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Welsh Government  
Consultation – summary of response

# Mandatory Licensing of Special Procedures in Wales

Part 4 and Schedule 3 of the Public Health (Wales) Act 2017

January 2024

Mae'r ddogfen hon ar gael yn Gymraeg hefyd / This document is also available in Welsh  
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg / We welcome correspondence and telephone calls in Welsh

## **Overview**

A consultation on the principles for establishing a mandatory licensing scheme for special procedures as set out in Part 4 of the Public Health (Wales) Act 2017 ran between 25 January and 19 April 2023. The intention is to commence Part 4 of the Act and implement this licensing scheme by making various sets of regulations. This document sets out the responses received to the consultation and the Welsh Government's next steps. Annex 2 contains the text of the responses received to the consultation and is published separately.

## **Action Required**

This document is for information only.

## **Further information and related documents**

Large print, Braille and alternative language versions of this document are available on request.

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## **Additional copies**

This summary of responses and copies of all the consultation documentation are published in electronic form only and can be accessed on the Welsh Government's website.

Link to the consultation documentation: <https://www.gov.wales/mandatory-licensing-special-procedures-wales>

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## Introduction

A public consultation on proposals for the mandatory licensing scheme for special procedures in Wales and related impact assessments ran between 25 January and 19 April 2023. Four special procedures are defined in the Public Health (Wales) Act 2017 as acupuncture, body piercing, electrolysis, and tattooing.

The consultation document presented proposals on how we considered the mandatory licensing scheme could be established and operated. The document covered the whole proposed scheme, including:

- the application process for the three-year and the not more than seven-day (temporary) special procedure licence and premises/vehicle approval certificate including
- the criteria required to apply for a licence or approval certificate
- the documentation and fee needed to accompany the application
- approval, refusal, and appeals processes
- special procedure licence and premises/vehicle approval certificate exemptions
- the conditions licensed practitioners and the person responsible for the premises/vehicle approval certificate are required to follow for the duration of the licence and approval
- special considerations for special procedure licences, including trainees and apprentices, unregulated courses, minimum age of practitioners and clients, eyeball tattooing and visible tattoos and piercings
- the definition of an 'object' in relation to body piercing
- the transitional arrangements for moving between the current system and the proposed licensing scheme.

The consultation materials also included an Integrated Impact Assessment (IIA) and a draft Regulatory Impact Assessment (RIA). The IIA contained the statutory assessments of the policy as a whole to determine any impacts on the Welsh language, children, equality, data protection and environment, amongst other subjects. The draft RIA set out estimations of time and monetary costs for introducing and operating the scheme for the Welsh Government, local authorities, practitioners, and operators of premises/vehicles. A separate consultation was held with the Ministry of Justice in respect of the impact of introducing the mandatory scheme upon the justice system.

The set of documents can be seen here: [Mandatory licensing of special procedures in Wales | GOV.WALES](#)

Following the closure of the consultation period, we considered the responses received and further steps we might need to take in light of those responses in order to formally introduce draft regulations.

This document gives a summary and analysis of the responses received and outlines the actions we will take as a result. We acknowledge that your responses have helped inform the detail of our draft regulations.

## Overview of responses received

A total of 254 separate responses were received from a range of sectors, from both individuals, representative bodies, and corporate interests. 106 of these responses included addresses based in Wales. 96 responses were received from individuals or organisations outside Wales, but of this number 14 were from representative bodies or companies with a presence or membership in Wales. A further 56 responses were received that had no indication of the location of the sender.

The responses have been categorised according to the sector identified within each response. A number of responses did not identify a particular sector, and so are categorised as 'individuals'. In addition, four responses are marked as blank as they could not be used for various reasons explained below. There were therefore 250 substantive responses out of the 254 received. A breakdown of the responses received by category and location is as follows:

Stated location	Acupuncture	Piercing	Tattooing	SPM	Rep bodies	Local Authority	individual	blank
Within Wales	33	6	17	10	11	17	8	
Outside Wales	60	11	0	0	8	0	3	1
Location not known	16	18	3	0	20	0	9	3
Total	109	35	20	10	39	17	20	4

**'Acupuncture'** includes individual practitioners and representative bodies

**'Piercing'** includes individual practitioners, small businesses, representative bodies, and larger companies that offer piercing as part of their general business.

**'Tattooing'** includes individual practitioners and small businesses.

**'SPM'** includes individual practitioners of semi-permanent make-up.

**'Representative bodies'** includes trade associations, statutory professional bodies, manufacturers, and local authority committees. The only response received specifically about electrolysis is included within this category.

**'Local authorities'** includes responses on behalf of individual Welsh local authorities and responses from individuals within Welsh local authorities

**'Individuals'** includes people who did not identify any particular sector interest or people whose interest could not be ascertained from their responses

**'blank'** includes two online forms submitted that had no responses and one email received that had an attachment that could be opened but displayed only computer code. Only one of the online forms had an email address. Follow-up emails were sent to the senders where possible, but no further responses were received as to their intentions. In addition, we received one email that was logged before it was found not to have included the full attachment. The sender was contacted and a replacement was sent at a later time, therefore this respondent received two numbers which have been coupled, but one has been counted as a blank.

These four responses were logged and given response numbers in accordance with Welsh Government practice but are not included within the breakdown of responses in the analysis paragraphs for each question.



Respondents were able to use the response form template online or to submit it by email or by post. Respondents were not obliged to use the form and could reply by any written means. The majority of responses were submitted via the online response form. One scanned handwritten response was received, which has been transcribed for this document.

Some respondents answered all the questions, others responded to some of the questions, and some did not answer the questions directly but wrote on the issues they wished to raise. Three different representative bodies provided their members with a completed response. Their members resubmitted these responses, largely without further comment, but some included revisions. We therefore had a high number of identical or near-identical responses from the respective memberships of those three organisations.

All responses were logged and numbered in strict order of receipt regardless of the format used for the submission. Two different individuals/organisations sent two responses each and these have been coupled where they are identical. Two individuals sent two different responses at different times of the consultation period. In accordance with advice from our corporate governance team, these have been counted separately. All duplicates have been counted as if they were individual responses in accordance with Welsh Government practice.

## **Anonymity**

All respondents using the response form were asked to respond to the following anonymity question:

**'Responses to consultations may be made public – on the internet or in a report. If you would prefer your response to be anonymised, please tick here:'**

Most respondents requested that their response be kept anonymous. The majority of these provided their names, although some did not complete the name and contact details. Responses from individuals that were not using the response form, have been given anonymity as we do not know their intention. Where the responses were submitted by a representative body in letter format, we have published the name of the organisation as their intention was clear. We received three formal submissions from local authorities that were marked for anonymity, which we considered to be unusual. These respondents later confirmed that this was an error and have given consent for us to publish their names.

All of the responses named as 'anonymous' in this document have come from separate individuals, and where their sector interest has been known, this is given. Most responses were submitted in English, one was submitted in Welsh, one was submitted in both Welsh and English versions. In accordance with Welsh Government policy, responses are presented in the language in which they were received and are not translated.

A total of 47 additional response forms were created in the online system but not submitted. A number of these were completely blank, but 24 partially completed responses were created which could not be included because they were not formally submitted by the person clicking 'send'. Under data protection rules, these partial responses have to be disregarded as the consent to use the response has not technically been given. The 24 responses of this kind have therefore not been included in this document and have not been included in our considerations.

A list of those invited to respond to the consultation is given in this document in **Annex 1**. The text of the responses received is published as a separate document, **Annex 2**. We have presented these responses in a consistent format for clarity, but the text of the responses is given in full, and unedited except for redactions, which were made to remove names of individuals or companies referenced within responses or any other details which could identify the respondent when they have requested anonymity. Redactions are shown in square brackets as [name redacted]. Annex 2 is published as a separate document because of its size.

## **Overarching Issues**

A number of overarching issues were raised by different sectors within the responses given to specific questions, which we address here.

### **Why the byelaws were not adopted by more local authorities**

A number of responses asked why the model byelaws were not adopted by more local authorities, with the implication that they were not deemed necessary, so this legislation is not necessary either. The byelaws were produced as a stopgap for local authorities while primary legislation was developed, which ultimately became law as the Public Health (Wales) Act 2017. It took roughly five years to pass the Act from initial policy proposals to final law, due to the amount of discussion within the Senedd and consultation with experts and the public that was required. For local authorities to adopt the byelaws, they would have had to pursue their own legislative process with their legal departments, which many considered would be time consuming and expensive, so they preferred to wait for the Act to come into force.

The work we are pursuing now to make regulations to establish the licensing scheme was commenced almost immediately after the passing of the Act in 2017 but was suspended firstly because of staff resources being concentrated on Brexit, then the Covid pandemic. It was only in 2022 that we were able to recommence this current work and it will take roughly two years from that point to put the regulations in place in accordance with due statutory process for making regulations and commence the scheme.

### **Acupuncture**

Many of the responses from acupuncturists questioned why acupuncture is included in this legislation and proposed a blanket exemption from mandatory licensing, many also considered that their reputation will be damaged by association with tattooing and body piercing. We respond as follows:

- Acupuncture is included in predecessor legislation as one of the 'special treatments' that require registration with local authorities. Historically, an outbreak of hepatitis in the 1970s traced to an acupuncturist's poor hygiene standards lead to the inclusion of acupuncture in the Local Government Miscellaneous Provisions Act 1982. In addition, acupuncture is one of the special treatments in Part 2 of the London Local Authorities Act 1991.
- Acupuncture, like body piercing, tattooing and electrolysis, involves the insertion of needles into the skin with an equal capacity for introduction of infection. We accept that the risk of this happening is not necessarily the same, but ultimately the risk is dependent upon the practise of the individual acupuncturist.
- The categorisation of industries by the Office of National Statistics is primarily a methodology for the preparation of government statistics on employment. The

placing of acupuncture within the healthcare category has no significance beyond statistical analysis and should not be interpreted as conferring any approval status.

- A number of acupuncture associations attempted to make the case that their membership should be completely exempt from the scheme. We are aware that there are a number of such associations with different terms of membership and codes of practice, with no apparent consensus in relation to approved paths of training. Additionally, no acupuncturist is required to be a member of any association to practise, to undertake any approved course of training, or to have any objective supervision to ensure they are adhering to any codes of practice. For these reasons, we cannot give blanket exemptions to the membership of specific associations. We are aware that some associations have exemption status within some of the London boroughs, but this is not consistent across all London boroughs, and that individuals can still be required to register regardless of the exemption status of the association they belong to.

## **Body piercing**

The manufacturers and chain stores that responded in relation to ear piercing wanted the Welsh Government to create a separate category of 'cosmetic piercing' to differentiate themselves from body piercing. This is not possible, as the Public Health (Wales) Act 2017 governs the definition of 'body piercing'. Ears are included within this definition and are subject to the same risk of infection. We do not accept the argument that 'cosmetic piercing' of the ear is different to any other piercing.

A number of body piercers have called for the Welsh Government to ban the use of piercing guns and cartridge systems (hereafter referred to a 'piercing guns' for brevity, but referring to all similar equipment) on the basis that they cannot be sterilised and cause damage to the tissue pierced. We do not have the legal power to do this, as product safety is dealt with by the UK parliament. We can, however, make provision to mitigate the risks associated with the use of these devices, and this is discussed in the relevant questions.

We do not accept the argument put forward by the retail jewellery sector that piercing guns for ear lobe, ear cartilage and nostril are medical devices. Medical devices in the UK are regulated by the Medical Devices Regulations 2002 and the definition has been confirmed to us by the Medicines and Healthcare Products Regulatory Agency. A medical device is any apparatus, appliance, software, material, or other article, whether used alone or in combination, intended by the manufacturer to be used by human beings for a medical purpose. We consider that, with no known medical application of ear or nostril piercing, the mechanical equipment utilised cannot be considered 'medical' within the terms of this definition.

The issue of ear piercing of babies and young children was raised, and this subject has been raised with us many times in the past. We cannot ban this practice unless there is compelling evidence that young children are coming to harm and it is in the public interest to act. We have not seen any compelling evidence that young children are coming to harm from having their ears pierced, either through the actual

procedure or through post-procedure complications. We are not aware that the practice is particularly widespread, and there are cultural and human rights issues that could challenge any ban that might be proposed. We appreciate some find this practise unacceptable but we have to balance allowing a limited practice in the safe context of a professional piercer against the real risk of parents resorting to doing the piercings themselves if they are not able to obtain them legitimately. As a parent or guardian is in law responsible for making any decisions on behalf of a child too young to give their own consent, it would be very difficult to attempt to override that responsibility.

## **Vehicles**

A number of respondents expressed alarm that vehicles could be approved for special procedures. There seemed to be a misunderstanding that 'vehicle' meant any vehicle, such as the family car or transit van, and as such a number of respondents said that this was unacceptable.

