

## Accredited Registers Programme

### Accreditation Panel's Decision

Application for accreditation from: [Treatments you can Trust](#) (TYCT)

Panel meetings: 6 July 2016 (**Panel meeting adjourned**), 19 July 2016 (**Accredited**), 3 August 2016 (Suspended),  
18 August 2016 (Suspension lifted)

Accreditation valid from: 22 July 2016 – 22 July 2017

The [Professional Standards Authority](#) accredits registers of people working in a variety of health and social care occupations not regulated by law. To be accredited, organisations holding such registers must prove that they meet our demanding [Standards for Accredited Registers](#) (the Standards). Accreditation is reviewed every twelve months.

The Accreditation Panel reviewed TYCT's application form, risk matrix and a summary report from the Accreditation team. The Panel had to consider whether or not TYCT met each Standard and decide to **accredit**, **accredit with conditions** or **defer** the application. The Panel could make recommendations in the form of:

- **Conditions** – changes that must be made in order to gain accreditation. If Conditions are not met within the timeframe specified, accreditation may be removed.
- **Instructions** – actions that would improve practice but do not affect compliance with the Standards and that the Panel requires to be implemented and be satisfied of appropriate implementation within a given timeframe
- **Learning points** – actions that would benefit the operation of the register, the implementation of which would be verified during the annual review of accreditation.

The Panel noted the assessment carried out by the Accreditation team included:

- Documentary review and due diligence checks
- Call for information and review of responses
- Site visit including discussions with members of staff
- Interviews with the Chair and Vice Chair of TYCT's Governing Board and with TYCT's Directors.
- Observation of the May 2016 Board meeting
- Proxy assessment of complaints handled by TYCT.

The Panel were asked to declare any conflicts of interest. Harry Cayton stated that he chaired the Chief Medical Officer's Expert Group on the Regulation of Cosmetic Surgery, whose 2005 report made recommendations to the Chief Medical Officer. Harry Cayton also declared a longstanding professional relationship with one of the Directors as well as knowing of some of the Governance Group members. The Panel was satisfied that that this was not likely to cause a conflict of interest. It was agreed that he should continue with the Panel to hear and decide the application.

The Chair of the meeting, Christine Braithwaite declared that she had sat on TYCT's former Governance Group and had resigned in November 2015, before TYCT applied for accreditation with the Authority. The Panel noted that she was not a member of TYCT's Accreditation Panel and was not a decision-maker therefore could continue as the Chair of the meeting.

There were no other declarations of interest from members of the Panel.

## Outcome

After careful consideration of the information provided, the Panel found it required further clarification from TYCT to determine whether or not all of the Standards were met. It decided to adjourn the meeting on 6 July 2016 in order to obtain further information in the following three areas:

1. The Panel requested an update regarding TYCT's application to become a Community Interest Company (CIC)
2. The Panel requested further information relating to TYCT's financial sustainability in line with Standard 4

3. The Panel requested confirmation of whether or not there had ever been a connection between the Directors of TYCT and the Centre for Effective Dispute Resolution (CEDR).

The Panel reviewed the additional information provided by TYCT and was satisfied that the Standards were met. The Panel decided to **accredit** TYCT's register. Accreditation is valid from **22 July 2016 to 22 July 2017**.

Following accreditation, the Accreditation team noted significant inaccuracies within TYCT's register. The Accreditation Panel met on 3 August 2016 and considered this information. The Panel was not satisfied that TYCT met Standards 10b and 10c and decided to suspend accreditation. The Panel reconvened on 18 August 2016 and considered the additional information provided by TYCT and the Accreditation team. The Panel decided to lift the suspension with the Condition provided below.

### Conditions, Instructions and Learning Points

The Panel issued the following **Condition** as part of the accreditation.

1. TYCT must:
  - a) Inform the Authority of the quality assurance conditions they put in place to assure the work of their Registrar
  - b) Take steps to ensure that TYCT's registrants are aware of, and fulfil, their responsibilities to inform TYCT of any changes in their circumstances. TYCT must inform the Authority of how they intend to do this and the timescales for implementation.

TYCT is to report on its compliance with this Condition within one month of the issue of this report (no later than 19 September 2016).

The Panel provided the following **Instructions** to be implemented by annual review unless specified below:

1. TYCT should notify the Authority if it plans to add new occupations, modalities or categories to its register
2. TYCT should list every registrant who meets its standards on the register, unless there were exceptional circumstances involving the safety of the registrant. The policy on exceptional circumstances to allow a registrant to have their name off the register should be clearly published on the register website
3. TYCT should ensure that they have an established and operational scrutiny process, for identifying and mitigating potential conflicts of interest within the register's governance structure
4. TYCT should ensure that only registrants use the Accredited Registers logo and other benefits of accreditation. TYCT will need to make clear that accreditation applies to practitioners only. TYCT should monitor how its registrants communicate

- accreditation. Monitoring should take place throughout the duration of this accreditation and an update should be provided at annual review
5. The Governance Group should review the process for assessing course suitability to ensure that decisions made are fair and consistent. The outcome should be reported to the Accreditation team at annual review
  6. TYCT should put a system in place to ensure that it is clear to the public when a registrant has been added to the register but where a clinic assessment has not yet been carried out. This should be completed within three months of accreditation
  7. TYCT should fully document policies regarding restoration of registration or readmission
  8. TYCT should ensure their complaints procedures are fully documented and make their complaints procedures for complaining about registrants and the organisation clear to the public
  9. TYCT should develop mechanisms to ensure complaints decisions are fair and consistent, for example indicative sanctions guidelines
  10. TYCT should document its procedure for publication of sanctions with clear timescales for length of publication
  11. TYCT's Governance group should review TYCT's Complaints Procedures within the following 12 months and provide an update at annual review of accreditation.

The Panel provided the following **Learning Points** to be verified at the next annual review of accreditation:

1. TYCT should continue the implementation of Patient and Public Involvement (PPI) strategies to inform and involve the public and service users in what they do, and provide an update of progress at the annual review of accreditation. TYCT should continue to explore options for engaging service users
2. The TYCT should consider developing criteria and a mechanism for managing registration while investigations are ongoing to protect the public
3. TYCT should consider having a policy that establishes formal lines of reporting for professional associations, relevant bodies including statutory regulators and NHS departments to raise concerns about registrants to the register, including notification of complaints against registrants. This could be included in Memoranda of Understanding (MOU).

A summary of matters considered by the Panel is set out in Annex A. The summary is not intended to reflect all of the matters discussed by the Panel, but to record those that were most important in forming its decision.

## Annex A – Accreditation Panel’s Decision – application for accreditation

Applicant: <a href="#">Treatments you can Trust</a> (TYCT)	<b>Outcome:</b>
Panel meeting date: 6 July 2016 19 July 2016 3 August 2016 18 August 2016	<b>Adjourned</b> <b>Accredited</b> <b>Suspended</b> <b>Suspension lifted</b>
<b>Brief Summary of Organisation</b>	
<p>TYCT (owned by Cosmetic Quality-Assurance Ltd (CQAL)) hold a register of practitioners for injectable cosmetic treatments. All TYCT practitioners must be registered doctors, nurses or dentists, regulated by the General Medical Council (GMC), Nursing and Midwifery Council (NMC) and General Dental Council (GDC), respectively, making this a register of advanced practice. The register also contains clinics. This is discussed further under Standards 1 and 10. The register is maintained by Northgate Public Services (NPS) who act as the Registrar for TYCT. The work of the TYCT is overseen by their Governance Group which is further discussed in Standards 5 and 7 below.</p> <p>There is no statutory regulation for the provision of injectable cosmetic treatments in the UK. Until the recently published <a href="#">Health Education England (HEE)</a> report there were also no industry accepted standards for training for providing these treatments (this report is further discussed under Standard 9). The resulting risks were highlighted in Professor Sir Bruce Keogh’s <a href="#">Review of the Regulation of Cosmetic Interventions</a>, published in 2013, which noted the lack of public protection provided within the industry. One of the recommendations of this report was that ‘<i>all those performing cosmetic interventions</i></p>	

