[redacted], Save Face
[redacted] Person, Chair of the Informed and Empowered Public subgroup of the Scottish Cosmetic Interventions Expert Group
[redacted], Transgender Alliance Network Manager
[redacted] Transwoman
[redacted], Economist, Scottish Government
[redacted], Policy Manager, Scottish Government
[redacted], Policy Assistant, Scottish Government
[redacted], Policy Assistant, Scottish Government
[redacted] Consultant in Public Health, Scottish Government

1 Welcome and Introductions

The Chair welcomed all members and asked for introductions. He outlined the rationale for the meeting which is to understand the current plans for the development of the regulation of independent clinics in Scotland, and gather stakeholders views on the developments.

2 Declarations of Interest

The Chair asked for declarations of interest, and nil were declared. The Chair reminded all members that the matters discussed should be kept confidential and confirmed that all papers had been circulated to members in advance. The Chair invited the Scottish Government team to give a short presentation on the rationale for the new developments.

3 Regulation Outline

SG Presentation

[redacted]and **[redacted]** described the background to the Scottish Cosmetic Interventions Expert Group (SCIEG) which reported in 2015. The recommendations from the Expert Group covered

- Regulation
- Good practice
- Informed and empowered public
- Accessible redress and resolution
- Monitoring and evaluation

The Scottish Ministers accepted the recommendations and requested work to start with phase 1 of the regulatory framework. This requires a change to the current legislation whereby Healthcare Improvement Scotland (HIS) will regulate independent clinics where services are provided by doctors, dentists plus with the new legislation, nurses, midwives and dental care professionals. The aim is to present the new legislation to Parliament using Scottish Statutory Instruments (SSIs) in the early 2016, with the legislation coming into force in April 2016, with a year's grace for registration. The team circulated a copy of the draft SSI and asked for any comments, during or after the meeting.

[redacted] also mentioned the Equality Impact Assessment process which had started but would be completed with a workshop in November and invited anyone who wished to be a part to contact her. Any comments on any part of the work would be welcome.

[redacted], the Economist with the Scottish Government team, highlighted that the amended legislation will be accompanied by a Business and Regulatory Impact Assessment (BRIA) and invited attendees to put forward impacts in terms of costs and benefits of the legislation to their organisation, business or person.

Discussion

- The Chair led the group into a discussion.

- **[redacted]** asked the group what the difference between a cosmetic clinic and an independent clinic. **[redacted]** explained that it had been impossible to legally define cosmetic services and SCIEG was aware of a gap in the regulation of independent health clinics in Scotland of which it was expected the majority would be cosmetic clinics. It was therefore agreed by SCIEG to propose the legislation should cover independent clinics where services are provided by specified healthcare professionals.

- The audience asked why pharmacists were not included in the list of professionals: **[redacted]** answered that the discussion with the pharmaceutical regulatory bodies had agreed this is unnecessary. Other professional groups such as podiatrists and physiotherapists are not included as their codes of practice are restrictive ie their codes are confined to specific areas (musculoskeletal treatments in the case of physios).

- **[redacted]**asked a question about how do HIS intend to regulate a clinician who works at a person's home. **[redacted]** replied that she felt home doctors were not the correct approach and a solution would be to help those who require cosmetic treatment, make their way to a clinic.

- The discussion then moved on and **[redacted]**stated that one of the priorities was to raise the standards.

- **[redacted]**spoke to the group about the process and stated that he felt the current planned process would not work and how it is possible for anyone to advertise and carry out beauty treatments. He also mentioned that he doesn't feel it was right for the beautician to be on the same level as everyone else.

- **[redacted]** mentioned that the current guidance from Health Education England is a level 7 qualification is required to start giving injections; the guidance does take into consideration previous qualifications.

- **[redacted]** believed a way to raise the standards was to introduce a prescriber to work within these clinics.

- **[redacted]** commented that currently, it shows there are 300 clinics, however in reality, his database shows more than 3000 and agreed to share the details with the group.

- **[redacted]**spoke to the group and mentioned that there are still people who carry out these injections within their own homes. **[redacted]** replied saying it's not possible to stop everyone and trying to could potentially slow down the process. She mentioned that the industry had been calling for better regulation and so needed to support this start.

- **[redacted]** mentioned there wasn't a set up procedure for beauticians' mistakes to be investigated and resolved. He also considered that nurses might stop working as nurses and work as beauticians instead.

- **[redacted]**thanked contributors, and asked **[redacted]** for help with the evidence on the volume of independent clinics in Scotland and the evidence for his proposed situations. She also noted that any complaints on beauticians can currently be progressed via the Citizen Advice Bureau, Trading Standards or directly with the clinic/provider.

- **[redacted]**stated that she was worried about the non-healthcare professionals performing clinical procedures and injecting clients. She believed it was best to close these loopholes.

- **[redacted]** explained that she feels the normalisation of these procedures has made people more susceptible to undertaking them and putting themselves are more of a risk rather than going to a regulated clinician.
  The Chair mentioned that there is a lack of evidence for harm from the non-surgical cosmetic procedures carried out by beauticians but the phase 2

regulation framework recommended by the SCIEG report would support the improvement to patient safety in these fields.

4 Healthcare Improvement Scotland

Regulation System for Independent Clinics

[redacted]– HIS - Regulation System for Independent Healthcare.
[redacted] explained the new proposal for regulation which follows a similar pattern to the current regulation for independent hospitals. Regulation consists of:

- Registration
- Inspection
- Complaints
- Enforcement

Enforcement action can be taken if services do not comply with the National Care Standards or legislation.

Once the legislation is in place, **[redacted]** explains that if someone is the provider of an independent clinic, which is not part of a hospital and from which a medical practitioner, dental practitioner, registered nurse, registered midwife or dental care professional provides a service, which is not part of the NHS in Scotland, you will need to register with HIS from April 2016. He explained there will be a fee to pay and HIS will produce and consult on a fee structure before April 2016.

5 Discussion

- **[redacted]** proposed the situation of a clinician who moves around a lot is less likely to register as he will need to register in every residence that he is performing procedures. And therefore how would he/she link with HIS.

- **[redacted]** replied with a solution to investigate any clinicians who are suggested to be doing this and making an assessment.

- **[redacted]** replied that he felt the process could be contrived as difficult for certain professionals.

- The question of how the public can understand two different regulatory systems was debated: one for certain healthcare professionals and one for beauticians. **[redacted]** noted that there will be a social marketing campaign aimed at young women aged 18-29 in more deprived socio-economic groups to help them make choices and know what to look for: **[redacted]** considered the marketing campaign needs to be huge – of immense capital proportions in order to have any effect.

- **[redacted]** noted the arrangement with HIS and the Independent Sector Complaints Adjudication Service (ISCAS) for independent hospitals and expected good relations to continue. She proposed there could be a need for independent review of complaints.

- It was suggested that HIS may be flooded by calls reporting other professionals working in poor environments.

- **[redacted]**highlighted that for some a type of voluntary accreditation scheme can be a concern and therefore the work of Save Face. **[redacted]** proposed following this up after the meeting.

The Chair thanked all participants for a very lively meeting which supported better regulation to improve patients' safety and looked forward to any further comments from all participants.

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Regulation of Cosmetics Interventions, PHASE 2 Tuesday 24th May 2016
Draft minutes

Attenders

[redacted]- Chair plastic surgeon consultant NHS GG & C, Chief Medical Officer speciality adviser
[redacted]- Public health medicine consultant SGHSC
[redacted]- Independent consultant plastic surgery, member of HQC SCIEG
[redacted]- Senior inspector Healthcare Improvement Scotland
[redacted]- Member of IEP SCIEG, Vice Chair BABTAC
[redacted]- Member of IEP SCIEG, Colleges Scotland representative, lecturer Ayr college, therapist
[redacted]- Representative from BCAM
[redacted]– Past Vice President Federation of Holistic Therapists
[redacted]- Public Partner
[redacted]- Public Partner
[redacted] - Chair of EHO Skin Piercing and Tattooists Group
[redacted]- EHO Glasgow Health and Safety at Work Act Specialist
[redacted]- Policy Manager SGHSC
[redacted]- Policy Assistant SGHSC
[redacted]- Policy Officer SGHSC

Apologies from

[redacted], HQC
[redacted]Clinical Director, Dermal Clinic, Edinburgh, BACN representative
[redacted], Board Member of BACN for Scotland

1. Welcome and Introductions

The Chair welcomed everyone to this first meeting of the Regulation of Cosmetics Interventions Phase 2 (Phase 2 Group) and outlined the purpose of the meeting to develop options for the regulation of cosmetic practitioners in Scotland. He asked members to introduce themselves and remind the Group of their interests.

