ASSOCIATION OF LASER SAFETY PROFESSIONALS

The Secretary The Association of Laser Safety Professionals PO Box 513 ABINGDON Oxon OX14 9AY
www.laserprotectionadviser.co.uk

Carol Jollie
Health Education North West London
Stewart House
32 Russell Square,
London WC1B 5DN

6 February 2014

RESPONSE TO:

Cosmetic non-surgical interventions
Call for Evidence (Publication Date 10 January 2014)

Dear Carol Jollie,

I am writing to you as Chair of the Association of Laser Safety Professionals (ALSP). Formed in 2005, ALSP is a professional society of laser safety experts actively engaged in providing advice, support and training in laser and intense light safety. For further detail concerning the Association please refer to our web site: http://www.laserprotectionadviser.com/

As an organisation representing some of the most experienced and well-respected Laser Protection Advisers (LPAs) in the UK, ALSP wishes to make the responses below against the questions listed from the Call for Evidence. Please note that, similar to the case for many LPAs, our Members are mostly trained in the physical sciences - e.g. physics and engineering. Given our particular speciality our responses are therefore mainly about the safety aspects of laser and IPL interventions, not their clinical effectiveness, nor the details of the clinical treatment procedures themselves.

General

First of all we would like to comment on the bullet list on page 2 of the Call for Evidence, which includes the following items:

- Vein wave/Intense Pulsed Light (IPL)
- Laser treatment for hair treatment

ALSP Comment: The scope of safety training should be broadened to include all non-surgical procedures with laser and IPL devices, not just the list of procedures in the Call for Evidence document. For example HEE needs to consider the following treatments which do not appear in your current list: laser skin rejuvenation, laser tattoo removal, non-ablative laser skin resurfacing etc. Please note however that we are neither saying which procedures should and should not be in such a list, nor who should and should not be allowed to carry them out. We merely make the general point that we feel that your list as it stands needs to be refined to reflect the range of procedures undertaken, both now and in future.

We believe that HEE is aware of the work being done by CEN/TC 403 in developing pan European Standards on "Aesthetic surgery and aesthetic non-surgical medical services". (One of ALSP's Members chairs the corresponding BSI mirror committee, CH403). In particular we understand that the BSI CH403 Secretary (Liz Osborne) has been in touch with you subsequent to the circulation of your Call for Evidence, stressing the need to take into consideration the list of non-surgical interventions that CEN/TC 403 has defined.

In addition ALSP would like to raise the issue of "combination treatments", e.g. devices which emit a combination of laser radiation and RF. Whilst it is not within our (ALSP's) remit to comment on RF issues per se, we feel that the general issue of combination treatments should be fully considered by HEE, and appropriate guidelines put in place.

Question: 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?

ALSP Comment: Training in basic laser / IPL safety is important, and needs to be compulsory because very often untrained operators simply do not appreciate the severity of the hazards. Several of our Members have heard in clinics and salons the sentiment: "It's just light, isn't it!"

Curriculum content

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

ALSP Comment: An appropriate curriculum regarding the safety aspects of laser and IPL interventions has for some years been set out as the Core of Knowledge in MHRA Device Bulletin DB2008(03), which you list as evidence already collected; the Core of Knowledge Syllabus being defined in Appendix C of the MHRA document. The MHRA states that the training should last at least 3 hours.

In ALSP's view Core of Knowledge courses should be delivered only by Certificated LPAs. A list of LPA certification bodies is provided in section 3.3.2 of the MHRA Bulletin.

HEE needs to carefully consider if such training can be adequately delivered remotely (e.g. on line), or whether face to face training is preferable. ALSP's view is that for a subject like this, and in a sector such as this, face to face training is much more likely to be effective.

It is good practice for operators of laser and IPL equipment to attend a refresher course periodically, ALSP's suggested frequency being every 3 or 4 years.

Core of Knowledge training is by its nature generic. Appropriate training in the operation of the specific equipment in use is obviously also essential to safety, and should usually be offered by the laser / IPL manufacturer or supplier. It must be stressed that Core of Knowledge is really only a specialised health and safety course. As such it is absolutely necessary but on its own not sufficient. It needs to be complemented by clinical training on how to actually perform the clinical treatment modalities being offered.

Provision of detailed comments on the required level of clinical training is outside the remit of ALSP. However adequate clinical training is obviously imperative in order to:

- ensure correct decisions as to whether or not to treat - this is not unlike the need for standards when prescribing, because the clinician / therapist is in effect "prescribing" the laser / IPL treatment as being suitable for a specific patient;
- ensure safe and efficacious treatment delivery, thus reducing the risk of adverse events and improving patient outcomes.

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

ALSP Comment: In the case of a Core of Knowledge course, this is a difficult question. Is attendance enough, or is there a need for a short test - e.g. multiple choice - to ensure that a minimum level of understanding has been reached? This issue becomes particularly severe in the case of remote / on-line training. As stated above, ALSP's view is that face to face training is much more likely to be effective in a subject (and sector) such as this, as it ensures at least some degree of engagement by the delegates. On the other hand if a remote / on-line training solution were to be approved by HEE as an option, clearly some kind of assessment would be absolutely essential; although the logistics of credible remote assessments may be very difficult in a sector such as this.

A follow on question is what should happen if a delegate fails, either in a face to face test or in a remote test? Failure of delegates can be a particular issue for smaller training organisations, who may find it impossible to absorb the extra overhead involved in the provision of any extra tutoring in individual cases. If there is to be an exam, the pressure to pass people should not be on the trainer or his organisation, provided the training material is satisfactory.

Quality and accreditation

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

ALSP Comment: This is a key (and difficult) issue. ALSP is looking into possibly offering an accreditation service for courses within our specialism i.e. laser / IPL safety. One problem is ownership and copyright of the material. Course developers can understandably be reluctant to hand over actual course materials, such as PowerPoint Presentations. But on the other hand if an accreditation body only sees say an outline, how can they reliably approve it?

We would be grateful if you could kindly acknowledge safe receipt of this letter, which we have sent by email attachment as a pdf document to: cosmetics@nwl.hee.nhs.uk

Yours sincerely,

Mike Regan
BSc MSc CEng MIET
Chair, Association of Laser Safety Professionals

email: enquiries@laserprotectionadviser.com
web: www.laserprotectionadviser.co.uk