<p><i>must be registered.</i> The Vice Chair of the Governance Group was a member of the review team for the Keogh review.</p> <p>The recently published HEE report '<a href="#">Qualification requirements for delivery of cosmetic procedures</a>' aims to improve and standardise the training that is available to practitioners carrying out non-surgical cosmetic interventions. It is estimated that the recommendations within this report will not be in place until at least 2018. In the meantime TYCT have training principles which they use to assess the suitability of courses from training providers. TYCT worked with HEE and report that these principles have been incorporated into the HEE guidelines.</p>	
<p><b>Standard 1: holds a voluntary register for people in health and/or social care occupations</b></p>	
<p>TYCT has applied for accreditation of their register of injectable cosmetic providers. Practitioners are registered doctors, nurses or dentists. The application states that <i>'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.'</i></p> <p><a href="#">The Keogh Review</a> defined cosmetic interventions as <i>'operations or other procedures that revise or change the appearance, colour, texture, structure, or position of bodily features, which most would consider otherwise within the broad range of 'normal' for that person'</i>. Professor Sir Keogh, now Medical Director of NHS England, has argued for the registration of cosmetic practitioners as per the recommendation quoted above.</p> <p>Prior to accepting TYCT's application, the team considered whether or not the occupations performed by practitioners on such registers could satisfy the definition of healthcare, as laid down in the National Health Service Reform and Health Care Professions Act 2002, section 25E (8) - <i>'Health care' includes: all forms of health care for individuals, whether relating to physical or mental health; and procedures that are similar to forms of medical or surgical care but are not provided in connection with a medical</i></p>	<p>The Panel found this Standard was met.</p>

*condition.* The different treatments performed by practitioners belonging to TYCT were discussed. It was noted that they could be seen to be *'similar to forms of medical or surgical care but are not provided in connection with a medical condition'* and that treatments could be seen to be either a form of physical or mental health care for individuals. The team suggested to the Panel that these treatments could satisfy the definition of healthcare.

As TYCT practitioners are regulated doctors, nurses and dentists the team checked relevant legislation as to whether registers of regulated professions would satisfy the definition of a 'voluntary register' as defined by the [Health and Social Care Act 2012](#): Practitioners of non-surgical cosmetic interventions are not required by law to be registered and practise as a member of a profession – unregulated beauty therapists may perform such treatments. The team suggested that the TYCT register would satisfy the definition of a 'voluntary register' as they choose to join the register. TYCT currently limits its register to doctors, nurses and dentists as professions that are currently best able to meet its standards. There is scope for further professions (for example General Pharmaceutical Council (GPhC) regulated prescribing pharmacists) to be admitted to the register in future.

TYCT's application states that there were 188 practitioners (and 186 clinic locations) on the register at the time of application. The register does not have student or non-practising levels of registration and does not provide separate membership lists of practitioners outside of the register.

The application states that all practitioners who have met TYCT's standards are listed on the register and that to date no exceptions have been requested on the grounds of privacy. As such TYCT has not yet produced an exceptional circumstances policy.

The register is located on TYCT's website. The register allows the public to search by location through an interactive map, or through a keyword search allowing searches based on register entry, surname, company name, town or postcode. The results are displayed by registrant, practice and location. When searching using surname the returned results are a mixture of individual registrants and clinics where a practitioner

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In line with previous Panel decisions, the Panel issued the following Instruction: TYCT must list every registrant who meets its standards on the register, unless there were exceptional circumstances involving the safety of the registrant. The policy on exceptional circumstances to allow a registrant to have their name off the register

<p>within the clinic has the name searched for. When clicking on an individual entry the user is taken to the register entry page which displays the registrant, practitioner, regulatory body and (professional body for practitioners), locations address, website address, email address and telephone number. Where the results returned are a clinic the registrant is the clinic's name and the practitioner is the lead practitioner. The register is a mixed register of individual practitioners and clinics. In their application form TYCT confirmed that all those working within a given assessed premise that are eligible to be registered with TYCT, will be found on the register. The register is further discussed under Standard 10.</p> <p>During its assessment of the website, the team noted that on some pages the emphasis was on the clinic rather than practitioner registration. TYCT updated their website to emphasis practitioner registration.</p> <p>TYCT website emphasises the relationship with statutory regulators and their standards. Precedent decisions by the Panel have stated that organisations should inform the public that their registrants may be registered with other statutory bodies or other Accredited Registers and provide links to those organisations. This will help facilitate routes of complaint for the public. All TYCT registrants must be registered with the GMC, NMC or GDC and this is highlighted in individual register entries. TYCT updated their complaints page on their website, adding links to the statutory regulators' websites.</p>	<p>should be clearly published on the register website.</p> <p>The Panel noted TYCT's commitment to updating their website in the Panel meeting on 18 August 2016.</p>
<p><b>Standard 2: committed to protecting the public and promoting public confidence</b></p>	
<p>TYCT demonstrates its commitment to public protection through its standards of registration, within the Terms of Reference (ToR) of the Governance Group, through its commitment to becoming a Community Interest Company (CIC), with its role in highlighting bad practice within the industry, working with stakeholders to raise the standards and through its policies and procedures such as their complaints procedure.</p>	<p>The Panel found this Standard was met. The Panel discussed the change in company status and at the adjourned meeting asked for an update as to their progress with the change. TYCT confirmed that they had been accepted by the CIC</p>

TYCT's primary purpose is to maintain a register of practitioners providing cosmetic injectable services. It also assesses their place of work to ensure the environment in which the practitioner provides treatment is suitable. They are not a professional body and do not offer any professional body services. TYCT reported that they promote their register and the status of registered practitioners wherever possible through print and digital media.

At the time of application CQAL, the company that owns the TYCT register, was a private limited company. TYCT reported that some concerns had been raised about the Directors' motives for starting the register being based on monetary gain. TYCT reported in their application form that no Director has received any payment for work done or any dividends. During its observation of the Governance Group meeting the team observed discussions about these concerns and the possibility of the company becoming a CIC. This decision was agreed by the Group and the Directors confirmed during their interviews that this change was progressing. A CIC is a limited company which uses its profits for the benefit of the public. TYCT provided an update to the team following their review of this summary. TYCT confirmed that the CIC regulator had approved their application and that they were just awaiting confirmation from Companies House that the change was to be accepted. Following the adjourned meeting TYCT confirmed that the change had also been made on Companies House.

The Governance Group's ToR, which can be found on the TYCT's website, state that the '*Governance Group's primary focus shall be consumer protection and all of its activities must support this objective. The Governance Group's primary role is to review and monitor all aspects of the scheme to ensure that they promote and contribute to the safety of patients*'. The current Governance Group has nine members of which two are lay. Members are appointed for three years and can then be re-appointed for another three years. The Governance Group is further discussed under Standards 5 and 7.

TYCT state on their website that they can '*help you find safe treatments carried out by trained practitioners in clinics where you might wish to go*'. In support of this statement they have produced a treatment guide and patient FAQs which are available on the website. One of the concerns raised through the call for information noted that the TYCT

regulator and that the change had been made by Companies House.

website did not provide '*clear and concise information about how to choose safe services beyond highlighting their register*'. The team noted that the patient FAQs and the treatment guide provides information about practitioners, when it is not advisable to have treatments and what to do if something goes wrong. The patient guide highlights the register and the benefits of choosing someone who is registered with TYCT. The information provided on these pages would help a member of the public make informed decisions. The team also noted the work carried out by the Directors of TYCT to highlight bad practice within the sector as noted in their application form. For example, working with the BBC to investigate remote prescribing of botulinum toxin and reporting the outcome to the GMC, and acting to prevent the advertising of time-limited deals on websites such as Groupon.

