

**Standards for  
Injectable Cosmetic Treatments**

Version 5

**February 2016**

**Contents**

Introduction	<b>2</b>
Definition of Cosmetic Treatments	<b>3</b>
The Standards	<b>4</b>
Standard 1 – Management & Governance	<b>4</b>
Standard 2 – Communication	<b>5</b>
Standard 3 – Quality & Risk Management	<b>6</b>
Standard 4 – Health & Safety	<b>9</b>
Standard 5 – Management of Medicines	<b>11</b>
Standard 6 – Medical Emergencies	<b>12</b>
Standard 7 – Complaints Handling	<b>13</b>
Standard 8 – Advertising & Promotion	<b>14</b>
Organisations	<b>18</b>
Glossary of Terms	<b>19</b>

Orange texts are hyperlinks



Setting out the standards expected of  
licensed clinicians admitted to the public  
Treatments You Can Trust (TYCT) Register.

## Introduction

These standards have been written to complement the range of professional guidance and other associated legal frameworks within which health professionals operate and then relate them to cosmetic injectable treatments. It is accepted that there is a wide range of clinicians engaged in the delivery of injectable treatments. This document has therefore been written to enable individual doctors, dentists, registered nurses and their employing organisation(s) to implement the standards within their appropriate professional guidance.

The principle these Standards rest upon is that non-surgical cosmetic practice falls outside the direct purview of the System Regulators (Care Quality Commission, Health Inspectorate Scotland, Health Inspectorate Wales, Regulation and Quality Improvement (NI)) but the professional clinicians who offer cosmetic services must still abide by the guidance on professional conduct issued by the professional Regulators when offering cosmetic interventions. These include:

- Doctors**                      [Good Medical Practice \(2013\)](#) hereafter “GMC2013”
- [Read document GMC2013 – Good Medical Practice online](#)
- Dentists**                      Standards for the Dental Team 2013 hereafter “GDC2013”
- [Download document GDC2013 Standards for the Dental Team \(PDF\)](#)
  - [Read the GDC Dental Professionals / Standards online](#)
- Nurses and midwives**      The Code - Professional standards of practice and behaviour for nurses and midwives March 2015 – hereafter “NMC2015”
- [Read document NMC2015 The Code online](#)

The standards also extend to cover the use of beauty treatments carried out by beauty therapists in beauty salons and are explicit in the expectation that beauty therapists who do not hold a valid professional regulated qualification for example, a medical, registered nurse or dental qualification, **will not be administering injectable treatments.**

It is not intended that this document replaces the generic guidance, standards and professional codes of conduct but should be read in conjunction with them.

The standards are the minimum requirement expected and they will be used to determine the safety of the service provision within an establishment in which treatments are delivered. They can also be used by individuals delivering the treatment to identify where changes in their working environment may be required and/or any updating of their own skills.

The standards have been set out in a format that allows each establishment or individual to use them in a practical way to measure their performance and to record how well they are doing against each standard. The key to improving services is to be honest and acknowledge where improvements need to be made, develop and implement an action plan to record the improvements required and the progress being made to achieve the standard(s).

The **Standards** set out what you must do. If you do not meet these standards, you may be removed from our register and named to your professional regulator.

The **guidance** following each clause of the Standards is there to help you to meet the standards. You are expected to follow the guidance, to use your professional judgment, demonstrate insight at all times and be able to justify any decision that is not in line with the guidance. Serious or persistent failure to follow the guidance could see you removed from our register and named to your professional regulator.

## Definition of Cosmetic Treatments

[Back to Top](#)

### Cosmetic Treatments are defined as follows

**Cosmetic treatments** comprise non-surgical, non-incisional (although in some cases piercing of the skin may be involved) procedures that revise or change the appearance, colour, texture or structure of bodily features to achieve what patients perceive to be more desirable or medically acceptable.

The standards are for all non-surgical injectable cosmetic treatments including botulinum toxin injection and injectable dermal fillers. They also cover the administration of local anaesthesia for pain relief which may be given topically or to relieve pain across a larger treatment area (regional blocks).

