



**Number: WG49431**

Welsh Government

# Mandatory Licensing of Special Procedures in Wales

Summary of consultation responses:  
Annex 2 - Text of responses received

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

February 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

## Contents

	Page number
<b><u>List of responses received</u></b>	6
<b><u>Responses to Question 1:</u></b> 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?	12
<b><u>Responses to Question 2:</u></b> Do you agree with our proposal to make regulations about further provision (as set out in paragraph 4.13)?	54
<b><u>Responses to Question 3:</u></b> Do you agree that nine months is a sufficient transition period? If not, what should it be?	68
<b><u>Responses to Question 4:</u></b> Question 4: Do you agree that the proposed minimum age for applicants for special procedure licences is appropriate?	96
<b><u>Responses to Question 5:</u></b> Do you agree with the proposed licensing criteria for special procedure licences and the supporting documents listed? Are there other documents applicants should supply?	106
<b><u>Responses to Question 6:</u></b> 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?	151
<b><u>Responses to Question 7:</u></b> Do you agree that the current descriptions of relevant offences are sufficient? If not, why?	190
<b><u>Responses to Question 8:</u></b> 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?	207
<b><u>Responses to Question 9:</u></b> 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?	231
<b><u>Responses to Question 10:</u></b> Do these exemption principles for individuals and premises adequately protect the safety and health of the client?	247
<b><u>Responses to Question 11:</u></b> 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?	266

<b><u>Responses to Question 12:</u></b> Do you agree with the principle of the proposal that members of voluntary registers accredited by the PSA should not be exempt?	283
<b><u>Responses to Question 13:</u></b> Do you have any comments on the example mandatory licensing conditions for all special procedures as set out in Annex D1?	295
<b><u>Responses to Question 14:</u></b> Do you agree the specific mandatory licensing conditions at Annex D1 are proportionate to the risks presented by each type of special procedure?	380
<b><u>Responses to Question 15:</u></b> 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?	400
<b><u>Responses to Question 16:</u></b> Do you agree that the minimum age for a practitioner to perform any of the special procedures should be 18?	419
<b><u>Responses to Question 17:</u></b> 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?	427
<b><u>Responses to Question 18:</u></b> 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?	437
<b><u>Responses to Question 19:</u></b> 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?	447
<b><u>Responses to Question 20:</u></b> Should piercings to any other part of the face be permitted from the age of 16? If so, why?	457
<b><u>Responses to Question 21:</u></b> 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?	466
<b><u>Responses to Question 22:</u></b> 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?	475
<b><u>Responses to Question 23:</u></b> Do you agree with the proposed definition for 'object' as it applies to body piercing?	489
<b><u>Responses to Question 24:</u></b> 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?	499
<b><u>Responses to Question 25:</u></b> 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?	510

<b><u>Responses to Question 26:</u></b> 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?	542
<b><u>Responses to Question 27:</u></b> 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?	550
<b><u>Responses to Question 28:</u></b> 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?	560
<b><u>Responses to Question 29:</u></b> Do you have any comments on the example mandatory premises/vehicle approval conditions set out in Annex D2?	572
<b><u>Responses to Question 30:</u></b> 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?	617
<b><u>Responses to Question 31:</u></b> 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?	623
<b><u>Responses to Question 32:</u></b> Do you agree that requiring the same licensing criteria for a temporary special procedure licence as for a three-year licence is proportionate?	633
<b><u>Responses to Question 33:</u></b> 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?	643
<b><u>Responses to Question 34:</u></b> Do you agree that all premises/vehicles linked to temporary events/exhibitions must be approved by the local authority? If not, why not?	650
<b><u>Responses to Question 35:</u></b> Should all premises/vehicles linked to temporary events/exhibitions be subject to mandatory approval conditions?	659
<b><u>Responses to Question 36:</u></b> 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)?	665
<b><u>Responses to Question 37:</u></b> 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?	671
<b><u>Responses to Question 38:</u></b> 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?	685
<b><u>Responses to Question 39:</u></b> Do you agree that the regulations should make provision on how local authorities should	694

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?		
<b><u>Responses to Question 40:</u></b> Do you agree with our proposal regarding recovery of section 76 unpaid fees in the way outlined in paragraph 15.10?		703
<b><u>Responses to Question 41:</u></b> 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?		709
<b><u>Responses to Question 42:</u></b> 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.		718
<b><u>Responses to Question 43:</u></b> 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:		726
<b><u>Other responses</u></b>		849

## List of Responses Received

Those named 'Anonymous' have come from separate individuals who have chosen to exercise the offer of anonymity, and their sector of interest is given in brackets where known. Some individuals submitted more than one response as explained in the main document. Where this was the case and the second response was identical or a replacement, the numbers have been paired. Where the second response was different, they have been counted separately in accordance with advice given by our Corporate Governance department.

Where the response given was 'yes', 'no', other short responses such as 'agreed', or the question was not answered, to save space in this document, the numbers of the respondents have been grouped together.

We received a number of identical or very similar responses with modifications from separate members of three professional associations. They were reviewed as separate submissions, but are grouped as far as possible in this document to save space.

- Those responses marked \* were submitted by members of the Acupuncture Association of Chartered Physiotherapists.
- Those responses marked ‡ were submitted by members of the Association of Traditional Chinese Medicine and Acupuncture UK.
- Those responses marked ◊ were submitted by members of the UK Association of Professional Piercers.

<b>Response number</b>	<b>(numbered in order of receipt)</b>
01/35	Anonymous (acupuncture)
02	Anonymous
03	Guild of Beauty Therapists
04	Anonymous
05	Anonymous (acupuncture)
06	Anonymous
[07]	[Anonymous – blank form submitted]
08	Anonymous
09	Anonymous
10	Anonymous
11	Katie
12	Anonymous
13	Anonymous (acupuncture)
14	Cheryl Drew
15	Anonymous (acupuncture)
16	Sarah Swaysland
17	Anonymous
18	Anonymous
19	Kim Eldridge
20	Duncan Reed
21	Anonymous

22	Sally Hickenson
23	Anonymous
[24]	[Anonymous (blank form received)]
25	David Carlisle
26	Joint Council of Cosmetic Practitioners
27	Clares European Services
28	Anonymous
29	Shan MacVicar
30	Anonymous
31	Chartered Institute of Environmental Health
32	Anonymous (tattooing)
33	Carla Evans
34	James Ogle
35/1	Anonymous (acupuncture)
36	Kelly Griffiths
37	Anonymous (local authority)
38	Rachel Edney
39	Kate Doble
40	Anonymous (acupuncture)
41	Anonymous (acupuncture)
42*	Paul Battersby
43*	Acupuncture Association of Chartered Physiotherapists
44*	Roy Montgomery
45*	Anonymous (acupuncture)
46*	Alison Smith
47	Anonymous
48	Kat Hennessy
49	Di-enw (local authority)
50*	Anonymous (acupuncture)
51*	Alison Williams
52*	Anonymous (acupuncture)
53	Oliver Todd
54	Lola Slider
55	Aiden Johnson
56	British Medical Acupuncture Society
57	Tamarind Dykes
58*	Kate van Rensburg
59	Josh Cranton
60*	Laura Gibbons
61	Anonymous (acupuncture)
62	Anonymous
63*	Christine Hutchinson
64*	Anonymous (acupuncture)
65*	Anonymous (acupuncture)
66	Gareth Davies
67‡	Anonymous (acupuncture)
68‡	Anonymous (acupuncture)
69	Anonymous (acupuncture)

70	Anonymous (acupuncture)
71	Anonymous (acupuncture)
72 <sup>‡</sup>	Anonymous (acupuncture)
73	Clare Robinson-Campbell
74	Anonymous (SPM)
75	Madeline Boots
76	Anonymous (tattooing)
77	Mari Macandrew
78	Anonymous (acupuncture)
79	Rhian Mansfield
80	Anonymous (tattooing)
81	Gemma Kingston
82 <sup>◇</sup>	Anonymous (piercer)
83	Anonymous (piercer)
84	Anonymous
85	F Hinds Ltd
86	Suzanne Gregson
87 <sup>◇</sup>	Anonymous (piercer)
88	Anonymous (acupuncture)
89	Rachel Bowen
90	Blaenau Gwent County Borough Council
91	British Beauty Council
92	Anonymous (acupuncture)
93	Royal College of Midwives
94	National Hair and Beauty Federation
95	Beauty Industry Group - Licensing
96	Beauty Industry Group Chair
97	British Institute and Association of Electrolysis
98	Inc and Co
99	Janis Short
100	Anonymous
101 <sup>‡</sup>	Anonymous (acupuncture)
102 <sup>‡</sup>	Dr Di Wu
103	Anonymous (acupuncture)
104 <sup>‡</sup>	Anonymous (acupuncture)
105	Daniel Curran
106	Anonymous (acupuncture)
107	BABTAC
108 <sup>‡</sup>	Anonymous (acupuncture)
109	Warren Tregidden
110 <sup>‡</sup>	Anonymous (acupuncture)
111	Anonymous (tattooing)
112	British Acupuncture Federation
113	Superdrug Ltd
114 <sup>‡</sup>	Anonymous (acupuncture)
115	Jing Wang
116	Anonymous
117	Marnie Williams



118	Ann Charlton
119	Association of Personal Injury Lawyers
120	Anonymous (acupuncture)
121	National AIDS Trust
122	Anonymous
123 <sup>◇</sup>	Anonymous (piercer)
124 <sup>◇</sup>	Anonymous (piercer)
125	Becky Crossan
126	Rhondda Cynon Taff County Borough Council
127 <sup>◇</sup>	Anonymous (piercer)
128 <sup>◇</sup>	Anonymous (piercer)
129 <sup>◇</sup>	Anonymous (piercer)
130 <sup>◇</sup>	Anonymous (piercer)
131 <sup>◇</sup>	Anonymous (piercer)
132 <sup>◇</sup>	Anonymous (piercer)
133	Anonymous (local authority)
134 <sup>‡</sup>	Anonymous (acupuncture)
135	Anonymous (tattooing)
136	Denbighshire County Council
137 <sup>‡</sup>	Lingxia Gao
138/139 <sup>‡</sup>	Wang Chen (duplicate submission)
[140]/223 <sup>‡</sup>	Anonymous (acupuncture) (no attachment sent)
141 <sup>‡</sup>	Na Yang
142 <sup>‡</sup>	Anonymous (acupuncture)
143	Claire's Accessories (second response)
144 <sup>◇</sup>	Anonymous (piercer)
145 <sup>‡</sup>	Anonymous (acupuncture)
146 <sup>‡</sup>	Ming Chu Lok
147 <sup>‡</sup>	Anonymous (acupuncture)
148	Anonymous (blank)
149 <sup>◇</sup>	Anonymous (piercer)
150 <sup>◇</sup>	Anonymous (piercer)
151 <sup>◇</sup>	Anonymous (piercer)
152	Anonymous (tattooing)
153 <sup>‡</sup>	Zhimin Ma
154 <sup>‡</sup>	Anonymous (acupuncture)
155 <sup>‡</sup>	Anonymous (acupuncture)
156 <sup>‡</sup>	Cui Hong Duan
157 <sup>‡</sup>	Anonymous (acupuncture)
158 <sup>‡</sup>	Anonymous (acupuncture)
159 <sup>‡</sup>	H Wong
160 <sup>‡</sup>	Anonymous (acupuncture)
161 <sup>‡</sup>	Anonymous (acupuncture)
162 <sup>‡</sup>	Anonymous (acupuncture)
163	Anonymous (tattooing)
164	Anonymous (tattooing)
165 <sup>‡</sup>	Qikan Yin
166	Claire Pritchard

167	Anonymous (manufacturer)
168	Anonymous (tattooing)
169	Anonymous (tattooing)
170 <sup>‡</sup>	Yuancai Fu
171 <sup>‡</sup>	Yan Jing Wang
172 <sup>‡</sup>	Baifang Zhu
173	Anonymous (piercer)
174 <sup>‡</sup>	Phoebe Deng
175	Anonymous (tattooing)
176 <sup>◊</sup>	Anonymous (piercer)
177/206 <sup>‡</sup>	Anonymous (acupuncture)
178 <sup>‡</sup>	Minan Yao
179	N Wales Health and Safety Expert Panel
180	General Dental Council
181	Health and Care Professions Council
182	General Optical Council
183	Hair and Beauty Industry Authority
184	Nursing and Midwifery Council
185	General Chiropractic Council
186 <sup>‡</sup>	Anonymous (acupuncture)
187	Monmouthshire County Council
188 <sup>‡</sup>	Anonymous (acupuncture)
189 <sup>‡</sup>	Baidong Li
190 <sup>‡</sup>	Anonymous (acupuncture)
191	Anonymous (acupuncture)
192	British Register of Complementary Practitioners
193 <sup>‡</sup>	Dr Jianrui Wang
194 <sup>‡</sup>	Jian Wang
195 <sup>◊</sup>	Anonymous (piercer)
196 <sup>‡</sup>	Anonymous (acupuncture)
197 <sup>‡</sup>	Anonymous (acupuncture)
198	Isle of Angelsey County Council
199	Neath Port Talbot County Borough Council
200	Anonymous (local authority)
201	All Wales Communicable Disease Expert Panel
202	Health and Safety Expert Panel
203 <sup>‡</sup>	Anonymous (acupuncture)
204 <sup>◊</sup>	Anonymous (piercer)
205 <sup>‡</sup>	Lulu Dai
206/177 <sup>‡</sup>	Anonymous (acupuncture)
207 <sup>◊</sup>	Anonymous (piercer)
208 <sup>‡</sup>	Zheng Yuan Zhong
209 <sup>‡</sup>	Anonymous (acupuncture)
210 <sup>‡</sup>	Li Yan
211	British Acupuncture Council
212	Save Face
213 <sup>‡</sup>	Min Li
214	International Association of Ear Piercing Market Specialists

215	Shared Regulatory Services
216	Age Cymru
217	Anonymous (acupuncture)
218	General Medical Council
219	Ross Jarvis
220	Tibetan and Eastern Medicine Association
221	Wrexham County Borough Council
222	Caerphilly County Borough Council
223/[140]‡	Xianghui Guo
224	Anonymous (piercer)
225‡	Jun Wen Ma
226	Environmental Health Wales
227	Anonymous
228	Professional Standards Authority
229	Anonymous (tattooing)
230	Anonymous (charitable organisation)
231	Anonymous (acupuncture)
232	Kat Webb
233 <sup>◇</sup>	UKAPP
234 <sup>◇</sup>	Anonymous (piercing)
235‡	Anonymous (acupuncture)
236‡	Jing Ding
237‡	Pinyi
238/239	Institute of Licensing
240	Shu Li Lu
241	Anonymous (tattooing)
242‡	Anonymous (acupuncture)
243‡	Anonymous (acupuncture)
244	Anonymous (acupuncture)
245‡	Anonymous (acupuncture)
246‡	Ke Xia Xu
247‡	Anonymous (acupuncture)
248‡	Anonymous (acupuncture)
249‡	Association of Traditional Chinese Medicine
250 <sup>◇</sup>	Anonymous (piercer)
251	Chartered Society of Physiotherapists
252	Torfaen County Borough Council
253	Betsi Cadwaladr University Health Board
254	Swansea Council

<b>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?</b>	
<b>'Yes' response</b>	8 – Anonymous; 12 – Anonymous; 17 – Anonymous; 18 – Anonymous; 40 – Anonymous (acupuncture); 47 – Anonymous; 49 – Di-enw (local authority); 55 – Aiden Johnson; 56 – British Medical Acupuncture Society; 69 – Anonymous (acupuncture); 91 – British Beauty Council; 100 – Anonymous; 168 – Anonymous (tattooing); 209 – Anonymous (acupuncture); 212 – Save Face; 216 – Age Cymru; 227 – Anonymous; 230 – Anonymous (charitable organisation).
<b>'No' response</b>	25 – David Carlisle
<b>Left blank</b>	24 – Anonymous; 28 – Anonymous; 59 – Josh Cranton; 62 – Anonymous; 73 – Claire Robinson-Campbell; 85 – F Hinds Ltd; 89 – Rachel Bowen; 113 – Superdrug Ltd; 121 – National AIDS Trust; 143 – Claire's Accessories; 167 – Anonymous (manufacturer).
<b>1/35 Anonymous (acupuncture)</b>	<p>I agree that the four procedures listed should be performed by an individual who has a licence to do so, in a premises suitable. However, if the premises or individual has a 'licence' to practice from a regulatory body, then this duplication is an unnecessary cause and cause of stress to that individual.</p> <p>However, the four procedures are very different. Some are a lifestyle choice, whereas acupuncture in particular is seen as a medical procedure. There are aspects that should be separated within the licencing process.</p>
<b>2 - Anonymous</b>	<u>It makes sense to ensure consistency among local authorities</u>
<b>3 - Guild of Beauty Therapists</b>	<p>Firstly, let me introduce myself. My name is [redacted] and I am the MD of the Beauty Guild, the UK's largest trade body for professional beauty salons. we have around 14,000 members in the UK, most of which are insured with us for treatment, public and product liability. Most of our members will offer ear piercing. A few offer electrolysis. Many offer semi permanent makeup or microblading and this is a boom area in the industry at the moment.</p> <p>Does my organisation agree with proposals? Maybe, but it depends on how it is implemented and how it is policed. Raising standards is something that everyone wants to see, but if this becomes another barrier to entry into the market and it is not implemented fully or policed in any meaningful way it will simply drive more people underground and thus make the indstry less safer than it is now.</p>
<b>4 - Anonymous</b>	I agree

<b>5 - Anonymous (acupuncture)</b>	there should be exemptions for practitioners who have done all this at university and do cpd courses after. you have osteopaths as exempt and other practitioners who have the same amount of training as my qualification as an acupuncturist. Our professional bodies like the ATCM and bacc should have these courses in place when qualifying and updates for cpd which I'm pretty sure they are of the same standard that osteopaths/chiropractors are. I have seen these other bodies and their standards are not to the acupuncturist certified by atcm or bacc etc so something is wrong. two day courses to practice Acupuncture and that is enough. Need I go on...
<b>6 - Anonymous</b>	Yes I agree with the proposals
<b>9 - Anonymous</b>	Yes. No
<b>10 - Anonymous</b>	YES, fully agree
<b>11 - Katie</b>	Yes great idea to have a special procedure license.
<b>14 - Cheryl Drew</b>	Yes I agree
<b>15 - Anonymous (acupuncture)</b>	Agree
<b>16 - Sarah Swaysland</b>	YES – since this is an all Wales licensing scheme, and a personal licence can be used across all Welsh LA areas, it is critical that the scheme is consistent in content and application.
<b>19 - Kim Eldridge</b>	Yes. A robust licensing system will offer better protection for the public accessing these services.
<b>20. Duncan Reed</b>	Agree
<b>21 - Anonymous</b>	Yes, so that they are easily recognised by the public and practitioners
<b>22 - Sally Hickinson</b>	Yes I fully agree with the proposals.
<b>23 - Anonymous</b>	Yes I do agree agree however I do feel that premises that have just undergone a personal and premises Licence within the last 18months be exempt from the premises Licence payment fee again by the local authority as they have just had to pay out for the environment health to come in and inspect the premises. However Premises that have had the premises Licence for longer than 18months should be made my apply again.
<b>26 - Joint Council of Cosmetic Practitioners</b>	Yes - the proposals are considered to be sound.
<b>27 - Clares European Services</b>	Yes agreed but should be lesser requirements for body piercing when only the nose and ears are involved using a pre sterilised cartridge rather than a needle such as the [brand name redacted] system

	and [brand name redacted] nose piercing system
<b>29 - Shan MacVicar</b>	agree that places should be regulated. I am uncertain that acupuncture should be rolled in with tattooing and body piercing.
<b>30 - Anonymous</b>	We welcome and agree the proposal of special procedure licence to regulate piercers and tattooist etc this will minimise people that start up without proper training, licence and insurance. Again we agree with the room inspection and being fit for purpose and sterile. Having agreed with the above we think strongly this is the duty and responsibility of the individual carrying out the procedure not the Landlord of the premises. We currently run a Hair Salon and we are responsible for the business, ins etc, therefore we think the people that rent rooms should be responsible for their own businesses.
<b>31 - Chartered Institute of Environmental Health</b>	<p>Yes. Mandating the form and the content ensures consistency across Wales, which is important both for practitioners and for the public.</p> <p>The form and content of the approval should ensure that the requirements in relation to approved premises and vehicles are transparent and obtainable by the public. Approval conditions relating to the display of approval certificates should allow members of the public not only to ascertain whether or not a premises/vehicle is approved for special procedures but also where they might view the applicable mandatory conditions of approval. Similarly, the form and contents of the special procedure licence should include information about the applicable</p> <p>mandatory licensing conditions that the holder of the licence must adhere to. For example, the licence may specify that the licence holder is only permitted to undertake body piercing of the ear using a “hygienic piercing instrument” or is only permitted to practice acupuncture if they use single-use needles. The list of procedures in the examples in annex C are inconsistent with each other and confusing. For example a person licensed merely for ear piercing using a hygienic piercing instrument would be described in the suggested licence as licensed for all body piercing including intimate piercing (unless the limiting conditions to be adhered to are also displayed). Consideration should also be given to clarifying the procedures listed in the Approval Certificate. For example the word ‘intimate’ without further description is uninformative and should be linked to the performance of an intimate piercing on a person who is over the age of 18.</p>
<b>32 - Anonymous (tattooing)</b>	We don't agree with licensing for vehicles. The current bylaws say that every premises requires the yellow bag waste to be stored in a secure place outside of the workplace. We have a specially built area for this waste to be stored. Where will this be kept in a vehicle? All tattooists will tell you how notoriously

	unreliable the waste collection companies are, sometimes you can go a whole month without a collection. Where do you propose the waste is kept in the vehicle? How will this be enforced? Also, where will sterilisation equipment i.e. autoclave & ultra sonic be kept?
<b>33. Carla Evans</b>	Yes I agree.
<b>34 - James Ogle</b>	No. Why does it need a 3 year renewal for both the premises and individual? A 3 year assessment I can understand but you are just adding cost on top of cost for many small business owners.
<b>36 - Kelly Griffiths</b>	y
<b>37 - Anonymous (local authority)</b>	<p>We are supportive and in agreement with the proposal which will ensure consistency in approach across Wales.</p> <p>Current Omissions-</p> <ol style="list-style-type: none"> <li>1. The person/practitioners license should specify the same 'Procedures authorised to be carried out by the practitioner' as the Premises Approval Certificate i.e. be more specific on the procedures (e.g. semi permanent, ear lobe etc.)</li> <li>2. Person License – we would envisage that if a person moves premises then there is just a minimal admin fee to change the address of the 'approved premises' but there needs to be a legal requirement to notify of a change in premises. What if the scheme encourages more practitioners to operate from multiple premises across Wales, who is responsible for updating the certificate with the new 'approved premises' if there is a change of Local Authority.</li> </ol> <p>Questions</p> <ol style="list-style-type: none"> <li>1. Does any future amendment to the license template mean a review and update of the legislation if it is contained within the regulations?</li> </ol>
<b>38 - Rachel Edney</b>	I agree
<b>39 - Kate Doble</b>	Yes, it is important to mandate the form and content for consistency
<b>41 – Anonymous (acupuncture)</b>	I do not agree with the proposals, unregistered practitioners of 'piercing' will not be found they will just go underground and no protection will be in place.

	<p>This is poorly thought out legislation and seems a way of making profit from people who are already registered and comply with professional bodies and environmental health guidelines.</p> <p>Where was the tender put out for bids for training?</p>
<b>42 - Paul Battersby</b>	No, I feel that there is sufficient information included in the document.
<b>also</b>	44 - Roy Montgomery; 45 – Anonymous (acupuncture); 46 - Alison Smith; 50 – Anonymous (acupuncture); 51 - Alison Williams; 52 – Anonymous (acupuncture); 58 – Kate van Rensburg; 60 – Laura Gibbons; 63 – Anonymous; 64 – Anonymous (acupuncture); 65 – Anonymous (acupuncture); 75 – Madeline Boots; 86 – Suzanne Gregson; 88 – Anonymous (acupuncture); 99 – Janis Short; 105 – Daniel Curran.
<b>43 - Acupuncture Association of Chartered Physiotherapists</b>	No, we feel that there is sufficient information included in the document.
<b>48 - Kat Henness</b>	I agree that a special procedure license should be mandated - I hope that this is adopted across the UK once it has been made law in Wales.
<b>53 - Oliver Todd</b>	Yes this is a good thing and making the standard universal is defiantly a huge step forward and in the right direction. For a few points in section 4 specifically 4.2 by allowing people to practice home procedures you will be legitimizing the practice. How will it be enforced with people just saying that they don't charge for services etc. All persons practicing one of the named special procedures should be required to gain a licence, no exceptions. Will we also see a rise in those registering a vehicle and directly then an increase of those providing unsafe environments for these procedures such as home piercing or tattooing parties etc?
<b>54 - Lola Slider</b>	I disagree with the proposals in their current form, I think they're incredibly inaccessible and difficult to understand to anyone that's not a policy writer. These documents are incredibly over complicated and difficult to inject and understand.
<b>57 - Tamarind Dykes</b>	Agree
<b>61 – Anonymous (acupuncture)</b>	I agree
<b>66 – Gareth Davies</b>	Yes i agree



<b>74 – Anonymous (SPM)</b>	I agree in part. I am shocked you would give a license to a vehicle! How do they have access to fresh hot and cold running water, a separate WC and at least one internal door between the practice area and the outside- all things that were required for the license we have currently
<b>77 - Mari McAndrew</b>	Fully supportive of proposals to mandate ALL documents relating to the new scheme.  I strongly feel that any variation to a practitioner moving premises should be done by the premises rather than the practitioner. We as LA Officers are required to know who is working within our district at any one time. If the practitioner were to vary with the Authority they are licenced with and then move (permanently or temporarily) then the LA of the approved premises would not be aware. Unless there is a mechanism in place to flag this up to the LA involved. If this does not agreed, and it remains the practitioner to vary their licence, then it should be written within the approved premises conditions, that the premises MUST keep an up to date register of who is working at the premises on a daily basis.
<b>78 – Anonymous (acupuncture)</b>	no. As a qualified Physiotherapist, I have the autonomy to reason the use of acupuncture clinically. My training and professional liability display no further need for licencing.
<b>79 – Rhian Mansfield</b>	I do agree with most of the proposals, as It's long overdue that a higher standard of regulations should be met when it comes to performing any special procedure, but I don't feel a person should be able to 'practice' from home, whether they've been licenced or not, regardless of it's in a business sense or not, and they should not be able to obtain a licence to do so. I don't believe that the criteria to obtain a licence would be enough to deter them from going through with the application process or putting a stop to them practicing, they most likely would continue to do so and there should definitely be consequences, like a fine, if they do practice from home and that anyone wishing to learn a special procedure should only be able to do so within a business premises and under a mentor that has had a minimum or 3 years experience for example. I think allowing people to obtain a licence to practice from home will cause more harm than good as it will be seen as a non-professional practice and therefore accelerating the current issues further. I also feel the same stands for vehicle licences too. Perhaps supplying a clinical waste carriers' certificate could be an additional document that should be provided when applying for a premises/vehicle approval certificate?
<b>80 – Anonymous (tattooing)</b>	Yes, I agree with the proposals to mandate the special procedure premises and practitioner licences. No, I believe everything is adequate in the document content. One suggestion is that the practitioner certificate should have a photo of the licensee.
<b>81 – Gemma Kingston</b>	I agree with the licensing and needed qualification for the infection control. I think this is important to refresh on the health and safety of procedures. What I don't agree with is to repeat this every 3 years!

	<p>Most practitioners which carry out Special Procedures have been doing it a long time (myself included) and therefore have the knowledge and are already following these guidelines. These licenses should apply to those practising aesthetic and advanced beauty and cosmetic procedures also. If we are all complying to the same license this is ok the only way to protect the public from harm and is fair to those who has to work from clinical setups which are assessed by environmental health departments. There are people doing aesthetics from home! This is absolutely unbelievable how these procedures are so divided with different rules. Make aesthetic practices mandatory that they have to have a license also!!!!</p>
<p><b>84 - Anonymous</b></p>	<p>Agree with the proposals with no additions.</p>
<p><b>90 - Blaenau Gwent County Borough Council</b></p>	<p>Yes, we agree, however would like to make the following comments:</p> <p>The proposed format and content of the special procedures licence and the premises/vehicle approval certificate is satisfactory; however, we wish to make the following comments:</p> <p><b>Special Procedures Licence</b></p> <ul style="list-style-type: none"> <li>• Some practitioners, particularly tattooists, use an alternative name/nickname in the course of their business. It is suggested that this also be included on the special procedures licence, when applicable</li> <li>• The Special Procedures Practitioner Licence is an “All Wales” licence and does not restrict the practitioner from working in other approved premises/local authority areas, therefore the premises they work at should not need to be listed on the licence. Varying the licence each time a practitioner works in another premises may become time consuming and complicated, particularly where they work in multiple LA areas. A variation fee will also apply each time they add/remove a premises. It is suggested that this be removed and instead there be a requirement that their licence be displayed in any Approved Premises they carry out special procedures.</li> </ul> <p><b>Premises/Vehicle Approval Certificate</b></p> <ul style="list-style-type: none"> <li>• Name of person carrying on the business- who would this be in the case of Limited companies or large National/International companies. Would it be the Limited Company or a named person within that Organisation, for example Company Secretary? As a Local Authority, it is unclear to us who we</li> </ul>

	<p>should be accepting applications from and issuing premises approval certificates to in these instances</p> <ul style="list-style-type: none"> <li>• There is no consistency in terms used within the consultation document to explain who the premises approval certificate will be issued to- “responsible person”, “person carrying on the business”, “person who is responsible” are all terms used. This is confusing and a clear definition is needed on whom the premises approval certificate will be issued to, and a single term used. Local Authorities need to be clear in whom they are holding account when formal action is being considered.</li> <li>• Address from where the vehicle operates- is this where the vehicle is parked when procedures are being undertaken, if so, would this be multiple locations? If it is where the vehicle is registered, some persons may be reluctant to have their home address on the approval certificate. For the food hygiene scheme, mobile vehicles are required to be registered from the premises where they are kept overnight. When publishing information on the food hygiene ratings portal, this residential address is withheld.</li> <li>• Listed procedures- the body piercing activities listed may be confusing to customers as it appears to restrict them to only those listed. For example, eyebrow, belly button, lip etc are not listed whereas other very specific locations are. An explanation should be provided for this.</li> <li>• Semi- permanent make up should be expanded to include microblading, as a member of the public may not understand that this is captured within that definition</li> <li>• A clear date of issue and date of expiry date should be included, as with the special procedures licence. This is not currently clear in the paragraph at the top of the certificate</li> <li>• The word premise should be amended to be premises on the certificate</li> <li>• Once the Local Authority Logo and photograph of the premises/vehicle is added to the certificate, it is unlikely to fit onto 1 page. A single page certificate would be preferred if it is to be displayed</li> <li>• It is our opinion that a photograph of the premises/vehicle is needed on the approval certificate</li> <li>• A description of the vehicle is also needed and not limited to a registration number, as not all vehicles e.g., trailers, will have a specific vehicle registration number.</li> </ul>
<p><b>92 - Anonymous (acupuncture)</b></p>	<p>The separation from tattooing and aesthetics practices would be helpful. Acupuncture is an evidenced based, therapeutic intervention that is practised globally with the intention of contributing to positive health outcomes. This separates acupuncture from other interventions it is often associated with: reiki, reflexology, shiatsu, etc.</p>

Furthermore, Regulated Healthcare professionals such as Physiotherapists should receive the same treatment as doctors, dentists etc when it comes to included / excluded from needing a license. we believe this should extend to trainers, who are regulated healthcare professionals.

#### Premises

Whilst permanent premises (clinics, hospitals) will be straight forward, the mobile therapist (eg physios who use acupuncture in elderly care, paediatrics, professional and semi professional sport) would be unable to register all addresses. As a training organisation, we would be holding events for three days, and the location would likely to be in multiple areas throughout Wales.

Following this, is there a procedure in place to limit the cost of licensing to one individual company / organisation?

#### 1.4 Conditions

Must be trained by an appropriate trainer. Education must include, and learners, must be assessed upon:

Hand washing

Needle disposal

Selection of correct needles (eg sterile, single use needles that have a CE quality assurance stamp).

Needle disposal

Align with a register that requires competencies

Needle stick injury protocol

Maintaining regular CPD

Appropriate PPE as and when dictated by government

Gloves are not required, and may increase risk of needle stick injury through the reduction of dexterity

Dealing with adverse events, minor and major

Preventing adverse events

Screening for red flags (ie serious underlying health conditions)

Knowing when to refer on to specialist healthcare providers

Informed Consent

Screening for contraindications and precautions prior to treatment

<b>93 - Royal College of Midwives</b>	<p>Yes. We cannot think, at this stage, of anything additional that needs to be added to the format of the documents.</p>
<b>94 - National Hair and Beauty Federation</b>	<p>Yes, this seems like a sensible approach to us.</p> <p>We would like to see as far as possible, continuity between the special procedures licensing regime in Wales and the aesthetic non-surgical cosmetic procedures regulatory regime in England. We welcome that public health officials in Wales have been in touch with Department for Health &amp; Social Care (DHSC) colleagues to share information.</p> <p>The NHBF would welcome broader regulation in the future of additional procedures being added to the current list of four (acupuncture, body piercing, electrolysis, tattooing). This would bring the regulatory regime in Wales and that in England more in line, over time.</p> <p>The Beauty Industry Group (BIG) will be providing a combined response via the Task and Finish Group Chair for Licensing, Diane Hey. They have also developed a collaborative document that details the procedures we feel should be in scope of licensing.</p> <p>Having the license relevant to the premises so that not all chair/ space renters working within a salon need to go through the process of seeking a license, seems appropriate to us. We also support applying for a license for those people that are carrying out procedures for no fee.</p> <p>We also agree that practitioners who are not resident in Wales but who wish to work in Wales for longer than a temporary special procedure licence allows, or more regularly, should apply for a three-year special procedure licence, and meet the same criteria as practitioners who are resident and operate in Wales.</p> <p>We feel that the period of three years for the license is sufficient time, as it will reduce the administrative burden placed on businesses and having to go through the process again. To ensure quality and competency levels, we would suggest a commitment to continual practitioner development should be included in the license, or a minimum number of procedures to have been completed per year.</p>

<b>95 - Beauty Industry Group - Licensing</b>	Yes, we fully support the proposals, but we also recommend additional modalities within the BIG scoping document should be considered for the future.
<b>96 - Beauty Industry Group Chair</b>	Yes, we fully support the proposals, but we also recommend additional modalities within the BIG scoping document should be considered for the future.
<b>98 - Inc and Co</b>	We agree with the proposals to mandate the format and contents, but feel there should be a greater assessment for competence by the EHO outside of the documents basic requirements.
<b>102 - Dr Di Wu</b>	Agree. This is beneficial to public health and safety.
<b>103 - Anonymous (acupuncture)</b>	It is good that it will be consistent across Wales.
<b>104 - Anonymous (acupuncture)</b>	Yes. it's good for standardization
<b>106 - Anonymous (acupuncture)</b>	<p>Yes. The previous system for registration under LGMPA 1982 was often inconsistently applied throughout the 22 counties. There has always been a strong case for a national licensing scheme.</p> <p>However, the experience of the introduction of the Scottish Licensing for Skin Piercing in 2006 resulted in a new set of inequalities as the over-arching proposals left scope for individual authorities to set different tariffs and requirements for applicants. In these proposals the transferability of licensing and the requirement for one licence alone, valid nationally, should sidestep this issue. In my experience, however, this will never fully remove the possibility of local and idiosyncratic interpretation, and some form of overall monitoring may be essential.</p> <p>As a general comment it is necessary to make a point made often in the past, that the generic term 'skin piercing' was just about acceptable for acupuncture, tattooing and ear piercing being grouped together, but the addition of body piercing has widened the levels of risk, standards of training and safety requirements to the detriment of acupuncture practice. Setting the bar higher to address body piercing has seen the application of the legislation in both Scotland and England making demands of acupuncture practice inconsistent with the true level of risk. The greater majority of adverse events noted in the Regulatory Impact Assessment will not have involved acupuncture treatments.</p> <p>The days of weekend course cowboys are long since gone, and the majority of traditional (i.e. non-medical) practitioners are now diploma and degree level trained with a substantial background in safe</p>

	and hygienic practice. It would have been good to see a greater degree of proportionality in the proposals to reflect the different levels of risk.
<b>107 - BABTAC</b>	Yes, we fully support the proposals, but we also recommend additional modalities within the BIG scoping document should be considered for the future.
<b>108 - Anonymous (acupuncture)</b>	Agree
<b>109 - Warren Tregidden</b>	Yes and tighter control of self piercing easy obtained from online sellers
<b>111 - Anonymous (tattooing)</b>	I agree with the proposals and look forward to standards increasing everywhere for the clients' sake.
<b>112 - British Acupuncture Federation</b>	<p>We respond specifically regarding the provision of acupuncture.</p> <p>We respond on behalf of our acupuncture practitioners from British Acupuncture Federation (BAF) and those members that practice in Wales. All BAF members have completed Level 5 or 6 Degree level or Masters programmes.</p> <p>Acupuncture is listed within the Office of National Statistics in a category of healthcare workers alongside physiotherapy and osteopathy. It is NOT listed with tattoo or beauty. We therefore propose that it is disproportionately punitive to subject BAF acupuncturists to special licensing regulations.</p> <p>Acupuncture generally has a very positive safety record in Wales and the UK generally. All our acupuncturists use single use sterile needles which are used once and disposed of in a sharps box.</p> <p>All our members have set Codes of Professional Conduct and Safe Clinical Practice as attached.</p> <p>We propose that BAF members are exempt from the requirements to apply for a special procedure licence or premises/vehicle approval certificate within the regulations.</p> <p>We propose that BAF members be required to exhibit in any premises or vehicle their qualification certificates and proof of BAF membership to prove they are exempt from the requirement.</p>

	Therefore we do not agree with your proposals in regard to special procedure licence nor the premises/vehicle approval certificate with respect to acupuncture practitioners who have extensive level 5 and above training and are professional healthcare practitioners.
<b>116 - Anonymous</b>	I agree  GDPR compliance checks
<b>117 - Marnie Williams</b>	Yes absolutely. The industry needs regulation, there are too many people performing Body Piercing with no proper training or understanding of cross contamination/bloodborne pathogens, anatomy, etc. I think that the UKAPP need to be considered as part of the documentation- our industry has this association to ensure the same standards as you are proposing and working together with this body of professional piercers will further ensure that licensing is appropriate and pertinent to our industry. I do not agree that ANY vehicle should be considered an appropriate premises for Tattooing, Piercing or Electrolysis etc.
<b>118 - Ann Charlton</b>	Agree, this can be a benefit to ensuring consistency and standardization within the industry.
<b>120 - Anonymous (acupuncture)</b>	Agree with the formalisation of standards across Wales.
<b>122 - Anonymous</b>	Yes agree with the proposal
<b>123 - Anonymous (piercer)</b>	Yes absolutely. The industry needs regulation, there are too many people performing Body Piercing with no proper training or understanding of cross contamination/bloodborne pathogens, anatomy, etc. I think that the UKAPP need to be considered as part of the documentation- our industry has this association to ensure the same standards as you are proposing and working together with this body of professional piercers will further ensure that licensing is appropriate and pertinent to our industry. I do not agree that ANY vehicle should be considered an appropriate premises for Tattooing, Piercing or Electrolysis etc.
<b>125 - Becky Crossan</b>	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? Yes  Is there anything else that should be included in the format of these documents? No
<b>126 - Rhondda Cynon Taff County Borough Council</b>	Yes. There is a need for a consistent approach across Wales.  Special Procedure Licence – as this relates to the person who can practice in any approved premises, there is no requirement to have the address.



	<p>DOB An issue/reference number.</p> <p>Suggest that a joint premises/practitioner certificate is available for small one-man businesses at a reduced fee – the address would then be relevant.</p> <p>Premises/vehicle Certificate –</p> <p>Maximum number of workstations permitted The procedures are broken down (ii) and (v) – different to that contained in the special procedure licence – potential confusion.</p>
<p><b>132 - Anonymous (piercer)</b></p>	<p>Yes. It is of course, important to note, that the particular issue mandatory licensing is being introduced to combat may not be completely resolved by its introduction. Ultimately, registration requirements and the threat of registration removal have not been successful in fully preventing these issues in other regions. However, whilst we feel that the raised issues will never be eradicated, this is most certainly a very significant step. The focus on education (in the form of the RHSP Level Two qualification and the mandatory training licence) and demonstration of the skills and knowledge acquired to achieve licensing is something we are particularly excited about. Whilst anecdotally many of us saw great improvements in England following the introduction of the CIEH Toolkit in England, the focus on education and its implementation has been a cause for concern. We are thrilled to see the Welsh Mandatory Licensing building on this.</p> <p>Whilst we acknowledge that licensing vehicles will be controversial in the industry, we also feel that; given how the licensing requirements will be no lower for vehicles than they will be for brick and mortar studios, every precaution has been taken to ensure this can be done safely. We feel that this gives those who were previously operating unlicensed in kitchens and other home settings a viable route out of this setting.</p> <p>Is there anything else that should be included in the format of these documents?</p> <p>UKAPP does not feel that any further supporting documentation is needed.</p>

<b>133 - Anonymous (local authority)</b>	<p>YES.</p> <p>A consistent format across the country would make it easier for all to recognise</p> <p>Photo ID of practitioner (included on the License)</p> <p>DOB of practitioner (included on the license)</p> <p>National Insurance Number of Practitioner (Held on the register, but not displayed on the license)</p>
<b>135 - Anonymous (tattooing)</b>	<p>agree</p>
<b>136 - Denbighshire County Council</b>	<p>Fully supportive of proposals to mandate ALL documents relating to the new scheme.</p> <p>I strongly feel that any variation to a practitioner moving premises should be done by the premises rather than the practitioner. We as LA Officers are required to know who is working within our district at any one time. If the practitioner were to vary with the Authority they are licenced with and then move (permanently or temporarily) then the LA of the approved premises would not be aware. Unless there is a mechanism in place to flag this up to the LA involved. However if it remains the practitioner to vary their licence, then it should be written within the approved premises conditions, that the premises MUST keep an up to date register of who is working at the premises on a daily basis.</p>
<b>142 - Anonymous (acupuncture)</b>	<p>Agree.</p>
<b>144 - Anonymous (piercer)</b>	<p>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? Yes</p> <p>Is there anything else that should be included in the format of these documents? No</p>
<b>145 - Anonymous (tattooing)</b>	<p>Yes. I have worked in [name of county redacted] and [name of county redacted] and have been registered within both to tattoo and pierce and I understand that there is a requirement for standards and requirements to be the same across different counties.</p>

	When we opened our studio in [name of county redacted] we first approached the council before starting work on the building to obtain a copy of their bylaws, which varied from the bylaws in [name of county redacted]. It was very helpful in opening the studio to know what the individual council required of us before starting, and I do feel that transparency from councils and approachability is very important.
<b>146 - Ming Chu Lok</b>	Agree, this can secure the standard of these procedures
<b>152 - Anonymous (tattooing)</b>	I agree
<b>153 - Zhimin Ma</b>	yes, i agree.
<b>154 - Anonymous (acupuncture)</b>	yes, i agree
<b>155 - Anonymous (acupuncture)</b>	yes, i agree
<b>157 - Anonymous (acupuncture)</b>	yes, i agree.
<b>158 - Anonymous (acupuncture)</b>	yes, i agree.
<b>159 - H Wong</b>	dis agree
<b>160 - Anonymous (acupuncture)</b>	yes, i agree.
<b>161 - Anonymous (acupuncture)</b>	yes, i agree.
<b>162 - Anonymous (acupuncture)</b>	yes, i agree
<b>163 - Anonymous (tattooing)</b>	Yes, I agree
<b>164 - Anonymous (tattooing)</b>	In principle I do agree with the proposals, however i do have concerns with regards to the approach and some of the finer points which will of course be brought up across these answers.
<b>166 - Claire Pritchard</b>	Yes. There is definitely a need for regulation. However as I am already practising all the mentioned procedures I feel the associated fees that this will attract are not appropriate.
<b>169 - Anonymous (tattooing)</b>	All my following answers will only be applicable to tattooing and body piercing, as that is where my experience lies.

	I don't think regulation to keep practices safe can ever be a bad thing, but to quote 2.1 of the consultation: "However, in recent years, local authorities and stakeholder networks have not reported any instances of suspension or cancellation." This appears to be a reflection on EHO not being thorough enough. Also, is there research and data to suggest that the increase of reported cases of infection is proportionate to the rocketed numbers of tattoo studios that have opened and ultimately the staggeringly higher amount of people having tattoos and piercings?
<b>176 - Anonymous (piercer)</b>	Agree.
<b>179 - N Wales Health and Safety Expert Panel</b>	<p>As the North Wales Health and Safety Expert Panel we are supportive of the proposals to ensure consistency in approach across Wales and to bring Regulation in line with current industry practices.</p> <p>If the form and content are to be mandated within the Regulations, then consideration must be given to any future amendments which may require a review and update of the legislation.</p> <p>Both the practitioners licence and the premises certificate should reflect the procedures and practitioners who can carry them out. These should be more for example semi-permanent make-up, ear lobe piercing etc.)</p> <p>There should be clarification as to who has to legally update the licence / certificate when a practitioner operates from a premises. There should be some form of fee applicable to this. All premises must keep an up-to-date list of who has operated at that premises and similarly for practitioners. Without this it will be difficult to ensure that only licensed practitioners are operating.</p> <p>Persons issued with a premises approval certificate should retain a list of all practitioners operating at the site.</p>
<b>183 - Hair and Beauty Industry Authority</b>	Yes, we fully support the proposals, but we also recommend additional modalities within the BIG scoping document should be considered for the future.
<b>184 - Nursing and Midwifery Council</b>	Our overarching role as a regulator is to protect, promote and maintain the health, safety, and wellbeing of the public. We strongly support the aim of improving the safety of non-surgical cosmetic procedures across the UK and ensuring they are performed by appropriately qualified professionals in safe premises.

	<p>We agree with the policy intent to mandate a national licensing scheme for special procedures and think that the proposal to require practitioners operating in Wales to obtain a licence and for premises to gain approval before they can offer services is a step towards improving standards of infection prevention and control measures across the industry. The proposals have the potential to reduce variation in the sector by introducing consistent standard that individuals and where they perform special procedures will have to meet.</p> <p>The scope of the consultation is limited to acupuncture (including dry needling), body piercing, electrolysis and tattooing (including semi-permanent makeup) and we note there will not be consultation on additional special procedures at this point. However, we think it is important to acknowledge the growing prevalence of other non-surgical cosmetic procedures, such as dermal fillers (lip or face fillers) and botulinum toxins (Botox).</p> <p>These are higher risk procedures as they pierce or penetrate the skin, yet they remain largely unregulated, meaning anyone can carry out these procedures, regardless of their training or qualifications. From a consumer and public protection perspective, this represents a significant issue, as non-surgical cosmetic procedures carry risks which can be severe and result in people suffering serious complications and long term physical or psychological harm and we would encourage the Welsh Government to scope other procedures to consider any need for further regulation.</p>
<b>189 - Baidong Li</b>	Acupuncturists could be a member of ATCM UK. No need for another licensing.
<b>192 - British Register of Complementary Practitioners</b>	<p>Agreed, to ensure a consistency throughout Wales thus making it less confusing to the public.</p> <p>Not that we can think of.</p>
<b>194 - Jian Wang</b>	Agree. This will be beneficial for both practitioners and public
<b>198 - Isle of Anglesey County Council</b>	<p>As a Local Authority, the Isle of Anglesey County Council are supportive of the proposals to ensure consistency in approach across Wales and to bring Regulation in line with current industry practices.</p> <p>If the form and content are to be mandated within the Regulations, then consideration must be given to any future amendments which may require a review and update of the legislation.</p>

	<p>Both the practitioners licence and the premises certificate should reflect the procedures and practitioners who can carry them out. These should be more for example semi-permanent make-up, ear lobe piercing etc.)</p> <p>There should be clarification as to who has to legally update the licence / certificate when a practitioner operates from a premises. There should be some form of fee applicable to this.</p> <p>All premises must keep an up-to-date list of who has operated at that premises and similarly for practitioners. Without this it will be difficult to ensure that only licensed practitioners are operating.</p> <p>Persons issued with a premises approval certificate should retain a list of all practitioners operating at the site.</p>
<p><b>200 - Anonymous (local authority)</b></p>	<p>YES.</p> <p>There is a need for consistent, proportionate and effective licensing or permitting of these 4 activities. Not all LAs in Wales adopted the voluntary bye laws and current regulations struggle to address the niche activities appropriately.</p> <p>Photo ID of practitioner (included on the License)          DOB of practitioner (included on the license)          National Insurance Number of Practitioner (Held on the register, but not displayed on the license)</p>
<p><b>201 - All Wales Communicable Disease Expert Panel</b></p>	<p>YES. Communicable Disease Expert Panel (CDEP) endorses the mandating of form and content of a special procedure license. Panel members raised the following points and observations:</p> <p>There is a need for consistent, proportionate and effective licensing or permitting of these 4 activities. Not all Local Authorities (LA's) in Wales adopted the voluntary bye laws and current regulations struggle to address the niche activities appropriately.</p> <p>Current Omissions within the proposals-</p>

1. The person/practitioners license should specify the same 'Procedures Authorised to be carried out by the practitioner' as the Premises Approval Certificate i.e. be more specific on the procedures (e.g. semi permanent, ear lobe etc.)
2. Person License – we would envisage that if a person moves premises then there is just a minimal admin fee to change the address of the 'approved premises' but there needs to be a legal requirement to notify of a change in operating premises. What if the scheme encourages more practitioners to operate from multiple premises across Wales, who is responsible for updating the certificate with the new 'approved premises' if there is a change of Local Authority.

Question?

1. Does any future amendment to the license template mean a review and update of the legislation if it is contained within the regulations?

Panel members also supported the inclusion of Photo ID of practitioner (included on the License), DOB of practitioner (included on the license) National Insurance Number of Practitioner (Held on the register, but not displayed on the license)

Some practitioners, particularly tattooists, use an alternative name/nickname in the course of their business. It is suggested that this also be included on the special procedures licence, when applicable and declared at the point of application, in a similar way that "trading Names" are used over a body corporate or a sole trader

The Special Procedures Practitioner Licence is an "All Wales" licence and does not restrict the practitioner from working in other approved premises/local authority areas, therefore some panel members indicate that the premises they work at should may not need to be listed on the licence. Varying the licence each time a practitioner works in another premises will become time consuming and complicated, particularly where they work in multiple LA areas. A variation fee will also apply each time they add/remove a premises. It is suggested that WG investigate how this can be achieved, and instead there be a requirement that their licence be displayed in any Approved Premises they carry out a special procedures.

There is no consistency in terms used within the consultation document to explain who the premises approval certificate will be issued to - “responsible person”, “person carrying on the business”, “person who is responsible” are all terms used. This is confusing and a clear definition is needed on whom the premises approval certificate will be issued to, and a single term used. Local Authorities need to be clear in whom they are holding account when formal action is being considered. The roles, responsibilities of these definitions need to be clearly outlined in guidance.

Address from where the vehicle operates - is this where the vehicle is parked when procedures are being undertaken, if so, would this be multiple locations? If it is where the vehicle is registered, some persons may be reluctant to have their home address on the approval certificate/license. For the food hygiene scheme, mobile vehicles are required to be registered from the premises where they are kept overnight. When publishing information on the food hygiene ratings portal, this residential address is withheld.

Listed procedures - the body piercing activities listed may be confusing to customers as it appears to restrict them to only those listed. For example, eyebrow, belly button, lip etc are not listed whereas other very specific locations are. An explanation should be provided for this.

Semi - permanent make up should be expanded to include microblading, as a member of the public may not understand that this is captured within that definition

A clear date of issue and date of expiry date should be included, as with the special procedures licence. This is not currently clear in the paragraph at the top of the certificate

The word premise should be amended to be premises on the certificate

Once the Local Authority Logo and photograph of the premises/vehicle is added to the certificate, it is unlikely to fit onto 1 page. A single page certificate would be preferred if it is to be displayed

It is our opinion that a photograph of the premises/vehicle is needed on the approval certificate



	<p>A description of the vehicle is also needed and not limited to a registration number, as not all vehicles e.g., trailers, will have a specific vehicle registration number.</p>
<p><b>202 - Health and Safety Expert Panel</b></p>	<p>The proposed format and content of the special procedures licence and the premises/vehicle approval certificate is satisfactory, however, we wish to make the following comments:</p> <p>Special Procedures Licence</p> <ul style="list-style-type: none"> <li>• Some practitioners, particularly tattooists, use an alternative name/nickname in the course of their business. It is suggested that this also be included on the special procedures licence, when applicable</li> <li>• The Special Procedures Practitioner Licence is an “All Wales” licence and does not restrict the practitioner from working in other approved premises/local authority areas, therefore the premises they work at should not need to be listed on the licence. Varying the licence each time a practitioner works in another premises may become time consuming and complicated, particularly where they work in multiple LA areas. A variation fee will also apply each time they add/remove a premises. It is suggested that this be removed and instead there be a requirement that their licence be displayed in any Approved Premises they carry out special procedures.</li> </ul> <p>Premises/Vehicle Approval Certificate</p> <ul style="list-style-type: none"> <li>• Name of person carrying on the business- The HSEP requires further clarification on this as it is unclear to us who we should be accepting applications from and issuing premises approval certificates to.</li> <li>• The HSEP would appreciate greater consistency in terms used within the consultation document to explain who the premises approval certificate will be issued to- “responsible person”, “person carrying on the business”, “person who is responsible” are all terms used.</li> <li>• The HSEP seeks further information in relation to the question - Address from where the vehicle operates- is this where the vehicle is parked when procedures are being undertaken, if so, would this be multiple locations? If it is where the vehicle is registered, some persons may be reluctant to have their home address on the approval certificate</li> </ul>

	<ul style="list-style-type: none"> <li>• The HSEP considers the Listed procedures to be confusing as it appears to be restricted to those listed. For example, eyebrow, belly button, lip etc not listed whereas other very specific locations are.</li> <li>• Consideration should be given to expanding Semi- permanent to include microblading.</li> <li>• A clear date of issue and date of expiry date should be included, as with the special procedures licence. This is not currently clear in the paragraph at the top of the certificate</li> <li>• The word premise should be amended to be premises on the certificate</li> <li>• Once the Local Authority Logo and photograph of the premises/vehicle is added to the certificate, it is unlikely to fit onto 1 page. A single page certificate would be preferred if it is to be displayed</li> </ul> <p>It is our opinion that a photograph of the premises/vehicle is needed on the approval certificate</p>
<b>203 - Anonymous (acupuncture)</b>	Agree, this will ensure consistency and standardisation of the special procedure.
<b>205 - Lulu Dai</b>	Agree
<b>211 - British Acupuncture Council</b>	<p>We welcome these proposals in that they move towards providing a clearer and more consistent process for the licensing of acupuncture. We believe there are two interrelated issues that require further consideration. The effect of a public register and the understanding of acupuncture as a healthcare profession.</p> <p>The public register</p> <p>The nationwide public register of special procedure licences will be a significant change in the way acupuncture has hitherto been regulated. If, as intended, the public view the register as the principal means of finding a bona fide practitioner then the licencing authorities become the de-facto statutory regulators of acupuncture. The licencing scheme will create a register that appears to be equivalent to a professional body that regulates a healthcare profession but will be lacking important knowledge and safeguards.</p> <p>Those who access the register will understand a licenced acupuncturist has sufficient training in IPC – so they are at minimal risk of infection. However, they will also assume the acupuncturist is properly trained, so they are at minimal risk of significant injury e.g. pneumothorax. They will also assume the acupuncturist is bound by a professional code of conduct. The present proposals provide no such assurances and therefore may put the public at risk.</p>

Acupuncture is not statutory regulated. Those seeking acupuncture can access websites such as Wales NHS 111 or NHS that will lead them to Professional Standards Authority (PSA) Accredited Register acupuncturists. Accredited Register status provides assurance of the standards and quality of care. The proposed public register may supersede these sources of information but lacks the quality assurance of the PSA.

Accredited Register status provides an assurance of the safety and quality of care provided and as such enables doctors to refer patients to our members. Given the current lack of assessment of competence and the absence of professional codes, we would question whether the GMC would consider it ethical to refer patients to the proposed public register.

Acupuncture is a healthcare profession.

The proposals appear to have been framed predominantly with tattooing and body piercing in mind.

In the Consultation Document Infection Control paragraph 30 states

The licensed practitioner must not undertake a special procedure on a client if they suspect the client is not fit and well.

This paragraph is not appropriate for acupuncture, as people seeking acupuncture treatment do so because they are 'not fit and well'.

Local government legislation has grouped acupuncture with tattooing since the 1980s. However, we believe the proposals should take account of the significant changes related to the acupuncture landscape. In the past, the British Medical Association was against any form of registration of non-medically qualified acupuncturists. Today the British Acupuncture Council (BAcC) collaborates with the British Medical Acupuncture Society (BMAS) and the Acupuncture Association of Chartered Physiotherapists (AACP). In the 1980s very little clinical research had been conducted. Today, acupuncture is included in NICE guidelines for headache and primary chronic pain. There is robust evidence that shows acupuncture is effective for chronic pain, is not a placebo, and the effects last at

least a year. Other national guidelines Scottish Intercollegiate Guidelines Network (SIGN 136), in Germany and the USA include acupuncture for osteoarthritis. John Hopkins University state the National Institutes of Health (NIH) studies have shown that acupuncture is an effective treatment alone or in combination with conventional therapies to treat the following:

- Nausea caused by surgical anaesthesia and cancer chemotherapy
- Dental pain after surgery
- Addiction
- Headaches
- Menstrual cramps
- Tennis elbow
- Fibromyalgia
- Myofascial pain
- Osteoarthritis
- Low back pain
- Carpal tunnel syndrome
- Asthma

John Hopkins University also identify a number of other conditions that may benefit from acupuncture.

Acupuncture is now a much more respected profession with a significant and developing evidence-base. It currently plays a much greater role in the provision of healthcare in the UK than 40 years ago. In 2009 it is estimated the 4 million acupuncture treatment were provided, 2/3 of these were outside the NHS, 1/3 within NHS (Hopton 2012). We estimate around a third of BAcC members work in regulated settings. These settings range from hospitals (e.g. pain clinics, oncology services and even surgical departments) to Primary Care Networks (e.g. pain and mental health etc), fertility clinics and hospice care. We anticipate given the emergent evidence base, the use of acupuncture will most likely continue to grow both within the NHS and privately.

The proposals need to better reflect that acupuncture is a healthcare profession. There are professional conduct and fitness to practice issues that need to be addressed. The safe practise of acupuncture extends beyond infection prevention and control (IPC). In addition, the public will expect to be able to ask

questions of the regulatory body and raise complaints about registrants: as they are able to do with regards to a doctor, a nurse, or a physiotherapist. Patients who see a British Acupuncture Council practitioner can raise their concerns that will be acted on in fair and proportionate way.

The use of Magistrate and Crown Courts will be a particularly expensive, blunt, and inflexible means of dealing with complaints from the public. The courts lack the necessary profession specific knowledge. The sanctions are limited to fines and revocation of a license. Therefore, the court system may not allow for a proportionate response and/or there is a risk that complaints will not be addressed.

