

Dermatologically Tested Podcast

17. Cosmetic Interventions with Dr Tamara Griffiths

Harriet Dalwood 0:14

Welcome everybody to this week's episode of dermatologically tested, a podcast by the British Association of Dermatologists. Today we have a really great episode in store for you. We are talking to Dr. Tamara Griffith about a subject that is often hitting the headlines at the moment; non-surgical cosmetic procedures. So, without further ado, let me introduce our guest, Dr. Tamara Griffiths, a consultant dermatologist with an interest in cosmetic dermatology, and a founding member of the Cosmetic Practice Standards Authority. Welcome Tamara.

Dr Tamara Griffiths 0:44

Hello. Happy to be here.

Matt Gass 0:46

Fantastic.

Harriet Dalwood 0:47

So Matt, do you want to get us started?

Matt Gass 0:49

Yeah, absolutely, Tamara, you're an expert on these non-surgical cosmetic procedures. Before we really get into the meat of this episode, perhaps you can just explain what these are, and we can have a better understanding of what is considered a non-surgical cosmetic procedure and what isn't?

Dr Tamara Griffiths 1:05

Sure, of course. So first of all, to talk about what is a cosmetic procedure, it's a very difficult concept to define. We all think we know what it is, but there is a formal GMC definition which states it's a procedure or treatment with a primary objective of changing an aspect of a patient's physical appearance. This definition in itself is kind of blurred when we talk about the scope of practice of what a dermatologist does but that is the gist of what is felt to be cosmetic. It's treating something or altering something for the purpose of changing the appearance technically, without underlying disease or pathophysiology, but again, in dermatology, we know that's a little bit blurred. The non-surgical procedures are those that don't require surgery, so they tend to be office-based procedures, not requiring general anaesthetic, and we all know them to be what's really commonly available,

even on the high street now, which is botulinum toxin, or Botox injections, dermal filler injections, various laser and light based devices, so intense pulse light, laser hair removal, and other devices with the purpose of skin tightening, sort of radio frequency, ultrasound and other types of procedures like that. Part of the problem with this sector is, it is so diverse in terms of what procedures are offered, and there's new ones that keep cropping up all the time, so it is very hard to keep track of, I would say the main ones are botulinum toxin injections, dermal fillers, possibly chemical peels.

Harriet Dalwood 2:38

I'm guessing those are the most popular cosmetic procedures that obviously are found on the high street, the non-surgical ones, it'd be good to understand how they work, maybe you don't have to go into specific detail on every single one, because I think we'd probably be here for quite some time, but yeah, it'd be great to hear a little bit more about how Botox and everything works.

Dr Tamara Griffiths 2:58

Sure, well, again, there's a huge range of procedures available, but I'll just focus on the main ones. So as the face ages, there are changes that occur at multiple anatomic levels, so as dermatologists we focus on the skin, but the appearance of the ageing face is more than just about wrinkles and pigmentation in the skin. It's also linked to loss of subcutaneous fat or volume, as well as increased muscle activity, or the appearance of increased muscle activity due to loss of fat and skin laxity. All of these components work together to create the appearance of an older looking face and to regenerate, to rejuvenate it's more convincing to alter a lot of little things, a small amount rather than one thing a lot because proportion and balance is then disrupted.

But with these procedures, particularly on the high-street we're moving on towards changing appearance, not just anti-ageing, but actually altering the appearance of a young person. So exaggerated features, for example, lips in a person, a young person who has perfectly normal lips, so the spectrum of patient cohort is expanding. It's driven by fashion and marketing, but the accessibility is increasing without a doubt across the board. And it is really time, it's beyond time we started to try to regulate and put some brakes on this sector, which is really rapidly spiralling out of control.

Matt Gass 4:28

Yeah, I mean, that's something I think we want to touch on today a little bit, on the safety side of things and why this regulation is needed. But I suppose one thing that it would be good to clear up for people is perhaps on focusing on the most common so perhaps your Botox, fillers, things like that. Who is able to perform these procedures that we're talking about under current regulations?