2. Declarations of Interest

As a standing item, the Chair asked for declarations of interest which would be recorded at each meeting. If anyone considered they had a conflict of interest they should speak to the Chair prior to the meeting and / or specific agenda items.

- **[redacted]**noted he has a small private clinical practice of breast surgery and does not provide injectable cosmetic products.
- **[redacted]**noted he has a full time private cosmetic clinic at Murrayfield, Edinburgh
- **[redacted]** noted she is a member of a large insurance provider and an examiner for claims.

3. Background to Phase two and SCIEG Recommendations

[redacted] gave a brief background of Phase 2 talking to RCIIG paper 1. She asked if there were any representatives that should be included but missing. She noted that despite the various efforts the secretariat had been unable to find a cosmetic practitioner to join the membership and requested help from the Group to rectify this gap. **[redacted]** also considered the need for a dentist but it was agreed they are covered by Phase 1. Cheryl Cole was a member of the Health Education England (HEE) non-surgical cosmetic procedures framework and commended it to the Group.
https://hee.nhs.uk/news-events/news/new-qualifications-unveiled-improve-safety-non-surgical-cosmetic-procedures

This document outlined the training stage expected before the described procedures should be undertaken. The document was accepted by the UK Government as a requirement for training or best practice in January 2016. It is expected that qualifications will be offered in England according to **[redacted]** sometime in 2017. The Chair noted the plastic surgery professional organisations the British Association of Plastic, Reconstructive and Aesthetic Surgeons- BAPRAS and the British Association of Aesthetic Plastic Surgeons BAAPS have been tasked with developing the training standards for the HEE framework. **[redacted]** said beauty therapists should not be considered cosmetic practitioners in our Group's terminology as in her view they cannot (see below) and should not provide cosmetic injectable products. The HEE documents explain what is acceptable to be classed as beauty therapy and what is a medical procedure. **[redacted]** noted that the insurance industry will be keen to work with the framework in terms of setting its criteria, if the framework is mandatory. Please note; the HEE Framework is accepted by DH as a requirement for training or best practice. It is expected that the industry will adopt it as the minimum requirement which is hoped will achieve the same impact as mandatory in time.

In England a beauty therapist training ends at level 5 and cosmetic injectable products require a level 6 or 7 training (level 6 is equivalent to a university degree, level 7 to a PhD). Level 6 or 7 is also the level for advanced micro-needling and the use of certain chemical peels and lasers. The framework does however allow a beauty therapist to progress in their training beyond level 5 and will enable them to perform medical treatments under supervision. (The title for these therapists requires further discussion as they will now be working beyond the scope of a traditional beauty therapist). **[redacted]** observed that the Scottish qualification levels differ from these and the Group decided a summary of the HEE framework and a table listing the equivalent English and Scottish qualifications would be useful.

[redacted] noted that her service has always ensured patients have a cooling off period, no unnecessary work is carried out and only doctors, dentists or nurses should use injectable cosmetic products. She also explained that training of beauty therapists and others (but not clinicians) started in Northern Ireland and practitioners have spread to other parts of the UK. However the members of the Group who are in touch with current practice stated that the provision of cosmetic injectable products by non-clinicians is not widespread in Scotland, unlike England & NI. It is mainly nurses who provide these treatments in salons, although **[redacted]** noted there are some practitioners and would try and make contact. The difficulty of attracting a practitioner to the group could be explained by the limited number currently practising in Scotland and provides a good opportunity to make the system safer here. **[redacted]** asked if a cosmetic practitioner from outside Scotland would be acceptable and the Chair thought this would be very welcome addition to the membership. The Group would also appreciate a view on the difference in systems for cosmetic practitioner regulation in England and NI, and a set of options for the definition of cosmetic provider.

Action Point (1)

- **[redacted] stated that she has a contact in England that is a practitioner who provides injectables to patients and agreed to contact them in regards to becoming part of the group.**

Action Point (2)

- **[redacted] stated that she also had a contact for a practitioner in Northern Ireland who was trained by a nurse to distribute injectables. Also stated that she has a contact in Glasgow who is beauty therapist who could become a member of the group.**

Action Point (3)

- **The secretariat and [redacted] will review the HEE framework and provide a summary for the Group**

Action Point (4)

- **The secretariat and [redacted] will provide a table setting out the Scottish and English equivalent qualifications for the HEE framework summary**

Action Point (5)

- **The secretariat will set out current practice in England and NI on regulation of cosmetic practitioners and a set of options for the definition of cosmetic provider**

4. Environmental Health Officers role in Health and Safety at work and Skin Piercing and Tattooing legislation

[redacted] introduced the topic and described their roles, which have been in force since around 2007. He is the Chair of the Scottish Licensing of Skin Piercing and Tattooing Working Group who are working on version 1.8 of the implementation guide which should be available in the autumn. Licensing conditions were written for all 32 LAs and all but two have adopted them. In law the LA EHO and the Health and Safety at Work are co-regulators. Exempted from all the licensing are charities and all healthcare professionals. After the application and payment of the fee, the regulators check with the police and fire services, usually for premises, and grant the application. The time to grant varies by area – between four to six weeks in Aberdeenshire and months in Glasgow city.

In the meantime the areas outlined in Table (reproduced in Annex 1 of these minutes) which are not covered should be revisited. **[redacted]** said the list was developed as the original legislation was written without full consultation and as new procedures develop, the EHOs want to continue to ensure safe services. The Group agreed it would be useful to get views from the EHOs as to what topics could be included and bring back for interest to this Group. **[redacted]** noted that the phase 1 work appeared too quickly and will have an effect on people's employment abilities but new legislation controlling cosmetic practitioners is vital.

In discussion on the work of the EHOs, the lack of complaints from the public was raised and **[redacted]** agreed it would be worth doing a straw poll of their colleagues to find out if there have been problems in their visits. There has been no evidence from GP visits or A&E attendances on increase in infection rates. The Group had no comments to add on the EHO questionnaire which will be circulated and will provide further information on current practice. The Chair thanked **[redacted]** and **[redacted]** and given the cross over interests, asked if one would become a member of the Group? The Group also challenged the EHO as to

whether there is a lay representative on their Working Group: [redacted] noted a lack currently and would consider it and agreed to the EHO membership of this Group.

Action Point (6)

- **Views from the EHOs on the list in table 1 will be gathered by [redacted] & [redacted].**

Action Point (7)

- **[redacted] / [redacted] will circulate the EHO questionnaire to all LA colleagues and the response will be analysed for the next meeting.**

Action Point (8)

- **[redacted] / [redacted] will do a straw poll with their colleagues on any problems and provide a link to the Citizen Advice Bureaux for complaint analysis.**

Action Point (9)

- **[redacted]/ [redacted] will be defacto members of the Group and notify the secretariat who should be the on-going representative.**

5. Phase 2 remit and work plan

[redacted] introduced Paper 2 and asked for comments on the remit and principles. There were no additional comments and these were accepted by the Group. **[redacted]** described the workplan and asked for advice from the Group on other methods to find the evidence to make the case for change. The Chair said from his experience, making the case requires evidence on complaints or issues from the public. [redacted] said there has been an audit by BCAM members over the last ten years. **[redacted]** said in Scotland there are 12,000 members of BABTAC and a magazine issued to all every two months. [redacted] noted there have been no claims in her experience. **[redacted]** agreed to work on the magazine article and thought a questionnaire to the Colleges could provide helpful information on work plans for the future as this data is not routinely collected. **[redacted]** mentioned the Scottish Beauty show is a huge annual event, sponsored by the Guild and it might be worth the secretariat making contact to reach a wider audience.