A healthcare professional body ensures quality and standards for pre-registration and post-registration. We provide more information on the pre-registration educational standards under Qu 6 the Competencies. As a healthcare profession there should be quality assurance regarding both the pre-registration education and the post-registration professional development and fitness to practise. Moreover, these need to be rigorously and independently assessed.

Forty years ago, one of the arguments against the regulation of acupuncture was that it would provide a level of standing and respectability that non-medically qualified practitioners did not deserve. Times have changed. As mentioned above, doctors can refer patients to traditional acupuncturists so long as they belong to a PSA Accredited Register. The BAAC, BMAS and AACP collaborate. The British Acupuncture Accreditation Board (BAAB) includes Dr [name and job title redacted] of BMAS. Some members of BMAS and AACP have trained extensively in traditional theories. The BAAC has medically qualified members. Of course, some people may still feel acupuncture, per se, should not be given any formal statutory recognition. But we believe, in 2023, few people have concerns regarding non-medically qualified practitioners with degree level training in acupuncture (see Qu 6). The proposals in their current form risk providing a level of standing and respectability to practitioners who have virtually no training in acupuncture or any other healthcare profession. Moreover, these practitioners are not bound by professional codes that are effectively regulated.

If one accepts the need for competence criteria and effectively regulated professional codes, then it needs to be established how the competences and regulatory infrastructure should be assessed. We believe that this needs to be done rigorously and a tick box exercise will not be sufficient to protect the public.

There are companies that purport to be membership organisations for acupuncturists. They have names that includes words such as: association, federation, council and board. However, according to filings at Companies House these companies do not have Articles of Association typical of not-for-profit or charitable membership organisations. In fact, they have a single director, and appear to be private companies. Entry criteria often appear to be extremely low compared to the competences set out in Qu 6. We do not believe that these companies, on closer inspection, can be described as self-regulating professional organisations. They lack the appropriate governance structure and safeguarding to protect the public and support members.

Assessing professional bodies and acupuncture courses will require subject specific knowledge. A question such as the scope of acupuncture can lead to complexity. Acupuncture typically involves not just needles but moxibustion. The Chinese word for acupuncture – zhen jiu – is a composite of needle (zhen) and moxibustion (jiu). However, bloodletting can also be considered part of acupuncture and the amount of blood let can vary considerably depending on style of practice. Other less common techniques include deliberately leaving needles within the body – embedded needles. The BAoC Code of Safe Practice currently prohibits these techniques. These prohibitions followed discussion with environmental health officers re bloodletting and case reports of needle migration within the body. Nationwide licencing has the potential to be extremely helpful in establishing the scope of practice: which techniques are permissible and what additional facilities might be required to perform some auxiliary techniques e.g. double sinks.

Environmental health officers in granting licences to practitioners based on qualifications and/or membership of an organisation will need to understand the techniques used by those practitioners. Put simply what is ‘acupuncture’ when granting a licence to practise acupuncture and what are the facilities required.

#### Regulation

We understand that enforcement and potential revocation of the licence does not form part of this consultation.

However, we have significant concerns that the current proposals are not sufficient to protect the public. The current proposals do not appear to take account of Professional Conduct or provide the public and practitioners with an appropriate means of dealing with complaints. As an example, how would a complaint from a member of the public be dealt with if a substantial part of the case involved whether specific acupuncture points were indicated for the condition? And/or whether the questions asked during consultation were part of standard practice? Would commencing a sexual relationship with a client constitute a breach of the mandatory licensing conditions?

#### Recommendation

Licensing authorities should take membership of an appropriate professional organisation as evidence of competence. If this were done, the next question would then be the criteria for an 'appropriate professional organisation'. We believe the Professional Standards Authority (PSA) oversight is the most cost effective and robust means of identifying an 'appropriate organisation'. It is a system that is already in place.

For traditional acupuncturists the Accredited Register provides the Quality Mark. Those who belong to organisations such as the British Medical Acupuncture Society (BMAS) and the Acupuncture Association of Chartered Physiotherapists (AACP) are bound by the professional codes of the statutory professions to which they belong.

We believe it is important that the work of a professional register is overseen by an independent organisation. Otherwise, there is a risk that professional codes and standards are not adhered to in practice. We note that when applying for licensing exemption London Boroughs ask organisations the question "How does your organisation ensure that members comply with the codes?" We believe this is a good question but ideally compliance should be independently verified.

We are, of course, aware that as the only PSA accredited acupuncture organisation this proposal may be seen as an attempt by the BAoC to exclude other qualified practitioners or similar professional bodies. The first point to make, other professional organisations are free to apply for accredited register status. We would be willing to work with the licensing authorities, the PSA and other professional associations

(that have similar standards and appropriate infrastructure) to find a means of ensuring that all appropriately qualified acupuncturist can continue to practise in Wales.

The Consultation Document states:

2.2 Responsible, registered special procedures practitioners who keep up to date with health and hygiene practices and have the best interests of their clients in mind are finding that they are competing with substandard businesses and practitioners,

This point applies not only to practitioners but to organisations as well. Running a professional body that represents healthcare professionals comes with costs, which are met through members subscription fees. The BAAC has robust governance and educational accreditation procedures to maintain standards. We employ individuals to provide practitioner support in a variety of areas including safe practice. We have a clear, transparent and robust procedures to deal with concern raised by the public. The BAAC can be undercut by registers that do not adhere to similar standards in practice and governance.

It could be argued that the proposals do not represent a significant change from the current situation, as assessment of competence or adherence to professional codes aren't necessarily part of the licencing criteria of local authorities. The public register will be new, and it risks providing standing and respectability to poorly qualified practitioners or even those who have been found unfit to practise by the BAAC or AACP or other professional organisations. In 9.2 it says "...whether there is a risk of misleading the public as to their qualification status..." Without revisions to the proposals the public register risks misleading the public regarding the qualifications of acupuncturists.

The proposals should be cognisant of acupuncture today with an evidence based and as a modality increasingly used by the public and within the mainstream healthcare system. It is a healthcare profession. The public are entitled to expect that acupuncturists are subject to similar training and professional codes as other healthcare professions. The nationwide licencing scheme can be used to ensure the people of Wales can access acupuncturists with standards and training similar to those recommended in the Pittilo report (see Qu 6).



<p><b>215 - Shared Regulatory Services</b></p>	<p>The proposed format and content of the special procedures licence and the premises/vehicle approval certificate is satisfactory, however, we wish to make the following comments:</p> <p>Special Procedures Licence</p> <ul style="list-style-type: none"> <li>• Some practitioners, particularly tattooists, use an alternative name/nickname in the course of their business. It is suggested that this also be included on the special procedures licence, when applicable</li> <li>• The Special Procedures Practitioner Licence is an “All Wales” licence and does not restrict the practitioner from working in other approved premises/local authority areas, therefore the premises they work at should not need to be listed on the licence. Varying the licence each time a practitioner works in another premises may become time consuming and complicated, particularly where they work in multiple LA areas. A variation fee will also apply each time they add/remove a premises. It is suggested that this be removed and instead there be a requirement that their licence be displayed in any Approved Premises they carry out special procedures.</li> </ul> <p>Premises/Vehicle Approval Certificate</p> <ul style="list-style-type: none"> <li>• Name of person carrying on the business- Shared Regulatory Services (SRS) requires further clarification on this as it is unclear to us who we should be accepting applications from and issuing premises approval certificates to.</li> <li>• SRS would appreciate greater consistency in terms used within the consultation document to explain who the premises approval certificate will be issued to- “responsible person”, “person carrying on the business”, “person who is responsible” are all terms used.</li> <li>• SRS seeks further information in relation to the question - Address from where the vehicle operates- is this where the vehicle is parked when procedures are being undertaken, if so, would this be multiple locations? If it is where the vehicle is registered, some persons may be reluctant to have their home address on the approval certificate</li> </ul>
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	<ul style="list-style-type: none"> <li>• SRS considers the Listed procedures to be confusing as it appears to be restricted to those listed. For example, eyebrow, belly button, lip etc not listed whereas other very specific locations are.</li> <li>• Consideration should be given to expanding Semi- permanent to include microblading.</li> <li>• A clear date of issue and date of expiry date should be included, as with the special procedures licence. This is not currently clear in the paragraph at the top of the certificate</li> <li>• The word premise should be amended to be premises on the certificate</li> <li>• Once the Local Authority Logo and photograph of the premises/vehicle is added to the certificate, it is unlikely to fit onto 1 page. A single page certificate would be preferred if it is to be displayed</li> </ul> <p>It is our opinion that a photograph of the premises/vehicle is needed on the approval certificate</p>
<p><b>217 - Anonymous (acupuncture)</b></p>	<p>Acupuncture is a healthcare practise, not a beauty treatment, and so not a good fit with body piercing, electrolysis and tattooing.</p> <p>The infection risks are more in line with other healthcare practises and belong in that sphere.</p>
<p><b>219 - Ross Jarvis</b></p>	<p>-All my following answers will only be applicable to tattooing and body piercing, as that is where my experience lies.</p> <p>I don't think regulation to keep practices safe can ever be a bad thing, but to quote 2.1 of the consultation: "However, in recent years, local authorities and stakeholder networks have not reported any instances of suspension or cancellation." This appears to be a reflection on EHO not being thorough enough. Also, is there research and data to suggest that the increase of reported cases of infection is proportionate to the rocketed numbers of tattoo studios that have opened and ultimately the staggeringly higher amount of people having tattoos and piercings?</p>
<p><b>220 - Tibetan and Eastern Medicine Association</b></p>	<p>We respond specifically regarding the provision of acupuncture.</p> <p>We respond on behalf of our acupuncture practitioners from the Tibetan and Eastern Medicine Association and particularly those members that practice in Wales. All members have completed training to Level 5 or 6, Degree level or Masters programmes.</p>

	<p>Acupuncture is listed within the Office of National Statistics in a category of healthcare workers alongside physiotherapy and osteopathy. It is NOT listed with tattoo or beauty. We therefore propose that it is disproportionately punitive to subject TEMA acupuncturists to special licensing regulations.</p> <p>Acupuncture generally has a very positive safety record in Wales and the UK generally. All our acupuncturists use single use sterile needles which are used once and disposed of in a sharps box.</p> <p>All our members have set Codes of Professional Conduct and Safe Clinical Practice as attached.</p> <p>We propose that TEMA members are exempt from the requirements to apply for a special procedure licence or premises/vehicle approval certificate within the regulations.</p> <p>We propose that TEMA members be required to exhibit in any premises or vehicle their qualification certificates and proof of TEMA membership to prove they are exempt from the requirement.</p> <p>Therefore we do not agree with your proposals in regard to special procedure licence nor the premises/vehicle approval certificate with respect to acupuncture practitioners who have extensive level 5 and above training and are professional healthcare practitioners.</p>
<p><b>221 - Wrexham County Borough Council</b></p>	<p>Yes agree however consideration will need to be made to take into account that LA's will potentially have to update their IT systems to ensure they can process applications efficiently. This may have additional resource implications for LA's.</p>
<p><b>222 - Caerphilly County Borough Council</b></p>	<p>We are supportive and in agreement with the need for a consistent approach throughout Wales which is proportionate to the special procedures' activity.</p> <ul style="list-style-type: none"> <li>• Yes, we would agree to mandate form and content of form of licence and certificate. We would advocate via Regulations a Statutory form for both applications and licences and certificates to ensure consistency across Wales. This should include renewals and variation applications and not in accordance with Schedule 3 paragraph 12 which appears to give the ability to LA's make its own applications /requirements. However, we would like to co-produce the form or be consulted on the content.</li> </ul>

- We would advocate a separate paper licence and photo ID card for Special Procedure Licences like the Personal Licences issued under LA2003 or Scrap Metal. Given that a photograph would clutter the content of proposed bilingual licence as detailed in Annex C of the Consultation document. The proposed mandatory conditions set out in Annex D1 suggest that the Mandatory condition for the display of a licence is displayed in a conspicuous place in proximity to where they work, so it is capable of being easily read by customers. The photocard is portable and could be shown to all clients prior to a procedure, more difficult to remove a paper licence. A Paper licence can be easily damaged lost or stolen when moving between premises.
- Vehicle – identification to include any or all the following make/model/vin no./registration number/photograph of vehicle.
- Whilst we appreciate that S59(4) of the Act specifies that each premises/vehicle are identified in the special procedures licence, we feel that this will be unnecessary and burdensome to the trade and local authorities. It is likely that the requirement will be ignored and changes only identified when visits undertaken. If it is to be retained, we query whether the only premises that could be specified within the licence would be those within the local authority area, resulting in no record of crossing LA borders to where they may occasionally work. Similarly, the same problem would occur where a Practitioner applies to vary their licence to add or remove a premises which is not within the authorities control. A ‘personal’ practitioner’s licence we feel should allow you to work anywhere in Wales, without the necessity of notification of changes to their workplace, which could be a regular occurrence. The approved premises certificate would have a condition requiring the keeping of a register of Practitioners and the dates they performed the Special Procedures at the location.
- Floor plan required of premises including number of treatment rooms.
- Need to identify whether rooms are sub-let on a self-employed basis or used by employees of applicant.
- In relation to the proposed Premises / Vehicle Approval certificate, the insertion of a photograph of the approved premises / vehicle onto a licence is impractical. We would suggest, something similar to LA2003 Premises, which has a Summary / Full Licence. The summary certificate could be displayed. The Full Certificate would have the mandatory conditions and a plan attached. The plan of the premise would detail the number of workstations.
- We would advocate that the Approval Certificate specifies a maximum number of licensed practitioners as opposed to a specified number as this is likely to change on a regular basis and would become a burden for the trade and LA’s. It is likely that this requirement will be ignored.

	<ul style="list-style-type: none"> <li>• What documentation is required to be submitted with the application. It would be useful to include a checklist for the applicant to ensure they have provided all necessary information and documents.</li> <li>• Does the form relate to other conditions as required for trainers etc.?</li> <li>• Does the form require a trainee applicant to specify where they will be trained?</li> <li>• When a trainee completes a course, for example a 7-day unregulated course and applies for a full licence, when can that person become a trainer or be deemed competent to practice unsupervised?</li> </ul>
<b>224 - Anonymous (piercer)</b>	<p>Yes absolutely. The industry needs regulation, there are too many people performing Body Piercing with no proper training or understanding of cross contamination/bloodborne pathogens, anatomy, etc. I think that the UKAPP need to be considered as part of the documentation- our industry has this association to ensure the same standards as you are proposing and working together with this body of professional piercers will further ensure that licensing is appropriate and pertinent to our industry. I do not agree that ANY vehicle should be considered an appropriate premises for Tattooing, Piercing or Electrolysis etc.</p>
<b>226 - Environmental Health Wales</b>	<p>YES. Licensing Expert Panel (LEP), Communicable Disease Expert Panel (CDEP) and Health and Safety Expert Panel (HSEP) endorse the mandating of form and content of a special procedure license and approval certificate. All three Panels endorse a photo requirement though have slight variation in how to adopt or implement this.</p> <p>EHW Technical Panel members raised the following points and observations:</p> <p>There is a need for consistent, proportionate and effective licensing or permitting of these 4 activities. Not all Local Authorities (LA's) in Wales adopted the voluntary bye laws and current regulations struggle to address the niche activities appropriately.</p> <p>CDEP and HSEP members support the inclusion of Photo ID of practitioner (included on the License), DOB of practitioner (included on the license) National Insurance Number of Practitioner (Held on the register, but not displayed on the license).</p> <p>LEP hold significant experience on the application of these principles, in particular on the handling and determination processes. LEP would advocate via Regulations a Statutory form for both application for licences and certificates to ensure consistency across Wales. This should include, renewals and variation applications and not in accordance with Schedule 3 paragraph 12 which appears to give the ability to LA's make its own applications /requirements.</p>

LEP would advocate a separate paper licence and photo ID card similar to Personal licences issued under LA2003 or Scrap Metal for special Procedure Licences. Given that a photograph would clutter the content of proposed bilingual licence. The photocard if portable could shown to all clients prior to a procedure, more difficult to remove a paper licence. A Paper licence can be easily damaged lost or stolen when moving between premises.

Whilst LEP appreciate that S59(4) of the Act specifies that each premises/vehicle are identified in the special procedures licence, LEP feel that this will be unnecessary and burdensome to the trade and local authorities. It is likely that the requirement will be ignored and changes only identified when visits undertaken. If it is to be retained, the only premises that could be specified would be those within those local authority area, resulting in no record of cross border borders where they may occasionally work. A 'personal' practitioners licence we feel should allow you to work anywhere in Wales.

In relation to the proposed Approval certificate, the insertion of a photograph onto a licence is impractical. LEP would suggest, something similar too LA2003 Premises, which has a Summary / Full Licence. The summary certificate could be displayed. The Full Certificate would have a plan attached. The plan of the premise would detail the workstations could be attached.

LEP would advocate that the Approval Certificate specifies a maximum number of licensed practitioners as opposed to a specified number as this is likely to change on a regular basis and would be become a burden for the trade and LA's. It is likely that this requirement will be ignored.

CDEP Further Views:

Current Omissions within the proposals-

1. The person/practitioners license should specify the same 'Procedures Authorised to be carried out by the practitioner' as the Premises Approval Certificate i.e. be more specific on the procedures (e.g. semi permanent, ear lobe etc.)

2. Person License – we would envisage that if a person moves premises then there is just a minimal admin fee to change the address of the ‘approved premises’ but there needs to be a legal requirement to notify of a change in operating premises. What if the scheme encourages more practitioners to operate from multiple premises across Wales, who is responsible for updating the certificate with the new ‘approved premises’ if there is a change of Local Authority.

Question?

1. Does any future amendment to the license template mean a review and update of the legislation if it is contained within the regulations?

Some practitioners, particularly tattooists, use an alternative name/nickname in the course of their business. It is suggested that this also be included on the special procedures licence, when applicable and declared at the point of application, in a similar way that “trading Names” are used over a body corporate or a sole trader

The Special Procedures Practitioner Licence is an “All Wales” licence and does not restrict the practitioner from working in other approved premises/local authority areas, therefore some panel members indicate that the premises they work at should may not need to be listed on the licence. Varying the licence each time a practitioner works in another premises will become time consuming and complicated, particularly where they work in multiple LA areas. A variation fee will also apply each time they add/remove a premises. It is suggested that WG investigate how this can be achieved, and instead there be a requirement that their licence be displayed in any Approved Premises they carry out a special procedures.

There is no consistency in terms used within the consultation document to explain who the premises approval certificate will be issued to - “responsible person”, “person carrying on the business”, “person who is responsible” are all terms used. This is confusing and a clear definition is needed on whom the premises approval certificate will be issued to, and a single term used. Local Authorities need to be clear in whom they are holding account when formal action is being considered. The roles, responsibilities of these definitions need to be clearly outlined in guidance.

	<p>Address from where the vehicle operates - is this where the vehicle is parked when procedures are being undertaken, if so, would this be multiple locations? If it is where the vehicle is registered, some persons may be reluctant to have their home address on the approval certificate/license. For the food hygiene scheme, mobile vehicles are required to be registered from the premises where they are kept overnight. When publishing information on the food hygiene ratings portal, this residential address is withheld.</p> <p>Listed procedures - the body piercing activities listed may be confusing to customers as it appears to restrict them to only those listed. For example, eyebrow, belly button, lip etc are not listed whereas other very specific locations are. An explanation should be provided for this.</p> <p>Semi - permanent make up should be expanded to include microblading, as a member of the public may not understand that this is captured within that definition</p> <p>A clear date of issue and date of expiry date should be included, as with the special procedures licence. This is not currently clear in the paragraph at the top of the certificate</p> <p>The word premise should be amended to be premises on the certificate</p> <p>Once the Local Authority Logo and photograph of the premises/vehicle is added to the certificate, it is unlikely to fit onto 1 page. A single page certificate would be preferred if it is to be displayed</p> <p>It is our opinion that a photograph of the premises/vehicle is needed on the approval certificate</p> <p>A description of the vehicle is also needed and not limited to a registration number, as not all vehicles e.g., trailers, will have a specific vehicle registration number.</p>
<b>229 - Anonymous (tattooing)</b>	Mandatory tattoo waste and sharps collection needs to be included to stop businesses illegally dumping or burning tiger waste.
<b>231 - Anonymous (acupuncture)</b>	Yes, I agree with welsh government's proposals. I can think of anything else that should be included.
<b>232 - Kat Webb</b>	AGREE - good idea to make the guidelines and certificates uniform across Wales, making them immediately recognisable.



<p><b>233 - UKAPP</b>◇</p>	<p>Yes. It is of course, important to note, that the particular issue mandatory licensing is being introduced to combat may not be completely resolved by its introduction. Ultimately, registration requirements and the threat of registration removal have not been successful in fully preventing these issues in other regions. However, whilst we feel that the raised issues will never be eradicated,</p> <p>this is most certainly a very significant step. The focus on education (in the form of the RHSP Level Two qualification and the mandatory training licence) and demonstration of the skills and knowledge acquired to achieve licensing is something we are particularly excited about. Whilst anecdotally many of us saw great improvements in England following the introduction of the CIEH Toolkit in England, the focus on education and its implementation has been a cause for concern. We are thrilled to see the Welsh Mandatory Licensing building on this.</p> <p>Whilst we acknowledge that licensing vehicles will be controversial in the industry, we also feel that; given how the licensing requirements will be no lower for vehicles than they will be for brick and mortar studios, every precaution has been taken to ensure this can be done safely. We feel that this gives those who were previously operating unlicensed in kitchens and other home settings a viable route out of this setting.</p> <p>Is there anything else that should be included in the format of these documents?</p> <p>UKAPP does not feel that any further supporting documentation is needed.</p>
<p><b>also</b>◇</p>	<p>82 – Anonymous (piercer); 83 – Anonymous (piercer); 87 – Anonymous (piercer); 124 – Anonymous (piercer); 127 – Anonymous (piercer); 128 – Anonymous (piercer); 129 – Anonymous (piercer); 130 – Anonymous (piercer); 131 – Anonymous (piercer); 149 – Anonymous (piercer); 150 – Anonymous (piercer); 151 – Anonymous (piercer); 173 – Anonymous (piercer); 176 – Anonymous (piercer); 195 – Anonymous (piercer); 204 – Anonymous (piercer); 207 – Anonymous (piercer); 234 – Anonymous (piercer); 250 – Anonymous (piercer).</p>
<p><b>236 - Jing Ding</b></p>	<p>Disagree. I prefer acupuncture in the exemption list.</p>
<p><b>237 - Pinyi</b></p>	<p>Agree, this can be beneficial for ensuring consistency and standardisation.</p>
<p><b>238/239 - Institute of Licensing</b></p>	<p>YES</p>

	<p>IoL supports the proposals for a mandated form and content for special procedure licences and the premises / vehicle approval certificates. This will provide a consistent licensing approach across Wales, where the current registration and byelaw system is inadequate and inconsistent.</p> <p>Our members within the Licensing Expert Panel (LEP) hold significant experience on the application of these principles, in particular on the handling and determination processes. LEP would advocate via Regulations statutory forms for both licences and certificates to ensure consistency across Wales.</p> <p>IoL supports the suggestion from the LEP that a separate paper licence and photo ID card should be issued, similar to Personal licences issued under the Licensing Act 2003 (LA2003). The photocard would be more portable and could be shown to all clients before any procedures are undertaken.</p> <p>We note the points raised by LEP members about the practical issues with the requirements of S59(4) of the Act which requires that each premises/vehicle are identified in the special procedures licence. We support the LEP view that a 'personal' practitioner's licence should allow holders to work anywhere in Wales.</p> <p>LEP members recommend consideration of a Summary Licence for display in licensed premises or vehicles in addition to the full Licence. The full Licence could include a plan of the premises similar to the provisions under the LA2003. This works well under LA2003, with the plan forming part of the licence, and any changes to the premises layout etc., requiring a minor or major variation to the licence.</p>
<b>241 - Anonymous (tattooing)</b>	yes i agree in principle. there should be exemption for disabled business owners who do not attend their business and do not engage in the procedures mentioned.
<b>244 - Anonymous (acupuncture)</b>	Agree
<b>246 - Ke Xia Xu</b>	Agree, this good for ensuring consistency and standardization.
<b>247 - Anonymous (acupuncture)</b>	Agree
<b>248 - Anonymous (acupuncture)</b>	Agree

<b>249 – Association of Traditional Chinese Medicine‡</b>	Agree, this can be beneficial for ensuring consistency and standardization.
<b>Also:</b>	51 – Alison Williams; 67 – Anonymous (acupuncture); 68 – Anonymous; 70 – Anonymous (acupuncture); 72 – Anonymous (acupuncture); 101 – Anonymous (acupuncture); 110 – Anonymous (acupuncture); 114 – Anonymous (acupuncture); 115 – Jing Wang; 134 – Anonymous (acupuncture); 137 – Lingxia Gao; 138/139 – Wang Chen; 141 – Na Yang; 156 – Cui Hong Duan; 165 – Qikan Yin; 170 – Yuancai Fu; 171 – Yan Jing Wang; 172 – Baifang Zhu; 174 – Phoebe Deng; 177/206 – Anonymous (acupuncture); 188 – Anonymous (acupuncture); 190 – Anonymous (acupuncture); 191 – Anonymous (acupuncture); 193 – Dr Jianrui Wang; 196 – Anonymous (acupuncture); 197 – Anonymous (acupuncture); 206/177 – Anonymous (acupuncture); 208 – Zheng Yuan Zhong; 210 – Li Yan; 213 – Min Li; 223/140 – Xianghui Guo; 225 – Jun Wen Ma; 235 – Anonymous (acupuncture); 240 – Shu Li Lu; 242 – Anonymous (acupuncture); 243 – Anonymous (acupuncture); 245 – Anonymous (acupuncture).
<b>252 - Torfaen County Borough Council</b>	<p>Yes.</p> <p>Torfaen County Borough Council (TCBC) agree with the proposals to mandate the form and content of a special procedure license and approval certificate.</p> <p>There is a need for consistent, proportionate, and effective licensing or permitting of special procedures.</p> <p>The inclusion on the licence of photo ID and DOB of practitioner, and National Insurance Number of the practitioner on the register, but not displayed on the licence, are all supported.</p> <p>TCBC would also advocate the following via Regulations:-</p> <ul style="list-style-type: none"> <li>• a statutory form for both application for licences and certificates to ensure consistency across Wales. This should include, renewals and variation applications and not in accordance with Schedule 3 paragraph 12, which appears to give LAs the ability to make their own applications / requirements.</li> <li>• a separate paper licence and photo ID card like Personal Licences issued under Licensing Act 2003 or scrap metal, given that a photo would clutter the content of proposed bilingual licence. The photocard if portable could be shown to all clients prior to a procedure. A Paper licence can be easily damaged lost or stolen when moving between premises.</li> </ul>

- that the Approval Certificate specifies a maximum number of licensed practitioners, opposed to a specified number, as this is likely to change on a regular basis and would become a burden for the trade and LAs. It is likely that this requirement will be ignored.

TCBC appreciate that S59(4) of the Act specifies that each premises / vehicle be identified in the special procedures licence, but this will be unnecessary and burdensome to the trade and LAs. It is likely that the requirement will be ignored, and changes only identified when visits undertaken. If it is to be retained, the only premises that could be specified would be those within the LA area, resulting in no record where they practise across LA boundaries. A 'personal' practitioner's licence should allow an individual to work anywhere in Wales.

In relation to the proposed approval certificate, the insertion of a photo onto a licence is impractical. TCBC would suggest, something like Licensing Act 2003, which has a Summary / Full Licence. The summary certificate could be displayed. The Full Certificate would have a plan attached. The plan of the premises which details the workstations could be attached.

TCBC request that the following is also considered: -

- The person / practitioners license should specify the same 'Procedures Authorised to be carried out by the practitioner' as the Premises Approval Certificate i.e., be more specific on the procedures (e.g., semi-permanent, ear lobe etc.)
- Person License – if a person moves premises there should be a minimal administration fee to change the address of the 'approved premises'. There needs to be a legal requirement to notify of a change in operating premises. What if the scheme encourages more practitioners to operate from multiple premises across Wales, who is responsible for updating the certificate with the new 'approved premises' if there is a change of LA?

The consultation document needs to be consistent in the terminology used to explain who the premises approval certificate will be issued to - "responsible person", "person carrying on the business", "person who is responsible" are all terms used. This is confusing and a clear definition is needed on whom the

	<p>premises approval certificate will be issued to, and a single term used. LAs need to be clear in whom they are holding account when formal action is being considered. The roles and responsibilities of these definitions need to be clearly outlined in guidance.</p>
<p><b>254 - Swansea Council</b></p>	<p>YES.</p> <p>There is a need for consistent, proportionate and effective licensing or permitting of these 4 activities. Not all LAs in Wales adopted the voluntary bye laws and current regulations struggle to address the niche activities appropriately.</p> <p>The proposals include the requirement for the certificates to be colour printed and on display in all premises, in addition to having a central register of licensed operators and premises, which the public can have access to.</p> <p>This Local Authority suggests that operators and premises should incorporate a link or QR code on their advertising materials/social media that will take customers directly to the central register which will provide all the details to be contained on the certificate.</p>

<b>Question 2: Do you agree with our proposal to make regulations about further provision (as set out in paragraph 4.13)?</b>	
<b>'Yes' response</b>	6 -Anonymous; 9 – Anonymous; 10 – Anonymous; 12 – Anonymous; 14 - Cheryl Drew, 18 – Anonymous; 19 – Kim Eldridge; 22 – Sally Hickenson; 23 – Anonymous; 27 – Claire’s European Services; 34 – James Ogle; 37 – Anonymous (local authority); 39 – Kate Doble; 47 – Anonymous; 49 – Di-enw; 55 – Aiden Johnson; 56 – British Medical Acupuncture Society; 61 – Anonymous (acupuncture); 74 – Anonymous (SPM); 77 – Mari Macandrew; 80 – Anonymous (tattooing); 84 – Anonymous; 93 – Royal College of Midwives; 104 – Anonymous (acupuncture); 109 – Warren Tregidden; 116 – Anonymous; 120 – Anonymous (acupuncture); 125 – Becky Crossan; 135 – Anonymous (tattooing); 136 – Denbighshire County Council; 144 – Anonymous (piercer); 163 – Anonymous (tattooing); 168 – Anonymous (tattooing); 169 – Anonymous (tattooing); 175 – Anonymous (tattooing); 209 – Anonymous (acupuncture); 212 – Save Face; 219 – Ross Jarvis; 227 – Anonymous; 230 – Anonymous (charitable organisation); 231 – Anonymous (acupuncture); 241 – Anonymous (tattooing).
<b>'No' response</b>	78 – Anonymous (acupuncture).
<b>Left blank</b>	1/35 – Anonymous (acupuncture); 8 – Anonymous; 24 – Anonymous; 28 – Anonymous; 29 – Shan MacVicar; 30 – Anonymous; 32 – Anonymous (tattooing); 59 – Josh Cranton; 62 – Anonymous; 73 – Claire Robinson-Campbell; 85 – F Hinds Ltd; 89 – Rachel Bowen; 100 – Anonymous; 111 – Anonymous (tattooing); 113 – Superdrug Ltd; 121 – National AIDS Trust; 143 – Claire’s Accessories (2 <sup>nd</sup> response); 166 – Claire Pritchard; 167 – Anonymous (manufacturer); 186 – Anonymous (acupuncture); 189 – Baidong Li; 216 – Age Cymru; 217 – Anonymous (acupuncture).
<b>'Agree'</b>	15 - Anonymous (acupuncture), 20 - Duncan Reed, 51 - Alison Williams, 57 - Tamarind Dykes, 67 - Anonymous (acupuncture), 68 - Anonymous (acupuncture), 70 - Anonymous (acupuncture), 72 - Anonymous (acupuncture), 101 - Anonymous (acupuncture), 102 - Dr Di Wu, 106 - Anonymous (acupuncture), 108 - Anonymous (acupuncture), 110 - Anonymous (acupuncture) , 114 - Anonymous (acupuncture), 115 - Jing Wang, 134 - Anonymous (acupuncture) , 138/139 - Wang Chen, 141 - Na Yang , 142 - Anonymous (acupuncture), 146 - Ming Chu Lok, 156 - Cui Hong Duan, 165 - Qikan Yin , 170 – Yuancai Fu, 171 - Yan Jing Wang , 172 - Baifang Zhu, 174 - Phoebe Deng , 177/206 - Anonymous (acupuncture), 178 - Minan Yao, 188 - Anonymous (acupuncture), 190 - Anonymous (acupuncture) , 191 - Anonymous (acupuncture), 193 - Dr Jianrui Wang, 194 – Jian Wang, 196 - Anonymous (acupuncture) , 197 - Anonymous (acupuncture) , 203 - Anonymous (acupuncture), 205 - Lulu Dai, 208 - Zheng Yuan Zhong , 210 - Li Yan, 213 - Min Li, 223/140- Xianghui Guo, 225 - Jun Wen Ma, 232 - Kat Webb, 235 -

	Anonymous (acupuncture) , 236 - Jing Ding, 237 – Pinyi, 240 - Shu Li Lu , 242 - Anonymous (acupuncture) , 243 - Anonymous (acupuncture), 244 - Anonymous (acupuncture), 245 - Anonymous (acupuncture), 246 - Ke Xia Xu, 247- Anonymous (acupuncture) , 248 - Anonymous (acupuncture), 249 - Association of Traditional Chinese Medicine
<b>'Yes, I agree'</b>	38 - Rachel Edney, 66 - Gareth Davies, 153 - Zhimin Ma , 154 - Anonymous (acupuncture), 155 - Anonymous (acupuncture) , 157 - Anonymous (acupuncture), 158 - Anonymous (acupuncture), 160 - Anonymous (acupuncture) , 161 - Anonymous (acupuncture) , 162 - Anonymous (acupuncture).
<b>2 - Anonymous</b>	No comment
<b>3 - Guild of Beauty Therapists</b>	Same comments as in Q1
<b>4 - Anonymous</b>	I agree
<b>5 – Anonymous (acupuncture)</b>	I am happy to do cpd to refresh on these issues any updated to safe practice but these need to be convenient. the exemptions. Are they already doing similar training at same standard as what your asking. I would say no from what I have seen. these training can easily be provided by atcm or bacc in my case and therefore exempt me these special procedures.
<b>11 - Katie</b>	Yes great idea to regulate all treatments
<b>16 - Sarah Swaysland</b>	YES – consistency is crucial for this scheme to work effectively and fairly across Wales.
<b>17 - Anonymous</b>	Im unsure it could cause over complicated problems
<b>21- Anonymous</b>	Yes, I think the proposal is ok, but I don't agree with it.
<b>25 - David Carlisle</b>	I believe that as council employees constantly complain about overworked and underpaid. More work with this? So more pay from stretched ratepayers
<b>26 - Joint Council of Cosmetic Practitioners</b>	Very much so – the JCCP considers that this a very worthy first step towards public protection in Wales but advises that the proposed 4 modalities are extended as soon as possible to include the more invasive non-surgical procedures such as injectable toxins, dermal fillers, cryotherapy, invasive lasers, deeper chemical peels, sclerotherapy, intravenous vitamin infusions etc.
<b>31 - Chartered Institute of Environmental Health</b>	Yes – the Chartered Institute of Environmental Health (CIEH) considers that certainty, consistency of application and transparency are important, and dealing with these issues by Regulation will ensure that this the case. To facilitate this the CIEH would encourage Welsh Government carry out consultation with appropriate representative persons whether or not there is a statutory duty in the Act to do so.
<b>33 - Carla Evans</b>	Yes it should be a standardised application process that is robust with all LA's adopting the same forms. There should be no variations across Wales.

<b>36 - Kelly Griffiths</b>	y
<b>40 – Anonymous (acupuncture)</b>	Yes, although it would be helpful to set a time-frame around this so applicants know how long it may take to obtain a licence and the local authority also has a time-frame to work to.
<b>41 – Anonymous (acupuncture)</b>	see above [ref to q1]
<b>43 - Acupuncture Association of Chartered Physiotherapists</b>	Yes, if needed.
<b>Also</b>	42 - Paul Battersby; 44 - Roy Montgomery; 45 – Anonymous (acupuncture); 46 - Alison Smith; 50 – Anonymous (acupuncture); 51 - Alison Williams; 52 – Anonymous (acupuncture); 58 – Kate van Rensburg; 60 – Laura Gibbons; 63 – Christine Hutchinson; 64 – Anonymous (acupuncture); 65 – Anonymous (acupuncture); 86 - Suzanne Gregson; 88 – Anonymous (acupuncture); 99 – Janis Short; 105 – Daniel Curran.
<b>48 - Kat Hennes</b>	I agree that the licenses should be three years, and that practitioners should be required to reapply and be reinspected once this time frame has been completed.
<b>53 - Oliver Todd</b>	The addition of more stringent rules to gain a licence is only a good thing.
<b>54 - Lola Slider</b>	No, I think plenty is done to ensure that body art facilities in Wales are safe and licensed and that the expense created to the Welsh government is what the license fees are for and it's part of the job of the Environmental Health Department to oversee those businesses and carry out inspections.
<b>69 – Anonymous (acupuncture)</b>	I don't feel there is enough information in 4.13 for me to answer this at this stage
<b>75 - Madeline Boots</b>	Yes, if needed.
<b>79 - Rhian Mansfield</b>	having tighter regulations will make the special procedures industry safer and will deter people from opening a business without out sufficient knowledge.
<b>81 - Gemma Kingston</b>	The same applies here as in my last answer.
<b>90 - Blaenau Gwent County Borough Council</b>	Yes, we agree, however would like to make the following comments:  Within these regulations, it should be clear to which Local Authority practitioners need to apply to, particularly when they live in a different LA to where they practice or if they work in multiple LA areas.



	Also, in instances of revoking/suspending licences, clarification would be needed on which Local Authority would do this if the practitioner works in premises based in locations other than the LA where they are licenced.
<b>91 - British Beauty Council</b>	Yes. Whilst we welcome the proposal to introduce a mandatory licensing scheme across the four areas highlighted, we strongly believe that an extension of the provision of the license to include non-surgical cosmetic procedures should be introduced as soon as possible.
<b>92 - Anonymous (acupuncture)</b>	<p>Given the nature of our courses, in order for us to offer training in Wales, we would benefit from reassurances that the application process is swift and easily replicable, multiple times per year. We would also require an easy to follow signposting to which local government we need to apply to</p> <p>Presumably we have to complete the Level 2 infection and prevention control – is this the company, or every tutor? And in the case where we have more than one tutor teaching, would both need to have completed certificates? Will there be a recommended list of training providers on a .gov website, and can the level 2 training be completed remotely? We see you have a list, but is this exclusive – ie, what do we need to show if we were to be trained by another provider?</p> <p>Are acupuncture training providers required to screen each learner for DBS etc?</p>
<b>94 - National Hair and Beauty Federation</b>	<p>Yes, this seems like a sensible approach.</p> <p>Model example forms for businesses by the 22 local authorities is a good idea and will ensure a certain level of quality assurance and continuity between authorities.</p> <p>We strongly believe that an extension of the provision of the license to include non-surgical cosmetic procedures should be introduced as soon as possible. As detailed in the BIG scoping document.</p>
<b>95 - Beauty Industry Group - Licensing</b>	Yes. Whilst we welcome the proposal to introduce a mandatory licensing scheme across the four areas highlighted, we strongly believe that an extension of the provision of the license to include non-surgical cosmetic procedures should be introduced as soon as possible. As detailed in the BIG scoping document.
<b>96 - Beauty Industry Group Chair</b>	Yes. Whilst we welcome the proposal to introduce a mandatory licensing scheme across the four areas highlighted, we strongly believe that an extension of the provision of the license to include non-surgical

	cosmetic procedures should be introduced as soon as possible. As detailed in the BIG scoping document.
<b>98 - Inc and Co</b>	Yes, though these regulations would benefit from EHO's developing a greater understanding of the individual special practices, to ensure that the regulations aren't too generic.
<b>103 - Anonymous (acupuncture)</b>	No response, it's not clear what is being asked here.
<b>107 - BABTAC</b>	Yes. Whilst we welcome the proposal to introduce a mandatory licensing scheme across the four areas highlighted, we strongly believe that an extension of the provision of the license to include non-surgical cosmetic procedures should be introduced as soon as possible. As detailed in the BIG scoping document.
<b>112 - British Acupuncture Federation</b>	Consistency throughout Wales is desirable. Our members and Welsh Local authorities require consistency whilst maintaining cost effectiveness.  Current regulations sufficiently protect the public if they are having acupuncture from BAF acupuncturists.
<b>117 - Marnie Williams</b>	This provision is intended to apply to people who operate from their homes, practise on friends or persons not for any charge where the local authority have concerns that the procedure presents or could present significant risk of harm to human health. I would argue that it is not acceptable to Pierce or Tattoo from home, as this is not a sterile environment, and "practice on friends" should be something done in a studio, under an apprentice label and license. I would hope that the provision is made with the full discussion and involvement of the UKAPP and they are recognised as the freely elected voice of professional piercers throughout the country.
<b>118 - Ann Charlton</b>	I do Agree
<b>122 - Anonymous</b>	Yes, but further consultation on what is included should be considered
<b>123 - Anonymous (piercer)</b>	This provision is intended to apply to people who operate from their homes, practise on friends or persons not for any charge where the local authority have concerns that the procedure presents or could present significant risk of harm to human health. I would argue that it is not acceptable to Pierce or Tattoo from home, as this is not a sterile environment, and "practice on friends" should be something done in a studio, under an apprentice label and license. I would hope that the provision is made with the full discussion and involvement of the UKAPP and they are recognised as the freely elected voice of professional piercers throughout the country.

<b>126 - Rhondda Cynon Taff County Borough Council</b>	Yes, however, at the present time no extra money has been provided by Welsh Government to cover the new Licensing Scheme (potential employment of extra officers, training, extra administration, extra inspections etc.) for Local Authorities (LA) which will cause an extra burden on LA's going forward.
<b>132 - Anonymous (piercer)</b>	Yes. UKAPP recognises that fluidity, especially in the early days, will be very necessary to ensure the smooth running and implementation of Mandatory Licensing. We would, however, like to be apprised of how this will work in practice. Will there be consultation with the industry before any changes are made, for example?
<b>133 - Anonymous (local authority)</b>	<p>Agree with the proposal to make regulations about further provisions as set out in paragraph 4.13. It is felt that consistency is a crucial element in the success of the scheme to ensure fair and equitable trading in this area of work.</p> <p>It should be noted that the current proposed scheme has and will have notable resource implications for LA's and with no further funding to undertake this work. It is hoped that any considerations for further provisions will be suitably funded.</p>
<b>137 - Lingxia Gao</b>	YES, AGREE
<b>145 - Anonymous (tattooing)</b>	Yes, however communication with tattooists, piercers and business owners is vital and some councils fail to communicate at all and this definitely needs to be improved. I do know some tattooers and body piercers within Wales who have had zero communication from their local authorities regarding this consultation for example, within [name of local authority redacted] and [name of local authority redacted].
<b>152 - Anonymous (tattooing)</b>	Agreed
<b>159 - H Wong</b>	dis agree
<b>164 - Anonymous (tattooing)</b>	Again I agree in principle however have some concerns with regards to certain elements when laid out further.
<b>179 - N Wales Health and Safety Expert Panel</b>	<p>Yes - we agree with the proposal to make regulations about further provisions as set out in paragraph 4.13. It is felt that consistency is a crucial element in the success of the scheme to ensure fair and equitable trading in this area of work.</p> <p>It should be noted that the current proposed scheme has and will have notable resource implications for LA's and with no further funding to undertake this work. It is hoped that any considerations for further provisions will be suitably funded.</p>

	<p>It should be clear to which Local Authority practitioners need to apply to, particularly when they live in a different LA to where they practice or if they work in multiple LA areas.</p> <p>Also, in instances of revoking/suspending licences, clarification would be needed on which Local Authority would do this if the practitioner works in premises other than the LA where they are licenced</p>
<b>183 - Hair and Beauty Industry Authority</b>	<p>Yes. Whilst we welcome the proposal to introduce a mandatory licensing scheme across the four areas highlighted, we strongly believe that an extension of the provision of the license to include non-surgical cosmetic procedures should be introduced as soon as possible. As detailed in the BIG scoping document.</p>
<b>184 - Nursing and Midwifery Council</b>	<p>Agree. This should help to reduce variation and the potential for ambiguity in the licensing scheme across all 22 Welsh local authorities.</p>
<b>192 - British Register of Complementary Practitioners</b>	<p>Agreed</p>
<b>198 - Isle of Angelsey County Council</b>	<p>Yes - we agree with the proposal to make regulations about further provisions as set out in paragraph 4.13. It is felt that consistency is a crucial element in the success of the scheme to ensure fair and equitable trading in this area of work.</p> <p>It should be noted that the current proposed scheme has and will have notable resource implications for LA's and with no further funding to undertake this work. It is hoped that any considerations for further provisions will be suitably funded.</p> <p>It should be clear to which Local Authority practitioners need to apply to, particularly when they live in a different LA to where they practice or if they work in multiple LA areas.</p> <p>Also, in instances of revoking/suspending licences, clarification would be needed on which Local Authority would do this if the practitioner works in premises other than the LA where they are licenced</p>

<p><b>200 - Anonymous (local authority)</b></p>	<p>YES. [Name of local authority redacted] agrees with the proposals at 4.13 on the way applications are made, how, and broadly what information is requested. These additions are covered in other subsequent questions.</p> <p>However the question reads more like asking a question further special procedures being added, if that is the intent, [name of local authority redacted] makes the following observations.</p> <p>There is need to consider expansion of the procedures or activities in due course.</p> <p>However, it must be noted that the 2017 Act and this licensing scheme already increase the regulatory burden on both businesses and the Local Authorities in significant fashion. No additional funding, resource or support has been offered to LAs to administer this massive body of work. Yet LAs are being cut in WG funding, LA officer recruitment and retention issues.</p> <p>The current proposed processes represent a significant increase of work, time and involvement over the CURRENT registration process.</p> <p>Implementing the requirements of the current regulations will be a significant piece of on going work over 3-4 years for LA's and businesses, without considering expansion into other procedures where new training, experience and expertise will be ed to be developed.</p>
<p><b>201 - All Wales Communicable Disease Expert Panel</b></p>	<p>There is agreement on the content of 4.13, principally, the way in which applications may be made. Options for both paper and online application and payment will be needed. As cited later in this response, for those Las who currently do not use Licensing functions to discharge the current Registration processes, the workings o the Act and Schedule will result in additional processes and work for those LA's.</p> <p>However the words "further provision" in this Consultation pack and the question may be taken (and have been taken by some LA's) to mean further scope of regulation and expanded list of procedures. CDEP members have expressed views on this.</p>

	<p>There is some agreement within CDEP though that agreement is caveated by concerns on: Capacity, Resourcing, LA impact and the additional burden on businesses. There must be a clear link to Public Health benefit to expand or include additional procedures, such as Dermal Fillers for example. The likely timescales for any amendments are also flagged as concern.</p> <p>It must be noted that the 2017 Act and this licensing scheme already increase the regulatory burden on both businesses and the Local Authorities in significant manner. No additional funding, resource or support has been offered to LAs to administer this body of work. LAs are being cut in WG funding, LA officer recruitment and retention an issue.</p> <p>The current proposed Licensing process represent a significant increase of work, time and involvement over the CURRENT registration process.</p> <p>Implementing the initial requirements of the current regulations will be a significant piece of ongoing work over 3-4 years for LA's. It will also commit those Authorities to an ongoing work plan of inspections every three years. These concerns exist on the existing 4 procedures, , without considering expansion into other procedures where new training, experience and expertise will be ed to be developed.</p> <p>We are supportive and in agreement to allow additional procedures to be included in the future however the Authorities concern is the level of resources required to deal with additional special procedures in the future, particularly around the beauty sector.</p> <p>Within these regulations, it should be clear to which Local Authority practitioners need to apply to, particularly when they live in a different LA to where they practice or if they work in multiple LA areas.</p>
<p><b>202 - Health and Safety Expert Panel</b></p>	<p>The HSEP agree with the proposal to make regulations about further provisions as set out in paragraph 4.13. It is felt that consistency is a crucial element in the success of the scheme to ensure fair and equitable trading in this area of work.</p> <p>It should be noted that the current proposed scheme has and will have notable resource implications for LA's and with no further funding to undertake this work. It is hoped that any considerations for further provisions will be suitably funded.</p>

	<p>The HSEP feel it should be clear to which Local Authority practitioners need to apply to, particularly when they live in a different LA to where they practice or if they work in multiple LA areas.</p> <p>Also, in instances of revoking/suspending licences, clarification would be needed on which Local Authority would do this if the practitioner works in premises other than the LA where they are licenced</p>
<b>211 - British Acupuncture Council</b>	<p>We agree with the need for the regulation as set out in 4.13, but need to see more detail before we can comment more fully.</p>
<b>215 - Shared Regulatory Services</b>	<p>SRS agree with the proposal to make regulations about further provisions as set out in paragraph 4.13. It is felt that consistency is a crucial element in the success of the scheme to ensure fair and equitable trading in this area of work.</p> <p>It should be noted that the current proposed scheme has and will have notable resource implications for LA's and with no further funding to undertake this work. It is hoped that any considerations for further provisions will be suitably funded.</p> <p>SRS feel it should be clear to which Local Authority practitioners need to apply to, particularly when they live in a different LA to where they practice or if they work in multiple LA areas.</p> <p>Also, in instances of revoking/suspending licences, clarification would be needed on which Local Authority would do this if the practitioner works in premises other than the LA where they are licenced</p>
<b>220 - Tibetan and Eastern Medicine Association</b>	<p>Consistency throughout Wales is desirable. Our members and Welsh Local authorities require consistency whilst maintaining cost effectiveness.</p> <p>Current regulations are already sufficient to protect the public if they are having acupuncture from TEMA acupuncturists.</p>
<b>221 - Wrexham County Borough Council</b>	<p>Yes. Consistency between Local Authorities is key. Further consultation / discussion with LA's &amp; Task and finish groups will be needed to discuss and agree the finer detail of the prescribed forms etc.</p>

<p><b>222 - Caerphilly County Borough Council</b></p>	<p>Yes, particularly in respect of Approval Certificates. We need consistency across Authorities, Statutory forms will ensure this. Paragraphs 4.13 and 4.14 appear to be contradictory in their approach. To ensure consistency across all local authorities, Regulations should be adopted which will include statutory application forms for all licences and approvals.</p>
<p><b>224 - Anonymous (piercer)</b></p>	<p>This provision is intended to apply to people who operate from their homes, practise on friends or persons not for any charge where the local authority have concerns that the procedure presents or could present significant risk of harm to human health. I would argue that it is not acceptable to Pierce or Tattoo from home, as this is not a sterile environment, and "practice on friends" should be something done in a studio, under an apprentice label and license. I would hope that the provision is made with the full discussion and involvement of the UKAPP and they are recognised as the freely elected voice of professional piercers throughout the country.</p>
<p><b>226 - Environmental Health Wales</b></p>	<p>There is agreement in CDEP, LEP and HSEP on the content of 4.13, principally, the way in which applications through Standardized or Statutory Forms may be made. Options for both paper and online application and payment will be needed. As cited later in this response, for those LAs who currently do not use Licensing functions to discharge the current Registration processes, the workings of the Act and Schedule will result in additional processes and work for those LA's.</p> <p>However the words "further provision" in this Consultation pack and the question may be taken (and have been taken by some LA's) to mean further scope of regulation and expanded list of relevant procedures. CDEP members have expressed views on this.</p> <p>There is some agreement within CDEP and HSEP though that agreement is caveated by concerns on: Capacity, Resourcing, LA impact and the additional burden on businesses. There must be a clear link to Public Health benefit to expand or include additional procedures, such as Dermal Fillers for example. The likely timescales for any amendments are also flagged as concern.</p> <p>It must be noted that the 2017 Act and this licensing scheme already increase the regulatory burden on both businesses and the Local Authorities in significant manner. No additional funding, resource or support has been offered to LAs to administer this body of work. LAs are being cut in WG funding, LA officer recruitment and retention an issue.</p>



	<p>The current proposed Licensing process represent a significant increase of work, time and involvement over the CURRENT registration process.</p> <p>Implementing the initial requirements of the current regulations will be a significant piece of ongoing work over 3-4 years for LA's. It will also commit those Authorities to an ongoing work plan of inspections every three years. These concerns exist on the existing 4 procedures, , without considering expansion into other procedures where new training, experience and expertise will be ed to be developed.</p> <p>We are supportive and in agreement to allow additional procedures to be included in the future however the Authorities concern is the level of resources required to deal with additional special procedures in the future, particularly around the beauty sector.</p> <p>Within these regulations, it should be clear to which Local Authority practitioners need to apply to, particularly when they live in a different LA to where they practice or if they work in multiple LA areas.</p>
<b>229 - Anonymous (tattooing)</b>	<p>Too vague Please ask specific questions in future consultations</p>
<b>233 - UKAPP</b>	<p>Yes. UKAPP recognises that fluidity, especially in the early days, will be very necessary to ensure the smooth running and implementation of Mandatory Licensing. We would, however, like to be apprised of how this will work in practice. Will there be consultation with the industry before any changes are made, for example?</p>
<b>also</b>	<p>82 – Anonymous (piercer); 83 – Anonymous (piercer); 87 – Anonymous (piercer), 124 – Anonymous (piercer); 127 – Anonymous (piercer); 128 – Anonymous (piercer); 129 – Anonymous (piercer); 130 – Anonymous (piercer); 131 – Anonymous (piercer); 149 – Anonymous (piercer); 150 – Anonymous (piercer); 151 – Anonymous (piercer); 173 – Anonymous (piercer); 176 – Anonymous (piercer); 195 – Anonymous (piercer); 204 – Anonymous (piercer); 207 – Anonymous (piercer); 234 – Anonymous (piercer); 250 – Anonymous (piercer).</p>
<b>238/239 - Institute of Licensing</b>	<p>We support the proposal to make regulations on the matters set out in 4.13, and we note the intention that model/example forms will be included in the next consultation alongside details of the draft regulations.</p>

<p><b>252 - Torfaen County Borough Council</b></p>	<p>TCBC agree on the content of 4.13, principally, the way in which applications through standardised or statutory forms may be made. Options for both paper and online application and payment will be needed. TCBC does not currently use Licensing functions to discharge the current Registration processes and as a result the workings of the Act and Schedule will result in additional processes and work.</p> <p>The capacity, resourcing and impact likely to be placed upon LAs needs to be carefully considered, as well as the additional burden on businesses. If the list of relevant procedures is expanded, there must be a clear link to public health benefit to expand or include additional procedures, such as Dermal Fillers. The likely timescales for any amendments are also flagged as concern.</p> <p>It must be noted that the 2017 Act and this licensing scheme already increase the regulatory burden on both businesses and the LA in significant manner. No additional funding, resource or support has been offered to LAs to administer this work. LAs are experiencing financial pressures, with officer recruitment and retention also being an issue.</p> <p>The current proposed Licensing process represent a significant increase of work, time, and involvement over the current registration process.</p> <p>Implementing the initial requirements of the current regulations will be a significant piece of ongoing work over 3-4 years for LAs. It will also commit those authorities to an ongoing workplan of inspections every three years. These concerns apply to existing special procedures, without considering expansion into other procedures where new training, experience and expertise will need to be developed.</p> <p>TCBC are supportive and in agreement to allow additional procedures to be included in the future. However, there is concern that an additional level of resources will be required to deal with further special procedures in the future, particularly around the beauty sector.</p> <p>Within these regulations, it should be clear to which LA practitioners need to apply to, particularly when they live in a different LA to where they practice or if they work in multiple LA areas.</p>
<p><b>254 - Swansea Council</b></p>	<p>YES.</p>

Swansea Council currently registers other skin piercing activities such as micro needling which will not be captured under these proposals.

However, it must be noted that the 2017 Act and this licensing scheme already significantly increase the regulatory burden on both businesses and the Local Authorities. No additional funding, resource or support has been proposed/offered to LAs to administer this new piece of work.

The proposed processes represent a significant increase in work, time and involvement compared to the CURRENT registration process.

Implementing the requirements of the regulations will be a significant piece of ongoing work over 3-4 years for LA's and businesses, without considering expansion into other procedures where new training, experience and expertise will need to be developed.

<b>Question 3: Do you agree that nine months is a sufficient transition period? If not, what should it be?</b>	
<b>'Yes' response</b>	6 – Anonymous; 9 – Anonymous; 18 – Anonymous; 40 – Anonymous (acupuncture); 47 – Anonymous; 56 – British Medical Acupuncture Society; 61 – Anonymous (acupuncture); 74 – Anonymous (SPM); 78 – Anonymous (acupuncture); 81 – Gemma Kingston; 93 – Royal College of Midwives; 135 – Anonymous (tattooing); 163 – Anonymous (tattooing); 168 – Anonymous (tattooing); 212 – Save Face; 227 – Anonymous; 230 – Anonymous (charitable organisation).
<b>'No' response</b>	none
<b>Left blank</b>	11 – Katie; 24 – Anonymous; 25 – David Carlisle; 28 – Anonymous; 30 – Anonymous; 59 – Josh Cranton; 62 – Anonymous; 73 – Claire Robinson-Campbell; 89 – Rachel Bowen; 121 – National AIDS Trust; 189 – Baidong Li; 216 – Age Cymru.
<b>1/35. Anonymous</b>	<u>Not long enough - 2 years</u>
<b>2 - Anonymous</b>	No - it may be difficult for practitioners to access courses they have never had before in time, not to mention DBS checks
<b>3 - Guild of Beauty Therapists</b>	Yes, providing there is a clear and simple route to getting licensed which does not cost the business more than a nominal fee.
<b>4 - Anonymous</b>	Nine months maximum. This unregulated practice must stop
<b>5 - Anonymous</b>	you need to provide better options like online training weekend. Inform professional bodies and liase with these if necessary in my case to make it stress free and convenient. traveling long distances, fuel, expense is way o ver the top and inconvenient and needlessly stressful when I have so much to do anyway.
<b>8 - Anonymous</b>	The time it takes to become qualified and licensed. Or a practitioner must be able to gain the requirements within 9 months. ( i.e.no point in qualification taking a minimum of 2 years.)
<b>10 - Anonymous</b>	yes, this is plenty of time
<b>12 - Anonymous</b>	Possibly should consider a little longer
<b>14 - Cheryl Drew</b>	Yes I agree
<b>15 - Anonymous</b>	agree
<b>16 - Sarah Swaysland</b>	NO – SRS has a significant number of existing registered practitioners and I foresee difficulties being able to carry out inspections of all new licence applications in a 9 month period. This work will have to be done alongside other statutory function work and competing priorities, with little scope available for increasing the level of resource for discharging this new function.