TYCT only allow practitioners that have met their standards onto the register. These practitioners are allowed to use the TYCT Quality Assurance Mark to demonstrate that they are on the TYCT register. This mark allows the public to easily identify practitioners who have been assessed by TYCT as meeting their standards so providing an extra layer of assurance.

TYCT's standards for injectable cosmetic treatments are written to complement the statutory regulators' Codes of Conduct that the health professionals need to abide by. TYCT's standards include sections on communication, risk management, and management of medical emergencies. The standards provide a list of requirements and state for example that a practitioner has a '*duty to make the care of the patient their prime concern*'. TYCT's standards are further discussed under Standard 8.

TYCT require registrants' practice to remain up to date. As stated in their standards, '*individuals have a duty to keep professional knowledge and skills up to date.*' This is further discussed under Standard 10.

TYCT has a complaints procedure in place to provide a redress route when things go wrong and to protect the public. Our assessment of their procedure is further discussed under Standard 11.

<p>At the time of application TYCT did not publish sanctions on their register. TYCT stated that they will abide by the sanctions imposed by the regulator if it is relevant to their cosmetic injectable practice. They will remove from their register anyone who has been struck off or suspended from their professional register. The team asked TYCT to confirm how they will communicate sanctions to the public. TYCT confirmed that they will provide a link from the practitioner's entry on their website to the outcome on the professional register website. TYCT also confirmed that registrants who have been removed or suspended will remain visible on the register in line with the Authority's Registers Guidance: <i>Maximising the contribution of regulatory bodies' registers to public protection</i>. TYCT report that these will require changes to their website but they aim to complete by September 2016.</p>	<p>The panel noted TYCT's plans and timelines for publishing sanctions on the register.</p>
<p><b>Standard 3: risks</b></p>	
<p>TYCT demonstrated an understanding of risks relating to personal behaviour, technical competence and business practice posed by practitioners of non-surgical cosmetic interventions in their application form and risk matrix. Their risk matrix describes the appropriate management of those risks which includes:</p> <ul style="list-style-type: none"> <li>○ Requirements for adherence to relevant professional codes and standards such as the GMC's <a href="#">Good medical practice</a></li> <li>○ Requirements for adherence to TYCT's Standards for Injectable Cosmetic Treatments</li> <li>○ Verification of clinics through inspections and review of policies</li> <li>○ The checking of on line information to assess compliance with Advertising Standards Authority (ASA) guidance.</li> </ul> <p>TYCT noted that they monitor trade and general press for potential risks and attend trade conferences and exhibitions to ensure that they stay up to date with developments within the field. TYCT reported that from 2016 the annual renewal process will include data collection about treatment episodes, untoward incidents and patient complaints which will also be used to review risks.</p>	<p>The Panel found this Standard was met.</p>

<p>TYCT confirmed that their risk matrix is reviewed quarterly and that it will be included in future Governance Group meetings.</p>	
<p><b>Standard 4: Financial sustainability</b></p>	
<p>TYCT's register is funded through registration fees for practitioners and clinics. Current fees are £500 for one practitioner and £100 for two clinics. The team noted the <a href="#">fee structure</a> on TYCT's website.</p> <p>Concerns raised in the call for information related to the registration fees not being consistent between organisations and that the fee structure was not clear on the website. The team asked TYCT to confirm that the information on their website was current. The team noted that the fee structure is detailed on the professional pages of the website and that this page also notes that the fees for <i>'large organisations under one ownership with unified clinical governance arrangements will be agreed between TYCT and the owner based on the number of practitioners and premises.'</i> TYCT provided a copy of their current fees which matched the information on the website.</p> <p>The team reviewed the accounts at the site visit and reported the future projections to the Panel.</p> <p>The team asked the Directors about future financial sustainability during the interviews. They noted that their finances are tightly controlled. The Directors reported that they have highlighted some cost reductions over the coming months and are looking at ways of increasing revenue including increasing the number of registrants on their register which they believe will be helped by accreditation. The team noted that the financial projections were discussed at the Governance Group meeting in line with their ToR which notes that the <i>'Governance group shall ensure that the scheme generates sufficient funds to maintain financial viability for the administration, registration of providers of injectable cosmetic treatments, a sample of inspections and promotion to providers and the public,</i></p>	<p>The Panel discussed the financial sustainability of the register at their meeting on 6 July and decided that they needed further information about the financial robustness of TYCT's register. The Panel were subsequently satisfied from the evidence provided that this Standard was met. TYCT's financial sustainability will be reviewed at annual review.</p>

<p><i>bearing in mind that fees need to be kept as low as possible so as not to deter providers from registering.'</i></p> <p>The team validated their indemnity cover during the site visit and noted that TYCT are covered in the case of legal challenge.</p>	
<p><b>Standard 5: capacity to inspire confidence</b></p>	
<p>TYCT demonstrated it has the ability to inspire confidence, through its governance and its leadership within the sector. TYCT demonstrated the confidence other organisations have in TYCT through the activities they have been involved in within the sector. For example, being the industry representative for HEE's development of qualification requirements and advising on the GMC's recent guidance.</p> <p>Confidence that practitioners have in TYCT is also demonstrated through the positive call for information responses received with comments such as <i>'I have always found TYCT to be professional'</i> and <i>responsive'</i> and <i>'I am fairly confident that the standards that one needs to demonstrate compliance with to attain membership of this organisation are ultimately of great benefit for the regulation of our industry.'</i></p> <p>TYCT employ NPS Ltd to operate their register. NPS is an <i>'integrated software, outsourcing and IT services business.'</i> NPS has experience in running registers within the healthcare sector, for example they operate the National Joint Registry on behalf of the Healthcare Quality Improvement Partnership.</p> <p>The team reviewed TYCT's openness and transparency as part of this Standard. In line with previous Panel decisions, the team suggested that TYCT could make some improvements such as providing the link to the newsletter on the public website, by publishing minutes of the non-confidential parts of their meetings on their website and publishing the membership of their Governance Group on their website. TYCT confirmed that they will be reviewing the information on their website and that these changes will be made by August 2016.</p>	<p>The Panel found this Standard was met.</p> <p>The Panel noted the planned review of the website and TYCT commitment to improving their openness and transparency.</p>

TYCT reported that their conflict of interest policy is contained in the ToR of the Governance Group. The team reviewed the ToR and noted that they state that *'the Group shall ensure that any sponsorship of the scheme meets with the scheme's rules and does not produce any conflict of interest.'* The team noted that conflicts of interest were not asked for at the Governance Group meeting. The team was not clear how TYCT identified or mitigated against other types of actual or perceived conflicts of interest. The team asked TYCT if they had a documented conflict of interest policy or a declaration of interest register. TYCT confirmed that they *'do not yet have a register of interests, but they will instigate a bi-annual review at Governance Group meetings and Expert Group.'*

One of the concerns raised through the call for information related to the lack of transparency regarding other appointments of the Board and the Directors, and the potential for actual and perceived conflicts of interest regarding the ownership of the complaints resolution process (CEDR) which charges for its services. They also raised the potential for actual or perceived conflicts of interest with the Directors being the person who carries out all the visits and making the registration decisions. The team noted that the Registrar (NPS) makes the registration decisions and that only those cases which are not straightforward are referred to the Directors.

