

Guidance for ODPs

performing non-surgical
cosmetic procedures
(aesthetic services)





Guidance for ODPs performing non-surgical cosmetic procedures (aesthetic services)

ODPs have an increasing and important role in the provision of non-surgical aesthetic services. I am pleased to endorse these guidelines from the College of Operating Department Practitioners as an important measure to help protect the safety of users of these services.

Professor David Sines CBE PhD

Chair

The Joint Council for Cosmetic Practitioners

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This guidance aims to support operating department practitioners who undertake, or wish to participate in, the provision of aesthetic services, other than as part of indemnified practice on behalf of an employer, either an NHS or independent sector organisation.

In the case of an independent sector employer, or independent practice as a business or sole trader, you must confirm that your practice is appropriately indemnified for the full range of treatments offered and where appropriate, the use of specific devices and equipment. Further guidanceⁱ is available from the Health and Care Professions Council (HCPC) [here](#).

Professional regulation and standards

As regulated healthcare professionals Operating Department Practitioners (ODPs) enjoy enhanced recognition and arguably a higher level of trust than that afforded to generic aesthetic practitioners. These benefits though come with additional obligations to their service users and ODPs must at all times practice in accordance with the HCPC Standards of Conduct Performance and Ethicsⁱⁱ [here](#).

As well as the overarching responsibility to practice safely, competently and in the best interests of service users - Standard 9: Be honest and trustworthy is of relevance. For example, 9.3 states that *“You must make sure that any promotional activities you are involved in are accurate and are not likely to mislead.”*

Non-mandatory regulation and standards

As well the HCPC Standards, which are mandatory, additional best practice standards and guidance have been developed by the Cosmetic Practice Standards Authority (CPSA). Their website can be accessed [here](#).

These standards have been set for anyone who wishes to perform non-surgical cosmetic procedures, regardless of professional background.

In particular, the CPSA has defined a supervision matrixⁱⁱⁱ setting out the levels of supervision and training [here](#). This is based upon standards published by Health Education England in 2015 and taken over by the Joint Council for Cosmetic Practitioners (JCCP) in June 2018.



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The JCCP enacts the CPSA standards and is approved by the Professional Standards Authority (the PSA) to provide a UK wide voluntary register of practitioners who meet both the JCCP and CPSA standards which are cited in this guidance document.

Practitioners who meet the standards are able to join the Register held by the JCCP – [here](#). ODPs meeting the standards may be admitted to Part A of the register, for those already regulated by a Professional Statutory Regulatory Body – for example – the HCPC.

The CPSA/JCCP has additionally produced a Code of Practice^{iv} for practitioners who provide cosmetic interventions – [here](#). ODPs providing such services should be familiar with, and follow, the guidance.



Healthcare regulators

Care Quality Commission (CQC) England

The CQC only regulates cosmetic treatments carried out by healthcare professionals if it involves surgical procedures^v, which the CQC define as:

- cosmetic surgery that involves instruments or equipment being inserted into the body - this includes breast surgery, facelifts, buttock or thigh lifts, eyelid or brow surgery, nose surgery, tummy tucks or any procedure where an implant is used
- liposuction - this includes Laser lipolysis (such as Smart Lipo)
- refractive eye surgery or lens implant surgery
- all types of thread lifting - for example, polydioxanone (PDO) and poly-L-lactic acid (PLLA) thread lifting
- hair restoration surgery (the performance of which is limited to registered medical practitioners only).

If you perform any of the procedures above it is a legal requirement to be registered with the CQC.

The CQC does not regulate:

- subcutaneous injections of muscle relaxing substances that are used to improve appearance, like Botox®
- subcutaneous injections of substances such as dermal fillers
- chemical peels
- laser and intense pulse light (IPL) treatments like hair removal or skin rejuvenation
- cosmetic procedures that don't involve cutting or inserting instruments or equipment into the body.

Healthcare Improvement Scotland (HIS)

HIS currently regulates specific healthcare professionals rather than procedures. As of October 2020, ODPs are not currently one of the regulated professions, although this may change in the future. It is an offence for any of the regulated professionals to carry out independent services on any premises not registered with HIS.



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Healthcare Inspectorate Wales (HIW)

Currently, non-surgical cosmetic procedures only require registration where a Class 3B/4 Laser is used. Intense Pulsed Light (IPL) equipment is not included.