In the context of special procedures licensing, 'vehicle' means any vehicle that has been fitted out expressly for the performance of special procedures as a mobile studio, and are most likely to be caravans, recreational and other vehicles that have been converted from their original purpose such as buses or ambulances. It does not mean that any vehicle can be used in this way, and anyone presenting such a vehicle for approval will be required to demonstrate the same standards of infection control, hygiene, and management. We are aware that the use of such vehicles is controversial within the tattooing and piercing sectors but, as they are in use, it follows that they should be included within the scheme and presented for inspection and approval on the same terms as fixed premises.

## **Working at home**

A number of respondents also expressed alarm at references to practitioners working at home. As for vehicles, this has been misinterpreted and does not mean that anyone can work from anywhere within their home. A sizeable number of practitioners have a purpose-fitted studio within their homes where they see clients. This may be one particular room, or in a purpose-built annex or standalone building. These studios will be subject to the same requirements for approval as any studio based in a commercial property, and the operator will have to demonstrate the same standards of infection control and premises management.

Those people who practise in their homes in unsuitable conditions that do not meet these requirements, such as in their kitchen, garage or any other room used by them for day-to day living can be compelled to apply for a licence and meet the same standards as any other studio, and will be subject to prosecution if they do not comply, regardless of whether they are paid for their services or are not running a business.

## **Other procedures**

A number of responses questioned why other invasive beauty treatments are not included within this legislation. We gave the explanation in the consultation document that only the four procedures were identified as having the most pressing need for regulation in 2017, but that provision was made to be able to add more procedures in future. The popularity of such procedures has expanded beyond expectations since 2017, and it has always been the policy intention for the Welsh Government to give consideration to adding further procedures once the scheme as proposed is up and running.

## Details of responses by question

**Question 1: Do you agree with our proposals to mandate the form and content of a special procedure licence and the premises/vehicle approval certificate within regulations? Is there anything else that should be included in the format of these documents?**

### Overview

225 answered the question, 25 did not. 186 answered 'yes', of which 67 gave longer responses; 4 answered 'no', of which 1 gave a longer response; 35 provided detailed written responses but did not provide a definitive answer.

### Key themes of responses

There was general agreement to this proposal, and many respondents made suggestions about standardising descriptions and mandating the application forms as well as the certificates in order to ensure consistency. A number of respondents did not answer the specific question but used it to provide information about their organisation or profession.

- Acupuncturists particularly wished to make a case for exemption for their profession as previously discussed.
- A number expressed alarm about home working and licensing of vehicles.
- Some considered that a minimum level of experience should be demonstrated by a practitioner before they could train others.
- Some expressed concern that the public register would give endorsement to listed practitioners regardless of their qualifications or experience.
- There were also some questions about how someone who has a licence issued by one local authority could be checked by another local authority.

### Welsh Government response

We note the general agreement to the proposal, and the suggestions that were made. We will ensure standardisation of scheme materials as much as possible, although it may not be possible to mandate everything. We note the queries about the register and can confirm that it will generate unique ID numbers in sequence regardless of which local authority issues them, and that all local authorities will be able to check these ID numbers against the register. We note the concern that appearance on the register may suggest approval of a practitioner's ability or quality of service. We will be absolutely clear that the register is a record of practitioners and premises/vehicles that have been inspected and licensed, and that no other value judgements should be inferred.

We consider that some respondents have misinterpreted the references to working at home and vehicles, as previously discussed.

We note the information given by acupuncturists about their specific professional associations but consider that they are making very broad assumptions that all acupuncturists operate to the same qualifications and standards, which is not the case. To attempt to grant exemption to one professional body and not another based solely on the body's own estimations rather than an objective statutory standard would undermine the whole purpose of the scheme of creating a single, consistent standard of licensing.

We will proceed with mandating the certificates and application forms for a new licence or approval certificate as proposed, with adjustments of terminology.

## **Question 2: Do you agree with our proposal to make regulations about further provision (as set out in paragraph 4.13)?**

### **Overview**

208 answered the question, 42 did not. 185 answered 'yes', of which 67 gave longer responses; 4 answered 'no', of which 2 gave a longer response; 19 provided detailed responses but did not provide a definitive answer.

### **Key themes of responses**

There was general support for the proposal, with observations being made that the application forms, fees, and process to be followed should be the same across the whole of Wales.

There appeared to be a concern that we are permitting people to work from home.

Local authority responses were largely about resources and requests for funding, but also conversely some asked for more procedures to be added to the scheme.

### **Welsh Government response**

We note that a number of respondents did not appear to understand the question. We acknowledge the necessity to ensure that the application materials are the same for the whole of Wales, and we have been working with local authorities to develop forms and other scheme materials, which will be made available at a future date. We are not responsible for setting fees as these are within the powers of local authorities. We consider the whole subject of fees under the relevant questions.

We acknowledge that local authorities have funding issues, and for this reason the licensing scheme has been designed as a cost-recovery scheme. It will be for each local authority to consider how application receipts are allocated within their authorities. We would put forward the argument that additional statutory obligations should be an opportunity for local authorities to consider appropriate internal resourcing to ensure that they can meet their statutory obligations.



The Welsh Government has made a number of public statements about its budgets and the necessity to withdraw and reallocate funding, we therefore cannot provide additional funding for this scheme.

In relation to the issue of people working from their homes, as previously discussed, people will only be permitted to 'work from home' if they have a purpose-built workroom equipped, inspected, and licensed to the same standards as a studio or other business premises. This proposal does not allow people to operate from places in their home such as their kitchen table. Such people currently can attempt to make a defence that they are not pursuing a paid business, but the Act provides local authorities with powers to require them to be licensed to the same standards as other licensees, and to prohibit them from operating until they have acquired a licence which requires them to work from an approved premises/vehicle.

### **Question 3: Do you agree that nine months is a sufficient transition period? If not, what should it be?**

#### **Overview**

224 answered the question, 26 did not. 77 answered 'yes', of which 48 gave longer responses; 59 answered 'no', of which 55 gave a longer response; 88 provided detailed responses but did not provide a definitive answer.

#### **Key themes of responses**

There were a number of extremes of opinion on the amount of time to be allowed for the transition period, ranging from six months to more than three years. However, there seemed to be two general opinions, the nine months proposed or 12 months.

A number of the acupuncture associations made the association with degree training courses of three years.

Local authorities raised a number of concerns about managing the influx of applications and put forward a number of suggestions such as shorter deadlines for applications with a longer time for processing or managing them by sector grouping.

A number of practitioners raised concerns about the availability of the Level 2 IPC course in their areas.

#### **Welsh Government response**

The transition period is intended for people who are already in business, to transfer them from the existing registration scheme to the new licensing scheme but allowing them to trade while applications are being processed. Anyone not currently in business would not be entitled to any transitional provision and would make their application under the new scheme and would not be permitted to operate until their licence application had been approved. It is not legally possible to run the two different schemes side by side: the legislation governing the one has to be revoked

and the new one commenced at the same time, while still allowing existing businesses to trade and providing local authorities with enforcement powers.

We acknowledge the issues that local authorities raise about processing a high volume of applications. However, the solutions put forward of staged application processes or making practitioners apply by a short deadline, after which they may not hear anything further for a number of months, are both unworkable in our estimation. We consider that this would over-complicate the application process for both applicants and local authorities and give rise to bad feeling if applicants have paid their fee and are told to wait for an extended time for their application to be processed.

We considered the arguments that were put forward in relation to a longer transition period of 12 months and acknowledge that the counter-proposal had merit.

We have taken the advice of local authority licensing departments, who have experience of managing transition periods for new licensing schemes and they are clear that transition timeframes should be kept to a minimum. Substantial discussion has taken place with local authorities as to what they will be required to put in place before the scheme goes live, and the Welsh Government will be providing the application materials, training, and guidance in advance of this date.

Having considered the advice we have received from local authorities about transition periods, we consider that nine months should be sufficient, subject to some adjustments to our proposal to balance the needs of applicants to obtain decisions and local authorities to fully consider applications and make the necessary inspections. We will set out in guidance for local authorities and practitioners as to how applications should be managed within the nine months.

Availability of the regulated Level 2 award in Infection Prevention and Control for Special Procedure Practitioners may have been an issue at the time the consultation was launched. We have noted the variation of fees by approved training centres, but this is outside our control as the fee charged is set by the individual provider. However, there is now more choice available, with more providers around Wales and online. We also understand that many local authorities are working with training providers to make the training more accessible. These courses have been communicated to practitioners via our practitioners newsletter, and we have actively encouraged them to take the course and secure a pass certificate well in advance of the coming into force date.

#### **Question 4: Do you agree that the proposed minimum age for applicants for special procedure licences is appropriate?**

##### **Overview**

226 answered the question, 24 did not. 211 answered 'yes', of which 53 gave longer responses; 6 answered 'no', of which 5 gave a longer response; 9 provided detailed responses but did not provide a definitive answer.

## **Key themes of responses**

The majority of respondents supported the proposal and agreed that 18 years was an appropriate age to be able to apply for a practitioner's licence. There were some concerns raised about further education college students who may graduate aged 17, and also objections from those retailers and associated industry representatives for whom it has been the practice to train 16-18-year-olds to use a piercing gun.

## **Welsh Government response**

We are pleased that the majority of respondents agreed and we therefore intend to progress this as proposed. Prior to the consultation, we had consulted with industry representatives and FE colleges as to whether this would affect anyone on their courses or those who had recently qualified, and we were advised that this would not be the case.

We do not accept that 16 is an appropriate age to allow someone to hold a licence to pierce ears using a piercing gun. Whatever method is used, ear piercing still carries a risk of infection and requires a level of maturity to manage the client consultation process and it is not possible to make an exception for a few retailers. It will be seen from the responses that others in the piercing industry wish to see all practitioners being held to the same standards. We consider that the requirements of the scheme are better placed with people who are at least 18 years old.

## **Question 5: Do you agree with the proposed licensing criteria for special procedure licences and the supporting documents listed? Are there other documents applicants should supply?**

### **Overview**

225 answered the question, 25 did not. 70 answered 'yes', of which 31 gave longer responses; 29 answered 'no', of which 27 gave a longer response; 126 provided detailed responses but did not provide a definitive answer.

### **Key themes of responses**

There was general agreement to the proposed criteria, although acupuncturists considered that they should not be included within the licensing scheme. There was some misunderstanding about how the required DBS would be obtained, and who would apply for it. Some queried why practitioners should not be 16 to apply, and others made complaints about the costs of application, and the necessity of having to reapply every three years.

There were a number of concerns raised about the necessity of the proposed infection prevention and control (IPC) questionnaire, particularly as the Level 2 course pass certificate is a requirement. Some respondents said that insurance certificates are not obtainable unless the person or premises is already licensed.

Local authorities gave various suggestions of other documents that should be provided with an application.

### **Welsh Government response**

The reasons why acupuncturists are included in the scheme are given in the 'Overarching Issues' section of this document. The rationale for the age requirement was given in the consultation document and is also discussed in our response to question 5.

The licence is renewable every three years to ensure that practitioners maintain the standard under which they were originally licensed. The existing scheme is a one-off registration, with no further requirements placed on the applicant. The renewal cycle is set at three years in the Act, so is non-negotiable. It is a reasonable length of time to not be a burden to practitioners or local authorities, but not so long that complacency sets in.

We acknowledge the concerns about the IPC questionnaire. We included it in the proposal as well as the IPC pass certificate as a way for the applicant to demonstrate how they would apply IPC to their own workplace. However, having considered the responses on proportionality of this requirement, as the applicant would be inspected and questioned about their work practices as part of the application process, we withdraw this aspect of the proposal.

The basic DBS certificate will be provided by the applicant with their application form as this is the only level of DBS certificate that an individual can obtain for themselves. Providing the certificate gives independent verification of what has been written on the application form in relation to any relevant criminal convictions.

We note the issues raised about a valid licence being a requirement to obtain appropriate insurance and will adjust the application requirements for applicants who are not yet in business only. Existing practitioners will be expected to already have insurance and be able to provide proof of cover.

A number of useful suggestions were made as to documents to be provided. However, we consider that the long lists of documents that some local authorities suggested to be provided for all applications were excessive and could be interpreted as intrusive unless they are specifically related to proof of identification in the case of a person, proof of ownership in the case of a vehicle or relate to adherence to infection prevention and control standards included in the conditions.

**Question 6: Do you agree with the proposal that applicants should evidence their competence in the special procedure(s) they wish to perform? If you agree, how should that be demonstrated, and what documentary evidence should be produced?**

**Overview**

229 answered the question, 21 did not. 154 answered 'yes', of which 41 gave longer responses; 20 answered 'no', all of which 20 gave a longer response; 55 provided detailed responses but did not provide a definitive answer.