The team consider operational efficiency as part of this standard, the team noted that:

- TYCT have a contract in place with NPS which covers data protection, data security and recovery policies
- NPS are compliant with the relevant international standards for example *ISO 9001 Quality Management Systems* and *ISO/IEC 27001 Information Security Management*
- TYCT have a contract in place with their website hosts, which covers security, storage and recovery.

TYCT do not have a formal succession plan or contingency plan to cover the work of the Directors. TYCT confirmed that they do have an informal plan and that they will complete their formal plan by end of September 2016.

The Panel noted that the ToR of the Governance Group covered financial conflicts only. At the 6 July meeting, the Panel discussed the call for information response and decided that they wanted further assurances that there were not any conflicts of interest between the Directors and CEDR. The Panel was satisfied from the evidence provided that there was no conflict of interest. However, the Panel noted that TYCT's management of actual and perceived conflicts of interest was unclear and decided to issue the following Instruction: TYCT should ensure that they have an established and operational scrutiny process, for identifying and mitigating potential conflicts of interest within the register's governance structure.

The Panel noted TYCT's plans to formalise their contingency plans.

<p><b>Standard 6: knowledge base</b></p>	
<p>TYCT noted that the knowledge base comes from standards of good clinical practice as defined by the Department of Health, the regulators and the manufacturers. TYCT used these guides to develop their <i>Standards for Cosmetic Injectable treatments</i>. In addition, practitioners will be required to have successfully completed treatment specific training with appropriate training providers. TYCT reported that the knowledge base has now been incorporated into the HEE publication regarding qualification requirements for the sector, which TYCT was fully involved with. TYCT advised that they will update their standards accordingly.</p> <p>One of the criticisms of the sector within the Keogh report was the lack of data and the <i>'limited knowledge of the views, understanding and attitudes of people undergoing these procedures.'</i> TYCT are working with NPS to collect data from their practitioners relating to their practice to try and increase the information available both to the public and within the sector.</p>	<p>The Panel found this Standard was met. The Panel noted TYCT's plans for collecting data to increase the knowledge base and to start filling one of the gaps highlighted in the Keogh review.</p>
<p><b>Standard 7: governance</b></p>	
<p>TYCT is the trading name of CQAL which is owned and run by two Directors. The Directors are responsible for running the register and overseeing its maintenance and the decisions made by NPS (Registrar). NPS are responsible for assessing applications for registration, ensuring payment has been made and informing the Directors of their registration recommendations. The Directors ratify these decisions after carrying out applicant interviews and any site assessments that are needed. The Directors report to the Governance Group on matters relating to the register.</p> <p>The Governance Group was re-established in 2016 under the Chairmanship of Baroness Morris OBE. The first meeting was in May 2016 which was observed by the team. The Governance Group consists of nine members from professional representatives, consumer and patient bodies, the government and the industry. They are invited to join</p>	<p>The Panel found this Standard was met.</p>

by the Directors of TYCT based on their knowledge and experience. The Governance Group's ToR's are located on the TYCT website. These state that *'the Governance Group's primary role is to review and monitor all aspects of the scheme to ensure that they promote and contribute to the safety of patients.'* The Executive provide secretarial support for the Governance group but are not members themselves.

The ToR state that Governance Group shall:

- Establish and maintain robust standards
- Ensure regular monitoring, inspection and reporting
- Ensure that the scheme is adequately promoted
- Establish and oversee an effective complaints procedure
- Ensure transparency
- Ensure and monitor consumer satisfaction.

In addition to the Governance Group, there are three advisory groups which will inform the work of the Directors:

- 1) The cosmetic industry advisory group, comprising the CEO or a delegate from all the major clinic chains registered with TYCT. This group will advise on ways to enhance patient benefit by providing industry advice on what is available
- 2) The cosmetic manufacturers and distribution group, comprising volunteers from manufacturers and distributors. This group will advise on maintaining patient benefit through giving technical advice on substances and application procedures, to contribute to data collection and to advise on training procedures relevant to cosmetic substances
- 3) The Marketing Group, comprising marketing specialists from the major clinics to provide marketing support to TYCT.

TYCT reported that the good practice guidance they used was provided by BRE. They also abide by the legal requirements of Companies House. TYCT provide examples of good practice within its governance. For example:

- 1) TYCT are clear about their purpose within their Governance Group ToR which describe the purpose of the Group and their main responsibilities
- 2) The Governance Group exercise control effectively as demonstrated through the team's observations of the Governance Group decisions. For example, the Group discussed and agreed the possibility of TYCT becoming a CIC, which has now been implemented. The Group also discussed the use of social media to make people more aware of TYCT. The Directors confirmed that TYCT will be looking at using more social media within the year
- 3) TYCT demonstrate they are socially responsible through the decision to become a CIC and through their efforts to counter bad practice within the cosmetic injectables sector.

TYCT indicated that the Governance Group will monitor consumer satisfaction through customer surveys at least annually. This is also recorded in their ToR which states '*the Governance Group will ensure that consumers and consumer groups are encouraged to comment on all key policies and strategies*'. The team noted that this had not been implemented yet, however the team did observe discussions relating to this and potential ways forward at the Governance Group meeting in May 2016.

TYCT provided examples of being fair, effective, proportionate and transparent. For example, TYCT demonstrated fairness through having a standard process for all applications and by having an appeals process for registration decisions. TYCT demonstrated proportionality through their registration decisions which relate to applicants' evidence and the advice and time given when an applicant needs to make improvements before being registered.

TYCT provided examples of the stakeholders they have worked with to promote and protect the health, safety and wellbeing of the service users. These include working with agencies such as HEE, the Department of Health, the Advertising Standards Authority and the Statutory Regulators. TYCT stated that they are regularly consulted by the press and they have written articles for publications such as Health Market News. TYCT also noted that they will continue to engage with practitioners and providers of products to

ensure continued high standards and that they intend to try to engage insurers in the future.

TYCT noted that their website is their main form of communication. They also produce a newsletter which is located on their website and sent out to their mailing list. This discusses news of the industry and TYCT.

As part of the assessment the Accreditation team carry out a patient/service user journey on the website. The team noted that there is a separation between the information provided for the public and that provided for registrants. The team noted that the website contains information about cosmetic injectable treatments which includes the risks and what to do if something goes wrong. The website contains information about when not to have treatment and the importance of using someone who is registered. TYCT have an explanation and a link to the HEE training requirements on the practitioner's side of the website. As this develops, this could be made more explicit to the public.

The register is searchable by location and practitioner or clinic name or using an interactive map. Results are produced in a list which links to the individual entries. The team noted that there did not appear to be anywhere to record sanctions; this is further discussed under Standards 2 and 11. There is a complaints tab which explains that TYCT uses the CEDR process for the resolution of complaints, however there is limited information about the process. This is further discussed under Standard 11. TYCT publish their standards on the practitioners side of the website, this could be made more transparent by adding a link from the public pages of the website.

One of the call for information responses noted that TYCT breach their own advertising standards by referring to 'Botox' on their homepage. They also noted that information on the website is not clear, for example, about their site inspections and that information is often misleading, for example, using the .org.uk website address which is associated with charities. They stated that TYCT do not engage with the public, registrants or clients. The team noted areas for improvement with regard to information provision and noted the updates made by TYCT prior to the Panel meeting. The team also noted that TYCT has

The Panel noted the points raised through the patient/service user journey, the updates TYCT had made to the information on their register and TYCT's commitment to further update their website.

In line with previous Panel decisions, the Panel issued the following Instruction: TYCT is to ensure that only registrants use the Accredited Registers logo and other benefits of accreditation. TYCT will need to make clear that accreditation applies to practitioners only. TYCT should monitor how its registrants communicate accreditation. Monitoring should take place throughout accreditation life and an update provided at annual review.