Action Point (10)

- **[redacted] agreed to provide a copy of Scottish insurance claims from beauty therapy adverse events.**

Action Point (11)

- **[redacted] and the secretariat will draft an article on the Group for the BABTAC magazine**

Action Point (12)

- **[redacted] and the secretariat will draft a questionnaire to final year beauty therapist students in Scottish Colleges and provide the secretariat with contact details for the Scottish Beauty show 2017.**

6. Next steps

The Chair summarised the meeting, thanking all participants for an extremely useful first session. He outlined the actions for the next meeting (action table overleaf) and described the discussion at the next meeting which would include :

- Taking a closer look at the HE Framework
- Look at the comparison table of English and Scottish qualifications
- Reviewing the responses from Environmental Health Officers
- Reviewing the responses from the Scottish Health Survey
- European Standards for BT published

Next meeting: Glasgow, 25 October 2016 1030-1230

Action table

Action	Responsible member	Date requested	Date completed
Find a cosmetic practitioner to be a member and / or attend focus group	Lesley Blair Kathleen long	24 May 2016	
Health Education England framework document to be revisited & summarised for Scotland	Secretariat / Cheryl Cole	24 May 2016	
Table of equivalent Scottish and English qualifications to be provided with the HEE summary	Secretariat /Elaine Hutton	24 May 2016	
Comparisons with England & Ireland systems to be outlined with options on the definition of cosmetic provider	Secretariat	24 May 2016	
Table of current skin piercing procedures to be revisited and updated	Graham Robertson / Martin Gibb	24 May 2016	
EHO questionnaire to be circulated to Local Authority colleagues	Graham Robertson / Martin Gibb	24 May 2016	
Straw poll among colleagues on any reports and provide link to Citizen Advice Bureau system	Graham Robertson / Martin Gibb	24 May 2016	
An EHO representative will join the Group	Graham Robertson / Martin Gibb	24 May 2016	
Insurance claims data request from industry providers	Lesley Blair	24 May 2016	
Questionnaire for college students considered	Elaine Hutton/ Secretariat	24 May 2016	
Article for BATBAC magazine drafted	Elaine Hutton/ Secretariat	24 May 2016	
Consider any contact with the Scottish Beauty Show (2017) hosts	Elaine Hutton/ Secretariat	24 May 2016	

Draft note of the meeting between Clinicians and Scottish Government

Chair – [redacted]

Tuesday 20 June
Atlantic Quay Room 3.3

attendees: **[redacted]** (Chair), **[redacted]**, **[redacted]**, **[redacted]**, **[redacted]**
Dial in: **[redacted]**, **[redacted]**

Apologies received: **[redacted]**, **[redacted]**, **[redacted]**, **[redacted]**

1. Welcome and introductions
The Chair welcomed everyone to the meeting. **[redacted]** explained that due to unexpected pressure of work unfortunately the policy lead has been unable to attend.

2. Current position
[redacted] provided the update to the current position vis a vis phase 1 work by Healthcare Improvement Scotland (HIS). It was noted that there remain a larger number of clinics not complying than complying but the latter numbers continue to increase. The practice of inspectors visiting clinics and providing letters for response continues. Further action will be taken as needed. There remains strong concern from the clinicians that:

a) mobile practitioners are being regulated by HIS and putting their credentials "inspected by HIS" in public. Can the details of these numbers and the rationale be explained again to the clinicians as this is seen as a retrograde step and against the need for a clinic address and the elective nature of the work.
Action- [redacted] to request details and reaction from HIS to this concern

[redacted] also updated the meeting that the domain name "PrettySmart" has been continued and the aim of increasing public awareness remains of interest.

3. New professional groups – update
[redacted] updated the group on the current position that the regulation and registration of medical doctors is a reserved matter and the Scottish Parliament has no functions in this regard. The General Medical Council (GMC) is the independent UK regulatory body with statutory responsibility for setting standards for education. Medical curricula, including specialisms, are designed by Medical Royal Colleges and Faculties and specialist associations or others developing curricula. The GMC assesses and approves these curricula and the institutions delivering them to ensure consistent quality across all medical training in the UK.

4. Information gathering & **5. Concerns**
The question was asked about the aim of phase 2. The Chair said it is to mop up activities of unregulated services. He noted that there is a need for the evidence of the minimal level of education for those performing the services and a level of harm that is greater than can occur by the regulated professionals. The discussion focussed on what the objective of regulation should be and the options. It was agreed that the

focus should be on regulation of injectables (namely botulunim toxin, dermal fillers and the prescription only antidote to problems with dermal fillers).

The Chair encouraged the professional associations (the British Association of Cosmetic Nurses (BACN) and the British College of Aesthetic Medicine (BCAM)) to collect data over a reasonable timeframe (6 month minimum) in 4 categories:

1. The number of injectables they provide
2. The complications from their practice
3. The number of people who attend their clinics having complications from injectables provided by unregulated practitioners
4. Any other evidence of poor practice by unregulated practitioners.

Action- It was agreed the BACN& the BCAM will collect this data

The clinicians also agreed to let their members know of where to report problems – for regulated clinics any individual can report to HIS: for unregulated practitioners the route on trading standards concerns is to Citizen Advice and Local Authorities
Action – [redacted] agreed to check with the Environmental Health Officers if the list of EHOs in LAs can be shared with the professional associations

It was agreed education and training is essential and the two areas of beauty therapists training that may be lacking are diagnosis and prescribing. It was noted the Joint Council of Cosmetic Practitioners (JCCP) will be formally launched for England in September 2017 and use the Health Education England framework which states that injectables can only be provided by people with a level 7 qualification. This may mean people wanting cosmetic treatments provided by people with less than a level 7 qualification flooding to Scotland after this launch. There is also an issue of whether all clinics in Scotland have professionals with this level of qualification.
Action – [redacted] and [redacted] will contact [redacted] of Colleges Scotland and document the training of beauty therapists. They will also consider further questions to the public and students to gather more evidence.

[redacted] raised the issue of insurance and it was noted that there are a number of new insurers in the market. It is not known what level of indemnity they provide. Whether A & E attendances record problems was also queried.
Action, [redacted], [redacted] & [redacted] will investigate insurance companies and A & E attendances.

Who should be the regulator of the cosmetic practitioners was discussed. The current options are local authorities or HIS or another unknown body. It was agreed that for consistency HIS should be the regulator and it may be possible to add the services of providing injectables (clearly described) as another legal Statutory Instrument. A potential drawback is that professional led clinics and beauty salons could then be marketed as the same service which will not give the public any differentiation. This needs to be considered in detail. There will need to be a consultation on any legislative options.

6. Next steps – agreeing the way forward
It was agreed that another meeting of this group should be held before the framework is submitted to Minsters. The date set is

Tuesday 22nd August 10-1130 in Edinburgh. A meeting request with location and telephone details will be circulated.

Actions	Timeframe
SG to request details on mobile practitioners registered in phase 1 and reaction from HIS to this concern	End of June 2017
BACN & the BCAM will collect data in 4 areas	System in place – July 2017 – first quarter data by Oct 2017
SG to check with the EHOs if the list of EHOs in LAs can be shared with the professional associations	End of June 2017
SG & Colleges Scotland to document the training of beauty therapists. Further questions to the public and students to gather more evidence considered.	July 2017
SG investigate insurance companies and A & E attendances.	End July 2017

Draft note of the meeting between Clinicians and Scottish Government

Chair – [redacted]

Tuesday 22 August
St Andrew's House, Room 3R.01

Attendees: **[redacted]** (Chair), **[redacted]**, **[redacted]**, **[redacted]**, **[redacted]**& **[redacted]**

Dial in: **[redacted]**.