	<p>There will be an expectation that the licence fee (which will be significantly higher than the current registration scheme fee) will include a site visit ahead of the licence/approval being granted. Practitioners receive a site visit for each application now, so operating to a lower standard will call into question the veracity of the new licensing scheme.</p> <p>I am of the opinion that the transition period should be at least 12 months.</p> <p>LAs will also need clarity on how to approach matters during this transition period, particularly when 2 schemes may be operating concurrently. If a registered practitioner has submitted a personal licence application, which is being processed, at what point would the LA be able to use the wider arsenal of enforcement tools in the new licensing regime?</p>
<b>17 - Anonymous</b>	Im not sure it all depends on the person
<b>19 - Kim Eldridge</b>	I agree if everything suggested, including training and suitable recruitment of licensing staff to process (help with queries arising) applications can be complete in this time frame.
<b>20 - Duncan Reed</b>	Agree providing courses are rolled out on schedule. Extensions should be provided as long as studios are enrolled on a course.
<b>21 - Anonymous</b>	9 months is more than enough time, however I think people may leave it to the last minute to renew to get the most out of their license and to prevent paying until the end.
<b>22 - Sally Hickinson</b>	Yes, the sooner the better.
<b>23 - Anonymous</b>	18months if you want to charge premises that have only just been inspected and paid the personal and premises Licence, however everyone should have to do the infection control training.
<b>26 - Joint Council of Cosmetic Practitioners</b>	No – We consider this is too short a period and should be extended to eighteen months to enable ‘organisational readiness’.
<b>27 - Clares European Services</b>	Due to employing 16 year olds rather than 9 months it should be 18 months so we do not have to make under 18's redundant to comply.
<b>29 - Shan MacVicar</b>	I fear it will be a mad rush at the end
<b>31 - Chartered Institute of Environmental Health</b>	<p>Yes. This is sufficient time for existing practitioners to make the necessary arrangements and for local authorities to carry out inspections and process applications.</p> <p>The CIEH agrees that there should be no acquired rights for practitioners who are currently practicing.</p>

	The proposals put in place new requirements to protect public health and reduce the risk of infection; it is important that all practitioners including those who have been practicing for a number of years should meet the prescribed standards.
<b>32 - Anonymous (tattooing)</b>	We feel a 12 month transition period would be better and more manageable.
<b>33 - Carla Evans</b>	More than sufficient.
<b>34 - James Ogle</b>	As a transition period it's fine
<b>36 - Kelly Griffiths</b>	y
<b>37 - Anonymous (local authority)</b>	<p>In short, no we do not think this is sufficient time.</p> <p>We would like further clarification on the purpose of the transition as this is a very short section (5). It appears that the transition proposal is to allow applications to be made rather than to allow for applications AND processing by the local authority.</p> <p>The only way to avoid a flurry of applications at the end of the transition period is to separate the application and processing deadlines with a suggested 3 months for application (end of March 2024) and then 9-12 months in which to process and inspect (end of Dec 2024).</p> <p>We will only be able to meet the processing deadline of 9 months if all applications are received within the first 3 months of the transition period. This is due to resources and other priorities and we then have the 9 months in which to prioritise, visit and issue.</p> <p>Our preference would therefore be a full 12 month transition period which is clearly split between application deadline for existing practitioners and processing for the authority.</p> <p>The existing registration scheme should therefore remain in force until such time that the new license is issued by the local authority and not just the date that they apply.</p> <p>If the local authority has not been able to process applications within the suggested 9 months then the practitioner would not be able to practice legally so it is important that LA's are able to have the time to</p>

organise their resources appropriately, there is currently a very tight timetable, which may not allow for this.

The two biggest resourcing concerns regarding implementation of the new scheme is firstly that the majority of applications will be made at the end of any deadline. Secondly that there will be a bulk of renewals 3 years later. This makes it difficult for the authority to commit resources on an annual basis for what is a 3 year cycle for the majority.

For example we have approx. 70 premises and 120 persons. Estimation of resources required for the new scheme would be based on the following:

Advice to applicant, reviewing application, Inspection and write up (1 day) per premises or person = 190 days

Max of 4 visits a week = 47.5 weeks

Therefore it will take a year to process all applications, if all goes to plan, with just one dedicated officer. Our current annual officer resource for skin piercing is 0.33 officer.

This isn't an area of work where there are competent contractors, and each local authority would be in the same position at the same time so sharing of resources would not be possible either. It will be difficult to put together a business case for additional resources where the workload is not spread out annually.

One way to alleviate this is to separate the different special procedures into quarterly application deadlines e.g. microblading 1/3, tattooing 1/6, acupuncture 1/9 etc. additionally there could be different renewal periods based on risk e.g. acupuncture & electrolysis (5) and ear piercing (4 year renewal), tattooing (3 year), body piercing (3 year).

This Authority is also due to shift over to a new database around September-December 2023 which will impact data transfer and online portals etc.

Timely Receipt of Applications

	<p>The final factor to consider is the gap between the publishing of the final version of the regulations (and the guidance) and the time for the application to be submitted. Practitioners will need certainty of the conditions before they can start to complete their application. This will need to be at least 3 – 4 months.</p> <p>Publicity will need to be circulated by Welsh government to ensure widespread knowledge of the commencement of the scheme and who it applies to.</p> <p>It will be necessary to ensure that the application and accompanying documents must be entirely complete before an application is deemed to have been made.</p>
<b>38 - Rachel Edney</b>	9 months is sufficient for a practitioner. Councils will need to confirm that they have the capacity to undertake all the administration and inspections within this time frame. If this is not possible, then practitioners will be unable to work and not be able to provide continuity of care for our patients.
<b>39 - Kate Doble</b>	i think 12 months may be more realistic considering the numbers of practitioners there are in Wales
<b>41 – Anonymous (acupuncture)</b>	3 years
<b>42 - Paul Battersby</b>	No, I think that 9 months is too short a period for the transition. What about people who are on courses training to be an acupuncturist many courses of which are at least two to three years in length.
<b>also</b>	44 - Roy Montgomery; 45 – Anonymous (acupuncture); 46 - Alison Smith; 50 – Anonymous (acupuncture); 52 – Anonymous (acupuncture); 58 – Kate van Rensburg; 60 – Laura Gibbons; 63 – Christine Hutchinson; 64 – Anonymous (acupuncture); 65 – Anonymous (acupuncture); 86 - Suzanne Gregson; 99 - Janis Short; 105 - Daniel Curran.
<b>43 - Acupuncture Association of Chartered Physiotherapists</b>	No, the organization think that 9 months is too short a period for the transition. What about people who are on courses training to be an acupuncturist many courses of which are at least two to three years in length.
<b>48 - Kat Hennes</b>	9 months should be a sufficient transition period.
<b>49 - Di-enw</b>	Na, dylid y cyfnod hwn fod o leiaf 12 mis.
<b>53 - Oliver Todd</b>	Yes this is an appropriate time frame for the change over of those already with an existing licence. As those already registered should have most if not all of the requirements in place.
<b>54 - Lola Slider</b>	No, I think 2 years should be the transition period, 9 months is an incredibly short period of time to accomplish a transition of this nature for all body art practitioners in Wales, the demand on the courses



	suggested as to be required will be high and each person will have to find time to take off work to accomplish these changes. 9 months is enough for one persons situation but to transition hundreds of people more time is needed. Even understanding this document as it's been presented I think would take a least week of reading to properly understand it as a layman.
<b>55 - Aiden Johnson</b>	Yes with a caveat. The entire Welsh population of special procedures applying at once is likely to create a large backlog and a contingency plan for this situation may need to be planned now.
<b>57 - Tamarind Dykes</b>	No Its too short
<b>66 – Gareth Davies</b>	Yes i feel this is enough time
<b>69 - Anonymous</b>	This may be a Q for local authorities in terms of how quickly they will be able to process all the applications they'll receive all at once.
<b>75 - Madeline Boots</b>	No, I think that 9 months is too short a period for the transition. What about people who are on courses training to be an acupuncturist many courses of which are at least two to three years in length. Greater healthcare and acupuncture consultations should occur to address the significant impact this will have within healthcare settings within the private sector.
<b>77 - Mari Macandrew</b>	I believe that the transition period should be longer (12 months), giving account of an adequate application deadline (3? Months) and thus giving the Local Authority a full 12 months to spread the processing of applications, thereby removing the bottle neck every 3 years.
<b>79 - Rhian Mansfield</b>	yes I agree that 9 months is a sufficient transition period for practitioners that are already set up in business as they should already being working to the standards set or very close too.
<b>80 - Anonymous (tattooing)</b>	I believe a nine-month transition period is adequate.
<b>84 - Anonymous</b>	Agree, 9 months is acceptable and reasonable
<b>85 - F Hinds Ltd</b>	No, 12 months as a minimum
<b>88 - Anonymous (acupuncture)</b>	No, I think that 9 months is too short a period for the transition. What about people who are on courses training to be an acupuncturist many courses of which are at least two to three years in length. Greater healthcare and acupuncture consultations should occur to address the significant impact this will have within healthcare settings within the private sector.
<b>90 - Blaenau Gwent County Borough Council</b>	No, we do not agree with the proposed transition period and would like to make the following comments:  The transition period will be reliant on businesses/practitioners submitting their applications in a timely manner.

	<p>As a Local Authority, it is not yet known how long it will take to receive, review, and issue the premises approval certificate/practitioners licence, therefore it is difficult to comment on whether this is a suitable period to allow for the transition.</p> <p>It is suggested that there be a cut-off period within the transition period for applications to be submitted, therefore, giving a guide to premises/practitioners to work towards so that their application can be processed and granted prior to the transition period ending.</p> <p>The availability of Level 2 Infection Prevention and Control courses may impact upon practitioners' ability to apply in time. Welsh Government must ensure that there is enough capacity to process both existing and new applicants.</p> <p>Local Authorities have not been provided with any additional funding to assist with the implementation of this new scheme nor to support practitioners through the transition period with any queries they may have.</p> <p>Local Authorities are already under significant pressure as result of recovery work post Covid-19 pandemic and are also facing substantial future budgetary pressures. This is in addition to ongoing recruitment challenges for appropriately experienced / qualified officers. Due to the specialist nature of this work, it requires experienced officers in this field to undertake the inspection and assessing the competency element of this scheme. In Blaenau Gwent, we do not have Officers whose work is dedicated solely to the skin piercing etc regulation. Therefore, the time period for transition needs to be longer than 9 months and supported by additional funding from Welsh Government to employ and train dedicated staff or to backfill those staff being released from normal duties to facilitate the delivery of the additional workload to process new applications.</p>
<p><b>91 - British Beauty Council</b></p>	<p>Whilst we agree the need to introduce a licensing scheme as soon as reasonably possible for particular treatments and services, it is important to give industry, education providers and enforcers sufficient time to prepare for the requirements set. The Council believes this could take up to 18months in order to ensure robust education standards (and course providers), train staff and ensure industry readiness.</p>

<b>92 - Anonymous (acupuncture)</b>	Yes, assuming the process is easy to apply for with a swift response
<b>94 - National Hair and Beauty Federation</b>	This would appear a reasonable amount of time for businesses to make the adjustment and apply for a new license. However, for business planning purposes, twelve months could enable a business to factor in any additional charges into their business planning and accounts. NHBF is obviously open to using our communications channels to make sure that businesses in Wales are aware of the changes and the timescales for implementation.
<b>95 - Beauty Industry Group - Licensing</b>	We believe a nine months transition period is a sufficient period for, as there is existing educational pathways, standards and regulated qualifications available in these areas.
<b>96 - Beauty Industry Group Chair</b>	We believe a nine months transition period is a sufficient period for, as there is existing educational pathways, standards and regulated qualifications available in these areas.
<b>98 - Inc and Co</b>	Yes, it should be plenty of time.
<b>100 - Anonymous</b>	at least 12-18 months
<b>102 - Dr Di Wu</b>	This period can be too short. Two years transition period is more reasonable.
<b>103 - Anonymous (acupuncture)</b>	Yes this should be enough time, so long as the training courses for Level 2 Infection Prevention and Control are up and running for everyone to get the certificate and do the test.
<b>104 - Anonymous (acupuncture)</b>	No. too short Because more students have to study acupuncture courses at accredited colleges for more than two years.
<b>106 - Anonymous (acupuncture)</b>	No.  The experience of the introduction of the new Licensing systems in Scotland was that some councils found themselves overwhelmed by the number and complexity of applications for the new licences. This had the consequence that a number of previously registered BAcC members were effectively put out of practice for up to six months, and in one case nearly a year when the Licensing Committee took issue with his premises near the end of the transitional process.  An applicant should not risk being penalized if the new system generates problems with processing the large number of new applications. Either the transition period needs to be extended to twelve months or there has to be a safety clause which says something to the effect that 'if an application from an existing registered person/business has been made in good faith in the first three months of the transitional window and has not been processed within the transitional window, the individual or premises may

	<p>continue to operate under existing legislation for an additional three month period after the closure of the transitional window.'</p> <p>This would allow a slightly greater time, and in the case of the second alternative encourage people and business to apply early. In Scotland the general awareness of the new regimen, in spite of the efforts of the Scottish Government and professional associations, was poor, and there was a surge of late applications which jammed the system up in some counties.</p>
<b>107 - BABTAC</b>	We believe a nine months transition period is a sufficient period for, as there is existing educational pathways, standards and regulated qualifications available in these areas.
<b>108 - Anonymous (acupuncture)</b>	No, it's not long enough. Some acupuncture students are studying at accredited colleges / universities which normally takes 2-3 years at least.
<b>109 - Warren Tregidden</b>	6 months
<b>111 - Anonymous (tattooing)</b>	9 months will be enough, providing adequate resources are applied to process all stages of requirement within that time frame.
<b>112 - British Acupuncture Federation</b>	It is proposed that 9 months is too short a transition period. BAF propose at least 12 months is realistic.
<b>113 - Superdrug Ltd</b>	We believe the transition time should be raised to 12 months. This would allow greater time for us as an organisation to adhere to all of the new proposed requirements of the licensing process. We currently have 8 sites that offer piercing within Wales, and feel 12 months would be more suitable to support our people with the additional training and updates to procedures.
<b>116 - Anonymous</b>	12 months
<b>117 - Marnie Williams</b>	I think that 9 months for studios to transition to all required criteria for licensing is probably a little off putting and short a time. A year with regular checks on the premises from the regulating body seems a fair amount of time. Equally the local authorities need to be on board and professional piercers cannot be left inoperable through no fault of their own. For example a backlog of applications exceeding that timeframe deeming studios to not be able to operate, would not be fair or acceptable.
<b>118 - Ann Charlton</b>	No, a longer period is necessary as Acupuncture students study degree 2-3 years at university or accredited colleges.

	many have also completed other lengthy professional study courses such as physiotherapy, nursing and are now adding acupuncture to their professional qualifications.
<b>120 - Anonymous (acupuncture)</b>	No Would 12 months be a better option. Given how many premises across local authorities would need to be informed of the changes and then be required to reapply and undergo inspection, along with new applications. Would 9 months be enough time to allow all of this? Do local authorities have enough staff to facilitate this in 9 months?
<b>122 - Anonymous</b>	I think nine months is a bit tight. If nine months to get the ball rolling from a LA perspective then I think that is doable. Nine months to get every setting licenced is probably unachievable
<b>123 - Anonymous (piercer)</b>	I think that 9 months for studios to transition to all required criteria for licensing is probably a little off putting and short a time. A year with regular checks on the premises from the regulating body seems a fair amount of time. Equally the local authorities need to be on board and professional piercers cannot be left inoperable through no fault of their own. For example a backlog of applications exceeding that timeframe deeming studios to not be able to operate, would not be fair or acceptable.
<b>125 - Becky Crossan</b>	Yes, providing that the members of staff within local authorities have the capacity to complete the work required during this time. As an organisation, we often encounter piercers having to run with expired licences (with permission from their EHO) due to their local authority not having the capacity to re-inspect / renew their licence. With this in mind, we fully support the nine-month transition period, so long as piercers or other practitioners aren't going to suffer as a result of local authority staffing issues / local authorities over being unable to deliver in time.
<b>126 - Rhondda Cynon Taff County Borough Council</b>	This will vary between LA's depending on the number of premises/practitioners. There is an issue around resource and the question of potential funding for LAs to support the trade during transition.  Also, the level of engagement from the trade to get the appropriate licence in a timely manner will impact on the ability of the LA to deal with the workload.  The availability of the level 2 IPC courses could provide a bottleneck and training for enforcement officers.  9 months is probably too short.

<b>132 - Anonymous (piercer)</b>	Yes, providing that the members of staff within local authorities have the capacity to complete the work required during this time. As an organisation, we often encounter piercers having to run with expired licences (with permission from their EHO) due to their local authority not having the capacity to re-inspect / renew their licence. With this in mind, we fully support the nine month transition period, so long as piercers or other practitioners aren't going to suffer as a result of local authority staffing issues / local authorities over being unable to deliver in time.
<b>133 - Anonymous (local authority)</b>	<p>NO.</p> <p>A nine month transition period is not deemed sufficient due to the number of premises / practitioners that will need to be transitioned to the new scheme.</p> <p>The timing of the introduction of these proposals including the preparatory work that will be required in Q3/ Q4 of this financial year co-incides with local Authorities still facing pressures to achieve a backlog of food inspection recovery work for D and E rated premises.</p> <p>This work is unplanned additional work for which there are no additional resources and this will have a direct impact on the ability to deliver other competing statutory functions</p>
<b>136 - Denbighshire County Council</b>	<p>I believe that the transition period should be longer (12-15 months), giving account of an adequate application deadline (3? Months) and thus giving the Local Authority a full 12 months to spread the processing of applications, thereby removing the bottle neck every 3 years.</p> <p>During the transitional period, due to the potential length of time for the first application being submitted and the licence being issued we feel there will be a need for a standard confirmation letter/email for practitioner and premises to show to their client to confirm that a valid application had been submitted to the local authority. This would benefit from being in a standard format.</p>
<b>137 - Lingxia Gao</b>	No, it's too short. Some acupuncture students are studying at accredited colleges and this normally takes 5-6years in China
<b>142 - Anonymous (acupuncture)</b>	No, it is too short. Acupuncture students study at accredited colleges at least 2 years, some maybe 3 to 4 years

<b>143 - Claire's Accessories (second response)</b>	Transition period should be 12 / 18 months to allow under 18's to become of age to continue to pierce under the new legislation as we currently employ under 18's that currently pierce from 16.5 years old. 14 stores to be prepared and onboard to new procedures. Enable robust internal / central office procedures to be re-framed / retrained, longer period allows for greater ability to switch smoothly without unnecessary waste.
<b>144 - Anonymous (piercer)</b>	Yes, providing that the members of staff within local authorities have the capacity to complete the work required during this time. As an organisation, we often encounter piercers having to run with expired licences (with permission from their EHO) due to their local authority not having the capacity to re-inspect / renew their licence. With this in mind, we fully support the nine-month transition period, so long as piercers or other practitioners aren't going to suffer as a result of local authority staffing issues / local authorities over being unable to deliver in time.
<b>145 - Anonymous (tattooing)</b>	Yes, providing that the members of staff within local authorities have the capacity to complete the work required during this time and provided practitioners and businesses aren't going to suffer as a result of local authority staffing issues / local authorities over being unable to deliver in time.
<b>146 - Ming Chu Lok</b>	No, at least a year
<b>152 - Anonymous (tattooing)</b>	I agree
<b>153 - Zhimin Ma</b>	no, if practise acupuncture, at least need 3 years training
<b>also</b>	154 - Anonymous (acupuncture); 155 - Anonymous (acupuncture); 157 - Anonymous (acupuncture); 158 - Anonymous (acupuncture); 160 - Anonymous (acupuncture); 161 - Anonymous (acupuncture); 162 - Anonymous (acupuncture).
<b>159 - H Wong</b>	nine months is not enough, if the applicant has a recognized university degree, it is sufficient to prove that he can engage in the business
<b>164 - Anonymous (tattooing)</b>	I am unsure wether 9 months will be a workable or adequate time frame. Nothing suggests the reasoning behind this time frame as to indicate if it will be.  Does 9 months take into consideration the additional workload that this will create on each LA. Will some form of allowances be made if isnt an adequate time frame, hypothetically what was to happen if i was to apply within the time frame however they were unable to process my application within it, does my current license cease to be sufficient and I am suddenly unable to work.

	I wonder if some form of staggered time frame may more workable, where in 9 months to apply however if they haven't been able to process it within due to workload we may continue to work.
<b>166 - Claire Pritchard</b>	No. As we have not been given any indication of cost, I feel this will be unfair as budgets are already set for the year. Personally I couldn't afford another payment, with increasing electricity prices, stock price increases weekly I would not be able to budget for any extra costs. This licence fee has the potential to stop me practising. I would like to see this set to 2025 as a minimum. Bearing in mind the extra cost for the infection control course, again no idea how much this will be either.
<b>167 - Anonymous (manufacturer)</b>	We would request that the transition time be raised to 12 months from the proposed 9 months. It is not clear why 9 months has been suggested and with the additional training requirements proposed for the licensing process, we believe that a 12 month transition time would allow sufficient time for all practitioners within each business to qualify for the licence application.
<b>169 - Anonymous (tattooing)</b>	<p>A year would be a more adequate time scale. This is due to the possibility of having to carry out remodelling/refurbishing or building/joining work on the premises or even having to move premises. It's likely that some businesses would need to close to carry out modifications, and would need ample opportunity to hire contractors to carry out the work should they need. This work could also prove costly, and most of us are self-employed sole traders who would need time to even earn the money to afford the work, and then be able to afford to close for a period of time to carry out the work with no earnings.</p> <p>Does that nine month period start when this proposal has been agreed upon fully?</p> <p>Furthermore, I would suggest that a grant be made available for every practitioner requiring expensive changes or needing to move to more suitable premises.</p>
<b>172 - Baifang Zhu</b>	No, it's too short.
<b>175 - Anonymous (tattooing)</b>	A full 12 months would be more suitable, especially as this proposal could lead to the possibility of having to carry out remodelling/refurbishing or building/joining work on the premises or even having to move premises. Studios may have to close to carry out changes and modifications and would therefore need time to hire contractors to carry out the work should they need. This work could also prove very costly both physically to do the work and because a lot of artists are self employed and would need to be able to afford to be off work not earning. Does that nine month period start when this proposal has been agreed upon fully?



	I also think a grant should be made available for every practitioner requiring expensive changes or needing to move to more suitable premises.
<b>177/206 - Anonymous (acupuncture)</b>	No, it's too short. Some acupuncture students are studying at accredited colleges and this normally takes 3-4 years.
<b>178 - Minan Yao</b>	No. I believe that a nine-month transition period may not be sufficient for all parties involved to effectively adapt to the new regulations and requirements. To ensure a smoother implementation process, a longer transition period, such as 12 to 18 months, should be considered. This extended timeframe would provide stakeholders with additional time to familiarize themselves with the changes, make necessary adjustments, undergo required training, and address any unforeseen challenges that may arise during the transition. By allowing for a more gradual adaptation process, the likelihood of successful implementation and compliance with the new regulations will be significantly improved.
<b>179 - N Wales Health and Safety Expert Panel</b>	<p>9 months is a very short transition period to deal with existing practitioners / premises.</p> <p>It needs to be clarified how the 9 months will work. The likelihood is that unless required to, applicants will submit applications towards the end of the 9 months rather than throughout the 9 month period. This will lead to a large body of work to be completed by the authorities. It appears that the transition proposal is to allow applications to be made rather than to allow for applications AND processing by the local authorities. Presently, this area of work only forms a very small proportion of the overall workload of the authorities and this new scheme will lead to capacity issues particularly with statutory functions.</p> <p>There needs to be some way to manage this influx of applications to allow Local Authorities time to process and issue licences / certificates in a reasonable and workable timeframe.</p> <p>Our preference would therefore be a longer transition period, a minimum of 12 months, which is clearly split between application deadline and processing for the authorities. The existing registration scheme should therefore remain in force until such time that the new licence is issued by the local authority and not just the date that they apply.</p> <p>This is not an area of work where there are competent contractors and each local authority would be in the same position at the same time so sharing of resources would not be possible either. It will be</p>

	difficult for local authorities to put together a business case for additional resources where the workload is not spread out annually.
<b>183 - Hair and Beauty Industry Authority</b>	We believe a nine months transition period is a sufficient period for, as there is existing educational pathways, standards and regulated qualifications available in these areas.
<b>184 - Nursing and Midwifery Council</b>	We have no comments.
<b>186 - Anonymous (acupuncture)</b>	No, it's too short. Some acupuncture students study at accredited universities, which usually takes 2-3 years
<b>192 - British Register of Complementary Practitioners</b>	Nine months would seem reasonable but individual cases merit individual attention, for example if the cost of a licence were to cause financial hardship, a practitioner may need an extension to the transition period.
<b>194 - Jian Wang</b>	No. It will be too short for acupuncture practitioner and especially for students, who normally taking at least two years course
<b>198 - Isle of Angelsey County Council</b>	<p>9 months is a very short transition period to deal with existing practitioners / premises. In addition, we currently have the 1982 Byelaws in place and will need to license procedure that previously did not require registration. The new procedures will need to be prioritised and they will not be able to practice prior to a licence being issued.</p> <p>It needs to be clarified how the 9 months will work. The likelihood is that unless required to, applicants will submit applications towards the end of the 9 months rather than throughout the 9 month period. This will lead to a large body of work to be completed by the authority. It appears that the transition proposal is to allow applications to be made rather than to allow for applications AND processing by the local authority. Presently, this area of work only forms a very small proportion of the overall workload of the section and this new scheme will lead to capacity issues particularly with statutory functions.</p> <p>There needs to be some way to manage this influx of applications to allow Local Authorities time to process and issue licences / certificates in a reasonable and workable timeframe.</p> <p>Our preference would therefore be a full 18 month transition period which is clearly split between application deadline and processing for the authority. The existing registration scheme should therefore</p>

	<p>remain in force until such time that the new licence is issued by the local authority and not just the date that they apply.</p> <p>This isn't an area of work where there are competent contractors and each local authority would be in the same position at the same time so sharing of resources would not be possible either. It will be difficult to put together a business case for additional resources where the workload is not spread out annually.</p>
<p><b>200 - Anonymous (local authority)</b></p>	<p>NO. At least 12 months will be needed.</p>
<p><b>201 - All Wales Communicable Disease Expert Panel</b></p>	<p>NO. CDEP members feel that 9 months transition time is not sufficient. 12 months was suggested as an option in each response or discussion panel members had. This is a consistent piece of LA feedback.</p> <p>More detail on the transition also needed, in particular:</p> <ul style="list-style-type: none"> <li>• Changes to IT provision, internal procedures within LA's, Engagement Events, Creation of a new work stream ever 3 years are all concerns expressed by LA colleagues.</li> <li>• Guidance on clarity of transition also needed. For example the status of existing registrations, their applicability, and time periods of how and when to apply under the new regulations.</li> <li>• "Creation of a Bow Wave of work" - The two biggest resourcing concerns regarding implementation of the new scheme is firstly that the majority of applications will be made at the end of any deadline. Secondly that there will be a bulk of renewals 3 years later. This makes it difficult for the authority to commit resources on an annual basis for what is a 3-year cycle for the majority.</li> </ul> <p>Timely Receipt of Applications</p> <ul style="list-style-type: none"> <li>• The final factor to consider is the gap between the publishing of the final version of the regulations (and the guidance) and the time for the application to be submitted. Practitioners will need certainty of the conditions before they can start to complete their application. This will need to be at least 3 – 4 months.</li> <li>• Publicity will need to be circulated by Welsh government to ensure widespread knowledge of the commencement of the scheme and who it applies to.</li> <li>• It will be necessary to ensure that the application and accompanying documents must be entirely complete before an application is deemed to have been made.</li> </ul>

	<p>As a Local Authority, it is not yet known how long it will take to receive, review, and issue the premises approval certificate/practitioners licence, therefore it is difficult to comment on whether this is a suitable period to allow for the transition.</p> <p>It is suggested that there be a cut-off period within the transition period for applications to be submitted, therefore, giving a guide to premises/practitioners to work towards so that their application can be processed and granted prior to the transition period ending.</p> <p>The availability of Level 2 Infection Prevention and Control courses may impact upon practitioners' ability to apply in time. Welsh Government must ensure that there is enough capacity to process both existing and new applicants.</p> <p>Local Authorities have not been provided with any additional funding to assist with the implementation of this new scheme nor to support practitioners through the transition period with any queries they may have.</p> <p>Local Authorities are already under significant pressure as result of recovery work post Covid-19 pandemic and are also facing substantial future budgetary pressures. This is in addition to ongoing recruitment challenges for appropriately experienced / qualified officers. Due to the specialist nature of this work, it requires experienced officers in this field to undertake the inspection and assessing the competency element of this scheme. Many Local Authorities do not have Officers whose work is dedicated solely to the skin piercing etc regulation. Therefore, the time period for transition needs to be longer than 9 months and supported by additional funding from Welsh Government to employ and train dedicated staff or to backfill those staff being released from normal duties to facilitate the delivery of the additional workload to process new applications.</p>
<p><b>202 - Health and Safety Expert Panel</b></p>	<p>HSEP expert panel members do not agree that 9 months is a sufficient transition period.</p> <p>There are a number of authorities with a significant number of existing registered practitioners and therefore there may be difficulties being able to carry out inspections of all new licence applications in a 9 month period.</p>

	<p>This work will have to be done alongside other statutory function work and competing priorities, with little scope available for increasing the level of resource for discharging this new function.</p> <p>It is proposed that a 12-month transition period would be more appropriate.</p> <p>Further clarification is also sought from the HSEP in relation to the transition period particularly when 2 schemes may be operating concurrently. If a registered practitioner has submitted a personal licence application, which is being processed, at what point would the LA be able to use the wider enforcement tools in the new licensing regime?</p> <p>It is suggested that there be a cut-off period within the transition period for applications to be submitted, therefore, giving a guide to premises/practitioners to work towards so that their application can be processed and granted prior to the transition period ending.</p> <p>The availability of Level 2 Infection Prevention and Control courses must ensure that there is enough capacity to process both existing and new applicants.</p>
<p><b>203 - Anonymous (acupuncture)</b></p>	<p>Can be longer than 9 months to allow acupuncture students to be introduced to this licensing system.</p>
<p><b>206/177 - Anonymous (acupuncture)</b></p>	<p>No, it's too short. Some acupuncture students are studying at accredited colleges and this normally takes 2-3 years, even 3-4years.</p>
<p><b>209 - Anonymous (acupuncture)</b></p>	<p>No. 3-5 years is better for the transition.</p>
<p><b>211 - British Acupuncture Council</b></p>	<p>This is ultimately a question of local authority resources. Safeguards need to be in place so that no practitioner is disadvantaged because of administrative delay.</p>
<p><b>215 - Shared Regulatory Services</b></p>	<p>SRS do not agree that 9 months is a sufficient transition period.</p> <p>SRS has a significant number of existing registered practitioners and therefore there may be difficulties being able to carry out inspections of all new licence applications in a 9 month period.</p>

	<p>This work will have to be done alongside other statutory function work and competing priorities, with little scope available for increasing the level of resource for discharging this new function.</p> <p>It is proposed that a 12-month transition period would be more appropriate.</p> <p>Further clarification is also sought from the SRS in relation to the transition period particularly when 2 schemes may be operating concurrently. If a registered practitioner has submitted a personal licence application, which is being processed, at what point would the LA be able to use the wider enforcement tools in the new licensing regime?</p> <p>It is suggested that there be a cut-off period within the transition period for applications to be submitted, therefore, giving a guide to premises/practitioners to work towards so that their application can be processed and granted prior to the transition period ending.</p> <p>The availability of Level 2 Infection Prevention and Control courses must ensure that there is enough capacity to process both existing and new applicants.</p>
<p><b>217 - Anonymous (acupuncture)</b></p>	<p>For individual practitioners to do level 2 IPC training, 9 months is sufficient time. If however the proposals involve changing how training is done (e.g. the cessation of 'long arm' supervision for acupuncture), then there would need to be at least one full academic year allowed for those changes to be implemented.</p>
<p><b>219 - Ross Jarvis</b></p>	<p>A year would be a more adequate time scale. This is due to the possibility of having to carry out remodelling/refurbishing or building/joining work on the premises or even having to move premises. It's likely that some businesses would need to close to carry out modifications, and would need ample opportunity to hire contractors to carry out the work should they need. This work could also prove costly, and most of us are self-employed sole traders who would need time to even earn the money to afford the work, and then be able to afford to close for a period of time to carry out the work with no earnings. Does that nine month period start when this proposal has been agreed upon fully? Furthermore, I would suggest that a grant be made available for every practitioner requiring expensive changes or needing to move to more suitable premises</p>
<p><b>220 - Tibetan and Eastern Medicine Association</b></p>	<p>It is proposed that 9 months is too short a transition period. TEMA propose a minimum of 12 months is more realistic.</p>

<p><b>221 - Wrexham County Borough Council</b></p>	<p>No we do not agree. A transition period of between 12-18 months would be preferred.</p> <p>As a Local Authority, when the scheme comes into operation we do not know how long it will take to administer applications so it is hard to comment on this.</p> <p>Transition over to the new scheme will be heavily reliant on businesses/practitioners submitting their applications in a timely manner.</p> <p>We would encourage that in the initial transition period that there be a cut off point where practitioner's / managers need to submit their applications for consideration by the LA.</p>
<p><b>222 - Caerphilly County Borough Council</b></p>	<p>We believe that 9 months would be the minimum requirement for any transitional arrangements in order to allow for inspection / visits to premises, processing of applications. A lesser period should not be considered. We base this opinion based upon our experience with transitional arrangements for other licences ranging from Licensing Act 2003 and Scrap Metal Dealers 2013.</p>
<p><b>224 - Anonymous (piercer)</b></p>	<p>I think that 9 months for studios to transition to all required criteria for licensing is probably a little off putting and short a time. A year with regular checks on the premises from the regulating body seems a fair amount of time. Equally the local authorities need to be on board and professional piercers cannot be left inoperable through no fault of their own. For example a backlog of applications exceeding that timeframe deeming studios to not be able to operate, would not be fair or acceptable.</p>
<p><b>226 - Environmental Health Wales</b></p>	<p>NO. CDEP and HSEP members feel that 9 months transition time is not sufficient. 12 months was suggested as an option in each response or discussion panel members had. This is a consistent piece of LA feedback. LEP also indicate 9 months is the absolute minimum time period that could be allowed.</p> <p>CDEP, HSEP and LEP also outline some detail needed on the transition also needed, in particular:</p> <ul style="list-style-type: none"> <li>• Changes to IT provision, internal procedures within LA's, Engagement Events, Creation of a new work stream ever 3 years are all concerns expressed by LA colleagues.</li> <li>• Guidance on clarity of transition also needed. For example the status of existing registrations, their applicability, and time periods of how and when to apply under the new regulations.</li> <li>• "Creation of a Bow Wave of work" - The two biggest resourcing concerns regarding implementation of the new scheme is firstly that the majority of applications will be made at the end of any deadline.</li> </ul>

Secondly that there will be a bulk of renewals 3 years later. This makes it difficult for the authority to commit resources on an annual basis for what is a 3-year cycle for the majority.

#### Timely Receipt of Applications

- The final factor to consider is the gap between the publishing of the final version of the regulations (and the guidance) and the time for the application to be submitted. Practitioners will need certainty of the conditions before they can start to complete their application. This will need to be at least 3 – 4 months.
- Publicity will need to be circulated by Welsh government to ensure widespread knowledge of the commencement of the scheme and who it applies to.
- It will be necessary to ensure that the application and accompanying documents must be entirely complete before an application is deemed to have been made.

As a Local Authority, it is not yet known how long it will take to receive, review, and issue the premises approval certificate/practitioners licence, therefore it is difficult to comment on whether this is a suitable period to allow for the transition.

There are a number of authorities with a significant number of existing registered practitioners and therefore there may be difficulties being able to carry out inspections of all new licence applications in a 9 month period.

It is suggested that there be a cut-off period within the transition period for applications to be submitted, therefore, giving a guide to premises/practitioners to work towards so that their application can be processed and granted prior to the transition period ending.

The availability of Level 2 Infection Prevention and Control courses may impact upon practitioners' ability to apply in time. Welsh Government must ensure that there is enough capacity to process both existing and new applicants.



	<p>Local Authorities have not been provided with any additional funding to assist with the implementation of this new scheme nor to support practitioners through the transition period with any queries they may have.</p> <p>Local Authorities are already under significant pressure as result of recovery work post Covid-19 pandemic and are also facing substantial future budgetary pressures. This is in addition to ongoing recruitment challenges for appropriately experienced / qualified officers. Due to the specialist nature of this work, it requires experienced officers in this field to undertake the inspection and assessing the competency element of this scheme. Many Local Authorities do not have Officers whose work is dedicated solely to the skin piercing etc regulation. Therefore, the time period for transition needs to be longer than 9 months and supported by additional funding from Welsh Government to employ and train dedicated staff or to backfill those staff being released from normal duties to facilitate the delivery of the additional workload to process new applications.</p>
<b>229 - Anonymous (tattooing)</b>	<p>No</p> <p>18 months is needed we are talking about people's business and livelihood. There needs to be clear standards set. Good provision of training, including online training for people either disabled or living in remote areas.</p>
<b>231 - Anonymous (acupuncture)</b>	<p>Ideally 12 months.</p>
<b>232 - Kat Webb</b>	<p>I think 9 months is unrealistic, bearing in mind the delays to the roll out even for the proposal for these changes (all be it COVID affected). There are hundreds of studios and thousands of practitioners across Wales and I don't think the LA's will be able to deal with the current registrations within 9 months, let alone any new applicants that won't be able to even practise until licenced once Part 4 becomes active. As long as the work is able to be completed by the LA's so that current practitioners are not 'put out of work' through no fault of their own due delays with paperwork then a transitional period of 12 months may be more attainable.</p>
<b>233 - UKAPP</b>	<p>Yes, providing that the members of staff within local authorities have the capacity to complete the work required during this time. As an organisation, we often encounter piercers having to run with expired licences (with permission from their EHO) due to their local authority not having the capacity to re-inspect / renew their licence. With this in mind, we fully support the nine month transition period, so long as</p>

	<p>piercers or other practitioners aren't going to suffer as a result of local authority staffing issues / local authorities over being unable to deliver in time.</p>
<b>also</b>	<p>82 - Anonymous (piercer); 83 - Anonymous (piercer); 87 - Anonymous (piercer); 124 - Anonymous (piercer); 127 - Anonymous (piercer); 128 - Anonymous (piercer); 129 - Anonymous (piercer); 130 - Anonymous (piercer); 131 - Anonymous (piercer); 149 - Anonymous (piercer); 150 - Anonymous (piercer); 151 - Anonymous (piercer); 173 - Anonymous (piercer); 176 - Anonymous (piercer); 195 - Anonymous (piercer); 204 - Anonymous (piercer); 207 - Anonymous (piercer); 234 - Anonymous (piercer); 250 - Anonymous (piercer).</p>
<b>236 - Jing Ding</b>	<p>No. I hope the exemption can be continue.</p>
<b>237 - Pinyi</b>	<p>No ,it's too short .Some acupuncture students are studying are at accelerated colleges and this normally takes 2-3 years.</p>
<b>238/239 - Institute of Licensing</b>	<p>IoL support LEP members response that 9 months is the minimum transition period which will be required. A longer transition period may be appropriate given the likely scale of work to bring existing and new practitioners, premises and vehicles within the new licensing regime.</p> <p>The experience with the transition under the LA2003, was that many existing licence holders made their application towards the end of the transition period, resulting in an overwhelming volume of applications to be processed in a relatively short time. A 'cut-off' date within the transition period for applications to be submitted would be helpful in allowing time for applications to be processed and granted prior to the transition period ending.</p> <p>LEP members have expressed concerns in relation to the transition and the need for detailed information, including:</p> <ul style="list-style-type: none"> <li>• Changes to IT provision, internal procedures within LA's, Engagement Events, Creation of a new work stream every 3 years are all concerns expressed by LA colleagues.</li> <li>• Guidance on clarity of transition also needed. For example the status of existing registrations, their applicability, and time periods of how and when to apply under the new regulations.</li> <li>• "Creation of a Bow Wave of work" - The two biggest resourcing concerns regarding implementation of the new scheme is firstly that the majority of applications will be made at the end of any deadline. Secondly that there will be a bulk of renewals 3 years later. This makes it difficult for the authority to commit resources on an annual basis for what is a 3-year cycle for the majority.</li> </ul>

	<p>Timely Receipt of Applications</p> <ul style="list-style-type: none"> <li>• The final factor to consider is the gap between the publishing of the final version of the regulations (and the guidance) and the time for the application to be submitted. Practitioners will need certainty of the conditions before they can start to complete their application. This will need to be at least 3 – 4 months.</li> <li>• Publicity will need to be circulated by Welsh government to ensure widespread knowledge of the commencement of the scheme and who it applies to.</li> <li>• It will be necessary to ensure that the application and accompanying documents must be entirely complete before an application is deemed to have been made.</li> </ul> <p>The availability of Level 2 Infection Prevention and Control courses may impact upon practitioners' ability to apply in time. Welsh Government must ensure that there is enough capacity to process both existing and new applicants.</p> <p>Local Authorities have not been provided with any additional funding to assist with the implementation of this new scheme nor to support practitioners through the transition period with any queries they may have.</p> <p>Local Authorities are already under significant pressure as result of recovery work post Covid-19 pandemic and are also facing substantial future budgetary pressures. This is in addition to ongoing recruitment challenges for appropriately experienced / qualified officers. Due to the specialist nature of this work, it requires experienced officers in this field to undertake the inspection and assessing the competency element of this scheme. Many Local Authorities do not have Officers whose work is dedicated solely to the skin piercing etc regulation. Therefore, the time period for transition needs to be longer than 9 months and supported by additional funding from Welsh Government to employ and train dedicated staff or to backfill those staff being released from normal duties to facilitate the delivery of the additional workload to process new applications.</p>
<p><b>241 - Anonymous (tattooing)</b></p>	<p>9 months is a little short for some rural studios who come under local authorities ,without the workforce to apply regulatory changes within the framework.</p>

<b>243 - Anonymous (acupuncture)</b>	No. I believe that a nine-month transition period may not be sufficient for all parties involved to effectively adapt to the new regulations and requirements. To ensure a smoother implementation process, a longer transition period, such as 12 to 18 months, should be considered. This extended timeframe would provide stakeholders with additional time to familiarise themselves with the changes, make necessary adjustments, undergo required training, and address any unforeseen challenges that may arise during the transition. By allowing for a more gradual adaptation process, the likelihood of successful implementation and compliance with the new regulations will be significantly improved.
<b>244 - Anonymous (acupuncture)</b>	No, 24 months will be better
<b>245 - Anonymous (acupuncture)</b>	No, it is too short. some acupunctures are studying at accredited colleges and this normally takes 2-3 years.
<b>246 - Ke Xia Xu</b>	No, it is too short. usually acupuncture students are studying at accredited colleges 2-3 years.
<b>247 - Anonymous (acupuncture)</b>	No. It's not long enough. Acupuncture learner needs couple of years.
<b>248 - Anonymous (acupuncture)</b>	No. It should be taking longer, about 2 - 3 years.
<b>249 – Association of Traditional Chinese Medicine</b>	No, it's too short. Some acupuncture students are studying at accredited colleges and this normally takes 2-3 years.
<b>also</b>	51 - Alison Williams; 67 - Anonymous (acupuncture); 68 - Anonymous (acupuncture); 70 - Anonymous (acupuncture); 72 - Anonymous (acupuncture); 101 - Anonymous (acupuncture); 110 - Anonymous (acupuncture); 114 - Anonymous (acupuncture); 115 -Jing Wang ; 134 - Anonymous (acupuncture); 138/139 - Wang Chen ; 141 - Na Yang; 156 - Cui Hong Duan; 165 - Qikan Yin ; 170 - Yuancai Fu; 171 - Yan Jing Wang; 174 - Phoebe Deng ; 188 - Anonymous (acupuncture); 190 - Anonymous (acupuncture); 191 - Anonymous (acupuncture); 193 - Dr Jianrui Wang; 196 - Anonymous (acupuncture); 197 - Anonymous (acupuncture); 205 - Lulu Dai; 208 - Zheng Yuan Zhong ; 210 - Li Yan; 213 - Min Li; 223/140 - Xianghui Guo; 225 - Jun Wen Ma ; 235 - Anonymous (acupuncture); 240 - Shu Li Lu; 242 - Anonymous (acupuncture).
<b>252 - Torfaen County Borough Council</b>	No. A 9-month transition time is not sufficient, a minimum of 12 months is preferred. Additional detail on the transition is also required, in particular:

- Changes to IT provision, internal procedures, engagement events, creation of a new workstream over 3 years are all a concern.
- Guidance on clarity of transition is also needed. For example, the status of existing registrations, their applicability, and time periods of how and when to apply under the new regulations.
- “Creation of a Bow Wave of work” - the two biggest resourcing concerns for TCBC are regarding implementation of the new scheme. Firstly, that most applications are likely to be made at the end of any deadline. Secondly, that there will be a bulk of renewals 3 years later. This makes it difficult for the authority to commit resources on an annual basis for what is a 3-year cycle for the majority. Could a staggered risk-based approach to application in the initial year be considered, for example tattooing in the first quarter (April-June), body piercing in the second quarter, acupuncture and electrolysis in the third quarter and ear piercing in the final quarter?

#### Timely Receipt of Applications.

- The final factor to consider is the gap between the publishing of the final version of the regulations (and the guidance) and the time for the application to be submitted. Practitioners will need certainty of the conditions before they can start to complete their application. This will need to be at least 3 – 4 months.
- Publicity will need to be circulated by Welsh Government to ensure widespread knowledge of the commencement of the scheme and who it applies to.
- It will be necessary to ensure that the application has been completed, fee paid and accompanying documents provided before an application is deemed to have been made. A timeline for the application process with a checklist, like those that routinely accompany passport applications, would be useful for both LAs and businesses.

As a LA, it is not yet known how long it will take to receive, review, and issue the premises approval certificate / practitioner’s licence. Therefore, it is difficult to comment on whether this is a suitable period to allow for the transition.

It is suggested that there be a cut-off time within the transition period for applications to be submitted. Therefore, giving a guide to premises / practitioners to work towards, so that their application can be processed and granted prior to the transition period ending.

	<p>The availability of Level 2 Infection Prevention and Control courses may impact upon practitioners' ability to apply in time. Welsh Government must ensure that there is enough capacity to process both existing and new applicants.</p> <p>LAs have not been provided with any additional funding to assist with the implementation of this new scheme, nor to support practitioners through the transition period with any queries they may have.</p> <p>LAs are already under significant pressure because of recovery work post Covid-19 pandemic and are also facing substantial future budgetary pressures. This is in addition to ongoing recruitment challenges for appropriately experienced / qualified officers. Due to the specialist nature of this work, it requires experienced officers in this field to undertake the inspection and assessing the competency element of this scheme. Many LAs do not have officers whose work is dedicated solely to the skin piercing etc regulation. Therefore, the time for transition needs to be longer than 9 months and supported by additional funding from Welsh Government to employ and train dedicated staff or to backfill those staff being released from normal duties to facilitate the delivery of the additional workload to process new applications.</p>
<p><b>254 - Swansea Council</b></p>	<p>NO.</p> <p>Since 2019 Swansea Council has registered 66 skin piercing premises and 116 skin piercing operators which will need to apply for a licence under the new arrangements.</p> <p>There may also be approximately another 60 previously registered skin piercing premises, which could also require licencing under the new arrangements. The exact number is unknown as there is no requirement under the existing regulations for operators and premises to notify the local authority when they cease trading.</p> <p>Resource wise there are two inspecting officers which spend approximately 1/3 of their time on special procedures and a shared admin resource which receipt and log applications. It is not envisaged that any additional resources will be committed to special procedures.</p>

	Taking into consideration the comments above it is envisaged that a transitional period of 12 months would be more sufficient.
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<b>Question 4: Do you agree that the proposed minimum age for applicants for special procedure licences is appropriate?</b>	
<b>'Yes' response</b>	1/35 - Anonymous (acupuncture); 3 - Guild of Beauty Therapists; 4 – Anonymous; 6 – Anonymous; 9 – Anonymous; 12 – Anonymous; 14 – Cheryl Drew; 17 – Anonymous; 18 – Anonymous; 22 – Sally Hickenson; 23 – Anonymous; 26 – Joint Council of Cosmetic Practitioners; 27 – Clare’s European Services; 28 – Anonymous; 29 – Shan MacVicar; 30 – Anonymous; 34 – James Ogle; 39 – Kate Doble; 40 – Anonymous (acupuncture); 47 – Anonymous; 49 – Di-enw; 55 – Aiden Johnson; 56 – British Medical Acupuncture Society; 61 – Anonymous (acupuncture); 69 – Anonymous (acupuncture); 74 – Anonymous (SPM); 77 – Mari Macandrew; 78 – Anonymous (acupuncture); 81 – Gemma Kingston; 84 – Anonymous; 91 – British Beauty Council; 92 – Anonymous (acupuncture); 93 – Royal College of Midwives; 100 – Anonymous; 109 – Warren Tregidden; 116 – Anonymous; 120 – Anonymous (acupuncture); 122 – Anonymous; 125 – Becky Crossan; 144 – Anonymous (piercer); 145 – Anonymous (acupuncture); 152 – Anonymous (tattooing); 163 – Anonymous (tattooing); 168 – Anonymous (tattooing); 169 – Anonymous (tattooing); 175 – Anonymous (tattooing); 209 – Anonymous (acupuncture); 212 – Save Face; 216 – Age Cymru; 217 – Anonymous (acupuncture); 219 – Ross Jarvis; 227 – Anonymous; 230 – Anonymous (charitable organisation); 241 – Anonymous (tattooing).
<b>'No' response</b>	none
<b>Left blank</b>	5 – Anonymous (acupuncture); 24 – Anonymous; 25 – David Carlisle; 59 – Josh Cranton; 62 - Anonymous; 89 – Rachel Bowen; 121 – National AIDS Trust; 186 – Anonymous (acupuncture); 189 – Baidong Li.
<b>'Agree'</b>	15 – Anonymous (acupuncture); 20 – Duncan Reed; 51 – Alison Williams; 57 – Tamarind Dykes; 67 – Anonymous (acupuncture); 68 – Anonymous (acupuncture); 70 – Anonymous (acupuncture); 72 – Anonymous (acupuncture); 101 – Anonymous (acupuncture); 102 – Dr Di Wu; 108 – Anonymous (acupuncture); 110 – Anonymous (acupuncture); 114 – Anonymous (acupuncture); 115 – Jing Wang; 134 – Anonymous (acupuncture); 135 – Anonymous (tattooing); 138/139 – Wang Chen; 141 – Na Yang; 142 – Anonymous (acupuncture); 156 – Cui Hong Duan; 165 – Qikan Yin; 170 – Yuancai Fu; 171 – Yan Jing Wang; 174 – Phoebe Deng; 177/206 – Anonymous (acupuncture); 178 – Minan Yao; 188 – Anonymous (acupuncture); 190 – Anonymous (acupuncture); 191 – Anonymous (acupuncture); 193 – Dr Jianrui Wang; 194 – Jian Wang; 196 – Anonymous (acupuncture); 197 – Anonymous (acupuncture); 203 – Anonymous (acupuncture); 205 – Lulu Dai; 208 – Zheng Yuan Zhong; 210 – Li Yan; 211 – British Acupuncture Council; 213 – Min Li; 223/140 – Xianghui Guo; 225 – Jun Wen Ma; 235 – Anonymous (acupuncture); 236 – Jing Ding; 237 - Pinyi; 240 – Shu Li Liu; 242 – Anonymous (acupuncture); 243 –



	Anonymous (acupuncture); 244 – Anonymous (acupuncture); 245 – Anonymous (acupuncture); 246 – Ke Xia Xu; 247 – Anonymous (acupuncture); 248 – Anonymous (acupuncture); 249 – Association of Traditional Chinese Medicine.
<b>'yes, I agree' (or minor variant)</b>	104 – Anonymous (acupuncture); 118 - Ann Charlton; 153 – Zhimin Ma; 154 – Anonymous (acupuncture); 155 – Anonymous (acupuncture); 157 – Anonymous (acupuncture); 158 – Anonymous (acupuncture); 160 – Anonymous (acupuncture); 161 – Anonymous (acupuncture); 162 – Anonymous (acupuncture); 231 – Anonymous (acupuncture).
<b>2 - Anonymous</b>	No comment
<b>8 - Anonymous</b>	Anyone qualified can apply. Qualification courses can be accessed by 16 year olds. Is the course 9 months long?
<b>10 - Anonymous</b>	18 years old should be the minimum
<b>11 - Katie</b>	Yes there should be a minimum age
<b>16 - Sarah Swaysland</b>	<p>From a personal perspective, I welcome the proposal that all practitioners involved with special procedures are aged 18 or above, particularly where there are existing age restrictions for the clients having the special procedure (tattooing, intimate piercing). However, this restriction may impact on retailers such as [brand name redacted] and [brand name redacted] who may train Saturday staff (aged 16 or 17) to undertake ear piercing with a gun. Industry may be keen for a risk assessed approach for activities such as ear lobe/nose piercing with a piercing gun.</p> <p>The minimum age restriction may also impact on apprenticeship style training schemes or formal training courses where live models are used. Whilst the licensing scheme applies to practitioners operating 'in the course of a business', this has not been defined in the Act. Is there any case law that would impact the implied and natural meaning of 'in the course of a business'?</p>
<b>19 - Kim Eldridge</b>	Yes. I consider 18 appropriate.
<b>21 - Anonymous</b>	Yes, 18
<b>31 - Chartered Institute of Environmental Health</b>	<p>Yes. The CIEH previously strongly argued that the minimum age for being able to have an intimate piercing should be 18 years of age.</p> <p>We are of the view that practitioners performing body modification are at the same risk of sexual predation as those having the treatments, and for the same reason argue that 18 years of age should be the minimum age for applicants. This is consistent with the National Careers Service and Tattoo Training</p>

	<p>Academy, both organisations setting that 18 years of age as an entry requirement.</p> <p>We recognise that there may be some individual currently practising who are under the age of 18 years who will, as we oppose the idea of acquired rights be stopped from practising until they reach the age of 18. We suggest that such individual should be given apprentice or trainee status until they reach 18 years of age. This will only be a short term requirement as the number of individuals falling into this group is likely to be small.</p>
<b>32 - Anonymous (tattooing)</b>	Yes we agree with this.
<b>33 - Carla Evans</b>	I think it should be minimum 21 years.
<b>36 - Kelly Griffiths</b>	y
<b>37 – Anonymous (local authority)</b>	Yes, although the possibility that the trainee license could start from 17 should be considered.
<b>38 - Rachel Edney</b>	18 years is appropriate
<b>41 - Anonymous</b>	18
<b>43 - Acupuncture Association of Chartered Physiotherapists</b>	Yes, fully agree.
<b>also</b>	42 – Paul Baattersby; 44 – Roy Montgomery; 45 – Anonymous (acupuncture); 46 – Alison Smith; 50 – Anonymous (acupuncture); 52 – Anonymous (acupuncture); 58 – Kate van Rensburg; 60 – Laura Gibbons; 63 – Christine Hutchinson; 64 – Anonymous (acupuncture); 65 – Anonymous (acupuncture); 75 – Madeline Boots; 86 – Suzanne Gregson; 88 – Anonymous (acupuncture); 99 – Janis Short; 105 – Daniel Curran.
<b>48 - Kat Henness</b>	I strongly agree that the minimum age for Special Procedure Licenses should be 18. This will help young people to avoid being taken advantage of by predatory studios (both physically and financially) and prevent young people from being exposed to an adult environment.
<b>53 - Oliver Todd</b>	This is an appropriate age for those applying for a licence yes. I would also state that any new applications should be made under the trainee licence to begin with to cut out those that are not trained gaining a "full" licence straight away.
<b>54 - Lola Slider</b>	Yes I think that's appropriate
<b>66 – Gareth Davies</b>	No

	<p>I think it should be lower a student can qualify from a level 3 sports massage qual then go onto their level 4 sports massage that allows them to go on an acupuncture/ dry needling course.</p> <p>i would lower it to 17</p>
<b>73 - Clare Robinson-Campbell</b>	Yez
<b>79 - Rhian Mansfield</b>	I think the minimum age to obtain a full licence should be higher as at 18 years old they may not have had and should not have had any training before then this age. Perhaps 18 years should be the minimum age for a trainee licence and 20 years for a full licence, thus ensuring they have had a minimum of 2 years on the job training.
<b>80 - Anonymous (tattooing)</b>	I agree that the minimum age of 18 is appropriate. I know piercers have mentioned it should be lower. However, I disagree and the application age of 18 should be maintained. We are carrying out our special procedures on adults; yes, some piercings can be carried out on those younger than 18 but I feel we should set a professional standard for our level of responsibility and expertise.
<b>85 - F Hinds Ltd</b>	From a company perspective, we generally require our piercers to be 18 years old in line with our consumer policy. We seldom have any member of staff applying for training below that age due to the demographic of our workforce. However, we have no specific objection to an age limit of 16 and above.
<b>90 - Blaenau Gwent County Borough Council</b>	<p>Yes, we agree with this proposal</p> <p>Some of the procedures have age restrictions applied (tattooing and intimate piercing), therefore an age restriction should be applied for the practitioners.</p>
<b>94 - National Hair and Beauty Federation</b>	<p>Do you agree that the proposed minimum age for applicants for special procedure licences is appropriate?</p> <p>Yes, we agree with this decision and the other criteria listed at paragraph 6.6 in order to qualify to be a practitioner. This mirrors the NHBF Qualifications and age restrictions factsheet and industry guidelines, as a learner must have completed the training at level 3. We are also intending to work with the Federation of Holistic Therapists (FHT) and British Institute and Association of Electrolysis (BIAE) as part of the Beauty Industry Group (BIG), to develop similar information for other treatment areas, which will be freely available.</p>

We would envisage for epilation that the practitioner would be required to hold a prerequisite of a regulated qualification as detailed on page 16 of the NHBF Qualifications and age restrictions factsheet:

**YOU MUST HAVE AN NVQ OR EQUIVALENT QUALIFICATION AT THE SPECIFIED LEVEL TO OFFER THESE TREATMENTS - Level 3 beauty therapy\* including electrical epilation or equivalent qualification.**

**REQUIREMENTS & ANY QUALIFICATIONS YOU MUST ALREADY HAVE TO START TRAINING (PREREQUISITES) - NVQ level 2 beauty therapy or equivalent qualification.**

For Microblading the practitioner would be required to hold a prerequisite of a regulated qualification as detailed on page 14 of factsheet.

**YOU MUST HAVE AN NVQ OR EQUIVALENT QUALIFICATION AT THE SPECIFIED LEVEL TO OFFER THESE TREATMENTS Level 4 microblading qualification\* NVQ level 3 beauty therapy\* and level 4 manufacturer's training in microblading.**

**REQUIREMENTS & ANY QUALIFICATIONS YOU MUST ALREADY HAVE TO START TRAINING (PREREQUISITES) NVQ level 3 beauty therapy\* or equivalent qualification.**

For Micropigmentation (semi-permanent make-up) the practitioner would be required to hold a prerequisite of a regulated qualification as detailed on page 13 of factsheet.