Dr Tamara Griffiths 4:52

Well, botulinum toxin is a prescription drug, so practitioners can't access it unless they are a prescriber themselves, so a doctor, a dentist, a nurse prescriber, so there is technically regulation on who has access to the drug botulinum toxin. We know there is poor practice with remote prescribing

and abuse of the system, so access can be limited with botulinum toxin. Dermal fillers, on the other hand are not a prescription device. They are not a prescription drug, so these can be obtained by anyone, beauticians and I've had even patients or members of the public who order them themselves online and self-inject, so there is a little bit more regulation with botulinum toxin. The risks for botulinum toxin are also may be less than with dermal fillers, so it's really dermal fillers that we're focusing on primarily because the risks of chronic granuloma necrosis, even blindness are very severe in a really completely unregulated arena. The fillers in the UK have to have a CE mark but that has a very low standard. It is really just a mark that some products, even a toothbrush or toaster gets so the safety and efficacy data for dermal fillers available in the UK is really abysmal compared to the US, for example, where it is an FDA approved device, so it has to go through much more stringent regulatory process before it's even available on the market.

Matt Gass 6:20

Just to clarify, so essentially, anybody is able to inject fillers.

Dr Tamara Griffiths 6:24

Yeah.

Matt Gass 6:25

And if you manage to get hold of Botox, anybody can inject botox, is that true?

Dr Tamara Griffiths 6:31

That's pretty much how it stands, so the weak link with Botox would be the prescriber who's then doling it out or selling it at a profit, so that's against GMC regulations. But practice has happened, there's some rogue doctors who have been called to account for doing that. The practice is very widespread and the resource for tracking this down is very limited.

The non-surgical cosmetic sector was deregulated, so it really was a knock-on effect when it was deregulated. The procedures were trivialised, everyone and their brother started practising, patients really didn't understand it wasn't okay, because it was available and it became a downward spiral, so there's always a low grade level of nefarious practice. If the standard is set high, the amount of that kind of practice is somewhat limited, but if there's no standard, then that cohorts or that poor practice becomes rife and ubiquitous, which is what has happened. So we are in a very challenging position to try to claw some of that back and get some kind of decent regulation really, for patient protection and protection of the public. It's not seen to protect, you know, dermatologists certainly don't have a problem with anybody engaging in this practice if they're qualified and properly trained, but that is not the case. It's really a matter of patient safety and protection of the public, that's how we view it.

Matt Gass 8:02

Yeah. This training doesn't necessarily have to be, you going through medical school, having a medical degree and in fact, you can have done that and not necessarily be qualified or the right person necessarily, to perform these procedures. It's about doing the relevant training, specific training in these areas and also go through to the right training providers, I believe, because they can be issues with some of the training providers.

Dr Tamara Griffiths 8:25

Yes, it's a very complex sector, but Health Education England did publish training guidelines for non-surgical procedures, and I was involved in that process, so they are very good standards. That guidance is available online, Health Education England guidance on non-surgical cosmetic procedures, the training, that was published in 2015 after the Keogh review, which was published in 2013, really shining a light on poor surgical practice with the PIP breast implants scandal, but also uncovering the huge problem with non-surgical procedures which actually involved over 75% of the market share, so the Health Education England training frameworks are available, and we are trying to encourage educationalists to implement them more stringently, but again, as there is poor clinical practice, there is also poor educational practice with rip off weekend courses, again, which seems to be very financially driven. It's an effort to try to clean up the whole arena, which is very complex, and with limited resource behind it, but we are making headway and we have made improvements with the CPSA standards, which are agreed standards led by the plastic surgeons and the dermatologists but apply to all practitioners.

These standards are implemented and checked by the JCCP, that's the Joint Council of Cosmetic Practitioners, so anybody who joins the JCCP register will be held to the CPSA standards. The problem is the JCCP register is voluntary, so people who are really poor practitioners or really have no idea, won't join the JCCP register.