Apologies: **[redacted]**, **[redacted]**, **[redacted]**& **[redacted]**

1. Welcome and Introductions

The Chair welcomed everyone to the meeting.

2. Note of Meeting held on 20 June 2017 and Additional Comments

Some further clarity around the requirements of registering mobile practitioners i.e. full kit to be taken at all times etc. was requested.
It was agreed that [redacted] will take this up with HIS and report back to the group. Subject to this clarification, the note was agreed as accurate, by those present.

3. Matters Arising

- **mobile practitioners**

[redacted] to seek clarification of outstanding points.

- **data (on agenda)**

To be covered under Agenda item 4.

- **EHOs list**

A list of EHOs through the country is nearly complete and confirmation that it can be shared is being gathered.

- **SG & Colleges Scotland**

SG has secured the services of social researcher who will, later this year, support the work on producing the framework of an educational qualification. The Colleges are preparing an outline of the specific training of a beauty therapist and a questionnaire to their students.

- **A & E attendance and Insurance Companies**

There is currently no coding for a purely cosmetic related attendance at A&E. The list of currently used codes is attached to these minutes.

It was agreed that [redacted] and [redacted] would outline what complications should be included in a search of the data

A preliminary website list of Insurance Companies currently offering cover for cosmetic practitioners to be drawn up and also attached to these minutes. The paper outlines what the websites deem to be appropriate level of cover provided and the premiums required of a non healthcare professional who wishes to provide such services. Typically, a healthcare professional can be expected to be covered for as much as £5m and subject to the appropriate premiums rate, this should also be the case for non-healthcare professionals who should be equally covered.

It was agreed that Nestor would share information from [redacted] and Cosmetic Insure

4. Information Gathering & JCCP

Consensus was that there is currently very little, if any, useable data currently available and much of it is self-reported. BCAM currently collects annual data on complications but the same data related to beauticians is required. Requests for Scottish data to made of the major representative organisations such as BCAM **[redacted]** which have data but BACN **[redacted]** may not: the data could then be analysed by SG/HIS. The ask has to be precise however and concentrate on Botox, Fillers, under the skin treatments and lasers.
It was agreed that HIS will be asked if they can request audit data from the clinics that register with them and arrange for it to be sent to SG once the researcher is in post.

It was agreed that [redacted] would share the BCAM Scottish & English audit data and a template to be modified for the use by BACN and possibly for on-going data collection by clinics.

SG have had discussions with JCCP who have confirmed a voluntary registration approach to regulation with a level 7 qualification to be adopted. As there is no direct Scottish equivalent to this level 7 qualification, adopting the HEE framework may lead to some form of Scotifying it meet our regulatory requirements.

5. Ways Forward & Social Marketing

Discussion around the status of dermal fillers i.e., prescription or medical device to ensure safe usage followed however when they are classified as the latter and CE marked, they may be an argument to consider if it is possible that they could become prescription only and that can be pursued at this time.

[redacted] reported that Scottish Ministers have given the go ahead for some further work to be undertaken with a view to ensuring that non-healthcare professionals are subject to regulation and social awareness options are considered. This means that the marketing work previously undertaken can perhaps be resumed and a meeting with SG marketing colleagues is to be schedule for as soon as possible to discuss the way forward.

6. Next Steps

SG to report back to the group on the marketing issues and data to be collected and shared with appropriate colleagues for analysis.

7. AOB

There being no further AOB, [redacted] closed the meeting advising that the next meeting would be scheduled for November, this being a time suitable for the majority of the group. A meeting request with location and telephone details will be circulated.

Actions	**Timeframe**
SG to clarify details of mobile practitioners registration requirement from HIS	September/October 2017
Colleges to be contacted again by **SG** re questionnaire and training details	August 2017
BACN **[redacted]**& the BCAM **[redacted]** to request Scottish data on complications.	September/October 2017
[redacted] to issue list of EHOs in LAs to group.	September 2017
SG to advise on progress with marketing campaign.	August 2017
SG to discuss audit data collection with HIS	August 2017
HEE Framework to be obtained with a view to Scotifying. **All**	Next meeting

Annex 1

A & E attendances information

The recording of reason for attending A&E is incomplete and inconsistent between NHS Boards. There is no national standard coding list for diagnostic coding at A&E departments in Scotland.

For submission to the national A&E datamart at least one of the following should be recorded for each attendance:
• Diagnosis code: - list of 20 high level codes based on the ICD10 codes
• Diagnosis text: - This is a free text field, however most boards use a pick list
• Disease code: - ICD10 codes, these are usually mapped from Diagnosis text where a pick list has been used

Completeness across the three fields of interest has improved significantly in recent years, however there are still significant gaps in diagnostic information.

So, attendances at A&E for problems related to cosmetic interventions could be recorded in any of the 3 diagnosis fields. In addition, most NHS boards submit a patient's presenting complaint as free text, which could be analysed for key words. For example "lip filler" - a quick filter on that term returns 2 attendances in the last year.

It is also possible to record 'Complications of medical or surgical care' as an 'Intent of injury'. However, this field isn't well completed and not sure would be recorded for the types of cosmetic intervention of interest.

ISD can carry out an investigation analysing all the relevant fields. Any counts as a result would likely be an underestimate, and would require careful interpretation.

You can find more information on the fields in the A&E datamart and their completion by NHS Boards here:
http://www.isdscotland.org/Health-Topics/Emergency-Care/Emergency-Department-Activity/Data-Collection/

Annex 2

Websites review of beauty therapists and beauticians organisations / insurers **August 2017**

From an internet trawl and with some knowledge the following are some of the professional organisations involved in this field, with membership / insurance fees where possible.

Table 1 comparison of organisations

Organisation	**Professional membership**	**Membership fees**	**Register**	**Insurer**	**Insurance fees – salon**	**Individual**	**Exclusions if any**
Beauty Guild UK Derby 20 years in business 8,000 members 01332 224830 0845 2177 380	Yes Accepts SVQs, SQA. Various levels Will come with insurance cover for up to £6 million and entry to one of the professional registers	Not stated – need to apply	Yes, 4 ie • of Professional Beauty Therapists • of Professional Holistic Therapists • of Professional Nail Technicians • of Professional Therapy Lecturers	up to £6 million cover against treatment risk, public liability & product liability. List of treatments covered (can't find exclusions). Cover to work anywhere in UK, from your home, or on a mobile basis.	Premium of £224 including IPT. insurance protection for stock, equipment, employer's liability, loss of cash and business interruptions, personal accident cover if can't work due to an accident.	No figures available	None found – Incudes skin peeling treatments up to 40% strength

Organisation	Professional membership	Membership fees	Register	Insurer	Insurance fees – salon	Individual	Exclusions if any
BABTAC – British Association of Beauty Therapy & cosmetology Gloucester since 1977 – 40 years 01452 623110	Yes various levels Includes insurance	Individual £99.83 Salon £232.49	Not clear if separate from membership	Yes – £6 million any one claim; other liabilities £2-10 million. Treatment extensions including skin needling, laser or light therapy, strong skin peels	£252 standard	£65- 146 (mobile or renting a room or working from home)	Botox, fillers, teeth whitening (but working on these) Skin peels with compounds >50% and TCA concentrations
National Hairdressers Federation 01234 831965	Yes and statistics 40,000 businesses in UK 66% have annual turnover <£99k Industry (including hairdressing/ barbering & beauty) generates about £7 billion turnover / yr	Solo £144 Salon £264	Not noted	Yes but details not clear	Not found	Not found	Not found

Organisation	Professional membership	Membership fees	Register	Insurer	Insurance fees – salon	Individual	Exclusions if any
Associated beauty therapists 30 years 15,000 members 01789 773573	Combined with insurance	As insurance fees	Not found	Yes £6 million professional liability etc Treatments lists plus extensions including skin needling, laser , microblading	Apply	£69.95	Only included treatments or those on the extended insurance list noted
HABIA – hair & beauty industry authority	Yes but not an insurer – the standards setting body for the hair and beauty industries.	free initial 12 months / £13 thereafter for individuals Corporate £474-2,394.	Yes - the Register of Beauty Professionals (£38 plus VAT)	N/A	N/A	N/A	N/A
The Federation of Holistic Therapists "is the largest and leading professional association for therapists in the UK and Ireland" 023 8062 4350.	Yes	Not clear	Membership includes listing on the Complementary Healthcare Therapist Register	Yes	Has pdf *		Has insurance extensions