#### Basic principles required for injectable cosmetic treatments:

The patient has a right to expect that the individual and/or organisation offering the treatment does so in an appropriate environment taking all reasonable care in the delivery of the treatment from initial assessment to completion of the treatment, aftercare and discharge. In particular:

#### Organisations and individuals have a duty to:

- Make the care of the patient their prime concern
- Respect patients' dignity and privacy
- Listen to patients and respect their views
- Give patients information in a way that can be understood and supports them to make informed decisions. Respect the rights of patients to make decisions about their treatment and care
- Keep professional knowledge and skills up to date. Recognise the limits of their professional competence. Be honest and trustworthy
- Respect and protect confidential information
- Make sure that personal beliefs do not prejudice patients' care
- Act quickly to protect patients from risk if there is any reason to believe that they or a colleague may not be fit to practise
- Work with colleagues in ways that best serve patients' interests and does not abuse the position held
- Provide treatment and care in accordance with published research, that is evidenced based and follows guidance issued by appropriate professional and expert bodies and the respective regulatory body
- Ensure equipment and environments where consultations and treatments are carried out are clean, well maintained and fit for their purpose.

All patients are entitled to good standards of practice and care. Essential elements of this are professional competence, good relationships with patients and colleagues and observance of professional ethical obligations in accordance with professional codes of conduct.

## The Standards

The standards arise from the fact that injectable cosmetic treatments are medical interventions governed by a complex legal framework. Application of the standards will need to be in accordance with the treatments being administered and although some variation may occur between organisations, settings and individuals it is expected that the standards are achieved and maintained. Organisations and individuals have a duty to do no harm to the patient.

This document has sought to incorporate relevant professional guidance and best practice from a range of sources where it has been available. The references below each standard provide links to specific websites where it will be possible to obtain more in depth information.

Version 5 of these Standards has been produced to incorporate reformulated guidance issued between 2013 and 2015 by the three professional regulators.

## Standards for Clinical Staff Working in the Clinical Setting

### Standard 1 – Management and Governance

Arrangements provide safe and effective care for patients and access to an appropriately trained Clinician.

- 1.1. There is a named clinician with a lead role across professions for overseeing clinical effectiveness and patient safety for the premises.

*Guidance: This should include ensuring evidence based practice is in place and clinical outcomes are reviewed at appropriate intervals.*

- 1.2. Patients are provided with contact details for the practitioner and/or clinic.

*Guidance: There should be a register available to patients (e.g. on the TYCT or clinic website) of the contact details for all clinicians/staff including the details of other regular sessions carried out by the clinicians elsewhere. This should also include providing the contact details for the "out of hours" arrangements.*

- 1.3. Clinicians carrying out treatment are registered with their appropriate professional body and have professional indemnity insurance.

*Guidance: Copies of the documents are kept by the organisation. All Patients are assured that this is done.*

- 1.4 Clinicians have received appropriate training to undertake the treatment procedure/s to be carried out and have regular updating of their skills.

*Guidance: The clinician must have the appropriate clinical qualifications to make a safe assessment as to the suitability of treatment based on the medical history of the patient prior to the commencement of any treatment. Clinicians should be able to demonstrate to patients that they are trained and competent to perform the procedures. The clinician must have the appropriate training to meet Health Education England requirements for the treatment intended, or appropriate national equivalent qualifications to meet the standards.*

- 1.5 Continued demonstration of competence through an annual appraisal is actioned.

## Guidance Links for Standard 1

### Health Education England

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

- [Download the HEE Qualification Requirements \(PDF\)](#)

Report on implementation of qualification requirements for cosmetic procedures: Non-surgical cosmetic interventions and hair restoration surgery

- [Download the HEE Report on Implementation of Qualification Requirements \(PDF\)](#)

### General Medical Council guidance

Guidance was revised 2013. Related to this part of TYCT Standards is Domain 1

- [Read the GMC Guidance online](#)

### Good medical practice. Domain 1: Knowledge, skills and performance - in particular

- Develop and maintain your professional performance (para 7-13)
- Apply knowledge and experience to practice (para 14-18)
- Record your work clearly, accurately and legibly (para 19-21)
- Working with Colleagues
  - [Read the Working with Colleagues document online](#)
- Good Clinical Care
  - [Read the Good Clinical Care document online](#)
- Maintaining Good Medical Practice
  - [Read the Maintaining Good Medical Practice document online](#)