**Key themes of responses**

A number of respondents were unsure as to what was being measured under competency, thinking that it related to artistic ability, academic achievement, or training. Some were concerned that there are no formal qualifications that could be used as evidence for some of the procedures, whereas others did have such qualifications. There was a general agreement that all relevant information about training, continuing professional development (CPD) or membership of trade associations should be provided wherever possible. It was also identified that premises should be inspected and practitioners questioned about their work practices.

Some thought that the Welsh Government should provide a competency framework and the criteria for an apprenticeship scheme where there are currently no formal qualifications. It was also considered that where an applicant is supervising or training others, they should declare this in their application.

**Welsh Government response**

We acknowledge that there has been some confusion about what is meant by 'competency'. It has never been our intention for this to cover technical ability or artistic skills – our objective is to ensure that special procedures are performed safely and hygienically. 'Competency' means that the applicant should be able to demonstrate that they are competent in managing infection prevention and control as it applies to their specific special procedure and workplace. This will be demonstrated through a pass certificate for the IPC course and demonstration of the understanding and application of this knowledge during a compliance inspection undertaken by an officer from the local authority.

The Welsh Government is not in a position to develop a suitable competency framework and apprenticeship scheme where there is none. We consider that this is something best considered by relevant trade associations. We do, however, acknowledge that there are some sectors that cannot provide qualification certificates, but can demonstrate evidence of CPD, applied knowledge and experience.

It has always been the intention that local authorities will inspect premises and visit practitioners as part of the application process, to discuss how they have applied their infection prevention and control knowledge within the workplace and gain

assurance that the standards contained in the licence conditions can be achieved. At least one visit per application is included in the costings for local authorities in the RIA. We therefore confirm that an inspection visit will be a requirement of the application process.

### **Question 7: Do you agree that the current descriptions of relevant offences are sufficient? If not, why?**

#### **Overview**

203 answered the question, 47 did not. 155 answered 'yes', of which 21 gave longer responses; 5 answered 'no', of which 4 gave a longer response; 43 provided detailed responses but did not provide a definitive answer.

#### **Key themes of responses**

There was general agreement that the current list of offences was sufficient. Some responses suggested that a much wider list of offences should be included, up to and including all offences of any kind. A number of practitioners were concerned that some practitioners were self-employed because their past criminal record meant they could not get employment elsewhere, and so they would be unemployed if they could not get a licence.

Some practitioners suggested that, where their sector has a governing body, any disciplinary actions by that body should also be declared and taken into consideration.

#### **Welsh Government response**

A number of respondents did not seem to recognise that the current list of offences is drafted in such a way to allow for a wide range of offences to be relevant within each category. We are of the opinion that attempting to list additional relevant offences could provide less flexibility than the current requirement of the Act which lists offences under umbrella categories such as violence or sexual offences. It is therefore unnecessary to add very specific offences such as domestic violence, as these are already included within the definition.

We would like to emphasise that the purpose of including the relevant offences is to assess whether the applicant presents a risk to a client, either through direct harm or through poor work practise. Most of the offences that have been suggested would be irrelevant for the purpose of licensing. An example would be that someone who has recent convictions for sexual assault is likely to have an application turned down if they wish to be licensed to work with clients alone, whereas a conviction for shoplifting would have less relevance.

We consider that some of the suggestions such as people trafficking, modern slavery and dealing in drugs or other prohibited goods are better dealt with under the legislation that govern these issues. It is not the purpose of the licensing scheme to

identify and act against these issues, although practitioners and local authorities may gain useful intelligence to pass on to the appropriate enforcement agencies.

We understand the concerns of some practitioners that a mistake that led to a conviction years ago now has the capacity to derail a career. Local authorities are only required to consider unspent convictions for relevant offences. Any individual with such unspent convictions has to be carefully considered by a local authority on a case-by-case basis, and this will include the seriousness of the offence, whether it has been repeated since and how long ago it was committed. The underlying decision to be made, therefore, is whether that applicant presents a risk to a client if licensed.

Practitioners will also be able to make representations to the local authority licensing committee if their application is refused on the basis of relevant offences and they consider there are mitigating circumstances that have not been taken into consideration.

The Welsh Government is obliged to provide statutory guidance to local authorities as to how relevant offences are to be interpreted and considered, and this guidance will be included in our next consultation. We will emphasise in this guidance that local authorities are only to take into account unspent convictions for relevant offences that directly present a risk to a client's safety or wellbeing that does not fall into the 'relevant offences' categories would not count.

We acknowledge the suggestion about offences committed under England-only legislation in relation to giving botulinum and filler treatments to minors. This matter will be pursued more generally in the application process and in the long-term will be included when the Welsh Government considers the designation of additional special procedures to this licensing scheme.

### **Question 8: Do you agree with the principle of this proposal that regulations should be made to limit the exemptions on members of the listed professional bodies in section 60?**

#### **Overview**

219 answered the question, 31 did not. 77 answered 'yes', of which 36 gave longer responses; 8 answered 'no', of which 5 gave a longer response; 134 provided detailed responses but did not provide a definitive answer.

#### **Key themes of responses**

The majority of respondents were in broad agreement with the limitations on exemptions, but a sizeable number of respondents interpreted the proposal as being that the named professions could take up any of the four procedures and operate without any regulation.

A number of practitioners pointed out that their private practices do not require Healthcare Inspectorate Wales (HIW) registration so the practitioner would be excluded from an exemption that they might otherwise have based on their membership of a statutory body if the NHS/HIW inspected premises requirement was made mandatory. A number of the named statutory bodies gave information about the regulation of their membership and whether exemptions would need to be applied. Several local authorities made suggestions for the management of exemptions that would in effect require the establishment of a parallel exemption scheme. Acupuncturists particularly thought that their membership of a professional association should give them exemption status.

## **Welsh Government response**

Although the majority agreed with the proposal, it also proved controversial with some practitioners, largely because they had made assumptions that exempt practitioners would take up procedures they had never performed before just because they could. The reasons for the exemptions are because the professions listed are highly regulated by their professional governing bodies; membership is compulsory by law and all members are sufficiently trained to understand and manage infection control. These exemptions were included in the Act because of the use of acupuncture by some members of these professions, and we are also aware that medical tattooists are members of some of these professions. The exemptions do not mean that any doctor can suddenly decide to be a tattooist, for example.

Some of those governing bodies listed expressed the opinion that their members did not need exemptions because they did not perform any of the procedures, or that their exemptions should be limited as only acupuncture was relevant. We therefore made further enquiries with the relevant statutory bodies representing the listed regulated professions and have made revisions to our original proposal for how the exemptions will apply. We have changed the wording from exemptions applying to the membership of those statutory professional bodies as a whole to named professions regulated by those bodies. This is because some of the bodies have a membership wider than the professions we would wish to exempt. The named professions we would wish to include are defined in law in relation to their respective statutory professional bodies, so there is no ambiguity of interpretation.

We have also removed the requirement for a procedure to be in scope of an individual's job role to be eligible to claim an exemption. This is because it became clear from more detailed discussions with some of the statutory bodies that they do not specify job roles and these are not consistent across the range of employers for each of the professional titles considered under our proposed exemptions policy. Consequently, a legal definition of 'in scope' that could be applied to all the professional roles we wish to exempt has not proved possible.

We note the point that not all practitioners who would otherwise be exempt by nature of their professional registration operate from NHS premises or are required to have their premises registered with HIW. We understand the anomalies that this might create between practitioners in private practice who are members of different statutory registers, where one is required to have HIW registration but another does



not. However, the practitioner who is not required to have HIW premises registration and who works outside the NHS would therefore not have any regulation of their premises, which creates a more serious anomaly in our view. The Act has no mechanism to allow a practitioner in these circumstances to apply for premises approval under this mandatory scheme to enable them to claim the practitioner exemption by means of their professional registration. Therefore, such practitioners will not have an exemption and will have to obtain a practitioner licence and a premises approval certificate.

The revised exemptions will be on the following terms:

- Any of the four special procedures performed as part of the NHS in an NHS setting are not within scope of this licensing scheme, so are therefore exempt.
- The exemptions will apply to specific named professions within the membership of the listed statutory professional bodies.
- **Unlicensed medical practitioners, optometrists, dispensing opticians, pharmacists, and pharmacy technicians** will not have any exemption to perform any of the four special procedures and would need a special procedure licence and a premises/vehicle approval certificate should they wish to perform any of these procedures.
- **Licensed medical practitioners, dentists, dental care professionals\*\*, chiropractors, osteopaths, midwives, and nurses and nursing associates\*\*** will be permitted to perform any of the special procedures as long as they are performed in regulated independent healthcare premises, AND they are not under any restrictions or sanctions with their professional body.
- **Podiatrists, chiropodists and physiotherapists** will have an exemption for acupuncture only, as long as the procedure is performed within a regulated independent healthcare premises, AND they are not under any restrictions or sanctions with their professional body.

\*\*There are a number of allied professional titles recognised and registered by the relevant professional bodies, this includes nursing associates, a role defined by the Nursing and Midwifery Council but only recognised in England. Like other regulated healthcare professions, nursing associates could possibly operate in Wales outside an NHS context (for example within a regulated private healthcare setting) despite there being no comparable job role within NHS Wales. As a consequence, this profession will be included in the proposed exempted individuals regulations. Should a nursing associate look to perform special procedures in Wales outside of a regulated private healthcare setting they will be required to obtain a special procedure licence and ensure the premises from which they operate has been approved in accordance with Section 70 of the Public Health (Wales) Act 2017.

These revised exemptions will be set out in the appropriate set of draft regulations.

**Question 9: Do you agree with the principle of this proposal that regulations should be made under section 69 to apply exemptions to premises at which exempt members of these professional bodies will practise?**

**Overview**

215 answered the question, 35 did not. 60 answered 'yes', of which 14 gave longer responses; 17 answered 'no', of which 15 gave a longer response; 138 provided detailed responses but did not provide a definitive answer.

**Key themes of responses**

There was general agreement with the proposal, although a number took issue with some of the details, a number raised largely the same issues about the proposed exemptions as in the previous question, and a number did not answer this question.

As for the previous question, some private-client physiotherapists pointed out that their premises are not necessarily subject to HIW registration.

Local authorities seemed to be expecting that exempt professionals will have to register with them, and questioned how that would work in practice.

Some asked why we had changed our policy on the Professional Standards Association (PSA) register for acupuncturists and were now excluding them from exemption. A number of the associations representing acupuncturists tried to make the case as to why their association should have exemption.

**Welsh Government response**

We thank respondents for pointing out the problem with requiring HIW registration, and how this may unduly exclude some private practitioners who may otherwise be exempt. However, as set out in our response to question 8, if an exempt practitioner operated from a premises that is not required to be registered with HIW, their premises would effectively not be regulated at all. Following legal advice, we cannot acquiesce in removing the regulated premises requirement. We have, however, changed the requirement from one regulated by HIW to a regulated independent healthcare establishment, which has a specific definition in legislation.

We realise that this requirement will mean that some practitioners of acupuncture who otherwise have the necessary statutory professional membership will be unable to claim an exemption as their premises does not fall into the definition of 'regulated independent healthcare facility'. However, it has not been possible to provide a legal solution to this issue as the wording of the Act does not permit it. Those practitioners will not have an exemption and will have to apply for a practitioner licence and a premises approval certificate from the local authority.

Individuals who do qualify for exemption will be completely outside the licensing scheme as these professions are already highly regulated. There is no legal framework to require these individuals to provide details to local authorities, and it

would be outside the requirements of the Act to charge them a fee for exemption or to collect and publish any details about them in the public register.

Acupuncture associations cannot be provided with blanket exemptions for their membership, as there are a number of different associations that have different terms and conditions, and there is no legal requirement for any acupuncturist to be a member of an association to operate. To exempt some acupuncturists and not others on this basis would create a two-tier scheme with the capacity to confuse the public.

It could be countered that having exempt professions using acupuncture does the same thing, but this is a matter of emphasis: these are registered regulated health professionals who use acupuncture. For example, a chartered physiotherapist who uses acupuncture as part of their day-to-day job would be exempt if they also meet the premises requirement because they are a chartered physiotherapist, not because they are an acupuncturist; whereas an acupuncturist who is trained in acupuncture and is not required to have any statutory registration cannot be exempt just because they voluntarily belong to any particular association.

We have not changed our policy in relation to the PSA register. The reference within the Act to the PSA is an enabling clause only, in that it makes provision to include exemptions for the PSA should circumstances ever permit. We do not consider that the PSA register is sufficiently robust to allow an exemption, and this is discussed further under the relevant question.

The only other exception for a premises other than a regulated independent healthcare establishment is for the home of an individual receiving acupuncture treatment as part of palliative care. No other provision will be made in regulations for working in a client's home for any of the four special procedures.

NHS premises are completely outside this scheme and do not require premises approval certificates, there is therefore no requirement for them to have any specific exemptions within the regulations.