The Panel issued the following Learning Point: TYCT should continue the implementation of Patient and Public Involvement (PPI) strategies to inform and involve the public and service users in what they do, and provide an update of progress at the annual review of accreditation. TYCT

<p>provided examples of public engagement within their application form and that they engage with their registrants through their newsletters, the website, and the representatives on the Governance and Advisory Groups. TYCT also reported that they are planning to increase their use of social media and recognise that they could improve their communications.</p> <p>The Accreditation team reported TYCT's response to the Panel.</p>	<p>should continue to explore options for engaging service users.</p>
<p><b>Standard 8: setting standards for registrants</b></p>	
<p>TYCT sets the standards for their registrants in their '<i>Standards for Injectable Cosmetic Treatments</i>.' These have been written to complement the codes, standards and guidance of the professional organisations such as the GDC, GMC and NMC. The standards set out the requirements of the registrant and state that failure to meet them may result in being removed from the register. The standards incorporate relevant professional guidance and best practice from a range of sources including HEE, GMC, NMC, GDC, Medicines and Healthcare products Regulatory Agency (MHRA), Health and Safety Executive (HSE) and the ASA.</p> <p>There are eight standards that cover aspects of personal behavior, technical competence and business practice. Each standard sets out what is expected and provides links to relevant guidance:</p> <ol style="list-style-type: none"> <li>1) Management and Governance</li> <li>2) Communication</li> <li>3) Quality and Risk Management</li> <li>4) Health and Safety of premises</li> <li>5) Management of Medicines and other injectable products</li> <li>6) Management of Medical Emergencies</li> <li>7) Complaints Handling</li> <li>8) Advertising.</li> </ol>	<p>The Panel found this Standard was met.</p>

In addition, TYCT published a policy statement about advertising and promotion. This provides links to relevant guidance on advertising such as The Committee of Advertising Practice (CAP) Codes and the UK Broadcast Advertising Codes.

Standard 8b requires the organisation to base its standards of competence on a defined body of knowledge. TYCT reported that their standards are based on good clinical practice as defined by the Department of Health; the professional regulators, the system regulators and the manufacturers. TYCT noted that these do not replace statutory regulators' generic guidance, standards and professional codes of conduct but should be read in conjunction with them. Their standards also list some of the personal behaviours that are expected such as respecting patients, listening to the patient, respecting confidentiality and not being prejudiced by personal beliefs.

Examples of how TYCT's standards meet the Authority's Standards include:

- 1) TYCT's standard 1 section 1.3 requires that '*clinicians carrying out treatment are registered with their professional body and have professional indemnity insurance.*' TYCT check this on application and at renewal demonstrating compliance with the Authority's Standard 8d.
- 2) TYCT's standard 2 requires that '*patients receive clear information about their treatments*', the guidance covers both written and verbal communication. TYCT standard 7 covers complaints handling; criterion 7.4 states that '*patients are routinely provided with written information on how to make a complaint, suggestion or comment.*' In addition as part of the application process, TYCT review patient information leaflets and advertising to ensure practitioners are compliant with the relevant guidance, demonstrating compliance with the Authority's Standard 8e.

TYCT's standards are published on their website on the 'For Health Professionals' webpages. Potential registrants are also signposted to them during their application for registration.

<p>One of the call for information responses noted that there is a lack of information about the standards on the website. For example, there is no information about how the <i>'standards are evaluated, monitored and audited and it is not clear who is exempt from the site visits'</i>. TYCT noted that they will be reviewing the information provided on their website.</p> <p>The Authority's Standard 8g requires the encouragement of effective team work. TYCT's standards state that practitioners have a duty to <i>'work with colleagues in ways that best serve patients' interests and does not abuse the position held'</i>.</p> <p>TYCT reported that they review and update their standards as required to ensure they are meeting the required outcomes. For example they are currently reviewing their standards to ensure they are compliant with the HEE publication <a href="#">'Qualification requirements for delivery of cosmetic procedures'</a>.</p>	
<p><b>Standard 9: education and training</b></p>	
<p>All applicants to the register must be registered and licensed by the GMC, GDC or NMC and this will be checked on application to the register. In addition, all registrants must show evidence of further training in injectable cosmetic interventions. Until recently there were no recognised requirements for training and as a result TYCT used their Training Principles for Cosmetic Treatments to assess the suitability of a training course. These were provided to the Accreditation team for review.</p> <p>When a practitioner applies for registration the Registrar will check their training certificates. If the training certificate is from a known provider who has already been assessed against the training principles then the Registrar will accept the training. If the Registrar is not familiar with the training provider, these will be flagged to the Directors who will assess the training provider and decide if the provider meets their training standards. If not then the practitioner will not be accepted to the register.</p>	<p>The Panel found this Standard was met. The Panel discussed TYCT's Training Principles and their use in assessing training courses. The Panel noted that TYCT needs to be able to demonstrate that their procedures are clear and that the decisions are consistent. The Panel issued the following Instruction: The Governance Group should review the process for assessing course suitability to ensure that decisions made are fair and consistent. The outcome should be reported to the Accreditation team at annual review.</p>

<p>The HEE recently published its guidelines about training requirements for non-surgical cosmetic interventions, which incorporate the TYCT training principles. The report provides a framework for education standards within the non-surgical cosmetic industry. It is anticipated that these will take time to come into practice and that this will not happen before 2018. TYCT informed their registrants of these requirements and state that they will also check that certificates are from establishments that are working towards accreditation of their training</p>	
<p><b>Standard 10: the register</b></p>	
<p>The TYCT register is located on their website and can be searched by location, name of practitioner or name of clinic. The list of providers can also be viewed in full. Within the list for each individual or clinic is a link to their register entry page which provides the following information: registrant, practitioner, contact details, professional regulator number.</p> <p>One of the call for information responses noted that the functionality on the register had not been working for several weeks at the time of their submission to the Authority. They noted that the language and information is inconsistent and may be misleading, for example by not providing a list of the treatments that a practitioner is registered for and not always recording professional registration numbers. They argued that there was a discrepancy in the number of total practitioners on the map and the number of total practitioners on the list. They also provided a list of three practitioners who they say were no longer registered with TYCT but who had not been removed from the register. The team noted that TYCT had updated their register since the call for information response was submitted.</p> <p>TYCT responded that there had been a changeover of underlying software that took place in December/January which resulted in some outages, usually late at night. Full functionality was restored by mid-January. One of the reasons for the change was that the Directors became aware of deficiencies on the previous system, of which one was to not present all the list entries. <i>'After the new system took over, TYCT became aware of</i></p>	<p>The Panel found this Standard was met. The Panel noted the points raised in the call for information response and the action taken by TYCT. The Panel noted that TYCT had worked with their Registrar to put procedures in place to ensure the quality of the information provided on their register.</p>

*a deep link that had been indexed by Google and despite the page being unpublished the map and list modules on the page were still able to be viewed on the internet.'* TYCT noted that some people were '*happening across this link when searching.*' The deficiencies seen in the original map and list modules were the reasons given by TYCT for replacing them with a more robust system. TYCT reported that they are confident these issues are resolved. TYCT reported that everyone on their register is registered for providing botulinum toxin and dermal fillers and that they will review the possibility of listing treatments in the future.

The team checked the register search functions and noted that the functionality was working. The team checked the register entries for the three practitioners who were listed on the register but had reportedly not renewed their registration and found that one of them was still listed. The team randomly checked ten register entries, five practitioners and five clinics and noted some discrepancies in the information provided.