Harriet Dalwood 10:14

So given that there are a lot of cowboys out there, as you've just touched on, what advice would you give someone who may be considering getting a non-surgical cosmetic procedure? What do they look for?

Dr Tamara Griffiths 10:26

Well, I would advise any patient or member of the public to ensure that the person they're going to see, the practitioner, follows and is aligned with the Cosmetic Practice Standards Authority guidance. So that's the CPSA standard. The CPSA is a group formed by the plastic surgeons and the dermatologists, BAAPS, BAPRAS, BAD and BCDG and we have created, with multistakeholder input, agreed standards in a number of modalities of non-surgical cosmetic practice, in terms of what the training needs to be, what the room needs to look like, how they should prescribe the product, after care advertising, so all kinds of standards on what we felt to be good and ethical practice. In order to ensure the person, you're going to see is aligned to those standards, you can check to see whether that individual is on the JCCP register, so that is the Joint Council of Cosmetic Practitioners voluntary register, sorry for all the alphabet soup.

The JCCP is a voluntary register that a practitioner can sign up to, and they have to submit evidence to ensure that they are aligned with the agreed standard. The JCCP register is voluntary, but it's really gaining momentum, there's more than 500 members and I would encourage certainly any dermatologist who was engaging in cosmetic practice, to sign up to the JCCP register, is a voluntary register, but really, it's to demonstrate to the world that your practice is aligned to the agreed standards and in addition is an act of solidarity to also communicate, you think it's important that standards are met and although, if you're a consultant dermatologist, you undoubtedly will practice a very high standards, is an act of solidarity to state that this sector needs to be better regulated, and it will encourage others maybe non dermatologist to also sign up to the register, again to gain momentum to bring some clarity to a sector for the patient population.

Matt Gass 12:32

Absolutely. I think that's really needed because it is a bit of a minefield to navigate successfully. So, in an instance, where, obviously, the JCCP register is still gaining momentum, and it's doing really well but say that somebody is struggling to find a practitioner on the register. What else could they do if they are looking to find a practitioner themselves? What sort of questions should they be asking? What sort of red flags should they be looking for? Perhaps, how can they do their due diligence to obviously, I suppose you can't ensure safety at all times, there's inherent risk with any procedure, but minimise their risk?

Dr Tamara Griffiths 13:10

Sure, well, I think the key is to try to understand who the practitioner is so you can very easily check the GMC register to find out if the person is a registered doctor.

Matt Gass 13:22

Just to explain to listeners the GMC, they are the body that licenced doctors, the General Medical Council.

Dr Tamara Griffiths 13:28

Correct

Matt Gass 13:29

Okay, great.

Dr Tamara Griffiths 13:30

The General Medical Council regulates licenced doctors so you can very easily check online whether the practitioner is a licenced doctor or registered doctor. You can also check to see if that practitioner is on a specialist register under the GMC, for example, is a qualified dermatologist or

qualified plastic surgeon, you can check that easily, or a registered GP. There are other practitioners who are not doctors, those individuals will be less well regulated, but certainly nurses and dentists as well will be on the nursing or dental register. So, you can check the core qualifications of the individual practising very easily. Now how much specialist experience they have in cosmetics, again, it's not that easy to define, so you can ask questions like, how many of these have you done before? What are my other options? So, if the practitioner keeps pushing one procedure, where you don't think is that appropriate, that might be a red flag that they don't know how to do other things. I think if you have a gut feeling that you feel pressurised, that is definitely a red flag.

So, any kind of emotional pressure, financial pressure, so if you do it today, you get a discount, but if you do it tomorrow you won't. Any kind of financial or emotional pressure, I think is definitely a red flag and I think word of mouth can be helpful but isn't always that great. Those would be the first ports of call that I have for individuals, I would much prefer a clinical setting versus a beauty type setting. It's a little bit of a generalisation, but it would probably indicate perhaps a higher level of professional standard in terms of the professional injecting or performing the procedure.