### **Question 10: Do these exemption principles for individuals and premises adequately protect the safety and health of the client?**

#### **Overview**

215 answered the question, 35 did not. 62 answered 'yes', of which 25 gave longer responses; 11 answered 'no', of which 8 gave a longer response; 142 provided detailed responses but did not provide a definitive answer.

#### **Key themes of responses**

There was a general agreement that the exemptions sufficiently protect the client, although the same issues as given for the previous two questions were given in

relation to the assumption that exemption meant no regulation for those health professionals.

Some queried whether health care assistants were included within the exemptions as they are regulated by the same body as nurses.

There seemed to be some confusion between competence, qualification, and statutory professional registration. Local authorities particularly seemed to be suggesting requirements of individuals that are not included in the Act.

Some respondents thought that the reference to the PSA within the Act had bestowed approval on those registers, and therefore queried why the Welsh Government had changed its policy in this regard.

### **Welsh Government response**

We wish to provide absolute clarity on why professionals are exempt, subject to the modifications set out in our response to question 8. Exemption does not mean that these individuals are not regulated at all – they are highly regulated as individuals by their statutory bodies. In addition, Healthcare Inspectorate Wales regulates the premises at which many of these professionals work. Thus, both the exempted individual and the premises are the subject of regulation.

Realistically, this exemption only applies to acupuncture and medical tattooing in practice, which are specialisms within the professions listed. It does not mean that any of those health professionals will be able to take up body piercing or tattooing without appropriate training or a licence any more than a commercial tattooist can practice medicine without the required training.

We cannot require individuals who have exemptions to provide any information or undertake any action for which there is no legal framework within the Act, including being listed in the public register or paying any fee for registration. Local authorities should be aware of the considerable volume of administration they would need if they required every qualifying exempt NHS and private professional using acupuncture to register their exemption. This is separate to any legal challenge that may come from those professional bodies if any such requirement was made.

As set out in our response to question 9, we have not changed our policy in relation to the PSA register for acupuncturists, as the reference within the Act is an enabling clause and does not bestow any prior approval of the register or any promise of exemption.

**Question 11: Do you agree with the principle of this proposal that the statutory registered HCPC named professions of chiropodists/podiatrists; physiotherapists; prosthetists/orthotists should be exempt? Are there other professions on this register that should have an exemption?**

**Overview**

209 answered the question, 41 did not. 57 answered 'yes', of which 27 gave longer responses; 39 answered 'no', of which 35 gave a longer response; 113 provided detailed responses but did not provide a definitive answer.

**Key themes of responses**

The majority of respondents reiterated the same arguments about exempt individuals given in the last few questions. Some of the professional bodies that this proposal affects did provide information on how the exemption could operate for their membership.

A range of associations representing acupuncturists tried to make the case as to why they should have an exemption, using the argument that they are categorised as healthcare providers.

**Welsh Government response**

We would reiterate the responses we have given to the previous questions about exemptions. We listed these professional bodies because we are aware that some of their members use acupuncture for pain relief or relaxation of the patient during the medical procedures for which they have professional registration, and that in some health boards, medical tattooing may come under the provision of prosthetic and orthotic medicine.

As set out in our response to question 8, we have revised the wording of our proposal to named professions within the membership of those listed statutory bodies. Exemption of these professions for specific procedures does not mean that they will be working unregulated or that they will be able take up any or all of the procedures because they have an exemption.

We do not accept the arguments put forward by acupuncturists who are not also members of the statutory registers. The number of responses from different organisations representing acupuncturists as well as from individuals suggest to us the fragmented nature of this particular profession. In the absence of compulsory registration dependent on consistent qualifications and codes of practice for acupuncturists, we cannot grant blanket exemption for these bodies. It is for the acupuncture profession to work together to decide what the acceptable level of training and practice should be and to press the UK Parliament for compulsory registration.

As we did not hear from any prosthetists or orthotists as part of the consultation, we made enquiries separately to the British Association of Prosthetists and Orthotists (BAPO). They have confirmed that the performance of any of the four special

procedures are unrelated to the healthcare services offered by their members and they do not therefore have the training or skills to perform them. They consider, therefore, that their members would not require exemption from performing any of the four special procedures. We will limit their exemption accordingly in the draft regulations.

The professions on the HCPC list that are relevant to the exemption available are:

- chiropodists/podiatrists
- physiotherapists

We have made provision for these named professions within the exemption for acupuncture on the same terms as set out for the other statutorily-registered professionals:

- The procedure is performed in a regulated independent healthcare establishment AND
- They are not subject to any restrictions or sanctions imposed by their statutory regulatory body.

Any treatment provided by the NHS is out of the scope of the Act and is therefore exempt.

Any other acupuncturist who does not meet the statutory registration and regulated premises criteria for exemption will have to obtain a special procedures licence and a special procedures premises/vehicle approval certificate to perform acupuncture or any of the other three special procedures.

Any regulated healthcare professional who holds an exemption for acupuncture but who wishes to perform any of the other three special procedures – body piercing, electrolysis, or tattooing - will have to obtain a special procedures licence and a special procedures premises/vehicle approval certificate (if appropriate).

We are aware that there are other professions on the HCPC register whose members may possibly use acupuncture as part of the therapeutic services they provide, such as psychologists or dieticians using acupuncture as part of treatment for substance addiction or eating disorders. We have not included them in any proposals for exemption because we consider that their training is unlikely to have included infection prevention and control. Any such practitioners who use acupuncture in this way will need to apply for and obtain a practitioner licence and a premises approval certificate.

## **Question 12: Do you agree with the principle of the proposal that members of voluntary registers accredited by the PSA should not be exempt?**

### **Overview**

210 answered the question, 40 did not. 91 answered 'yes', of which 35 gave longer responses; 41 answered 'no', of which 32 gave a longer response; 78 provided detailed responses but did not provide a definitive answer.

### **Key themes of responses**

The majority of respondents agreed with this proposal, except for the acupuncturists, who proposed a number of arguments for their particular professional association to be exempt. Some respondents had assumed that the reference to the PSA registers in the Act meant that exemption had been conferred and questioned why the Welsh Government had changed policy.

### **Welsh Government response**

We acknowledge one of the reasons that the PSA register was developed was because there was no regulation for acupuncturists, and that this voluntary registration has provided some consistency of qualification and practice. However, there is no mandatory requirement for any acupuncturist to be a member of this register or of any professional association. For these reasons, we cannot give an exemption to acupuncturists on the PSA register. We note that some of the bodies making arguments to be exempt are not in fact members of the PSA register, and we would therefore question why they would advocate exemption for its membership when they are not members themselves.

The reference made in the Act to PSA is there to enable granting exemption, should future circumstances permit. We have considered the requirements for registration on the PSA register and how these apply to acupuncturists, and as it remains voluntary, we cannot provide exemption for the membership at this time. We therefore do not intend to make any provision in regulations for the PSA register.

## **Question 13: Do you have any comments on the example mandatory licensing conditions for all special procedures as set out in Annex D1?**

### **Overview**

95 answered the question and gave detailed responses but 155 did not provide a response to the question.

### **Key themes of responses**

A number of respondents gave detailed commentaries on the example mandatory conditions, raising queries on interpretation and making observations relating the conditions to approved practices within their sector. A number of respondents raised

objections to the use of gun and cartridge piercing systems; acupuncturists raised objections to the prohibition of treatments for under 18s on intimate areas. A number of comments were received that stated the proposed conditions were not proportionate to the actual risk presented and need to better reflect actual best practice.

### **Welsh Government response**

We have considered the detailed suggestions received and have revised the mandatory conditions accordingly. Non-statutory guidance will be provided in due course for both practitioners and for enforcement officers that will cover the specific requirements for each sector to meet the mandatory conditions.

As set out in the section of this document titled 'Overarching Issues', it is not possible for us to ban the use of piercing guns outright, but we intend to require those businesses that use this type of equipment to meet the same requirements for licensing as all other piercing practitioners, including practitioner age requirement and Level 2 qualification, client consultation and designated treatment area. This will ensure a more robust approach to training and consistency of staff usage for those that continue to use this equipment.

### **Question 14: Do you agree the specific mandatory licensing conditions at Annex D1 are proportionate to the risks presented by each type of special procedure?**

#### **Overview**

210 answered the question, 40 did not. 135 answered 'yes', of which 78 gave longer responses; 25 answered 'no', of which 22 gave a longer response; 50 provided detailed responses but did not provide a definitive answer.'

#### **Key themes of responses**

The majority generally agreed with the proposals and made comments on specific conditions. As for the previous question, a number of detailed responses were received, and in some cases the proportionality of the requirements to the risk presented was questioned, particularly in relation to acupuncture and electrolysis. Some respondents queried how babies and children too young to give consent should be dealt with at the client consultation.

### **Welsh Government response**

We note the detailed comments made on the documents in Annex D1 and will use these to inform the final versions of the mandatory conditions and the non-statutory guidance. It is our intention that the client consultation requirement and associated guidance will cover parental and guardian consent as well as how the consent of minors should be managed.



**Question 15: Do you agree that the creation of a trainee licence is a proportionate way of dealing with trainees on regulated courses and apprentices following regulated and unregulated apprenticeships? If you don't agree, how should they be dealt with?**

## **Overview**

219 answered the question, 31 did not. 179 answered 'yes', of which 48 gave longer responses; 9 answered 'no', of which 7 gave a longer response; 31 provided detailed responses but did not provide a definitive answer.

## **Key themes of responses**

There was broad agreement with the proposal, with a number of queries raised about the details, such as definitions of which training courses would be subject to this type of licence, and how 'supervision' would be defined. Concerns were raised by some that a trainee licence would need to be obtained for every CPD course a practitioner undertook, and conversely, that it had to be in place for a full three years despite the trainee becoming qualified within this time.

## **Welsh Government response**

We made this proposal largely to accommodate those individuals who are pursuing unregulated apprenticeships and training in tattooing and body piercing within existing commercial businesses. We considered that without making some kind of differentiation, apprentices/trainees would otherwise effectively qualify for full licences alongside experienced practitioners and would appear on the public register as fully licensed. There is no specific provision in the Act for a 'trainee licence', but we can, through regulation, apply bespoke licensing conditions to a trainee/apprentice who is being supervised and thereby place limitations on their licence. This is a fairly complex point of legal definition and we are considering how we can proportionately manage individuals learning their trade and ensure adequate protection to the client, including identification of their trainee status on the public register.

An apprentice/trainee would only require a licence with additional supervision conditions to reflect their 'trainee' status at the point at which they would be working on clients under supervision. They will still have to meet all other requirements to make an application for a special procedure practitioner licence.

It has never been the intention that any established practitioner would have to apply for a trainee licence to undertake any short term CPD course. Although the licence applied for will be for three years and will have additional conditions, it will be for the person who is supervising the trainee to certify when the trainee can perform the procedure unsupervised. At that point the trainee can apply for the supervision restrictions to be removed from their licence, so this could be at any time within the three-year issue period.

We note the comments that someone could renew their trainee licence indefinitely, and we would state that although this could happen in theory, there would be no financial or other advantage to be gained. It may, in fact, call into question the overall capability of the supervisor and trainee if this actually took place.

Students undertaking regulated training courses within colleges of further education will not be required to obtain a licence until they qualify and intend to perform the special procedure in the course of a business. Once qualified, they cease to be a trainee, so would make a standard application. We have been advised by FE colleges that there is no issue with students qualifying before they are 18. We have been advised that there may be some circumstances where an FE student on day release to a work placement may need a trainee licence, but we will provide further guidance on this.

### **Question 16: Do you agree that the minimum age for a practitioner to perform any of the special procedures should be 18?**

#### **Overview**

225 answered the question, 25 did not. 206 answered 'yes', of which 42 gave longer responses; 7 answered 'no', all of which gave a longer response; 12 provided detailed responses but did not provide a definitive answer.

#### **Key themes of responses**

There was overwhelming agreement to this proposal. Retail chains that offer ear piercing via gun or cartridge systems objected, stating that they will have to reconsider employing 16-18-year-olds. There was some uncertainty expressed about under 18s on further education training courses.

#### **Welsh Government response**

Due to the overwhelming support for this proposal, we will continue with it as drafted and set the minimum age for making an application for a special procedure practitioner licence at 18 years. We have had discussions with FE colleges on the issue of the age qualification, and they have advised that this is not an issue for the special procedures taught in these educational establishments. We refer to our response to question 15 on this issue.

We would strongly refute the argument that 16-18-year-olds would not be employed in retail chains as a result of setting the practitioner lower age limit at 18 years because they cannot pierce ears. We understand from their responses that there are very few employees of this age group taken as a percentage of their overall workforce, and that they are primarily employed as shop assistants with ear piercing as an add-on to their retail duties. We have concerns that casual, weekend or part-time retail assistants under 18 are given the responsibility of undertaking any special procedure. Ear piercing carries a risk of infection and other adverse health effects whether undertaken using cartridge systems or single use sterile needles. Appropriate client education and engagement along with detailed client consultations

require a level of maturity most likely displayed by people of the age of 18 and above. We therefore intend to proceed with this proposal as drafted.