**LEVEL 4 - Micro-pigmentation**

**YOU MUST HAVE AN NVQ OR EQUIVALENT QUALIFICATION AT THE SPECIFIED LEVEL TO OFFER THESE TREATMENTS Level 4 micro-pigmentation\* qualification or equivalent NVQ level 3 beauty therapy\* and level 4 manufacturer's training in skin micropigmentation.**

**REQUIREMENTS & ANY QUALIFICATIONS YOU MUST ALREADY HAVE TO START TRAINING (PREREQUISITES) NVQ level 3 beauty therapy\* or equivalent qualification.**

	<p>LEVEL 5 - Advanced micro-pigmentation and skin rejuvenation techniques</p> <p>YOU MUST HAVE AN NVQ OR EQUIVALENT QUALIFICATION AT THE SPECIFIED LEVEL TO OFFER THESE TREATMENTS Level 5 micro-pigmentation* qualification or equivalent NVQ level 3 beauty therapy* and level 5 manufacturer's training in skin micropigmentation.</p> <p>REQUIREMENTS &amp; ANY QUALIFICATIONS YOU MUST ALREADY HAVE TO START TRAINING (PREREQUISITES) Level 4 micro-pigmentation qualification* or equivalent qualification NVQ level 3 beauty therapy* and level 4 manufacturer's training in skin micropigmentation.</p>
<b>95 - Beauty Industry Group - Licensing</b>	Yes, the proposed minimum age for applicants for special procedure licences is appropriate.
<b>96 - Beauty Industry Group Chair</b>	Yes, the proposed minimum age for applicants for special procedure licences is appropriate.
<b>98 - Inc and Co</b>	Yes,18, as the age of consent is also 18 in most cases.
<b>103 - Anonymous (acupuncture)</b>	Yes although I think could be a trainee from 16.
<b>106 - Anonymous (acupuncture)</b>	Entirely. From an acupuncture perspective, which is the only one from which I am able to comment, there would be very little realistic possibility that a practitioner could have acquired the necessary training before this age. However, in apprentice systems this could apply, and my personal view is that someone needs to be old enough to have gained a level of professional maturity before being allowed to take responsibility for another person's health and well-being. 18 itself might be a little young, but has become the new benchmark age for a number of major decisions.
<b>107 - BABTAC</b>	Yes, the proposed minimum age for applicants for special procedure licences is appropriate.
<b>111 - Anonymous (tattooing)</b>	18 is a sensible minimum age requirement.
<b>112 - British Acupuncture Federation</b>	Yes. All BAF acupuncturists are over the age of 18 given the length of their training. It is impossible to qualify as a BAF acupuncturist under that age given the training. BAF members have completed Level 5 and 6 degree level and masters degrees.
<b>113 - Superdrug Ltd</b>	At Superdrug we only carry out Cosmetic Piercing on the ear and nose only using a medical device not a needle. Therefore we suggest that the age for Cosmetic piercing is set at 16 years old. This is consistent

	with current practice in Wales and the rest of the UK. As a retailer we employ from the age of 16 and feel this is a component age to carry our Cosmetic piercing using a medical device.
<b>117 - Marnie Williams</b>	Yes. 18 years old is a suitable and mature enough age to apply for this profession. This mirrors other professions where wound creation and infection control are part of the role, such as nursing. It is also an age which is far more likely to be insurable.
<b>123 - Anonymous (piercer)</b>	Yes. 18 years old is a suitable and mature enough age to apply for this profession. This mirrors other professions where wound creation and infection control are part of the role, such as nursing. It is also an age which is far more likely to be insurable.
<b>126 - Rhondda Cynon Taff County Borough Council</b>	Yes. 18 years is appropriate for such procedures.
<b>132 - Anonymous (piercer)</b>	No, I think 14-17 year olds are more than capable of receiving and taking care of any non intimate piercing as long as a parent or guardian is present and both parties supply valid photographic ID.
<b>133 - Anonymous (local authority)</b>	YES.  18 years old for eligibility for a special procedure license is appropriate.
<b>136 - Denbighshire County Council</b>	Yes. However, some allowance within the Regulation may need to be considered for those completing any vocational qualification in college who maybe only be 17 year of age on qualifying, this would however only be for a short period of time prior to their 18th birthday. Could this work similar to Q3 above in that a valid application had been obtained and that they were within say 3 months of turning 18.
<b>137 - Lingxia Gao</b>	yes, agree
<b>143 - Claire's Accessories (second response)</b>	For some of the special treatments, the minimum age of 18 is appropriate but for cosmetic piercing with a medical device currently the minimum age is 16 years old without parental consent which falls in line with school leavers following vocational careers into beauty services and college courses, the current age should remain for this type of piercing with a medical device both for lobe and cartilage piercing.
<b>146 - Ming Chu Lok</b>	I think 16 would be more appropriate
<b>159 - H Wong</b>	dis agree
<b>164 - Anonymous (tattooing)</b>	I have no issues with a minimum age for applicants due to the nature and intimacy of certain special procedures.
<b>166 - Claire Pritchard</b>	yes, as part of insurance guidelines these are covered here.

<b>167 - Anonymous (manufacturer)</b>	For some of the special treatments, the minimum age of 18 years is appropriate given the intimate nature and sensitivity when speaking with the client, however for Cosmetic Piercing (using a cartridge system), as a standard the minimum age has been 16 years old. This is in line with the service of ear and nose piercing with an instrument being mostly an ancillary service offered in beauty salon premises as well as retailers and sometimes offered as additional industry training in Higher Education settings for hair and beauty students.
<b>172 - Baifang Zhu</b>	I agree.
<b>179 - N Wales Health and Safety Expert Panel</b>	Yes - however, the minimum age restriction may impact on apprenticeship style training schemes or formal training courses where live models are used. Whilst the licensing scheme applies to practitioners operating 'in the course of a business', this has not been defined in the Act.
<b>183 - Hair and Beauty Industry Authority</b>	Yes, the proposed minimum age for applicants for special procedure licences is appropriate.
<b>184 - Nursing and Midwifery Council</b>	We have no comments.
<b>192 - British Register of Complementary Practitioners</b>	Yes, agreed
<b>198 - Isle of Angelsey County Council</b>	Yes - however, the minimum age restriction may impact on apprenticeship style training schemes or formal training courses where live models are used. Whilst the licensing scheme applies to practitioners operating 'in the course of a business', this has not been defined in the Act.
<b>200 - Anonymous (local authority)</b>	YES. 18 years old to apply for and practice is appropriate.
<b>201 - All Wales Communicable Disease Expert Panel</b>	YES. CDEP members outlined 18 is the suitable age, though some members considered a trainee license and therefore supervised training occurring from the age of 17 onwards.
<b>202 - Health and Safety Expert Panel</b>	The HSEP agree that 18 is a suitable age.

	However, the minimum age restriction may impact on apprenticeship style training schemes or formal training courses where live models are used. Whilst the licensing scheme applies to practitioners operating 'in the course of a business', this has not been defined in the Act.
<b>215 - Shared Regulatory Services</b>	SRS agree that 18 is a suitable age.  However, the minimum age restriction may impact on apprenticeship style training schemes or formal training courses where live models are used. Whilst the licensing scheme applies to practitioners operating 'in the course of a business', this has not been defined in the Act.
<b>220 - Tibetan and Eastern Medicine Association</b>	Yes. All TEMA acupuncturists are over the age of 18 given the length of their training. It is impossible to qualify as a TEMA acupuncturist under that age given the training. TEMA members have to complete training to Level 5 and 6, degree level and masters degrees.
<b>221 - Wrexham County Borough Council</b>	Yes we agree, however would need to consider the implications of beauty students for example undertaking a 2-year course who finish their course before they turn 18.
<b>222 - Caerphilly County Borough Council</b>	We would agree that the Age of 18 would be appropriate given the nature of some of the Procedures. We note within 9.13 of the Consultation Document that trainees within colleges on regulated course have been considered.
<b>224 - Anonymous (piercer)</b>	Yes. 18 years old is a suitable and mature enough age to apply for this profession. This mirrors other professions where wound creation and infection control are part of the role, such as nursing. It is also an age which is far more likely to be insurable
<b>226 - Environmental Health Wales</b>	YES. CDEP, HSEP and LEP Panel Members outlined 18 is the suitable age, though some members considered a trainee license and therefore supervised training occurring from the age of 17 onwards. LEP raise the valid observation of ensuring those enrolled on college or other courses are considered.
<b>229 - Anonymous (tattooing)</b>	Yes 18 Please don't allow college tattoo courses, look very carefully at tattoo schools as they have provide a real nightmare in the USA with young people being swindled out of a lot of money and clients given substandard tattoos.  Tattooing is much more than a pretty drawing on skin. The whole ethos and client management takes years of experience to deal with.
<b>232 - Kat Webb</b>	Yes - as to receive some of the special procedures there is also a minimum age of 18.



<b>233 - UKAPP</b>	Yes. One UKAPP board member once found themselves working in a studio early in their career where studio owners allowed under 10's to practise, and we are genuinely thrilled to see a mandatory minimum age of 18 being introduced. This mirrors other professions where wound creation and infection control are part of the role, such as nursing. It is also an age which is far more likely to be insurable.
<b>also</b>	82 - Anonymous (piercer); 83 - Anonymous (piercer); 87 - Anonymous (piercer); 124 - Anonymous (piercer); 127 - Anonymous (piercer); 128 - Anonymous (piercer); 129 - Anonymous (piercer); 130 - Anonymous (piercer); 131 - Anonymous (piercer); 149 - Anonymous (piercer); 150 - Anonymous (piercer); 151 - Anonymous (piercer); 173 - Anonymous (piercer); 176 - Anonymous (piercer); 195 - Anonymous (piercer); 204 - Anonymous (piercer); 207 - Anonymous (piercer); 234 - Anonymous (piercer); 250 - Anonymous (piercer).
<b>238/239 - Institute of Licensing</b>	YES. 18yrs is considered to be a suitable age.
<b>252 - Torfaen County Borough Council</b>	Yes 18 is considered a suitable age and should allow for trainees, such as those in an educational establishment to be supervised and not require a licence. This should also ensure that those undertaking special procedures are 18 to carry out intimate work
<b>254 - Swansea Council</b>	If the industry, feel it appropriate to have a minimum age of 18 for all special procedures then we would be supportive of the age limit. Similarly, we would support a graduated approach of 18 years old for the majority of procedures and 16 years old for simpler processes such as ear piercings, as appropriate.

<b>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?</b>	
<b>'Yes' response</b>	4 – Anonymous; 9 – Anonymous; 10 – Anonymous; 12 – Anonymous; 14 - Cheryl Drew; 27 - Clares European Services; 30 - Anonymous; 31 - Chartered Institute of Environmental Health; 34 - James Ogle; 39 - Kate Doble; 40 - Anonymous (acupuncture); 47 – Anonymous; 61 - Anonymous (acupuncture); 66 - Gareth Davies; 69 - Anonymous (acupuncture); 74 - Anonymous (SPM); 78 - Anonymous (acupuncture); 81 - Gemma Kingston; 84 – Anonymous; 120 - Anonymous (acupuncture); 122 – Anonymous; 152 - Anonymous (tattooing), 227 – Anonymous; 241 - Anonymous (tattooing).
<b>'No' response</b>	244 - Anonymous (acupuncture).
<b>Left blank</b>	5 - Anonymous (acupuncture); 11 – Katie; 24 – Anonymous; 25 - David Carlisle; 28 – Anonymous; 29 - Shan MacVicar; 59 - Josh Cranton; 62 – Anonymous; 89 - Rachel Bowen; 100 – Anonymous; 189 - Baidong Li; 216 - Age Cymru; 217 - Anonymous (acupuncture).
<b>1/35 – Anonymous (acupuncture)</b>	No. A suitable qualification will include infection control. This should not be another unnecessary expense. A DBS check is good, but for individuals this is difficult to access if they are not part of a larger organisation. If this is required then this should be easier to access.
<b>2 - Anonymous</b>	I think it will be financially prohibitive for some practitioners who perhaps are building their businesses. My daughter has just started her own tattooing business after working at a different shop for a number of years and it is taking time to earn enough money to cover her bills without having to pay for a licence, DBS check and the proposed infection course.
<b>3 - Guild of Beauty Therapists</b>	Possibly include membership of relevant trade body
<b>6 - Anonymous</b>	Yes I agree
<b>8 - Anonymous</b>	Evidence of age?
<b>15 – Anonymous (acupuncture)</b>	Agree
<b>16 - Sarah Swaysland</b>	In principal, yes, however:

	<ul style="list-style-type: none"> <li>• I am not confident that all practitioners will be able to access a registered level 2 IPC course in sufficient time based on the current number of training providers and frequency courses are being run.</li> <li>• The IPC questionnaire and demonstration of competence elements may be a duplication of effort, and the IPC questions may not be completed by the actual applicant. Welsh Government needs to be clear what it is trying to achieve here. Candidate knowledge has already been tested by completing the level 2 course, so it may be appropriate that the applicant merely provides evidence of its consultation forms, after care advice and a documented safe system of work for the process they will be undertaking.</li> <li>• Provision of indemnity insurance – what is considered to be adequate? Will the guidance provide further guidance on this?</li> </ul>
<b>17 - Anonymous</b>	It seems complicated but yes
<b>18 - Anonymous</b>	Yes agree
<b>19 - Kim Eldridge</b>	Yes. I feel it is important to investigation training, that it is an approved standardized course, fitting the special procedure, as is the case with Physiotherapists training to undertake Acupuncture. Our professional body (CSP) and the HCPC accept 80 hours training from specific sources only, deemed an appropriate level of training to undertake safe and professional treatment.
<b>20 - Duncan Reed</b>	Agree
<b>21 - Anonymous</b>	Yes and no I can't think of any other documents they may need to supply
<b>22 - Sally Hickinson</b>	I agree. I also think that an online infection control course by a reputable company should be considered as it's not always possible for people to travel out of their own county.
<b>23 - Anonymous</b>	Yes. I think applicants who hold trainings for tattooing semi permanent make up longer than 6 years should be made to do either a refresher course or new training as procedures have come on so much. Even down to inks that are used.
<b>26 - Joint Council of Cosmetic Practitioners</b>	Agreed but we also consider that specific competencies should be set for each of the four modalities and that applicants for a license should be required to demonstrate that they meet the standards of proficiency that we consider should be set for each modality in addition to the proposed health protection qualification.

<b>32 - Anonymous (tattooing)</b>	We feel that requiring individual applicants to have their own indemnity insurance shouldn't be needed when the insurance of their studio/premises covers each practitioner as well as the premises.
<b>33 - Carla Evans</b>	Unclear of what other documents you request and I would want further information on this in case of falsification of documents Birth certificate as well.
<b>36 - Kelly Griffiths</b>	y
<b>37 - Anonymous (local authority)</b>	<p>Yes.</p> <p>Current Omissions</p> <p>1. The licensing criteria for special procedures for practitioners should also cover that:</p> <ul style="list-style-type: none"> <li>• the person needs to 'meet all required standards as set out in the mandatory conditions'</li> </ul> <p>This is currently specified for the premises application but not the person. Para 11.11 states that 'The premises or vehicle meets all required standards as set out in the premises/vehicle approval condition.</p> <p>Infection control is the priority and this is down to the practitioner, in addition to the premises layout.</p> <p>Compliance with conditions for a practitioner is just as important if not more important than that of the premises as it regulates how they operate. It is the practices that will impact the health and safety of the client and poses the greatest risk to infection control.</p> <p>2. We agree with the documentary evidence that needs to be provided with their application but it should also include the following:</p> <ul style="list-style-type: none"> <li>• A digital full face image that is compliant with passport protocol – documents reads as though an actual passport photo is required.</li> <li>• A medical waste/ sharps disposal agreement</li> <li>• Client consent form and explanation documents.</li> </ul>

	<ul style="list-style-type: none"> <li>• Aftercare advice</li> <li>• Additional training certificates e.g. microblading course.</li> <li>• Site specific cleaning schedule</li> <li>• Safeguarding training for premises owners???</li> </ul> <p>[Name redacted] Council currently ask for all of the above on application for registration so a full review can be undertaken prior to a visit.</p> <p>As this is to be partially a desktop process, then everything to demonstrate compliance with the conditions needs to be provided at the time of the application.</p>
<b>38 - Rachel Edney</b>	I agree with the current list, but there is a question whether competence should be assessed. Outside of infection control, there is a possibility that harm can be inflicted by poor training and practice in acupuncture.
<b>41 – Anonymous (acupuncture)</b>	Folk are already registered with the councils.
<b>42 - Paul Battersby</b>	No, I believe that the decision for acupuncturist to have a special procedures licence is a mistake and will incur costs and potentially hinder practitioners in earning a living. AACP members find it difficult to understand why acupuncture has been categorised with tattooing and body piercings.
<b>also</b>	44 - Roy Montgomery; 45 – Anonymous (acupuncture); 46 - Alison Smith; 50 – Anonymous (acupuncture); 51 - Alison Williams; 52 – Anonymous (acupuncture); 58 – Kate van Rensburg; 60 – Laura Gibbons; 63 – Christine Hutchinson; 105 - Daniel Curran.
<b>43 - Acupuncture Association of Chartered Physiotherapists</b>	No, we believe that the decision for acupuncturists to have a special procedures licence is a mistake and will incur costs and potentially hinder practitioners in earning a living. AACP members find it difficult to understand why acupuncture has been categorised with tattooing and body piercings.
<b>48 - Kat Henness</b>	I agree with all of the proposed licensing criteria as provided.
<b>49 - Di-enw</b>	<p>Dylid fod y meini prawf ar gyfer ymarferwyr hefyd yn amlygu fod rhaid i unigolion gwrdd ar gofynion fel y manylir yn yr amodau statudol.</p> <ul style="list-style-type: none"> <li>• Llun o'u hwyneb yn unol â gofynion llun pasbort.</li> <li>• Cytundeb gwaredu gwastraff clinigol / nodwyddau ayb.</li> </ul>

	<ul style="list-style-type: none"> <li>• Enghreifftiau o ddogfennau'r busnes - ffurflen rhoi hawl i driniaeth gan gwsmer, ffurflen gofal wedi triniaeth, tystysgrifau hyfforddiant</li> <li>• Gweithdrefnau glanhau.</li> </ul>
<b>51 - Alison Williams</b>	<p>No, this decision for acupuncturist is not necessary, and will increase extra cost for every practitioner. Therefore, as a member of professional body like ATCM, we have already had relevant training and education, insurance and continuing professional development (CPD) which are the standard requirements. Strictly following ATCM's Code of Safe Practice and Code of Professional Conduct, I conduct a self-assessment of health and safety annually.</p> <p>I don't think acupuncturist should be under same category with Body Piercing, Electrolysis and Tattooing.</p>
<b>53 - Oliver Todd</b>	Adding in the documents for supporting the licence application is a good thing and has been covered adequately.
<b>54 - Lola Slider</b>	<p>No, I think this is not suitable because it's too ambiguous: "Has a satisfactory level of competence appropriate to perform the special procedure"</p> <p>How can this standard be met as a standard in it's own right? Surely this is accomplished by completing the "Level 2 Infection Prevention and Control qualification for special procedures" and the "infection prevention and control questionnaire"</p>
<b>55 - Aiden Johnson</b>	Yes I agree with the criteria but feel that Blood Borne Pathogens training should have a category as this is vitally important. Even though it is a part of infection control it is a field all of its own and should require it's own specific training.
<b>56 - British Medical Acupuncture Society</b>	YES, though we suggest that regulated health professionals be exempted from explicitly providing proof of Level 2 Infection Control training given their mandatory training for their medical role
<b>57 - Tamarind Dykes</b>	No, As a member of a professional body already, we already have the relevant training and education, insurance & CPD which are standard requirements to practice. This professional is already well controlled & acupuncturists should not be put in the same category as body piercing, electrolysis & tattooing.
<b>64 - Anonymous (acupuncture)</b>	No, I believe that the decision for acupuncturist to have a special procedures licence is a mistake and will incur costs and potentially hinder practitioners in earning a living. As an AACP member, I find it difficult to understand why acupuncture has been categorised with tattooing and body piercings.

<b>65 - Anonymous (acupuncture)</b>	No, I believe that the decision for acupuncturist to have a special procedures licence is a mistake and will incur costs and potentially hinder practitioners in earning a living. As an AACP member, I find it difficult to understand why acupuncture has been categorised with tattooing and body piercings.
<b>73 - Clare Robinson-Campbell</b>	Yes, previous Ofqual regulated qualifications in Infection Prevention and Control or a wider qualification that includes units that cover it to Level 2 or above. This should give exemption to doing the proposed Level 2 course.
<b>75 - Madeline Boots</b>	No, I believe that the decision for acupuncturists to have a special procedures licence is a mistake. This will result in additional costs to those providing acupuncture for healthcare and potentially hinder practitioners in earning a living. Acupuncture Association of Chartered Physiotherapists (AACP) members find it difficult to understand why acupuncture has been categorised with tattooing and body piercings. They undergo significant training and continuous professional development in order to maintain competence and adhere to professional standards (Health Care Professions Council [HCPC], Chartered Society of Physiotherapists [CSP] and AACP) and insurance parameters.
<b>77 - Mari McAndrew</b>	<ul style="list-style-type: none"> <li>• A medical waste/ sharps disposal agreement.</li> <li>• Additional training certificates e.g. microblading course.</li> <li>• Site/treatment specific cleaning schedule</li> <li>• Documented safe working practices.</li> </ul>
<b>79 - Rhian Mansfield</b>	requiring additional documentation is a fantastic idea and should be expanded upon over time to continue to make the industry safer, perhaps obtaining a certificate in blood borne pathogens also?
<b>80 - Anonymous (tattooing)</b>	I don't believe an infection control questionnaire is validated if we are to be supplying a copy of our level 2 infection control course which has been carried out at one of your approved providers. Surely this is adequate proof of our infection control knowledge?
<b>85 - F Hinds Ltd</b>	Sufficient distinction should be made between needle and cartridge piercing
<b>86 - Suzanne Gregson</b>	No, I believe that the decision for acupuncturist to have a special procedures licence is a mistake and will incur costs and potentially hinder practitioners in earning a living. AACP members find it difficult to understand why acupuncture has been categorised with tattooing and body piercings.
<b>88 - Anonymous (acupuncture)</b>	No, I believe that the decision for acupuncturists to have a special procedures licence is a mistake. This will result in additional costs to those providing acupuncture for healthcare and potentially hinder practitioners in earning a living. Acupuncture Association of Chartered Physiotherapists (AACP) members find it difficult to understand why acupuncture has been categorised with tattooing and body piercings. They undergo significant training and continuous professional development in order to maintain competence and adhere to

	professional standards (Health Care Professions Council [HCPC], Chartered Society of Physiotherapists [CSP] and AACP) and insurance parameters.
<b>90 - Blaenau Gwent County Borough Council</b>	<p>Yes, we agree with the documents listed, however wish to make the following comments</p> <p>Treatment/special procedure indemnity insurance may be difficult for individuals to demonstrate at the application stage. Some insurance companies will only cover those that are already registered/licenced, therefore, they will be unable to obtain this at the application stage, particularly if they are a first-time applicant. Therefore, Welsh Government need to engage with the insurance sector to ensure that this requirement is achievable for first time applicants.</p> <p>Completed infection prevention and control questionnaire- we do not support this being included at the application stage. The individual will need to have completed a Level 2 Infection Prevention and Control qualification specific to special procedures, therefore this should demonstrate their knowledge/understanding. It is not understood what this additional questionnaire will achieve. Competency will be assessed during inspection of the person/premises/vehicle. Qualitative questions completed as part of a questionnaire that are then reviewed in isolation could result in inconsistent competency assessment by differing LAs across Wales. Competency assessment needs to take place during the on-site assessment with the practitioner. The assessing officers need to be supported by a consistent template for assessment and minimum identified standard across key areas to ensure consistency of approach and assessment.</p> <p>Satisfactory level of competence to perform the special procedure- it is not clear how this can be demonstrated on an application form/supporting documentation. A definition of “competence” would also be needed- does this refer to infection prevention and control when undertaking the procedure or, for example in the case of tattoo artists, their artistic ability? If competence is to be assessed, this should only be in relation to infection, prevention and control and being able to undertake procedures safely. Artistic ability is subjective; therefore, this isn’t something that can or should be a deciding factor.</p>
<b>91 - British Beauty Council</b>	Yes. However, in regard to ‘Evidence of competence to perform the special procedure(s) for which the application is being made’ - further detail on the level of training required and exact modalities required for acupuncture, tattooing, body piercing or electrolysis should be specified, either in the proposed licensing criteria itself, or the accompanying guidance.



<p><b>92 - Anonymous (acupuncture)</b></p>	<p>For acupuncture training, the training should include:</p> <ul style="list-style-type: none"> <li>Must be trained by an appropriate trainer. Education must include, and learners ,must be assessed upon:</li> <li>Hand washing</li> <li>Needle disposal</li> <li>Selection of correct needles (eg sterile, single use needles that have a CE quality assurance stamp).</li> <li>Needle disposal</li> <li>Align with a register that requires competencies</li> <li>Needle stick injury protocol</li> <li>Maintaining regular CPD</li> <li>Appropriate PPE as and when dictated by government</li> <li>Gloves are not required, and may increase risk of needle stick injury through the reduction of dexterity</li> <li>Dealing with adverse events, minor and major</li> <li>Preventing adverse events</li> <li>Screening for red flags (ie serious underlying health conditions)</li> <li>Knowing when to refer on to specialist healthcare providers</li> <li>Informed Consent</li> <li>Screening for contraindications and precautions prior to treatment</li> </ul>
<p><b>93 - Royal College of Midwives</b></p>	<p>Yes. We think the documents listed for applicants to supply are sufficient.</p>
<p><b>94 - National Hair and Beauty Federation</b></p>	<p>Yes, we agree with the criteria and list of documents.</p> <p>In addition to the infection prevention questionnaire, we wondered whether there would need to be a refresher training requirement, or legislation/ best practice updates such as an online webinar for the Level 2 award; perhaps this could be built into the renewal process, every 3 years.</p> <p>For evidence of competence for Epilation, we would include relevant prerequisites as detailed on page 16 of the NHBF Qualifications and age restrictions factsheet.</p> <p>We would also suggest a recording system detailing client consent and Continual practitioner development records as good practice.</p>

	<p>Evidence of competence to perform the special procedure(s) for which the application is being made' - further detail on the pathways to competence, level of training required, pre-requisites and qualifications for acupuncture, tattooing, body piercing or electrolysis should be specified, either in the proposed licensing criteria itself, or the accompanying guidance.</p> <p>In addition to an example application form, we would also suggest including good practice guides which include:</p> <ul style="list-style-type: none"> <li>• Cooling off periods.</li> <li>• Consultations.</li> <li>• Record cards and informed client consent.</li> <li>• Under 16 and vulnerable clients.</li> <li>• After care guidance and advice.</li> </ul> <p>A further suggestion would be, in order to improve detection of skin cancer in Wales , that when businesses register for the licence, they are alerted to the MASCED (Melanoma and Skin Cancer Early Detection) training/or similar relevant free content or alternatively when applicants are awarded their licences, they are provided details of the MASCED training/free content.</p> <p>We would be happy to help develop this advice and guidance.</p>
<p><b>95 - Beauty Industry Group - Licensing</b></p>	<p>Yes. However, in regard to 'Evidence of competence to perform the special procedure(s) for which the application is being made' - further detail on the pathways to competence, level of training required, pre requisites and qualifications for acupuncture, tattooing, body piercing or electrolysis should be specified, either in the proposed licensing criteria itself, or the accompanying guidance.</p> <p>As one example this could specifically relate to additional guidelines for referring clients to multi-disciplinary teams for diagnosis or investigations of suspicious lesions, which can support early detection of certain skin cancers and other pathological conditions, as part of the consultation with clients.</p> <p>BIG group members would be able to support supplementary guidance production.</p>

<p><b>96 - Beauty Industry Group Chair</b></p>	<p>Yes. However, in regard to 'Evidence of competence to perform the special procedure(s) for which the application is being made' - further detail on the pathways to competence, level of training required, pre requisites and qualifications for acupuncture, tattooing, body piercing or electrolysis should be specified, either in the proposed licensing criteria itself, or the accompanying guidance.</p> <p>As one example this could specifically relate to additional guidelines for referring clients to multi-disciplinary teams for diagnosis or investigations of suspicious lesions, which can support early detection of certain skin cancers and other pathological conditions, as part of the consultation with clients.</p> <p>BIG group members would be able to support supplementary guidance production.</p>
<p><b>98 - Inc and Co</b></p>	<p>We agree that IC&amp;P and DBS are crucial, but as there is a medical questionnaire that is part of the disclaimer, the special practitioner should also be able to evidence their understanding of the conditions included on the questionnaire.</p>
<p><b>99 - Janis Short</b></p>	<p>No, I believe that the decision for acupuncturist to have a special procedures licence is a mistake and will incur costs and potentially hinder practitioners in earning a living. AACP members find it difficult to understand why acupuncture has been categorised with tattooing and body piercings.</p>
<p><b>102 - Dr Di Wu</b></p>	<p>No, qualified acupuncturists should not be included in this proposed licensing criteria as acupuncturist registered with professional bodies such as BAcC and ATCM have strict requirements of education and follow strict Code of Safe Practice and Code of Professional Conduct. We conduct a self-assessment of health and safety practice annually.</p>
<p><b>103 - Anonymous (acupuncture)</b></p>	<p>I don't think you should have to complete a questionnaire as well as having the qualification for Level 2 Infection Prevention and Control. This was mentioned on the 29 March workshop event and I agree is duplication.</p> <p>How will the DBS check be kept up to date? Or is this just a one-off on original application.</p>
<p><b>104 - Anonymous (acupuncture)</b></p>	<p>No, I don't agree with an acupuncturist should have the same criteria as body piercing, electrolysis, and Tattooing. As a member of the professional body (ATCM), I always follow ATCM's Code of Safe Practice and Code of Professional Conduct. I have had relevant education and professional Insurance, As a standard requirement, I do training and continuing professional development (CPD) regularly and conduct a self-assessment of health and safety practice annually.</p>

<p><b>106 - Anonymous (acupuncture)</b></p>	<p>Broadly agree. This does raise an issue about cost and doubling down on requirements. In the case of BAcC members, for example, they both trained in and work with a Code of Safe Practice which has been routinely copied by many other associations. Originally drawn up in consultation with Professor [name redacted] of the London School of Hygiene and Tropical Medicine, and supplemented with a 160 page Guide to Safe Practice, this is almost certainly the equal of any of the courses to which BAcC members will be directed. The same will apply to some, but not all, registrants of the regulated professions who seek to use acupuncture outside scope and away from HIW settings.</p> <p>There should be some scope for negotiating bloc arrangements for these groups to avoid logjams in the courses to which applicants are directed, and to avoid additional and unnecessary expense for applicants.</p>
<p><b>107 - BABTAC</b></p>	<p>Yes. However, in regard to 'Evidence of competence to perform the special procedure(s) for which the application is being made' - further detail on the pathways to competence, level of training required, pre requisites and qualifications for acupuncture, tattooing, body piercing or electrolysis should be specified, either in the proposed licensing criteria itself, or the accompanying guidance.</p> <p>As one example this could specifically relate to additional guidelines for referring clients to multi-disciplinary teams for diagnosis or investigations of suspicious lesions, which can support early detection of certain skin cancers and other pathological conditions, as part of the consultation with clients.</p> <p>BIG group members would be able to support supplementary guidance production.</p>
<p><b>108 - Anonymous (acupuncture)</b></p>	<p>No, this criteria for acupuncturist is not necessary, and will increase extra cost for every practitioner. Therefore, as a member of professional body like ATCM, we have already had relevant training and education, insurance and continuing professional development (CPD) which are the standard requirements. We need to strictly follow ATCM's Code of Safe Practice and Code of Professional Conduct. And yearly I conduct a self-assessment of health and safety practice.</p> <p>I think acupuncturist should not be under same category with Body Piercing, Electrolysis, and Tattooing</p>
<p><b>109 - Warren Tregidden</b></p>	<p>First aid certificate</p>
<p><b>110 - Anonymous (acupuncture)</b></p>	<p>No, this decision for an acupuncturist is unnecessary and will increase the extra cost for every practitioner. Therefore, as a member of a professional body like ATCM, we have already had relevant training and education, insurance, and continuing professional development (CPD) which are the standard requirements.</p>

	<p>Strictly following ATCM's Code of Safe Practice and Code of Professional Conduct, I conduct a self-assessment of health and safety practices annually.</p> <p>I don't think acupuncturists should be under the same category as Body Piercing, Electrolysis, and Tattooing</p>
<b>111 - Anonymous (tattooing)</b>	<p>I agree with there needing to be licensing in place and don't have much of an issue with it being reviewed every 3 years, but I do think a rough price range needs to be proposed to us ahead of time, as I sense that's causing a lot of anxiety in the community.</p>
<b>112 - British Acupuncture Federation</b>	<p>No.</p> <ul style="list-style-type: none"> <li>- There should not be a requirement for BAF acupuncturists to attend or prove that they have attended any further courses for hygiene given that <ul style="list-style-type: none"> <li>(1) their level 5, or 6 degree level training includes extensive training in the prevention of cross infection by maintaining a clean field, use of single use sterile needles, use of sterile adjunct equipment e.g. cups, gua sha tools, working with a clean field whilst in clinic, cleaning of the clinic space between patients etc. Training includes health and disease, anatomy and physiology from a Western Medicine and Chinese medicine perspective and many hours of clinical skills including safe, hygienic practice. This is instilled in training and supervision. All practitioners are supervised in clinical skills for typically 6 months. Safe hygienic practice is emphasized in all CPD training which is undertaken annually.</li> <li>(2) [Name redacted], the insurance company used by BAF members and the majority of acupuncturists in the UK can confirm that in their searches there has been no insurance claims as a result of cross infection, blood borne viral infections or poor hygiene in the last 10 years.</li> <li>(3) This immaculate hygiene record (and the procedures in place to prevent cross contamination between patients and practitioners) was recognized during Covid lockdown when <ul style="list-style-type: none"> <li>- BAF members were classed as key workers under Covid and allowed to open and offer emergency treatments 9 days after the first lockdown on the 31st March 2020</li> <li>- Having been reviewed by 15 Governmental Departments BAF members were allowed to fully open in July 2020</li> <li>- Public Health England deemed BAF standards sufficient to allow us to stay open alongside other statutory groups from the HCPC including physiotherapists and osteopaths</li> </ul> </li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>- BAF was upgraded to the same group by the Office of National Statistics as other healthcare professionals and was on the exception list</li> </ul> <p>(4) BAF understand that there have never been any difficulties expressed by Environmental Health Officers in Wales with the provision of hygienic acupuncture.</p> <p>(5) Due to BAF Codes of Professional Conduct and Safe Clinical Practice as well as exemplary safety record we are exempt from licensing in London due to special permission from the London Exemption Licensing Group.</p>
<p><b>113 - Superdrug Ltd</b></p>	<p>We consider it a big step forward that the principles will be adopted by all 22 Welsh Local Authorities to drive consistency. It is also positive that practitioners will be able to operate under different Local Authorities. Not all of the list of criteria we feel is relevant to piercing with a medical device that is only used to complete piercings on the ear and nose. For Superdrug it is worth re-iterating that we only use a medical device to carry out piercing on the ear and nose, and not a needle. This needs to be clearly defined in the criteria.</p> <p>i. Applicant is 18 years of age or over:</p> <p>As above we recommend that for piercing with a medical device, the age remain at 16 years old which is at industry standard. We feel that by raising to 18 years old, it could restrict the employment of younger people into Superdrug. 8.9% of our workforce is currently under 18.</p> <p>ii. Has passed a regulated Level 2 Infection Prevention and Control qualification for special procedures.</p> <p>Superdrug have been working with [brand name redacted] for a number of years rolling out ear and nose piercing to our stores. In conjunction with [brand name redacted], we have a created a very successful training programme that is carried out in person in store before any employee completes any piercings with customers. The content proposed we feel is not fully relevant to Cosmetic piercing using a medical device. Our training encompasses infection control in a lot of detail, however we would be happy to update our training to encompass more around infection control, although piercing through a medical device is touch free and all of our jewellery is pre-sterilised.</p>

	<p>The service offered by Superdrug is completed by our trained practitioners as an add on service but is not there only responsibility or service offering.</p> <p>It is worth noting that we have only received 2 pieces of unsatisfactory feedback from customers in Wales in 2022 and 0 in 2023 in relation to piercing. Both of these pieces of feedback relate to aftercare which has occurred after the piercing has taken place rather than during the procedure. The low number of incident highlights that our current training is perfectly suitable for our teams and customers.</p> <p>The cost and time of removing our team members to complete training which we feel is not fully suitable would be significant, taking into account their wages, backfill, and travel costs, alongside the cost of the course which we feel is not fully relevant to the Cosmetic piercing we carry out in store.</p> <p>iii. Has completed an infection prevention and control questionnaire.</p> <p>We feel that this is better covered in store whilst training is carried out by our qualified partners in [brand name redacted] rather than an additional questionnaire. Our store managers constantly check to ensure that all procedures are being carried out in store in line with policy, this is supported by our independent audit team that audit our piercing category twice per year in each store.</p> <p>iv. Has a satisfactory level of competence appropriate to perform the special procedure?</p> <p>We already have in place a mandatory online learning module for all of our practitioners that is completed before in store training is completed by [manufacturer name redacted].</p> <p>v. Declaration of relevant offences</p> <p>We do not feel that a DBS check is required of our team as piercing is carried out on the shop floor, not in a private area, and all Under 16s are accompanied by a parent/guardian at all times. DBS checks are not carried out by Superdrug as normal process, with all of our team interacting with customers/children as part of their roles on a day-to-day basis.</p>
<p><b>116 - Anonymous</b></p>	<p>GDPR Training obtained</p>

<p><b>117 - Marnie Williams</b></p>	<p>Yes I agree that Infection and Prevention Control Qualifications/Questionnaires should be passed- this is something we believe the UKAPP should be in conversations with regulating, I am interested in what would be determined as a "satisfactory level of competence"; how and who this would be classified by, Insurance absolutely is imperative, offences should definitely have to be declared, and an application fee is appropriate to ensure this is funded properly. A realistic pass mark to any competence standard should apply, whilst focuses on basic ability to practise, rather than perfection on each and every item within the portfolio. Piercers should all be first aid and CPR trained as well.</p>
<p><b>118 - Ann Charlton</b></p>	<p>No, this decision for Acupuncturists is not necessary, and will increase costs for every practitioner. Therefore, as a member of a professional body like ATCM, we already have relevant training and education, insurance and continuing professional development CPD which are standard requirements. Strictly following ATCM's code of practice and code of professional conduct. I conduct a self-assessment of health and safety practice annually. ATCM offer regular CPD and update information to support members within the industry. and are easily accessible for information.</p> <p>I don't think Acupuncturists should be under the same category as Body Piercing,Electrolysis, beauty therapists who offer procedures, and Tattooing.</p>
<p><b>121 - National AIDS Trust</b></p>	<p>We agree with the proposed licensing criteria, and particularly agree that the applicants for a license should be undertaking training in relation to Infection Prevention and Control.</p> <ul style="list-style-type: none"> <li>• As a charity advocating for the rights of people living with HIV in the UK, we are primarily concerned that special procedures such as tattooing and piercing are often arenas in which people living with HIV experience discrimination related to their HIV status.</li> <li>• It is therefore vital that practitioners of special procedures are aware how HIV is transmitted, and how infection can be prevented. Any mandated training should include learning about how blood borne viruses such as HIV are transmitted and take note of the importance of using universal precautions when performing special procedures on all clients (i.e., sterilising all equipment and wearing single-use PPE such as gloves).</li> <li>• Many people living with HIV in the UK are aware of their status, on medication and have an undetectable viral load, meaning that they cannot transmit HIV to others. This is known as "Undetectable = Untransmissible" or "U=U". However, there will be individuals who are unaware that they have HIV, or</li> </ul>



	<p>another blood borne virus, and these individuals may pose an infection risk through their blood. This is the reason why universal precautions are vital, and must be used by practitioners on all clients, not just those who declare themselves to be living with HIV.</p>
<p><b>123 - Anonymous (piercer)</b></p>	<p>Yes. We agree that Infection and Prevention Control Qualifications/Questionnaires should be passed- this is something we believe the UKAPP should be in conversations with regulating, I am interested in what would be determined as a "satisfactory level of competence"; how and who this would be classified by, Insurance absolutely is imperative, offences should definitely have to be declared, and an application fee is appropriate to ensure this is funded properly. A realistic pass mark to any competence standard should apply, whilst focuses on basic ability to practise, rather than perfection on each and every item within the portfolio. Piercers should all be first aid and CPR trained as well.</p>
<p><b>125 - Becky Crossan</b></p>	<p>Do you agree with the proposed licensing criteria for special procedure licences and the supporting documents listed? Yes. Are there other documents applicants should supply? Yes.</p>
<p><b>126 - Rhondda Cynon Taff County Borough Council</b></p>	<p>Yes. Additional comments below.</p> <p>ID - Provision of National Insurance Insurance - should there be a minimum set IPC questionnaire – what format would this take, will it be standardised? – is it necessary if the applicant has completed the Level 2 IPC.</p> <p>DBS – there can be delays getting these through.</p> <p>Competence – see item 6</p>
<p><b>132 - Anonymous (piercer)</b></p>	<p>RSPH Level Two - Whilst none of the board have taken this course personally, we have had good feedback from our Welsh members</p> <p>Competence –</p> <p>Provisionally, this is a fantastic development, and one we are very excited for. We propose that a portfolio be presented, and that this is assessed via objective criteria that UKAPP can happily consult on. We have attached an example of the sort of scoring matrix that could be used, and we would be very happy to assist in</p>

	<p>creating a matrix of this kind for all body piercings. This criteria should ignore wider piercer debates such as bars vs rings for certain piercings, but focus purely on execution and broadly appropriate jewellery size and style selection. UKAPP can happily build on these for all piercings. A realistic pass mark should apply, whilst focuses on basic ability to practise, rather than perfection on each and every item within the portfolio.</p> <p>Insurance –</p> <p>Whilst our own minimum requirements for membership currently stipulate that practise indemnity insurance be taken out, this is a sticking point in the wider industry. Currently, we are seeing the homogenisation of insurance company terms and conditions, as more and more policy providers are using the same underwriter. This has left a lot of perfectly acceptable piercings banned. Many of us are finding it difficult to get a variety of lip placements, bridges, and surface piercings insured. Having seen a huge knowledge gap in the industry develop due to the temporary cessation of vulva piercing when the FGM Act , we are very keen not to see another develop on other piercings. As such, it may be that this requirement places insurmountable difficulty on piercers to meet both licensing requirements, and insurance ones.</p> <p>In addition to this, you may find that certain insurance policies age requirements conflict with those listed in this document.</p> <p>It is UKAPP's feeling that practice insurance is very important. And our ideal outcome would be to work with RSPH/CIEH/PHW to discuss this with insurance companies. Thus far, no company has been receptive to our concerns. The response has been simply; risk is calculated by actuarial software elsewhere, and there are no plans to change this under any circumstances.</p> <p>On all other documents, UKAPP are in complete agreement.</p> <p>Are there other documents applicants should supply?</p> <p>Yes. We think it would be beneficial for applicants to also have First Aid as well as CPR.</p>
<p><b>133 - Anonymous (local authority)</b></p>	<p>IN PART</p>

	<p>Should specify latest copies of utilities bill/council tax/ bank statements (within last 3 months ) as verification of address as a person may not change passport or driving license but continue to use it as a form of Photo ID</p> <p>Evidence of ownership of vehicle / mobile to be licenced including valid tax/ MOT/ insurance documentation</p> <p>All should be included in the license and pre-disclosure checks.</p>
<b>135 - Anonymous (tattooing)</b>	agree
<b>136 - Denbighshire County Council</b>	<ul style="list-style-type: none"> <li>• A medical waste/ sharps disposal agreement.</li> <li>• Additional training certificates e.g. microblading course.</li> <li>• Site/treatment specific cleaning schedule</li> <li>• Documented safe working practices.</li> </ul>
<b>137 - Lingxia Gao</b>	<p>No, this decision for acupuncturist is not necessary, and will increase extra cost for every practitioner. Therefore, as a member of professional body like ATCM, we have already had relevant training and education, insurance and continuing professional development (CPD) which are the standard requirements. Strictly following ATCM's Code of Safe Practice and Code of Professional Conduct, I conduct a self-assessment of health and safety practice annually.</p> <p>I don't think acupuncturist should be under same category with Body Piercing, Electrolysis, and Tattooing</p>
<b>142 - Anonymous (acupuncture)</b>	<p>Don't agree. it is not necessary for acupuncturists, as a member of ATCM, we have already had relevant training and education, insurance and continuing professional developments(CPD) which are the standard requirements. Strictly following ATCM's Code of Safe Practice and Code of Professional Conduct, we conduct a self assessment annually.</p> <p>I don't think acupuncturists should be under same category with body piercing electrolysis and tattooing.</p>
<b>143 - Claire's Accessories</b>	<p>The principle of all 22 Welsh local authorities adopting the licensing criteria is a step forward for national retailers, the 3 year license is also welcome. The minimum age as in #4 is not welcome, the Level 2 Infection control qualification required is over and above the requirements for cosmetic piercing / piercing with medical grade devices and will be a major increase in costs due to the industry having a high turnover of staff. We would propose that we are happy to enhance the current training programme to encompass more training relating to BBVs and Pathogens and are therefore proposing that a Level 1 qualification could be</p>

	<p>implemented. This would be for piercing with medical devices / cosmetic piercing only and could be a platform for practitioners to see piercing as a vocation and transition to body piercing training and additional qualifications.</p> <p>It is important to also add here that for Claire's, the most common queries regarding post piercing issues that are reported to our Head Office from customers can mostly be attributed to the aftercare process, or lack of. As a business we are able to demonstrate how the customer is prepared for the piercing, including consultation, hygiene prep, the skin is cleaned pre marking and the piercing performed (for both ear and nose) without touching the sterile jewellery, ensuring little to no risk of introducing an infection at the time of the piercing. The key to the piercing process is for the consumer to understand the aftercare process and the importance of maintaining healthy hand hygiene and cleaning once home. As a business, we continue to invest in ways to best support our customers to educate their clients in post piercing aftercare.</p> <p>Declaration of relevant offences</p> <p>Piercing with a medical device / cartridge system is only permitted for ear and nose piercing and therefore on the face only. With under 16s requiring Parent / Legal Guardians to be present for the piercing and no intimate piercing permitted with the systems, currently no DBS check is required for cosmetic piercing practitioners. We believe that we as employers already undertake due diligence prior to employment so do not agree with the proposal for this criteria. Again this will be a huge cost increase to retailers due to the high turnover of staff in the industry.</p> <p>Requirement to complete DBS checks would prohibit speedy onboarding.</p> <p>Require associates to provide personal information which is not relevant to the position they hold in a retail environment.</p> <p>An additional cost to business to further bolster central office employees to cover administration of such applications.</p>
<p><b>144 - Anonymous (piercer)</b></p>	<p>Do you agree with the proposed licensing criteria for special procedure licences and the supporting documents listed? Yes.</p> <p>Are there other documents applicants should supply? Yes.</p>

<p><b>145 - Anonymous (tattooing)</b></p>	<p>RSPH Level Two –</p> <p>Yes, provided that courses are delivered fairly by approved colleges and educational establishments with fair pricing which is the same across all counties and education providers, already I have seen the price of the course with [college name redacted] increase from £150 to £185.</p> <p>Competence –</p> <p>I personally find it very difficult to understand how competence within tattooing and piercing can be conveyed; whilst someone may produce good work their hygiene can be poor and an outsider may not be able to tell the difference. Attendance at a tattoo convention or winning an award for example is not an accomplishment, awards are often judged on opinion and not technical ability and definitely not hygiene standards.</p> <p>Insurance –</p> <p>I agree that insurance is required. However currently, we are seeing the homogenisation of insurance company terms and conditions, as more and more policy providers are using the same underwriter. This has left a lot of perfectly acceptable piercings banned.</p> <p>Many of us are finding it difficult to get a variety of lip placements, bridges, and surface piercings insured.</p> <p>In addition to this, you may find that certain insurance policies age requirements conflict with those listed in this document.</p>
<p><b>146 - Ming Chu Lok</b></p>	<p>Apart from the similar nature of these special procedures, the purpose of these procedures should be take into account as well. Body Piercing, electrolysis, and tattooing are more cosmetic while acupuncturist is more likely a medical treatment, similar to physiotherapy. I think they should be separated in different criteria.</p>
<p><b>159 - H Wong</b></p>	<p>A degree from a recognized university is an advantage</p>
<p><b>163 - Anonymous (tattooing)</b></p>	<p>Yes I agree.</p>

<p><b>164 - Anonymous (tattooing)</b></p>	<p>I have no real issue with the proposed documentation however i have some issues with the approach for achieving certain documentation.</p> <p>With regards to the required qualification of level 2 in infection prevention and control for special procedures, I agree that this is a good idea. Yet a quick look at the current course providers show a massive discrepancy in price and it seems extremely unfair that certain studios, due to location across wales will be levied with courses costing over double than other areas.</p> <p>Course run by [name redacted] on behalf of LAs in south wales, with priority for Cardiff Bridgend and Vale of Glamorgan areas will see a charge of only £85.</p> <p>Yet [college name redacted] offers it currently at £150 if purchased before June 2023 and afterwards £199</p> <p>With third party company's handling the qualification that is being demanded of us it seems grossly unfair that the cost will vary so largely and it seems to penalise studios who aren't in the capital with grossly inflated costs.</p>
<p><b>166 - Claire Pritchard</b></p>	<p>Yes this is appropriate. Should include practioners Insurance documents</p>
<p><b>167 - Anonymous (manufacturer)</b></p>	<p>We are pleased to read that the principles laid out in the legislation will be adopted by all 22 Welsh Local Authorities as consistency is a great step forward, alongside the licence validity being 3 years. The ability for practitioners to also operate under different LAs with their licence is also a positive step.</p> <p>Below are criteria that as a business and supplier we feel is not viable for all our customer base and does not carry relevance for Cosmetic Piercing. Where we can see that separate conditions have been proposed for "Ear and nose piercing (using a cartridge system)", we do not feel that a sufficient distinction has been made between traditional body piercing, with a needle, versus piercing with an instrument:</p> <p>i. Applicant is 18 years of age or over:</p> <p>As outlined in the response to minimum age, we would propose that for Cosmetic Piercing this be moved to 16 years of age. This has been an industry standard that has been widely adopted for non-needle piercing with the procedure being an optional module for hair and beauty therapists and also an ancillary service</p>

offered in retailers. As a company we do not have any complaints on file relating to the age of practitioners and for some of our retail customers, it could compromise the recruitment process and therefore 16 and 17 year olds entering the industry.

ii. Has passed a regulated Level 2 Infection Prevention and Control qualification for special procedures.

[Manufacturer name redacted] has been running a successful and recognised training programme for cosmetic piercing for decades. The current content does include infection control and achieving best practice standards to protect both the practitioner and end consumer. The content of the Level 2 qualification goes over and above the requirements for cosmetic piercing / piercing with medical grade devices

As examples, the process of piercing with a cartridge system already ensures that the cartridge is loaded totally touch free and that all jewellery is pre-sterilised, negating the need for auto claves. The actual piercing is a gentle, smooth and quick process without the risk of any needle stick injuries.

We would propose that we look to enhance the current training programme to include more training relating to BBVs and Pathogens. [Manufacturer name redacted] would also be happy to work with other piercing manufacturers, Welsh Government, our Primary Authorities and key account retailers to develop the additional training module to ensure that all parties are satisfied that adequate, and relevant content is covered. For piercing systems, the L2 qualification is too detailed for the type of service, however with additional Infection Prevention and Control training, cosmetic piercing could be a platform for practitioners to see piercing as a vocation and transition to body piercing training and additional qualifications.

It is our belief that a reduced Infection Prevention and Control qualification, potentially more L1 focused, would be in keeping with, for example, Food Hygiene Standards, and would be ensuring that the content is relevant to ear and nose piercing only. [Manufacturer name redacted] are currently discussing the opportunity with the RSPH to adapt current content and make the course available to all customers with an opportunity to establish an industry standard that other manufacturers could support.

We would like to highlight that the consideration for the introduction of a more relevant qualification for infection prevention and control reflects the fact that cosmetic piercing is for most practitioners an ancillary service and not a vocation. The procedure is mostly offered by a business / practitioner as an add-on service

rather than the primary business focus. This could be in a jewellery store, where a customer comes for their first piercing, a beauty / hair salon that offers piercing in addition to the wider portfolio of services or a retailer with a designated area for piercing. In the case of a Tattoo Artist or Body Piercer, it is often the case that the licensed procedures are their vocation, their primary business focus and main income generator, rather than an ancillary service.

It is important to also add here that for [manufacturer name redacted], the most common queries regarding post piercing issues that are reported to our Head Office from customers can mostly be attributed to the aftercare process, or lack of. As a business we are able to demonstrate how the customer is prepared for the piercing, including consultation, hygiene prep, the skin is cleaned pre marking and the piercing performed (for both ear and nose) without touching the sterile jewellery, ensuring little to no risk of introducing an infection at the time of the piercing. The key to the piercing process is for the consumer to understand the aftercare process and the importance of maintaining healthy hand hygiene and cleaning once home. As a business, we continue to invest in ways to best support our customers to educate their clients in post piercing aftercare.

iii. Has completed an infection prevention and control questionnaire.

On completion of theory and practical training an assessment is always completed by piercers to complete the training. With the proposal to enhance Infection Prevention and Control training, this would also be reflected with the corresponding questionnaire and online module.

iv. Has a satisfactory level of competence appropriate to perform the special procedure

Further clarification as to how an Enforcement / Licensing Officer will evidence competence would be required.

For recommendations on how to evidence, please see response to question number 6.

v. Declaration of relevant offences

Cosmetic Piercing is only permitted for ear and nose piercing and therefore on the face only. With under 16s requiring Parent / Legal Guardians to be present for the piercing and no intimate piercing permitted with the



	systems, currently no DBS check is required for cosmetic piercing practitioners. We believe that employees already undertake due diligence prior to employment so do not agree with the proposal for this criterion.
<b>168 - Anonymous (tattooing)</b>	I agree
<b>169 - Anonymous (tattooing)</b>	<p>If this applies to hygiene and H&amp;S aspects only, then is competence not implied by meeting all other listed criteria?</p> <p>When it comes to the fee, I hope that it is no more than current council registration fees, because it feels like if it is more, then will that fee be used for the benefit of training your EHO's? That should be the burden of the LA.</p>
<b>172 - Baifang Zhu</b>	I agree.
<b>175 - Anonymous (tattooing)</b>	<p>If this applies to hygiene and H&amp;S aspects only, then is competence not implied by meeting all other listed criteria?</p> <p>When it comes to the fee, I hope that it is no more than current council registration fees, because it feels like if it is more, then will that fee be used for the benefit of training your EHO's? That should be the burden of the LA.</p>
<b>178 - Minan Yao</b>	<p>No, I don't agree. My reasons are below:</p> <p>Acupuncture has become increasingly safe to use, thanks to the adoption of advanced, hygienic practices. Practitioners now utilize disposable, sterile fine needles that are designed for single-use only. This means that each needle is used only once, for a single insertion point on the skin, before being discarded, eliminating the possibility of cross-contamination between patients.</p> <p>In addition, British doctors consider the risk of infectious diseases to be incredibly low with single-use needles, as skin preparation before needle penetration during vaccinations has not been promoted for decades.</p> <p>According to the Green Book on Cleaning the Skin, "If the skin is clean, no further cleaning is necessary. Only visibly dirty skin needs to be washed with soap and water. It is not necessary to disinfect the skin. Studies have shown that cleaning the skin with isopropyl alcohol reduces the bacterial count, but there is evidence</p>

	<p>that disinfecting makes no difference to the incidence of bacterial complications of injections (Del Mar et al., 2001; Sutton et al., 1999)."  <a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/147915/Green-Book-Chapter-4.pdf">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/147915/Green-Book-Chapter-4.pdf</a></p> <p>Furthermore, modern acupuncture needles incorporate a guiding tube, ensuring that the practitioner's hand never comes into contact with the needle tip. This additional measure minimizes the risk of contamination and infection.</p> <p>At last, acupuncturists undergo extensive and rigorous training in acupuncture, and are highly skilled healthcare professionals. Additionally, acupuncture techniques such as dry needling are also used by recognized British healthcare professionals including physiotherapists and chiropractors, who receive continuing professional development (CPD) in this area. GP's and other physicians also receive training in the use of acupuncture. If acupuncturists were to be categorized as being in the same group as tattoo artists, it would be difficult to determine how these highly skilled healthcare professionals, who use acupuncture as a valid medical technique, should be categorized.</p>
<p><b>179 - N Wales Health and Safety Expert Panel</b></p>	<p>The licensing criteria for special procedures for practitioners should also cover that: the person needs to 'meet all required standards as set out in the mandatory conditions'</p> <p>This is specified for the premises application but not the person. Para 11.11 states that 'The premises or vehicle meets all required standards as set out in the premises/vehicle approval condition.</p> <p>If infection control is the priority, then this is down to the practitioner in addition to the premises layout. In many instances the practitioner may "rent a chair" or rent a room and as such infection control may solely be their responsibility.</p> <p>Compliance with conditions for a practitioner are just as important, if not more important, than that of the premises and how they operate. It's the practices that will impact the health and safety of the client and hence pose the greatest risk to infection control.</p> <p>We agree with the documentary evidence listed that needs to be provided with the application but feel that consideration should be given to also include the following:</p>

- A digital full face image that is compliant with passport protocol – documents reads as though an actual passport photo is required.
- A medical waste/ sharps disposal agreement
- Client consent form and explanation documents.
- Aftercare advice
- Additional training certificates where appropriate, e.g. microblading course.
- Site specific cleaning schedule
- Document safe working practices
- Consideration should also be given to Safeguarding training.

With regards to the Infection Control Questionnaire - Is this to be a standard questionnaire for consistency. We will need some guidance as to how we are to review and what is acceptable.

With regards to insurance, further clarification is required on what is adequate? This may also be difficult for individuals to demonstrate at the application stage. Some insurance companies will only cover those that are already registered/licenced, therefore, they will be unable to obtain this at the application stage, particularly if they are a first-time applicant. Therefore, it is suggested that it be a licensing condition, but not a requirement to produce documents to support with their application.

It is also a proposal that the approved premises must have public liability insurance. As licensed persons can only work in approved premises, it is suggested that this requirement be captured during the application for premises approval only.

It is not clear how a satisfactory level of competence can be demonstrated on an application form/supporting documentation. A definition of “competence” would also be needed- does this refer to infection prevention and control when undertaking the procedure or, for example in the case of tattoo artists, their artistic ability?

If competence is to be assessed, this should only be in relation to infection, prevention and control and being able to undertake procedures safely. Artistic ability is subjective, therefore, this isn't something that can or should be a deciding factor.