Organisation	Professional membership	Membership fees	Register	Insurer	Insurance fees – salon	Individual	Exclusions if any
The Freelance Hair and Beauty Federation	Yes	£130 per year	Not clear	Yes		£120-260 ** (personal accident only or with injury)	Yes Piercing, tattooing, sunbeds, permanent or semi-permanent make-up and any type of surgical procedure.
Cosmetic Insure 0345 6008288	Yes	Not clear	Not clear	Yes including botox, dermal fillers etc	Need to apply	Need to apply	Not clear – say lots more

*https://www.fht.org.uk/fs/s/v/insurance_price_list.pdf And FAQs https://www.fht.org.uk/important-insurance-information
** http://thefha.org.uk/insurance/personal-accident-injury-insurance/

Note of the meeting between Clinicians and Scottish Government

Chair – [redacted]

Tuesday 21st November 2017
Woodhill House, Aberdeen

Attendees: **[redacted]** (Chair), **[redacted]**, **[redacted]**, **[redacted]**, **[redacted]**and **[redacted]**

Dial in: **[redacted]**, **[redacted]**, **[redacted]**, **[redacted]**and **[redacted]**

Apologies: **[redacted]**, **[redacted]**, **[redacted]**

1. Welcome and Introductions

The Chair welcomed everyone to the meeting.

2. Declaration of interests, involvement in the group and process

[redacted]and **[redacted]** declared that they run aesthetic clinics.

3. Note of Meeting held on 22 August 2017 and Additional Comments

The note was agreed as accurate, by those present.

4. Matters Arising

- **mobile practitioners and equipment**

[redacted] is seeking clarification from Healthcare Improvement Scotland (HIS). **[redacted]** and **[redacted]** raised concerns about an increase in cosmetic tourism, including practitioners coming to Scotland and working at unregistered premises and then heading back home. **[redacted]** advised that if practitioners and practices meet all HIS requirements, including oxygen and anaphylactic equipment, they can practice.

HIS standards are based on Healthcare Environment Inspectorate (HEI).

- **data (including A&E attendances, BCAM audit and insurance companies)**

Covered under Agenda item 5.

- **HIS audit data**

[redacted] will be meeting with HIS on 22 November and will ask them about this.

5. Information Gathering / A&E / data & BCAM audit

[redacted] and **[redacted]** were unavailable to provide an update on this agenda item. There was discussion around the availability or lack of data (in regards to cosmetic procedural harm and errors) although anecdotal evidence is ok,

quantifiable data and evidence of harm from Scotland is preferable, particularly when reporting to Ministers and the Health and Sport Committee. **[redacted]** advised that NHS Scotland collects data regularly.

Scottish Government officials will arrange a meeting with insurers to get their views on indemnity issues, especially the level required by non-medically trained individuals undertaking lip enhancement and dermal filler procedures.

[redacted] will contact Aesthetic Complications Expert **(**ACE) Group and **[redacted]** (core group of experts involved in research and would have the most up to date information). **[redacted]** will speak to Save Face about data.

[redacted] explained the process and timeframe required for the introduction of new legislation, which will include a period of public consultation with stakeholders.

Scottish Government officials met with its lawyers who will now investigate whether legislation could be introduced for the regulation of premises offering Botox injections, dermal fillers and lip enhancers for 'aesthetic purposes only'.

6. Colleges update and South Ayrshire experience

[redacted] presented examples of comparable qualifications that would be required if a currently non-regulated practitioner, such as a beauty therapist, were to provide cosmetic procedures. This would be equivalent to SVQ 7 or 8 and would include modules on anatomy and physiology. It would take 4 years for someone with no qualification to achieve a SVQ level 7 Beauty Therapy qualification and 2 years for someone starting at higher level e.g. HND.

[redacted] pointed out that training would not cover prescription drugs.

[redacted] has a meeting with the Medicines and Healthcare products Regulatory Agency (MHRA) and will update the group following the meeting.

[redacted] asked if fillers could be made prescription only. **[redacted]** will look into this.

[redacted] advised that the South Ayrshire experience was that EHOs had a very positive effect in raising standards. **[redacted]** and **[redacted]** said that the same approach would have been adopted in every local authority.

[redacted]told the group that there were different levels for licensing applications based on full cost recovery. He is not aware if this includes enforcement action costs.

7. Social Marketing

SG has met with its Health Marketing Team since this group previously met and discussed a proposed marketing campaign, which may include reviving the previously shelved 'Pretty Smart' concept. The proposed marketing will target young

people thinking of cosmetic procedures to direct them to appropriate advice and information.

8. Next Steps

SG will meet its solicitors to discuss what can or cannot be included under the next phase of legislation. As part of the next phase, we hope to go to public consultation early next year. **[redacted]** asked if we could request that only medics could perform procedures and whether an age limit could be set for people having a cosmetic procedure.

9. AOB

There being no AOB, [redacted] closed the meeting with the groups agreement that the next meeting would be scheduled for 10.30am on 6 February 2018 in Kilmarnock. A meeting request with location and telephone details will be circulated.

Actions	**Timeframe**
[redacted] to share the BCAM Scottish & English audit data and a template to be modified for the use by BACN and possibly for on-going data collection by clinics.	
SG to advise on progress with marketing campaign.	Ongoing
SG to discuss audit data collection with HIS	
HEE Framework to be obtained with a view to Scotifying. All	Next meeting
SG to follow up on whether HIS standards have a review date.	Next meeting
[redacted] to ask **[redacted]** for data and provide details to **[redacted]**.	Next meeting
[redacted] to summarise her findings regarding qualifications and send out to the group.	Next meeting
[redacted] and **[redacted]** will provide a list of medically qualified people allowed to perform cosmetic procedures	Next meeting
[redacted] to investigate whether fillers could be prescription only.	
[redacted] and **[redacted]** will advise**[redacted]**what they would like included in regulations, e.g. beauty therapy, body art. This will be added to the agenda for discussion at the next meeting.	Next meeting

Note of the meeting between Clinicians and Scottish Government

Chair – [redacted]

Date: Tuesday 6 February 2018
Venue: Partnership Centre, Kilmarnock Campus, Kilmarnock

Attendees: **[redacted]** (Chair), **[redacted]**, **[redacted]**, **[redacted]** and **[redacted]**

Dial in: **[redacted]**, **[redacted]**, **[redacted]**, **[redacted]**and **[redacted]**,

Apologies: **[redacted]**

1. Welcome and Introductions

The Chair welcomed everyone to the meeting and thanked **[redacted]** for hosting this meeting.

2. Declaration of interests, involvement in the group and process

There were no changes to previous declarations of interest however a request for written declarations will be issued shortly to ensure the paperwork is up to date.

3. Note of Meeting held on 22 August 2017 and Additional Comments

Subject to agreed amendments which had been agreed prior to the meeting, the note was agreed. A final version will be circulated to members with papers for the next meeting.

4. Matters Arising

- **minimum level of insurance**

Colleagues raised this issue as important and should continue to be pursued. Later in the meeting **[redacted]** explained how manufacturers of new machines are explaining to purchasers that use of the machines could significantly increase insurance premiums (from £600 a year to £1500 for example). **[redacted]** noted that EHOs regularly go through the insurance documents with the tattooists and find areas not covered (sometimes dermal implants). The lack of insurance ensures the service stops immediately.

- **mobile practitioners and equipment**

After some discussion on the legitimacy of a mobile practitioner and / or prescriber providing services, for clarity HIS will be asked work with the EHOS to provide a joint paper on the current regulation of mobile prescribers / practitioners and be invited to attend the next meeting of the group to discuss the issues. Clarification will be requested, particularly around the following parameters:

- practitioners / prescribers traveling from England
- practitioners providing services in unregistered premises
- mobile practitioners / prescribers providing services in someone's home as opposed to the lack of licencing given to tattooists and skin piercers

In addition, a copy of the HIS programme Board meeting minutes when mobile practitioners were discussed, will be circulated to members of the group.