**Question 17: Do you agree that the minimum age for a client to obtain any of the special procedures (notwithstanding the proposed exceptions listed) should be 18?**

**Overview**

217 answered the question, 33 did not. 168 answered 'yes', of which 82 gave longer responses; 33 answered 'no', of which 31 gave a longer response; 16 provided detailed responses but did not provide a definitive answer.

**Key themes of responses**

There was wide support offered for the proposal, though not all agreed with the age being set at 18. A number of body piercers put a case forward to reduce the minimum age for some non-intimate piercings and some acupuncturists were concerned that they would not be able to treat any child under 18. Some local authorities raised concerns regarding the unintended consequences of setting the minimum age at 18 and some proposed considering a minimum age of 21 or 25 years for facial tattoos. A number of respondents also raised the subject of Gillick competence\* and made counter proposals that the age should be set at 16 without parental consent, where the person was deemed Gillick-competent, citing NHS treatment as a comparator.

\*Gillick competence is a recognised principle in medical law, whereby a child under 16 demonstrating sufficient understanding of the implications of a course of treatment is deemed 'competent' to give their own consent to that treatment without further involvement of their parents/guardians. It is named after the legal case *Gillick v West Norfolk and Wisbech Area Health Authority* which established the principle. [Consent to treatment - Children and young people - NHS \(www.nhs.uk\)](https://www.nhs.uk/consult/condemned/childrenandyoungpeople/)

**Welsh Government response**

We acknowledge the various rationales to the mixed responses we have received and agree in part to the reference to Gillick competence which does set a precedent. We did not propose that no-one under the age of 18 can have acupuncture: we have said that any minor under 18 may have acupuncture treatment on non-intimate areas with the consent of a parent as well as the minor, and as long as a chaperone is present during the treatment.

We note the range of suggestions for different age restrictions for different procedures/body parts, but consider that a number of these are contradictory, and to take this approach would be to create an unnecessarily complex framework which would be confusing and un conducive to compliance. We are aware of the potential for unintended consequences that may result from imposing minimum age

restrictions but consider that this needs to be balanced with providing proportionate protection for young people.

We are also of the opinion that the strict requirement within the Act for client consultation and the related proposed licence conditions offer additional mitigations to better protect clients and enable them to make better informed decisions regarding the special procedure that they would receive. In addition, practitioners have advised that they will work to the requirements of their insurance which may preclude procedures on certain age groups

Having considered these responses, we have revised the proposal to set a minimum age of 16 years for clients to obtain body piercing, acupuncture, or electrolysis to a non-intimate part of the body without parental consent. The legal prohibitions on tattooing (including semi-permanent make-up) and intimate body piercings remain in place for people under the age of 18.

Any child under the age of 16 wanting acupuncture, electrolysis or piercings on non-intimate parts of the body will need a parent/guardian to attend the client consultation, give their consent in writing and attend the treatment as chaperone.

No-one under the age of 18 will be able to obtain any of the special procedures on intimate areas of the body, even with parental consent, unless a medical practitioner has prescribed the treatment.

### **Question 18: Do you agree that the outlined obtaining of consent and accompaniment by a parent/guardian for procedures for people under 18 where not otherwise prohibited provides sufficient safeguards?**

#### **Overview**

215 answered the question, 35 did not. 160 answered 'yes', of which 23 gave longer responses; 7 answered 'no', of which 5 gave a longer response; 48 provided detailed responses but did not provide a definitive answer.

#### **Key themes of responses**

There was wide support for this proposal, although there was some disagreement about the age at which parental consent should no longer be required. Members of the body piercing sector particularly highlighted challenges in managing parental consent. Some raised the question about babies and children too young to give consent, and how these should be managed.

#### **Welsh Government response**

We have noted the issues raised by tattooists and piercers in respect of parental consent for 16-18-year-olds and note their observations on the necessity for both the client and the parent/legal guardian to prove their ID.

We refer to our response to question 17 and our intention to set the minimum age for a client to give their own consent to a procedure not otherwise prohibited at 16 years. We have therefore revised the proposal to require the parent/guardian to be present at the client consultation to provide consent for anyone under the age of 16 years and for that parent or legal guardian to be present during the procedure. This requirement will only relate to the provision of body piercing, electrolysis, and acupuncture on non-intimate areas of the body. The practice of tattooing, including semi-permanent make-up, is already legally prohibited on minors under the age of 18.

No-one under the age of 18 will be able to obtain any of the special procedures on intimate areas of the body, even with parental consent, unless a medical practitioner has prescribed the treatment.

We will provide non-statutory guidance for practitioners on this matter which will include information for parents as a means of raising their awareness of the legal requirements of the licensing scheme.

### **Question 19: Do you agree that 16 is an appropriate age for a person to obtain a piercing of the eyebrow, lip, nose, or ear cartilage without parental/guardian consent?**

#### **Overview**

205 answered the question, 45 did not. 136 answered 'yes', of which 16 gave longer responses; 19 answered 'no', of which 13 gave a longer response; 50 provided detailed responses but did not provide a definitive answer.

#### **Key themes of responses**

The responses gave a mixed view of the most appropriate age that a person should be able to obtain a piercing of this kind, ranging from 14 up to 18. There was general agreement that 16 was an appropriate age for ears, but there was wide opinion whether lips and eyebrows should be included. There appeared to be a misconception that the proposal meant that no ear piercing would be allowed under 16, and in fact the major retailers suggested that the industry standard was 14.

There was not a clear consensus from local authorities with different age restrictions suggested for the different named body parts. There appeared to be more concerns about navel piercings than facial piercings.

#### **Welsh Government response**

We are pleased that there was general agreement to the principle of setting an age limit but are concerned that there is no real consensus about facial piercings. We have discussed this matter in more detail with body piercers and local authorities, particularly in relation to the risks and healing times associated with particular sites of body piercings and the likelihood of young people choosing to undertake their own

piercing where they were unable to obtain them legally. In addition, preference was expressed to keep minimum age restrictions simple.

We would like to clarify that a minimum age of 16 for a person to obtain a piercing of this kind does not mean that no piercings would be allowed under 16 – this is not the case. The age of 16 was proposed as the age at which parental consent could be dispensed with. Parental consent can be given for any piercing on a person under the age that is set provided the piercing is not prohibited to under 18s by the intimate piercing regulations.

We do not accept the argument that 14 years is an appropriate age to generally dispense with parental consent. We note the arguments about DIY navel piercings because of a requirement to obtain parental consent, but we are not convinced that this is a particular issue.

Having considered all of the above issues, we confirm our intention to proceed with the proposal as drafted and include these facial piercings within the minimum age of 16 years for clients wishing to obtain any body piercing of a non-intimate part of the body without parental or legal guardian consent.

## **Question 20: Should piercings to any other part of the face be permitted from the age of 16? If so, why?**

### **Overview**

189 answered the question, 61 did not. 40 answered 'yes', of which 33 gave longer responses; 133 answered 'no', of which 96 gave a longer response; 16 provided detailed responses but did not provide a definitive answer.

### **Key themes of responses**

There was general consensus that facial piercings should not be permitted under the age of 18 but a number who responded to this effect had no connection with body piercing. There was a conflict of opinion among piercers with some expressing the opinion that there was no greater risk of scarring or rejection from other facial piercings not referenced in the previous question, whereas others held an opposite view. A number suggested that cheek piercings presented specific risks. Local authorities had differing opinions on specific piercings and generally supported the proposal but were concerned about young people resorting to DIY piercings.

### **Welsh Government response**

We note the general consensus that facial piercings other than the nose should not be permitted without parental consent and note that the majority said 18 years should be the lower age limit. A number of the responses given for this question contradict responses previously given for question 19 about the different facial piercings referenced.

We acknowledge the concerns about DIY piercings and we are also aware that young people may seek the services of individuals who choose to work illegally, which may expose them to infection and safeguarding issues. These are important potential risks that we have to consider.

There are mixed views of the potential risks around scarring, migration and rejection and we consider these are likely to be lower if performed by a licensed practitioner in an approved premises following client consultation and aftercare advice. The requirement for client consultation separate to the treatment will enable clients of all ages to make better informed and less impulsive decisions about facial piercings.

We consider that attempting to list specific facial piercings and setting different minimum age restrictions would be confusing for practitioners and the public and would be challenging to administer and enforce.

On balance, having considered all the arguments about 18 years and 16 years, we consider that we should include all piercings of the face within the general proposals to allow all non-intimate piercings from the age of 16 without the requirement of parental consent.

### **Question 21: Do you agree that prohibiting the tattooing of eyeballs in the tattooing licensing conditions is sufficient to prevent this from being performed by licensed practitioners?**

#### **Overview**

170 answered the question, 80 did not. 141 answered 'yes', of which 22 gave longer responses; 7 answered 'no', of which 4 gave a longer response; 22 provided detailed responses but did not provide a definitive answer.

#### **Key themes of responses**

There was almost universal agreement to this proposal. A number of tattooists pointed out that this practice is not technically tattooing as it involves the injection of ink into the eye. They also pointed out that there will always be someone who wants this procedure, and someone prepared to provide it.

#### **Welsh Government response**

We acknowledge the comments regarding describing this procedure as tattooing, but would advise that tattooing is defined in the Act as **'the insertion into punctures made in the individual's skin, or mucous membrane, of any colouring material designed to leave a semi-permanent or permanent mark'**. The injection of dye or other colouring into the sclera therefore meets this legal definition of 'tattooing'.

We included this question because at the time the Act was passed in 2017, this procedure seemed to be regularly getting media attention and becoming more common. The Welsh Ministers were rightly concerned that this appeared to be a

trend gaining momentum, and they therefore made a commitment to the Senedd to include this procedure within general prohibitions within the Act. This commitment includes us asking this question. We also note the comments that this practice cannot be prohibited completely, as it is already an illicit practice. We also note that since 2017, this procedure has not become particularly widespread.

We therefore do not intend to create specific regulations in relation to eyeball tattooing/colouring but will deal with this prohibition within the mandatory licensing conditions.

**Question 22: Is the proposal to require in licensing conditions that practitioners discuss the impact of facial and other visible procedures with clients and record the discussion sufficient to address the concerns?**

**Overview**

209 answered the question, 41 did not. 146 answered 'yes', of which 29 gave longer responses; 29 answered 'no', all of which gave a longer response; 34 provided detailed responses but did not provide a definitive answer.

**Key themes of responses**

The majority agreed with this proposal, except for tattooists and piercers, who were split between opposite views of already having these discussions with clients and allowing adults to make their own decisions. Local authorities expressed doubt about what constitutes a 'visible procedure', did not want this captured in licensing conditions, wanted a set waiting time between consultation and procedure, and a prohibition on walk-in appointments for procedures of this type. There were some views expressed that facial piercings do not present the same issues as facial tattoos in terms of permanence.

**Welsh Government response**

This was another question that was included because of the concerns of the Senedd during the passage of the Act in 2017, that having visible piercings or tattoos might have the capacity to affect a person's employment or would be regretted in future years. 'Visible procedures' are those not generally covered by clothing, typically on the face, neck, or hands. We therefore had a commitment to ask this question as to whether it was considered an issue that needed to be discussed with clients.

We note the responses that are split between practitioners already having these conversations with clients, and the need to treat people like adults. We consider that treating the client as an adult includes giving them the information to allow them to make an informed choice. This should include any possible issues the client might encounter beyond immediate aftercare, and the likelihood of reversal if they change their mind in future. We do not accept that facial piercing is always easily reversed as there is still the potential for scarring and permanent marks at the piercing site.



We do not feel it is proportionate to mandate a set waiting period between consultation and treatment, as this should be a matter for the licence holder to consider when undertaking the client consultation. As generally there is support for the proposal, we intend to proceed with the proposal as drafted and include this issue in the licence conditions and the non-statutory guidance.

### **Question 23: Do you agree with the proposed definition for ‘object’ as it applies to body piercing?**

#### **Overview**

181 answered the question, 69 did not. 142 answered ‘yes’, of which 14 gave longer responses; 26 answered ‘no’, of which 25 gave a longer response; 13 provided detailed responses but did not provide a definitive answer.

#### **Key themes of responses**

The majority agreed with the definition, although most of those who responded were not from the piercing sector. There appeared to be much doubt as to the definition being specific enough, and a number of the respondents wanted definitions and lists of the different types of objects that would be permitted or prohibited. A number of respondents pointed out that ‘jewellery’ had not been defined in the Act, so questioned what ‘not jewellery’ would be in that context.

Retail chains wanted a distinction made between ‘cosmetic’ piercing (i.e. ear lobes and nostrils done with a piercing gun or cartridge) and all other kinds of body piercing. A number of piercers made the point that the definition of ‘blade’ could affect some of the needles that are used, and that some objects, such as dermal anchors, required a blade to remove. The suggestion was given that any wound that required a suture was a better definition.