<p><b>183 - Hair and Beauty Industry Authority</b></p>	<p>Yes. However, in regard to ‘Evidence of competence to perform the special procedure(s) for which the application is being made’ further detail on the pathways to competence, level of training required, pre requisites and qualifications for acupuncture, tattooing, body piercing or electrolysis should be specified, either in the proposed licensing criteria itself, or the accompanying guidance.</p> <p>As one example this could specifically relate to additional guidelines for referring clients to multi-disciplinary teams for diagnosis or investigations of suspicious lesions, which can support early detection of certain skin cancers and other pathological conditions, as part of the consultation with clients.</p> <p>BIG group members would be able to support supplementary guidance production.</p>
<p><b>184 - Nursing and Midwifery Council</b></p>	<p>We have no comments</p>
<p><b>186 - Anonymous (acupuncture)</b></p>	<p>No, this decision by the acupuncturist is unnecessary and will add additional costs for each practitioner. So, as a member of a professional body like ATCM, we already have relevant training and education, insurance and continuing Professional Development (CPD), which are standard requirements. In strict compliance with ATCM's Safety Practice guidelines and Code of Professional conduct, I conduct an annual self-assessment of health and safety practices.</p> <p>I don't think acupuncturists should be in the same category as body piercings, electrolysis and tattoos</p>
<p><b>192 - British Register of Complementary Practitioners</b></p>	<p>Yes, we agree in principle, however we do feel that practitioners of Acupuncture, who are qualified to practice and are registered with a representative body such as ours (BRCP), should be exempt. Bona fides are checked when practitioners or students apply for membership and their insurance cover and any claims against them are checked annually. BRCP has a Complaints &amp; Disciplinary Procedure in place, along with a Code of Ethics and Professional Practice (currently being updated as is good practice).</p> <p>We understand that body piercing; electrolysis and tattooing may not have the same standards.</p> <p>Are there other documents applicants should supply? Not that we can think of.</p>
<p><b>194 - Jian Wang</b></p>	<p>No.As a member of professional body like ATCM, we have already had relevant training and education, insurance and continuing professional development (CPD) which are the standard requirements. Strictly</p>

	<p>following ATCM's Code of Safe Practice and Code of Professional Conduct. For the standard a ATCM member following, and for the interesting of public, I don't think acupuncturist should be under same category with Body Piercing, Electrolysis, and Tattooing</p>
<p><b>198 - Isle of Angelsey County Council</b></p>	<p>The licensing criteria for special procedures for practitioners should also cover that: the person needs to 'meet all required standards as set out in the mandatory conditions'</p> <p>This is specified for the premises application but not the person. Para 11.11 states that 'The premises or vehicle meets all required standards as set out in the premises/vehicle approval condition.</p> <p>If infection control is the priority, then this is down to the practitioner in addition to the premises layout. In many instances the practitioner may "rent a chair" or rent a room and as such infection control may solely be their responsibility.</p> <p>Compliance with conditions for a practitioner are just as important, if not more important, than that of the premises and how they operate. It's the practices that will impact the health and safety of the client and hence pose the greatest risk to infection control.</p> <p>We agree with the documentary evidence listed that needs to be provided with the application but feel that consideration should be given to also include the following:</p> <ul style="list-style-type: none"> <li>• A digital full face image that is compliant with passport protocol – documents reads as though an actual passport photo is required.</li> <li>• A medical waste/ sharps disposal agreement</li> <li>• Client consent form and explanation documents.</li> <li>• Aftercare advice</li> <li>• Additional training certificates where appropriate, e.g. microblading course.</li> <li>• Site specific cleaning schedule</li> <li>• Document safe working practices</li> <li>• Consideration should also be given to Safeguarding training.</li> </ul> <p>With regards to the Infection Control Questionnaire - Is this to be a standard questionnaire for consistency. We will need some guidance as to how we are to review and what is acceptable.</p>

	<p>With regards to insurance, further clarification is required on what is adequate? This may also be difficult for individuals to demonstrate at the application stage. Some insurance companies will only cover those that are already registered/licenced, therefore, they will be unable to obtain this at the application stage, particularly if they are a first-time applicant. Therefore, it is suggested that it be a licensing condition, but not a requirement to produce documents to support with their application.</p> <p>It is also a proposal that the approved premises must have public liability insurance. As licensed persons can only work in approved premises, it is suggested that this requirement be captured during the application for premises approval only.</p> <p>It is not clear how a satisfactory level of competence can be demonstrated on an application form/supporting documentation. A definition of “competence” would also be needed- does this refer to infection prevention and control when undertaking the procedure or, for example in the case of tattoo artists, their artistic ability?</p> <p>If competence is to be assessed, this should only be in relation to infection, prevention and control and being able to undertake procedures safely. Artistic ability is subjective, therefore, this isn’t something that can or should be a deciding factor.</p>
<p><b>200 - Anonymous (local authority)</b></p>	<p>YES.</p> <p>The list should be expanded:</p> <p>Photo ID. National Insurance Number Date of Birth of the practitioner MOT date and status for Vehicles Confirmation of vehicle insurance Confirmation of Public and Employer Liability Layout plan of premises / vehicle.</p> <p>All should be included in the license and pre-disclosure checks.</p>

	<p>The consultation repeatedly cites DBS checks, yet doesn't clarify who provides the DBS check, whether the LA seeks and received it, Or the applicant provides confirmation of it.</p>
<p><b>201 - All Wales Communicable Disease Expert Panel</b></p>	<p>There is agreement across Panel on this list. Additions are considered necessary and are outlined by various panel members below:</p> <ul style="list-style-type: none"> <li>- National Insurance Number</li> <li>- Date of Birth of the practitioner</li> <li>- MOT date and status for Vehicles</li> <li>- Confirmation of vehicle insurance #</li> <li>- A digital full face image that is compliant with passport protocol – documents reads as though an actual passport photo is required.</li> <li>- A medical waste/ sharps disposal agreement</li> <li>- Client consent form and explanation documents.</li> <li>- Aftercare advice</li> <li>- Additional training certificates e.g. microblading course.</li> <li>- Site specific cleaning schedule</li> <li>- Safeguarding training for premises owners???</li> </ul> <p>All should be included in the license and pre-disclosure checks.</p> <p>The consultation repeatedly cites DBS checks, yet doesn't clarify who provides the DBS check, the LA seeks and received it, Or the applicant.</p> <p>Current Omissions</p> <p>The licensing criteria for special procedures for practitioners should also cover that:</p> <ul style="list-style-type: none"> <li>• the person needs to 'meet all required standards as set out in the mandatory conditions'</li> </ul> <p>This is currently specified for the premises application but not the person. Para 11.11 states that 'The premises or vehicle meets all required standards as set out in the premises/vehicle approval condition.</p>

	<p>Infection control is the priority and this is down to the practitioner, in addition to the premises layout.</p> <p>Compliance with conditions for a practitioner is just as important if not more important than that of the premises as it regulates how they operate. It is the practices that will impact the health and safety of the client and poses the greatest risk to infection control.</p> <p>As this is to be partially a desktop process, then everything to demonstrate compliance with the conditions needs to be provided at the time of the application</p> <p>Some panel members identified that there may be work needed on two key areas:</p> <ul style="list-style-type: none"> <li>- Treatment/special procedure indemnity insurance may be difficult for individuals to demonstrate at the application stage. Some insurance companies will only cover those that are already registered/licenced, therefore, they will be unable to obtain this at the application stage, particularly if they are a first-time applicant. Therefore, Welsh Government need to engage with the insurance sector to ensure that this requirement is achievable for first time applicants.</li> <li>- Satisfactory level of competence to perform the special procedure</li> </ul> <p>it is not clear how this can be demonstrated on an application form/supporting documentation. A definition of “competence” would also be needed- does this refer to infection prevention and control when undertaking the procedure or, for example in the case of tattoo artists, their artistic ability? If competence is to be assessed, this should only be in relation to infection, prevention and control and being able to undertake procedures safely. Artistic ability is subjective; therefore, this isn’t something that can or should be a deciding factor.</p>
<p><b>202 - Health and Safety Expert Panel</b></p>	<p>The HSEP agree in principle, however the following observations have been made by panel members –</p> <p>Level 2 IPC Course –</p> <p>Concerns have been raised in relation to the access of training available to all practitioners in sufficient time given the number of training providers and frequency. Should it also be mandated that this training is repeated within a prescribed frequency?</p>



	<p>The IPC questionnaire and demonstration of competence elements may be a duplication of effort, and the IPC questions may not be completed by the actual applicant. Clarity is required as the candidate knowledge has already been tested by completing the level 2 course, so it may be appropriate that the applicant merely provides evidence of its consultation forms, after care advice and a documented safe system of work for the process they will be undertaking.</p> <p>Treatment/special procedure indemnity insurance –</p> <p>further clarification is required on what is adequate? This may also be difficult for individuals to demonstrate at the application stage. Some insurance companies will only cover those that are already registered/licenced, therefore, they will be unable to obtain this at the application stage, particularly if they are a first-time applicant. Therefore, it is suggested that it be a licensing condition, but not a requirement to produce documents to support with their application.</p> <p>It is also a proposal that the approved premises must have public liability insurance. As licensed persons can only work in approved premises, it is suggested that this requirement be captured during the application for premises approval only.</p> <p>Satisfactory level of competence to perform the special procedure-</p> <p>it is not clear how this can be demonstrated on an application form/supporting documentation. A definition of “competence” would also be needed- does this refer to infection prevention and control when undertaking the procedure or, for example in the case of tattoo artists, their artistic ability?</p> <p>If competence is to be assessed, this should only be in relation to infection, prevention and control and being able to undertake procedures safely. Artistic ability is subjective, therefore, this isn’t something that can or should be a deciding factor.</p>
<p><b>203 - Anonymous (acupuncture)</b></p>	<p>No, this decision for acupuncturists is not necessary and will increase the extra costs for practitioners. As a member of a professional body like ATCM, we have already had relevant training and education, insurance cover, and CPD which are general requirements for our members. I strictly follow ATCM's Code of Safe Practice and Code of Professional Conduct, I carry a self-assessment of health and safety practice annually.</p>

	Therefore, I don't think a qualified acupuncturist need be under the same category as Body Piercing, electrolysis, and tattooing.
<b>209 - Anonymous (acupuncture)</b>	No. We are all trained as Medical doctors in China, at least most of us. We shouldn't be treated as the same as Profession like tattoo etc . categories .
<b>211 - British Acupuncture Council</b>	Broadly agree – please see response to see Qu 6 as evidence of competence is essential.
<b>212 - Save Face</b>	Yes. If the scope was to be expanded in the future to include non-surgical cosmetic procedures then the assessment criteria would need to be expanded due to the risks associated with the treatments as well as the need for practitioners to obtain prescription-only medicines.
<b>215 - Shared Regulatory Services</b>	<p>SRS agree in principle, however the following observations have been made by panel members –</p> <p>Level 2 IPC Course –</p> <p>Concerns have been raised in relation to the access of training available to all practitioners in sufficient time given the number of training providers and frequency. Should it also be mandated that this training is repeated within a prescribed frequency?</p> <p>The IPC questionnaire and demonstration of competence elements may be a duplication of effort, and the IPC questions may not be completed by the actual applicant. Clarity is required as the candidate knowledge has already been tested by completing the level 2 course, so it may be appropriate that the applicant merely provides evidence of its consultation forms, after care advice and a documented safe system of work for the process they will be undertaking.</p> <p>Treatment/special procedure indemnity insurance – further clarification is required on what is adequate? This may also be difficult for individuals to demonstrate at the application stage. Some insurance companies will only cover those that are already registered/licenced, therefore, they will be unable to obtain this at the application stage, particularly if they are a first-time applicant. Therefore, it is suggested that it be a licensing condition, but not a requirement to produce documents to support with their application.</p>

	<p>It is also a proposal that the approved premises must have public liability insurance. As licensed persons can only work in approved premises, it is suggested that this requirement be captured during the application for premises approval only.</p> <p>Satisfactory level of competence to perform the special procedure- it is not clear how this can be demonstrated on an application form/supporting documentation. A definition of “competence” would also be needed- does this refer to infection prevention and control when undertaking the procedure or, for example in the case of tattoo artists, their artistic ability?</p> <p>If competence is to be assessed, this should only be in relation to infection, prevention and control and being able to undertake procedures safely. Artistic ability is subjective, therefore, this isn’t something that can or should be a deciding factor.</p>
<p><b>219 - Ross Jarvis</b></p>	<p>If this applies to hygiene and H&amp;S aspects only, then is competence not implied by meeting all other listed criteria?</p> <p>When it comes to the fee, I hope that it is no more than current council registration fees, because it feels like if it is more, then will that fee be used for the benefit of training your EHO's? That should be the burden of the LA.</p>
<p><b>220 - Tibetan and Eastern Medicine Association</b></p>	<p>No.</p> <ul style="list-style-type: none"> <li>- There should not be a requirement for TEMA acupuncturists to attend or prove that they have attended any further courses for hygiene given that</li> </ul> <p>(1) their level 5, or 6 degree level training includes extensive training in the prevention of cross infection by maintaining a clean field, use of single use sterile needles, use of sterile adjunct equipment e.g. cups, gua sha tools, working with a clean field whilst in clinic, cleaning of the clinic space between patients etc. Training includes health and disease, anatomy and physiology from a Western Medicine and Chinese medicine perspective and many hours of clinical skills including safe, hygienic practice. This is instilled in training and supervision. All practitioners are supervised in clinical skills for typically 6 months. Safe hygienic practice is emphasised in all CPD training which is undertaken annually.</p>

	<p>(2) [Name redacted], the insurance company used by TEMA members and the majority of acupuncturists in the UK can confirm that in their searches there has been no insurance claims as a result of cross infection, blood borne viral infections or poor hygiene in the last 10 years.</p> <ul style="list-style-type: none"> <li>- This immaculate hygiene record (and the procedures in place to prevent cross contamination between patients and practitioners) was recognised during Covid lockdown when the British Acupuncture Federation (BAF) members which TEMA are a registrant of, were classed as key workers under Covid and allowed to open and offer emergency treatments 9 days after the first lockdown on the 31st March 2020</li> <li>- Having been reviewed by 15 Governmental Departments BAF members were allowed to fully open in July 2020</li> <li>- Public Health England deemed BAF standards sufficient to allow us to stay open alongside other statutory groups from the HCPC including physiotherapists and osteopaths</li> <li>- BAF was upgraded to the same group by the Office of National Statistics as other healthcare professionals and was on the exception list</li> </ul> <p>(3) TEMA understand that there have never been any difficulties expressed by Environmental Health Officers in Wales with the provision of hygienic acupuncture.</p> <p>(4) Due to TEMA and BAF Codes of Professional Conduct and Safe Clinical Practice as well as exemplary safety record we are exempt from licensing in London due to special permission from the London Exemption Licensing Group.</p>
<p><b>221 - Wrexham County Borough Council</b></p>	<p>Yes agree with the documents that need to be provided however under the current registration scheme there is substantially less documentation that needs to be provided upon application and it is felt that the additional paperwork that is required will be quite onerous on Local Authorities.</p> <p>With regards to the infection control questionnaire unclear on what additional information this would provide given the practitioner would have completed a level 2 infection prevention &amp; control course. Feel that a questionnaire would be possibly more appropriate when a license is being renewed after 3 years.</p> <p>Clarity will be needed on which of the Level 2 courses will be accepted as part of the scheme.</p>

<p><b>222 - Caerphilly County Borough Council</b></p>	<ul style="list-style-type: none"> <li>• An applicant should provide a form of photographic identification to prevent fraudulent applications and detail proof of age. Whilst the consultation refers to verification of identity, this does not appear to be contained within the Schedules. Likewise, the verification of current residential address.</li> <li>• Questionnaire could be completed by others or applications made by a major company on behalf of the practitioner.</li> <li>• What documentation can be submitted with their application in order to demonstrate competence with the treatment practice and not solely IP&amp;C.</li> <li>• How do we check for H&amp;S offences &amp; tattooing of minors? – there is a reliance on the honesty of applicant as there is no means of national recording of this information</li> <li>• In relation to insurance the business could apply for insurance and cancel it after applying (especially if a monthly payment scheme). Is there a plan to legislate for indemnity insurance as this is currently good practice rather than a legal requirement.</li> <li>• If convicted of a relevant offence post application how are these convictions to be notified? Is it reliant on the applicant notifying or will there be a formal notification procedure from Authorities.</li> <li>• Can a person apply if they have pending hearings / investigations for relevant offences?</li> </ul>
<p><b>224 - Anonymous (piercer)</b></p>	<p>Yes We agree that Infection and Prevention Control Qualifications/Questionnaires should be passed- this is something we believe the UKAPP should be in conversations with regulating, I am interested in what would be determined as a "satisfactory level of competence"; how and who this would be classified by, Insurance absolutely is imperative, offences should definitely have to be declared, and an application fee is appropriate to ensure this is funded properly. A realistic pass mark to any competence standard should apply, whilst focuses on basic ability to practise, rather than perfection on each and every item within the portfolio. Piercers should all be first aid and CPR trained as well.</p>
<p><b>226 - Environmental Health Wales</b></p>	<p>There is agreement across CDEP, HSEP and LEP on this list. CDEP and HSEP made numerous suggestions on additions that are considered necessary and these are outlined by various panel members below:</p> <ul style="list-style-type: none"> <li>- National Insurance Number</li> <li>- Date of Birth of the practitioner</li> <li>- MOT date and status for Vehicles</li> <li>- Confirmation of vehicle insurance #</li> <li>- A digital full face image that is compliant with passport protocol – documents reads as though an actual passport photo is required.</li> <li>- A medical waste/ sharps disposal agreement</li> </ul>

- Client consent form and explanation documents.
- Aftercare advice
- Additional training certificates e.g. microblading course.
- Site specific cleaning schedule
- Safeguarding training for premises owners???

All should be included in the license and pre-disclosure checks.

The consultation repeatedly cites DBS checks, yet doesn't clarify who provides the DBS check, the LA seeks and received it, Or the applicant.

How are pending hearings considered in the process?

Current Omissions

The licensing criteria for special procedures for practitioners should also cover that:

- the person needs to 'meet all required standards as set out in the mandatory conditions'

This is currently specified for the premises application but not the person. Para 11.11 states that 'The premises or vehicle meets all required standards as set out in the premises/vehicle approval condition.

Infection control is the priority and this is down to the practitioner, in addition to the premises layout.

Compliance with conditions for a practitioner is just as important if not more important than that of the premises as it regulates how they operate. It is the practices that will impact the health and safety of the client and poses the greatest risk to infection control.

As this is to be partially a desktop process, then everything to demonstrate compliance with the conditions needs to be provided at the time of the application

Satisfactory level of competence to perform the special procedure-

	<p>it is not clear how this can be demonstrated on an application form/supporting documentation. A definition of “competence” would also be needed- does this refer to infection prevention and control when undertaking the procedure or, for example in the case of tattoo artists, their artistic ability? If competence is to be assessed, this should only be in relation to infection, prevention and control and being able to undertake procedures safely. Artistic ability is subjective; therefore, this isn’t something that can or should be a deciding factor.</p> <p>Level 2 IPC Course –</p> <p>Concerns have been raised in relation to the access of training available to all practitioners in sufficient time given the number of training providers and frequency. Should it also be mandated that this training is repeated within a prescribed frequency?</p>
<p><b>229 - Anonymous (tattooing)</b></p>	<p>Who is responsible for getting the DBS checks? Many people have found long waits for these checks in other jobs.</p> <p>Also it has to be noted that some tattooers entered tattooing because they couldn’t get a job in other areas because of a criminal record. If they fail a DBS check or the local authority takes a dislike to a persons criminal record this could lead to a very unsatisfactory underground tattooing scene. Something many of us have tried to work against for many years.</p> <p>Tattooing should be a profession and client base for adults. It is not acupuncture etc.</p>
<p><b>230 - Anonymous (charitable organisation)</b></p>	<p>YES</p> <p>However, in regard to ‘Evidence of competence to perform the special procedure(s) for which the application is being made’ - further detail on the pathways to competence, level of training required, prerequisites and qualifications for acupuncture, tattooing, body piercing or electrolysis should be specified, either in the proposed licensing criteria itself, or the accompanying guidance.</p> <p>A key recommendation from our perspective is to include the need for a skin cancer surveillance competency for applicants. Any practitioners undertaking a close contact procedure/treatment will routinely carry out a consultation which gives the applicant the opportunity to survey the skin for suspicious lesions/moles. If not necessarily committing to training in this area this is a key audience to sign post such education and training</p>

	to within the accompanying guidance and or applicant's registration or licence award. Please see notes at the foot of the submission in question 43
<b>231 - Anonymous (acupuncture)</b>	Yes, I agree in principle.
<b>232 - Kat Webb</b>	<p>Questionnaire - Is some form of first aid training going to be mandatory to be obtained prior to applying for a licence as in section 6.12, "the form will ask the applicant to outline the infection prevention and control and FIRST AID PROCEDURES they have in place as part of their practise", how will candidates be able to answer this without some form of basic first aid training.</p> <p>Competence - will there be written guidelines on what evidence will be deemed suitable as a display of competence for each of the 4 special procedure areas. Will there be a consultation within industry for what would be considered suitable/relevant?</p> <p>Indemnity Insurance - Will each practitioner need to have their own individual insurance policy or will a studio policy be able to cover multiple practitioners?</p> <p>Will changes to the required supporting documents and the addition/removal or 'relevant offences' be subject to consultation? and will any changes to these affect a current 3 year licence or just at the point of renewal/reapplication?</p>
<b>233 - UKAPP</b>	<p>RSPH Level Two - Whilst none of the board have taken this course personally, we have had good feedback from our Welsh members</p> <p>Competence - Provisionally, this is a fantastic development, and one we are very excited for. We propose that a portfolio be presented, and that this is assessed via objective criteria that UKAPP can happily consult on. We have attached an example of the sort of scoring matrix that could be used, and we would be very happy to assist in creating a matrix of this kind for all body piercings.1 This criteria should ignore wider piercer debates such as bars vs rings for certain piercings, but focus purely on execution and broadly appropriate jewellery size and style selection. UKAPP can happily build on these for all piercings. A realistic pass mark should apply, whilst focuses on basic ability to practise, rather than perfection on each and every item within the portfolio.</p>



	<p>Insurance - Whilst our own minimum requirements for membership currently stipulate that practise indemnity insurance be taken out, this is a sticking point in the wider industry. Currently, we are seeing the homogenisation of insurance company terms and conditions, as more and more policy providers are using the same underwriter. This has left a lot of perfectly acceptable piercings banned.</p> <p>Many of us are finding it difficult to get a variety of lip placements, bridges, and surface piercings insured. Having seen a huge knowledge gap in the industry develop due to the temporary cessation of vulva piercing when the FGM Act , we are very keen not to see another develop on other piercings. As such, it may be that this requirement places insurmountable difficulty on piercers to meet both licensing requirements, and insurance ones. 2</p> <p>In addition to this, you may find that certain insurance policies age requirements conflict with those listed in this document. 3</p> <p>It is UKAPP's feeling that practice insurance is very important. And our ideal outcome would be to work with RSPH/CIEH/PHW to discuss this with insurance companies. Thus far, no company has been receptive to our concerns. The response has been simply; risk is calculated by actuarial software elsewhere, and there are no plans to change this under any circumstances.</p> <p>On all other documents, UKAPP are in complete agreement.</p> <p>Are there other documents applicants should supply?</p> <p>Yes. We think it would be beneficial for applicants to also have First Aid as well as CPR.</p>
<b>also</b>	<p>82 - Anonymous (piercer); 83 - Anonymous (piercer); 87 - Anonymous (piercer); 124 - Anonymous (piercer); 127 - Anonymous (piercer); 128 - Anonymous (piercer); 129 - Anonymous (piercer); 130 - Anonymous (piercer); 131 - Anonymous (piercer); 149 - Anonymous (piercer); 150 - Anonymous (piercer); 151 - Anonymous (piercer); 173 - Anonymous (piercer); 176 - Anonymous (piercer); 195 - Anonymous (piercer); 204 - Anonymous (piercer); 207 - Anonymous (piercer); 234 - Anonymous (piercer); 250 - Anonymous (piercer).</p>

<b>237 - Pinyi</b>	<p>No .this decision for acupuncturist is not necessary, and will increase extra cost for every practitioner. Therefore, as a member of professional body like ATCM, we have already had relevant training and education, insurance and continuing professional development (CPD) which are the standard requirements. Strictly following ATCM's Code of Safe Practices and Code of professional Conduct, I conduct a self-assessment of health and safety practice annually.</p> <p>I don't think acupuncturist should under same category with Body Piercing Electrolysis, and Tattooing.</p>
<b>238/239 - Institute of Licensing</b>	<p>We agree with the proposed criteria and list, and support the comments made through LEP:</p> <p>Current Omissions</p> <p>The licensing criteria for special procedures for practitioners should also cover that:</p> <ul style="list-style-type: none"> <li>• the person needs to 'meet all required standards as set out in the mandatory conditions'</li> </ul> <p>This is currently specified for the premises application but not the person. Para 11.11 states that 'The premises or vehicle meets all the required standards as set out in the mandatory conditions'.</p> <p>Some panel members identified that there may be work needed on two key areas:</p> <ul style="list-style-type: none"> <li>- Treatment/special procedure indemnity insurance may be difficult for individuals to demonstrate at the application stage. Some insurance companies will only cover those that are already registered/licenced, therefore, they will be unable to obtain this at the application stage, particularly if they are a first-time applicant. Therefore, Welsh Government need to engage with the insurance sector to ensure that this requirement is achievable for first time applicants.</li> <li>• Satisfactory level of competence to perform the special procedure- it is not clear how this can be demonstrated on an application form/supporting documentation. A definition of "competence" would also be needed- does this refer to infection prevention and control when undertaking the procedure or, for example in the case of tattoo artists, their artistic ability? If competence is to be assessed, this should only be in relation to infection, prevention and control and being able to undertake procedures safely. Artistic ability is subjective; therefore, this isn't something that can or should be a deciding factor.</li> </ul>

<p><b>245 - Anonymous (acupuncture)</b></p>	<p>No ,this decision for acupuncturist is not necessary,and will increase extra cost for evey practitioner. thersfore, as a number of professional body like -ATCM, we have already releant training and education,insurance and continuing professional development(CPD) which are the standard requirements. Strickly following ATCM's Code of Safe practice an dCode of Professional Conduct, I conduct a self-assessment of heath and safety practice annually.</p> <p>I don't think acupuncturist should be under same category with Body piercing, electrolysis,and Tatooing.</p>
<p><b>246 - Ke Xia Xu</b></p>	<p>No, this decision for acupuncturist is not necessary, it will increase extra cost for every practitioner, as a member of professional body like ATCM, we have already had relevant training and education, insurance and continuing professional development(CPD) which are the standard requirements. Strictly following ATCM's Code of Safe Practice and Code of Professional Conduct, I conduct a self-assessment of health and safety practice annually.</p> <p>i don't think acupuncturist should be under same category with Body Piercing, Electrolysis, and Tatooing.</p>
<p><b>247 - Anonymous (acupuncture)</b></p>	<p>Disagree.it is not necessary for acupuncturist. as a member of professional body like ATCM, we have already had relevant training and education, insurance and continuing professional development (CPD) which are the standard requirements. Strictly following ATCM's Code of Safe Practice and Code of Professional Conduct, I conduct a self-assessment of health and safety practice annually. It will increase the cost of a practitioner. Life is hard for us.</p> <p>And Acupuncture is totally different with Body Piercing, Electrolysis, and Tatooing</p>
<p><b>248 - Anonymous (acupuncture)</b></p>	<p>No, this decision is not for acupuncturist. As a member of professional body likeATCM, we have already had relevant training and education, insurance and continuing professional development (CPD) which are the standard requirements. Strictly following ATCM's Code of Safe Practice and Code of Professional Conduct, a self-assessment of health and safety practice is conducted annually.</p> <p>Acupuncturist shouldn't be under same category with Body Piercing, Electrolysis, and Tatooing.</p>
<p><b>249 - Association of Traditional</b></p>	<p>No, this decision for acupuncturist is not necessary, and will increase extra cost for every practitioner. Therefore, as a member of professional body like ATCM, we have already had relevant training and education, insurance and continuing professional development (CPD) which are the standard requirements.</p>

<b>Chinese Medicine</b>	<p>Strictly following ATCM's Code of Safe Practice and Code of Professional Conduct, I conduct a self-assessment of health and safety practice annually.</p> <p>I don't think acupuncturist should be under same category with Body Piercing, Electrolysis, and Tattooing</p>
<b>also</b>	<p>67 - Anonymous (acupuncture); 68 - Anonymous (acupuncture) ; 70 - Anonymous (acupuncture); 72 - Anonymous (acupuncture); 101 - Anonymous (acupuncture); 114 - Anonymous (acupuncture); 115 - Jing Wang; 134 - Anonymous (acupuncture); 137 - Lingxia Gao; 138/139 - Wang Chen; 141 - Na Yang; 153 - Zhimin Ma; 154 - Anonymous (acupuncture); 155 - Anonymous (acupuncture); 156 - Cui Hong Duan; 157 - Anonymous (acupuncture); 158 - Anonymous (acupuncture); 160 - Anonymous (acupuncture); 161 - Anonymous (acupuncture); 162 - Anonymous (acupuncture); 165 - Qikan Yin; 170 - Yuancai Fu; 171 - Yan Jing Wang; 174 - Phoebe Deng ; 177/206 - Anonymous (acupuncture); 188 - Anonymous (acupuncture); 190 - Anonymous (acupuncture); 191 - Anonymous (acupuncture); 193 - Dr Jianrui Wang; 196 - Anonymous (acupuncture); 197 - Anonymous (acupuncture); 205 - Lulu Dai; 208 - Zheng Yuan Zhong; 210 - Li Yan; 213 - Min Li; 223/140 - Xianghui Guo; 225 - Jun Wen Ma; 235 - Anonymous (acupuncture); 240 - Shu Li Lu; 242 - Anonymous (acupuncture); 243 - Anonymous (acupuncture).</p>
<b>252 - Torfaen County Borough Council</b>	<p>Yes.</p> <p>TCBC agree with the proposed licensing criteria and request that the following supporting documents should also be supplied by applicants: -</p> <ul style="list-style-type: none"> <li>- National Insurance Number</li> <li>- Date of Birth of the practitioner</li> <li>- MOT date and status for vehicles</li> <li>- Confirmation of vehicle insurance</li> <li>- A digital full-face image that is compliant with passport protocol – the documents read as though an actual passport photo is required</li> <li>- A medical waste / sharps disposal agreement</li> <li>- Client consent form and explanation documents</li> <li>- Aftercare advice</li> <li>- Additional training certificates e.g., microblading course</li> <li>- Site specific cleaning schedules, including dilution rates, contact times, personal protective equipment</li> <li>- COSHH assessments</li> </ul>

- Safeguarding training for premises owners
- Procedures for dealing with a spillage of bodily fluid
- Layout plan of the premises and treatment rooms, including toilet facilities, welfare facilities, workflows of clean and dirty equipment to ensure separation etc.
- Planning permission
- Landlord permission
- Insurance documents for the persons and premises
- Competency Assessment of the Supervisor/Mentor
- Breakdown of the trainee apprentice training schedule
- Confirmation of age if under 25 years
- Clear contract of responsibility between practitioners renting a room/chair and the approved premises certificate holder
- Evidence of membership of a professional tattooing body or relevant trade association

All should be included in the licence and pre-disclosure checks. As this process is to be partially a desktop exercise, then everything to demonstrate compliance with the conditions needs to be provided in full at the time of the application.

The consultation repeatedly cites DBS checks, yet doesn't clarify who provides the DBS check, the LA seeks and receives it, or the applicant?

How are pending hearings considered in the process?

Current Omissions

The licensing criteria for special procedures for practitioners should also cover that the person needs to 'meet all required standards as set out in the mandatory conditions'

This is currently specified for the premises application but not the person. Para 11.11 states that 'The premises or vehicle meets all required standards as set out in the premises / vehicle approval condition.

Infection control is the priority, and this is down to the practitioner, in addition to the premises layout.

	<p>Compliance with conditions for a practitioner is just as important, if not more important, than that of the premises as it regulates how they operate. It is the practices that will impact the health and safety of the client and poses the greatest risk to infection control.</p> <p>As this is to be partially a desktop exercise, then everything to demonstrate compliance with the conditions needs to be provided at the time of the application.</p> <p>Availability of training must also be considered in order to enable practitioners sufficient time to apply, attend and complete their training. Should it also be mandated that this training is repeated within a prescribed frequency?</p>
<p><b>254 - Swansea Council</b></p>	<p>PARTIALLY.</p> <p>But the list should be expanded.</p> <p>Photo ID.  National Insurance Number  Date of Birth of the practitioner  MOT date and status for Vehicles if mobile  Confirmation of vehicle insurance if mobile</p> <p>All should be included in the license and pre-disclosure checks.</p> <p>The consultation repeatedly cites DBS checks, it is assumed the applicant would apply for this and submit to the authority.</p>

<b>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?</b>	
<b>'Yes' response</b>	11 – Katie; 14 – Cheryl Drew; 104 – Anonymous (acupuncture); 212 - Save Face; 216 - Age Cymru; 227 – Anonymous.
<b>'No' response</b>	none
<b>Left blank</b>	5 - Anonymous (acupuncture); 24 – Anonymous; 25 – David Carlisle; 28 – Anonymous; 59 – Josh Cranton; 62 – Anonymous; 89 – Rachel Bowen; 186 - Anonymous (acupuncture); 189 - Baidong Li.
<b>'agree'</b>	15 - Anonymous (acupuncture); 18 - Anonymous; 51 – Alison Williams; 57 – Tamarind Dykes; 67 - Anonymous (acupuncture); 68 - Anonymous (acupuncture); 70 - Anonymous (acupuncture); 72 - Anonymous (acupuncture); 101 - Anonymous (acupuncture); 108 - Anonymous (acupuncture); 110 - Anonymous (acupuncture); 114 - Anonymous (acupuncture); 134 - Anonymous (acupuncture); 137 - Lingxia Gao; 138/(139) - Wang Chen; 141 – Na Yang; 142 - Anonymous (acupuncture); 146 - Ming Chu Lok; 156 - Cui Hong Duan; 165 - Qikan Yin; 170 - Yuancai Fu; 171 - Yan Jing Wang; 172 - Baifang Zhu; 174 - Phoebe Deng; 177/206 - Anonymous (acupuncture); 178 - Minan Yao; 188 - Anonymous (acupuncture); 190 - Anonymous (acupuncture); 191 - Anonymous (acupuncture); 193 - Dr Jianrui Wang; 194 - Jian Wang; 196 - Anonymous (acupuncture); 197 - Anonymous (acupuncture); 203 - Anonymous (acupuncture); 205 - Lulu Dai; 208 - Zheng Yuan Zhong; 209 - Anonymous (acupuncture); 210 - Li Yan; 213 - Min Li; 223/140 - Xianghui Guo; 225 - Jun Wen Ma; 235 - Anonymous (acupuncture); 236 - Jing Ding; 237 – Pinyi; 240 - Shu Li Lu; 242 - Anonymous (acupuncture); 243 - Anonymous (acupuncture); 244 -Anonymous (acupuncture); 245 - Anonymous (acupuncture); 247 - Anonymous (acupuncture); 248 - Anonymous (acupuncture).
<b>1/35 - Anonymous</b>	Yes. A certificate of training with an assessment of competence at the end of the training should be essential.
<b>2 - Anonymous</b>	I don't think this is necessary and would be very difficult to evidence in some cases.
<b>3 - Guild of Beauty Therapists</b>	They should be able to produce a certificate of training from an accredited training provider. Note that very few certificates of training provided in this area will be from awarding bodies that are registered on the QCF. So if this is being managed by the local authorities and they require any qualifications to be on the QCF it will result in most applications in semi permanent make up being rejected. The solution would publish a list of qualifications from accrediting bodies that are acceptable. For example, our training arm

	is Guild Training International (GTi) and our certificates are accepted by all the main insurers but we are not on the QCF.
<b>4 - Anonymous</b>	Yes. This is an activity that FE Colleges and Awarding Organisations in Wales should undertake.
<b>6 - Anonymous</b>	Yes I agree. Certificate of competence and proof that a course has been completed.
<b>8 - Anonymous</b>	Yes. The qualification should have a practical element. Also it can be gained by a trainee under a qualified licensed professional practitioner in an apprentice situation.
<b>9 - Anonymous</b>	There should be compulsory courses of instruction and certification that such a course has been attended and passed
<b>10 - Anonymous</b>	yes, this is a must, they should provide appropriate impartial references stating that they can work to a satisfactory standard
<b>12 - Anonymous</b>	Yes, qualifications
<b>16 - Sarah Swaysland</b>	<p>I agree that practitioners should be able to demonstrate continuous professional development; however, this is likely to be challenging for traditional tattooing and cosmetic skin piercing where there are currently no accredited training courses. Unlike treatments such as acupuncture/electrolysis/semi-permanent tattooing, where there are lots of accredited courses available, most tattooists/piercers learn their trade via informal apprenticeships. In most cases, the experienced practitioner has also learnt 'on the job' and not in accordance with any validated syllabus.</p> <p>This may necessitate tattooing and piercing apprenticeship schemes to follow an agreed structure and syllabus determined by an organization such as OFQUAL.</p> <p>The consultation document makes reference to a practitioner remaining up to date with IPC knowledge. Is there an expectation that a minimum number of CPD hours will be evidenced or that the level 2 IPC course will be retaken every 3 years?</p>
<b>17 - Anonymous</b>	Yes but i dont think it should be a chargeable change to existing registered individuals and premises
<b>19 - Kim Eldridge</b>	<p>Yes. My experience of acupuncture practicing Physiotherapists supports evidence of continued professional development (update training or audit) at an agreed quota biannually (evidence supported by CSP (AACP) and the HCPC. This should be different for each procedure as they vary in technique and expectation. Professional bodies for each should drive this amount.</p> <p>This supports safety, knowledge and application.</p>
<b>20 - Duncan Reed</b>	This should be focused on infection control, safety and any updates to regulations rather than any artistry



	<p>as that would be incredibly subjective.</p> <p>There needs to be guidance from the local authority on what classes as evidence of competence for these areas. Surely it should be the responsibility of the government/regulator to say what is required for refresher training rather than leaving it vague as that goes against the purpose of the regulations to level the playing field.</p>
<b>21 - Anonymous</b>	Do the exempt have to prove their competence? If you are qualified in what you do then you should be competent, unless you have been out of practice for a long period of time.
<b>22 - Sally Hickenson</b>	I agree and think that a certificate from each counties environmental health should be displayed in each licensed premises.
<b>23 - Anonymous</b>	<p>Yes. Pictures of work taken, to make sure people are working at a competent level.</p> <p>Everything down to the depth that they should be working at if your tattooing semi permanent make up.</p>
<b>26 - Joint Council of Cosmetic Practitioners</b>	See response to question 5. Evidence should be in the form of certified qualification certificates.
<b>27 - Clares European Services</b>	Evidence of training carried out, training records, EHO visit to see competence of operator
<b>29 - Shan MacVicar</b>	Happy that our acupuncturist is registered with her college.yes.
<b>30 - Anonymous</b>	<p>Certificate should be from an Awarding Body.</p> <p>Short videos</p>
<b>31 - Chartered Institute of Environmental Health</b>	<p>There has been much confusion in the past regarding competence, particularly with respect to tattoo artists, when competence has been confused with artistic ability.</p> <p>We agree that it desirable that applicants should be able demonstrate competence and suggest that this is done during the application process, since those who cannot, at that stage demonstrate competence should not be able to proceed to be licensed.</p> <p>We suggest that competence can be demonstrated by local authority enforcement officers asking the applicants questions that will probe their competence and understanding. To ensure consistency and transparency these questions and their answers should be provided in statutory guidance to local authorities.</p>

<b>32 - Anonymous (tattooing)</b>	We think that it is nearly impossible to display competence on an application form in an industry where formal training does not happen. Who will decide the criteria & how will it be judged?
<b>33 - Carla Evans</b>	Certificates of appropriate qualification and all details pertaining to the course undertaken.
<b>34 - James Ogle</b>	A certificate of competence provided by a regulated/insured training school group should be enough. So you would need to impose some form of regulation on providers that are training people, not looking at the practitioners themselves. But having appropriate procedures in place as a practitioner should definitely be required.
<b>36 - Kelly Griffiths</b>	y... include under competence the skill of the tattooist as well as experience... requiring a licence to purchase tattoo supplies, suppliers to only sell to people with approved licence
<b>37 – Anonymous (local authority)</b>	<p>Yes - We think that under this legislation “competency” can only be concerned with infection prevention and control. As such the assessment of competency should be by an Officer at a visit to the practitioner at the premises to determine whether they are able to demonstrate safe and hygienic set up practices. There is no other forum to assess this competency and the passing of a Level 2 course will not provide this certainty.</p> <p>We can ask them for evidence of training or apprenticeship but what happens for the sectors where recognised training is not available? Training courses are widely variable and do not have benchmark criteria.</p> <p>We would consider the IP&amp;C course to be part the competency for the purpose of the legislation e.g. not to cause infection but not all of it. Hence the need for a competency assessment.</p> <p>Going forward National templates could be developed via CIEH or task groups as to what competency is (self assessment) which could include an apprenticeship scheme too but this would need to be turned round prior to the implementation of the regulations. It is not for officers to assess how good a microblader, tattooist is, currently it is through word of mouth or photos of previous clients.</p>
<b>38 - Rachel Edney</b>	I believe, as a protection for the public, that a level of competence should be evidenced for acupuncture practitioners. Despite overwhelming support for statutory regulation from within our industry, we remain voluntarily regulated for political reasons. As there is potential for harm with acupuncture, practitioners should achieve the minimum standards set out by the World Health Organisation. Many acupuncturists in Wales exceed this level of training, being trained to a degree level standard, but unfortunately some fall significantly short.

<b>39 – Kate Doble</b>	Yes. Will be difficult to assess as the person examining the application will need to know what formal regulated qualifications exist. If practitioners dont have these, how do they assess an informal pathway? Guidance should be provided for EHOs on this matter for the 4 special procedures
<b>40 – Anonymous (acupuncture)</b>	Yes, with acupuncture that is usually confirmation that an approved course has been completed eg. AACP Basic Acupuncture Course  The course should include a requirement of a practical, observed, element to gain the qualification, supervised clinical hours, a case study to demonstrate sound theory and application.  For licence renewal should there be a check on any insurance claims over the last 3 years?
<b>41 – Anonymous (acupuncture)</b>	Why are you putting Acupuncturists in this category? 3 1/2 years training and continual professional development takes place. Further lack of understanding on how Acupuncture works, we wore full PPE for a year and mask still...
<b>42 - Paul Battersby</b>	I do not agree I am a member of the physiotherapy profession, and already am regulated by the HCPC. My qualification was assessed at level 6-7 with examinations and assignments to evidence my competencies and my CPD further clarifies these competencies.
<b>also</b>	44 - Roy Montgomery; 45 – Anonymous (acupuncture); 46 - Alison Smith; 50 – Anonymous (acupuncture); 51 - Alison Williams; 52 – Anonymous (acupuncture); 60 – Laura Gibbons; 63 – Christine Hutchinson; 86 - Suzanne Gregson; 105 - Daniel Curran.
<b>43 - Acupuncture Association of Chartered Physiotherapists</b>	We as an organization do not agree we are members of the physiotherapy profession, and already regulated by the HCPC. Most are qualified and assessed at level 6-7 with examinations and assignments to evidence my competencies and their CPD further clarifies these competencies.
<b>47 - Anonymous</b>	Yes, they should be able to demonstrate an understanding of blood bourne pathogens, aseptic cleaning, first aid, infection control etc
<b>48 - Kat Hennes</b>	I suggest that a portfolio should be provided in addition to any training courses and certification. Within body piercing, training courses are seen as a very low-grade way of entering the industry as these are often being taught by inexperienced, untrained individuals teaching outdated and often dangerous practices. A 3 year apprenticeship under a high-quality piercer with more than 10 years of experience is considered the gold standard, and this can be quite hard to prove in comparison to the paperwork provided by one of these training 'schools.'

<p><b>49 - Di-enw</b></p>	<p>Rhagwelir fod yr elfen yma o'r drefn yn un anodd ei asesu. Nid oes cymwysterau penodol perthnasol ar gael ar gyfer rhai o'r triniaethau hyn.</p> <p>Debyg y byddai rhaid edrych ar brofiad yr unigolyn, tystlythyrau gan hyfforddwyr /cyflogwyr, aelodaeth o sefydliadau (pa rai?)</p> <p>Pa mor gyfredol ddylid y cymhwysedd / profiad yma fod?</p> <p>Sut mae unigolyn hefo busnes ei hun yn mynd i dderbyn profiad ?</p> <p>Rhaid amlygu fod swyddogion ond yn asesu cydymffurfiaeth gyda gofynion iechyd cyhoeddus - dim safon y gwaith</p>
<p><b>53 - Oliver Todd</b></p>	<p>Competency needs to be proven and while checking ongoing learning etc such as courses and conference attendance this will not pick up those with no skill for the work they are performing. This is aimed more so at piercing and tattooing as there is a skill level needed to be competent at these, for example what's to stop someone that has no artistic talent from permanently marking someone for life with an atrocious piece of work?</p>
<p><b>54 - Lola Slider</b></p>	<p>No, Body Art is an art form, you can become qualified in areas such as cross contamination and infection prevention and blood borne pathogen training and First Aid, but you can't prove you're a competent body artist, the proof is in your portfolio and your client base. Clients have to be able to look at the work of a professional and make that judgement for themselves. How can the government regulate what is and isn't art if the safety standards are being met? And how does the Welsh government have a better understanding of body art competency than the artists themselves?</p>
<p><b>55 - Aiden Johnson</b></p>	<p>Yes. Documentary evidence should include apprenticeship/traineeship commencement date, content and total training time. Attendance of a tattoo convention is not a sign that a practitioner is competent. Educational conferences, blood borne pathogen training, first aid training and membership of industry associations are better signs that a practitioner is competent.</p>
<p><b>56 - British Medical Acupuncture Society</b></p>	<p>YES, a certificate of training/qualification from a recognised training body should be provided. A definition of what constitutes a recognised training body would need to be agreed upon; the professional bodies listed in Section 60 could advise.</p>

<b>58 - Kate van Rensburg</b>	do not agree I am a member of the physiotherapy profession, and already am regulated by the HCPC. My qualification was assessed at level 6-7 with examinations and assignments to evidence my competencies and my CPD further clarifies these competencies.
<b>61 – Anonymous (acupuncture)</b>	Yes . Evidence of a certified course in the relevant field, i.e. doing an acupuncture course that has taught relevant techniques should be enough however I am aware not all course qualities are the same identifying a need for standardised controls
<b>64 - Anonymous (acupuncture)</b>	I do not agree. I am a member of the Physiotherapy profession, and we are already regulated by the HCPC. My qualification was assessed at level 6-7 with examinations and assignments to evidence my competencies and my CPD further clarifies these competencies.
<b>65 - Anonymous (acupuncture)</b>	I do not agree. I am a member of the Physiotherapy profession, and we are already regulated by the HCPC. My qualification was assessed at level 6-7 with examinations and assignments to evidence my competencies and my CPD further clarifies these competencies.
<b>66 – Gareth Davies</b>	certification on the course insurance provided
<b>68 - Anonymous (acupuncture)</b>	I do not agree. I am a member of the physiotherapy profession, and already am regulated by the HCPC. My qualification was assessed at level 6-7 with examinations and assignments to evidence my competencies and my CPD further clarifies these competencies. I also maintain infection control training and procedures within premises, which up to now has been approved and licensed by the local authority, which already incurs significant costs. As a healthcare professional I am already bound by professional bodies for my clinical practice, which includes acupuncture. This would lead to multiple governance needlessly over my clinical practice
<b>69 - Anonymous (acupuncture)</b>	Yes, evidence they have undertaken the relevant training
<b>73 - Clare Robinson-Campbell</b>	Yes, certificates in the procedure and certificates that cover infection control, plus insurance.
<b>74 – Anonymous (SPM)</b>	Yes- surely if they have qualified to level 4 in their specialist practice this is sufficient evidence? If not then you need to be looking at the training centres to make changes rather than penalising the people trying to run honest businesses who have already paid and completed all relevant training
<b>75 - Madeline Boots</b>	I do not agree. I am a member of the physiotherapy profession, and already am regulated by the HCPC. My qualification was assessed at level 6-7 with examinations and assignments to evidence my competencies and my CPD further clarifies these competencies. I also maintain infection control training and procedures within premises, which up to now has been approved and licensed by the local authority,

	which already incurs significant costs. As a healthcare professional I am already bound by professional bodies for my clinical practice, which includes acupuncture. This would lead to multiple governance needlessly over my clinical practice
<b>77 - Mari McAndrew</b>	This is a difficult question to answer, due to the fact that not all training is regulated. They should provide certificates of any additional training, CPD, events that they attend. Also, unregulated 'Beauty Academies' should be required to have minimum standards for accepting students onto their courses (for example NVQ level 2 in Beauty Therapy), and this should be written into the premises approval conditions for those types of premises.
<b>78 – Anonymous (acupuncture)</b>	yes - We already do this with our professional council (HCPC). I don't think replicating this is needed.
<b>79 - Rhian Mansfield</b>	I do agree that there should be some kind of evidence to document competency and while showing this through attendance of conferences etc is a good start, this doesn't prove a lot in the way of someone being able to perform a safe procedure. Perhaps another way of proving competency could be proof of learning under a mentor, with at least one year training with a registered and experienced mentor. There could be set criteria for being competent in the carrying out of a special procedure by ensuring that when the procedure is being undertaken the practitioner is doing it as sterile as possible like body piercing, for example, sterile gloves being used alongside a 2-step cleaning process of the area being pierced.
<b>80 - Anonymous (tattooing)</b>	Yes, I do believe there should be something in place that shows evidence that the practitioner is competent in their chosen profession. Addressing how this could be demonstrated is a tricky task; possibly a checkable work history of previous studios they have worked at as I do not believe passing a course and providing a certificate is ample proof, especially in the realms of PMU artists. Tattoo apprentices have usually been an apprentice for three years before they are considered competent (some excel quicker). Still, a few days or week's courses that these PMU providers deliver are inadequate and they do not produce competent practitioners. I would not want a newly trained PMU artist marking my face with permanent ink. An apprentice should have the backing of an experienced artist would should be able to prove competency via a checkable work history, maybe conventions attended (as these have strict criteria to be able to work them). There are also some basic questions that a competent artist would know about tattoo techniques, needle depth, subcutaneous fat, and epidermis.
<b>81 - Gemma Kingston</b>	Yes.  Portfolio

	<p>Consultations Insurance checks How long they have been offering the treatments.</p>
<b>84 - Anonymous</b>	A competency based portfolio to support the process would be helpful.
<b>85 - F Hinds Ltd</b>	As all of our training is provided by [manufacturer name redacted] UK, we would assume that this would provide a sufficient industry standard of competence in any practitioner (Most LA's already accept the training provided is more than sufficient in this regard)
<b>90 - Blaenau Gwent County Borough Council</b>	<p>If this is included, further guidance would need to be issued to both applicants and LA's on how to demonstrate this, as it is currently subjective. Is competence referring to Infection, Prevention and Control, artwork abilities, practical abilities etc.</p> <p>Whilst there are formal courses that practitioners can attend in relating to training for acupuncture, electrolysis, semi-permanent make up etc, this isn't generally the case for tattooing. Therefore, it may be difficult to demonstrate this on an application form.</p> <p>If competence is to be assessed, this should only be in relation to infection, prevention and control and being able to undertake procedures safely. Artistic ability is subjective; therefore, this isn't something that can or should be a deciding factor.</p> <p>Competency will need to be assessed during inspection of the person/premises/vehicle. Qualitative questions could result in inconsistent assessment by differing LA's across Wales. Defining the key competency assessment criteria to be applied by Officers is essential for consistency when Officers are reviewing applications or undertaking on site assessments. This is important to ensure that practitioners are not applying to Local Authorities where they feel there may be a lower threshold is being applied when it comes to assessing competency in comparison to a neighbouring authority where they may have been refused.</p> <p>The above is also important when considering any appeals that may be made as a result of being refused a licence on competency grounds. There needs to be a clear and transparent standard that is being applied.</p>

	Also, for trainee practitioners, it would be unreasonable to expect them to demonstrate the same level of competence when this is the reason they are undertaking their training and applying for the trainee rather than the full licence. There needs to be a clear baseline standard for trainees that is the minimum requirement prior to the commencement of training.
<b>91 - British Beauty Council</b>	Yes. Practitioners should be expected to provide certified proof of competency, by a regulated qualification or equivalent approved by Qualification Wales in the relevant procedure area for which the license is being provided. A list regulated qualification or equivalent should be identified and approved by Public Health Wales.
<b>92 - Anonymous (acupuncture)</b>	Yes - training providers should be meet minimum criteria, as set out in the learning outcomes answer in Q5
<b>93 - Royal College of Midwives</b>	Yes. Applicants should be able to demonstrate that they are qualified and competent, and have supporting documentary evidence in the form of qualification certificates and records of training and development courses attended.
<b>94 - National Hair and Beauty Federation</b>	<p>Yes, we agree with providing evidence of competence. This could be done through submitting proof of regulated qualification gained, providing evidence of education and training completed and relevant practitioner development.</p> <p>All regulated Qualifications must be overseen by Qualification Wales.</p> <p>A minimum level of practitioner development should be completed on an annual basis, this could include evidence of additional learning, skills development or maintaining competency levels through a log of completing services/treatments on clients.</p> <p>There should not be gaps in competency over 12 months without sufficient CPD to ensure the practitioner can continue to meet expected industry standards.</p>
<b>95 - Beauty Industry Group - Licensing</b>	<p>Yes. Practitioners should be expected to provide certified proof of competency, by a regulated qualification or equivalent approved by Qualification Wales in the relevant procedure area, for which the license is being provided.</p> <p>A list regulated qualification or equivalent should be identified and approved by public health wales</p> <p>Regulated Qualifications are overseen Qualification Wales</p>



	<p>All regulated qualifications are based on NOS or Apprenticeship occupational standards alongside consultation with industry and stakeholders.</p> <p>Qualifications must meet industry Codes of Conduct (NHBF), membership criteria (FNP), membership qualification (BABTAC: qualified, verified and insured), FHT:</p> <p>professional status and recognition, UKSA (code of conduct), BIAE (recognised) industry standard (Habia) requirements for professional practice and insurance purposes. This was also recommended in the BAW APPG inquiry report: Ofqual must ensure academic progression routes to regulated qualifications are available from a range of Awarding Organisations for all aesthetic practitioners.</p> <p>There should not be gaps in competency over 12 months to ensure the practitioner can continue to meet expected industry standards.</p>
<p><b>96 - Beauty Industry Group Chair</b></p>	<p>Yes. Practitioners should be expected to provide certified proof of competency, by a regulated qualification or equivalent approved by Qualification Wales in the relevant procedure area, for which the license is being provided.</p> <p>A list regulated qualification or equivalent should be identified and approved by public health wales</p> <p>Regulated Qualifications are overseen Qualification Wales</p> <p>All regulated qualifications are based on NOS or Apprenticeship occupational standards alongside consultation with industry and stakeholders.</p> <p>Qualifications must meet industry Codes of Conduct (NHBF), membership criteria (FNP), membership qualification (BABTAC: qualified, verified and insured), FHT:</p> <p>professional status and recognition, UKSA (code of conduct), BIAE (recognised) industry standard (Habia) requirements for professional practice and insurance purposes. This was also recommended in the BAW APPG inquiry report: Ofqual must ensure academic progression routes to regulated qualifications are available from a range of Awarding Organisations for all aesthetic practitioners.</p>

	There should not be gaps in competency over 12 months to ensure the practitioner can continue to meet expected industry standards.
<b>98 - Inc and Co</b>	<p>Competence in performing the special procedure should not just be IC&amp;P. The ability to carry out the procedure without causing harm should be evidenced - this links to the current licensing regulations.</p> <p>(One year apprenticing before obtaining a full license) This means that a newly licensed practitioner is technically allowed to take on a trainee of their own before fully understanding and having experience of their special procedure. There should be a stipulation in place that a practitioner has to have been fully licensed for at least 5 years(though 10 years would be my preference) before taking on an apprentice.</p>
<b>99 - Janis Short</b>	I do not agree I am a member of the physiotherapy profession, and already am regulated by the HCPC. My qualification was assessed at level 6-7 with examinations and assignments to evidence my competencies and my CPD further clarifies these competencies.
<b>100 - Anonymous</b>	easy access online courses because of living in rural areas
<b>102 - Dr Di Wu</b>	Agree. For acupuncturists the membership certificate of regulatory body such as BAAC or ATCM should be sufficient.
<b>103 - Anonymous (acupuncture)</b>	Applicants should have a qualification and a membership of a professional body for their specialism. This should allow for a range of qualifications and professional bodies and not be too prescriptive.
<b>106 - Anonymous (acupuncture)</b>	<p>Absolutely.</p> <p>One of the main deficiencies of the National Professional Standards for Acupuncture was that the standards as written reflected what one might term 'observational' criteria, what an observer might see if they looked through a porthole into a room where a practitioner was working. This effectively diminished the requirement for competence to visible demonstrations of sound technique, hygienic procedure and record keeping in safe and properly equipped premises</p> <p>While these are important, they served as the main criteria under LGMPA 1982, and many local authorities in England recognized that a very rudimentary weekend training could equip someone with these skills, and that true competence involved more than simply how to insert a needle and dispose of it safely. Some went to far as to require degree level training, expressed as 'BAAC membership or equivalent', and I would support a similar level of requirement, at least for the acupuncture licensees. I am not qualified to comment on tattooists and body piercers.</p>

	<p>This would require copies of certificates from recognised training institution, together with evidence of continuous practice in the three years prior to application if that training and qualification took place within the three years prior to application.</p>
<b>107 - BABTAC</b>	<p>Yes. Practitioners should be expected to provide certified proof of competency, by a regulated qualification or equivalent approved by Qualification Wales in the relevant procedure area, for which the license is being provided.</p> <p>A list regulated qualification or equivalent should be identified and approved by public health wales</p> <p>Regulated Qualifications are overseen Qualification Wales</p> <p>All regulated qualifications are based on NOS or Apprenticeship occupational standards alongside consultation with industry and stakeholders.</p> <p>Qualifications must meet industry Codes of Conduct (NHBF), membership criteria (FNP), membership qualification (BABTAC: qualified, verified and insured), FHT: professional status and recognition, UKSA (code of conduct), BIAE (recognised) industry standard (Habia) requirements for professional practice and insurance purposes. This was also recommended in the BAW APPG inquiry report: Ofqual must ensure academic progression routes to regulated qualifications are available from a range of Awarding Organisations for all aesthetic practitioners.</p> <p>There should not be gaps in competency over 12 months to ensure the practitioner can continue to meet expected industry standards.</p>
<b>109 - Warren Tregidden</b>	<p>Should have customer's feed back on all procedures carried out</p>
<b>111 - Anonymous (tattooing)</b>	<p>Yes. A verbal or physical demonstration can be part of the procedure, but if a client is needed then adequate notice needs to be granted to arrange that, as the whole thing would take up their time and the artist will likely have to give some kind of discount for their trouble. Would video evidence suffice? I personally wouldn't want to open up single-use items such as needles or mix inks for a free demo, but would also be conscious about taking up a client's time.</p>

	It also depends how knowledgeable and competent the person overseeing the procedure is for it to even count.
<b>112 - British Acupuncture Federation</b>	<p>We propose that BAF members should not be required to provide evidence of their competence in acupuncture save as outlined in 1 above as they</p> <ul style="list-style-type: none"> <li>- Are all educated to a level 5 or degree level (level 6) or masters level (level 7) in acupuncture</li> <li>- Are subject to professional standards and disciplinary procedures of BAF (attached)</li> <li>- Research indicates acupuncture administered by highly trained professional acupuncturists is extremely safe.</li> </ul>
<b>113 - Superdrug Ltd</b>	As a business, we already track the completion of both online and in store training provided by our supplier. This is recorded via our company learning management system. Upon completion of the training, a certificate is provided by our supplier, therefore seen as evidence of competence. Our premises are inspected prior to the piercing service being carried out. During this visit, our practitioners, would confidently answer questions relating to health & safety, hygiene and the service provided as a whole process through to aftercare.
<b>115 - Jing Wang</b>	<p>No, this decision for acupuncturist is not necessary, and will increase extra cost for every practitioner. Therefore, as a member of professional body like ATCM, we have already had relevant training and education, insurance and continuing professional development (CPD), which are the standard requirements. Strictly following ATCM's Code of Safe Practice and Code of Professional Conduct, I conduct a self-assessment of health and safety practice annually.</p> <p>I don't think acupuncturist should be under same category with Body Piercing, Electrolysis and Tattooing.</p>
<b>116 - Anonymous</b>	<p>Qualifications Insurance Proof Previous Licensing Documents</p>
<b>117 - Marnie Williams</b>	<p>Yes. Evidence of competency is always going to prove a challenge, particularly in fields like piercing - somebody who isn't already a professional in that field may struggle to discern the difference between a 'good' piercing that will heal successfully and an unsuccessful one.</p> <p>Competency could be evidenced for the local authority. One starting point will be clear documentation of all education and training received, such as regularly renewed first aid, CPR and Blood Borne Pathogens training. Certificates from conferences and online education would be appropriate here too.</p>

	I understand that a non piercing professional may find it difficult to impossible to assess work and I would deem video footage of actual piercings dangerous if leaked to online platforms. I would welcome consultation with UKAPP for an appropriate way forward to ensure true competency.
<b>118 - Ann Charlton</b>	Yes I agree, evidence of professional training to a good quality standard and insurance should be appropriate documentation.
<b>120 - Anonymous (acupuncture)</b>	Yes, Have you considered linking in with other regulatory bodies? Physiotherapists registered with HCPC will already be regulated under some of these points. Would proof of HCPC registration make it an easier process for both applicant and local authority?
<b>121 - National AIDS Trust</b>	<ul style="list-style-type: none"> <li>• We agree with the proposed licensing criteria, and particularly agree that the applicants for a license should be undertaking training in relation to Infection Prevention and Control.</li> <li>• As a charity advocating for the rights of people living with HIV in the UK, we are primarily concerned that special procedures such as tattooing and piercing are often arenas in which people living with HIV experience discrimination related to their HIV status.</li> <li>• It is therefore vital that practitioners of special procedures are aware how HIV is transmitted, and how infection can be prevented. Any mandated training should include learning about how blood borne viruses such as HIV are transmitted and take note of the importance of using universal precautions when performing special procedures on all clients (i.e., sterilising all equipment and wearing single-use PPE such as gloves).</li> <li>• Many people living with HIV in the UK are aware of their status, on medication and have an undetectable viral load, meaning that they cannot transmit HIV to others. This is known as "Undetectable = Untransmissible" or "U=U". However, there will be individuals who are unaware that they have HIV, or another blood borne virus, and these individuals may pose an infection risk through their blood. This is the reason why universal precautions are vital, and must be used by practitioners on all clients, not just those who declare themselves to be living with HIV.</li> <li>• The specification of the qualification attached in the consultation document looks suitable as it specifically includes HIV, the use of PPE, management of body fluids and occupational exposure management within the syllabus. We cannot see the detail of the HIV-related content covered in the qualification syllabus - but the training should cover the concept of undetectable viral loads. "U=U" has been established as medical fact for many years now, and it is vital that this is covered by the Level 2 qualification if it is not already. Building knowledge amongst special procedure practitioners about</li> </ul>

"U=U" is vital to reduce HIV stigma and discrimination within these professions against people living with HIV, and to ensure their knowledge of HIV infection risk is up to date.