Standard 10b requires the organisation to maintain a register that is accurate, easily accessible to the public and supports all those using it to make an informed decision. The team asked TYCT to confirm the number of registrants and provide an explanation of the discrepancies. TYCT confirmed '*with the help of the experts on registers, NPS, we have revised our Register function and new software and procedures were brought into practice in the Spring. The final piece of the work, the Customer Relationship Module, will be implemented during July. The Registry had not been reconciled when NPS commenced running the service in September 2015. The necessity to complete a full reconciliation was recognized in March 2016 and this was completed by the NPS Register. All amendments are agreed on weekly calls with TYCT and instructions for changes to the Registry sent to TFA to action. On the 18th March 2016 the NPS Registrar confirmed there were 188 individual registrants and 186 unique treatment locations which differs from the figures quoted above.*

At the site visit TYCT indicated that a practitioner would have one month to renew their registration following expiration. The team asked TYCT to confirm how quickly they would update their register. TYCT confirmed that the Registrar would inform TYCT's software supplier within 24 hours of the agreement to remove the registrant.

Following Accreditation, the Accreditation team noted significant inaccuracies within TYCT's register. The Accreditation Panel met on 3 August 2016 and considered this information. The Panel was not satisfied that TYCT met Standards 10b and 10c and decided to suspend accreditation.

The Panel required TYCT to audit its register, correct the inaccuracies and provide further assurance that it will not happen in the future.

The Panel met on 18 August 2016 to consider the information provided. The Panel noted that the register had been updated and considered the assurances provided by TYCT's Directors, including the

TYCT confirmed that practitioner details; treatment location and their preferred contact information; professional registration number; CQC or equivalent inspection number should be recorded on the register.

The team asked TYCT what arrangements are currently in place for quality control and what action are being taken to ensure future accuracy. TYCT confirmed that *'all renewals and applications are reviewed on the weekly review call held between the Registrar and TYCT. The need for the Registrar to work more closely with the software supplier TFA has been recognized and TFA now join the weekly calls to ensure updates required to the website are actioned promptly. TYCT's introduction of the Customer Relationship Management (CRM) System will also remove the need to manually update the Register and for the Registrar to e-mail manual instructions to the software supplier to update the published website. Furthermore, it has been recommended by the Registrar that TYCT review their current SLAs with suppliers to ensure there are no process gaps or areas of clearly defined responsibility.'*

All applicants are required to register and complete the application form on line. This includes supplying all additional paperwork and evidence and making the payment. Once payment has been received the Registrar reviews the information according to the checklist. Checks carried out include checking the professional regulator register, checking details of indemnity cover, checking CQC reports, and checking the applicant's website and advertising. If the Registrar requires more information they will contact the applicant. The Registrar will also set up telephone interviews with the practitioners and arrange site visits to those clinics that are not CQC inspected. All site visits are currently carried out by the TYCT Directors, however, TYCT report that once the Registrar has developed an in depth knowledge they will carry out the site visits. The results of these checks are recorded on a spreadsheet held by the Registrar. The Registrar then provides their recommendation to TYCT. TYCT reported that a decision would be made within 10 days from receipt of payment.

One of the call for information responses highlighted that TYCT rely on the CQC reports where they are available. They note that the CQC do not cover cosmetic practice within

addition of a new quality assurance role within the checking process. The Panel also noted TYCT's plans to inform their registrants of their obligations to update them of any changes in their circumstances. The Panel suggested that TYCT might want to consider adding a clause to their Terms and Conditions of registration and the use of sanctions for registrants who do not comply. The Panel decided to issue the following Condition to be completed within one month: TYCT must: a) Inform the Authority of the quality assurance conditions they put in place to assure the work of their Registrar and b) Take steps to ensure that TYCT's registrants are aware of, and fulfil, their responsibilities to inform TYCT of any changes in their circumstances. TYCT must inform the Authority of how they intend to do this and the timescales for implementation.

The Panel discussed the clinic assessments and noted that TYCT may in specific

their inspections and so a reliance on these reports may not identify all the risks and may put the public risk.

TYCT responded that '*CQC inspection and ours are parallel. We can rely on CQC for:*

1. *Confirmation of physical presence and trade name.*
2. *Assessment of protocols for Health and Safety*
3. *Infection control.*
4. *Information management.*
5. *Confidentiality and data protection.*
6. *HR policies.*
7. *Medicines management.*
8. *Resuscitation training.'*

TYCT have a documented checklist that they use when carrying out their own assessments which includes all the elements above. TYCT confirmed that where a CQC inspection has been carried out, this will be assessed by the Registrar as part of the registration process and any flags will be highlighted to the Directors. Those that have not been CQC inspected will be required to submit to a TYCT inspection. Where possible this is carried out as part of the registration process. If it is not possible to carry it out as part of the registration process, the Directors will assess the risks based on the interviews with the practitioner and decide about registration. If registration is granted a site visit is carried out at the earliest opportunity.

Annual review checks are carried out. These include checks on indemnity cover and registration, as well as checks on the registrant's website. The first and second renewals require confirmation of the details already provided. The third renewal is a more comprehensive check of the information provided. TYCT's terms and conditions require that all registrants must inform them if any of their circumstances change.

Standard 10d is looking for the registers to ensure that their registrants keep their practice up to date. The requirement for registrants to keep their practice up to date is recorded in the TYCT standards which states '*individuals have a duty to keep professional knowledge and skill up to date*'. TYCT do not set a specified limit for CPD and do not currently carry

circumstances add someone to the register who has not had a site visit from TYCT or been subject to a CQC inspection. The Panel noted that this decision is made based on initial checks carried out about the clinic and the responses received during the interview. If provisionally added to the register a site visit is carried out as soon as possible. The Panel noted that this might cause confusion to the public as it suggests that the individual has been fully assessed. The Panel decided to issue an Instruction: that TYCT should put a system in place to ensure that it is clear to the public when a registrant has been added to the register but where a clinic assessment has not yet been carried out. This should be completed within three months of accreditation.

Currently all the site visits are carried out by one of TYCT's Directors. The Panel noted that TYCT have defined criteria for the visits based on the CQC requirements and that TYCT have plans in place for the Registrar to start doing the site visits as part of their assessment.

The Panel discussed TYCT's CPD arrangements and were satisfied that this met the Standards.

out checks, they rely on their registrants' self-declaration about their CPD and on the professional revalidation carried out by the regulator. TYCT reported that more work does need to be done in this area and that they hope to work with the Joint Council for Cosmetic Practitioners when this is established to raise awareness and produce standards. Both doctors and nurses are required to revalidate by their regulatory bodies and dentists to engage in CPD.

TYCT reported that *'the professional regulators have recently become slightly tauter in their specification of CPD, which is a matter entirely within their competency, and is checked by the professional regulators when the clinician is revalidated. TYCT started in April 2016 collecting data on this, and on treatment episodes, when registrants renew. In time this will lead to pressure on registrants to improve attention to CPD'*

In their application form TYCT stated that once all the information has been uploaded the Registrar will make a decision about whether or not to grant registration. A registrant can be accepted, partially accepted or declined.

- Accepted to the register - the Registrar will issue the certificate and quality mark and add the registrant to the register. Registration lasts for 12 months
- Partial acceptance - applicants are not added to the register but are provided an opportunity to correct any missing elements identified by the Registrar. The applicant is allowed two further submissions within the first two months of the first refusal
- Not accepted - the Registrar will inform them of the reasons behind the decision. The applicant is able to appeal this decision.

If an applicant appeals the decision, the case will be reviewed by an independent qualified person. If a second refusal is applied, an appeal can be made to the Governance Group. This is stated in the terms and conditions on the 'Health Professionals' pages of the website. Details of the how to appeal and who will review the appeal, however, are not recorded within a set policy. The team noted that TYCT do not have a policy for those who wish to re-join the register if they have been removed from their register. The team asked at the site visit what action would be taken if someone wished to reapply to the register. TYCT responded that the individual will be expected to start the application process from the beginning.