Matt Gass 15:18

Yeah, of course,

Harriet Dalwood 15:19

There have been some reports about the Zoom boom, and an increased demand for these procedures during the pandemic, but I've also noticed, personally, especially with the rise of social media, a lot of salons advertising through Instagram, especially. Do you believe that the Zoom boom, like the increase in non-surgical cosmetic procedures, is that genuine or is it speculation?

Dr Tamara Griffiths 15:45

I do think there is evidence that inquiries and referrals in the medical sector have increased in both invasive and non-surgical cosmetic procedures during the Zoom boom for lots of different factors.

Harriet Dalwood 15:57

Yeah.

Dr Tamara Griffiths 15:58

I think before COVID, the boom was already happening due to social media pressures and advertising, but as medics, as doctors, we have to understand, you know, advertising really is relatively frowned upon and this is where there is a tension because we practice to a certain ethical code as doctors, but there are a lot of other people performing the procedures that aren't doctors, they are aligned to different code, or they don't have the education to be trained in that way so it is a bit of a mixed bag. I think as medics we have to be very clear, if we're practising in the sector, we have to be very clear where our personal, professional, and ethical boundaries are and just because

lots of other people are doing lots of different things, doesn't mean it's appropriate. It doesn't mean it's right and I think particularly young doctors, those in training, can be persuaded and led astray by what's happening in general and I think, as dermatologists and particularly if we're consultants, we really need to try to reinforce that in our juniors that lots of people do it, but this is what we do. That's not okay, because we're the ones that see the train wrecks, the problems, people crying with disastrous outcomes. I've had a case where the patient found someone on Instagram was a nurse, the person came to their house, she had a terrible complication, then she disappeared off Instagram. And we checked and she actually wasn't a nurse. so, there's a lot of fraudulent practice. A lot of really bad things happening out there. We were not used to that in medicine, that level of unsavoury activity, I think, but it's definitely happening out there, and because we are the ones that have to deal with the consequences, usually on the NHS, I feel it's our responsibility to play our role in trying to clean up the sector and not prevent people from practising if they're trained, but to promote the standards and help determine what those standards should be because we are the ones who have actually the professional knowledge to, to do so most effectively.

Matt Gass 18:00

So, we've talked quite a lot about how to mitigate risk and how to find somebody that can hopefully do your procedure with minimal risks, but what are the actual risks that we're talking about? What can go wrong? And what should people do if something does go wrong?

Dr Tamara Griffiths 18:15

Well, we know from the legal side of things, the non-surgical cosmetic procedures that cause the most problems are dermal fillers, and then the laser and light-based treatments, so the device related treatments, those are the two areas where poor outcomes seem to be more common, or at least more commonly reported, probably because they're longer lived. A poor outcome with botulinum toxin goes away in a few months, but problems with dermal fillers or laser and light-based treatments can be chronic and long standing. With dermal fillers, it's an injection of a foreign body into the skin or, under the skin. We have very common, often trivial reactions, redness, pain, bleeding, bruising, but the dangerous complications would be vascular occlusion, which means the filler product blocks the blood vessel, the blood vessel is feeding the skin, so when that vessel is blocked, the skin is starved in nutrition, then will die which means it ulcerates and then can heal with a scar, so that is a very unpleasant and potentially permanent untoward event.

The worst case scenario is if the blood vessels that gets blocked is the blood vessel that feeds the eye, that's called the retinal artery, and that can occur even though you're injecting in the skin, it can occur due to what we call retrograde flow so with all the other products injected in the skin, it can actually move backwards in the vascular system through the arteries into the back of the eye and that causes instantaneous and permanent blindness.

Matt Gass 19:53

Wow.