- If these principles are not part of the content of any future approved Level 2 qualifications, then separate training on blood borne virus transmission is vital and should be a requirement for obtaining a license. Practitioners being in full possession of the facts on blood borne virus transmission is likely to reduce stigma in these settings and therefore prevent discrimination against people living with HIV, as well as increase safety of procedures for practitioners and clients alike.
- We agree that completing an Infection Prevention and Control questionnaire is a sensible requirement to meet licensing criteria. The stated purpose of the questionnaire being to demonstrate the applicant has the required knowledge on infection control is a vital one, which we are pleased to see included.
- In our view, the questionnaire should also establish that the license applicant understands that a client declaring their HIV status to them should not be denied a special procedure purely because they are living with HIV. HIV is classified under the protected characteristic of 'disability' within the Equality Act 2010, and as such discrimination against people living with HIV is illegal.
- Similarly, applicants should be made aware that it is illegal to charge a person living with HIV extra to perform a special procedure. We believe that making sure that applicants are aware of these facts and their responsibilities under the Equality Act before applying for a license would reduce discrimination in special procedures against people living with HIV and make these industries more inclusive for people living with HIV.
- We agree with the requirement that the applicant has treatment or special procedure indemnity insurance. However, it is important to note that National AIDS Trust have been made aware of cases of some insurance providers who will not allow special procedure practitioners to perform these procedures on people living with HIV as a condition of the insurance policy.
- As highlighted above, such prohibitions are without scientific merit and can amount to discrimination against people living with HIV under the Equality Act. We would therefore suggest that, for this requirement to comply with the Welsh Government's 'public sector equality duty' under the Equality Act to prevent discrimination against people living with HIV, that a special procedure license should only be granted if the indemnity insurance does not discriminate against people living with HIV. This would financially and legally safeguard both the practitioner and the Welsh Government from potential legal action on the grounds of HIV discrimination, whilst ensuring that their premises are insured.

<b>122 - Anonymous</b>	Yes I agree. A form of CPD with specific requirements set out in the guidance would be useful. Making it clear what is mandatory such as the IPC training. And to include any other relevant material with certificates or in the absence of these documentary evidence the competency has been achieved
<b>123 - Anonymous (piercer)</b>	<p>Yes. Evidence of competency is always going to prove a challenge, particularly in fields like piercing - somebody who isn't already a professional in that field may struggle to discern the difference between a 'good' piercing that will heal successfully and an unsuccessful one. Competency could be evidenced for the local authority. One starting point will be clear documentation of all education and training received, such as regularly renewed first aid, CPR and Blood Borne Pathogens training. Certificates from conferences and online education would be appropriate here too.</p> <p>I understand that a non piercing professional may find it difficult to impossible to assess work and I would deem video footage of actual piercings dangerous if leaked to online platforms. I would welcome consultation with UKAPP for an appropriate way forward to ensure true competency.</p>
<b>125 - Becky Crossan</b>	<p>Do you agree with the proposal that applicants should evidence their competence in the special procedure(s) they wish to perform? Yes.</p> <p>If you agree, how should that be demonstrated, and what documentary evidence should be produced?</p> <p>Evidence of competency is always going to prove a challenge, particularly in fields like piercing or tattooing where it is more ephemeral and somebody who is not already a professional in that field may struggle to discern the difference between a 'good' piercing that will heal successfully and an unsuccessful one. As an organisation, the UKAPP has several suggestions of ways in which competency could be evidenced for the local authority (Please see website to view this list: <a href="https://www.ukapp.org.uk/membership/full-member/">https://www.ukapp.org.uk/membership/full-member/</a> ).</p> <p>One starting point will be clear documentation of all education and training received, such as regularly renewed first aid, CPR and Blood Borne Pathogens training. Certificates from conferences and online education would be appropriate here too.</p> <p>The UKAPP would advise that applicants should provide examples of their work, either through a link to online portfolios or a physical 'hard copy.' We understand that assessing this work may be challenging for some inspectors, but as an organisation we would be happy to provide some advice and examples that</p>

	would help inspectors to make an unbiased decision as to whether the applicant is an experienced enough piercer to be working on members of the public.
<b>126 - Rhondda Cynon Taff County Borough Council</b>	<p>Yes. Where the relevant qualification has been stated eg. Level 2 in IP&amp;C, this is straight forward, however where there are no “specific” qualifications recognized in relation to the listed special procedures, “competence” will be more difficult to determine.</p> <p>Perhaps consideration of membership to recognized professional associations could be considered. Perhaps there is an opportunity for the trade to look at developing a “competency” assessment scheme.</p> <p>Recognised CPD schemes.</p> <p>Without a nationally recognised certificate of competence for each of the Special procedures this will be difficult to evidence and wide open to interpretation.</p> <p>Clear guidance would be required for enforcement officers on what practical, theoretical knowledge, experience, and training is necessary to prove competence.</p>
<b>132 - Anonymous (piercer)</b>	<p>Yes</p> <p>Evidence of competency is always going to prove a challenge, particularly in fields like piercing or tattooing where it is more ephemeral and somebody who isn’t already a professional in that field may struggle to discern the difference between a ‘good’ piercing that will heal successfully and an unsuccessful one. As an organisation, the UKAPP has a number of suggestions of ways in which competency could be evidenced for the local authority. One starting point will be clear documentation of all education and training received, such as regularly renewed first aid, CPR and Blood Borne Pathogens training. Certificates from conferences and online education would be appropriate here too.</p> <p>The UKAPP would advise that applicants should provide examples of their work, either through a link to online portfolios or a physical ‘hard copy.’ We understand that assessing this work may be challenging for some inspectors, but as an organisation we would be happy to assist in the creation of a document which will help inspectors apply empirical test standards to the portfolios folk’s are presenting for inspection. Please find attached a sample of this kind of document.</p>
<b>133 - Anonymous (local authority)</b>	Yes.



	<p>If practitioners have attended any formal training course and achieved a certificate then this should be provided with details of the course and its content.</p> <p>Apprentices could produce a log book of the areas they have covered within their practical training which should be counter signed by their mentor.</p> <p>There needs to be more clarity/ guidance as to what 'competency' looks like in practice and clarity on the scope.</p>
<p><b>135 - Anonymous (tattooing)</b></p>	<p>yes, displaying licence and IPC qualification in work area. A photograph of the artist could be included as well so the client knows they are in safe hands</p>
<p><b>136 - Denbighshire County Council</b></p>	<p>This is a difficult question to answer, due to the fact that not all training is regulated.</p> <p>They should provide certificates of any additional training, CPD, events that they attend. Also, unregulated 'Beauty Academies' should be required to have minimum standards for accepting students onto their courses (for example NVQ level 2 in Beauty Therapy), and this should be written into the premises approval conditions for those types of premises.</p> <p>We should also consider how practitioners who have been trained by their employer who has been in the profession for many years and has the knowledge, experience and skill better than some of these day courses being offered. Clearly the employer would already need to be licensed.</p>
<p><b>143 - Claire's Accessories</b></p>	<p>Specific to cosmetic piercing / piercing with a cartridge system, we would propose that a training log and evidence of a manufacturer certificate of competence would be provided to the visiting officer, as is the current process.</p> <p>In order to achieve the certificate, a practitioner will have had to demonstrate competence in the whole process and have been observed carrying out physical piercings. The proposal is also in place for the piercer to have undertaken a qualification (L1) in Infection Prevention and Control.</p> <p>We continue to work with our supplier [manufacturer name redacted] to develop and improve our training for our piercers and along with support from our Primary Authorities develop the L1 in infection control. Cost and time</p>

<p><b>144 - Anonymous (piercer)</b></p>	<p>Do you agree with the proposal that applicants should evidence their competence in the special procedure(s) they wish to perform? Yes.</p> <p>If you agree, how should that be demonstrated, and what documentary evidence should be produced?</p> <p>Evidence of competency is always going to prove a challenge, particularly in fields like piercing or tattooing where it is more ephemeral and somebody who is not already a professional in that field may struggle to discern the difference between a 'good' piercing that will heal successfully and an unsuccessful one. As an organisation, the UKAPP has several suggestions of ways in which competency could be evidenced for the local authority (Please see website to view this list: <a href="https://www.ukapp.org.uk/membership/full-member/">https://www.ukapp.org.uk/membership/full-member/</a> ). One starting point will be clear documentation of all education and training received, such as regularly renewed first aid, CPR and Blood Borne Pathogens training. Certificates from conferences and online education would be appropriate here too.</p> <p>The UKAPP would advise that applicants should provide examples of their work, either through a link to online portfolios or a physical 'hard copy.' We understand that assessing this work may be challenging for some inspectors, but as an organisation we would be happy to provide some advice and examples that would help inspectors to make an unbiased decision as to whether the applicant is an experienced enough piercer to be working on members of the public.</p>
<p><b>145 - Anonymous (tattooing)</b></p>	<p>I do not know if I agree, I feel there is potential with having to display competency as a practitioner for individuals within councils to discriminate against businesses or individuals according to their own tastes. Judgement of quality of work, particularly for tattooing should fall to the prospective client and not one individual working within a council.</p>
<p><b>152 - Anonymous (tattooing)</b></p>	<p>Yea</p>
<p><b>153 - Zhimin Ma</b></p>	<p>i agree</p>
<p><b>also</b></p>	<p>154 - Anonymous (acupuncture); 155 - Anonymous (acupuncture); 157 - Anonymous (acupuncture); 158 - Anonymous (acupuncture); 160 - Anonymous (acupuncture); 161 - Anonymous (acupuncture); 162 - Anonymous (acupuncture).</p>
<p><b>159 - H Wong</b></p>	<p>A degree from a recognized university is an advantage</p>
<p><b>163 - Anonymous (tattooing)</b></p>	<p>Yes, I agree</p>

	<p>The rsph qualification  DBS check  Routine regular studio visits by EHO</p>
<b>164 - Anonymous (tattooing)</b>	<p>This in itself seems like a awfully loaded question, how is competency to be judged? How can competency been shown within a application form?</p> <p>I don't necessarily agree nor disagree purely as i cannot invision a unfair or unbiased way of displaying competency for a form, especially with regards to tattooing.</p> <p>I fear you could end up in the endless loop and argument of what is art.</p> <p>Obviously a competent artists can perform a tattoo with no risk of infection and clean correct depth ink that doesnt result in overworked or scarred skin. However I wonder if the artwork itself will be judged along side the technical application, this is often the case when people discuss tattoos online and frequently a 'bad tattoo' is labelled as such when the application is perfect however it is bad taste or is of a style which others may not like.</p>
<b>166 - Claire Pritchard</b>	<p>yes. a part of my training this is again covered &amp; all appointments are documented with pre/post care.</p>
<b>167 - Anonymous (manufacturer)</b>	<p>Specific to Cosmetic Piercing, we would propose that a training log and evidence of a manufacturer certificate of competence should be provided to the visiting officer.</p> <p>In order to achieve the certificate, a practitioner will have had to demonstrate competence in the complete process and have been observed carrying out physical piercings. The proposal is also in place for the piercer to have undertaken additional Infection Prevention and Control training.</p> <p>The current [manufacturer name redacted] training programme incorporates on site, in person training for all practitioners at the customer premises with one of the company's Regional Trainers. As a business we are currently working with HABIA to achieve additional accreditation to our course, recognising the teaching qualifications of our Trainers, course content and assessment process. The in-person training covers theory, work station set up, overview of the instruments and understanding of metal types, the consultation process including aftercare, hygiene and infection control standards, the marking of the ear /</p>

	<p>nose and corrections, correct loading of the piercing system(s), the piercing process, aftercare advice and disposal at the end of the service Following the theory element all practitioners complete physical piercings and assessment either in person or through the online training portal launched.</p> <p>The other recommendation from us would be that competence is demonstrated, as it is currently, during the premises inspection where practitioners are made to attend the visit and answer questions relating to their understanding of elements such as hand hygiene, the piercing process, the systems, how they conduct the consultation and the aftercare.</p> <p>We have undertaken assured advice through Primary Authority Partnerships for our training programmes and continue to work with them to ensure compliance and promote standards as well as supporting authority visits to customers.</p> <p>Attached – example of [manufacturer name redacted] Primary Authority Visit Checklist. Work is currently in progress with [name redacted] City Council and [council name redacted], Welsh PA, to produce a recommended checklist to assist enforcement officer visits.</p>
<p><b>168 - Anonymous (tattooing)</b></p>	<p>A certificate</p>
<p><b>169 - Anonymous (tattooing)</b></p>	<p>Does competency refer solely to hygiene practices? Is the evidence not the meeting of the other criteria? Otherwise, there are no documentary evidence of this nature to be provided, besides portfolios which are largely online on social media. Tattoos (and their art) for example, are largely subjective. Therefore I don't see what other evidence can be provided besides meeting the rest of the criteria.</p>
<p><b>175 - Anonymous (tattooing)</b></p>	<p>Does competency refer solely to hygiene practices? Is the evidence not the meeting of the other criteria? Otherwise, there are no documentary evidence of this nature to be provided, besides portfolios which are largely online on social media. Tattoos (and their art) for example, are largely subjective. Therefore I don't see what other evidence can be provided besides meeting the rest of the criteria.</p>
<p><b>179 - N Wales Health and Safety Expert Panel</b></p>	<p>Is competence referring to Infection, Prevention and Control, artwork abilities, practical abilities etc. Although we can request evidence of training or apprenticeship this is not standard across the industry as a whole and for some sectors there is no recognised training available. We would consider the IP&amp;C course to be the competency for the purpose of the legislation e.g. not to cause infection. It's not for officers to assess how good a microblader, tattooist is. It is felt that practitioners should be able to demonstrate continuous professional development; however, this is likely to be challenging for traditional</p>

	<p>tattooing and cosmetic skin piercing where there are currently no accredited training courses. Unlike treatments such as acupuncture / electrolysis / semi-permanent tattooing, where there are lots of accredited courses available, most tattooists/piercers learn their trade via informal apprenticeships. In most cases, the experienced practitioner has also learnt 'on the job' and not in accordance with any validated syllabus.</p> <p>National templates could be developed via CIEH or task groups as to what competency is (self-assessment) which would include an apprenticeship scheme too.</p> <p>The consultation document refers to a practitioner remaining up to date with IPC knowledge. Is there an expectation that a minimum number of CPD hours will be evidenced or that the level 2 IPC course will be retaken every 3 years?</p>
<p><b>183 - Hair and Beauty Industry Authority</b></p>	<p>Yes. Practitioners should be expected to provide certified proof of competency, by a regulated qualification or equivalent approved by Qualification Wales in the relevant procedure area, for which the license is being provided.</p> <p>A list regulated qualification or equivalent should be identified and approved by public health wales</p> <p>Regulated Qualifications are overseen Qualification Wales</p> <p>All regulated qualifications are based on NOS or Apprenticeship occupational standards alongside consultation with industry and stakeholders.</p> <p>Qualifications must meet industry Codes of Conduct (NHBF), membership criteria (FNP), membership qualification (BABTAC: qualified, verified and insured), FHT: professional status and recognition, UKSA (code of conduct), BIAE (recognised) industry standard (Habia) requirements for professional practice and insurance purposes. This was also recommended in the BAW APPG inquiry report: Ofqual must ensure academic progression routes to regulated qualifications are available from a range of Awarding Organisations for all aesthetic practitioners.</p>

	There should not be gaps in competency over 12 months to ensure the practitioner can continue to meet expected industry standards.
<b>184 - Nursing and Midwifery Council</b>	Yes, we agree that local authorities need to make sure that applicants applying for a license have the right training, knowledge and skills to enable them to practise safely and effectively.
<b>192 - British Register of Complementary Practitioners</b>	Qualification certificates, CPD certificates appropriate to their practice, appropriate insurance cover.
<b>198 - Isle of Angelsey County Council</b>	<p>Is competence referring to Infection, Prevention and Control, artwork abilities, practical abilities etc.</p> <p>Although we can request evidence of training or apprenticeship this is not standard across the industry as a whole and for some sectors there is no recognised training available. We would consider the IP&amp;C course to be the competency for the purpose of the legislation e.g. not to cause infection. It's not for officers to assess how good a microblader, tattooist is. It is felt that practitioners should be able to demonstrate continuous professional development; however, this is likely to be challenging for traditional tattooing and cosmetic skin piercing where there are currently no accredited training courses. Unlike treatments such as acupuncture / electrolysis / semi-permanent tattooing, where there are lots of accredited courses available, most tattooists/piercers learn their trade via informal apprenticeships. In most cases, the experienced practitioner has also learnt 'on the job' and not in accordance with any validated syllabus.</p> <p>National templates could be developed via CIEH or task groups as to what competency is (self-assessment) which would include an apprenticeship scheme too.</p> <p>The consultation document refers to a practitioner remaining up to date with IPC knowledge. Is there an expectation that a minimum number of CPD hours will be evidenced or that the level 2 IPC course will be retaken every 3 years?</p>
<b>200 - Anonymous (local authority)</b>	<p>YES.</p> <p>The competence being assessed is on IPC and must be assessed via a physical visit or discussion.</p> <p>IP&amp;C training, practical experience and log-book.</p>

	<p>NVQ, HND, Degrees, Vocational Qualifications in relevant subject areas</p> <p>Maintained CPD (events, conventions, trade body subscriptions etc.)</p> <p>Counter-signed by a mentor/college/professional Clear guidance to the sector on what is needed, and why, should be issued now to help them prepare, especially those who may have concerns around sitting tests, creating and maintaining documentation etc.</p> <p>Tattooists may not have a formal test, training or qualification in their area so clarity for the sector is needed on how they prove IPC competence is important.</p>
<p><b>201 - All Wales Communicable Disease Expert Panel</b></p>	<p>YES. CDEP members feel that the competency referred to/cited within the consultation is that of IPC control and delivering safe procedures. Not on the quality, therapeutic, aesthetic or artistic capability of the practitioners. This MUST be clearly communicated to industry and the public.</p> <p>Possible sources to help demonstrate practitioner competency may be:</p> <ul style="list-style-type: none"> <li>- IP&amp;C training, practical experience and log-book.</li> <li>- NVQ, HND, Degrees, Vocational Qualifications in relevant subject areas</li> <li>- Maintained CPD (events, conventions, trade body subscriptions etc.)</li> <li>- Counter-signed by a mentor/college/professional</li> </ul> <p>Further details and observations include:</p> <p>Under this legislation “competency” can only be concerned with infection prevention and control. As such the assessment of competency should be by an Officer at a visit to the practitioner at the premises to determine whether they are able to demonstrate safe and hygienic set up practices. There is no other forum to assess this competency and the passing of a Level 2 course will not provide this certainty.</p>

We can ask them for evidence of training or apprenticeship but what happens for the sectors where recognised training is not available? Training courses are widely variable and do not have benchmark criteria.

Going forward National templates could be developed via CIEH/WLGA/PHW/LA's or task groups as to what competency is (self assessment) which could include an apprenticeship scheme too but this would need to be turned round prior to the implementation of the regulations.

It is not for officers to assess how good a microblader, tattooist is, currently it is through word of mouth or photos of previous clients.

If competence is to be assessed, this should only be in relation to infection, prevention and control and being able to undertake procedures safely. Artistic ability is subjective; therefore, this isn't something that can or should be a deciding factor.

Competency will need to be assessed (or verified) during physical inspection of the person/premises/vehicle. Qualitative questions could result in inconsistent assessment by differing LA's across Wales. Defining the key competency assessment criteria to be applied by Officers is essential for consistency when Officers are reviewing applications or undertaking on site assessments. This is important to ensure that practitioners are not applying to Local Authorities where they feel there may be a lower threshold is being applied when it comes to assessing competency in comparison to a neighbouring authority where they may have been refused.

The above is also important when considering any appeals that may be made as a result of being refused a licence on competency grounds. There needs to be a clear and transparent standard that is being applied.

Also, for trainee practitioners, it would be unreasonable to expect them to demonstrate the same level of competence when this is the reason they are undertaking their training and applying for the trainee rather than the full licence. There needs to be a baseline standard for trainees that is the minimum requirement prior to the commencement of training.



<p><b>202 - Health and Safety Expert Panel</b></p>	<p>The HSEP seek further clarification on the definition of competence and how this can be evidenced.</p> <p>Is competence referring to Infection, Prevention and Control, artwork abilities, practical abilities etc.</p> <p>It is felt that practitioners should be able to demonstrate continuous professional development; however, this is likely to be challenging for traditional tattooing and cosmetic skin piercing where there are currently no accredited training courses. Unlike treatments such as acupuncture/electrolysis/semi-permanent tattooing, where there are lots of accredited courses available, most tattooists/piercers learn their trade via informal apprenticeships. In most cases, the experienced practitioner has also learnt 'on the job' and not in accordance with any validated syllabus.</p> <p>This may necessitate tattooing and piercing apprenticeship schemes to follow an agreed structure and syllabus determined by an organization such as Qualifications Wales.</p> <p>The consultation document refers to a practitioner remaining up to date with IPC knowledge. Is there an expectation that a minimum number of CPD hours will be evidenced or that the level 2 IPC course will be retaken every 3 years? The HSEP is of the view that the training should be repeated within a set time period.</p>
<p><b>211 - British Acupuncture Council</b></p>	<p>Yes. Evidence of competence is essential.</p> <p>We believe the overwhelming majority of the public would expect an acupuncturist licensed by a local authority to have relevant training in acupuncture. In other words, training beyond IPC. This would include safe needling, point location, diagnostic techniques, and western medical knowledge. The question then becomes, what level of training is appropriate?</p> <p>In the Report to Ministers from The Department of Health Steering Group on the Statutory Regulation of Practitioners of Acupuncture, Herbal Medicine, Traditional Chinese Medicine and other Traditional Medicine Systems Practised in the UK May 2008 (Pittilo 2008) it was recommended that acupuncture should be statutory regulated. Subsequently, the then Secretary of State for Health Andrew Lansley opted not to regulate acupuncture on the basis that he was "confident that acupuncturists have their own voluntary regulatory measures in place which are sufficiently robust" (Hansard). Following the publication</p>

of Pitillo 2008 The Health Professions Council (2008) and the Kings Fund stated they felt statutory regulation was in the public interest.

Pitillo 2008 envisaged the entry to the acupuncture profession would be degree level training. The report sets out The Standards of Proficiency for Acupuncture Practitioners on pages 51-57. We believe the competence requirements for acupuncture should broadly align with these standards.

The competencies required to ensure the safe practice of acupuncture extend beyond infection prevention and control (IPC). In a large German prospective study, there were five cases of systemic infection (three requiring treatment) and 31 cases of local infection in 2.2 million treatments. This compares to two cases of pneumothorax, one that required hospital treatment, and 31 cases of nerve injury. There were no deaths or permanent injuries. The longest duration of a side-effect was 180 days: nerve lesion of the lower limb.

The British Acupuncture Council's Guide to Safe Practice is 160 pages long. Whilst a significant part of this document is related to hygiene and infection control, it details the cautions relating to: anaesthetic, blood borne viruses, anti-coagulants, Botox and cosmetic procedures, cancer, immune suppression, lymph node removal/ lymphoedema, cellulitis, diabetes mellitus, deep vein thrombosis, endocarditis, epilepsy, haemophilia and other blood clotting disorders, immune-compromised patients, oedema and circulatory problems, pregnancy and labour, steroids and steroid injections, skin lesions, and needling over the thorax. It also covers auxiliary techniques such as moxibustion and cupping: which are commonly used alongside acupuncture needles.

The British Acupuncture Council's Guide to Safe Practice is a document to be utilised by acupuncturists who qualify to join our register. In other words, those who have undertaken a three-year degree equivalent course accredited by our sister organisation the British Acupuncture Accreditation Board (BAAB). BAAB ensure the course providers meet the BAAC Educational Standards.

The BAAC Educational Standards require acupuncture students to learn about the biomedical understanding of health. This is to ensure that they can communicate with their patients and other health professionals. Importantly, it also enables them to identify red flags and refer when appropriate. Acupuncturists, generally, have more time with patients than GPs, and sometimes this enables them to

	<p>discuss issues in more detail. In addition, from surveys we recently commissioned, we believe that due to waiting times more people are deciding to go direct to an acupuncturist before seeing a GP. If charges for GP appointments are introduced, it is reasonable to assume the numbers of people who go to an acupuncturist before a GP will increase. In short, the need for acupuncturists to be able to identify red flags is increasing.</p> <p>The practice of acupuncture is often both a talking and physical therapy. It is important the those practising acupuncture have a good understanding of professional boundaries and can seek support in navigating what can be very complex and difficult issues. The indicative content of the BAAC Educational Standards includes:</p> <ul style="list-style-type: none"> <li>• ethical/legal issues and responsibilities relating to patients and patient management including right relationship, power, autonomy, confidentiality, consent, safety, boundaries.</li> </ul> <p>We believe the practitioners who have not had a thorough training in the practice of acupuncture that includes, cautions related to specific conditions, red flags and ethical relationships present an elevated risk of harm to the public above and beyond IPC. The adverse event figures presented above relate to acupuncture provided by German physicians with at least 140 hours of acupuncture training. Potentially the incidents of these events will be higher if acupuncture is provided by poorly trained individuals. The BAAC and BAAB have almost three decades of experience in training and supporting a professional workforce. Assessing competence is multifaceted and requires in depth subject knowledge. We are concerned that environmental health officers will not have the ability to assess competence beyond IPC.</p> <p>As an aside, the consultation document appears to acknowledge the need for training and competence. Section 9 of the consultation document refers to 'regulated qualifications', but what needs to be established is what constitutes a regulated qualification.</p>
<p><b>215 - Shared Regulatory Services</b></p>	<p>SRS seek further clarification on the definition of competence and how this can be evidenced.</p> <p>Is competence referring to Infection, Prevention and Control, artwork abilities, practical abilities etc.</p>

	<p>It is felt that practitioners should be able to demonstrate continuous professional development; however, this is likely to be challenging for traditional tattooing and cosmetic skin piercing where there are currently no accredited training courses. Unlike treatments such as acupuncture/electrolysis/semi-permanent tattooing, where there are lots of accredited courses available, most tattooists/piercers learn their trade via informal apprenticeships. In most cases, the experienced practitioner has also learnt 'on the job' and not in accordance with any validated syllabus.</p> <p>This may necessitate tattooing and piercing apprenticeship schemes to follow an agreed structure and syllabus determined by an organization such as Qualifications Wales.</p> <p>The consultation document refers to a practitioner remaining up to date with IPC knowledge. Is there an expectation that a minimum number of CPD hours will be evidenced or that the level 2 IPC course will be retaken every 3 years? SRS is of the view that the training should be repeated within a set time period.</p>
<p><b>217 - Anonymous (acupuncture)</b></p>	<p>Yes. For acupuncture, this should be evidenced through membership of a professional body that is registered with the PSA.</p> <p>This would mean that the onus for judging clinical competence would fall upon the PSA who are best positioned to make that decision. It is outside of the scope of any individual local authority.</p>
<p><b>219 - Ross Jarvis</b></p>	<p>Does competency refer solely to hygiene practices? Is the evidence not the meeting of the other criteria? Otherwise, there are no documentary evidence of this nature to be provided, besides portfolios which are largely online on social media. Tattoos (and their art) for example, are largely subjective. Therefore I don't see what other evidence can be provided besides meeting the rest of the criteria.</p>
<p><b>220 - Tibetan and Eastern Medicine Association</b></p>	<p>We propose that TEMA members should not be required to provide evidence of their competence in acupuncture save as outlined in 1 above as they</p> <ul style="list-style-type: none"> <li>- Are all educated to a level 5 or degree level (level 6) or masters level (level 7) in acupuncture</li> <li>- Are subject to professional standards and disciplinary procedures of BAF (attached)</li> <li>- Research indicates acupuncture administered by highly trained professional acupuncturists is extremely safe.</li> </ul>

<p><b>221 - Wrexham County Borough Council</b></p>	<p>More information on this is required. The assessment of competence will be difficult for officers as many tattooists would have undertaken apprenticeship and would not have any formal qualifications.</p> <p>Proof of insurance that covers treatments such as treatment indemnity insurance or similar policy? –</p> <p>Unsure as to what this requirement will achieve, as proof of insurance will only need to be provided at initial application or at renewal 3 years later. What happens in the intervening time period ? Insurance policies can be cancelled once taken out and certificates provided. Does this mean that LA's will need to make checks in the intervening time to check that policies are still valid? If this is the case, there will be an additional resource burden in officer time.</p>
<p><b>222 - Caerphilly County Borough Council</b></p>	<p>Yes we agree that applicants should evidence their competency.</p> <p>In terms of competency in the special procedure an applicant wishes to perform, how will this be achieved?. If this is not agreed or altered or removed as a requirement prior to transition, it is our opinion that this may cause considerable delay in processing applications.</p> <p>Competency with regards IP&amp;C can be evidenced, however treatment competency including artistic skill etc. will in a large proportion of cases be very difficult to evaluate and monitor. Public perception will assume that artwork, skill, procedure practice etc., will all form part of the competency framework for the licence and will take it to mean that the person is competent to carry out these procedures in total if it is not made clear in the Regulations what the term Competency relates to. Competency in IP&amp;C alone will not deem a practitioner to be fully competent to provide the treatment/service. The following comments are also made with regards this:</p> <ul style="list-style-type: none"> <li>• How is competence evidenced where there is no formal or recognised training course. Where practitioners have been practicing for a long period of time, is experience deemed sufficient? Some practices do not have recognised apprenticeships/training schemes.</li> <li>• How and who deems a practitioner to be competent. Is there a benchmark? Clear guidance will be essential as to evidence of a person's competence.</li> <li>• Will competency include for example how good a tattooist's work is? Would the standard of his/her artwork be challenged under competency?</li> </ul>

	<ul style="list-style-type: none"> <li>• Not all special procedures have CPD schemes or educational conventions.</li> <li>• Who deems the competencies of persons training unregulated courses or validates the course content? How are LA's expected to know that unregulated courses are suitable and sufficient for the procedure involved?</li> <li>• Large expectation/responsibilities being placed on Authorised Officers where there are no legal guidelines and standards, and no registered bodies for certain treatments.</li> <li>• Is there intended to be specific officer competency training especially for new qualified staff.</li> </ul>
<b>224 - Anonymous (piercer)</b>	<p>Yes. Evidence of competency is always going to prove a challenge, particularly in fields like piercing - somebody who isn't already a professional in that field may struggle to discern the difference between a 'good' piercing that will heal successfully and an unsuccessful one. Competency could be evidenced for the local authority. One starting point will be clear documentation of all education and training received, such as regularly renewed first aid, CPR and Blood Borne Pathogens training. Certificates from conferences and online education would be appropriate here too.</p> <p>I understand that a non piercing professional may find it difficult to impossible to assess work and I would deem video footage of actual piercings dangerous if leaked to online platforms. I would welcome consultation with UKAPP for an appropriate way forward to ensure true competency.</p>
<b>226 - Environmental Health Wales</b>	<p>YES. CDEP, HSEP and LEP members feel that the competency referred to/cited within the consultation is that of IPC control and delivering safe procedures. Not on the quality, therapeutic, aesthetic or artistic capability of the practitioners. This MUST be clearly communicated to industry and the public.</p> <p>Members of all three panels questioned the need for a IPC questionnaire if the site would receive a visit as result of the application/variation etc. LEP outline if the visit is part of the licensing process, EH is the appropriate profession to determine the IPC competence of the practitioners.</p> <p>CDEP members outline possible sources to help demonstrate practitioner competency may be:</p> <ul style="list-style-type: none"> <li>- IP&amp;C training, practical experience and log-book.</li> <li>- NVQ, HND, Degrees, Vocational Qualifications in relevant subject areas</li> <li>- Maintained CPD (events, conventions, trade body subscriptions etc.)</li> <li>- Counter-signed by a mentor/college/professional</li> </ul>

Further details and observations include:

Under this legislation “competency” can only be concerned with infection prevention and control. As such the assessment of competency should be by an Officer at a visit to the practitioner at the premises to determine whether they are able to demonstrate safe and hygienic set up practices. There is no other forum to assess this competency and the passing of a Level 2 course will not provide this certainty.

We can ask them for evidence of training or apprenticeship but what happens for the sectors where recognised training is not available? Training courses are widely variable and do not have benchmark criteria.

Going forward National templates could be developed via CIEH/WLGA/PHW/LA’s or task groups as to what competency is (self assessment) which could include an apprenticeship scheme too but this would need to be turned round prior to the implementation of the regulations.

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Competency will need to be assessed (or verified) during physical inspection of the person/premises/vehicle. Qualitative questions could result in inconsistent assessment by differing LA’s across Wales. Defining the key competency assessment criteria to be applied by Officers is essential for consistency when Officers are reviewing applications or undertaking on site assessments. This is important to ensure that practitioners are not applying to Local Authorities where they feel there may be a lower threshold is being applied when it comes to assessing competency in comparison to a neighbouring authority where they may have been refused.

	<p>The above is also important when considering any appeals that may be made as a result of being refused a licence on competency grounds. There needs to be a clear and transparent standard that is being applied.</p> <p>Also, for trainee practitioners, it would be unreasonable to expect them to demonstrate the same level of competence when this is the reason they are undertaking their training and applying for the trainee rather than the full licence. There needs to be a baseline standard for trainees that is the minimum requirement prior to the commencement of training.</p>
<b>229 - Anonymous (tattooing)</b>	<p>For tattooing this is impossible at this stage. It's the cart before the horse. You are going to have to work on the basis of grandfather rites until a system of practical training and recording can be developed.</p> <p>Tattoo schools are NOT the way to go as it takes time to build up the skills necessary, logged apprenticeships are the way forward.</p>
<b>230 - Anonymous (charitable organisation)</b>	<p>YES</p> <p>Skcin are the only organization in the UK that offers a unique online skin cancer training course exclusively for the hair/beauty/skin/cosmetic/holistic sector. www.Masced.uk Upon its completion learners are provided with a certificate of Accreditation that could be provided as proof of competency</p>
<b>231 - Anonymous (acupuncture)</b>	<p>Yes, I agree. They should 1. provide evidence of their practice (Advert, website, leaflet, client's testimony, etc); 2. demonstrate their skills; 3. provide professional qualification at the required level; 4. show the proof of professional membership; 5. show the proof of their professional insurance.</p>
<b>232 - Kat Webb</b>	<p>AGREE -</p> <p>A digital portfolio of 'work' should be evidenced for all applicants, such as on Instagram, a website or other social media platforms.</p> <p>Where possible and ONLY if correct information regarding industry setup/procedures are attained by the EHO/LA's, such as equipment needed, then it would be useful to observe a setup/breakdown for a procedure and a client consultation/aftercare interaction.</p> <p>When applicant is a trainee - Any end of task written work/qualifications submitted to trainers/mentors should be made available, such as exams/questionnaires.</p> <p>A written statement from the trainer/mentor should be attained regarding the competency of the trainee.</p>



	Evidence of Blood Borne Pathogen training would be useful to document and is easily attained.
<b>233 - UKAPP</b>	<p>Yes.</p> <p>Evidence of competency is always going to prove a challenge, particularly in fields like piercing or tattooing where it is more ephemeral and somebody who isn't already a professional in that field may struggle to discern the difference between a 'good' piercing that will heal successfully and an unsuccessful one. As an organisation, the UKAPP has a number of suggestions of ways in which competency could be evidenced for the local authority. One starting point will be clear documentation of all education and training received, such as regularly renewed first aid, CPR and Blood Borne Pathogens training. Certificates from conferences and online education would be appropriate here too.</p> <p>The UKAPP would advise that applicants should provide examples of their work, either through a link to online portfolios or a physical 'hard copy.' We understand that assessing this work may be challenging for some inspectors, but as an organisation we would be happy to assist in the creation of a document which will help inspectors apply empirical test standards to the portfolios folk's are presenting for inspection. Please find attached a sample of this kind of document.</p>
<b>also</b>	82 - Anonymous (piercer); 83 - Anonymous (piercer); 87 - Anonymous (piercer); 124 - Anonymous (piercer); 127 - Anonymous (piercer); 128 - Anonymous (piercer); 129 - Anonymous (piercer); 130 - Anonymous (piercer); 131 - Anonymous (piercer); 149 - Anonymous (piercer); 150 - Anonymous (piercer); 151 - Anonymous (piercer); 173 - Anonymous (piercer); 176 - Anonymous (piercer); 195 - Anonymous (piercer); 204 - Anonymous (piercer); 207 - Anonymous (piercer); 234 - Anonymous (piercer); 250 - Anonymous (piercer).
<b>238/239 - Institute of Licensing</b>	<p>We support the views of LEP members who feel that the competency referred to/cited within the consultation is that of IPC control and delivering safe procedures, and not the quality, therapeutic, aesthetic or artistic capability of the practitioners. It is considered essential that this is clearly communicated to industry and the public.</p> <p>As such the assessment of competency should be by an Officer via a visit to the practitioner at the premises to determine whether they are able to demonstrate safe and hygienic set up practices. There is no other forum to assess this competency and the passing of a Level 2 course will not provide this certainty.</p>

LEP note that applicants can be required to provide evidence of training or apprenticeship, but there may be issues where recognised training is not available, and also that training courses are widely variable and do not have benchmark criteria.

Going forward National templates could be developed via CIEH/WLGA/PHW/LA's or task groups as to what competency is (self-assessment) which could include an apprenticeship scheme too but this would need to be turned round prior to the implementation of the regulations.

If competence is to be assessed, this should only be in relation to infection, prevention and control and being able to undertake procedures safely. Artistic ability is subjective; therefore, this isn't something that can or should be a deciding factor.

Competency will need to be assessed (or verified) during physical inspection of the person/premises/vehicle. Qualitative questions could result in inconsistent assessment by differing LA's across Wales. Defining the key competency assessment criteria to be applied by Officers is essential for consistency when Officers are reviewing applications or undertaking on site assessments. This is important to ensure that practitioners are not applying to Local Authorities where they feel there may be a lower threshold is being applied when it comes to assessing competency in comparison to a neighbouring authority where they may have been refused.

The above is also important when considering any appeals that may be made as a result of being refused a licence on competency grounds. There needs to be a clear and transparent standard that is being applied.

Also, for trainee practitioners, it would be unreasonable to expect them to demonstrate the same level of competence when this is the reason they are undertaking their training and applying for the trainee rather than the full licence. There needs to be a baseline standard for trainees that is the minimum requirement prior to the commencement of training.

Possible sources to help demonstrate practitioner competency may include:

	<ul style="list-style-type: none"> <li>- IP&amp;C training, practical experience and log-book.</li> <li>- NVQ, HND, Degrees, Vocational Qualifications in relevant subject areas</li> <li>- Maintained CPD (events, conventions, trade body subscriptions etc.)</li> <li>- Counter-signed by a mentor/college/professional</li> </ul>
<b>241 - Anonymous (tattooing)</b>	yes in principle. though art is subjective to individual taste. the only reason folk go to scratchers is cost and lack of restrictions. demonstration of good safe practice is essential during the licencing procedure.
<b>246 - Ke Xia Xu</b>	Agree. they should supply Documentation of qualifications.
<b>249 - Association of Traditional Chinese Medicine</b>	Agree.
<b>252 - Torfaen County Borough Council</b>	<p>Yes.</p> <p>A definition of “competence” is needed as it is unclear as to whether this refers to infection prevention and control when undertaking the procedure or, for example in the case of tattoo artists, their artistic ability? If competence is to be assessed, this should only be in relation to infection prevention and control and being able to undertake procedures safely. Artistic ability is subjective; therefore, this isn’t something that can or should be a deciding factor. This must be clearly communicated to industry and the public.</p> <p>An infection prevention and control (IPC) questionnaire may be unnecessary if the premises is expected to receive a visit as result of the application / variation etc. In our view, Environmental Health staff are best placed to determine the IPC competence of the practitioners.</p> <p>Other possible sources to help demonstrate practitioner competency should also be considered:</p> <ul style="list-style-type: none"> <li>- IP&amp;C training, practical experience and logbook.</li> <li>- NVQ, HND, Degrees, Vocational Qualifications in relevant subject areas</li> <li>- Maintained CPD (events, conventions, trade body subscriptions etc.)</li> <li>- Counter-signed by a mentor/college/professional</li> </ul> <p>Further details and observations include:</p>

Under this legislation “competency” can only be concerned with infection prevention and control. As such, the assessment of competency should be by an officer at a visit to the practitioner at the premises to determine whether they are able to demonstrate safe and hygienic set up practices. There is no other forum to assess this competency and the passing of a Level 2 course will not provide this certainty.

Although evidence of training or apprenticeship could be requested, what happens for the sectors where recognised training is not available? Training courses are widely variable and do not have benchmark criteria. It is still recognised that a lack of training and apprenticeships can impact on the techniques used in special procedures and therefore impact on the potential infection prevention and control. Standard training should be considered for practitioners in the procedures they are undertaking

Going forward National templates could be developed via CIEH/WLGA/PHW/LAs or task groups as to what competency is (self-assessment) which could include an apprenticeship scheme, but this would need to be turned round prior to the implementation of the regulations.

It is not for officers to assess how good a microblader or tattooist is, currently it is through word of mouth or photos of previous clients.

If competence is to be assessed, this should only be in relation to infection prevention and control and being able to undertake procedures safely. Artistic ability is subjective; therefore, this isn't something that can or should be a deciding factor.

Competency will need to be assessed (or verified) during physical inspection of the person / premises / vehicle.

Qualitative questions could result in inconsistent assessment by differing LAs across Wales. Defining the key competency assessment criteria to be applied by officers is essential for consistency when reviewing applications or undertaking onsite assessments. This is important to ensure that practitioners are not applying to LAs where they feel there may be a lower threshold being applied when it comes to assessing competency in comparison to a neighbouring authority where they may have been refused.

	<p>The above is also important when considering any appeals that may be made because of being refused a licence on competency grounds. There needs to be a clear and transparent standard that is being applied.</p> <p>Also, for trainee practitioners, it would be unreasonable to expect them to demonstrate the same level of competence when this is the reason they are undertaking their training and applying for the trainee rather than the full licence. There needs to be a baseline standard for trainees that is the minimum requirement prior to the commencement of training.</p>
<p><b>254 - Swansea Council</b></p>	<p>YES</p> <p>There needs to be sufficient guidance available to aid Local Authorities to establish what is an adequate level of competence e.g.</p> <p>IP&amp;C training, practical experience and logbook.</p> <p>NVQ, HND, Degrees, Vocational Qualifications in relevant subject areas</p> <p>Maintained CPD (events, conventions, trade body subscriptions etc.)</p> <p>Counter-signed by a mentor/college/professional</p>

<b>Question 7: Do you agree that the current descriptions of relevant offences are sufficient? If not, why?</b>	
<b>'Yes' response</b>	1/35 - Anonymous (acupuncture); 3 - Guild of Beauty Therapists; 10 – Anonymous; 12 – Anonymous; 14 - Cheryl Drew; 18 – Anonymous; 19 - Kim Eldridge; 21 – Anonymous; 22 - Sally Hickenson; 23 – Anonymous; 30 – Anonymous; 34 - James Ogle; 39 - Kate Doble; 40 - Anonymous (acupuncture); 47 – Anonymous; 55 - Aiden Johnson; 56 - British Medical Acupuncture Society; 61 - Anonymous (acupuncture); 66 - Gareth Davies; 69 - Anonymous (acupuncture); 78 - Anonymous (acupuncture); 81 - Gemma Kingston; 93 - Royal College of Midwives; 103 - Anonymous (acupuncture); 104 -Anonymous (acupuncture); 109 - Warren Tregidden; 116 – Anonymous; 120 - Anonymous (acupuncture); 126 - Rhondda Cynon Taff County Borough Council; 135 - Anonymous (tattooing); 146 - Ming Chu Lok; 152 - Anonymous (tattooing); 163 - Anonymous (tattooing); 175 - Anonymous (tattooing); 212 - Save Face; 213 - Min Li; 225 - Jun Wen Ma; 227 – Anonymous; 230 - Anonymous (charitable organisation); 235 - Anonymous (acupuncture); 236 - Jing Ding; 237 – Pinyi; 240 - Shu Li Lu; 242 - Anonymous (acupuncture); 243 - Anonymous (acupuncture).
<b>'No' response</b>	none
<b>Left blank</b>	5 - Anonymous (acupuncture); 8 – Anonymous; 9 – Anonymous; 11 – Katie; 24 – Anonymous; 25 - David Carlisle; 28 – Anonymous; 29 - Shan MacVicar; 41 - Anonymous (acupuncture); 59 - Josh Cranton; 62 – Anonymous; 73 - Clare Robinson-Campbell; 89 - Rachel Bowen; 100 – Anonymous; 111 - Anonymous (tattooing); 112 - British Acupuncture Federation; 113 - Superdrug Ltd; 121 - National AIDS Trust; 143 - Claire's Accessories; 166 - Claire Pritchard; 167 - Anonymous (manufacturer); 168 - Anonymous (tattooing); 186 - Anonymous (acupuncture); 189 - Baidong Li; 216 - Age Cymru; 220 - Tibetan and Eastern Medicine Association.
<b>'agree'</b>	15 - Anonymous (acupuncture); 20 - Duncan Reed; 51 - Alison Williams; 57 - Tamarind Dykes; 67 - Anonymous (acupuncture); 68 - Anonymous (acupuncture); 70 - Anonymous (acupuncture); 72 - Anonymous (acupuncture); 77 - Mari Macandrew; 101 - Anonymous (acupuncture); 102 - Dr Di Wu; 108 - Anonymous (acupuncture); 110 - Anonymous (acupuncture); 114 - Anonymous (acupuncture); 115 - Jing Wang; 134 - Anonymous (acupuncture); 136 - Denbighshire County Council; 137 - Lingxia Gao; 138/(139) - Wang Chen; 141 - Na Yang; 142 - Anonymous (acupuncture); 153 - Zhimin Ma; 154 - Anonymous (acupuncture); 155 - Anonymous (acupuncture); 156 - Cui Hong Duan; 157 - Anonymous (acupuncture); 158 - Anonymous (acupuncture); 160 -Anonymous (acupuncture); 161 - Anonymous (acupuncture); 162 - Anonymous (acupuncture); 165 - Qikan Yin; 170 - Yuancai Fu; 171 - Yan Jing Wang; 172 - Baifang Zhu; 174 - Phoebe Deng; 177/206 - Anonymous (acupuncture); 178 - Minan Yao; 188 - Anonymous (acupuncture); 190 - Anonymous (acupuncture); 191 - Anonymous (acupuncture); 193

	- Dr Jianrui Wang; 194 - Jian Wang; 196 - Anonymous (acupuncture); 197 - Anonymous (acupuncture); 203 - Anonymous (acupuncture); 205 - Lulu Dai; 208 - Zheng Yuan Zhong; 209 - Anonymous (acupuncture); 210 - Li Yan; 223/140 - Xianghui Guo; 245 - Anonymous (acupuncture); 246 - Ke Xia Xu; 247 - Anonymous (acupuncture); 248 - Anonymous (acupuncture); 249 - Association of Traditional Chinese Medicine.
<b>2 - Anonymous</b>	No comment
<b>4 - Anonymous</b>	This is a good starting point. It will become obvious if further regulation is needed
<b>6 - Anonymous</b>	Not sure.
<b>16 - Sarah Swaysland</b>	Not sure – do the prescribed categories adequately capture offences associated with safeguarding concerns?
<b>17 - Anonymous</b>	Im not sure
<b>26 - Joint Council of Cosmetic Practitioners</b>	Agreed plus we consider that it should be an offence to offer any these procedures to persons under the age of eighteen.
<b>27 - Clares European Services</b>	Numerous persons employed from outside UK could be difficult to obtain certificate of good character from previous country, what would you do if we could not produce certificate, could be discriminative?
<b>31 - Chartered Institute of Environmental Health</b>	<p>No.</p> <p>In our view the list should be extended to include offences relating to Modern Slavery and illegal trafficking of people. We justify this by noting that the concept of an ‘apprentice’ can be abused such that young people wishing to learn a trade can be seriously disadvantaged by the terms of their apprenticeship and effectively be enslaved by their Apprentice Master. We point to the Nail Bar sector where there are examples of people being trafficked to work as ‘slaves’ in nail bars.</p> <p>We are also of the view that offences relating to the supply of drugs should be added to the list. Research has shown that risky behaviors are significantly more common in people with tattoos . There is also evidence of some business being linked to the supply of drugs. As this is not an area in which we have specific expertise we would defer to the Police view in this matter.</p> <p>As these businesses tend to operate on a cash basis, we raise the question as to whether money laundering should also be included on the list, although we accept this is not an area in which we have</p>

	expertise.
<b>32 - Anonymous (tattooing)</b>	We agree that some offences should be taken into account e.g. offences of a sexual nature, stalking. We also think that a drunken brawl 10 years ago shouldn't be considered.
<b>33 - Carla Evans</b>	Yes I agree
<b>36 - Kelly Griffiths</b>	y
<b>37 - Anonymous</b>	<p>Yes, current descriptions are sufficient. Concerned that a Prohibition Notice under HSWA '74 or Part 2A order under Health Protection legislation isn't an offence as such, but it would be useful for the section to be extended to cover these Notices i.e. enforcement notices under the legislation listed.</p> <p>However, there may be an issue as they may have been served on a company rather than an individual.</p> <p>Question We are querying if health and safety offences appear on DBS checks. Could this be checked please as we aren't sure that they do appear.</p>
<b>38 - Rachel Edney</b>	Yes, they are sufficient
<b>42 - Paul Battersby</b>	Yes, I agree.
<b>also</b>	44 - Roy Montgomery; 45 – Anonymous (acupuncture); 46 - Alison Smith; 50 – Anonymous (acupuncture); 51 - Alison Williams; 52 – Anonymous (acupuncture); 58 – Kate van Rensburg; 60 – Laura Gibbons; 63 – Christine Hutchinson; 64 – Anonymous (acupuncture); 65 – Anonymous (acupuncture); 75 – Madeline Boots; 86 - Suzanne Gregson; 88 – (acupuncture); 99 – Janis Short; 105 - Daniel Curran.
<b>43 - Acupuncture Association of Chartered Physiotherapists</b>	We as an organization agree
<b>48 - Kat Henness</b>	I agree with the relevant offences as listed. I would also suggest adding Drunk Driving to the list of relevant offences.
<b>49 - Di-enw</b>	Angen rhestru troseddau yn ymwneud a chyffuriau
<b>53 - Oliver Todd</b>	It is yes
<b>54 - Lola Slider</b>	They are sufficient yes.



<b>74 – Anonymous (SPM)</b>	Podiatrists and chiropodists are exempt and they are more likely to cause damage and infection as they cut chunks of skin off with knives and snips causing way more damage and risk leaving gaping wounds than a small needle can cause
<b>79 - Rhian Mansfield</b>	They are yes, I don't feel that anymore offences need to be added or amended.
<b>80 - Anonymous (tattooing)</b>	Yes, this is fine.
<b>84 - Anonymous</b>	Yes agree
<b>85 - F Hinds Ltd</b>	Fail to see the relevance of a DBS/Offences check which would be both costly and time consuming, again having a detrimental effect on the amount of applicants going forward. We believe the current license declarations are sufficient
<b>90 - Blaenau Gwent County Borough Council</b>	<p>Yes, it is agreed that those relevant offences listed should be included. Customers are put into vulnerable situations with practitioners and are often one on one behind closed doors.</p> <p>Clarification is needed in relation to premises/vehicle approval certificates and who these relevant offences would apply to if not a practitioner, for example owner/manager of the premises or a Limited Company. Would the relevant offences also apply to them?</p> <p>However, it is suggested that consideration also be given to include the following:</p> <ul style="list-style-type: none"> <li>• Convictions under Local Government (Miscellaneous) Provisions Act - this will be applicable to persons/premises currently registered under the existing scheme,</li> <li>• Modern Day Slavery related legislation. As the Act includes the ability for additional procedures being included in the mandatory scheme it is possible that these may capture sectors with links to this, for example nail bars</li> </ul> <p>Consideration should also be made in the application process to the disclosure of any Part 2(A) Orders granted against the applicant (person or premises) for relevant issues related to activities covered by the Scheme. It is recognised that these are not offences, however, given the limitations of the current registration regime, these have been the main mechanism for Local Authorities to deal with unsafe and unhygienic practices and could not be dealt with under other legislation as they were not "carrying on a business. There needs to be clear guidance as to what weight these will be given in terms of consideration of the potential refusal of a licence / certificate.</p>

<b>91 - British Beauty Council</b>	Yes. In order to provide continuity with current offences in England in this area, as per the Botulinum Toxin and Cosmetic Fillers (Children) Act 2021, it should be an offence to offer such procedures to those under 18.
<b>92 - Anonymous (acupuncture)</b>	Yes - but, do training providers have to screen for learners, or will this only be reserved for individuals when applying for their license?
<b>94 - National Hair and Beauty Federation</b>	The current descriptions seem sufficient. In order to provide continuity with current offences in England in this area, as per the Botulinum Toxin and Cosmetic Fillers (Children) Act 2021, it should be an offence to offer such procedures to those under 18.
<b>95 - Beauty Industry Group - Licensing</b>	Yes. In order to provide continuity with current offences in England in this area, as per the Botulinum Toxin and Cosmetic Fillers (Children) Act 2021, it should be an offence to offer such procedures to those under 18.
<b>96 - Beauty Industry Group Chair</b>	Yes. In order to provide continuity with current offences in England in this area, as per the Botulinum Toxin and Cosmetic Fillers (Children) Act 2021, it should be an offence to offer such procedures to those under 18.
<b>98 - Inc and Co</b>	Yes, these are most relevant to the special procedures.
<b>106 - Anonymous (acupuncture)</b>	<p>Broadly agree. Offences involving theft and drug use should also be included, as well as a rather more difficult to define category of online offences. The risks to the general public from intemperate or ill-advised use of social media or website advertising are legion, and if anyone has had findings against them, whether these are legal judgements or industry-led actions, such as Advertising Standards Authority rulings, these should be a factor in considering an application.</p> <p>I note also that there is no requirement for a declaration of health status. The creation of a national register will carry implications of overall suitability, and this means that a practitioner could be licensed without membership of an appropriate professional association, membership of which would entail questions about physical and mental health.</p>
<b>107 - BABTAC</b>	Yes. In order to provide continuity with current offences in England in this area, as per the Botulinum Toxin and Cosmetic Fillers (Children) Act 2021, it should be an offence to offer such procedures to those under 18.
<b>117 - Marnie Williams</b>	Absolutely, especially considering in our industry we see young people, vulnerable people, intimate areas, and we are effectively holding a weapon! DBS checks for licensing would be very beneficial to the industry in terms of client safety. We are in full agreement with most of the criteria, however, I would hope that common sense prevailed as well.

