National Assembly for Wales / Cynulliad Cenedlaethol Cymru
Health and Social Care Committee / Y Pwyllgor Iechyd a Gofal Cymdeithasol

Public Health (Wales) Bill / Bil Iechyd y Cyhoedd (Cymru)

Evidence from the British Institute and Association of Electrolysis – PHB 29 / Tystiolaeth gan Sefydliad a Chymdeithas Electrolysis Prydain – PHB 29

THE HEALTH AND SOCIAL CARE COMMITTEE – PUBLIC HEALTH (WALES) BILL

In response to your email of 16th July, the British Institute and Association of Electrolysis (BIAE) are considering your invitation to attend on Thursday 17th September to give oral evidence on the above Bill.

Having evaluated the proposal to 'Create a compulsory, national licensing system in relation to acupuncture, body piercing, electrolysis and tattooing', the BIAE have studied the 'Special Procedures' category, with specific reference to electrolysis, ie safe working practices; good infection control; good pre and aftercare procedures.

It is the BIAE's considered opinion that the standards you are wishing to license are a 'basic' requirement of all our members and are covered in the BIAE Entrance Assessment, which we believe gives us a good case for exemption and point no 120 on p34 of Explanatory Memorandum – FINAL.PDF supports this theory.

For information, the BIAE has been in existence since 1948, initially as the Institute of Electrolysis, then joining forces with the British Association of Electrolysis in 2004. Electrolysis is a broad field, and the purpose of the BIAE is not to regulate everyone, but only members who need to prove their competence is higher than the national minimum standard, e.g. NVQ/VRQ level 3 (hospital work being the most important).

In addition, to further support our exemption entitlement:

1. Is the license going to be per treatment, or will it be a generic license for a group of treatments? If it is per treatment then we would want exemption for all BIAE members. If it is for a group of treatments, like the London license, then we would be liable for any BIAE member performing other treatments (beauty, laser, piercing etc) which is not possible. Also it would create a potential loophole where people would join the BIAE as a cheaper alternative to the license fee, so we could potentially have members who were not actually performing electrolysis.

2. Electrolysis has long been relegated to the status of an orphan treatment by the Dept of Health because the use of the treatment for consumer cosmetic purposes far outweighs the number of medical treatments. It is simply not cost effective to train up Electrolysists within the health system, nor to nationally regulate the profession via a statutory register as we have investigated several times. For this reason any electrolysis for medical reasons is regulated by the commissioning doctor or surgeon (both NHS and private) as this has proven to be the most practical arrangement for

all since the 1960s (with our members acting as service providers for aforementioned doctors and surgeons).

3. There is no other treatment like electrolysis so that is why regulation such as licensing tends to under regulate for medical electrolysis treatments and registers like the Health and Care Professions Council are excessive for beauty electrolysis treatments. We were advised by the HCPC not to pursue a national register because only the title would be regulated, not the treatment. Licensing regulates the treatment but not the practitioner which is what the BIAE does.

4. Our entrance exam is far more in depth than nationally accredited electrolysis qualifications, because of the aforementioned broad field of use for this treatment. As we do not seek nor receive any public funding for our work there is no benefit to becoming Ofqual regulated, as we have investigated thoroughly. When national vocational qualifications were first introduced we were consulted and assured they would not be seeking to replace our qualification. We have had this confirmed recently by the Dept of Business, Innovation and Skill who said that industry recognised qualifications can be of a high standard and it is up to business to decide which is best. Therefore nationally accredited qualifications should only be seen as a minimum standard.

5. London licensing created a similar model to what is being proposed in Wales. We fulfil all the criteria for exemption as medical treatments, but since electrolysis is not a medical treatment per se and because the legislation was not worded correctly we found ourselves penalised heavily. Ironically the license ended up lowering standards. Electrolysists did not want to pay an extra fee to be a BIAE member when they had to pay out hundreds of pounds every year or few years to be licensed, so the number of BIAE members dwindled. Anyone who wanted to train in electrolysis was forced to take the lesser NVQ course as only nationally accredited courses were allowed. We have negotiated with the London councils to have our qualification accepted, and for our members to apply for exemption on an individual basis but it is too late to change the legislation due to cost. For this reason we would like the Welsh Government to exempt our organisation from the start so that the small number of BIAE members providing electrolysis do not go through the same issues. It has been very harmful to those seeking medical electrolysis treatments as they have to either forego treatment or travel to another county.

6. In conclusion, the BIAE would just like to make the point that in December 2014, at a Health Education England workshop entitled ‘Standards and practice and proposed legislative changes, attended by a BIAE member, the principal policy officer of the CIEH, Ian Gray, was surprised to learn that the BIAE had suffered as a profession because of regulations that forced a DROP in standards to the minimum level of an NVQ. This opinion was supported by attending licensing officers had no idea who was performing so-called regulated treatments in their area due to poor legislation.