Dr Tamara Griffiths 19:53

And that has been documented with cases in London. It is a disaster because it's instantaneous and permanent blindness. There are ways that a practitioner can reduce the risk of that happening, but, but all patients who have dermal fillers should be aware that that is a potential risk. It is extremely rare, but it has been recorded to happen. These are not trivial procedures, they are not beauty procedures, although they're used for cosmetic indications, the adverse events and the risk profile is potentially significant and life ruining with permanent disability, so they shouldn't be taken lightly, the risk is very low, but it is there. With laser and light-based treatments, and device-based treatments, this can cause burns, scarring, pigmentation, you know, brown or white discoloration, which can be disfiguring, and again, chronic. So particularly depending on the background, skin type, and what the light-based device is, it can cause serious problems and it's also because laser hair removal is so common and ubiquitous, you know, it's happening all over, millions of people have it done, of course, any risk will be amplified proportionately because of the number of patients or members of the public on going undergoing the treatment,

Matt Gass 21:10

A lot of the treatments we are talking about, you know, Botox, fillers and so on, they are injectable, injected into your face and presumably, that's not the most straightforward thing that anybody could just pick up a needle and get it right first time. I mean.

Harriet Dalwood 21:24

Yeah.

Matt Gass 21:25

Presumably there are risks associated with going too deep or too shallow.

Dr Tamara Griffiths 21:30

You know, it's clearly a highly skilled procedure, so anybody picking up a needle with the filler and injecting into the face, you know, you definitely have to understand the underlying anatomy, particularly the vasculature as I've indicated, you have to be aware that there could be allergic reactions formed, so delayed onset allergic reaction or granuloma, which can occur weeks to months after the procedure, you have to know how to dissolve the product in case there is an emergency such as the vascular occlusion or the blockage of the blood vessel that I described and then there's also risk of infection because the product is sitting in the skin, and it's a foreign body so there is a risk of infection or low grade infection called biofilm and a person who injects has to understand all the potential risks, and also, in my view, be able to treat the problems if they occur and really, in order to do that, you do need to have medical training, or at least highly skilled nursing training, in my view. So those are some of the other problems that can occur with filler injection. The ageing face is very complex, not every patient is the same.

The real skill in cosmetic practices patient assessment, as with any clinical practice, understanding the patient's clinical signs, what their face looks like, what are the changes that have occurred? And what little tweaks can you give to have a big impact? It's not just doing the same procedure on every single patient, because everyone's baseline is different. The real art to effective cosmetic rejuvenation, in my view, is patient assessment and knowing what the patient needs; the least treatment that will have the biggest and most convincing impact.

Matt Gass 23:10

Absolutely.

Harriet Dalwood 23:10

So, if something did go wrong, if someone went and got a non-surgical cosmetic procedure, and they did notice a reaction or something not quite right, what would you suggest that their next steps would be?

Dr Tamara Griffiths 23:24

I think the next reasonable step would be go back to the person that did it to see if they can offer you any advice, bearing in mind, that individual may not be medically qualified, they might really not understand what the problem is, if you get the feeling that they don't, then I would seek medical attention. See your GP, get referred to your dermatologist because I have also seen patients who have gone back to the original practitioner and tried to correct the problem that has made it worse. My message to patients who have a problem is, they are laden with a lot of emotional baggage, so they say, oh, it's my own fault, it's simply vanity; there's a lot of shame and guilt involved if something bad happens and I would like to try to defuse that. The patient or the client or the person who, who went to the practitioner went in good faith, to try to improve their appearance and there was an untoward outcome, something bad happened that wasn't supposed to happen, it did happen, but hiding it feeling ashamed and feeling guilty, doesn't help anybody. It's really sensible to try to get the correct help that you need to try to improve the situation and get accurate advice. I would say if you go back to someone and they say, well, if I do this, but it'll cost you this to have it done, you know, don't let them play on your emotional vulnerability, that you feel desperate and ashamed and you're willing to maybe take further risks to get rid of the problem. I think, try to step back from the emotional upset and look at it rationally and get the appropriate help that you need from someone who you can trust.