<b>118 - Ann Charlton</b>	Agree with this,
<b>122 - Anonymous</b>	<p>Yes, with some additions.</p> <p>Consideration for offences under the Care Standards Act carrying on a service without registering.</p> <p>Also Offence relating to safeguarding such as neglect / abuse that may not fall under the physical or sexual offences. These may be relevant for vulnerable adults who could use the service</p>
<b>123 - Anonymous (piercer)</b>	Absolutely, especially considering in our industry we see young people, vulnerable people, intimate areas, and we are effectively holding a weapon! DBS checks for licensing would be very beneficial to the industry in terms of client safety. We are in full agreement with most of the criteria, however, I would hope that common sense prevailed as well.
<b>132 - Anonymous (piercer)</b>	As an organisation, we feel that a DBS check for licensing would be very beneficial to the industry in terms of client safety. We are in full agreement with most of the criteria, however, we do hope that the convictions 'involving violence' would be considered in a nuanced way rather than broader brush-strokes that may bar applicants from a licence unnecessarily. For example, an act of violence that involves a direct and premeditated attack on an individual would hopefully be considered differently to a situation where an applicant may have a criminal record through defending themselves in a fight.
<b>133 - Anonymous (local authority)</b>	<p>NO.</p> <p>Guidance on Fit and Proper person tests are needed to provide more clarity.</p> <p>Further consideration should be given to offences such as:</p> <ul style="list-style-type: none"> <li>- Illegal supply of drugs / alcohol</li> <li>- Convictions under Local Government (Miscellaneous) Provisions Act - this will be applicable to persons/premises currently registered under the existing scheme,</li> <li>- Modern Day Slavery related legislation. As the Act includes the ability for additional procedures being included in the mandatory scheme it is possible that these may capture sectors with links to this, for example nail bars</li> <li>- Coercive behaviour Offences</li> <li>- Trafficking offences</li> </ul>

<b>145 - Anonymous (tattooing)</b>	I do feel that a DBS check would be beneficial to ensure the safety of clients, provided that there are guidelines as to what is and is not considered acceptable and that cases are handled individually. It would not be fair to prevent someone who is unlikely to reoffend from working, and I do feel again here there is the potential for discrimination.
<b>159 - H Wong</b>	no comment
<b>164 - Anonymous (tattooing)</b>	<p>I have concerns with regard to the wording of all but primarily of "That involves Violence"</p> <p>This in itself is highly vague and I believe needs a lot more clarity.</p> <p>I agree someone who shows a history and a habit, through convictions, to resort to violence is possible too volatile.</p> <p>But where does this leave someone with one single charge for violence, perhaps they had gotten into one drunken brawl after one to many, does that then result in their entire career blowing up in their faces for the 5 years this sits on their record.</p> <p>As it stands the justice system is supposed to reform and thus I fear that without proper clarity and thought behind the statement of 'Involves violence' there may be risks that it instead further penalises people.</p>
<b>169 - Anonymous (tattooing)</b>	Yes. The relevant convictions should be those sexual in nature, against children, and hate crimes.
<b>179 - N Wales Health and Safety Expert Panel</b>	<p>Further consideration should be given to other offences such as -</p> <ul style="list-style-type: none"> <li>• Assault / Violence</li> <li>• supply of drugs be added to relevant offences and a fit and proper person test</li> <li>• Convictions under Local Government (Miscellaneous) Provisions Act - this will be applicable to persons/premises currently registered under the existing scheme,</li> <li>• Modern Day Slavery related legislation. As the Act includes the ability for additional procedures being included in the mandatory scheme it is possible that these may capture sectors with links to this, for example nail bars</li> <li>• Coercive behaviour Offences</li> <li>• Trafficking offences</li> </ul>

	<p>Consideration should also be given to any previous history relating to HASWA offences.</p> <p>There is concern over whether health and safety offences appear on DBS checks. Indeed, a Simple Caution would not be recorded, nor a PN or IN.</p> <p>Will the National Database contain details of offences under the PHW Act?</p>
<b>183 - Hair and Beauty Industry Authority</b>	Yes. In order to provide continuity with current offences in England in this area, as per the Botulinum Toxin and Cosmetic Fillers (Children) Act 2021, it should be an offence to offer such procedures to those under 18.
<b>184 - Nursing and Midwifery Council</b>	We have no comments
<b>185 - General Chiropractic Council</b>	No. As described above, we would like the Relevant Offences declaration extended to cover a second declaration regarding any fitness to practise (FtP) proceedings taken against them by a licencing or regulatory body.
<b>192 - British Register of Complementary Practitioners</b>	Yes, agree
<b>198 - Isle of Angelsey County Council</b>	<p>Further consideration should be given to other offences such as -</p> <ul style="list-style-type: none"> <li>• Assault / Violence</li> <li>• supply of drugs be added to relevant offences and a fit and proper person test</li> <li>• Convictions under Local Government (Miscellaneous) Provisions Act - this will be applicable to persons/premises currently registered under the existing scheme,</li> <li>• Modern Day Slavery related legislation. As the Act includes the ability for additional procedures being included in the mandatory scheme it is possible that these may capture sectors with links to this, for example nail bars</li> <li>• Coercive behaviour Offences</li> <li>• Trafficking offences</li> </ul> <p>Consideration should also be given to any previous history relating to HASWA offences.</p>

	<p>There is concern over whether health and safety offences appear on DBS checks. Indeed, a Simple Caution would not be recorded, nor a PN or IN.</p> <p>Will the National Database contain details of offences under the PHW Act?</p>
<p><b>200 - Anonymous (local authority)</b></p>	<p>PARTIALLY. Their rationale for inclusion should be explained.</p> <p>They don't provide enough clarity. Guidance on Fit and Proper person tests (which is what this is in effect) will be needed.</p> <p>These could be considered too. Assault / Violence convictions</p> <p>Local Government and Miscellaneous Provision Act offences i.e. under the current registration regime Subjects of Part 2 A Orders (Control of Diseases ACT).</p>
<p><b>201 - All Wales Communicable Disease Expert Panel</b></p>	<p>Panel members understand the current list, but ask for further clarity.</p> <p>Guidance on Fit and Proper person tests (which is what this is – without it being specifically mentioned) will be needed.</p> <p>This must be clearly communicated to practitioners and enforcing authorities with thorough and proper guidance on the rationale for inclusion and what Licensing committees/officers should do with this information. Panel members indicate that</p> <ul style="list-style-type: none"> <li>- Assault / Violence – could be considered too.</li> <li>- supply of drugs be added to relevant offences and a fit and proper person test</li> <li>- Convictions under Local Government (Miscellaneous) Provisions Act - this will be applicable to persons/premises currently registered under the existing scheme,</li> <li>- Modern Day Slavery related legislation. As the Act includes the ability for additional procedures being included in the mandatory scheme it is possible that these may capture sectors with links to this, for example nail bars</li> </ul>

	<p>Some LA officers also outlined that businesses/practitioners should have to declare if they have received a Prohibition Notice under HSWA '74 or Part 2A order under Health Protection legislation isn't an offence as such, but it would be useful for the section to be extended to cover these Notices i.e. enforcement notices under the legislation listed.</p> <p>However, there may be an issue as they may have been served on a company rather than an individual so identifying how and who these have been served upon is a challenge.</p> <p>Question We are querying if health and safety offences appear on DBS checks. Could this be checked please as we aren't sure that they do appear.</p> <p>Customers are put into vulnerable situations with practitioners and are often one on one behind closed doors.</p> <p>Clarification is needed in relation to premises/vehicle approval certificates and who these relevant offences would apply to if not a practitioner, for example owner/manager of the premises or a Limited Company. Would the relevant offences also apply to them?</p> <p>Consideration should also be made in the application process to the disclosure of any Part 2(A) Orders granted against the applicant (person or premises) for relevant issues related to activities covered by the Scheme. It is recognised that these are not offences, however, given the limitations of the current registration regime, these have been the main mechanism for Local Authorities to deal with unsafe and unhygienic practices and could not be dealt with under other legislation as they were not "carrying on a business. There needs to be clear guidance as to what weight these will be given in terms of consideration of the potential refusal of a licence / certificate</p>
<p><b>202 - Health and Safety Expert Panel</b></p>	<p>The HSEP agree with the current list and understand the rationale given the circumstances of such procedures.</p> <p>However further consideration should be given to other offences such as -</p>

	<ul style="list-style-type: none"> <li>- Assault / Violence</li> <li>- supply of drugs be added to relevant offences and a fit and proper person test</li> <li>- Convictions under Local Government (Miscellaneous) Provisions Act - this will be applicable to persons/premises currently registered under the existing scheme,</li> <li>- Modern Day Slavery related legislation. As the Act includes the ability for additional procedures being included in the mandatory scheme it is possible that these may capture sectors with links to this, for example nail bars</li> <li>- Coercive behaviour Offences</li> <li>- Trafficking offences</li> </ul> <p>Consideration should also be given to any previous history relating to HASWA offences.</p>
<p><b>211 - British Acupuncture Council</b></p>	<p>Recommend include:</p> <p>Theft, drug use.</p> <p>Provide guidance on assessing the offences, i.e. take into account:</p> <ul style="list-style-type: none"> <li>• The length of time since the offence was committed.</li> <li>• Whether the applicant has re-offended, and, if so, whether there is a pattern to the re-offences.</li> <li>• Whether the applicant's circumstances have changed since the offence(s).</li> </ul>
<p><b>215 - Shared Regulatory Services</b></p>	<p>SRS agree with the current list and understand the rationale given the circumstances of such procedures.</p> <p>However further consideration should be given to other offences such as -</p> <ul style="list-style-type: none"> <li>- Assault / Violence</li> <li>- supply of drugs be added to relevant offences and a fit and proper person test</li> <li>- Convictions under Local Government (Miscellaneous) Provisions Act - this will be applicable to persons/premises currently registered under the existing scheme,</li> </ul>



	<ul style="list-style-type: none"> <li>- Modern Day Slavery related legislation. As the Act includes the ability for additional procedures being included in the mandatory scheme it is possible that these may capture sectors with links to this, for example nail bars</li> <li>- Coercive behaviour Offences</li> <li>- Trafficking offences</li> </ul> <p>Consideration should also be given to any previous history relating to HASWA offences.</p>
<b>217 - Anonymous (acupuncture)</b>	Within healthcare it is normal for an enhanced DBS certificate to be required. All of the procedures listed carry similar level of undress and intimacy, so a higher level of DBS could be more appropriate.
<b>219 - Ross Jarvis</b>	Yes. The relevant convictions should be those sexual in nature, against children, and hate crimes.
<b>221 - Wrexham County Borough Council</b>	No – No mention of offences relating to illegal drug offences or offences under the current legislation.
<b>222 - Caerphilly County Borough Council</b>	<p>No. During our attendance at the Special Procedures Panel, this authority has advocated the inclusion of further relevant offences to include consideration of:</p> <ul style="list-style-type: none"> <li>• Stalking</li> <li>• Alcohol and drug misuse including offences of possession and supply,</li> <li>• Modern day slavery</li> <li>• Trafficking</li> <li>• Exploitation and Coercive control offences</li> <li>• GBH/ABH regular offenders</li> <li>• How would we know H&amp;S offences as there is no database, so completely reliant on honesty of the practitioner.</li> <li>• If an application goes to Licencing committee for review - knowledge of offences and processes to enable them to make an informed decision.</li> </ul> <p>From Schedule 3 (4)(1)(g) this references ‘any other’ information that the authority concerned may require which may for instance include information about ‘any’ offence of which the applicant has been convicted. This affords an Authority the ability to consider an individual’s suitability to hold a licence.</p> <p>We would advocate that Regulations in respect of Approval Certificates are consistent with the Special Procedure Licences in this respect.</p>

<p><b>224 - Anonymous (piercer)</b></p>	<p>Absolutely, especially considering in our industry we see young people, vulnerable people, intimate areas, and we are effectively holding a weapon! DBS checks for licensing would be very beneficial to the industry in terms of client safety. We are in full agreement with most of the criteria, however, I would hope that common sense prevailed as well.</p>
<p><b>226 - Environmental Health Wales</b></p>	<p>CDEP, HSEP and LEP panel members understand the current list, but ask for further clarity and expanded inclsions.</p> <p>Guidance on Fit and Proper person tests (which is what this is – without it being specifically mentioned) will be needed.</p> <p>This must be clearly communicated to practitioners and enforcing authorities with thorough and proper guidance on the rationale for inclusion and what Licensing comities/officers should do with this information. Panel members indicate that</p> <ul style="list-style-type: none"> <li>- Assault / Violence – could be considered too.</li> <li>- supply of drugs be added to relevant offences and a fit and proper person test</li> <li>- Convictions under Local Government (Miscellaneous) Provisions Act - this will be applicable to persons/premises currently registered under the existing scheme,</li> <li>- Modern Day Slavery related legislation. As the Act includes the ability for additional procedures being included in the mandatory scheme it is possible that these may capture sectors with links to this, for example nail bars</li> <li>- Coercive behaviour Offences</li> <li>- Trafficking offences</li> </ul> <p>Some LA officers also outlined that businesses/practitioners should have to declare if they have received a Prohibition Notice under HSWA '74 or Part 2A order under Health Protection legislation isn't an offence as such, but it would be useful for the section to be extended to cover these Notices i.e. enforcement notices under the legislation listed.</p> <p>However, there may be an issue as they may have been served on a company rather than an individual so identifying how and who these have been served upon is a challenge.</p>

	<p>Question</p> <p>We are querying if health and safety offences appear on DBS checks. Could this be checked please as we aren't sure that they do appear.</p> <p>Customers are put into vulnerable situations with practitioners and are often one on one behind closed doors.</p> <p>Clarification is needed in relation to premises/vehicle approval certificates and who these relevant offences would apply to if not a practitioner, for example owner/manager of the premises or a Limited Company. Would the relevant offences also apply to them?</p> <p>Consideration should also be made in the application process to the disclosure of any Part 2(A) Orders granted against the applicant (person or premises) for relevant issues related to activities covered by the Scheme. It is recognised that these are not offences, however, given the limitations of the current registration regime, these have been the main mechanism for Local Authorities to deal with unsafe and unhygienic practices and could not be dealt with under other legislation as they were not "carrying on a business. There needs to be clear guidance as to what weight these will be given in terms of consideration of the potential refusal of a licence / certificate</p>
<b>229 - Anonymous (tattooing)</b>	Unclear and muddled
<b>231 - Anonymous (acupuncture)</b>	No comment.
<b>232 - Kat Webb</b>	AGREE - but any violent crime against an animal or person should be included and 'relevant offences' should be assessed on case by case to assess if there is a genuine risk to the general public, or was it an isolated incident due to a specific situation.
<b>233 - UKAPP</b>	As an organisation, we feel that a DBS check for licensing would be very beneficial to the industry in terms of client safety. We are in full agreement with most of the criteria, however, we do hope that the convictions 'involving violence' would be considered in a nuanced way rather than broader brush-strokes that may bar applicants from a licence unnecessarily. For example, an act of violence that involves a direct and premeditated attack on an individual would hopefully be considered differently to a situation where an applicant may have a criminal record through defending themselves in a fight.

<b>also</b>	82 - Anonymous (piercer); 83 - Anonymous (piercer); 87 - Anonymous (piercer); 124 - Anonymous (piercer); 127 - Anonymous (piercer); 128 - Anonymous (piercer); 129 - Anonymous (piercer); 130 - Anonymous (piercer); 131 - Anonymous (piercer); 149 - Anonymous (piercer); 150 - Anonymous (piercer); 151 - Anonymous (piercer); 173 - Anonymous (piercer); 176 - Anonymous (piercer); 195 - Anonymous (piercer); 204 - Anonymous (piercer); 207 - Anonymous (piercer); 234 - Anonymous (piercer); 250 - Anonymous (piercer).
<b>238/239 - Institute of Licensing</b>	<p>The requirement for licensing authorities to satisfy themselves about the fitness and propriety of an applicant for a licence is something which licensing authorities are experienced in through other licensing regimes including LA2003, hackney carriage and private hire and other licensing regimes.</p> <p>We agree with the current list and note the provision for amendment to the list via Regulations. We also note that Welsh Government will provide guidance to licensing authorities on assessing fitness and propriety where applicants have a relevant offence.</p> <p>Other areas which could be considered include:</p> <ul style="list-style-type: none"> <li>- supply of drugs</li> <li>- Convictions under Local Government (Miscellaneous) Provisions Act - this will be applicable to persons/premises currently registered under the existing scheme,</li> <li>- Modern Day Slavery and trafficking offences. As the Act includes the ability for additional procedures being included in the mandatory scheme it is possible that these may capture sectors with links to this, for example nail bars</li> </ul> <p>Coercive behaviour Offences</p>
<b>241 - Anonymous (tattooing)</b>	yes, though merit should be given to time spent visa via non reoffending especially with violent offences on a case by case basis.
<b>252 - Torfaen County Borough Council</b>	<p>TCBC understand the current list but ask for further clarity and expanded inclusions.</p> <p>Guidance on Fit and Proper person tests (which is what this is – without it being specifically mentioned) will be needed.</p>

This must be clearly communicated to practitioners and enforcing authorities with thorough and proper guidance on the rationale for inclusion and what Licensing committees / officers should do with this information.

- Stalking / Assault / Violence – could be considered too.
- Alcohol and supply of drug offences be added to relevant offences and a fit and proper person test
- Convictions under Local Government (Miscellaneous) Provisions Act - this will be applicable to persons / premises currently registered under the existing scheme
- Modern Day Slavery related legislation. As the Act includes the ability for additional procedures being included in the mandatory scheme, it is possible that these may capture sectors with links to this, for example nail bars
- Coercive behaviour offences
- Trafficking offences

Businesses / practitioners should have to declare if they have received a Prohibition Notice under HSWA '74 or Part 2A order under Health Protection legislation, which isn't an offence as such, but it would be useful for the section to be extended to cover these Notices i.e., enforcement notices under the legislation listed.

However, there may be an issue as they may have been served on a company rather than an individual, so identifying how and who these have been served upon is a challenge.

#### Question

Do health and safety offences appear on DBS checks?

Customers can be put into vulnerable situations with practitioners and are often one on one behind closed doors.

Clarification is needed in relation to premises / vehicle approval certificates and who these relevant offences would apply to if not a practitioner, for example owner / manager of the premises or a Limited Company. Would the relevant offences also apply to them?

	<p>Consideration should also be made in the application process to the disclosure of any Part 2(A) Orders granted against the applicant (person or premises) for relevant issues related to activities covered by the scheme. It is recognised that these are not offences, however, given the limitations of the current registration regime, these have been the main mechanism for LAs to deal with unsafe and unhygienic practices and could not be dealt with under other legislation as they were not “carrying on a business”. There needs to be clear guidance as to what weight these will be given in terms of consideration of the potential refusal of a licence / certificate.</p>
<p><b>254 - Swansea Council</b></p>	<p>Additional guidance will be required regarding Fit and Proper person tests, for example.</p> <p>applicants who have offences which indicate they may have substance misuse issues or where the applicant has indicated substance misuse issues.</p> <p>Assault / Violence – all should be considered too.</p>

<b>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?</b>	
<b>'Yes' response</b>	9 – Anonymous; 10 – Anonymous; 12 – Anonymous; 14 – Cheryl Drew; 18 – Anonymous; 22 – Sally Hickenson; 27 – Clare's European Services; 28 – Anonymous; 29 – Shan MacVicar; 36 – Kelly Griffiths; 39 – Kate Doble; 47 – Anonymous; 49 – Di-enw; 53 – Oliver Todd; 61 – Anonymous (acupuncture); 78 – Anonymous (acupuncture); 81 – Gemma Kingston; 84 – Anonymous; 93 – Royal College of Midwives; 109 – Anonymous (acupuncture); 116 – Anonymous; 126 – Rhondda Cynon Taff County Borough Council; 133 – Anonymous (local authority); 146 – Ming Chu Lok; 152 – Anonymous (tattooing); 163 – Anonymous (tattooing); 168 – Anonymous (tattooing); 221 – Wrexham County Borough Council; 227 – Anonymous; 230 – Anonymous (charitable organisation); 254 – Swansea Council.
<b>'No' response</b>	8 – Anonymous; 104 - Anonymous (acupuncture).
<b>Left blank</b>	5 – Anonymous (acupuncture); 7 – Anonymous; 11 – Katie; 24 – Anonymous; 25 – David Carlisle; 30 – Anonymous; 41 – Anonymous (acupuncture); 59 – Josh Cranton; 62 – Anonymous; 73 – Claire Robinson-Campbell; 85 – F Hinds Ltd; 89 – Rachel Bowen; 111 – Anonymous (tattooing); 113 – Superdrug Ltd; 121 – National AIDS Trust; 143 – Claire's Accessories; 164 – Anonymous (tattooing); 167 – Anonymous (manufacturer); 189 – Baidong Li; 194 – Jian Wang; 216 – Age Cymru.
<b>1/35 - Anonymous (acupuncture)</b>	Yes in part. If an individual has the training and qualifications they should be exempt. If that individual is a member of a professional body and that work is within the remit of that organisation there should be no further need for regulation.  The list of professional bodies should be assessed - see question 11
<b>2 - Anonymous</b>	No comment
<b>3 - Guild of Beauty Therapists</b>	I agree with the principle of allowing exemptions for members of professional bodies but I don't agree with the list in section 7.1 as these are medical and have little or no relevance to the people providing these treatments. Members of the Beauty Guild are qualified beauty therapists who are insured to carry out ear piercing, electrolysis and semi permanent make up (tattooing). we check that they have the required qualifications and provide them treatment product and public liability insurance. I propose that trade bodies like ourselves be added to the list as it will bring more people into the regulated environment without them having to incur additional costs.
<b>4 - Anonymous</b>	Yes so long as they have Infection Protection and Control qualifications at level 3 or above

<b>6 - Anonymous</b>	Not sure
<b>15 - Anonymous (acupuncture)</b>	No - see below
<b>16 - Sarah Swaysland</b>	<p>YES – just because an applicant is registered with a regulated professional body, it does not mean they will be competent in carrying out one of the listed special procedures.</p> <p>Most exemptions will probably be related to RMPs carrying out acupuncture and dry needling.</p> <p>The licensing scheme does need to consider how the licensing authority captures information about exempt practitioners. LAs are likely to receive complaints/referrals about exempt practitioners which people think may be operating illegally. This could create a lot of unnecessary work for LAs. My opinion is that RMPs need to write to the licensing authority with evidence to support why they are exempt. The LA database, and national register, can then illustrate who is exempt, grounds for the exemption, treatment offered and where they are operating from. Since individual circumstances can change, is there a need for an exemption certificate and a duty for RMPs to notify the LA if their circumstances change?</p>
<b>17 - Anonymous</b>	Im not sure i think it would need to be explained better its a bit over my brain waves
<b>19 - Kim Eldridge</b>	<p>I agree that additional professions not listed in section 7 who are members of professional organizations, such as CSP/AACP (Graduate Physiotherapists) where internal regulation takes place should be exempt alongside those professions listed.</p> <p>I am disappointed that Physiotherapy is not recognized on the list.</p>
<b>20 - Duncan Reed</b>	Agree
<b>21 - Anonymous</b>	Personally I don't think there should be any exemptions, if we are carrying out the same treatments then why should they be treated differently?
<b>23 - Anonymous</b>	Yes if they are working within a nhs job role and building, no if they are setting up their own business as self employed persons.
<b>26 - Joint Council of Cosmetic Practitioners</b>	Yes but we consider that all of those professionals who are considered to be exempt should also be required to provide evidence of relevant post qualification education and training that is specifically related to the procedure concerned and to be able to evidence that the performance of that procedure accords with the scope of practice set down by both their professional regulator and by their Royal



	College or standards setting authority e.g. the Chartered Society of Physiotherapy.
<b>31 - Chartered Institute of Environmental Health</b>	Yes. Where practitioners who have satisfied their relevant professional body of the competency there should be no need for them to have to seek a license, but where they practice outside the scope of the NHS or a service regulated by HIW they should be licensed in the same way as other practitioners.
<b>32 - Anonymous (tattooing)</b>	Yes, this should be very limited.
<b>33 - Carla Evans</b>	Agree totally, they are already a member of a professional body and accountable to their code of conduct.
<b>34 - James Ogle</b>	<p>No! Osteopaths, chiropractors and Physiotherapists along with any other physical therapy do the same qualification courses for dry needling/acupuncture. It is not inclusive of their degree or training and should therefore not be any different. If soft tissue therapists/sports massage therapists (who have done the EXACT same dry needling/acupuncture course as a physio or osteo) are required to apply for a license then it should be the same - or even better, soft tissue therapists/sports therapists/ any Physical therapist that has done REGULATED course - you would need to have a list of them - should also be considered as an exemption.</p> <p>For example, I teach a dry needling course for physiotherapists - why are they exempt after I have taught them and I am not?</p>
<b>37 - Anonymous (local authority)</b>	Yes – but at para 7.13 it doesn't say whether the practitioner needs to meet all 4 bullet point criteria or just one. If all 4 then we agree.
<b>38 - Rachel Edney</b>	Professional acupuncturists are the group with the highest level of training and the most practical experience yet we are not exempt. I agree that the members listed are likely to have received infection control training as part of the course of their work outside of the administration of these special procedures.
<b>40 – Anonymous (acupuncture)</b>	Yes - all of the requirements will be covered by their additional training
<b>43 - Acupuncture Association of Chartered Physiotherapists</b>	Yes, fully agree however acknowledge there is an exemption proposed for HCPC professionals, however the criteria for the proposal is unclear and relies on Ministerial regulations, and the criteria seems an unnecessary high bar to achieve. Independent physiotherapist acupuncturists currently engage with their Local Authorities to ensure premises are up to standard, however the exemption criteria require a HIW regulated premises; this could mean only settings such as private hospitals will meet the exemption

	<p>criteria. Most self-employed physiotherapists and small physiotherapy practices do not currently need to register with the Care Quality Commission (in England) or the respective devolved countries' equivalent organisations (Healthcare Inspectorate in Wales; Care Inspectorate in Scotland; Regulation and Quality Improvement Authority in Northern Ireland). This is currently accepted practice because physiotherapists are HCPC regulated. Requiring a registration with HIW will be an additional burden, and an unnecessary one, considering our premises are already inspected by Local Authorities who will be enforcing these new regulations.</p>
<b>also</b>	42 – Paul Battersby.
<b>44 - Roy Montgomery</b>	<p>Yes, fully agree however acknowledge there is an exemption proposed for HCPC professionals, however the criteria for the proposal is unclear and relies on Ministerial regulations, and the criteria seems an unnecessary high bar to achieve. Independent physiotherapist acupuncturists currently engage with their Local Authorities to ensure premises are up to standard, however the exemption criteria requires a HIW regulated premises; this could mean only settings such as private hospitals will meet the exemption criteria. Most self-employed physiotherapists and small physiotherapy practices do not currently need to register with the Care Quality Commission (in England) or the respective devolved countries' equivalent organisations (Healthcare Inspectorate in Wales; Care Inspectorate in Scotland; Regulation and Quality Improvement Authority in Northern Ireland). This is currently accepted practice because physiotherapists are HCPC regulated. Requiring a registration with HIW will be an additional burden, and an unnecessary one, considering our premises are already inspected by Local Authorities who will be enforcing these new regulations.</p>
<b>also</b>	45 – Anonymous (acupuncture); 46 – Alison Smith; 50 – Anonymous (acupuncture); 52 – Anonymous (acupuncture); 58 – Kate van Rensburg; 60 – Laura Gibbons; 63 – Christine Hutchinson; 86 – Suzanne Gregson; 99 – Janis Short; 105 – Daniel Curran.
<b>48 - Kat Henness</b>	<p>I strongly disagree with the list of exempt individuals. This creates a clear loophole for untrained and inexperienced piercers and tattooists to enter into the industry under the guise of medical experience. An untrained dentist can do more damage when performing a piercing than a trained but unlicensed piercer.</p> <p>This is absolutely unacceptable.</p>
<b>50 - Anonymous (acupuncture)</b>	<p>Yes, fully agree however acknowledge there is an exemption proposed for HCPC professionals, however the criteria for the proposal is unclear and relies on Ministerial regulations, and the criteria seems an unnecessary high bar to achieve. Independent physiotherapist acupuncturists currently engage with their</p>

	Local Authorities to ensure premises are up to standard, however the exemption criteria requires a HIW regulated premises; this could mean only settings such as private hospitals will meet the exemption criteria. Most self-employed physiotherapists and small physiotherapy practices do not currently need to register with the Care Quality Commission (in England) or the respective devolved countries' equivalent organisations (Healthcare Inspectorate in Wales; Care Inspectorate in Scotland; Regulation and Quality Improvement Authority in Northern Ireland). This is currently accepted practice because physiotherapists are HCPC regulated. Requiring a registration with HIW will be an additional burden, and an unnecessary one, considering our premises are already inspected by Local Authorities who will be enforcing these new regulations.
<b>51 – Alison Williams</b>	Whether to limit exemptions on members of professional bodies will depend on the specific needs of the regulatory body responsible for overseeing the special procedures, as well as the interests and needs of patients and the public. It is important to carefully consider all relevant factors and consult with all related individuals and professional bodies to determine the most appropriate approach.
<b>54 - Lola Slider</b>	Absolutely not, I completely disagree. Doctors, nurses and dentist often disseminate false information about body art because it's not something they're trained in or understand, so why would they be exempt from this licensing procedure if they wished to conduct body art? if anything it's even more important that medical professionals set the standard we should be working towards, it doesn't make sense for a piercer working in a micro business to have to go through this scheme but a doctor making significantly more with potentially better resources shouldn't have to if they wish to offer body art services.
<b>55 - Aiden Johnson</b>	No I don't think anyone should be allowed an exemption. Just because someone is a members of a professional body, this does not mean that they are competent in the skills required to offer safe services. Someone trained in infection control can make a clean tattoo/piercing but they can also use the equipment inappropriately and leave a member of the public with scarring and pain.
<b>56 - British Medical Acupuncture Society</b>	We suggest that all members of professional societies representing acupuncturists be explicitly exempted (even though they may be exempted as an individual by virtue of meeting the regulated status required for exemption)
<b>57 - Tamarind Dykes</b>	It all depends on specific needs of the regulatory body responsible for overseeing the special procedures. Its important to carefully consider all relevant factors & consult with all related individuals & professional bodies.
<b>64 - Anonymous (acupuncture)</b>	Yes, fully agree. However, I acknowledge there is an exemption proposed for HCPC professionals, but the criteria for the proposal is unclear and relies on Ministerial regulations, and the criteria seems an unnecessary high bar to achieve. Independent physiotherapist acupuncturists currently engage with their

	Local Authorities to ensure premises are up to standard, however the exemption criteria requires a HIW regulated premises; this could mean only settings such as private hospitals will meet the exemption criteria. Most self-employed physiotherapists and small physiotherapy practices do not currently need to register with the Care Quality Commission (in England) or the respective devolved countries' equivalent organisations (Healthcare Inspectorate in Wales; Care Inspectorate in Scotland; Regulation and Quality Improvement Authority in Northern Ireland). This is currently accepted practice because physiotherapists are HCPC regulated. Requiring a registration with HIW will be an additional burden, and an unnecessary one, considering our premises are already inspected by Local Authorities who will be enforcing these new regulations.
<b>also</b>	65 - Anonymous (acupuncture).
<b>66 – Gareth Davies</b>	there are so many PA within the sports industry STA / STO/ SST/ SMA/ FHT and many more  i think as long as the therapist is a member of any PA but not list any
<b>69 - Anonymous (acupuncture)</b>	7.3 bullet point 3 In the vast majority of cases, chiropractors in Wales do not work within the NHS so could not be exempt from that perspective. I have read the requirements for HIW registration and as undertaking the procedure of dry needling does not constitute a listed activity nor do any other procedures within my clinic, I am not able to apply / there would be no reason to apply for HIW registration. As such this would not allow me as a chiropractor to be exempt. Could the wording include - 'unless the practitioner and their premises do not fulfil requirements for HIW registration' ?
<b>74 - Anonymous (SPM)</b>	Yed
<b>75 - Madeline Boots</b>	Yes, fully agree however I acknowledge there is an exemption proposed for HCPC professionals, however the criteria for the proposal is unclear and relies on Ministerial regulations, and the criteria seems an unnecessary high bar to achieve.  Independent physiotherapist acupuncturists currently engage with their Local Authorities to ensure premises are up to standard, however the exemption criteria requires a HIW regulated premises; this could mean only settings such as private hospitals will meet the exemption criteria. Most self-employed physiotherapists and small physiotherapy practices do not currently need to register with the Care Quality Commission (in England) or the respective devolved countries' equivalent organisations (Healthcare

	<p>Inspectorate in Wales; Care Inspectorate in Scotland; Regulation and Quality Improvement Authority in Northern Ireland). This is currently accepted practice because physiotherapists are HCPC regulated. Requiring a registration with HIW will be an additional burden, and an unnecessary one, considering our premises are already inspected by Local Authorities who will be enforcing these new regulations.</p>
<b>also</b>	88 - Anonymous (acupuncture).
<b>77 - Mari McAndrew</b>	Agree
<b>79 – Rhian Mansfield</b>	Yes I do
<b>80 – Anonymous (tattooing)</b>	Just because somebody is a member of one of the listed professional bodies does not mean they are competent to carry out tattooing, piercing or acupuncture. Therefore, they should still have to apply for and hold a special procedures licence.
<b>90 – Blaenau Gwent County Borough Council</b>	Yes, we agree
<b>91 – British Beauty Council</b>	Whilst it important to avoid duplication of inspection where a practitioner is already registered with a General Council, a requirement should still be maintained for members of the listed professional bodies in section 60 to be able to provide evidence of relevant post qualification education and training specifically related to the procedures concerned. Information sharing between the local authority and professional body would be advisable to ensure effectiveness in regards to the intention of the license.
<b>92 – Anonymous (acupuncture)</b>	<p>No, HCPC should be included also, and the opportunity for new registers to be able to apply for exceptions if they adhere to guidance set out by .Gov. We also have voluntary governance, such as Sports Therapists, who abide by very similar rules to HCPC registrants.</p> <p>We would agree that exemption should only apply to specific procedures, eg, only exempt from acupuncture if have been trained in acupuncture, and this exemption should not also cover tattooing if they have not trained in tattooing.</p>
<b>94 - National Hair and Beauty Federation</b>	The risk here is that some medical practitioners are exempted from having to apply for a license. Just because an individual has a medical qualification, it does not necessarily mean that they are qualified to deliver a particular treatment/service or procedure. In our view, a level playing field between the beauty and medical sector does not currently exist. Every practitioner must be required to hold a relevant qualification in the treatment/service or procedure they provide, irrespective of practitioner background. Medical qualifications or training should only be viewed as a prerequisite to a practitioner qualification.

	<p>For example, a registered nurse would need to complete specific training and gain a qualification to be able to complete micropigmentation.</p> <p>The regulated bodies detailed do not have the scope to ensure practitioner have the requirement to complete microblading, micropigmentation, epilation and acupuncture.</p> <p>Within the Beauty Industry Group (BIG), there are organisations that also hold voluntary registers for medical and non medical professionals:</p> <p>Federation of Holistic Therapists (FHT) – Acupuncture. British Institute and Association of Electrolysis (BAIE) - Electrolysis.</p>
<p><b>95 - Beauty Industry Group - Licensing</b></p>	<p>Whilst it important to avoid duplication of inspection where a practitioner is already registered with a General Council, a requirement should still be maintained for members of the listed professional bodies in section 60 to be able to provide evidence of relevant post qualification education and training specifically related to the procedures concerned. Information sharing between the local authority and professional body would be advisable to ensure effectiveness in regard to the intention of the license.</p> <p>Within the Beauty Industry Group (BIG) there are organisations who also hold voluntary registers for medical and non- medical professionals there are:</p> <p>Federation of Holistic Therapists (FHT) – Acupuncture. British Institute and Association of Electrolysis (BAIE) - Electrolysis.</p>
<p><b>96 - Beauty Industry Group Chair</b></p>	<p>Whilst it important to avoid duplication of inspection where a practitioner is already registered with a General Council, a requirement should still be maintained for members of the listed professional bodies in section 60 to be able to provide evidence of relevant post qualification education and training specifically related to the procedures concerned. Information sharing between the local authority and professional body would be advisable to ensure effectiveness in regard to the intention of the license.</p> <p>Within the Beauty Industry Group (BIG) there are organisations who also hold voluntary registers for medical and non- medical professionals there are:</p>

	Federation of Holistic Therapists (FHT) – Acupuncture. British Institute and Association of Electrolysis (BAIE) - Electrolysis.
<b>98 - Inc and Co</b>	Yes, there is nothing except training and practice that can make someone competent to practice tattooing, so I feel that fairly strict limitations should be in place.
<b>100 - Anonymous</b>	also botox and fillers licensing of premises
<b>102 - Dr Di Wu</b>	It should depend on the assessment that whether the regulatory body can oversee the special procedures and and ensure the safety of public who receive the service. The individual regulatory bodies with which the practitioners are registered should be consulted and assessed.
<b>103 - Anonymous (acupuncture)</b>	I don't understand why for example a physiotherapist who can do a short course in acupuncture is exempted however someone who has done a detailed course in Traditional Chinese Medicine acupuncture and belongs to a professional body for this is not exempted.
<b>106 - Anonymous (acupuncture)</b>	<p>Yes, strongly. The general policy has been that a statutorily regulated practitioner will do the right thing because their professional title is at risk. This has never been actioned as far as I am aware, and yet some of the registrants on this list are the ones who undertake risibly short training, operate outside the existing legal frameworks (LGMPA 1982) and have a very poor safety record (pneumothoraxes, infections, etc).</p> <p>Restricting exempted registrants to working within agreed scope and within HIW approved premises alone will address at a stroke some of the health and safety issues in premises and also require their professions to offer greater clarity on what can legitimately be regarded as within scope.</p> <p>I note that the terms 'profession' and 'professional' are used somewhat loosely. Section 60 applies to registrants and their regulatory bodies, whereas 'membership' and 'professional' are more commonly used of voluntary membership organisations.</p>
<b>107 - BABTAC</b>	Whilst it important to avoid duplication of inspection where a practitioner is already registered with a General Council, a requirement should still be maintained for members of the listed professional bodies in section 60 to be able to provide evidence of relevant post qualification education and training specifically related to the procedures concerned. Information sharing between the local authority and professional body would be advisable to ensure effectiveness in regard to the intention of the license. Within the Beauty Industry Group (BIG) there are organisations who also hold voluntary registers for medical and non- medical professionals there are:

	<p>Federation of Holistic Therapists (FHT) – Acupuncture. British Institute and Association of Electrolysis (BAIE) - Electrolysis.</p>
<p><b>112 - British Acupuncture Federation</b></p>	<p>We represent acupuncture practitioners through the UK and the Republic of Ireland. All of our members have Level 5 as a minimum and most have degree level training in acupuncture. This level of training in acupuncture ensures that our graduates have not only studied human health and disease amongst many other theoretical topics, they have also been trained in and have had to demonstrate competency in clean clinical practices during their extensive clinical period. This is often 6 months of supervised and examined clinical practice.</p> <p>Our acupuncture practitioners are healthcare clinicians. During lockdown, acupuncturists were elevated within the Office of National Statistics (ONS) to the same category as Physiotherapists and Osteopaths. This was as a result of the recognition of safe modes of practice and the necessity to provide health care services during lockdown. Our members were given permission to practice by Public Health England and confirmation of our clinical safety by the GMC.</p> <p>Our members abide by our strict codes of conduct. These cover professional conduct and safe clinical practice. These are documents that each member agrees to adhere to upon joining the membership and each year at renewal. There are Complaints and Disciplinary Procedures which are applicable and invoked when a member is considered to have not to have adhered to the Codes of Professional Conduct including Safe Clinical Practice.</p> <p>Our members are insured by [name redacted] Insurance Company. They have confirmed that there have been no claims of bacterial infection in the last 10 years.</p> <p>Acupuncture involves very fine (often between 0.14mm and 0.25mm in diameter) stainless steel needles. These needles are typically single-use sterile needles manufactured to CE quality levels. Additional tools such as gua sha and cupping are sterilized between patients. Acupuncturists are trained to work with a clean field when treating patients.</p> <p>Licensing is there to protect the public and is not implemented where there is little or no risk. Due to this and our Codes of Professional Conduct and Safe Clinical Practice as well as exemplary safety record we</p>



	<p>are exempt from licensing in London due to special permission from the London Exemption Licensing Group.</p> <p>The Acupuncture Evidence Project carried out in 2010, 2014 and again reviewed and updated in 2017 by John McDonald and Stephen Janz reviewed the global research database for acupuncture effectiveness and safety “Our study found evidence for the effectiveness of acupuncture for 117 conditions, with stronger evidence for acupuncture’s effectiveness for some conditions than others. Acupuncture is considered safe in the hands of a well-trained practitioner and has been found to be cost-effective for some conditions. The quality and quantity of research into acupuncture’s effectiveness is increasing.” Acupuncture Evidence Project, p55</p> <p>As a result, we request that you consider our members exempt from the licensing procedures that you apply to other special procedures.</p>
<p><b>117 - Marnie Williams</b></p>	<p>I hold serious concerns about professionals from other fields being able to perform piercings due to their professional registration exempting them from a special procedures licence. Whilst we understand that nurses or dentists (for example) will have a good working knowledge of infection control, their knowledge and expertise will not necessarily extend to being able to perform a competent piercing that will heal well. Indeed, we feel it would be misleading to potential clients to allow these exemptions to remain in place. Body Piercers create a very unique wound distinct from other professions; when performing a tattoo, acupuncture, taking bloods, etc any wounds that are created are allowed to immediately close, and the skin to almost immediately renew its primary role as a barrier against infection. Body Piercing creates a wound, and leaves it open until the proliferation of a fistula of new tissue has completed forming. In some piercings, this can be up to 12 months, and this new tissue does not typically return to full circulation and tensile strength for up to two years. It is not uncommon for over 1cm<sup>2</sup> of completely new tissue to have to grow again from a subcutaneous layer up. As body piercers create wounds that are considerably more difficult for the body to heal, and are open for longer than other professions, it is imperative that a higher level of infection control is practised when creating those wounds than you might expect in other professions. A dentist, Chiropractor, Midwife cannot pierce or tattoo without relevant training, the same as a Tattoo Artist or Piercer couldn’t decide to be a Dentist, Chiropractor, Midwife etc without the training. Medical practices are all different, and though there is cross over in the form of cross contamination, anatomy etc, they are wholly different practices and require specific licensing.</p>

<b>118 - Ann Charlton</b>	Whether to limit exemptions on members of professional bodies will depend on the specific needs of the regulatory body responsible for overseeing the special procedures, as well as the interests and needs of the patients and the public. It is important to carefully consider all relevant factors and consult with all related individuals and professional bodies to determine the most appropriate approach. ATCM cpd training supports members to keep up to date with information.
<b>120 - Anonymous (acupuncture)</b>	<p>Agree in part;. Agree with the current list, but disagree that HCPC members not included.</p> <p>why would HCPC members not be included in this (Physiotherapists) as they are regulated to the same level as Osteo/Chiro?</p> <p>If HCPC accepted section 7.3 would require amendment as not all HCPC practitioners work in NHS/HIW venues.</p>
<b>122 - Anonymous</b>	Yes, as long as there is an assurance mechanism checking that what is being carried out is safe
<b>123 - Anonymous (piercer)</b>	<p>I hold serious concerns about professionals from other fields being able to perform piercings due to their professional registration exempting them from a special procedures licence. Whilst we understand that nurses or dentists (for example) will have a good working knowledge of infection control, their knowledge and expertise will not necessarily extend to being able to perform a competent piercing that will heal well. Indeed, we feel it would be misleading to potential clients to allow these exemptions to remain in place. Body Piercers create a very unique wound distinct from other professions; when performing a tattoo, acupuncture, taking bloods, etc any wounds that are created are allowed to immediately close, and the skin to almost immediately renew its primary role as a barrier against infection. Body Piercing creates a wound, and leaves it open until the proliferation of a fistula of new tissue has completed forming. In some piercings, this can be up to 12 months, and this new tissue does not typically return to full circulation and tensile strength for up to two years. It is not uncommon for over 1cm<sup>2</sup> of completely new tissue to have to grow again from a subcutaneous layer up. As body piercers create wounds that are considerably more difficult for the body to heal, and are open for longer than other professions, it is imperative that a higher level of infection control is practised when creating those wounds than you might expect in other professions. A dentist, Chiropractor, Midwife cannot pierce or tattoo without relevant training, the same as a Tattoo Artist or Piercer couldn't decide to be a Dentist, Chiropractor, Midwife etc without the training. Medical practices are all different, and though there is cross over in the form of cross contamination, anatomy etc, they are wholly different practices and require specific licensing.</p>

<b>125 - Becky Crossan</b>	Yes. As a piercing health and safety organisation, we hold serious concerns about professionals from other fields being able to perform piercings due to their professional registration exempting them from a special procedures licence. Whilst we understand that nurses or dentists (for example) will have a good working knowledge of infection control, their knowledge and expertise will not necessarily extend to being able to perform a competent piercing that will heal well. Indeed, we feel it would be misleading to potential clients to allow these exemptions to remain in place.
<b>132 - Anonymous (piercer)</b>	As a piercing health and safety organisation, we hold serious concerns about professionals from other fields being able to perform piercings due to their professional registration exempting them from a special procedures licence. Whilst we understand that nurses or dentists (for example) will have a good working knowledge of infection control, their knowledge and expertise will not necessarily extend to being able to perform a competent piercing that will heal well. Indeed, we feel it would be misleading to potential clients to allow these exemptions to remain in place. Body Piercers create a very unique wound distinct from other professions; when performing a tattoo, acupuncture, taking bloods, etc any wounds that are created are allowed to immediately close, and the skin to almost immediately renew its primary role as a barrier against infection. Body Piercing creates a wound, and leaves it open until the proliferation of a fistula of new tissue has completed forming. In some piercings, this can be up to 12 months, and this new tissue does not typically return to full circulation and tensile strength for up to two years. It is not uncommon for over 1cm <sup>2</sup> of completely new tissue to have to grow again from a subcutaneous layer up. As body piercers create wounds that are considerably more difficult for the body to heal, and are open for longer than other professions, it is imperative that a higher level of infection control is practised when creating those wounds than you might expect in other professions.
<b>135 - Anonymous (tattooing)</b>	yes, licences should be brought in across the board
<b>136 - Denbighshire County Council</b>	Agree
<b>144 - Anonymous (piercer)</b>	Yes. As a piercing health and safety organisation, we hold serious concerns about professionals from other fields being able to perform piercings due to their professional registration exempting them from a special procedures licence. Whilst we understand that nurses or dentists (for example) will have a good working knowledge of infection control, their knowledge and expertise will not necessarily extend to being able to perform a competent piercing that will heal well. Indeed, we feel it would be misleading to potential clients to allow these exemptions to remain in place.

<b>145 - Anonymous (tattooing)</b>	<p>I have concerns about professionals from other fields being able to perform piercings due to their professional registration exempting them from a special procedures licence. Whilst I understand that nurses or dentists (for example) will have a good working knowledge of infection control, their knowledge and expertise will not necessarily extend to being able to perform a competent piercing that will heal well. In the case of doctors performing tattoos as a guide for cancer treatments for example I do not have concerns as the purpose is very different from an aesthetic tattoo.</p> <p>I absolutely feel that those offering 'paramedical' tattoos such as creating nipples, hair and scar pigmentation should be held to the same standards as tattooers and piercers.</p>
<b>153 - Zhimin Ma</b>	It will depend on the specific needs of the regulatory body responsible for overseeing the special procedures, as well as the interests and needs of patients and the public. It is important to carefully consider all relevant factors and consult with all related individuals and professional bodies to determine the most appropriate approach.
<b>also</b>	154 – Anonymous (acupuncture); 155 – Anonymous (acupuncture); 157 – Anonymous (acupuncture); 158 – Anonymous (acupuncture); 160 – Anonymous (acupuncture); 161 – Anonymous (acupuncture); 162 – Anonymous (acupuncture).
<b>159 – H Wong</b>	agree, for example ATCM member is professional group.
<b>166 – Claire Pritchard</b>	No. As I have to be registered as a member of a governing body to be able to practice, which includes insurance, 1st aid, & regular CPD documentation, up to date qualifications. I think any person already registered with another body should also be exempt.
<b>169 – Anonymous (tattooing)</b>	<p>In the case of tattoo or piercing, I believe that no exemptions should be made.</p> <p>Nobody knows how to tattoo better than a tattooist, nobody knows how to pierce better than a piercer</p>
<b>172 – Baifang Zhu</b>	It should depend on the specific needs of the regulatory body responsible for overseeing the special procedures, as well as the interests and needs of patients and the public..
<b>175 – Anonymous (tattooing)</b>	<p>I believe that no exemptions should be made.</p> <p>Nobody knows how to tattoo better than a tattooist, and nobody knows how to pierce better than a piercer, it's as straightforward as that.</p>
<b>178 – Minan Yao</b>	Agree. My reason for allowing exemptions for certain members of professional bodies listed in section 60 is based on the recognition of their extensive experience, expertise, and proven track record in their respective fields. These highly skilled professionals may already adhere to strict self-imposed standards

	<p>and best practices, thus negating the need for additional regulatory oversight. Granting exemptions to such individuals could promote continued professional development and innovation, while also acknowledging their commitment to maintaining high-quality standards in patient care and safety. However, it remains crucial to carefully evaluate each case and involve all relevant stakeholders to ensure a fair and balanced approach is taken.</p>
<b>179 - N Wales Health and Safety Expert Panel</b>	<p>Yes</p> <p>It is unclear from paragraph 7.13 whether the exemption would be limited by one item in the list or all.</p>
<b>183 - Hair and Beauty Industry Authority</b>	<p>Whilst it important to avoid duplication of inspection where a practitioner is already registered with a General Council, a requirement should still be maintained for members of the listed professional bodies in section 60 to be able to provide evidence of relevant post qualification education and training specifically related to the procedures concerned. Information sharing between the local authority and professional body would be advisable to ensure effectiveness in regard to the intention of the license.</p> <p>Within the Beauty Industry Group (BIG) there are organisations who also hold voluntary registers for medical and non- medical professionals there are:</p> <p>Federation of Holistic Therapists (FHT) – Acupuncture. British Institute and Association of Electrolysis (BAIE) - Electrolysis.</p>
<b>184 - Nursing and Midwifery Council</b>	<p>Any registered nursing and midwifery professionals involved in performing any non-surgical cosmetic procedure are required to always follow the NMC Code. The Code specifies that professionals must have the knowledge, skills and competence for safe practice and be able to demonstrate this through our revalidation process. It is also a requirement, by law, for professionals registered with the NMC to ensure that appropriate indemnity cover is in place for their whole scope of practice. We can take regulatory action to protect the public where individual nursing and midwifery professionals do not practise in line with the NMC Code and standards.</p> <p>Most nursing and midwifery professionals will perform non-surgical procedures safely and effectively and in line with the Code and our standards. However, we agree with the proposal that regulated professionals, including registered nurses and midwives, should not hold blanket exemptions for all four special procedures but regulations should be made to limit their exemptions as outlined in the consultation.</p>

We agree that exemptions for nursing and midwifery professionals should apply in cases where any of the four special procedures are considered within the scope of a currently regulated professional's role and are performed within the NHS or privately regulated healthcare services regulated by Healthcare Inspectorate Wales (HIW). This is because the special procedures are considered 'in scope' of their role and employers have an important role in ensuring that nursing and midwifery professional are prepared for and maintain proficiency for their role.

These employers are also regulated and inspected to check people are receiving good care. This gives greater assurances to the public who can view information about inspection concerns or notices. We have a commitment with other regulators to consult one another of any issues that might require us to act, so if concerns are raised about a nursing or midwifery professional performing one of the procedures, we would expect to be notified.

We note that in accordance with Section 75 of the Act, all Welsh local authorities will maintain and publish a register of special procedure practitioners and approved premises/vehicles. Nursing and midwifery professionals exempt from licensing will not appear on the register of special procedure practitioners. Our register does not record training and qualifications that we do not regulate; therefore, individual NMC register entries will not show which nursing and midwifery professionals can operate as special procedure practitioners in Wales. Our register also does not record information related to an individual's practice and the scope of their role. This means we have limited information about who on our register performs non-surgical procedures and the extent of their practice.

We support the proposal that nursing or midwifery professionals performing these activities outside their substantive role, perhaps as a side job, and in a setting not regulated by HIW will be expected to obtain a special procedures license and will appear on the register of special procedure practitioners.