The Regulation and Quality Improvement Authority (RQIA) Northern Ireland

If you are carrying on an establishment providing cosmetic laser treatments with Class 3b or 4 Lasers and/or Intense Pulsed Light (IPL) sources, there is a legislative requirement to register with RQIA as an independent hospital providing prescribed techniques and technologies.

Training

While some ODPs may have received specific training in certain non-surgical cosmetic procedures as part of their professional development you should ensure that you can always practise safely and competently and have undertaken appropriate post-qualifying training and education to enable you to perform aesthetic procedures proficiently. The JCCP have set out a matrix identifying the education requirements for the different modalities of treatment for access to their register^{vi} – [here](#). These standards build upon and enhance education and training standards that were published previously by Health Education England in 2015.

The HCPC Standards of Proficiency for Operating Department Practitioners^{vii} – [here](#) provides additional guidance on the expectations of you as a registered ODP.

Use of prescription only medicines and medical devices

Prescription only medicines (POMs) are medicines that may only be administered to a patient by or upon the instruction of a qualified prescriber. The Human Medicines Regulations 2012^{viii} – [here](#) define three types of instruction

1. A signed prescription
2. A signed Patient Specific Direction (PSD)
3. A Patient Group Direction (PGD)



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At the current time, ODPs are only authorised to administer POMs via a signed prescription or patient specific direction (PSD)¹. Although ODPs are likely to be included in the regulation covering Patient Group Directions (PGDs) at some point in the future these do **NOT** cover the common POMs used in aesthetic practice, for example Botulinum toxin; injected local anaesthetic agents; topical adrenaline. Botulinum toxin must only be administered against a patient specific direction.

Prescribing

ODPs in aesthetic practice are therefore reliant upon a signed prescription or patient specific direction before they may administer a POM. It is a requirement that the professional providing the prescription has held a face to face consultation with the service user for whom the medicine is to be prescribed. It is not acceptable for this to take place remotely via electronic means, including video consultation^{ix}.

The JCCP guidance (2018) on responsible prescribing for cosmetic procedures summarises consensus requirements from UK Healthcare statutory regulators, based upon guidance from the Royal Pharmaceutical Society. The Guidance Statement is available - [here](#).

The JCCP guidance includes repeat prescribing and this states that a follow-up face to face consultation is required whenever the following conditions apply:

- a new medicine is prescribed
- there is a change to the dose of a previously prescribed medication
- there is a change to the medical history of the patient
- there is an adverse incident
- more than six months have passed since the last consultation.

While the prescriber is accountable for their own practice and for compliance with the regulations and professional guidelines, the ODP should also ensure that their own aesthetics practice is also compliant.

¹ In hospital practice ODPs will sometimes administer POMs upon the verbal instruction of a medical practitioner, but only when the medical practitioner is physically present at the time, for example in the anaesthetic room or during cardiac resuscitation.



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Procurement

Prescription only medicines (POMs)

POMs can only be supplied from a registered pharmacy; you can check a pharmacy's registration status with the General Pharmaceutical Council^x - [here](#).

In practice both the prescriber and the practitioner register with a registered pharmacy with manufacturer distribution rights. The pharmacy will conduct appropriate background checks to authenticate identity.

Electronic orders may be accepted by the pharmacy from the practitioner so long as the patient specific prescription is provided. A hard copy of the prescription must be received by the pharmacy within an agreed time frame.

The pharmacy will dispatch the POM to the named practitioner or their clinic premises. The receiving practitioner is responsible for the safe custody and storage of the POM, noting that some POMs may require refrigerated storage. The POM is the property of the patient and the practitioner undertakes custody on behalf of the patient and with their consent.

The College advises that the practitioner must be able to demonstrate that storage requirements have been met, including the monitoring of refrigerator performance.

Injectable medical devices, including dermal fillers

This area is currently unregulated but the ODP has a professional responsibility to ensure that they only procure injectable devices from a reputable supplier. This could best be achieved by procuring from a licensed pharmacy, perhaps where the practitioner already has a relationship for the supply of POMs, or the manufacturer, or licensed distributor.

It should be noted that all types of thread lifting procedures require registration with the Care Quality Commission.

Advertising

In addition to the HCPC Standard 9.3 in respect of promotional activities is should be recognised that in the UK it is prohibited to advertise POMs to the

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public. This includes all forms of social media and great care must be taken when discussing your practice not to include descriptions of procedures involving the use of POMs, for example the use of Botulinum toxin. You should also ensure that any staff or colleagues with whom you work maintain the same discipline. Further detailed information is available in the Medicines and Healthcare products Regulatory Agency (MHRA) Blue Guide – [here](#).