The Panel noted TYCT's arrangements for handling appeals and restoration and issued the following Instruction: TYCT should fully document policies regarding restoration of registration or readmission. This should be supplied to the Accreditation team at annual review of accreditation.

<p>TYCT stated that the decision as to whether or not a practitioner who is partially accepted will be on the register is made on a case by case basis and that only on approval by the Directors of TYCT will the Registrar publish a partially accepted applicant on the published Registrar.</p>	
<p><b>Standard 11: complaints and concerns</b></p>	
<p>The TYCT website has a complaints tab which explains that if an individual is concerned about the treatment they have received then they should firstly try to speak to the person who treated them. If that fails they should make a complaint using the clinic's complaints procedure. As part of the acceptance onto the register, all individuals/clinics are expected to have a written policy and procedure for investigating and handling complaints which includes how to raise a concern, timeframes and how to contact the professional regulator if the complaint cannot be resolved. If the service user is still not satisfied following this, they can raise their complaint with TYCT under their stage 2 complaints procedure. TYCT will then refer this to the CEDR who facilitates mediation. This process is free of charge to the complainant. The web page explains what mediation is, but does not provide any further guidance. TYCT provided information about the mediation process to the accreditation team. This includes information such as timings for resolution and what happens with the person's complaint once it has been referred to the mediator. This information is not currently on the website. TYCT reported that further guidance is provided after they have received and assessed the complaint.</p> <p>On the patient focused page there is no information about how someone could complain about TYCT Directors or decisions made by the Governance Group. This was also highlighted in one of the call for information responses. On the 'Health Professionals' web page there is a brief description stating that if the dispute could not be settled, it would be referred to CEDR on a shared cost basis. If this does not work, it will be reviewed by the Governance Group.</p>	<p>The Panel found this Standard was met. The Panel discussed the arrangements TYCT had in place for handling complaints. The Panel noted that these had not been completely documented and issued the following Instruction: TYCT should ensure their procedures are fully documented and make their complaints procedures for complaining about registrants and the organisation clear to the public.</p>

The Accreditation team asked TYCT to confirm their process for how a member of the public would complain about the TYCT Directors or a member of the Governance Group. TYCT confirmed that all complaints would be received and reviewed by the TYCT office. If the complaint concerned one of the TYCT Directors then it would be reviewed by the other. TYCT would return to the complainant a summary of proposed actions to resolve the complaint. If the complainant agreed, these would be sent to the Chair of the Governance Group (or another member of the Governance Group if the complaint concerned the Chair). If no agreement is reached then the complaint would go through the CEDR process. TYCT confirmed that a member of the public would not be expected to share the costs if the CEDR process was used.

The team noted that this process was not clearly documented and that it was not clear to the public. TYCT advised that they will be adding information to their website about how TYCT handle complaints against themselves and about the process for complaining against registrants. TYCT advised that this will be completed by end of July 2016.

TYCT encourages early resolution of complaints through mediation. TYCT assess complaints when they are received to ensure that they are suitable for mediation. Complaints that are not suitable for mediation and that raise concerns are referred to the regulator. TYCT do not currently have a process in place for dealing with complaints that are not suitable for mediation. TYCT provided an update to the Accreditation team as discussed below.

The website states that complaints must be made in writing to TYCT. The team asked TYCT if it would accept complaints in other formats. TYCT confirmed that it would accept complaints via telephone to one of the Directors.

Under the CEDR process there will be no sanctions issued, however there may be learning points that come out of the process. TYCT noted that they have the following sanctions available: advise, warn, report to professional regulator or remove from the register. The team were unclear when these sanctions would be used or by whom and asked TYCT to clarify. TYCT responded that they will review all complaints that they receive to see if their standards had been breached. If the potential breaches would also

The Panel noted that TYCT will abide by sanctions supplied by the regulator for breaches that are relevant to a registrant's cosmetic practice. Additionally the Panel noted that TYCT had sanctions available. The Panel discussed TYCT's plans for

breach the relevant statutory regulator's standards, these will be sent to the regulator for consideration and TYCT would abide by their decision. Those that do not breach the statutory regulator's standards but which may breach TYCT's standards are investigated by the Directors. If they find that a breach has occurred they will report to a sub-panel of the Governance Group with their recommendations. The Governance Group will decide if a breach has occurred and what sanction to apply. TYCT confirmed that this is a new process and as such has not been documented. TYCT noted that this will be documented by the end of August.

The team noted that there is nowhere on the register or the website to provide details of sanctions. TYCT confirmed that they would remove the name from the register of a practitioner who had been struck off. The team asked TYCT how they would ensure that the public was made aware that one of their practitioners was under sanction with the regulator. TYCT confirmed that they do not currently have a system in place however have proposed to provide a link in from their register to the regulator's outcome. TYCT also confirmed that they would publish warning and removals issued by their Governance Group in the same way, although this will require some website development. This is discussed under Standard 2.

At the site visit TYCT advised that they would abide by conditions of practise provided by a regulator if they were relevant to their registrants' cosmetic practice. Those that were suspended or removed would automatically be removed from TYCT's register. The team asked how TYCT would decide if a sanction was relevant. TYCT stated that this would be decided on a case by case basis by the Directors and that they had no set criteria for making this decision.

The team asked TYCT how they would know if one of their registrants was under investigation or sanction from one of the regulators. TYCT responded that they review the sanction notices of the three regulators regularly and that it is part of the terms and conditions of being a registrant that they will inform TYCT of any changes to their regulatory status including conditions of practice.

ensuring that all sanctions would be visible to the public and noted that these had not yet been recorded. The Panel issued the following Instructions: a) TYCT should develop mechanisms to ensure complaints decisions are fair and consistent, for example indicative sanctions guidelines b) TYCT should document its procedure for publication of sanctions with clear timescales for length of publication.

The Panel noted that TYCT did not have a mechanism in place for managing registration while investigations are ongoing to protect the public. The Panel decided to issue the following Learning Point: The TYCT should consider developing criteria and a mechanism for managing registration while investigations are ongoing to protect the public.

In line with previous Panel decisions, the Panel issued the following Instruction: TYCT's Governance group should review TYCT's Complaints Procedures within the following 12 months and provide an update at annual review of accreditation.

The Panel noted TYCT will recognise decisions made by the regulators with regards to fitness to practice and suggested the following Learning Point: TYCT should consider having a policy that establishes

<p>TYCT noted that they would report concerns to relevant agencies including the regulators and ASA, employers, DBS and the police.</p>	<p>formal lines of reporting for professional associations, relevant bodies including statutory regulators and NHS departments to raise concerns about registrants to the register, including notification of complaints against registrants. This could be included in Memoranda of Understanding (MOU).</p>
<p><b>Call for Information about the Organisation</b></p>	
<p>The Authority received 16 responses to the call for information. Seven of these were positive. Two were from TYCT management which highlighted points raised within their application. One related to the transparency of fees and the complaints process, but is the subject of an ongoing TYCT complaint. One had no comment to make about accreditation and five of raised concerns. Two of these were general concerns raised about the need for a non-surgical cosmetic register. These were not shared with TYCT as they did not give permission, however the team notes that the issues raised have been covered within the assessment. The remaining responses were shared with TYCT, however they declined to comment. One response from BACP noted that whilst they support a register in this field, this appeared to be a register of organisations and not practitioners. As noted in Standard 1 above, the register is a mixture of the two, covering both clinics and practitioners. The remaining responses were provided by Save Face and their Clinical Director. The points raised within these have been discussed under the relevant Standard above.</p>	
<p><b>Equality duty under the Equality Act 2010</b></p>	
<p>The Panel must consider the Authority's equality duty under the Equality Act 2010 when condering an application for renewal of accreditation.</p>	<p>The Panel had regard to its duty under the Equality Act 2010 when considering this application for accreditation.</p>