#### **Welsh Government response**

We cannot make another category of ‘cosmetic piercing’, as all piercing is cosmetic (i.e. non-medical for adornment of the body or self-expression). The definition of ‘body piercing’ in the Act includes ear lobes and nostrils. We do not accept the implied argument that ear lobe and nostril piercing is less invasive than any other piercing, or that the instrument used presents a lesser risk of infection.

We note the concerns about definitions and local authority anxiety about lists of objects that are prohibited or permitted, and that jewellery is not defined in the Act. The definition is deliberately loose to permit free expression of the piercing industry and to be specific is to effectively set out the means of circumvention.

We are aware from responses received from the intimate piercing regulations consultation and from engagement with the body piercing sector and local authorities that there is no consensus on terminology for the jewellery or objects used for piercing, and these can change over time. Any attempt to define and list objects by

material, size or shape would very quickly go out of date, creating more uncertainty than is addressed. Including permitted/prohibited lists in regulations would mean that updates could only be made through the formal legislative process, and the regulations could effectively be in a perpetual state of revision. We consider that the subject of interpretation is better treated in non-statutory guidance which is, by its nature, more flexible in respect of revision.

We note the points made by piercers about the use of blades and bladed instruments to insert or remove objects from the skin. We will give further consideration as to the viability of incorporating the term 'sutures' into the mitigations contained with the specific licence conditions for body piercing practitioners when the overall intention of this legislation is to prevent opportunities for infection through special procedures.

We will therefore proceed with the definition of 'object' as 'any object that is not jewellery' as originally proposed, to be consistent with the definition used in the intimate piercing regulations.

**Question 24: Do you agree that prohibiting the use of a scalpel or similar bladed instrument in the body piercing licensing conditions is sufficient to prevent body modifications that extend beyond a body piercing procedure?**

**Overview**

186 answered the question, 64 did not. 124 answered 'yes', of which 8 gave longer responses; 9 answered 'no', of which 6 gave a longer response; 53 provided detailed responses but did not provide a definitive answer.

**Key themes of responses**

Responses were mixed and provided contradictory comments. Responses from some local authorities and body piercers suggested that many specialist piercing needles were technically bladed and that some objects like dermal anchors needed blade instruments for safe removal. Some piercers suggested a prohibition of suturing as a better control.

Some questioned what the Welsh Government was trying to achieve with this question and made a distinction between piercing practice and body modification. There was some doubt expressed that prohibition of body modification could be done via mandatory conditions rather than bespoke legislation.

**Welsh Government response**

We note the arguments against this proposal and acknowledge that prohibition of body modifications falls outside what can reasonably be achieved through mandatory conditions. This question was included to test opinion as to whether body piercing could be misused to perform more extreme forms of body modification. We accept that there will always be a market for such procedures, but do not accept that allowing people free expression should expose them to increased risk of bodily

harm. We note the points made about the legitimate use of specialist needles and will consider the rationale and validity of referring to the term suturing in the licence conditions.

We will consider responses to this question when drafting the specific licensing conditions relating to body piercing but do not intend to make any specific regulations in relation to extreme body modifications.

**Question 25: Do you agree with the proposed approval criteria for premises/vehicle approval applications and the supporting documents listed? Are there other documents applicants should supply?**

**Overview**

205 answered the question, 45 did not. 156 answered 'yes', of which 7 gave longer responses; 5 answered 'no', all of which gave a longer response; 44 provided detailed responses but did not provide a definitive answer.

**Key themes of responses**

There was widespread support expressed for this proposal from all sectors. A number of issues were identified in the details of the proposal, largely who would be the 'responsible person' in a number of different business management models or where the applicant is a tenant and not responsible for the layout or fixtures of a premises. Some doubt was expressed as to why the responsible person needed to pass the IPC course and submit a DBS check if they were not a practitioner. Local authorities commented on some of the terminology used, and practitioners questioned the requirement for a scale plan of the premises to be provided. A number of suggestions were provided for the documents that applicants should provide.

**Welsh Government response**

We note the queries about who the 'responsible person' would be in different scenarios, and who should make the application. These will be defined in the draft regulations and covered in more detail in the non-statutory guidance.

The responsible person making the application needs to have passed the IPC course because they will have a responsibility for the premises and the operations undertaken there. They therefore need to have the same understanding of infection prevention and control as the practitioners working in the premises.

We note the comments about terminology and will address this in any scheme materials we provide. We note also the issues raised about insurance, but the Welsh Government has no influence over commercial insurance companies and what they include in their policies. We will, however, be engaging more proactively with this sector to better understand the underwriting process and to ensure that the scheme is compatible with insurance requirements.

We also note the suggestions for documents that could be provided by applicants, but not all were proportionate to the task of considering an application or the prevention and control of infection. We would question why a photo of the premises needs to appear on the approval certificate. The premises is fixed to an address and its fascia could change substantially during the lifetime of the approval certificate without any effect on its validity and any such photo is unlikely to be used for identification. There may be a possible use for a photo where the 'premises' is a vehicle without a registration number, such as a caravan.

The provision of a scale plan was included as a requirement because it would allow the calculation of the distance between workstations and essential equipment such as sinks. We have considered the responses on the subject and will draft the regulations to require 'a plan' and the information to be provided, such as room measurements, locations of facilities and workstations.

We have also reflected on our proposal to require submission of a DBS certificate with premises applications and following legal advice, conclude that this requirement should not be taken forward. This is because legally the application has to relate to the premises, not the person in charge of it. Therefore, obtaining a DBS certificate would be irrelevant if the responsible person was not performing any of the procedures.

We will take the other suggestions made in the responses into consideration when drafting the regulations and non-statutory guidance in relation to the criteria for premises and vehicle approval applications.

**Question 26: Do you agree that holders of trainee special procedure licences should not be able to apply for a premises/vehicle approval certificate in their own right or be nominated as the person in charge of a premises on an application?**

### **Overview**

206 answered the question, 44 did not. 191 answered 'yes', of which 46 gave longer responses; 7 answered 'no', of which 2 gave a longer response; 8 provided detailed responses but did not provide a definitive answer.

### **Key themes of responses**

There was general agreement with the proposal and acknowledgement that being in charge of a premises and potentially other practitioners requires experience. Local authorities raised issues about sole trader practitioners who were also trainees. Some acupuncturists were of the opinion that this may affect their existing training regime, where final year students are put on placement. There was some questioning of definitions of 'supervision' and 'competent', and some concern expressed about a practitioner experienced in and licensed for one procedure training in another and whether that would constitute becoming a 'trainee' and invalidating an existing practitioner licence or premises approval.

## **Welsh Government response**

The rationale behind the question was whether it was reasonable to prevent someone still under supervision, or someone with no experience or expertise in any of the four procedures from setting up in their own premises, and whether this presented a potential risk to clients, who would be unaware of their lack of experience. We had assumed in formulating the question that the 'trainee' in question was likely to be very young and inexperienced. However, it is clear from the responses we received across all sectors and from follow-up engagement that it is likely that some persons in established businesses decide to become trainees while still managing their business. This may be a particular practice in the beauty sector.

We also accept that some applicants for premises approval will not be practitioners themselves but will employ licensed practitioners or rent space to them. In addition, there may be some practitioners licensed for one of the special procedures who are training to perform another of the special procedures. We would argue that these persons could not be considered trainees, so any prohibition would not be relevant to them, but we appreciate that this may be a simplistic view.

We have discussed what constitutes a trainee in the relevant section of the consultation document and in our response to question 15. We note the concerns about final year acupuncture students on placement. However, we do not see a particular issue, as a student on placement and still being supervised is unlikely to set up their own premises until they are qualified. Once they qualify, they cease to be a trainee.

Having reflected on the responses in the context of how people manage their businesses when considered against risks of harm to human health and proportionality, it is our intention to withdraw this requirement.

### **Question 27: Do you agree with the proposals about appealing against the refusal of an application for premises and vehicle approvals as set out in paragraph 11.19?**

#### **Overview**

203 answered the question, 47 did not. 160 answered 'yes', of which 12 gave longer responses; 3 answered 'no', of which 2 gave a longer response; 40 provided detailed responses but did not provide a definitive answer.

#### **Key themes of responses**

There was general agreement to our proposal, however, there appeared to be a number of misconceptions expressed by respondents. Local authorities assumed that appeals against refusals for premises and vehicles would be heard by the licensing committee, with some stating that they do not use a licensing model in their

local authority. A number of respondents questioned why the magistrates' courts were being utilised to hear these appeals, based on the cost that would be involved.

Practitioners seemed to assume that they would not be advised of the reasons why an application would be refused or be given time to make required changes. Some local authorities were concerned about the costings in the RIA, considering these to be an underestimation of the work they would have to do, but no specific details or costings were provided in their responses.

### **Welsh Government response**

The Act is so written that appeals against refusals for premises and vehicle applications are immediately committed to the magistrates' courts, unless regulations make other arrangements. In the RIA that was published in the final stage of the passage of the Act, the assumption appears to have been made that very few appeals would be brought, so it was considered reasonable to use the magistrates' courts. This question is therefore testing this concept, and whether different arrangements are required.

We note the comments about the cost of using the magistrates' courts, and that the local authorities particularly consider that the same process should be used as for appeals against refusals of practitioner certificate applications.

We are not sure why practitioners consider that they will not be advised of the reasons an application is refused, nor any advice given as to any improvements that should be made before any application can be progressed. An inspection of the premises will be part of the determination of any application, and it is in no one's interest for a local authority not to provide such feedback or to discuss with the applicant any additional works that are required to secure approval of the application.

It is not legally possible to directly use the licensing committee to hear premises applications. However, it is possible to make regulations to require local authorities to make comparable arrangements for internal review where applications for premises or vehicle approvals are intended to be refused.

We therefore intend to make regulations to require local authorities to establish internal review groups to consider any premises/vehicle approval applications that they intend to refuse and to follow as closely as possible the process for hearing appeals against refusals of practitioner applications. Therefore, if a local authority considers that they cannot approve an application after considering the documentation and making a premises visit, they will notify the applicant of their intention to refuse the application, setting out the reasons why and their rights to make representation to the internal review group. Should an application be refused following this review, the applicant will then have recourse to further appeal in the magistrates' court and ultimately the crown court.

These draft regulations will be included in the next consultation.

**Question 28: Do you agree that the approval certificate should also include the name of the responsible person and the maximum number of workstations in that premises/vehicle?**

**Overview**

210 answered the question, 40 did not. 194 answered 'yes', of which 49 gave longer responses; 3 answered 'no', of which 2 gave a longer response; 13 provided detailed responses but did not provide a definitive answer.

**Key themes of responses**

There was significant support for this proposal, although many respondents raised similar issues as for other questions in relation to definitions of the 'responsible person' and issues that relate to practitioner applications rather than premises applications. Local authorities made a distinction between maximum number and permitted number. A number of respondents requested guidance on how the capacity would be determined, what a responsible person is required to do, and who should be the named responsible person. Some asked whether different capacities would apply for temporary events.

**Welsh Government response**

We note the issues raised about determining capacity and who should be named as the responsible person in different scenarios. We will be issuing non-statutory guidance on these issues in due course.

We note the concerns of local authorities but are not sure what the distinction is between maximum number and permitted number of workstations, as we consider they are the same thing based upon the space available at the premises. The maximum number of workstations reflects the number of licenced practitioners that could work at that premises at any one time.

We are aware that some approved premises may have more licensed practitioners associated with it than there are workstations, due to part-time and mobile work patterns. Setting a limit on the number of workstations addresses this and the risks associated with transmission of infection.

We will therefore proceed with this proposal.

**Question 29: Do you have any comments on the example mandatory premises/vehicle approval conditions set out in Annex D2?**

**Overview**

79 answered the question and provided comments and 171 did not.

## **Key themes of responses**

There appeared to be less consensus on this question, and many chose not to answer or said that they had no comments to make. Where comments were made on the approval conditions, they concentrated on practical details such as provision of toilet facilities, partitioning and the requirements for vehicles. A number of responses requested consistency of descriptions and requirements.

## **Welsh Government response**

We note the issues raised in relation to the practical details of the conditions, and the suggestions made for improvement. We also note the need for consistency of terminology.

We will use the suggestions given in these detailed responses to inform further discussions with local authorities and practitioners, and to inform the final version of the mandatory conditions and the non-statutory guidance for practitioners and local authorities.

**Question 30: We propose that we make regulations under section 70 of the Act relating to the variation and renewal process for premises approval certificates to make them consistent with the variation and renewal process for special procedure licences. Do you agree?**

## **Overview**

198 answered the question, 52 did not. 182 answered 'yes', of which 13 gave longer responses; 2 answered 'no', of which 1 gave a longer response; 14 provided detailed responses but did not provide a definitive answer.