### General Dental Council Guidance

#### GDC 2013

- [Read the GDC Guidance document online](#)
- Guidance was revised in 2013
  - [Download the GDC Guidance 2013 \(PDF\)](#)
- Maintain, develop and work within your professional knowledge and skills
  - [View the Dental Professionals Standards online](#)
- Standards of care for members of the public
  - [Read the Standards of Care for the Public online](#)
- Guidance on Prescribing Medicine
  - [Download the guidance on Prescribing Medicine \(PDF\)](#)

### Nursing Midwifery Council Information

#### NMC2015

The code for Nurses and Midwives came into force in April 2015. It is structured around four themes – prioritise people, practise effectively, preserve safety and promote professionalism and trust.

Promote Professionalism and trust. See The Code pages 15-18

- [Read the NMC Standards online](#)

**Standard 2 – Communication**

Patients receive clear accurate information about their treatments

- 2.1. Patient information clearly informs patients about the treatment options and alternative treatments.

Information materials which reflect current practice are available for patients prior to treatment, to help them make informed choices about treatment options. The materials explain what the procedure involves, the treatment alternatives and possible outcomes together with general and procedure-specific risks. The possible complications and side effects associated with the treatment.

*Guidance: The information should be written in non-technical language. All information materials provided to patients should be authorised in conjunction with appropriate healthcare professionals in accordance with the organisation's policy, prior to being published and made available to patients.*

- 2.2. Patients are provided with written information following consultation and assessment of appropriate treatments to meet their needs that includes all pre-treatment instructions and aftercare instructions. If information cannot be sent in advance, sufficient time should be allowed in the consultation appointment for full explanation and discussion of the material. The information material must then be available for the patients to take home.

*Guidance: Patients should receive written information that includes post treatment instructions and aftercare following the procedure. Information should be in the form of printed leaflets or information sheets. The information should reflect the treatment/procedure performed.*

- 2.3. Patients receive a verbal explanation of all potential risks, side effects and/or complications from the proposed treatment at the time of their consultation.
- 2.4. Following consultation patients receive written information that includes post treatment instructions and aftercare following the procedure.

*Guidance: This should include provision of verbal and written information which explains risks and complications. This information should reflect current evidence, information and material available detailing the source document. Records of these should be kept in the patients records.*

- 2.5. A documented assessment of the patient's medical history and expectations are undertaken during the consultation with an appropriately trained and competent clinician prior to any treatment taking place.

*Guidance: This information should be recorded as part of the patient's clinical record.*

- 2.6. Information relating to the clinician carrying out treatment is accompanied by their name and professional registration number.

*Guidance: This is a requirement of the clinician's professional regulators and should include letters, business cards, clinic information sheets and prescriptions and information on the clinic website.*

## Guidance Links for Standard 2

### General Dental Council guidance:

#### GDC2013

Principle 2 - Communicate with Patients

- [Read Principle 2 – Communicate Effectively with Patients online](#)

### General Medical Council guidance

#### GMC2013

Communicate with Patients

- [Read the GMC Guidance How to Communicate with Patients online](#)

### Recording your work

- [Read the GMC Guidance Recording your work online](#)

### The Royal College of Surgeons of England guidance

- [Download the RCS Professional Standards for Cosmetic Practice \(PDF\)](#)

### Nursing and Midwifery Council Information

- Standards of proficiency for nurse and midwife prescribers:
  - [Read the NMC Standards of Proficiency online](#)

### GMC and NMC on Duty of Candour when things go wrong

- [Read the GMC and NMC on Duty of Candour online](#)

**Standard 3 – Quality and Risk Management**

Patients are assured that appropriate governance policies and procedures are in place and are followed by staff.

- 3.1. There are policies and procedures in place to inform staff and minimise risk to both patients and staff. These policies are signed, dated and include arrangements for periodic review

*Guidance: Policies and Procedures comply with legislative requirements including Health and Safety at Work Act 1974 Section 3; Control of Substances Hazardous to Health Regulations 2002; Medicines Act 1968; Data Protection Act 1998; Freedom of Information Act 2000.*

- 3.1.1. Managing risk associated with procedures and dealing with adverse incidents.

*Guidance: Documented procedures should be in place to ensure that all risks are identified and managed and that incidents involving medicines and medical devices are reported to the MHRA and the company involved.*

- 3.1.2. Monitoring the quality of the service provided.

