



Faculty of General Dental Practice (UK)

Response to HEE Call for Evidence on Non-Surgical Cosmetic Interventions

February 2014

About the FGDP(UK)

The Faculty of General Dental Practice (UK) is based at The Royal College of Surgeons of England. It is our aim to improve the standard of primary dental care delivered to patients through standard setting, publications, postgraduate training and assessment, continuing professional development (CPD), policy development, and research.

Around 95% of the dental care in the UK is provided in the primary dental care setting. The FGDP(UK) provides CPD and training for all dental professionals registered with the General Dental Council.

The FGDP(UK) welcomes the opportunity to contribute to this call for evidence. We have restricted our comments to those interventions which are considered as being part of the practice of dentistry, as defined by the General Dental Council, namely:

- The injection of botulinum toxin, and
- The injection of dermal fillers.

General comments

The FGDP(UK) views this call for evidence as an important opportunity to place patient safety at the heart of non-surgical cosmetic treatment. Sir Bruce Keogh's Review of the Regulation of Cosmetic Interventions marked an important step towards better standards and regulation in cosmetic practice. The Faculty welcomed the Review's recommendation that only practitioners who are qualified appropriately are able to administer dermal fillers and botulinum toxin. We also support a move towards more responsible advertising practices and better provision of appropriate aftercare to ensure patient safety.

It is important to note that the Scope of Practice for dental professionals, as set out by the General Dental Council, makes clear that dentists can consider non-surgical cosmetic injections as part of their scope of practice providing they are:

- a. competent and indemnified, and
- b. they have gained the necessary additional skills.

The ability to deliver non-surgical cosmetic injections is not listed as an additional skill for any other registrant group (such as dental therapists, dental hygienists and clinical dental technicians).

The FGDP(UK) has sought to raise standards in the area of injectable cosmetic treatments with the introduction in 2009 of a Masterclass in Facial Aesthetics, which includes assessment via the presentation of a clinical case. The course not only teaches general principles but also examines ethical, psychological and medico-legal considerations, all fundamental aspects of any cosmetic intervention.

The results of poor cosmetic treatment can have an enormous impact on patient's general health and wellbeing. A treatment outcome that exacerbates the original perceived problem with physical appearance can have significant consequences, particularly if the patient is suffering from a depressive illness associated with the perceived problem. Furthermore, reports of serious adverse events following treatment with cosmetic injections, including blindness¹ and severe anaphylaxis, are of particular concern. The cost to the National Health Service in managing the consequences of poor care is also potentially significant.

There is a perception among some that cosmetic treatment delivers no health benefit for patients, rather it is concerned only with the improvement of appearance. In this context, it may be useful to highlight the World Health Organization's definition of oral health as:

'A standard of the oral and related tissues which enables an individual to eat, speak and socialise without active disease, discomfort or embarrassment and which contributes to general well-being.'

Some argue that cosmetic treatment may facilitate the ability to 'socialise' without 'embarrassment' and therefore, with reference to this definition, have a positive impact on oral health. Regardless of view, the FGDP(UK) is concerned with ensuring standards in any area of practice are developed on the basis of evidence, and that patients should be able to see how training and education is translated into the delivery of a standard of care that meets their needs and protects them from harm.

¹ Blindness following cosmetic injections of the face. Lazzeri D, et al. *Plast Reconstr Surg.* 2012 Apr;129(4):995-1012.

Key points

Our key points in response to this call for evidence are as follows:

1. We consider it is essential that only registered doctors, dentists and independent nurse prescribers are permitted to administer cosmetic agents that are delivered by injection, such as botulinum toxin and dermal fillers. The risks associated with any

invasive procedure necessitate a comprehensive understanding and practical knowledge of infection control and aseptic technique, which are among the competencies demanded of dental professionals in order to comply with the requirements for registration. Likewise, it is our view that professionals delivering injectable cosmetics into the face must have knowledge of facial anatomy, prescribing and the management of medical emergencies.