Matt Gass 25:01

Absolutely. I mean, I think it's a good point that you make, those complicated emotions that people tend to have if something goes wrong with a cosmetic procedure. I think that is something that I've noticed for quite a long time, that I think you see it in the newspapers, even, you know, journalists can be quite harsh on celebrities if a cosmetic procedure goes wrong, and sometimes it does. You know, there's definitely been cases where there have been some really quite cruel stories written about people. But I also think amongst the general public, there's a perception that people have

brought these issues on themselves by their own vanity, which I think deeply unfair. The flip side to this, I think it is sad when people perhaps chasing perfection and unrealistic standards but I also think that, if a procedure is going to improve someone's quality of life and make them feel better about themselves, then I think that's a perfectly reasonable reason to look into it and have a procedure done, and nobody deserves to have somebody take advantage of them, or through their own carelessness, or under qualification cause permanent disfigurement or damage, you know, even temporary issues. It's a shame, some of the judgement you see around it. I think you'd never see that if, if it were to happen to somebody getting treatment for a medical issue.

Harriet Dalwood 26:22

Yeah, definitely.

Dr Tamara Griffiths 26:23

Yeah. Well, I think you hit on a good point as well Matt, that people who have the complication are emotionally vulnerable. But actually, the patients that come in for treatment are also somewhat emotionally vulnerable, they're seeking something because they're not happy about the way they look and unfortunately, because of that vulnerability, they can be taken advantage of very easily. So as dermatologists we need to assess the clinical situation and try to give fair compassionate advice with any medical procedure as with cosmetic procedure, there is a risk benefit ratio. If the problem doesn't bother the patients, it's not worth taking any risk, but if the problem bothers the patient quite a lot, it might be worth taking a small risk, and most of these procedures are in correct hands, low risk procedures, if used appropriately by properly trained people.

So, that's something that needs to be discussed openly with the patient, the risk benefit ratio, how much does the problem bother you? Versus what are the potential risks? You know, and then the other thing we can pick up as clinicians is people who have body dysmorphic syndrome, so they're really ruminating about intrusive thoughts, the problem that they perceive is taken over their whole life, and actually doing the procedure in that case is not the right thing to do. It's to try to get them get psychological support, so they can have a more balanced view going forward, whether they want the procedure or not. So it is a very complex patient population, even before the procedure, before there might be any untoward consequences and as experienced clinicians, we are well placed to pick up on these nuances and that's why having non clinicians engaged in this sort of practice can lead to very serious problems, life ruining situations. This is why we're calling for increased regulation.

Matt Gass 28:07

You do see cases of people who have one procedure and then sort of have more and more, are they addictive? Or is it a case of an underlying body dysmorphia? Maybe something else like a psychological aspect that sees some people have increasing numbers? Or is it just a case of somebody has a good result and they think, well, why not have more that wasn't as bad as I thought it was going to be and it went well.

Dr Tamara Griffiths 28:34

Well, I think we definitely see the extreme cohort of person who seems to be addicted, particularly to invasive procedures, with actually completely changing their physical appearance, you know, and those individuals probably do have some underlying psychological issues. But on the other hand, it can be very difficult to tease those out.

Matt Gass 28:55

Of course.

Dr Tamara Griffiths 28:55

Because procedures are so accessible, they may always find someone who's willing to give it a go in terms of surgeon or practitioner. So, the sector also needs to be regulated from the practitioner side. Practitioners who maybe aren't as good at knowing where the boundaries are, or are people pleasing. As clinicians, we always try to make our patients happy. So it is not a clear cut area. But we do have good guidance, particularly for doctors and, I would again, reiterate for any junior dermatologist, who is thinking about engaging in this practice, or any senior dermatologist for that matter, particularly in the cosmetic sector, we have to have very clear boundaries, our own personal and professional boundaries of what we are and aren't willing to do and try to stick to that and also it's a constant reflection on your own practice. If things have changed, or if you're not sure, talk to other colleagues who can give you a balanced view. I think that introspection that reflection is really important, particularly for those of us who engage in cosmetic practice, so we practice within what are acceptable personal and professional boundaries.