*Guidance: There is a documented stated commitment to quality management and quality improvement. The commitment to quality should encompass meeting patient and staff requirements in addition to all statutory and regulatory requirements.*

- 3.1.3. Prevention and Control of Infection including blood-borne viruses.

*Guidance: This procedure should also include the provision and use of relevant personal protective equipment including clothing which needs to be used by staff.*

- 3.1.4. Disposal of clinical waste

*Guidance: The policy identifies the current and legal obligations as set out in national waste, health and safety transportation.*

- 3.1.5. Confidentiality and Data Protection including the management of and access to clinical records.

*Guidance: This policy should include how patient records (including photographs) are stored securely and protected from use by unauthorised persons, damage or loss. It should also include the length of storage of patient records.*

- 3.1.6. Consent to treatment

*Guidance: The policy supports the procedure for obtaining valid consent prior to the patient undergoing any treatment.*

- 3.2. Policies and Procedures are in place to demonstrate compliance with good employment practice.

*Guidance: As a minimum these should include recruitment policies, references and pre-employment checks to include qualifications, Criminal Record Bureau checks and the requirement for CPD and revalidation.*

- 3.3. The human resource policy for the organisation includes the procedures for Equality and Diversity; Bullying and Harassment; and Whistleblowing. All human resource policies and procedures should be developed in accordance with local and national law and should include the procedures for Equality and Diversity; Bullying and Harassment; and Whistleblowing.

*Guidance: Staff should be aware of how to raise their concerns/complaints in relation to poor practice of any colleagues and are assured that they will not be penalised if issues are raised in good faith.*

- 3.4. There are operational procedures for all staff to follow, including agency and contractors. All staff are aware of these procedures.

*Guidance: These could be contained in the staff handbook and the contractor handbook.*

## Guidance links for Standard 3

### General Dental Council guidance

#### GDC2013

Standard 1 – Put Patients first

- [Download the GDC Teamworking guidance \(PDF\)](#)

### General Medical Council guidance

#### GMC2013

Domain 2 Safety and Quality

- [Read the GMC guidance on Quality online](#)

### Health and Safety Executive guidance

- [Read Health & Safety Executive guidance online at www.hse.gov.uk](#)

### National Reporting and Learning System guidance

- [Read the NRLS guidance on patient safety online](#)

### National Health Service Litigation Authority guidance

- [Read the NHSLA guidance online at www.nhsla.com](#)

### Nursing and Midwifery Council Information

The Code: Preserve safety – page 11

- [Read the NMC2015 Code on Preserving Safety online](#)

### NMC Guidance on Record and record keeping

- [Download the NMC guidance on Record Keeping \(PDF\)](#)

### Royal College of Nursing guidance

Good Practice in infection prevention and control. Guidance for Nursing Staff

- [Download the RCN Nursing guidance \(PDF\)](#)

- [Download the NMC guidance on IPC \(PDF\)](#)

- [RCN Aesthetic competencies to be checked](#)

Safe Management of Healthcare Waste - Publication code 003 205

- [Link coming soon](#)

### MHRA guidance on the reuse of single devices

- [Download the MHRA Guidance on the reuse of single devices](#)

**Standard 4 – Health and Safety (Premises and Facilities)**

Patients are assured that the premises in which they receive their treatment is properly maintained and complies with the Health and Safety at Work Act 1974 Section 2 and 3 and associated regulations.

- 4.1. Wherever treatment takes place, it is in a suitably designed and safely maintained facility that minimises risk to patients and staff and ensures the privacy of patients at all times

*Guidance: All treatment facilities comply with the Health and Safety at Work Act 1974 Section 3 and associated regulations and the Disability Discrimination Act 2005, taking into account where practical and reasonable.*

*A practitioner should ensure that the standards in all premises where they practice meet the requirements of this standard.*

- 4.2. Infection Prevention and Control is practiced in accordance with the latest professional guidance and legislation relevant to the facility.