2. It is our clear view that only those doctors, dentists and independent nurse prescribers that have undergone structured, assessed training that is accredited by an established professional body, should be permitted to treat patients with injectable cosmetic agents.
3. That the registered person providing the cosmetic agent by injection must have professional indemnity insurance cover appropriate for the procedure.

We believe that implementation of the points above would provide a sound basis on which to minimise risk and offer patients the best protection.

FGDP(UK) comments and recommendations

It is the view of the FGDP(UK) that:

- All injectable cosmetic agents should be administered by registered doctors, dentists and independent nurse prescribers only.
- Registered healthcare practitioners wishing to treat patients with injectable cosmetic agents must undergo structured and assessed training that is accredited by an established professional body, such as a medical royal college.
- Dermal fillers should become a prescription-only medical device.
- Trained dental practitioners should limit injections of cosmetic agents to the face and neck.
- It is necessary for all practitioners who carry out injectable cosmetic treatments to ensure that they maintain up to date knowledge and competency in this area by undertaking relevant CPD.
- All practitioners who carry out injectable cosmetic treatments must possess appropriate professional indemnity cover or insurance for the procedures.
- The relevant regulatory bodies, the Advertising Standards Authority and the Trading Standards Institute should work together to ensure that appropriate advertising standards regarding injectable cosmetic treatments are in place, and that these are enforced.
- A centralised system should be in place to record adverse events and treatment outcomes.

- Information on risks, consent and issues concerning suitability for treatment should be made readily accessible to patients so that they are able to provide a valid consent to treatment.
- All healthcare practitioners who carry out treatment with injectable cosmetic agents should ensure that they allow patients adequate time to consider information and options before proceeding with treatment.
- All healthcare practitioners who carry out treatment with injectable cosmetic agents should ensure they have in place appropriate aftercare arrangements as part of the treatment course.
- It is necessary for all practitioners who carry out injectable cosmetic treatments to ensure that they hold the appropriate medicines and devices within their clinical setting to manage any medical emergencies that may arise as a result of treatment, including intramuscular epinephrine or autoinjector for emergency treatment of anaphylaxis.
- All healthcare practitioners who carry out treatment with injectable cosmetic agents should ensure they give adequate consideration to any psychological issues that may be associated with the treatment (such as the potential for injections to reduce the ability to have a full range of facial expressions), or that may be specific to the patient (such as assessment for body dysmorphic syndrome, etc).

Questions within the call for evidence

General

What standards do members of the public have a right to expect from practitioners who are deemed to be qualified to deliver non-surgical cosmetic interventions?

That practitioners are part of a registered profession, are suitably trained, and working within their individual competency framework and scope of practice.

Are there non-surgical cosmetic interventions which are missing from the above list which should be considered as part of this review?

As stated earlier, we have limited our views to those interventions that relate to the practice of dentistry, as defined by the General Dental Council. This will be reviewed should treatments or techniques emerge that become accepted as the practice of dentistry by the GDC. It is also worth noting that lasers are used by general dental practitioners for intraoral surgical procedures, however the GDC does not consider the dermatological use of lasers (to remove blemishes or tattoos, for example) as the business of dentistry.

Curriculum content

What should the learning outcomes be for each intervention or at each stage of training?

(For injection of botulinum toxin and dermal fillers)

To demonstrate an understanding of:

- Facial anatomy (anatomy of the skin, facial muscles, blood supply, etc)*
- The pharmacology of these cosmetic agents*
- Prescribing of these cosmetic agents
- Assessment of appropriate treatment options (within injectable cosmetics*) and effective patient communication of the benefits and risks
- Psychological considerations relating to facial appearance*
- Ethical considerations*
- Appropriate indemnity/insurance for the procedures*
- The management of complaints
- The reporting of adverse events
- Infection control (personal and practice-based)
- Appropriate aftercare and follow-up.

What competences (knowledge, skills, attitudes and behaviours) are required for safe and effective delivery of each intervention?

We would expect dentists wishing to carry out these procedures to demonstrate compliance with the overarching Standards for the Dental Team published by the GDC and updated in September 2013. In addition, dentists would need to ensure they have competencies specific to the delivery of cosmetic injections, as marked with an *asterisk in the list above. Note that all dental practitioners should already have a sound knowledge of facial anatomy and physiology.