## Annex B - Accredited Registers Impact Assessment

	<b>Potential impact on service users, registrants and employers</b>
E.63 - accreditation could set and enhance standards of professional and occupational standards	<p>TYCT has undertaken actions to assure itself that it meets the Standards of Accreditation.</p> <p>TYCT has standards for <b>training, professional skills and conduct</b> within its Standards for Injectable Cosmetic Treatments.</p> <p>In preparing for accreditation, TYCT has carried out a risk assessment and described controls to mitigate risk associated with the application of non-surgical cosmetic treatments to service users.</p> <p><b>Conditions, Instructions and Learning Points</b></p> <p>The Panel issued the following <b>Condition</b> as part of the accreditation.</p> <ol style="list-style-type: none"> <li>1. TYCT must:             <ol style="list-style-type: none"> <li>c) Inform the Authority of the quality assurance conditions they put in place to assure the work of their Registrar</li> <li>d) Take steps to ensure that TYCT's registrants are aware of, and fulfil, their responsibilities to inform TYCT of any changes in their circumstances. TYCT must inform the Authority of how they intend to do this and the timescales for implementation.</li> </ol> <p>TYCT is to report on its compliance with this Condition within one month of the issue of this report (no later than 19 September 2016).</p> </li> </ol> <p>The Panel provided the following <b>Instructions</b> to be implemented by annual review unless specified below:</p> <ol style="list-style-type: none"> <li>1. TYCT should notify the Authority if it plans to add new occupations, modalities or categories to its register</li> <li>2. TYCT should list every registrant who meets its standards on the register, unless there were exceptional circumstances involving the safety of the registrant. The policy on exceptional circumstances to allow a registrant to have their name off the register should be clearly published on the register website</li> <li>3. TYCT should ensure that they have an established and operational scrutiny process, for identifying and mitigating potential conflicts of interest within the register's governance structure</li> </ol>

4. TYCT should ensure that only registrants use the Accredited Registers logo and other benefits of accreditation. TYCT will need to make clear that accreditation applies to practitioners only. TYCT should monitor how its registrants communicate accreditation. Monitoring should take place throughout the duration of this accreditation and an update should be provided at annual review
5. The Governance Group should review the process for assessing course suitability to ensure that decisions made are fair and consistent. The outcome should be reported to the Accreditation team at annual review
6. TYCT should put a system in place to ensure that it is clear to the public when a registrant has been added to the register but where a clinic assessment has not yet been carried out. This should be completed within three months of accreditation
7. TYCT should fully document policies regarding restoration of registration or readmission
8. TYCT should ensure their complaints procedures are fully documented and make their complaints procedures for complaining about registrants and the organisation clear to the public
9. TYCT should develop mechanisms to ensure complaints decisions are fair and consistent, for example indicative sanctions guidelines
10. TYCT should document its procedure for publication of sanctions with clear timescales for length of publication
11. TYCT's Governance group should review TYCT's Complaints Procedures within the following 12 months and provide an update at annual review of accreditation.

The Panel provided the following **Learning Points** to be verified at the next annual review of accreditation:

1. TYCT should continue the implementation of Patient and Public Involvement (PPI) strategies to inform and involve the public and service users in what they do, and provide an update of progress at the annual review of accreditation. TYCT should continue to explore options for engaging service users
2. The TYCT should consider developing criteria and a mechanism for managing registration while investigations are ongoing to protect the public
3. TYCT should consider having a policy that establishes formal lines of reporting for professional associations, relevant bodies including statutory regulators and NHS departments to raise concerns about registrants to the register, including notification of complaints against registrants. This could be included in Memoranda of Understanding (MOU).

<p>E.64 - the Authority's accreditation scheme is anticipated to operate on a full cost recovery basis in 3 years. The annual cost was projected (in 2011) to be £100,000 per annum.</p>	<p>The Authority's accreditation scheme is operated on a not-for-profit basis. The fee has been calculated at £12,465 per application (effective 1 April 2016).</p> <p>The fees may be affected by the volume of applications. It is possible that the fee may fall in future years if the volume of accredited registers rises.</p>
<p>E. 65- the Authority's oversight of registers may impose some costs on registers and their registrants.</p>	<p>TYCT has paid the Authority £12,240 (the fee at time of application).</p> <p>The Authority has ascertained that the cost of accreditation for TYCT is sustainable over the longer term.</p> <p>In their application form TYCT report that they have 188 practitioners and 86 clinics. The annual subscription is determined by the number of practitioners working in one or more clinics owned as part of a business. Current fees are noted in the <a href="#">fee structure</a> on TYCT's website.</p> <p><b>Fees for Practitioners and Lead Practitioners Initial registration fees for Practitioners, including Lead Practitioners:</b> • 1 Practitioner - £500.00 • More than 5 Practitioners - contact TYCT</p> <p><b>Premises.</b> Fees for Premises • Up to 2 Premises - £100 • 3 Premises-£200 • 4 Premises-£300 • 5 Premises-£400 • More than 5 Premises - contact TYCT.</p> <p>TYCT has not reported any likely increase in the fees as a result of accreditation.</p> <p>TYCT reported that their practitioners work within the private sector.</p> <p>It will be of benefit to service users to be able to choose practitioners from a register that has been independently assessed by the Authority as meeting high standards.</p>

E.66 - accreditation should lead to improved standards of education, proficiency and conduct.	<p>TYCT meets the standards the Authority has set for education and training, and registrants' personal behaviour, technical competence and business practice.</p> <p>In preparing for accreditation TYCT has developed its Register which requires its registrants to demonstrate compliance with the standards of their statutory professional regulator regarding good character and good health.</p>
E.67 - accreditation should improve the ability of employers and service users to distinguish those who have met nationally accredited standards.	<p>TYCT's register is available online at: <a href="https://treatmentsyoucantrust.org.uk/">https://treatmentsyoucantrust.org.uk/</a></p> <p>Once accredited, TYCT and practitioners on the register may use the Authority's registered accreditation mark. This visual symbol makes it easy for employers and service users to recognise those who meet the Authority's national accreditation standards.</p>
Equality and Diversity - Does the register treat individuals differently or have a different impact on individuals on the basis of age, disability, gender, gender reassignment, pregnancy and maternity, race, religion and belief or sexual orientation?	<p>TYCT's register makes no distinction on this basis. TYCT aims to make its register as inclusive as possible and is open to anyone able to meet its standards for education and adhere to its Standards for Cosmetic Injectable Treatments. To qualify for entry into the Register a practitioner must:</p> <ol style="list-style-type: none"> <li>1) Be a registrant with the GMC, NMC or GDC and provide relevant certification of training.</li> <li>2) Have completed the registration process which involves an assessment of the clinics in which they work.</li> <li>3) Meet the Standards for Cosmetic Injectable Treatments.</li> </ol>
Small firms impact	There may be impact as a result of accrediting TYCT's register as the occupation is market driven.
Competition	There is a risk that registrants could transfer from existing registers to a newly accredited register impacting on their competitiveness. We have mitigated this by listing those organisations that are planning to apply for

	<p>accreditation to help them manage their members' expectations. It is in the public interest for registrants to be on an accredited register.</p> <p>TYCT noted that 'we expect that Registered clinics, being professionally led and with verified credentials, will generally charge higher than unregistered Cosmetic Injectable services provided by non-professional clinics. However, we believe on anecdotal evidence that practitioners able to display the Quality Mark effectively achieve higher numbers of patients.'</p>
Other	<p>Accrediting TYCT is likely to 'raise the standards or provision and so registration benefits the community as a whole.</p>