*Guidance: A practitioner should ensure the premises where they practice meet the requirements of this standard. There are policies and procedures in place to ensure that the risks of patients acquiring infections during their treatments are minimised.*

## Guidance Links for Standard 4

**UK Government Health and Social Care Act 2008 (Regulated Activities) Regulations 2014**

Fit and proper persons: directors

- [Read the UK Health and Social Care Act on Directors online](#)

**Department of Health guidance on control of infections**

HSCA 2008 Code of Practice on the control of infections and related guidance 2015

- [Read the HSCA Code of Practice guidance on control of infections online](#)

**Equality and Human Rights Commission**

- [Read the Human Rights Commission guidance online](#)

**General Dental Council Guidance**

**GDC2013**

Standard 1.5

- [Download the GDC2013 guidance \(PDF\)](#)

**Habia (the Standards Setting Body for the Hair and Beauty Sector) health and safety guidance**

- [Read the HABIA Standards online](#)

**Health and Safety Executive guidance**

Health and social care guidance

- [Read the HSE Health and Social Care guidance online](#)

Duty of care

- [Read the HSE Duty of Care guidance online](#)

**Standard 5 – Management of Medicines and other injectable products**

Medication is prescribed and administered safely and effectively.

- 5.1. There is a medicines management policy and procedure for safe and effective selection, procurement, supply, storage, prescription, administration, disposal and review of medicines.

*Guidance: All clinicians administering medicines must do so in accordance with their current professional standards. The NMC Standards for medicines management, Standards of Proficiency for nurse and midwife prescribers and the GMC guidelines for doctors should be used as the key reference documents.*

*Practitioners receive training in the safe and secure handling of medicines that are known to be associated with the particular risk, which should be in line with the Standard Operating Procedures (SOP) of the National Patient Safety Agency competencies for promoting safer use of injectable medicines.*

*Injectable medicines are known to be associated with particular risk and the SOP should be in line with the ones provided by the National Reporting and Learning System (NRLS). Medicines are prescribed, administered and disposed of in accordance with the relevant Summary of Product Characteristics (SPC) for the product.*

- 5.2. A written prescription or a patient specific direction is produced for all prescription only medicines. The prescription is signed and dated by the registered prescriber prior to the medication being administered.

*Guidance: All patients must have a face to face consultation with the prescriber prior to the administration or subsequent issue of a prescription and/or a patient specific direction.*

*A copy of this should be part of the process of obtaining informed consent. A copy of the prescription must be kept as part of the patient's clinical record.*

- 5.3. A Patient Group Direction (PGD) for the administration of prescription only medicines is only used in establishments registered by the Care Quality Commission.

*Guidance: These directives must be included in the Medicines Management Policy and signed by the supporting practitioner and dated.*

- 5.4. There is an audit trail of all medicines or medical devices administered by injection to patients, including the safe and effective selection procurement, supply, storage, documentation, administration, disposal and review.

*Guidance: All medical devices are CE marked by the manufacturer in accordance with the Medical Devices Directive).*

- 5.5. The patient's specific consent is given where medication which is not licensed in the UK is used where there is not a licensed alternative available.

*Guidance: Unlicensed medicines are used on an individual named patient basis. This should be explicit in the Medicines Management Policy.*

- 5.6. The patient's specific consent is given where medication is used outside of the licensed indications ("off label") where there is not a product available that can be used within licensed indications.

*Guidance: This should be explicit in the Medicines Management Policy.*

## Guidance Links for Standard 5

### General Dental Council

#### GDC2013

Standard 7.1 Guidance on Prescribing Medicine

- [Download the GDC Guidance on Prescribing Medicine](#)

### General Medical Council Guidance

#### GMC2013

Good practice in prescribing and managing medicines and devices (2013)

- [Read the GMC Guidance on managing medicines and devices online](#)

### Nursing and Midwifery Council

#### NMC2015

Standards of proficiency for nurse and midwife prescribers

- [Read the NMC Standards of Proficiency online](#)
- [Link to NMC Note on this in 2011 to be identified](#)

### UK Government - Using botulinum toxin and other prescription only medicines

- [Read the UK Gov publication on the use of prescription only medicines online](#)

### Medicines and Healthcare Products Regulatory Agency (MHRA)

- [Read the MHRA update on botulinum toxin online](#)

### NRLS Multi-professional standard, SOP & Competency framework for injectable medicines

- [Read the NRLS framework on injectable medicines online](#)

Yellow Card Scheme - Information on how to report suspected safety problems with medicines and medical devices