Are there core elements of the curriculum which are relevant to more than one type of intervention?

While we have limited our comments to only facial injection with botulinum toxin and dermal fillers, we would note the following as being fundamental to any non-surgical cosmetic procedure:

- Patient safety
- Infection control
- Indemnity/insurance
- Appropriate standards of record keeping
- The management of medical emergencies
- An understanding of psychological issues related to appearance
- Ethical considerations related to cosmetic treatments.
- Gaining valid patient consent to treatment.

Teaching and learning

What types of teaching methods should be used to deliver the content, what elements of the curriculum will require trainee supervision and how much supervision will be required?

Training should be supervised initially, and trainees should have access to a mentor. The training programme should incorporate both didactic and hands-on training methods.

What type of assessments should be used/how should attainment of learning outcomes be measured?

Competencies should be assessed both directly and indirectly. Within the FGDP(UK) Masterclass in Facial Aesthetics, the former is via the presentation of a clinical case, while the latter is through a reflective log that provides an indication of knowledge and attitudes. It is important to note that through its training programme, the FGDP(UK) is certifying successful completion of the course, not of individual competency.

Length of training – Are there elements of the curriculum for which there is a minimum length of training? If so, please provide details.

The FGDP(UK)'s Masterclass in Facial Aesthetics is structured over 5 days over a 12-month period. Importantly, it is necessary for the trainee to complete ongoing self-directed training and education in order to present a reflective log and clinical case.

Quality and accreditation

What should the requirements be for quality assurance of training courses?

All training programmes should be subject to a quality assurance process. The FGDP(UK)'s Masterclass in Facial Aesthetics was quality assured by the FGDP(UK)'s quality assurance panel. Ongoing quality assurance of any programme is also essential; this can be achieved through mechanisms including participant evaluation, both ongoing and following completion of the course.

Who should accredit qualifications for non-surgical cosmetic interventions and how should accreditation be funded?

Qualifications should be accredited by an established professional body, such as a medical royal college.

Continuing professional development

For each intervention, should there be a requirement for maintaining and developing professional knowledge and competence and what should this requirement be?

Yes, this is of fundamental importance to ensure that practitioners remain aware of best practice and that skills are kept up to date. We would expect dental professionals practicing in this area to comply with the CPD requirements set out by the General Dental Council.

Existing courses/frameworks/standards

Please provide details of training courses currently available or under development which you believe adequately cover the necessary competencies for these interventions. If you are the course provider, please provide details of who the course is aimed at, the minimum qualifications for entry, content, learning outcomes, accreditation and certification.

Please provide details of any education and training frameworks or training standards which are relevant to non-surgical cosmetic interventions and which have not already been identified (listed in Annex 2).

The FGDP(UK) is currently updating the academic regulations and participant's handbook relating to its Masterclass in Facial Aesthetics. We would be keen to share this document with the HEE once the final version is available.

Future proofing of qualifications

What can we do to ensure qualifications are future proofed to cover developments in technology and the emergence of new treatments?

It will be necessary to ensure that all qualifications are subject to a quality assurance process on a regular basis. Furthermore, a review of learning outcomes should take place following the end of each course cohort.

Summary

This call for evidence provides a timely opportunity to assess patient care and safety, as well as training standards within cosmetic dentistry. Some progress has been made in this area with the establishment of the Treatments You Can Trust quality mark, a Department of Health backed register of cosmetic injectable providers managed by the Independent Healthcare Advisory Service. However, this scheme remains voluntary.

The FGDP(UK) is keen to engage with HEE regarding the development of a framework of minimum standards and competences for training within the area of cosmetic injections. It is our intention to attend the planned workshops on 24 and 28 February, and we will forward to HEE the updated regulations for the FGDP(UK)'s training course in Facial Aesthetics once this is available.

For information and correspondence:

Charlotte Worker
Public Affairs, PR and Policy Manager
The Faculty of General Dental Practice (UK)
E: cworker@rcseng.ac.uk T: 020 7869 6759