Harriet Dalwood 30:09

So, what regulation would you like to see personally?

Dr Tamara Griffiths 30:13

Well, certainly amongst the professional groups, so the plastic surgery groups and the dermatology groups, we would like to see mandatory regulation for those engaging in non-surgical practice. This was actually a recommendation of the Keogh review back in 2013, and I think it's clear the government at this point in time is not looking for mandatory regulation of this sort of practice. The route that we seem to be going down is the voluntary regulation, where we have the voluntary register, the JCCP register, which holds their practitioners to account to the CPSA standards.

We will also have indirect leverage through indemnify or so that's insurance companies, the medical insurers and people who indemnify those who practice will increasingly be looking to see whether that practitioner is on the JCCP register, or another voluntary register, and if they're not, what we hope to see is then the insurer will not be willing to provide cover for the individual. There's a lot of indirect levers that we're trying to utilise. The other thing that can really make an impact is publicising the JCCP register so if members of the public know, there is a register, they can check if they're practitioners on it. If that person isn't on it, the individual can still choose to see the non-registered practitioner, but then they have to be aware of the risks. It's really about trying to clarify and make more transparent the marketplace for the members of the public. Hopefully, they would

seek out someone who's on the register because that's a kitemark of compliance with the industry standards. That seems to be the route we're going down and we've got over 500 on the JCCP register now, though, as that body grows, those who aren't on the register will become more and more outliers.

Matt Gass 31:59

Absolutely. Yeah, I think the register is a great idea and that it sounds challenging to navigate the industry without somebody to help you do some of the legwork, so I do think it's a no brainer. If you can find somebody near you on the register, then fantastic.

Harriet Dalwood 32:12

And just getting the word out there and letting those who are looking to get procedures know about the register, because I think education is so important in this industry without a doubt.

Matt Gass 32:24

Absolutely. And what would you say to dermatologists and other health care professionals in the industry?

Dr Tamara Griffiths 32:30

Again, I would encourage you to join the JCCP register for dermatologists who are having NTN training number or are already on the GMC specialist registers that they have their CCT, they can be fast tracked on the JCCP register, with a small additional course through the British Cosmetic Dermatology Group to supplement their core knowledge skills in dermatology, and then you can easily get on the JCCP register and be recognised as someone who is aligned to the CPSA standards. And cast your vote with your feet that you feel regulation is required and in the absence of mandatory regulation, voluntary regulation is the next best thing but it's only effective if enough people buy into the concept.

Matt Gass 33:14

Absolutely. Well, I think you've done a really fantastic job at clarifying what is quite a complicated sector.

Harriet Dalwood 33:21

It's very broad as well.

Matt Gass 33:22

Yeah, and I think that a lot of these procedures have become slightly trivialised, so I think that's part of the trap that people fall into, and they think, oh, this is just such a trivial procedure, it can be done by anybody, let's just get it done. People just don't really know exactly, even if they did want to check, what they should be checking, so I think it's great to clarify that.

Harriet Dalwood 33:41

Yeah, absolutely.

Matt Gass 33:42

So thank you so much Tamara, for coming on today. It's been really great chatting with you.

Dr Tamara Griffiths 33:46

Fantastic. Thank you, thank you all. Thank you for your time.

Matt Gass 33:50

Well, that was really interesting. I think Tamara does a really great job of advocating for better regulation in the cosmetic industry. I do think that because so many of these procedures are trivialised, people tend to underestimate the consequences if something were to go wrong. Hopefully Tamara's advice on red flags and how to find an appropriate practitioner will be helpful to people listening. I certainly found it really interesting. I would say that this week is our penultimate episode. I really hope that you've been enjoying the season so far and I hope that you're able to join us for our last episode in two weeks' time, all about AI and dermatology