- [Read the MHRA Yellow Card Scheme online](#)

Guidance on reporting Injectable dermal fillers and skin peelers medical device related adverse incidents

- [Read the MHRA guidance on reporting incidents online](#)

### National Patient Safety Agency - Promoting safer use of injectable medicines

- [Read the NPSA guidance on safer use of injectable medicines](#)

**Standard 6 – Management of Medical Emergencies**

Patients are assured that staff have the necessary training and are competent to manage any complications that may arise following their treatment

- 6.1. There are documented procedures which inform staff on how to deal with emergencies. There are systems in place to make all staff aware of the procedure for summoning assistance in the event of a medical emergency this includes the transfer of a patient to the nearest A/E. The Management of Emergencies Policy is included in the induction programme for all new staff.

*Guidance: This should at least be a detailed sheet explaining to all staff how to summon an ambulance which is available to all staff in the clinic.*

- 6.2. All clinicians and relevant staff are trained and regularly update their skills in basic life support and the treatment of anaphylaxis in line with the latest Resuscitation Council Guidelines. Attendance at training is recorded.

*Guidance: Training records demonstrate staff attendance and evidence that annual updates/refresher training is taking place*

- 6.3. Appropriate resuscitation equipment is available for use and there is evidence of it being checked at least weekly and after each time it is used, which meets the guidance of the Resuscitation Council [UK].

*Guidance: Emergency resuscitation equipment is ready accessible and all staff are aware of its location.*

- 6.4. Documented arrangements are in place for the referral of a patient in the event of the identification of a potentially serious condition being identified.

*Guidance: The patient should be given a copy of the referral letter to take to their own General Practitioner. A copy of the referral letter should be kept in the patient's clinical record.*

## Guidance links for Standard 6

**General Medical Council****GMC2013**

Good clinical Care

- [Read the GMC Good Clinical Care guidance online](#)

Working with colleagues main 3

- [Read the GMC guidance on working with colleagues online](#)

**General Dental Council****GDC2013**

Standard 1

- [Download the GDC2013 guidance \(PDF\)](#)

**Nursing and Midwifery Council Information****NMC2015**

The Code – Preserve Safety

- [Read the NMC2015 Code on Preserving Safety online](#)

**Resuscitation Council**

- [Read the RC Resuscitation Guidelines online](#)
- [Read the RC Information-for-Professionals online](#)

## Standard 7 – Complaints Handling

Patients are assured that an appropriate complaints process is in place.

- 7.1. There is a written policy and procedure for investigating and handling complaints about any aspect of the service/ treatment/ facility. This includes how to raise a concern, timeframes for responding to the complainant and the details of how to contact the appropriate professional regulatory body if the complaint cannot be resolved locally.

*Guidance: Systems are in place to ensure that complaints from patients are handled and investigated and that information about services arising from complaints is used to improve quality. Where a complaint cannot be resolved quickly and locally, practitioners on the TYCT Register have access to Centre for Effective Dispute Resolution (CEDR)/TYCT scheme for external resolution, which also provides review and learning opportunities. (CHANGE)*

- 7.2. Staff receive training in handling complaints. Attendance at training is recorded.

*Guidance: All staff are trained in the skills necessary to respond to complaints at the time it is made. Complaints training records are kept.*

- 7.3. A register of all complaints is kept, updated and regularly reviewed.

*Guidance: This should include what actions have been taken to address the issues raised. Collated records are kept of all complaints, and the records include responses to the patient/person who complained, the results of the investigations and actions taken in response.*

- 7.4. Patients are routinely provided with written information on how to make a complaint, suggestion or comment.

*Guidance: Leaflets or posters should be displayed in waiting areas informing patients of the complaints process.*

- 7.5. Complaints and their outcomes are regularly discussed at staff team meetings.