## **Key themes of responses**

The majority of respondents agreed that the processes should be the same as for practitioner licences. Some local authorities considered that there should be different renewal cycles for acupuncture and electrolysis premises. Some respondents were unsure as to why premises approvals needed to be renewed and why variations would need to be made, particularly in relation to a premises changing ownership or management.

## **Welsh Government response**

We note that the majority who answered this question agreed with the proposal. It is not possible to vary the renewal cycle for specific procedures, as the Act has fixed the approval period as three years for all four procedures.

Premises/vehicle approvals need to be renewed to ensure that the standards approved at the time of the application are maintained. We will address the issues about interpretation and the circumstances in which variation applications should be



made in the regulations with further explanation in the non-statutory guidance for practitioners and local authorities.

We will proceed to make regulations as proposed to bring the process for variation and renewal of premises/vehicle approvals in line with those for practitioner licences.

**Question 31: Should temporary approvals for premises and vehicles be subject to the same mandatory approval conditions as all premises and vehicles? If not, what specific mandatory approval conditions (if any) should apply to temporary approvals for premises and vehicles?**

### **Overview**

201 answered the question, 49 did not. 183 answered 'yes', of which 37 gave longer responses; 3 answered 'no', all of which gave a longer response; 15 provided detailed responses but did not provide a definitive answer.

### **Key themes of responses**

The majority of respondents agreed that the approval conditions for temporary events should be the same as for the three-year premises/vehicle approvals, as it was considered that the risk to health is the same. However, a number of the respondents made comments on some of the details, doubting that visiting practitioners would be able to comply with the requirements and considering that some flexibility would be required for some of the conditions. Local authorities considered that the proposed time frame for submission of a temporary application was too long, suggesting 28 days instead.

### **Welsh Government response**

We note the responses that were made to this question and that there was general agreement that the approval conditions should be the same as for permanent premises. We have noted the comments that have been made on the details of the proposal and have come to the conclusion that the management of an event is very different to that of a permanent premises which can impact on the size and frequency of the risks even though the health risk is the same. We consider that it may be proportionate for some of the conditions to be varied to address this uniqueness, for example, the requirement to have single-use/pre-sterilised products and instruments. We will amend the timeframe to 28 days, and this is discussed further in our response to question 33.

We therefore intend to revise the proposal to provide separate approval conditions for temporary premises/vehicle approval certificates whilst requiring the same standard of infection control and client safety as that of the three-year premises/vehicle approval conditions.

## **Question 32: Do you agree that requiring the same licensing criteria for a temporary special procedure licence as for a three-year licence is proportionate?**

### **Overview**

212 answered the question, 38 did not. 188 answered 'yes', of which 46 gave longer responses; 9 answered 'no', of which 3 gave a longer response; 15 provided detailed responses but did not provide a definitive answer.

### **Key themes of responses**

Although there was broad agreement to the proposal, there were a number of points raised on the practical implementation of a temporary practitioner licence and many practitioners thought that the requirements were disproportionate to the risk. A number of questions were raised, particularly whether trainees would be able to apply for temporary licences, and whether a refusal would be referred to the licensing committee. Some local authorities doubted whether the requirements would be achievable in the proposed timeframes. A question was raised as to whether the seven days allowable could be used seven times across Wales.

### **Welsh Government response**

We note the support for this proposal, but also the contradictions between the responses given for this question and those given for the previous question, where it was suggested that the requirements should be the same and the timeframe should be shorter. We consider that there may be a case for requiring different criteria to address the temporary nature of the application while assuring the same level of control is obtained.

We are not sure what is meant by the question whether the temporary practitioner licence could be used seven times across Wales. We are unsure if this means whether the seven days should be consecutive or could be spaced out over weeks or months. The purpose of these temporary licences is to provide a visiting practitioner with a temporary licence for a specific event or a specific scheme of visits that a practitioner intends to make, neither of which may exceed seven days. We would expect, therefore, that the application would be for a defined time period and location or possibly more than one location. However, the itinerary would have to be supplied for consideration as part of the licensing process. It is not intended for long-term visiting or making regular visits as a three-year licence would be more appropriate for this purpose. Guidance on how these temporary practitioner licences are to be determined and used will be given in due course.

We will review the proportionality of the criteria for a temporary licence in light of the responses received.

**Question 33: Do you think that it is proportionate for an event organiser applying for a temporary premises approval certificate to meet the same approval criteria as for a three-year premises approval certificate?**

**Overview**

206 answered the question, 44 did not. 177 answered 'yes', of which 41 gave longer responses; 10 answered 'no', of which 5 gave a longer response; 19 provided detailed responses but did not provide a definitive answer.

**Key themes of responses**

The majority of respondents agreed with the proposal, but some pointed out that as many temporary premises would not be able to meet the same criteria as a permanent premises, there should be variable requirements. Some suggested that the event organiser may not be a practitioner, so the requirements are excessive and not necessarily relevant. There was, however, general agreement that all practitioners at the event should be licenced, and that it should be the responsibility of the event organiser to ensure this. Some saw a disjoint between the 58-day deadline an event organiser has to submit all details of practitioners and the 28-day deadline practitioners have, so the organiser would not be able to guarantee all practitioners were licensed at the time of application for the premises.

**Welsh Government response**

The rationale behind this proposal was to reduce the administrative burden of processing such temporary applications, and to align with the operation of conventions, where the event organiser is responsible for the operation and management of an event.

We note that the majority agree with the proposal but that the responses given about variable premises requirements contradict responses given under other questions about the need for temporary premises approval applications to meet the same criteria as for fixed premises. We also note the issue with the application timeframe.

In our response to question 31, we have stated that we will draft specific conditions for temporary premises approvals for events. We remain committed to requiring event organisers to meet the same approval criteria as for the three-year premises approval certificate. We will also amend the original 58-day deadline to 28 days in line with the temporary premises application process.

**Question 34: Do you agree that all premises/vehicles linked to temporary events/exhibitions must be approved by the local authority? If not, why not?**

**Overview**

204 answered the question, 46 did not. 191 answered 'yes', of which 49 gave longer responses; 3 answered 'no', all of which gave a longer response; 10 provided detailed responses but did not provide a definitive answer.

## **Key themes of responses**

There was general support for this proposal, with the main theme being that standards should be applied consistently across all types of premises/vehicle applications. Local authorities expressed concern about being able to inspect vehicles before the event, as they may not be in Wales until the event itself. Some practitioners expressed concern that the requirements for temporary applications would mean that pop-up events would no longer be possible. Some saw a disjoint between the timeframes between the event organiser having to apply 58 days in advance, whereas practitioners had 28 days, which may create issues for event organisers, who have to verify that all practitioners have licences at the time of application.

## **Welsh Government response**

We acknowledge the general support for this proposal particularly in terms of supporting consistent standards across all circumstances where these procedures may be performed. We understand the concern of local authorities in respect of vehicles, however, temporary events currently attract vehicles that have to be inspected by local authority officers, such as mobile food trailers at outdoor events. We consider that a similar inspection regime as currently exists should apply to special procedure temporary events. We note the issue of the different time periods and have responded under question 33.

We confirm that we will draft regulations to require that all temporary events are approved by the relevant local authority.

## **Question 35: Should all premises/vehicles linked to temporary events/exhibitions be subject to mandatory approval conditions?**

### **Overview**

200 answered the question, 50 did not. 191 answered 'yes', of which 35 gave longer responses; 2 answered 'no', of which 1 gave a longer response; 7 provided detailed responses but did not provide a definitive answer.

### **Key themes of responses**

The responses to this question had similar themes to those for the previous question, and there was almost unanimous support for the proposal. Generally, it was considered that premises and vehicles associated with temporary events should have similar standards of control, although local authorities considered that different conditions should apply dependent on the venue and organisation making the application whilst maintaining consistent standards.

## **Welsh Government response**

We note the widespread support for this proposal and comments made on the importance of consistent standards as well as the suggestions that conditions should be variable according to the circumstances of each application, and we refer to our response to question 31. We will proceed with the proposal to require premises and vehicles linked to temporary events to be subject to mandatory approval conditions with the provision of separate approval conditions for this type of application only, with the understanding that the same standard of infection control and client safety will be secured.

### **Question 36: Do you agree further information should be set out within a temporary approval certificate (as suggested in paragraph 13.12)? What other information should be required (if any)?**

#### **Overview**

103 answered the question, 147 did not. 56 answered 'yes', of which 11 gave longer responses; 28 answered 'no'; 19 provided detailed responses but did not provide a definitive answer.

#### **Key themes of responses**

A number of the respondents answered 'yes' but gave no further information. Where suggestions were given, they included the names of practitioners; qualifications of practitioners; name of the event organiser; the maximum number of workstations permitted at the event, and the event start and end date. One local authority suggested that a prohibition on offering irresponsible promotions/offers to event-goers should be included. A query was raised about last-minute applications from practitioners who are already licenced.

## **Welsh Government response**

We note the 'yes' responses, and in the absence of any further information, we have taken these to mean a general agreement to the proposals. We will consider the suggestions given, but do not think that it will be practical to list all of the information on the certificate. We will consider all suggestions in the light of practicality and proportionality and use these to inform the final versions of the temporary certificate and related documentation. The questions raised by local authorities and others on the management of temporary approvals and inspecting vehicles will be addressed in the non-statutory guidance.

We are not sure what was meant by 'irresponsible promotions' and have therefore contacted the local authority who raised this issue for more information.

It is our intention wherever possible to adopt a similar approach to the format of the three-year premises approval certificate for scheme consistency.

## **Question 37: Do you agree that the fees in relation to licence application fees should be determined in the way outlined in paragraphs 15.3 and 15.4?**

### **Overview**

209 answered the question, 41 did not. 159 answered 'yes', of which 103 gave longer responses; 7 answered 'no', of which 6 gave a longer response; 43 provided detailed responses but did not provide a definitive answer.

### **Key themes of responses**

Although the majority agreed with the proposal, some acupuncturists objected to being included within the scheme, and some local authorities indicated that they wished to set their own fees regardless of what other local authorities were doing. The main theme of most responses, however, was that the fees and application forms should be the same across the whole of Wales, that the proposed fees should be published as soon as possible, and it should be clear as to what the fees are used for.

Some did not understand the proposals and why there may in some cases be four fees to pay if the applicant was seeking a special procedure practitioner licence and a premises approval certificate at the same time. There appeared to be a general lack of understanding about how the existing registration scheme differs from the proposed licensing scheme, or who is responsible for setting the fees.

### **Welsh Government response**

We note the comments about the fees and application materials being the same across the whole of Wales, and this has always been our intention. We are therefore concerned that some local authorities suggest they will exercise their power to set different fees, which will undermine the concept of an all-Wales scheme. Upon further legal advice, we intend to include a requirement in the draft regulations for all 22 local authorities to agree one set of fees to apply across Wales.

We note the concerns about some applicants having to pay four fees. Although the Welsh Government can make regulations on how local authorities set fees, we cannot mandate what the fees will be, or how local authorities charge them. For the reason explained in the consultation document, it is not legally possible for one fee to be set to cover the application and a contribution to the operation of the scheme, as the Supreme Court has ruled that the two are for different purposes and cannot be combined.

We continue to work with the relevant local authority expert panels in relation to the scheme fees and have discussed the concerns raised in relation to this question. We would like local authorities to be in a position to announce the schedule of fees in the near future.

**Question 38: Do you agree that the fees in relation to premises/vehicle approval application fees should be determined in the way outlined in paragraphs 15.5 and 15.6?**

**Overview**

204 answered the question, 46 did not. 167 answered 'yes', of which 11 gave longer responses; 6 answered 'no', of which 4 gave a longer response; 31 provided detailed responses but did not provide a definitive answer.

**Key themes of responses**

The majority agreed with this proposal and raised similar issues as for question 37. Many seemed to think that the Welsh Government will set the fees. Local authorities seemed to be in doubt as to whether they would be required to inspect premises as part of the application process. Respondents again said that the fees should be the same for the whole of Wales, and there seemed to be a general concern as to what the fees would be used for and that local authorities will be operating a money-making scheme. There were some contradictory views from local authorities of wanting all-Wales fees but being able to set their own fees.

**Welsh Government response**

We note the views expressed in these responses and would reiterate our response as for the last question in respect of all-Wales fees and who has the power to set and charge fees. We would like to refute the suggestion that the scheme is a money-making exercise. The Welsh Government will not receive any of the scheme fees and local authorities are forbidden by law to make a profit from licensing scheme fees – they are only permitted to charge what is reasonable to cover their costs. Therefore, the application fee is the cost of processing the application, making the inspection, and issuing any documentation. The second fee is a reasonable contribution to the running of the licensing scheme, to include advising certificate holders, following up complaints, undertaking additional inspections and providing ongoing support.