- **HIS standards**

HIS reported that they are working on identifying the relevant quality indicators from their Quality Framework to use for the clinic inspections. The question of the date of revision of the standards refers to when the agreement on the mobile practitioners could be looked at again. This will be followed up again with HIS.

- **data (including A&E attendances, BCAM audit and insurance companies)**

Covered under Agenda item 5.

- **HIS audit data**

[redacted] has still to receive this information.

- **EU Standards**

[redacted] informed that EU standards for products are to be regulated, and are described in Annex XVI of the new Medical Device Regulations (single page attached in Annex 1). These come into force in 2020**.**

- **Dermal Fillers**

[redacted] confirmed that whilst there are future plans to make dermal fillers a medical device, as they are not a medicine, they will not be made prescription only.

5. Information Gathering / A&E / data & BCAM audit

[redacted] confirmed that the data is not sensitive enough to pick out what we are looking for with no mentions of remedial work resulting from poor cosmetic work which is very similar to the problems related to NHS coding. No request will be made of ISD until we finalise the details of what we are looking for.

[redacted] mentioned the Beauty Show which will be held in the SECC in April and which could prove to be a useful source of data capture. She suggested that students could ask attendees a number of questions as part of a mini survey and these questions could then be evaluated. Questions could focus on have you undertaken a cosmetic procedure, were there any complications, where were the complications treated etc. It was agreed that this should be pursued and following the meeting **[redacted]** (Scottish Clinical Leadership Fellow / plastic surgeon registrar) indicated that she would be willing to attend the show to assist.

6. Social Marketing

[redacted] reported that there had been no further movement on the SG marketing campaign but that he expected to hear about this in the coming weeks. It was agreed that within the campaign literature, specific mention must be made that the customer clarify if the practitioners is medically qualified or trained to provide such services. Similarly, it should be highlighted that there is no Aesthetics University, therefore no one can hold a qualification from this alleged organisation.

7. Next Steps

The questions for the public consultation exercise will be formulated and shared with the group to ensure they are satisfied with the content.

8. AOB

[redacted] and **[redacted]** agreed that rather than add topics to the list of regulating tattooists and skin piercers it would be better to go with broad definitions.

[redacted] wanted to know more about the appropriate management of complications and will ask the forum.

[redacted] indicated that the SG has had a conversation around the inclusion of Pharmacists in Phase 1 of the legislation, which resulted from reports that one company has installed a pharmacist to run their independent clinic thus avoiding the need for registration under the terms of the current legislation.

SG also updated the Department of Health (DoH) in England as to the work around independent clinics and cosmetics. The recent appointment of a Minister for Cosmetic Procedures has raised the profile of this sector and DoH are keen to work together to ensure equity across the UK.

The JCCP will be formally launched on 22 February 2018 in the House of Lords and the registry will be open to Scottish practitioners. Significantly, statutory regulation is being considered for the future.

Internal discussions continue with regard to finding the most appropriate legislative vehicle to take Phase 2 forward.

There being no AOB, **[redacted]** closed the meeting with the groups agreement that the next meeting would be scheduled for 10.30am on 8 May 2018 in Edinburgh. A meeting request with location and telephone details will be circulated.

Actions	**Timeframe**
SG to ask HIS & the EHO members for a paper and attendance at the next meeting to discuss mobile practitioners / prescribers	Next meeting
SG to update on progress with marketing campaign.	On-going
SG to follow up on HIS standards & quality assessment tool	Next meeting
All colleagues to continue to seek data.	Next meeting
[redacted] continues to gather information from other providers and will summarise her findings regarding qualifications and send out to the group.	Next meeting
[redacted] list of BCAM and Academy qualifications to be shared with the group	Next meeting
Questions for the Beauty Show to be shared and plan in place for students supported by **[redacted] [redacted]**to get answers	Before the next meeting

Annex 1

ANNEX XVI

LIST OF GROUPS OF PRODUCTS WITHOUT AN INTENDED MEDICAL PURPOSE REFERRED TO IN ARTICLE 1(2) *(see below)*

1. Contact lenses or other items intended to be introduced into or onto the eye.
2. Products intended to be totally or partially introduced into the human body through surgically invasive means for the purpose of modifying the anatomy or fixation of body parts with the exception of tattooing products and piercings.
3. Substances, combinations of substances, or items intended to be used for facial or other dermal or mucous membrane filling by subcutaneous, submucous or intradermal injection or other introduction, excluding those for tattooing.
4. Equipment intended to be used to reduce, remove or destroy adipose tissue, such as equipment for liposuction, lipolysis or lipoplasty.
5. High intensity electromagnetic radiation (e.g. infra-red, visible light and ultra-violet) emitting equipment intended for use on the human body, including coherent and non-coherent sources, monochromatic and broad spectrum, such as lasers and intense pulsed light equipment, for skin resurfacing, tattoo or hair removal or other skin treatment.
6. Equipment intended for brain stimulation that apply electrical currents or magnetic or electromagnetic fields that penetrate the cranium to modify neuronal activity in the brain.

5.5.2017 L 117/173

CHAPTER I

SCOPE AND DEFINITIONS

Article 1

Subject matter and scope

1. This Regulation lays down rules concerning the placing on the market, making available on the market or putting into service of medical devices for human use and accessories for such devices in the Union. This Regulation also applies to clinical investigations concerning such medical devices and accessories conducted in the Union.

2. This Regulation shall also apply, as from the date of application of common specifications adopted pursuant to Article 9, to the groups of products without an intended medical purpose that are listed in Annex XVI, taking into account the state of the art, and in particular existing harmonised standards for analogous devices with a medical purpose, based on similar technology. The common specifications for each of the groups of products listed in Annex XVI shall address, at least, application of risk management as set out in Annex I for the group of products in question and, where necessary, clinical evaluation regarding safety. The necessary common specifications shall be adopted by 26 May 2020. They shall apply as from six months after the date of their entry into force or from 26 May 2020, whichever is the latest. Notwithstanding Article 122, Member States' measures regarding the qualification of the products covered by Annex XVI as medical devices pursuant to Directive 93/42/EEC shall remain valid until the date of application, as referred to in the first subparagraph, of the relevant common specifications for that group of products. This Regulation also applies to clinical investigations conducted in the Union concerning the products referred to in the first subparagraph.

Note of the meeting between Clinicians and Scottish Government

Chair – [redacted]

Date: Tuesday 8 May 2018
Venue: St Andrew's House, Edinburgh

Attendees: **[redacted]** (Chair), **[redacted]**, **[redacted]**, **[redacted]**, **[redacted]**, **[redacted]**, **[redacted]**, **[redacted]**, **[redacted]**, **[redacted]**, **[redacted]**, **[redacted]**

Dial in: **[redacted]**, **[redacted]**, **[redacted]**

Apologies: **[redacted]**, **[redacted]**

1. Welcome and Introductions

The Chair welcomed everyone to the meeting.

2. Declaration of interests, involvement in the group and process

Apart from **[redacted]**from Healthcare Improvement Scotland (HIS) and **[redacted]**, Chair of British Association of Beauty Therapy and Cosmetology (BABTAC) and on the Council of the Confederation of International Beauty Therapy and Cosmetology (CIBTAC) who joined this meeting, there were no changes to previous declarations of interest. Written declarations will be required and issued shortly to ensure the paperwork is up to date.

3. Note of Meeting held on 6th February 2018

[redacted] queried the notes of the meeting as he thought that he and **[redacted]**were waiting for a HIS paper on mobile practitioners. **[redacted]** has since advised that they will survey all 32 local authorities on their position regarding mobile practitioners and there is no need to amend the previous minutes.