*Guidance: The organisation should show how it learns and uses the outcome of complaints to continually improve the quality of services treatment and care.*

## Guidance Links for Standard 7

### General Medical Council guidance

#### GMC2013

Maintaining Trust Domain 4

- [Read the GMC guidance on maintaining trust online](#)

### General Dental Council Guidance

#### GDC2013

Principle 5 – have a clear and effective complaints procedure

- [Download the GDC2013 guidance \(PDF\)](#)

**CEDR - Centre for Effective Dispute Resolution**

Independent Sector Complaints Adjudication Service general complaints information for ISCAS member organisations

- [Read the ISCAS Patients-Complaints-Process online](#)

**Nursing Midwifery Council Information****NMC2015**

Referrals to the Nursing and Midwifery Council- Information for employers and managers

- [Read the NMC complaints information for employers and managers online](#)

**Referrals to the Nursing and Midwifery Council – Information for the public**

- [Read the NMC complaints information for the public online](#)

**National Health Service Litigation Authority guidance**

- [Read the NHS examples of litigation online](#)

**National Reporting and Learning System guidance**

[Link to come](#)

## Standard 8 – Advertising and Promotion of Services

Patients are assured that all advertising standards are complied with.

- 8.1. Advertising complies with current codes of Advertising Standards as written by the Committee of Advertising Practice (CAP) and the Broadcast Committee of Advertising Practice (BCAP) and administered by the Advertising Standards Authority (ASA), and is compliant with the advertising provisions of current Medicines Act and associated regulations
- 8.2. Patients are informed in writing of fees for consultation or treatment in advance of any treatment including any necessary private prescription costs, payment methods and any other contractual obligations.
- **Practitioners conform with the TYCT Policy Statement on the Advertising and Promotion of Non-Surgical Cosmetic Injectable Treatments by providers on the Treatments you can Trust Register [*This is a change to The Standards*]**

## Guidance Links for Standard 8

### **TYCT Policy Statement on the Advertising and Promotion of Non-Surgical Cosmetic Injectable Treatments by providers on the Treatments you can Trust Register**

- [Read the TYCT Standards for Injectable Cosmetic Treatments online](#)
- [Read the CAP Advertising Codes of Practice online](#)
- [Read the CAP Advertising Non-broadcast Codes of Practice online](#)
- [Read the CAP Advertising Broadcast Codes of Practice online](#)

### **Specific guidance on advertising cosmetic surgery, fillers and anti-ageing treatments**

CAP Copy Advice provides free and confidential advice for all non-broadcast advertisers.

- [Read the CAP Advertising Codes of Practice for confidential advice online](#)

They offer further guidance on the advertising of:

- Advice Online: Anti-ageing: Botox:
- [Read the CAP advice on Botox online](#)

### **Botox is a prescription-only medicine so go to**

- [Read about Botox being a prescription only medicine online](#)

Anti-ageing: Treatments using Fillers

- [Read the CAP Advice Training on the Rules online](#)

### **Medicines: Prescription-only and Disease Awareness Marketing:**

- [Read the CAP Advice on Disease Awareness Marketing online](#)

## General advertising guidance

### **Advertising Standards Authority guidance**

- [www.asa.org.uk](http://www.asa.org.uk)

### **Committee of Advertising Practice**

- [Visit the CAP website at www.cap.org.uk](http://www.cap.org.uk)
- [Read the CAP Advertising Codes on beauty products online](#)

**Copy Advice**

Copy Advice is an essential service for advertisers, agencies, media owners and media service providers who want to check how their prospective non-broadcast ads or multi-media concepts measure up against the UK Advertising Codes.

- [Read the CAP Advertising Copy Advice online](#)

New guidance, for the cosmetics sector will help the industry to advertise their products without misleading consumers.

A Help Note on production techniques in cosmetic advertising published by the bodies that write the Advertising Codes, the Committee of Advertising Practice (CAP) and the Broadcast Committee of Advertising Practice (BCAP).

- [Read the Help Note on production techniques in cosmetic advertising online](#)

CAP and BCAP acted following a request from the Advertising Standards Authority (ASA) Council for greater clarification on the use of pre and post production techniques in cosmetic ads. In recent years the ASA has received complaints from members of the public about the use of photographic retouching, on the grounds that they can misleadingly exaggerate the effect a product is capable of achieving.