We are not sure why local authorities are confused about whether or not they will have to inspect a premises as part of the application process. It has always been the intention that applicants will be visited, both for special procedure practitioner licences and premises approval certificates, as we think it would be difficult to make an informed determination without an inspection. For that reason, inspection visits are included in the costings for local authorities in the RIA.

We will proceed to make regulations in relation to how fees are set, to include requiring local authorities to agree the fees, as set out in our response to question 37.

**Question 39: Do you agree that the regulations should make provision on how local authorities should determine the amount of fee charged to a licence or premises/vehicle approval holder under section 76 in the way outlined in paragraphs 15.7 – 15.9?**

**Overview**

205 answered the question, 45 did not. 167 answered 'yes', of which 14 gave longer responses; 13 answered 'no', of which 8 gave a longer response; 25 provided detailed responses but did not provide a definitive answer.

**Key themes of responses**

There was general agreement to the proposal, and similar views given as for the other questions about fees. Local authorities did not seem to understand the implications of the Supreme Court judgement on local authority licensing fees and asked for one fee to be charged up front with the application form. A number of responses were concerned at the potential financial impact on small businesses who may have to pay four different fees if they apply for a practitioner licence and a premises approval certificate at the same time.

**Welsh Government response**

We note the responses given and refer to our responses to the previous questions on fees. We are concerned that local authorities do not understand the implications of the Supreme Court judgement for how they charge fees. The application fee and the contribution to the cost of running a licensing scheme cannot be combined.

Additionally, under the terms of the Act, if an application is determined to be acceptable and a special procedure practitioner licence or premises approval certificate is to be issued, the local authority cannot withhold it until the scheme contribution fee is paid, because the application fee covers processing the forms, making the decision and issuing the documentation (i.e. either issuing the certificate or issuing the documentation giving notice of refusal).

We note the points made about the impact of fees on small businesses, and we are considering with local authorities ways of supporting businesses to prepare for this licensing scheme, including a series of free practitioner webinars, which we will advertise to stakeholders via our networks. Ultimately, however, the cost of fees is for local authorities to determine, and the Welsh Government has no legal power to influence this cost. The regulations will, however, clearly set out what elements can be charged for the Section 76 fee.



## **Question 40: Do you agree with our proposal regarding recovery of section 76 unpaid fees in the way outlined in paragraph 15.10?**

### **Overview**

197 answered this question, 53 did not. 172 answered 'yes', of which 6 gave longer responses; 10 answered 'no', of which 6 gave a longer response; 15 provided detailed responses but did not provide a definitive answer.

### **Key themes of responses**

A large number of respondents did not answer this question, but where it was answered, the proposal was generally agreed. As for the previous question, a number of local authorities asked for all fees to be combined and paid up front with the application form. Some practitioners expressed concerns that their application would not be processed if the second fee was not paid. Some local authorities asked whether a licence or approval certificate could be revoked if the second scheme fee was not paid.

### **Welsh Government response**

We would reiterate our previous responses to the questions about fees. It will not be possible for a local authority to not process an application if the second fee is not paid as the scheme fee will only be charged to those who are awarded a licence/certificate. We will consider if the Act provides powers to revoke a licence or certificate if the second fee is not paid and also whether a local authority will be able to decline a renewal application if the scheme fee remains outstanding from the previous three years.

We therefore confirm that we will proceed with the proposal, subject to the considerations outlined above. We can confirm that the draft regulations will enable local authorities to recover unpaid fees through civil debt.

## **Question 41: We would like to know your views on the effects that the mandatory licensing scheme for Special Procedures in Wales would have on the Welsh language, specifically on opportunities for people to use Welsh and on treating the Welsh language no less favourably than English.**

**What effects do you think there would be? How could positive effects be increased, or negative effects be mitigated?**

### **Overview**

53 respondents answered the question and provided comments.

### **Key themes of responses**

Most respondents did not answer this question, and of those that did, some did not think the question relevant to the licensing scheme, or they considered that there

would be no impact on the Welsh language. Some respondents interpreted the question as meaning that it would be a requirement to provide services in Welsh.

Where a favourable response was given, respondents generally thought that bilingual public documents such as the certificate will raise the profile of the language, and the availability of the IPC course through the medium of Welsh was welcomed. There were no comments suggesting any adverse effect on the Welsh language.

### **Welsh Government response**

This is the first of two questions on the Welsh language that are included in all Welsh Government consultations. We note the concerns that some expressed that the question implied that it would be compulsory to offer services in Welsh and that any approval of an application would be dependent upon this. We would like to state that this is not the case, and it will be for each practitioner or business to decide whether they can offer their services in Welsh. We would, however, encourage all businesses who can operate in Welsh to let their customers know this is an option.

Local authorities have confirmed that they will supply all materials relating to the licensing scheme in both languages, as will the Welsh Government. We can also confirm that the IPC course is available in Welsh through some approved training centres.

We note some of the comments made about learning Welsh and would like to draw respondents' attention to the availability of Welsh courses held across Wales and online at five different levels from absolute beginner to advanced learner. More information on what is available can be seen here: [Croeso - welcome | Learn Welsh](#)

**Question 42: Please also explain how you believe the proposed mandatory licensing scheme for Special Procedures in Wales could be formulated or changed so as to have**

- **positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language, and**
- **no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.**

### **Overview**

45 respondents answered this question and provided comments.

## **Key themes of responses**

A substantial number of respondents did not answer this question. Where responses were given, many saw no significant impact on the Welsh language, and some referred to the statutory duty to provide scheme materials in both languages. Where comments were provided, respondents were generally supportive of use of Welsh in the scheme materials. One response made the request that scheme materials are written in working Welsh rather than literal translation.

## **Welsh Government response**

This is the second of the two questions on the Welsh language that are asked in every Welsh Government consultation. The suggestions in relation to bilingual materials and the provision of the IPC course in Welsh have either already been implemented or are planned for future publication.

We note the response about working Welsh – the Welsh Government uses professional translators and proofreaders when preparing parallel Welsh and English documents. They are skilled at suiting the register of language to the character of the document and its intended audience. The use of technical legal wording in documents is sometimes unavoidable (as in the wording of legislation, in Welsh or English). However, we are able to consult with local authority officers who are Welsh speaking to ensure that any Welsh language materials the Welsh Government creates for local authorities is understandable and readily accessible by its intended audience.

**Question 43: We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please use this space to report them.**

All Welsh Government consultations contain this general question, where the respondent is invited to provide any comments about the consultation document they have read. Where responses were received in a format such as an email or letter, and did not provide direct answers to specific questions, these responses were considered under this question.

## **Overview**

174 provided answers to this question.

## **Key Themes**

As the responses to this question were quite varied, it is difficult to derive overarching key themes as such. Some of the comments that were submitted included the following observations or questions (among others):

- Part-time practitioners and businesses which provide a special procedure occasionally are unlikely to continue to offer the procedure or will operate unlicensed, on the basis of the costs involved of obtaining a licence.
- Concerns about the cost of the licence and the application process, with a number of detailed questions being asked. Some asked specific questions about the client consultation and how this would work in practice.
- Local authorities considered that the RIA had underestimated the cost to them and the work required internally to establish and run the scheme.
- Many of the acupuncturists submitted the responses of their particular professional association and reiterated that acupuncture should not be included in this scheme.
- Some raised concerns that other parts of the UK did not have a similar scheme, and business would be lost to England.
- A number of organisations suggested other cosmetic procedures that should be included in this scheme.
- A number of practitioners and local authorities asked the Welsh Government to prohibit the use of piercing guns and cartridges for ear and nose piercings, and outlined the trauma they cause to the skin tissues and the difficulty of adequate sterilisation of the equipment.

### **Welsh Government response**

We thank all respondents for taking the time to comment on the proposals under this question.

We have noted the concerns of small businesses about the cost of application and the process that will be followed. We understand this anxiety in the absence of any hard facts, but we can also see from some of the responses that incorrect assumptions are being made, seemingly based on rumour. We appreciate that this legislative process seems long drawn out, but we have a due process to follow and cannot provide guidance and fee schedules until we know exactly what we are including in the regulations underpinning the scheme as a whole. We communicate regularly with stakeholders through a newsletter and meetings and will provide details as soon as we possibly can.

We note the comments the local authorities have made about the RIA and are disappointed that they did not give any specific details about the underestimate of work and costings, as the consultation was the opportunity to make any adjustments of this kind. We have, therefore, requested those local authorities to provide detailed costings for inclusion in the final version of the RIA.

Other parts of the UK do have licensing schemes for special procedures, but these are regional, namely within the London boroughs and local authorities in Scotland, although the Scottish scheme is not a national mandatory licensing scheme. We cannot comment on what other countries within the UK legislate for, as they have their own priorities and the needs of their own populations to address. We consider that members of the public are unlikely to take their custom over the border to England because of the licensing scheme: we would argue that the public will want to utilise Welsh practitioners because hygiene standards can be demonstrated.

As discussed elsewhere in this document, we do not have the power to completely prohibit the use of piercing guns. We can, however, restrict who is able to use them. For this reason, we are not making any distinction for this sector, and they will have to comply with the same requirements of licensing as all other body piercers.

We note the responses sent by the different acupuncture associations, and we have discussed the reasons why acupuncture is included in the Act elsewhere in this document. We cannot change the inclusion of acupuncture in this scheme as this has been set by the requirements of the Public Health (Wales) Act 2017.

The comments about whether certain beauty treatments or ‘medical’ cosmetic procedures should be included in the scheme will be discussed at a future date when we will consider including additional special procedures under section 93 of the Public Health (Wales) Act 2017. We will commence the powers to make further regulations to enable us to return to this subject in future. However, we intend to allow local authorities to fully establish and run the scheme for the four currently named special procedures before we propose more procedures.

## **Next steps following this consultation**

We have noted the changes we intend to make to our original proposals as a result of this consultation under each question response. The next steps we will take are as follows:

- We will submit the findings presented in this document to the Minister for Health and Social Services.
- We will discuss with our lawyers the issues raised in this consultation to inform the contents of the draft regulations that need to be made, subject to the overall approval of the Minister for Health and Social Services.
- The draft regulations will be published for a further eight-week consultation, along with the draft statutory guidance for determining ‘fit and proper persons’. Those who responded to this first consultation will be notified when it is published and invited to respond.
- Following this second consultation, the regulations will be finalised and will enter the formal Senedd legislative process. The coming into force date is proposed for October 2024, although please note the exact date is subject to the outcome of the second consultation and the decision-making process of the Senedd.
- We will publish non-statutory guidance for both practitioners and local authorities as far in advance of the proposed coming into force date of the scheme as we are legally able. This will include how to apply and the fees that local authorities have agreed for the whole of Wales.

## **Annex 1 - Consultation distribution list**

### **Representative Organisations**

British Acupuncture Council  
British Medical Acupuncture Society  
Acupuncture Association of Chartered Physiotherapists  
Chartered Society of Physiotherapists  
National Hair and Beauty Federation  
Federation of Holistic Therapists  
Save Face  
British Tattoo Artists Federation  
Federation of Tattooing  
Joint Council for Cosmetic Practitioners  
British Association of Beauty Therapy and Cosmetology  
British Beauty Council  
British Institute and Association of Electrolysis  
UK Association of Professional Piercers  
Tattoo and Piercing Industry Union  
Forum for Private Business  
Welsh Retail Consortium  
Equality and Human Rights Commission  
WCVA  
TUC Cymru  
CBI Wales  
British Federation of Small Businesses  
Federation of Small Businesses – Wales

### **Commissioner Offices**

Welsh Language Commissioner  
Children's Commissioner  
Information Commissioner

### **Government/Local Government**

Ministry of Justice  
Chief Executives of Local Authorities in Wales  
Local Government Regulation  
Welsh Local Government Association

### **Health**

Chief Executives, Medical Directors and Nurse Directors of:

Abertawe Bro Morgannwg University Health Board  
Aneurin Bevan University Health Board  
Betsi Cadwaladr University Health Board  
Cardiff and Vale University Health Board  
Cwm Taf Morgannwg Health Board

Hywel Dda University Health Board  
Powys Teaching Health Board  
Swansea Bay University Health Board  
Velindre NHS Trust  
Welsh Ambulance Service Trust  
Royal College of Nursing  
Royal College of Physicians  
Royal College of GPs  
Community Health Councils

## **Public Health**

Public Health Wales  
Association of Directors of Public Health  
Health Board Directors of Public Health  
Faculty of Public Health  
Chartered Institute of Environmental Health  
Royal Society of Public Health  
Local authority Environmental Health leads  
Welsh Combined Centres for Public Health  
Directors of Public Protection Wales  
All Wales Communicable Disease Expert Panel  
All Wales Health and Safety Expert Panel  
All Wales Licensing Expert Panel  
Wales Heads of Trading Standards  
Chartered Trading Standards Institute  
Public Service Ombudsman Wales  
Environmental Health Wales