4. Matters Arising

- **HIS standards and quality assessment tool**
- **HIS and EHO paper on mobile workers regulation**

There continued to be much discussion on the above matters including the need for a bed and oxygen cylinders for example to be included in any clinic, whether mobile or fixed. **[redacted]** said that the guidance was agreed at the Independent Healthcare Programme Board. Mobile practitioners provide a choice for patients. This is a challenging regulatory field . HIS cannot set standards so high that providers are unable achieve them.

There remain concerns around the standards and it was asked if they can be reviewed.

Action [redacted] advised that he will check whether the guidance as issued was what was agreed by the Programme Board. He also will check on timescales for review. If anyone has concerns that the guidance as issued is not being met should contact **[redacted]**.

5. Hair & Beauty Show data

[redacted] advised that they were unable to undertake the survey due to the cost imposed by the event organisers. Adding questions to the Colleges VLE (Virtual Learning Environment) is possible and **[redacted]** can share the survey through her organisation. **[redacted]** said that she would be happy to share the survey with her members. **[redacted]** suggested that the survey questions could be shared on social media. The Safety in Beauty Campaigners met with the Prime Minister to discuss their concerns about the cosmetics industry. **[redacted]** said she had shared information on the qualifications undertaken at the Colleges in some very large files.

Action - SG to investigate getting and sharing a drop-box to hold and share the information.

[redacted] reiterated the need for statistics and information regarding the cosmetics industry and **[redacted]** said that we need to build a case to go before the Health and Sport Committee.

Action [redacted] & **[redacted]** to work with **[redacted]** on questions

[redacted] asked if any money could be made available from the Scottish Government for someone to attend the Girls Day Out event on 1st & 2nd December at the SEC, Glasgow to ascertain the types of cosmetic procedures on offer at the event and to gather information via a questionnaire around preferred procedures.

6. Welsh & EU legislation reviews

[redacted]provided an overview of his findings following a review of Welsh and EU legislation. There were comments on the experiences elsewhere including Sweden and work in South Korea, Florida and Singapore. **[redacted]** is continuing to try and gather information including on the EU special circumstances standards and their recommendations for national policy (commercial products).

Action [redacted] will share Swedish contacts with **[redacted],** any other contacts for international comparisons gratefully received.

7. Lasers / IPL / Peels

[redacted] will be meeting with two clinicians specialising in lasers on 11 May to hopefully get some useful guidance from them regarding the use of lasers. Appropriate qualifications, and indemnity for particular requirements are available from MHRA for lasers & IPLs, but only insurance for peels. HIS has guidance for lasers/IPL. **[redacted]** asked if needling could be included in this group of procedures due to the depth of the needles puncturing the skin?).

[redacted] stated that there is an issue with 1 day training courses being offered and that there is a need for regulated, accredited and fit-for-purpose. There are also reports of money being accepted but claims not honoured. **[redacted]** feels that a minimum indemnity amount is required. **[redacted]** to send details of what is covered by insurance (for lasers the HEE Framework requires level 4 qualifications in England which is equivalent to level 6 or 7 in Scotland, and BABTAC requires an insurance of £6 million).

8. Information Gathering

There was some discussion about cosmetic procedures 1) Fibroblast - a non-surgical technique using tiny plasma flash and designed to tighten and lift the skin and 2) Fat Injections – Liraglutide, a dieting drug. The Cosmetic Practice Standards Authority (CPSA http://www.cosmeticstandards.org.uk/) set the standards that anyone who wishes to perform non-surgical cosmetic treatment (such as fillers, skin rejuvenation, lasers and botulinum toxin injections) and hair restoration surgery) must meet, whatever professional background they are from. Practitioners who meet these standards can join a register run by the Joint Council of Cosmetic Practice,
There was a query as to whether **[redacted]** could / should approach JCCP to speak to CPSA to take on role for people to report practices?

9. Qualifications – BCAM & Academy Training, England & Scotland, Beauty Therapy Training

[redacted] has provided and can provide again a list of regulated qualifications. **[redacted]** said that there is a problem with unregulated qualifications for the cosmetics industry. **[redacted]** asked if manufacturers have a degree of responsibility such as training/indemnity.
[redacted] said that insurance should only be provided if level 4 qualifications were achieved in lasers.

Action [redacted] to provide a list of regulated qualifications

10. Social marketing
[redacted] advises that this will be picked up again once the new Scottish Government Quality Team Leader joins the team.

11. Next Steps

[redacted] advised the group that, following much deliberation and investigation, the Scottish Government will consult its lawyers on a proposal/an option of primary legislation stating that only medically qualified professionals be allowed to perform cosmetic procedures.

12. AOB

[redacted] suggested that the group gets lay input should the Scottish Government decide to go down the primary legislative route.

13. Next meeting

The group agreed to meet again in late September. A date will be agreed closer to the time.

Actions	**Timeframe**
HIS & the EHO members to prepare a paper for next meeting regarding mobile practitioners / prescribers	On-going
SG to update on progress with marketing campaign.	On-going
[redacted] advised that he will check whether the guidance as issued was what was agreed by the Programme Board. He also will check on timescales for review. If anyone has concerns that the guidance as issued is not being met should contact **[redacted]**.	On-going
A drop-box to be set up to hold and share the information.	31/8/18
[redacted] & **[redacted]**to work with **[redacted]** on survey questions	31/8/18
SG to advise **[redacted]** if any funding available for Girls Day Out event in December	31/8/18
[redacted] will share Swedish contacts with **[redacted]**, any other contacts for international comparisons gratefully received	30/7/18
[redacted] to provide details of what is covered by insurance for lasers	31/8/18
[redacted] to approach JCCP to speak to CPSA to take on role for people to report practices	Next meeting
All colleagues to continue to seek data.	Next meeting
[redacted] continues to gather information from other providers and will summarise her findings regarding qualifications and send out to the group.	Next meeting
[redacted] list of BCAM and Academy qualifications to be shared with the group	Next meeting

Note of the meeting between Clinicians and Scottish Government

Chair – [redacted]

Date: Tuesday 23 October 2018
Venue: St Andrew's House, Edinburgh

Attendees: **[redacted]** (Chair), **[redacted]**, **[redacted]**, **[redacted]**, **[redacted]**, **[redacted]**, **[redacted]**, **[redacted]**, **[redacted]**, **[redacted]**, **[redacted]**, **[redacted]**, **[redacted]** (all from the SQA)

Dial in: **[redacted]**

Apologies: **[redacted]**

1. Welcome and Introductions

The Chair welcomed everyone to the meeting and a round of introductions followed.

2. Declaration of interests, involvement in the group and process

[redacted]opened by explaining the introduction of a formal Declaration of Interests document which would allow for more transparency and record keeping purposes. All present welcomed this proposal and indicated that they would submit their written declarations in due course.

Action: Declarations to be forwarded in due course

3. Note of Meeting held on 8 May 2018

There being no amendments received, the note was accepted as a true record of what was discussed and agreed.

4. Matters Arising

Scottish Qualifications Authority (SQA)

[redacted] opened by outlining the details of the EduQual/SQA accredited qualification in injectables which is primarily targeting healthcare professionals but would not exclude a non-healthcare professional as long as they could meet the full requirements of the assessment based units. The Qualification is fully supported by the JCCP and meet the standards set by the CPSA.

It was explained that in many cases, examples of prior experience and learning would contribute to achieving the certificate (Units 1-3) however those looking to achieve the Diploma (Units 1-7) would require more practical evidence which would

require sign off from an accredited approver, who themselves would require a minimum of 150 hours CPD.
At present, there are no Scottish based assessment centres but it is envisaged that this will change as and when interest in the qualification picks up.

Following discussion, it was agreed that this qualification met the standards and educational requirements that the group were looking for and would ensure any holder of this qualification would be competent to undertake injectable procedures.

Both **[redacted]**and **[redacted]**said they would be keen to use the qualification as a standard that would be expected to be met when inspections were required **[redacted]** clarified that for LA EHOs the Health & Safety Executive covers healthcare professionals, while EHOs will check on non-healthcare professionals qualifications).