**CAP provides further advice** on the advertising cosmetic surgery and cosmetic fillers:

- [Read more Copy Advice online](#)
- [Read the CAP Training Advice online](#)

**Professional Guidance – see Professional Body guidance in the previous guidance to the Standards.**

**Medicines and Healthcare Products Regulatory Agency guidance and Guidance for consumer websites offering medicinal treatment services**

- [Email the MHRA Advertising Standards Unit at \[advertising@mhra.gsi.gov.uk\]\(mailto:advertising@mhra.gsi.gov.uk\)](#)

## Organisations

Advertising Standards Authority	<a href="http://www.asa.org.uk">www.asa.org.uk</a>
Chartered Institute of Personnel and Development	<a href="http://www.cipd.co.uk">www.cipd.co.uk</a>
Committee of Advertising Practice and Broadcast Committee of Advertising Practice	<a href="http://www.cap.org.uk">www.cap.org.uk</a>
Equality and Human Rights Commission	<a href="http://www.equalityhumanrights.com">www.equalityhumanrights.com</a>
General Dental Council	<a href="http://www.gdc-uk.org">www.gdc-uk.org</a>
General Medical Council	<a href="http://www.gmc-uk.org">www.gmc-uk.org</a>
Habia (the Standards Setting Body for the Hair and Beauty Sector)	<a href="http://www.habia.org">www.habia.org</a>
Health and Safety Executive	<a href="http://www.hse.gov.uk">www.hse.gov.uk</a>
Infection Prevention Nurses Association	<a href="http://www.icna.co.uk">www.icna.co.uk</a>
Medicines and Healthcare Products Regulatory Agency	<a href="http://www.mhra.gov.uk">www.mhra.gov.uk</a>
National Health Service Litigation Authority	<a href="http://www.nhs.uk">www.nhs.uk</a>
Nursing and Midwifery Council	<a href="http://www.nmc-uk.org">www.nmc-uk.org</a>
Royal College of Nursing	<a href="http://www.rcn.org.uk">www.rcn.org.uk</a>
Royal Pharmaceutical Society of Great Britain	<a href="http://www.rpharms.com">www.rpharms.com</a>
General Pharmaceutical Council	<a href="http://www.pharmacyregulation.org">www.pharmacyregulation.org</a>

## Glossary of Terms

**Patient Specific Direction** Is a written instruction to administer medication to a named individual - it must be dated and signed by the registered prescriber. The instruction must clearly state the name, dosage and frequency of the drug to be administered. Doctors, Dentists and Independent Nurse Prescribers are registered prescribers.

**Clinicians** In this document the term clinician is used to identify Doctors, Dentists and Registered Nurses.

**Continuing Professional Development (CPD)** is the ongoing clinical and professional updates to ensure that practitioners keep abreast of developments and remain competent.

**Dental Practitioner** is a qualified dentist who is registered with the General Dental Council. He/she is trained and competent to administer cosmetic treatments.

**Governance** The systems and processes concerned with ensuring the overall direction, effectiveness, supervision and accountability of an organisation.

**Indemnity Insurance** is an insurance which covers Clinical Negligence and Public and Product liability.

**Medical Practitioner / Doctor** is a qualified doctor who is registered with the General Medical Council. He/she must be trained and competent to administer cosmetic treatments

**Patients** In the context of this document patient refers to all those who are receiving cosmetic treatments.

**Patient Group Directions (PGDs)** are documents which make it legal for medicines to be given to groups of patients without individual prescriptions having to be written for each patient. Their use in the independent sector is restricted and they can only be used where the establishment is registered and regulated by the Care Quality Commission. A further restriction relates to them only being used within the terms of their license. PGDs can only be used for licensed medicines – in the case of Botox®, it can only be used in the glabella.

**Patient Records** includes any written or photographic information regarding the patient identity, medical history, assessment treatment and follow up care. It refers to both paper and/or electronic copies.

**Prescriber** A person who has satisfied the examiners and whose name appears on the following registers GMC for doctors, GDC for dentists and NMC for Independent Nurse Prescribers.

**Prescription Only Medicines** Are medicines which have to be prescribed by a registered prescriber - this can be a doctor dentist or independent nurse prescriber. Information on prescription only medicines is available on the MHRA website.

**Prescription** Is a written instruction to give a prescription only medication to a named individual. The prescription must clearly state the name, dosage and frequency of the drug and must be dated and signed by a registered prescriber.

**Registered Nurse** Is a qualified nurse who is registered and regulated by the Nursing and Midwifery Council and holds a current license to practice. He/she must be trained and competent to administer cosmetic treatments.

Working document



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