Safe clinical practice and governance

Consent and acting in the client's best interests

The ODP has a duty to always act in the best interests of their client, which means that you should not provide any treatment or procedure if you do not believe that this would be of overall benefit to the client or deliver the expected outcomes. You must not allow financial considerations to influence your decision about what you believe would be in the service users best interests.

Where a prescription only medicine or device is to be used the person prescribing the treatment has a primary responsibility to assess and prescribe in the service user's best interests. This does not absolve the ODP delivering the treatment from their own responsibility. It should also be noted that the prescriber retains ongoing responsibility to ensure that the practitioner is considered to be competent to administer the prescribed medication and is capable of responding safely and effectively should an adverse incident occur as the result of the treatment process.

You should always ensure that you have obtained appropriate consent. Appropriate consent is consent given freely by a client who has been given sufficient information to understand the risks and benefits of the proposed treatment and has the capacity to make the decision. To achieve this it may be necessary to provide the client with written information setting out the limitations and risks.

Consent should be documented and signed by the client and the practitioner delivering the treatment. Invasive aesthetic treatments, such as injectables and dermal fillers should not normally be administered to persons under the age of 18 unless a medical rationale has been determined by a medical practitioner.



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The College of Operating Department Practitioners does not support the provision of invasive aesthetic procedures by ODPs to anyone under 18 years of age, outside of a hospital setting.

Record keeping and information governance

The HCPC Standards of Conduct Performance and Ethics (Standard 10) require you to keep full, clear and accurate records. As these records include personal information it is a statutory requirement to register with the Information Commissioners Office (ICO) and pay the appropriate data protection fee^{xi}.

Unless you are practicing on behalf of an employer who is already registered, you are responsible for registering your practice/business.

Detailed information specific to health is available on the ICO website – [here](#).

A self-assessment checklist for small business owners and sole traders is available on the ICO website - [here](#)

Clinical environment

The environment in which you carry out any cosmetic procedures must be safe and fit for purpose. The exact requirements will be determined by the nature of the procedures to be undertaken. For example, there may be different considerations for using Laser equipment over injection of substances into the skin.

As an ODP you will be familiar with the principles for maintaining a safe clinical environment. However, this does not necessarily equate to expertise in the principles of design and elements of overall responsibility for premises that you may use for your practice. As a minimum you should be familiar with and abide by the principles for workplace health; safety; and welfare set out in the CPSA Overarching Principles^{xii} - [here](#). The JCCP regularly reviews these workplace standards in association with local environmental health enforcement officers.



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Audit

To keep service users safe you should have systems and processes in place to allow service users to provide feedback on their experience, including how to report complications and adverse reactions. You have a Duty of Candour to be open and honest with your service users if something goes wrong. Standard 8 of the HCPC Standards of Conduct Performance and Ethics requires you to be open when things go wrong and to support service users. You should continuously monitor the outcomes of treatments that you provide and audit your practice annually. Any untoward incident or adverse event should be reported immediately to the MHRA **and** to your insurer.

Acknowledgement

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Kirsty Ferrie
Roseann Ransome

ⁱ Health and Care Professions Council Professional indemnity – your questions answered 2018

ⁱⁱ Health and Care Professions Council Standards of Conduct Performance and Ethics 2016

ⁱⁱⁱ Cosmetic Practice Standards Authority Supervision Matrix Version 4.0

^{iv} Joint Council for Cosmetic Practitioners and Cosmetic Standards Authority Code of Practice second edition May 2020

^v Care Quality Commission November 2019

^{vi} Joint Council for Cosmetic Practitioners joining the Practitioner Register and fees

^{vii} Health and Care Professions Council Standard of Proficiency for Operating Department Practitioners 2014 (note, these Standards are being reviewed during 2020)

^{viii} The Human Medicines Regulations 2012

^{ix} Joint Council for Cosmetic Practitioners Guidance Statement – Responsible Prescribing for Cosmetic Procedures 2019

^x General Pharmaceutical Council Register of Pharmacies

^{xi} Data Protection (Charges and Information) Regulations 2018

^{xii} Cosmetic Practice Standards Authority Clinical and Practice Standards Overarching Principles (undated)