5. International Comparison

[redacted], summarised the paper which provided some comparisons with other countries. In Europe, it would appear that Denmark is more active in regulating this industry and on a wider scale Singapore has a more strict approach.

6. Update on JCCP

[redacted] reported that the she has been in regular contact with **[redacted]** and **[redacted]** of the JCCP and whilst the Scottish Government remains supportive of its work, it is not mandatory and therefore their approach is different. JCCP confirmed that they are in contact with Ofqual and are currently looking into setting up an MOU with them. Further discussions will be held.

7. Hair and Beauty Show update and data

[redacted] confirmed that questions had been posted over a two week period on her College's intranet and that 60 response had been received to date although there had been nothing on injectables. Fibroblast work would appear to be the current big thing within this sector. Injections do not appear to be as common as chemical peels or laser work. **[redacted]** will use the questionnaire at the next Beauty / Girls Day out show.

8. EHO Survey

[redacted] confirmed that few Local Authorities currently licence mobile providers and most look favourably at lower end procedures and solicitors are currently looking at the whole scenario. He indicated that the number of mobile practitioners is currently unknown and perhaps HIS could provide these details. They are also looking at the possibility of issuing temporary licences.

9. Pharmacy Update

[redacted] confirmed that following discussions with Pharmacy colleagues it has been agreed that all pharmacists (except services provided by pharmacy professionals in

registered pharmacists that are regulated by the GPHC), will be independent clinics. Pharmacists will therefore be added to the list of phase 1 health care professionals as a proposal to the Ministers.

10. SG Update including marketing

[redacted] confirmed that an options paper will be forwarded to Ministers outlining proposals for future regulation of the sector and that this paper will need to be mindful of Parliamentary and ministerial pressures. Marketing work will be picked up again after ministerial feedback on their preferred options.

11. Next Steps

[redacted] confirmed that the next steps are dependent on Ministerial feedback and suggested that the group meet again in the new year.

12. AOB

There was nothing raised under AOB.

13. Next meeting

The group agreed to meet again on 29 January 2019 in Glasgow at 10.30 am. Subsequently postponed to 26 march 2019.

Actions	**Timeframe**
HIS & the EHO members to prepare a paper for next meeting regarding mobile practitioners / prescribers	On-going
SG to update on progress with marketing campaign.	On-going
[redacted]advised that he will check whether the guidance as issued was what was agreed by the Programme Board. He also will check on timescales for review. If anyone has concerns that the guidance as issued is not being met should contact **[redacted]**.	On-going
A drop-box to be set up to hold and share the information.	31/8/18
[redacted] & **[redacted]**to work with **[redacted]** on survey questions	31/8/18
SG to advise **[redacted]**if any funding available for Girls Day Out event in December	31/8/18
[redacted] will share Swedish contacts with **[redacted]**, any other contacts for international comparisons gratefully received	30/7/18
[redacted] to provide details of what is covered by insurance for lasers	31/8/18
[redacted] to approach JCCP to speak to CPSA to take on role for people to report practices	Next meeting
All colleagues to continue to seek data.	Next meeting
[redacted] continues to gather information from other providers and will summarise her findings regarding qualifications and send out to the group.	In progress
[redacted] list of BCAM and Academy qualifications to be shared with the group	Next meeting

Meeting: Cosmetics Interventions

Chair: [redacted]

Date: 26 March 2019

Location: Atlantic Quay, Glasgow

Attendees: **[redacted]**, Chair (NHS GG&C), **[redacted]** (Scottish Government), **[redacted]** (Scottish Government), **[redacted]** (Scottish Government), **[redacted]** (Derma Clinic), **[redacted]** (BABTAC), **[redacted]** (Healthcare Improvement Scotland, **[redacted]** (SQA), **[redacted]** (SQA), **[redacted]** (SQA), **[redacted]** (BACN), **[redacted]** (EHO Greater Glasgow and Clyde).

Dial in: **[redacted]** (Aberdeen Council), **[redacted]** (Temple Medical), **[redacted]** (Healthcare Improvement Scotland).

Apologies: **[redacted]** (Healthcare Improvement Scotland), **[redacted]** (Colleges Scotland)

1. **Welcome and Introductions**

   [redacted] welcomed everyone to the meeting

2. **Minutes of the previous meeting**

   [redacted]asked if the note of the meeting could be issued earlier next time. **[redacted]** agreed.

3. **Declarations of Interest forms**

   There are still 2 forms outstanding, **[redacted]** asked if these could be sent directly to him.

4. **Healthcare Improvement Scotland update**

   [redacted] confirmed that registrations are still ongoing as well as clinical inspections. 400 registered so far. **[redacted]** followed this up confirming the following figures by e-mail:

   - 363 registered to date (including 15 who have fully registered and then cancelled)
   - 59 have submitted the application and paid the fee
   - 25 have not yet started the process

Some concern was voiced from the group around individuals (not necessarily prescribers) accessing prescription medicines on-line. **[redacted]** to share the link to the prescribers competency framework.

5. **SQA Update**

SQA will send the link to the Beauty Aesthetic Standards. The Scottish based accreditation centre is going through approval process. Level 11 (Diploma) is likely for Healthcare professionals, Level 3 for certificate. It is theoretically possible for anyone to enter. Scottish Government need to determine level of qualification which is acceptable. Support material will be needed to raise awareness around these qualifications. HIS would check if the qualifications were in place.

6. **JCCP**

[redacted] - Minister (DoH), is interested in this work (see debate on medical devices). From May 2020 when the new Medical Device Regulations are in force in the EU a number of cosmetic products must conform to the Regs and so thereafter dermal fillers will be kite-marked. **[redacted]** confirms that she will stay in touch with JCCP. SQA have signed MOU with JCCP and Ofqual.

7. **Current Position**

[redacted] confirmed that currently there is no room in Programme for Government for any amendments, parliamentary time is completely taken up with Brexit. Secondary legislation will be quicker taking around 9 months, whereas primary will take around 2 years. **[redacted]** clarified that any amendment will include pharmacists – supplementary prescribing, independently prescribing. **[redacted]** to share prescribing framework. **[redacted]** confirmed there is very little chance of developing a new professional grouping.

The proposal is to change the current definition of cosmetic skin piercing to include all injectables allowing Environmental Health Officers to licence beauty/hairdressing salons who wish to provide cosmetic procedures by breaking, piercing or penetrating the skin. Any salon wishing to provide prescription drugs (eg Botox) would need a prescriber and therefore be captured under existing phase 1 regulation. Any salon only wishing to provide non-prescription treatments by breaking, piercing or penetrating the skin (ie dermal fillers) would require licensing by EHO / LA.

[redacted] asked if there is there scope to look at recouping inspection costs. **[redacted]** said it depends on the local council, some do some don't. Aberdeenshire operate on full cost recovery. **[redacted]** cautioned that before we go any further we need to get a legal opinion on the proposal.

[redacted] pointed out that in terms of public awareness and promotion there is an opportunity to work collaboratively. **[redacted]**and **[redacted]** said that the previous work done with marketing could be used again and would only

need to be tweaked. **[redacted]** voiced some concerns over ministerial appetite to carry the work forward. **[redacted]** confirmed that having a new minister may be a good opportunity to look at a re-launch with a change to skin piercing and tattoo regulations.

8. **Item 6 - Proposal to investigate possibility of using skin piercing and tattoo regs to license non medically trained individuals.**

   Yes, this was agreed.

9. **Item 7.**

   [redacted] makes the group aware that the review of aesthetic protocol in NHS Breast and Cosmetic implant register just launched.

10. **Next meeting**

    10.30 am, 18th June, St Andrews House, Edinburgh

Actions	**Timeframe**
Outstanding declaration forms to be submitted to [redacted]	Before next meeting
SQA to send round link to beauty aesthetic standards	Before next meeting
[redacted] to share the prescribers competency framework: https://www.rpharms.com/resources/frameworks/prescribers-competency-framework	Completed 08 April 2019
Update on next steps - SG	For next meeting 18th June.