Practitioners perform non-surgical procedures from a variety of other premises, such as their own home or within their client's home, temporary 'pop-up' shops and salons. These premises are not subject to additional regulation by HIW and therefore there is less assurance about the quality and safety of care given. We think introducing a mandatory licensing, applicable to healthcare professionals operating outside settings regulated by HIW, is a proportionate way to demonstrate who is deemed competent to

	<p>undertake the procedures. It also provides additional information about an individual's practice and any concerns raised can be shared with the relevant professional regulator.</p> <p>We would expect the licensing scheme and employers to have processes in place to support practitioners in practice, and to act first to deal with any concerns that may arise. However, any issues involving our registrants which might have significant implications or raise fitness to practice concerns should be referred to us.</p> <p>We think it would be helpful to clarify the regulatory position of nursing associates (NAs) within the scope of these proposals. NAs is a role regulated in England only, but practitioners could opt to perform special procedures in Wales. Under the proposals individuals who are registered as nursing associates will require a license to perform special procedures as they cannot conduct these activities in Wales whilst relying on their professional NMC registration. However, they would still be required to act in accordance with the NMC Code and we could take regulatory action through our fitness to practice process if there are any professional conduct issues. We would therefore expect to be notified if any concerns were raised about a licensed practitioner who was also registered as a nursing associate in England.</p>
<p><b>186 - Anonymous (acupuncture)</b></p>	<p>Whether to limit exemptions for members of professional bodies will depend on the specific needs of the regulatory body charged with overseeing the special procedure, as well as the interests and needs of patients and the public. It is important to carefully consider all relevant factors and to consult all relevant individuals and professional bodies to determine the most appropriate approach.</p>
<p><b>192 - British Register of Complementary Practitioners</b></p>	<p>We agree to most of the bullet points but find it slightly confusing under bullet point 3 of para 7.3 (page 27). Are you suggesting that special procedures should only be performed within the NHS or privately regulated healthcare service regulated by HIW?</p> <p>We believe that limiting exemptions on members of professional bodies will depend on the specific criteria of the body responsible for overseeing the special procedures, taking into account the needs of patients and the public. All relevant factors should be considered carefully and consultation with all relevant individuals and their professional bodies is important, so that the most appropriate approach is determined.</p>
<p><b>196 - Anonymous (acupuncture)</b></p>	<p>Whether to limit exemptions on members of professional bodies, depends on the specific needs of the regulatory body that is responsible for overseeing the special procedures, as well as the interests and</p>

	needs of patients and the public. It is important to carefully consider all relevant factors and consult with all related individuals and professional bodies to determine the most appropriate approach.
<b>197 - Anonymous (acupuncture)</b>	Whether to limit exemptions on members of professional bodies, depends on the specific needs of the regulatory body that is responsible for overseeing the special procedures, as well as the interests and needs of patients and the public. It is important to carefully consider all relevant factors and consult with all related individuals and professional bodies to determine the most appropriate approach.
<b>198 - Isle of Angelsey County Council</b>	Yes  It is unclear from paragraph 7.13 whether the exemption would be limited by one item in the list or all.
<b>200 - Anonymous (local authority)</b>	YES. But it's not very clear, could be open to subjective interpretation and any exemptions must be clearly explained and kept to a minimum
<b>201 - All Wales Communicable Disease Expert Panel</b>	YES. But further clarity needed on nature of the exemptions.  At para 7.13 it doesn't say whether the practitioner needs to meet all 4 bullet point criteria or just one. If all 4 then likely to agree fully.
<b>202 - Health and Safety Expert Panel</b>	Yes, however further clarity is required on the nature of the exemptions.
<b>203 - Anonymous (acupuncture)</b>	Whether to limit exemptions on members of professional bodies, depends on the specific needs of the regulatory body that is responsible for overseeing the special procedures, as well as the interests and needs of patients and the public. It is important to carefully consider all relevant factors and consult with all related individuals and professional bodies to determine the most appropriate approach.
<b>211 - British Acupuncture Council</b>	In light of our recommendation in Qu 1, this question is difficult to answer. If registration with an appropriate professional body is accepted as a means to assess competence, then there should be no exemptions.
<b>212 - Save Face</b>	We agree with the list of healthcare professionals listed as exempt.  We do not agree that PSA Accredited registers should not be exempt. As an organization that operates a PSA accredited register, we can attest to the robust requirements and assurances that must be demonstrated to gain accreditation. The entry criteria to join one of these registers meets or exceeds the assessment criteria carried out by local authorities who grant licenses. We would suggest where a PSA register can evidence that they meet or exceed the criteria set out within the requirements for a licence



	<p>then their registrants should be exempt from having to obtain a licence as well. In circumstances where practitioners are required to hold a specific qualification to obtain a licence, for example, in this case, a RSPH Level 2 Award in Infection Prevention and Control, the PSA Accredited register would be required to adopt this requirement and make it a mandatory part of their own assessment criteria on order to be granted exemption status.</p> <p>Revoking the amendment to include PSA Accredited registers within the list of exemptions will have a detrimental impact on the organisations who have demonstrated that they meet the standards set out by the PSA and indeed their registrants who would be required to go through two assessment processes that verify most of the same information. It would also place an unnecessary burden on the practitioners who strive to ensure they practice to the highest possible standards. An unintended consequence of removing PSA Accredited registers from the list of exemptions may also mean that fewer practitioners decide to join such registers and therefore would not be subject the additional checks, scrutiny, and accountability that these registers offer, and overall standards of practice will deteriorate. By offering practitioners the freedom to choose their preferred route of meeting the requirements ensures that practitioners can meet the licensing criteria and ensure all other essential practice standards which are specific to their field of practice are also being met. Being part of a community of other accredited practitioners who practice in the same field offers opportunities for continued professional development, peer review, and engagement. Additionally, the public who rely on such registers to find suitably trained and accountable practitioners may no longer be able to find a practitioner in their area. Offering a variety of routes towards regulation would also alleviate pressure from the resources within each local authority as they will not be required to assess these practitioners.</p>
<b>215 - Shared Regulatory Services</b>	Yes, however further clarity is required on the nature of the exemptions.
<b>217 - Anonymous (acupuncture)</b>	Acupuncturists registered with the PSA via their professional association should be exempted.
<b>219 - Ross Jarvis</b>	<p>In the case of tattoo or piercing, I believe that no exemptions should be made.</p> <p>Nobody knows how to tattoo better than a tattooist, nobody knows how to pierce better than a piercer</p>

<p><b>220 - Tibetan and Eastern Medicine Association</b></p>	<p>Section 93 of the Act gives the power to add or remove special procedures by regulations making amendments to section 57 by—</p> <p>(a) adding or removing a type or description of procedure to or from the list in that section, or  (b) varying a reference in that section to a type or description of procedure.</p> <p>AND</p> <p>for this purpose a procedure may be described by reference to (among other things)—</p> <p>(a) the description of individual by whom it is carried out;  (b) the description of individual on whom it is carried out.</p> <p>AND re exemptions</p> <p>S60(5) Regulations under this section may make different provision for different purposes including (among other things) in respect of different descriptions of individual.</p> <p>We propose regulations be made to exempt BAF members and make them part of a special group of exempted individuals based on their level of expertise, education, safety as indicated in this response and by their membership of a well-regulated professional health care group.</p> <p>The precedent for this has been set by the approach of London Local Authorities who have exempted BAF members from licensing requirements due to evidence of extremely safe practice and negligible risk.</p> <p>In summary it is proposed that fully qualified acupuncture practitioners who have studied to level 5 or above in acupuncture or are medical professionals who practice acupuncture adjunctively should be exempt from the licensing restrictions in Wales whether practicing privately in clinics or mobile settings or within NHS setting.</p>
<p><b>222 - Caerphilly County Borough Council</b></p>	<p>Could be subjective and open to interpretation, preferred option is to have a simple exemption i.e. solely those who are registered and practice within the NHS.</p>
<p><b>224 - Anonymous (piercer)</b></p>	<p>I hold serious concerns about professionals from other fields being able to perform piercings due to their professional registration exempting them from a special procedures licence. Whilst we understand that nurses or dentists (for example) will have a good working knowledge of infection control, their knowledge and expertise will not necessarily extend to being able to perform a competent piercing that will heal well.</p>

	<p>Indeed, we feel it would be misleading to potential clients to allow these exemptions to remain in place. Body Piercers create a very unique wound distinct from other professions; when performing a tattoo, acupuncture, taking bloods, etc any wounds that are created are allowed to immediately close, and the skin to almost immediately renew its primary role as a barrier against infection. Body Piercing creates a wound, and leaves it open until the proliferation of a fistula of new tissue has completed forming. In some piercings, this can be up to 12 months, and this new tissue does not typically return to full circulation and tensile strength for up to two years. It is not uncommon for over 1cm<sup>2</sup> of completely new tissue to have to grow again from a subcutaneous layer up. As body piercers create wounds that are considerably more difficult for the body to heal, and are open for longer than other professions, it is imperative that a higher level of infection control is practised when creating those wounds than you might expect in other professions. A dentist, Chiropractor, Midwife cannot pierce or tattoo without relevant training, the same as a Tattoo Artist or Piercer couldn't decide to be a Dentist, Chiropractor, Midwife etc without the training. Medical practices are all different, and though there is cross over in the form of cross contamination, anatomy etc, they are wholly different practices and require specific licensing.</p>
<b>226 - Environmental Health Wales</b>	<p>YES. But further clarity needed on nature of the exemptions.</p> <p>At para 7.13 it doesn't say whether the practitioner needs to meet all 4 bullet point criteria or just one. If all 4 then likely to agree fully.</p>
<b>229 - Anonymous (tattooing)</b>	<p>There are no professional bodies for tattooing except in the format of a club, so not relevant to legalisation.</p> <p>However, we have seen nurses and doctors botch nipple tattooing. Please do not let medical people do these tattoos! There is artistic skill needed to tattoo a realistic nipple!</p>
<b>231 - Anonymous (acupuncture)</b>	<p>Yes, I agree</p>
<b>232 – Kat Webb</b>	<p>DISAGREE - If a procedure is being carried out, that is deemed, by definition, to be a 'special procedure' then no matter their membership or involvement with any governing or regulatory body, they should be held to the same licencing procedures as all other Special Procedure Practitioners.</p> <p>Even 'Registered Nurses' carrying out cosmetic tattooing should have to submit the same level of supporting documents and apply for a licence under Section 4</p>

<b>233 - UKAPP</b>	As a piercing health and safety organisation, we hold serious concerns about professionals from other fields being able to perform piercings due to their professional registration exempting them from a special procedures licence. Whilst we understand that nurses or dentists (for example) will have a good working knowledge of infection control, their knowledge and expertise will not necessarily extend to being able to perform a competent piercing that will heal well. Indeed, we feel it would be misleading to potential clients to allow these exemptions to remain in place. Body Piercers create a very unique wound distinct from other professions; when performing a tattoo, acupuncture, taking bloods, etc any wounds that are created are allowed to immediately close, and the skin to almost immediately renew its primary role as a barrier against infection. Body Piercing creates a wound, and leaves it open until the proliferation of a fistula of new tissue has completed forming. In some piercings, this can be up to 12 months, and this new tissue does not typically return to full circulation and tensile strength for up to two years. It is not uncommon for over 1cm <sup>2</sup> of completely new tissue to have to grow again from a subcutaneous layer up. As body piercers create wounds that are considerably more difficult for the body to heal, and are open for longer than other professions, it is imperative that a higher level of infection control is practised when creating those wounds than you might expect in other professions.
<b>also</b>	82 - Anonymous (piercer); 83 - Anonymous (piercer); 87 - Anonymous (piercer); 124 - Anonymous (piercer); 127 - Anonymous (piercer); 128 - Anonymous (piercer); 129 - Anonymous (piercer); 130 - Anonymous (piercer); 131 - Anonymous (piercer); 149 - Anonymous (piercer); 150 - Anonymous (piercer); 151 - Anonymous (piercer); 173 - Anonymous (piercer); 176 - Anonymous (piercer); 195 - Anonymous (piercer); 204 - Anonymous (piercer); 207 - Anonymous (piercer); 234 - Anonymous (piercer); 250 - Anonymous (piercer).
<b>236 - Jing Ding</b>	I agree to limit exemptions on members of professional bodies
<b>237 - Pinyi</b>	Whether to limit exemptions on members of professional bodies will depend on the specific needs of the regulatory body responsible for overseeing the special procedures, as well as the interests and needs of patients and the public. It is important to carefully consider all relevant factors and consult with all related individuals and professional bodies to determine the most appropriate approach.
<b>238/239 - Institute of Licensing</b>	We support the principle of this proposal.
<b>241 - Anonymous (tattooing)</b>	yes. except for invasive procedures like micro blading and fillers, they should not be exempt.
<b>243 - Anonymous (acupuncture)</b>	Agree. My reason for allowing exemptions for certain members of professional bodies listed in section 60 is based on the recognition of their extensive experience, expertise, and proven track record in their

	respective fields. These highly skilled professionals may already adhere to strict self-imposed standards and best practices, thus negating the need for additional regulatory oversight. Granting exemptions to such individuals could promote continued professional development and innovation, while also acknowledging their commitment to maintaining high-quality standards in patient care and safety. However, it remains crucial to carefully evaluate each case and involve all relevant stakeholders to ensure a fair and balanced approach is taken.
<b>244 - Anonymous (acupuncture)</b>	No comment
<b>245 - Anonymous (acupuncture)</b>	whether to limit exemption on number of professional bodies will depend on the specific need of the regulatory body responsible for overseeing the special procedures, as well as the interests and needs of patients and the public. It is important to carefully consider all relevant factors and consult with all related individuals and professional bodies to determine the most appropriate approach.
<b>246 - Ke Xia Xu</b>	Whether to limit exemptions on members of professional bodies will depend on the specific needs of the regulatory body responsible for overseeing the special procedures, as well as the interests and needs of patients and public. it is important to carefully consider all relevant factors and consult with all related individuals and professional bodies to determine the most appropriate approach.
<b>248 - Anonymous (acupuncture)</b>	Agree. It will depend on the specific needs of the regulatory body responsible for overseeing the special procedures, as well as the interests and needs of patients and the public. It is important to carefully consider all relevant factors and consult with all related individuals and professional bodies to determine the most appropriate approach.
<b>249 - Association of Traditional Chinese Medicine</b>	Whether to limit exemptions on members of professional bodies will depend on the specific needs of the regulatory body responsible for overseeing the special procedures, as well as the interests and needs of patients and the public. It is important to carefully consider all relevant factors and consult with all related individuals and professional bodies to determine the most appropriate approach.
<b>also</b>	67 - Anonymous (acupuncture); 68 - Anonymous (acupuncture); 70 - Anonymous (acupuncture); 72 - Anonymous (acupuncture); 101 - Anonymous (acupuncture); 108 - Anonymous (acupuncture); 110 - Anonymous (acupuncture); 114 - Anonymous (acupuncture); 115 - Jing Wang; 134 - Anonymous (acupuncture); 137 - Lingxia Gao; 138/139 - Wang Chen; 141 - Na Yang; 142 - Anonymous (acupuncture); 156 - Cui Hong Duan; 165 - Qikan Yin; 170 - Yuancai Fu; 171Yan Jing Wang; 174Phoebe Deng; 177/206 - Anonymous (acupuncture); 188 - Anonymous (acupuncture); 190 - Anonymous (acupuncture); 191 - Anonymous (acupuncture); 193Dr Jianrui Wang; 205 - Lulu Dai; 206/177 - Anonymous (acupuncture); 208 - Zheng Yuan Zhong; 209 - Anonymous (acupuncture); 210 - Li Yan; 213

	<p>- Min Li; 223/140 - Xianghui Guo; 225 - Jun Wen Ma; 235 - Anonymous (acupuncture); 240 - Shu Li Lu; 242 - Anonymous (acupuncture); 247 - Anonymous (acupuncture).</p>
<p><b>252 - Torfaen County Borough Council</b></p>	<p>Yes. Further clarity is needed on nature of the exemptions as these are considered subjective and open to interpretation. The preferred option is to have a simple exemption process i.e., solely those who work in the NHS that are regulated.</p> <p>Paragraph 7.13 should state whether the practitioner needs to meet all 4 bullet point criteria or just one. If all 4 then likely to agree fully.</p> <p>An exemption should be subject to application and not given automatically before being listed on the register</p>

<b>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?</b>	
<b>'Yes' response</b>	3 - Guild of Beauty Therapists; 9 – Anonymous; 10 – Anonymous; 12 – Anonymous; 14 - Cheryl Drew; 17 – Anonymous; 18 – Anonymous; 22 - Sally Hickenson; 27 - Clares European Services; 28 – Anonymous; 32 - Anonymous (tattooing); 33 - Carla Evans; 39 - Kate Doble; 47 – Anonymous; 53 - Oliver Todd; 66 - Gareth Davies; 74 - Anonymous (SPM); 78 - Anonymous (acupuncture); 81 - Gemma Kingston; 84 – Anonymous; 93 - Royal College of Midwives; 98 - Inc and Co; 100 – Anonymous; 109 - Warren Tregidden; 116 – Anonymous; 126 - Rhondda Cynon Taff County Borough Council; 133 - Anonymous (local authority); 152 - Anonymous (tattooing); 163 - Anonymous (tattooing); 168 - Anonymous (tattooing); 217 - Anonymous (acupuncture); 221 - Wrexham County Borough Council; 227 - Anonymous; 230 - Anonymous (charitable organisation); 241 - Anonymous (tattooing).
<b>'No' response</b>	23 – Anonymous; 244 - Anonymous (acupuncture).
<b>Left blank</b>	5 - Anonymous (acupuncture); 11 – Katie; 24 - Anonymous; 25 - David Carlisle; 30 – Anonymous; 41 - Anonymous (acupuncture); 59 - Josh Cranton; 62 – Anonymous; 85 - F Hinds Ltd; 89 - Rachel Bowen; 104 - Anonymous (acupuncture); 111 - Anonymous (tattooing); 113 - Superdrug Ltd; 121 - National AIDS Trust; 143 - Claire's Accessories; 164 - Anonymous (tattooing); 166 - Claire Pritchard; 167 - Anonymous (manufacturer); 186 - Anonymous (acupuncture); 189 - Baidong Li; 192 - British Register of Complementary Practitioners; 218 - General Medical Council.
<b>1/35 – Anonymous (acupuncture)</b>	Yes. A competent practitioner would not conduct a procedure deemed to have a risk if the premises did not meet minimum standards for health and safety.
<b>6 - Anonymous</b>	Not sure
<b>8 - Anonymous</b>	No. No exempt members though!
<b>15 – Anonymous (acupuncture)</b>	Yes - but include Private practice Physios as Osteopaths and Chiropractors (see below)
<b>16 - Sarah Swaysland</b>	YES – if a premises is already regulated by HIW there would be an expectation that IPC arrangements/standard of the premises would be appropriate for performing any of the listed special procedures treatments.  One query – has HIW confirmed that premises standards would be equivalent to, or better than, the

	standards being required for the premises approval process?
<b>19 - Kim Eldridge</b>	Yes. Working in private hospitals and private GP clinics where regulations exist should be exempt.
<b>20 - Duncan Reed</b>	Agree
<b>21 - Anonymous</b>	No- why should they not have to pay if we are all qualified in our fields?
<b>26 - Joint Council of Cosmetic Practitioners</b>	Yes but in the unusual (but possible) event that the registered health care professional is already working from CQC registered premises then we consider that an articulation agreement should be determined between the responsible licensing authority and the CQC.
<b>29 - Shan MacVicar</b>	yes. we are in the position of an acupuncturist for 2 days only.other activities are excempt. we are therefore having to go through much greater scrutinising for something `i think is more concerned with tattooing and piercing.
<b>31 - Chartered Institute of Environmental Health</b>	Yes. Such premises should be compliant in any event.
<b>34 - James Ogle</b>	No! For the same reasons as above. Or would this mean that a clinic that has a physiotherapist at it would not need a licence at all even if dry needling was done for a sports therapist in the same building? As that also seems ridiculous.
<b>36 - Kelly Griffiths</b>	y
<b>37 – Anonymous (local authority)</b>	No – all non HIW premises should need an Approval Certificate to ensure they are structurally suitable and meet those conditions e.g. the location of wash hand basins with hot and cold water and located within treatment rooms.
<b>38 - Rachel Edney</b>	Yes, the exempt premises listed should already be appropriate
<b>40 – Anonymous (acupuncture)</b>	Yes - as above
<b>42 - Paul Battersby</b>	Not necessarily, as these are clinical areas which will be regulated as paert of the HCPC terms and conditions.
<b>also</b>	44 - Roy Montgomery; 45 – Anonymous (acupuncture); 46 - Alison Smith; 50 – Anonymous (acupuncture); 58 – Kate van Rensburg; 63 – Christine Hutchinson; 86 - Suzanne Gregson; 105 - Daniel Curran.



<b>43 - Acupuncture Association of Chartered Physiotherapists</b>	Not necessarily, as these are clinical areas which will be regulated as part of the HCPC terms and conditions.
<b>also</b>	52 - Anonymous (acupuncture); 60 - Laura Gibbons; 64 – Anonymous (acupuncture); 65 – Anonymous (acupuncture); 75 - Madeline Boots; 88 - Anonymous (acupuncture).
<b>48 - Kat Henness</b>	I disagree. If performing a special procedure, they should be inspected the same way as any other premises.
<b>49 - Di-enw (local authority)</b>	Dylid adeiladau sydd ddim yn rhan o / dan oruchwyliaeth sefydliad meddygol gaiff ei ddefnyddio ar gyfer gweithgareddau arbennig fod angen tystysgrif.
<b>54 - Lola Slider</b>	No, see my previous reply.
<b>55 - Aiden Johnson</b>	No. These premises may be setup for services that are similar but have different requirements or levels of hygiene and/or contamination e.g. laser tattoo removal creates a large radius of unseen contamination that requires rooms to be more minimalist for correct cleaning to be carried out.
<b>56 - British Medical Acupuncture Society</b>	YES, as the practitioner's code of practice would already require those standards to be in place
<b>57 - Tamarind Dykes</b>	Acupuncturists from accrediting bodies will need to follow code of practice, code of professional conduct and hygiene requirement, but practitioners working on mobile basis, the premises may not meet the standard.
<b>61 – Anonymous (acupuncture)</b>	No. A premises license should be applied in fairness across the board
<b>69 – Anonymous (acupuncture)</b>	Yes: 7.3 bullet point 3 In the vast majority of cases, chiropractors in Wales do not work within the NHS so could not be exempt from that perspective. I have read the requirements for HIW registration and as undertaking the procedure of dry needling does not constitute a listed activity nor do any other procedures within my clinic, I am not able to apply / there would be no reason to apply for HIW registration. As such this would not allow me as a chiropractor to be exempt. Could the wording include - 'unless the practitioner and their premises do not fulfil requirements for HIW registration'?
<b>73 - Clare Robinson-Campbell</b>	No. Being a member of a body doesn't necessarily mean the premises will have the necessary requirements in place.

<b>77 - Mari McAndrew</b>	Exemptions should only apply if the premises is a regulated by GMC. All other premises should apply for a premises approval certificates, including some HIW regulated premises. For example a beauty salon who are HIW registered for laser treatments.
<b>79 - Rhian Mansfield</b>	Yes I do
<b>80 - Anonymous (tattooing)</b>	I agree with this proposal.
<b>90 - Blaenau Gwent County Borough Council</b>	<p>Yes, we agree, however would like to make the following comments:</p> <p>Premises should be required to apply for exemption- this will provide an oversight and recording by the Local Authority that exemption has been agreed. This exemption would need to be re-issued every 3 years and a charge should be applied for this.</p> <p>Exempted premises should appear on the National Register as 'exempt premises' so not to confuse members of the public as to why the premises they are having procedures is not present. The reason for exemption and procedure and the procedures covered by the exemption also be listed.</p>
<b>91 - British Beauty Council</b>	Rather than a specific exemption, it would make sense to avoid duplication of inspection where premises are already subject to checks via a professional body. It would be important to ensure that appropriate information sharing takes place, for example a registered health care professional working from CQC registered premises, ensuring that all requirements under the local authority license are covered under the professional bodies' inspection criteria.
<b>92 - Anonymous (acupuncture)</b>	<p>Exempt premises could cover amateur, semi professional and professional sport environments, community based therapy eg oncology, neurological, Women's health, and peoples homes.</p> <p>From a training provider perspective, an exemption from a premises being licensed would allow training to be more accessible to learners (both financially and geographically). Given the brevity of length that an event will be held (eg three days), replacing the individual licensed premises, so long as the tutor is an regulated healthcare professional (eg Physio), could the company submit a declaration that when they do run courses, the venue must comply with the criteria?</p>
<b>94 - National Hair and Beauty Federation</b>	We agree that any National Health Service (NHS) setting or a privately regulated healthcare service regulated by HIW (Healthcare Inspectorate Wales) should be exempt from the requirement to obtain a premises approval certificate where exempt practitioners operate. However, some professionals from the beauty and holistic sector work in these premises so will need a license. In order to not discriminate,

	<p>every practitioner must be required to hold a relevant qualification in the treatment/service or procedure they provide irrespective of practitioner background.</p> <p>It would be important to ensure that appropriate information sharing takes place, for example a registered health care professional working regulated registered premises, ensuring that all requirements under the local authority license are covered under the inspection criteria.</p>
<b>95 - Beauty Industry Group - Licensing</b>	<p>Rather than a specific exemption, it would make sense to avoid duplication of inspection where premises are already subject to checks via a regulator, however it is imperative that specific criteria be met for each procedure, irrespective of existing status (a license extension) . It would be important to ensure that appropriate information sharing takes place, for example a registered health care professional working in regulated registered premises, ensuring that all requirements under the local authority license are covered under the inspection criteria. It has to be taken into account that a medical professional may work/ provide procedures in a non- medical environment and vice versa or may complete hybrid working.</p>
<b>96 - Beauty Industry Group Chair</b>	<p>Rather than a specific exemption, it would make sense to avoid duplication of inspection where premises are already subject to checks via a regulator, however it is imperative that specific criteria be met for each procedure, irrespective of existing status (a license extension) . It would be important to ensure that appropriate information sharing takes place, for example a registered health care professional working in regulated registered premises, ensuring that all requirements under the local authority license are covered under the inspection criteria. It has to be taken into account that a medical professional may work/ provide procedures in a non- medical environment and vice versa or may complete hybrid working.</p>
<b>102 - Dr Di Wu</b>	<p>ATCM requires its members to follow Code of Practice, Code of Professional Conduct and hygiene requirement when they practice. This has included the premise where they practice, but this may not be the case for other practitioners especially if they practice on mobile basis.</p>
<b>103 - Anonymous (acupuncture)</b>	<p>No response.</p>
<b>106 - Anonymous (acupuncture)</b>	<p>Logically this has to be the case, but it would be fair to say that many of the premises in which statutorily regulated practitioners operate would fall far short of the standards required of a practitioner under these regulations. However, since this would potentially involve inspections from which no income could be derived, and cognizant of the Hemmings vs Westminster judgement, there is no obvious way around this save making the regulatory bodies aware of the standards and requiring that these be taken into account in the event of any disciplinary actions pursuant to a complaint.</p>

<b>107 - BABTAC</b>	Rather than a specific exemption, it would make sense to avoid duplication of inspection where premises are already subject to checks via a regulator, however it is imperative that specific criteria be met for each procedure, irrespective of existing status (a license extension) . It would be important to ensure that appropriate information sharing takes place, for example a registered health care professional working in regulated registered premises, ensuring that all requirements under the local authority license are covered under the inspection criteria. It has to be taken into account that a medical professional may work/ provide procedures in a non- medical environment and vice versa or may complete hybrid working.
<b>108 - Anonymous (acupuncture)</b>	Acupuncturists from ATCM practicing in their own clinics will need to follow Code of Practice, Code of Professional Conduct and hygiene requirement. But for practitioners working on mobile basis, the premises do not automatically meet the standards.
<b>110 - Anonymous (acupuncture)</b>	Acupuncturists from ATCM practicing in their own clinics will need to follow the Code of Practice, Code of Professional Conduct, and hygiene requirements, but for practitioners working mobile, the premises do not automatically meet the standard.
<b>112 - British Acupuncture Federation</b>	<p>Yes. BAF member premises should be exempt.</p> <p>With regard to acupuncture, it is our proposal that it be mandatory that a practitioner who operates outside of the NHS should belong to a membership body, such as BAF, with a voluntary register that expects its members to adhere to Codes of Safe Clinical Practice. These codes are the policies that define safe, hygienic practice and are the basis of core training for acupuncturists. Members not following the codes are subject to disciplinary procedures which allow us to regulate to provide a safe clinical healthcare service to the public.</p> <p>It is proposed that BAF acupuncturists have no need for additional licensing requirements and therefore all their premises of work and vehicles should be exempt.</p>
<b>117 - Marnie Williams</b>	I disagree, again, the premises should always need appropriate licensing- if this is being brought in for tattooing piercing electrolysis etc it needs to be specific to these practices and practitioners, and anyone with a medical premises or some medical training shouldn't be allowed to perform piercing unless proven to be trained. There are no known contexts where somebody might need a cosmetic piercing in a medical setting. There are currently no proven medical applications for body piercing.
<b>118 - Ann Charlton</b>	Acupuncturists from ATCM practicing in their own clinics will need to follow, code of practice, code of professional conduct and hygiene requirement. Professional standards and competence of practitioner ensures safety for all .

<b>120 - Anonymous (acupuncture)</b>	Yes, however some of these exempt individuals work in premises that are not on the exempt list. Clarity would need to be provided if an exempt practitioner required a premises license only
<b>122 - Anonymous</b>	Yes, as long as there is an assurance mechanism checking that what is being carried out and where is safe
<b>123 - Anonymous (piercer)</b>	I disagree, again, the premises should always need appropriate licensing- if this is being brought in for tattooing piercing electrolysis etc it needs to be specific to these practices and practitioners, and anyone with a medical premises or some medical training shouldn't be allowed to perform piercing unless proven to be trained. There are no known contexts where somebody might need a cosmetic piercing in a medical setting. There are currently no proven medical applications for body piercing.
<b>125 - Becky Crossan</b>	We believe that in the context of medical tattooing (e.g. marks for lining up radio therapy) this exemption makes sense. However, there are no known contexts where somebody might need a cosmetic piercing in a medical setting.
<b>132 - Anonymous (piercer)</b>	We believe that in the context of medical tattooing (e.g. marks for lining up radio therapy) this exemption makes sense. However, there are no known contexts where somebody might need a cosmetic piercing in a medical setting. There are currently no proven medical applications for body piercing. Whilst UKAPP are aware that some studies exist which draw contrary conclusions, we dispute the veracity of these studies. They are based on quantitative research which showed a great deal of bias in their data collection methods. The published results have never been peer reviewed, nor published in any reputable journal
<b>135 - Anonymous (tattooing)</b>	don't agree, all premises should be licenced and held to the same standard
<b>136 - Denbighshire County Council</b>	Exemptions should only apply if the premises is a regulated by GMC. All other premises should apply for a premises approval certificates, including some HIW regulated premises. For example, a beauty salon who are HIW registered for laser treatments.
<b>144 - Anonymous (piercer)</b>	We believe that in the context of medical tattooing (e.g. marks for lining up radio therapy) this exemption makes sense. However, there are no known contexts where somebody might need a cosmetic piercing in a medical setting.
<b>145 - Anonymous (tattooing)</b>	I believe that in the context of medical tattooing (e.g. marks for lining up radio therapy) this exemption makes sense. However, there are no known contexts where somebody might need a cosmetic piercing in a medical setting. There are currently no proven medical applications for body piercing. Whilst the UKAPP are aware that some studies exist which draw contrary conclusions they dispute the veracity of these studies. They are based on quantitative research which showed a great deal of bias in their data

	collection methods. The published results have never been peer reviewed, nor published in any reputable journal.
<b>146 - Ming Chu Lok</b>	Yes, but need to consider that some of them may provide on site service which may not be applicable.
<b>159 - H Wong</b>	agree
<b>169 - Anonymous (tattooing)</b>	<p>In the case of tattoo or piercing, no exemptions should be made.</p> <p>Hospitals probably carry more MRSA and other viruses than a good tattoo studio. Let professionals stick to doing what they do, in the appropriate setting. It's simply unfair to assume medical professionals know more about these things than us. Tattoos and piercings are NOT medical matters in the first instance.</p>
<b>175 - Anonymous (tattooing)</b>	No exemptions should be made. Simple as that. It's unfair to assume medical professionals know more about these things than us. Tattoos and piercings are NOT medical matters in the first instance and hospitals may be riddled with MRSA and other viruses.
<b>178 - Minan Yao</b>	Yes. Because acupuncturists, no matter from ATCM or BAoC, practicing in their own clinics will need to follow Code of Practice, Code of Professional Conduct and hygiene requirement, but for practitioners working on mobile basis the premises do not automatically meet the standard.
<b>179 - N Wales Health and Safety Expert Panel</b>	<p>No - Exemptions should only apply if the premises is a regulated by GMC. All other premises should apply for a premises approval certificates, including some HIW regulated premises. For example, a beauty salon who are HIW registered for laser treatments.</p> <p>It is felt that exemptions should be kept to a minimum and clearly identifiable for ease of interpretation.</p> <p>Premises should be required to apply for exemption- this will provide an oversight and recording by the Local Authorities that exemption has been agreed. This exemption would need to be re-issued every 3 years.</p> <p>Exempted premises should appear on the National Register as 'exempt premises' including their rationale so not to confuse members of the public as to why the premises they are having procedures is not present on the register. The reason for exemption and procedure and the procedures covered by the exemption also be listed.</p>

<b>183 - Hair and Beauty Industry Authority</b>	Rather than a specific exemption, it would make sense to avoid duplication of inspection where premises are already subject to checks via a regulator, however it is imperative that specific criteria be met for each procedure, irrespective of existing status (a license extension) . It would be important to ensure that appropriate information sharing takes place, for example a registered health care professional working in regulated registered premises, ensuring that all requirements under the local authority license are covered under the inspection criteria. It has to be taken into account that a medical professional may work/ provide procedures in a non- medical environment and vice versa or may complete hybrid working.
<b>184 - Nursing and Midwifery Council</b>	We agree with the proposal that any NHS setting, or a privately regulated healthcare service regulated by HIW, should be exempt from the requirement to obtain a premises approval certificate where exempt practitioners operate. This is because they are already regulated and subject to inspection so additional licensing would risk duplication in regulation.
<b>194 - Jian Wang</b>	Yes.Acupuncturists from ATCM practicing in their own clinics will need to follow Code of Practice, Code of Professional Conduct and hygiene requirement.
<b>198 - Isle of Angelsey County Council</b>	<p>No - Exemptions should only apply if the premises is a regulated by GMC. All other premises should apply for a premises approval certificates, including some HIW regulated premises. For example, a beauty salon who are HIW registered for laser treatments.</p> <p>It is felt that exemptions should be kept to a minimum and clearly identifiable for ease of interpretation. Premises should be required to apply for exemption- this will provide an oversight and recording by the Local Authority that exemption has been agreed. This exemption would need to be re-issued every 3 years.</p> <p>Exempted premises should appear on the National Register as 'exempt premises' including their rationale so not to confuse members of the public as to why the premises they are having procedures is not present on the register. The reason for exemption and procedure and the procedures covered by the exemption also be listed.</p>
<b>200 - Anonymous (local authority)</b>	<p>YES.</p> <p>If they only apply to a National Health Service, GP, Hospital, Dentist, etc. Or a fully registered and inspected private setting of similar nature that mirrors the activities in the NHS.</p>

	<p>Exemptions, for ease of interpretation should be kept to a minimum and be CLEARLY identifiable.</p> <p>The IPC Considerations at these locations is still important.</p>
<p><b>201 - All Wales Communicable Disease Expert Panel</b></p>	<p>PARTIALLY.</p> <p>If they only apply to a National Health Service, GP, Hospital, Dentist, etc. Or a fully registered and inspected private health/hospital setting of similar nature that mirrors the activities in the NHS.</p> <p>Exemptions, for ease of interpretation SHOULD BE KEPT TO A MINIMUM AND BE CLEARLY IDENTIFIABLE. (links nicely with licensing!)</p> <p>All non HIW premises should need an Approval Certificate to ensure they are structurally suitable and meet those conditions e.g. the location of wash hand basins with hot and cold water and located within treatment rooms.</p> <p>Premises should be required to apply for or outline the rationale for thier exemption - this will provide an oversight and recording by the Local Authority that exemption has been mutually agreed. This exemption may need to be re-issued every 3 years and a charge should be applied for this</p> <p>Exempted premises should appear on the National Register as 'exempt premises' including their rationale so not to confuse members of the public as to why the premises they are having procedures is not present on the register. The reason for exemption and procedure and the procedures covered by the exemption also be listed</p>
<p><b>202 - Health and Safety Expert Panel</b></p>	<p>It is felt that exemptions should be kept to a minimum and clearly identifiable for ease of interpretation.</p> <p>Premises should be required to apply for exemption- this will provide an oversight and recording by the Local Authority that exemption has been agreed. This exemption would need to be re-issued every 3 years.</p> <p>Exempted premises should appear on the National Register as 'exempt premises' including their rationale so not to confuse members of the public as to why the premises they are having procedures is not present on the register. The reason for exemption and procedure and the procedures covered by the exemption also be listed.</p>



<b>203 - Anonymous (acupuncture)</b>	Acupuncturists from ATCM practising in our own clinics need to follow the Code of Practice, Code of Professional Conduct, and hygiene requirements, only for practitioners working on a mobile basis, the premises do not automatically meet the standard. However, our code of safe practice guidelines have rules to follow.
<b>206/177 - Anonymous (acupuncture)</b>	Professional bodies will practise? Acupuncturists from ATCM practicing in their own clinics will need to follow Code of Practice, Code of Professional Conduct and hygiene requirement, but for practitioners working on mobile basis the premises do not automatically meet the standard.
<b>211 - British Acupuncture Council</b>	Yes, with the caveat that PSA accredited registers should also be exempt.
<b>212 - Save Face</b>	No. We would also like to propose that premises that have been inspected as part of an assessment to join a PSA accredited register are also listed as exempt and request that PSA Accredited registers are added to the list of professional bodies.
<b>215 - Shared Regulatory Services</b>	It is felt that exemptions should be kept to a minimum and clearly identifiable for ease of interpretation.  Premises should be required to apply for exemption- this will provide an oversight and recording by the Local Authority that exemption has been agreed. This exemption would need to be re-issued every 3 years.  Exempted premises should appear on the National Register as 'exempt premises' including their rationale so not to confuse members of the public as to why the premises they are having procedures is not present on the register. The reason for exemption and procedure and the procedures covered by the exemption also be listed.
<b>219 - Ross Jarvis</b>	In the case of tattoo or piercing, no exemptions should be made.  Hospitals probably carry more MRSA and other viruses than a good tattoo studio. Let professionals stick to doing what they do, in the appropriate setting. It's simply unfair to assume medical professionals know more about these things than us. Tattoos and piercings are NOT medical matters in the first instance.

<p><b>220 - Tibetan and Eastern Medicine Association</b></p>	<p>Yes. TEMA and BAF member premises should be exempt.</p> <p>With regard to acupuncture, it is our proposal that it be mandatory that a practitioner who operates outside of the NHS should belong to a membership body, such as BAF, with a voluntary register that expects its members to adhere to Codes of Safe Clinical Practice. These codes are the policies that define safe, hygienic practice and are the basis of core training for acupuncturists. Members not following the codes are subject to disciplinary procedures which allow us to regulate to provide a safe clinical healthcare service to the public.</p> <p>It is proposed that BAF acupuncturists have no need for additional licensing requirements and therefore all their premises of work and vehicles should be exempt.</p>
<p><b>222 - Caerphilly County Borough Council</b></p>	<ul style="list-style-type: none"> <li>• There shouldn't be a blanket exemption for private clinics and hospitals as their HIW registration could be for the use of lasers but the clinic may practice alternatives for example, tattooing following reconstructive surgery. Must be covered by HIW or the special procedure to enable exemption.</li> <li>• How are you to know an individual ceases to be registered with the regulated body? Reliance on individual to notify.</li> <li>• HIW enforced premises should not be excluded as routine.</li> </ul>
<p><b>224 - Anonymous (piercer)</b></p>	<p>I hold serious concerns about professionals from other fields being able to perform piercings due to their professional registration exempting them from a special procedures licence. Whilst we understand that nurses or dentists (for example) will have a good working knowledge of infection control, their knowledge and expertise will not necessarily extend to being able to perform a competent piercing that will heal well. Indeed, we feel it would be misleading to potential clients to allow these exemptions to remain in place. Body Piercers create a very unique wound distinct from other professions; when performing a tattoo, acupuncture, taking bloods, etc any wounds that are created are allowed to immediately close, and the skin to almost immediately renew its primary role as a barrier against infection. Body Piercing creates a wound, and leaves it open until the proliferation of a fistula of new tissue has completed forming. In some piercings, this can be up to 12 months, and this new tissue does not typically return to full circulation and tensile strength for up to two years. It is not uncommon for over 1cm<sup>2</sup> of completely new tissue to have to grow again from a subcutaneous layer up. As body piercers create wounds that are considerably more difficult for the body to heal, and are open for longer than other professions, it is imperative that a higher level of infection control is practised when creating those wounds than you might expect in other professions. A dentist, Chiropractor, Midwife cannot pierce or tattoo without relevant training, the same</p>

	<p>as a Tattoo Artist or Piercer couldn't decide to be a Dentist, Chiropractor, Midwife etc without the training. Medical practices are all different, and though there is cross over in the form of cross contamination, anatomy etc, they are wholly different practices and require specific licensing.</p>
<p><b>226 - Environmental Health Wales</b></p>	<p>PARTIALLY.</p> <p>If they only apply to a National Health Service, GP, Hospital, Dentist, etc. Or a fully registered and inspected private health/hospital setting of similar nature that mirrors the activities in the NHS.</p> <p>Exemptions, for ease of interpretation SHOULD BE KEPT TO A MINIMUM AND BE CLEARLY IDENTIFIABLE. (links nicely with licensing!)</p> <p>All non HIW premises should need an Approval Certificate to ensure they are structurally suitable and meet those conditions e.g. the location of wash hand basins with hot and cold water and located within treatment rooms.</p> <p>Premises should be required to apply for or outline the rationale for their exemption - this will provide an oversight and recording by the Local Authority that exemption has been mutually agreed. This exemption may need to be re-issued every 3 years and a charge should be applied for this</p> <p>Exempted premises should appear on the National Register as 'exempt premises' including their rationale so not to confuse members of the public as to why the premises they are having procedures is not present on the register. The reason for exemption and procedure and the procedures covered by the exemption also be listed.</p> <p>How are you to know an individual ceases to be a registered with the regulated body? Reliance on individual to notify.</p> <p>HIW enforced premises shouldn't be excluded as routine</p>
<p><b>229 - Anonymous (tattooing)</b></p>	<p>There are no professional bodies for tattooing except in the format of a club, so not relevant to legalisation.</p>

	However, we have seen nurses and doctors botch nipple tattooing. Please do not let medical people do these tattoos! There is artistic skill needed to tattoo a realistic nipple!
<b>231 - Anonymous (acupuncture)</b>	Yes, I agree.
<b>232 - Kat Webb</b>	DISAGREE – Many healthcare settings are not up to the same level that will be outlined/required for a special procedure premise licence. Soft furnishing, carpeted floor etc, so again, if a ‘special procedure’ is to be carried out, then that premise/vehicle needs to be subject to the same premises licensing application as other non healthcare settings, regardless of the HIW status.
<b>233 - UKAPP</b>	We believe that in the context of medical tattooing (e.g. marks for lining up radio therapy) this exemption makes sense. However, there are no known contexts where somebody might need a cosmetic piercing in a medical setting. There are currently no proven medical applications for body piercing. Whilst UKAPP are aware that some studies exist which draw contrary conclusions, we dispute the veracity of these studies. They are based on quantitative research which showed a great deal of bias in their data collection methods. The published results have never been peer reviewed, nor published in any reputable journal. <sup>5</sup>
<b>also</b>	82 - Anonymous (piercer); 83 - Anonymous (piercer); 87 - Anonymous (piercer); 124 - Anonymous (piercer); 127 - Anonymous (piercer); 128 - Anonymous (piercer); 129 - Anonymous (piercer); 130 - Anonymous (piercer); 131 - Anonymous (piercer); 149 - Anonymous (piercer); 150 - Anonymous (piercer); 151 - Anonymous (piercer); 173 - Anonymous (piercer); 176 - Anonymous (piercer); 195 - Anonymous (piercer); 204 - Anonymous (piercer); 207 - Anonymous (piercer); 234 - Anonymous (piercer); 250 - Anonymous (piercer).
<b>236 - Jing Ding</b>	Acupuncturists from ATCM practicing in their own clinics will need to follow Code of Practice, Code of Professional Conduct and hygiene requirement
<b>238/239 - Institute of Licensing</b>	<p>We agree with the principle of the proposal that regulations should be made under section 68 to appl to exemptions to certain premises. We support the proposal to exempt any National Health Service setting or privately regulated healthcare service regulated by HIW, and the assertion that any other setting would require a premises approval certificate even if the individuals operating at the setting hold personal exemptions.</p> <p>LEP members submit that HIW regulated premises should not be automatically exempted, but instead should be required to apply for the exemption and should be included on the National Register as ‘exempt premises’, including the reasons or rationale setting out why they are exempt. LEP members</p>

	suggest that the exemption may need to be re-issued every 3 years and a charge should be applied for this.
<b>245 - Anonymous (acupuncture)</b>	Acupuncturists from ATCM practicing in their own clinics will need to follow Code of Practice, Code of Professional Conduct and hygiene requirement, but for practitioners working on mobile basis the premises do not automatically meet standard.
<b>248 - Anonymous (acupuncture)</b>	Agree on acupuncturists from ATCM practicing in their own clinics
<b>249 - Association of Traditional Chinese Medicine</b>	Acupuncturists from ATCM practicing in their own clinics will need to follow Code of Practice, Code of Professional Conduct and hygiene requirement, but for practitioners working on mobile basis the premises do not automatically meet the standard.
<b>also</b>	51 - Alison Williams; 67 - Anonymous (acupuncture); 68 - Anonymous (acupuncture); 70 - Anonymous (acupuncture); 72 - Anonymous (acupuncture); 101 - Anonymous (acupuncture); 114 - Anonymous (acupuncture); 115 - Jing Wang; 134 - Anonymous (acupuncture); 137 - Lingxia Gao; 138/139 - Wang Chen; 141 - Na Yang; 142 - Anonymous (acupuncture); 153 - Zhimin Ma; 154 - Anonymous (acupuncture); 155 - Anonymous (acupuncture); 156 - Cui Hong Duan; 157 - Anonymous (acupuncture); 158 - Anonymous (acupuncture); 160 - Anonymous (acupuncture); 161 - Anonymous (acupuncture); 162 - Anonymous (acupuncture); 165 - Qikan Yin; 170 Yuancai Fu; 171 - Yan Jing Wang; 172 - Baifang Zhu; 174 - Phoebe Deng; 177/206 - Anonymous (acupuncture); 188 - Anonymous (acupuncture); 190 - Anonymous (acupuncture); 191 - Anonymous (acupuncture); 193 - Dr Jianrui Wang; 196 - Anonymous (acupuncture); 197 - Anonymous (acupuncture); 205 - Lulu Dai; 208 - Zheng Yuan Zhong; 209 - Anonymous (acupuncture); 210 - Li Yan; 213 - Min Li; 223/140 - Xianghui Guo; 225 - Jun Wen Ma; 235 - Anonymous (acupuncture); 237 - Pinyi; 240 - Shu Li Lu; 242 - Anonymous (acupuncture); 243 - Anonymous (acupuncture); 246 - Ke Xia Xu; 247 - Anonymous (acupuncture).
<b>252 - Torfaen County Borough Council</b>	Partially.  TCBC caution against the blanket exemption of premises.  If considered absolutely necessary, these should only apply to National Health Service, GP, Hospital, Dentist, etc. or a fully registered and inspected private health / hospital setting of similar nature that mirrors the activities in the NHS.  Exemptions, for ease of interpretation should be kept to a minimum and be clearly identifiable.

	<p>All non HIW premises should need an Approval Certificate to ensure they are structurally suitable and meet those conditions e.g., the location of wash hand basins with hot and cold water and located within treatment rooms.</p> <p>Premises should be required to apply for or outline the rationale for their exemption - this will provide an oversight and recording by the LA that exemption has been mutually agreed. This exemption may need to be re-issued every 3 years and a charge should be applied for this</p> <p>Exempted premises should appear on the National Register as 'exempt premises' including their rationale so not to confuse members of the public as to why the premises they are having procedures at is not present on the register. The reason for exemption and the procedures covered should also be listed.</p> <p>Health Inspectorate Wales enforced premises shouldn't be excluded as routine.</p> <p>Question How are LAs to know that an exempt practitioner ceases to be registered with a regulated body? There is an over-reliance upon that individual or the LA to check.</p>
<p><b>254 - Swansea Council</b></p>	<p>YES.</p> <p>If they only apply to a National Health Service, GP, Hospital, Dentist, etc. Or a fully registered and inspected private setting of similar nature that mirrors the activities in the NHS.</p> <p>Exemptions, for ease of interpretation should be kept to a minimum and be CLEARLY identifiable.</p>

<b>Question 10: Do these exemption principles for individuals and premises adequately protect the safety and health of the client?</b>	
<b>'Yes' response</b>	10 – Anonymous; 12 – Anonymous; 14 - Cheryl Drew; 15 - Anonymous (acupuncture); 17 – Anonymous; 18 – Anonymous; 22 - Sally Hickenson; 28 – Anonymous; 29 - Shan MacVicar; 39 - Kate Doble; 40 - Anonymous (acupuncture); 47 – Anonymous; 56 - British Medical Acupuncture Society; 66 - Gareth Davies; 78 - Anonymous (acupuncture); 81 - Gemma Kingston; 84 – Anonymous; 100 – Anonymous; 109 - Warren Tregidden; 116 – Anonymous; 126 - Rhondda Cynon Taff County Borough Council; 127 - Anonymous (piercer); 128 - Anonymous (piercer); 129 - Anonymous (piercer); 130 - Anonymous (piercer); 131 - Anonymous (piercer), 133 - Anonymous (local authority); 146 - Ming Chu Lok; 152 - Anonymous (tattooing); 163 – Anonym;us (tattooing); 168 - Anonymous (tattooing); 217 - Anonymous (acupuncture); 227 – Anonymous; 230 - Anonymous (charitable organisation); 254 - Swansea Council.
<b>'No' response</b>	73 - Clare Robinson-Campbell; 135 - Anonymous (tattooing).
<b>Left blank</b>	5 - Anonymous (acupuncture); 9 – Anonymous; 11 – Katie; 24 – Anonymous; 25 - David Carlisle; 30 – Anonymous; 59 - Josh Cranton; 62 – Anonymous; 85 - F Hinds Ltd; 89 - Rachel Bowen; 104 - Anonymous (acupuncture); 111 - Anonymous (tattooing); 113 - Superdrug Ltd; 143 - Claire's Accessories; 164 - Anonymous (tattooing); 167 - Anonymous (manufacturer); 185 - General Chiropractic Council; 189 - Baidong Li; 216 - Age Cymru.
<b>1/35 - Anonymous (acupuncture)</b>	Not necessarily, the protection of the patient is dependent on the individual's practice on that day.
<b>2 - Anonymous</b>	No comment
<b>3 - Guild of Beauty Therapists</b>	Yes, if relevant trade bodies are included - see question 8
<b>4 - Anonymous</b>	They offer protection. I don't think it is possible to say whether it is adequate at this point
<b>6 - Anonymous</b>	Not sure
<b>8 - Anonymous</b>	No. See answer below.
<b>16 - Sarah Swaysland</b>	If applied correctly, YES.  The new licensing scheme needs to avoid the scenario where a RMP is exempt by virtue of their profession, qualifications and registration with a relevant professional body, but are subsequently permitted to trade from a totally unsuitable premises (i.e. converted part of domestic dwelling). LAs

	would have the same enforcement challenges that they do now – having to rely on requests to co-operate and part 2a orders, particularly where they are not the enforcing authority for health and safety at that particular premises.
<b>19 - Kim Eldridge</b>	Yes. In both cases the individual and private premises are regulated by additional laws/authorities/professional body membership.
<b>20 - Duncan Reed</b>	Agree
<b>21 - Anonymous</b>	They should not be any safer with an exempt individual than anyone else fully qualified and competent
<b>23 - Anonymous</b>	No everyone should be made to apply for licensing if they are setting up their own business as self employed person.
<b>26 - Joint Council of Cosmetic Practitioners</b>	Yes but there may instances whereby specific premises standards are required that are additional to those that operate for generic procedures. Advice should be taken from relevant national accredited authorities to identify if specific premises requirements are required for procedures such as acupuncture.
<b>27 - Clares European Services</b>	No all premises should be inspected
<b>31- Chartered Institute of Environmental Health</b>	Yes. There is a safeguard as the exemption principles provide that a member of a specified profession may still be required to obtain a special procedure licence in order to practice if their regulatory body has determined that the special procedure is not within the scope of the professional practice of its members.
<b>32 - Anonymous (tattooing)</b>	Hard to say.
<b>33 - Carla Evans</b>	I believe so as already regulated.
<b>34 - James Ogle</b>	No! Exempting people from the same assessment criteria arguably leaves people more at risk. Just because someone has a different qualification doesn't mean they're experienced or any good at doing the thing in question.
<b>36 - Kelly Griffiths</b>	y
<b>37 – Anonymous (local authority)</b>	If the Nursing and Midwifery Council only includes nurses and not HCA's then yes.
<b>38 - Rachel Edney</b>	Infection control is only one aspect of safe practice in acupuncture. For example, practitioners need to understand and practically apply the needle depth and angles to avoid pneumothorax with certain acupuncture points.



<b>41 – Anonymous (acupuncture)</b>	No, see first box, unregistered are not going to pay and will use social media to advertise and go underground with their services.
<b>43 - Acupuncture Association of Chartered Physiotherapists</b>	Yes, as the clinicians are state registered and policed by the HCPC and PSA.
<b>also</b>	42 Paul Battersby; 44 - Roy Montgomery; 45 – Anonymous (acupuncture); 46 - Alison Smith; 50 – Anonymous (acupuncture); 51 - Alison Williams; 52 – Anonymous (acupuncture); 58 – Kate van Rensburg; 60 – Laura Gibbons; 63 – Christine Hutchinson; 64 – Anonymous (acupuncture); 65 – Anonymous (acupuncture); 75 - Madeline Boots; 86 - Suzanne Gregson; 88 - Anonymous (acupuncture); 99 - Janis Short; 105 - Daniel Curran.
<b>48 - Kat Henness</b>	They do not in any scope protect the safety and health of the client, as they allow inexperienced medical professionals to have a go at piercing or tattooing.
<b>49 - Di-enw</b>	Derbyn eu bod.
<b>53 - Oliver Todd</b>	In theory yes.
<b>54 - Lola Slider</b>	No they don't, because there is a false assumption that a client will be safer in a doctors office than in a professional body art studio and that's not automatically true.
<b>55 - Aiden Johnson</b>	No as explained in Q8 and Q9.
<b>57 - Tamarind Dykes</b>	It should do in principle, but should be based on the training & standard they follow as opposed to where they practice.
<b>61 – Anonymous (acupuncture)</b>	Yes as much as they can be
<b>69 – Anonymous (acupuncture)</b>	Unknown in terms of the other professions
<b>74 – Anonymous (SPM)</b>	No they don't. The only effective way is to license the individual and checks to be made on every premises they practice at.
<b>77 - Mari McAndrew</b>	As long as premises has received approval by the Local Authority (if not GMC regulated) and the practitioner is working within scope of their registration and the special procedure is within their expertise.
<b>79 - Rhian Mansfield</b>	They are health care professionals, so should be using safe practices anyway but the special procedures are a more specific field which maybe outside of their expertise of training, so in theory yes.
<b>80 - Anonymous (tattooing)</b>	See my answer to Q8

<p><b>90 - Blaenau Gwent County Borough Council</b></p>	<p>Any profession considered for exemption should have an equivalent level of scrutiny by their professional body as the proposed special procedures mandatory licensing regime</p> <p>This is especially important in relation to DBS requirements- only professions/professional bodies that require their members to have an up-to-date DBS should be considered.</p> <p>Clarification is also needed as to whether the premises where exempt practitioners work would also be subject to exemption. It is our opinion that whilst the practitioner may be exempt, the premises would not be (unless, for example, a registered private hospital would be exempt whereas a room within a gym would not be)</p>
<p><b>91 - British Beauty Council</b></p>	<p>Not entirely. There is a potential risk of some medical practitioners being exempted from having to apply for a license. Advice should be sought from the relevant national accredited authorities to identify if specific premises requirements are required for acupuncture, tattooing, body piercing or electrolysis.</p>
<p><b>92 - Anonymous (acupuncture)</b></p>	<p>We disagree, as an independent needling trainer, we would hope to enjoy the same exemptions as any HEI. The intention of these proposals is to protect the general public, of which fellow students are included. Blanket exemptions of HEI's could lead to less tutor to student supervision, and given the pressures HEI lecturers are under to increase efficiencies, the student to tutor ratio may make the supervision of needling training difficult to monitor.</p> <p>Perhaps an alternative, would be any training provider (HEI or independent), to submit an application and declaration that any training delivered is in a premises that meets the criteria, and that the trainer is a regulated healthcare professional.</p>
<p><b>93 - Royal College of Midwives</b></p>	<p>We believe that they do.</p>
<p><b>94 - National Hair and Beauty Federation</b></p>	<p>Not entirely. There is a risk here that some medical practitioners are exempted from having to apply for a license. Just because an individual has a medical qualification, this does not necessarily mean they are qualified to deliver a particular treatment, service or procedure. This will be more apparent as further treatment and procedures are added to the licence.</p>
<p><b>95 - Beauty Industry Group - Licensing</b></p>	<p>Not entirely. There is a risk here that some medical practitioners are exempted from having to apply for a license. Advice should also be sought from key stakeholders to identify if specific premises requirements are required for acupuncture, tattooing, body piercing or electrolysis. This is something the BIG members can provide support with.</p>

BIAE have provided supplementary contribution below:

BIAE representatives have identified some concerns from the detail that many of their colleagues who are specialists within their membership work from home in dedicated treatment rooms or rent a room in bigger clinics and therefore will not be able to comply with all the requirements.

The requirements proposed stipulate a higher level of criteria than CQC for clinics and dental practices which risks creating a two tier and uneven system. Epilation and associated procedures do not carry the same high level of risk as dental practice. However, from the proposals a dental practice will be permitted to have normal hand-operated taps in toilets and treatment rooms while electrolysis practices will be required to have non-hand operated taps everywhere. Whilst welcomed as best practice, to enforce as a mandatory requirement, risks creating a hurdle and barrier for some electrolysis practitioners and will incur additional costs, over and above the licence.

Another challenge is the proposal to have a separate room with a sink for decontamination and sterilisation. Current best practice for many electrolysis premises dictates an ultrasonic bath and an autoclave in one corner of the room to carry out their decontamination and sterilisation and infection control ongoing together with all other cleaning duties. If a practitioner is renting one room, this may create unintended consequences. Electrolysis practitioners use single use items and discard contaminated waste appropriately and also in sharp boxes, only sterilising tweezers and chucks - having a separate decontamination area is unnecessarily burdensome, risking SME operation and growth.

The BIG members agree medical practices should not be exempt from the same level of control, as stated the CQC requirements are lower than the proposed special treatment licencing. These risks causing unfair competition conditions.

It is paramount that all practitioners are trained in the procedures being carried out, irrespective of entry specialism, medical practitioners are not automatically trained in electrolysis and if there is no mandatory requirement over relevant pathways and regulated qualifications. There is a danger that a short/CPD course will only be completed, which is insufficient.

<p><b>96 - Beauty Industry Group Chair</b></p>	<p>Not entirely. There is a risk here that some medical practitioners are exempted from having to apply for a license. Advice should also be sought from key stakeholders to identify if specific premises requirements are required for acupuncture, tattooing, body piercing or electrolysis. This is something the BIG members can provide support with.</p> <p>BIAE have provided supplementary contribution below:</p> <p>BIAE representatives have identified some concerns from the detail that many of their colleagues who are specialists within their membership work from home in dedicated treatment rooms or rent a room in bigger clinics and therefore will not be able to comply with all the requirements.</p> <p>The requirements proposed stipulate a higher level of criteria than CQC for clinics and dental practices which risks creating a two tier and uneven system. Epilation and associated procedures do not carry the same high level of risk as dental practice. However, from the proposals a dental practice will be permitted to have normal hand-operated taps in toilets and treatment rooms while electrolysis practices will be required to have non-hand operated taps everywhere. Whilst welcomed as best practice, to enforce as a mandatory requirement, risks creating a hurdle and barrier for some electrolysis practitioners and will incur additional costs, over and above the licence.</p> <p>Another challenge is the proposal to have a separate room with a sink for decontamination and sterilisation. Current best practice for many electrolysis premises dictates an ultrasonic bath and an autoclave in one corner of the room to carry out their decontamination and sterilisation and infection control ongoing together with all other cleaning duties. If a practitioner is renting one room, this may create unintended consequences. Electrolysis practitioners use single use items and discard contaminated waste appropriately and also in sharp boxes, only sterilising tweezers and chucks - having a separate decontamination area is unnecessarily burdensome, risking SME operation and growth.</p> <p>The BIG members agree medical practices should not be exempt from the same level of control, as stated the CQC requirements are lower than the proposed special treatment licencing. These risks causing unfair competition conditions.</p>
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	It is paramount that all practitioners are trained in the procedures being carried out, irrespective of entry specialism, medical practitioners are not automatically trained in electrolysis and if there is no mandatory requirement over relevant pathways and regulated qualifications. There is a danger that a short/CPD course will only be completed, which is insufficient.
<b>98 - Inc and Co</b>	N/A
<b>102 - Dr Di Wu</b>	The exemption assessment should be based on the training the practitioners received and the standard they follow rather than where they practice.
<b>103 - Anonymous (acupuncture)</b>	No response.
<b>106 - Anonymous (acupuncture)</b>	Yes, with the proviso noted in the previous answer.
<b>107 - BABTAC</b>	<p>Not entirely. There is a risk here that some medical practitioners are exempted from having to apply for a license. Advice should also be sought from key stakeholders to identify if specific premises requirements are required for acupuncture, tattooing, body piercing or electrolysis. This is something the BIG members can provide support with.</p> <p>BIAE have provided supplementary contribution below:</p> <p>BIAE representatives have identified some concerns from the detail that many of their colleagues who are specialists within their membership work from home in dedicated treatment rooms or rent a room in bigger clinics and therefore will not be able to comply with all the requirements.</p> <p>The requirements proposed stipulate a higher level of criteria than CQC for clinics and dental practices which risks creating a two tier and uneven system. Epilation and associated procedures do not carry the same high level of risk as dental practice. However, from the proposals a dental practice will be permitted to have normal hand-operated taps in toilets and treatment rooms while electrolysis practices will be required to have non-hand operated taps everywhere. Whilst welcomed as best practice, to enforce as a mandatory requirement, risks creating a hurdle and barrier for some electrolysis practitioners and will incur additional costs, over and above the licence.</p> <p>Another challenge is the proposal to have a separate room with a sink for decontamination and sterilisation. Current best practice for many electrolysis premises dictates an ultrasonic bath and an</p>

	<p>autoclave in one corner of the room to carry out their decontamination and sterilisation and infection control ongoing together with all other cleaning duties. If a practitioner is renting one room, this may create unintended consequences. Electrolysis practitioners use single use items and discard contaminated waste appropriately and also in sharp boxes, only sterilising tweezers and chucks - having a separate decontamination area is unnecessarily burdensome, risking SME operation and growth.</p> <p>The BIG members agree medical practices should not be exempt from the same level of control, as stated the CQC requirements are lower than the proposed special treatment licencing. These risks causing unfair competition conditions.</p> <p>It is paramount that all practitioners are trained in the procedures being carried out, irrespective of entry specialism, medical practitioners are not automatically trained in electrolysis and if there is no mandatory requirement over relevant pathways and regulated qualifications. There is a danger that a short/CPD course will only be completed, which is insufficient.</p>
<p><b>108 - Anonymous (acupuncture)</b></p>	<p>In principle, It should be. However, exemption for individual and organizations should be based on the training and standard they follow rather than where they practice. To ensure that clients are protected, it may be necessary to require individuals and premises that are exempt from certain requirements to adhere to additional safety and health regulations or standards.</p>
<p><b>110 - Anonymous (acupuncture)</b></p>	<p>It should be in principle, but the exemption for individuals and organizations should be based on the training and standard they follow rather than where they practice. To ensure that clients are protected, it may be necessary to require individuals and premises that are exempt from certain requirements to adhere to additional safety and health regulations or standards.</p>
<p><b>112 - British Acupuncture Federation</b></p>	<p>BAF membership adequately protects the individual safety of patients and practitioners and their premises.</p> <p>The exemption principles that we outline will protect the public. Acupuncture is a very safe treatment as outlined elsewhere in this response.</p> <p>Acupuncture when practised by a highly qualified practitioner such as members of BAF is very safe. The training includes extensive coverage of health and disease as well as safe hygienic clinic skills. All of this is not only trained, but is supervised in clinical practice for months before full Licentiate to practice is awarded. Following core training, our members are required to follow our strict Professional Codes of</p>

	Conduct including Safe Clinical Practice and their insurance is based upon this. Any member found to be in breach of our codes is investigated using our Complaints and Disciplinary Procedure. Ongoing technical training is an expectation of our professional membership. In this way we regulate our BAF Members ensuring safety to the clients/patients.
<b>117 - Marnie Williams</b>	As suggested in Q8 I feel that all individuals providing piercing services should hold a RSPH Level Two Infection Control Certificate. As previously stated I believe medical professionals/ medical premises should still need to have a license to perform piercing/tattooing/electrolysis etc if that is their intention- it needs to be proven they have adequate training and knowledge of the industries; and how to perform a safe piercing - not just pierce.
<b>118 - Ann Charlton</b>	It should be in principal, but exemption for individual organisations should be based on the training standard they follow rather than where they practice. To ensure clients are protected, it may be necessary to require individuals and premises that are exempt from certain requirements to adhere to additional safety and health regulations or standards
<b>120 - Anonymous (acupuncture)</b>	Yees
<b>121 - National AIDS Trust</b>	<p>We believe that these exemption principles for individuals and premises do adequately protect the safety and health of the client as these professions should have received adequate infection control training when gaining their qualifications and maintaining their regulatory registration.</p> <ul style="list-style-type: none"> <li>• However, we do think there could be value in ensuring that exempt individuals also complete an Infection Prevention and Control questionnaire, as full license applicants will be required to do. This would demonstrate that they have the requisite knowledge about infection control to not require applying for a license. The requirement to check understanding of the principles of HIV discrimination within the Equality Act, as highlighted in our response to Question 5, could also be valuable.</li> </ul>
<b>122 - Anonymous</b>	As above
<b>123 - Anonymous (piercer)</b>	As suggested in Q8 I feel that all individuals providing piercing services should hold a RSPH Level Two Infection Control Certificate. As previously stated I believe medical professionals/ medical premises should still need to have a license to perform piercing/tattooing/electrolysis etc if that is their intention- it needs to be proven they have adequate training and knowledge of the industries; and how to perform a safe piercing - not just pierce.

<b>125 - Becky Crossan</b>	As suggested in answer to question 8, we feel as an organisation that all individuals providing piercing services should hold a special procedures licence because knowledge of infection control in a medical setting provides no proof that an applicant is competent in performing a safe piercing.
<b>132 - Anonymous (piercer)</b>	As suggested in answer to question 8, we feel as an organisation that all individuals providing piercing services should hold a RSPH Level Two Infection Control Certificate because knowledge of infection control in a medical setting provides no proof that an applicant is competent in performing a safe piercing
<b>136 - Denbighshire County Council</b>	As long as premises has received approval by the Local Authority (if not GMC regulated) and the practitioner is working within scope of their registration and the special procedure is within their expertise.
<b>144 - Anonymous (piercer)</b>	As suggested in answer to question 8, we feel as an organisation that all individuals providing piercing services should hold a special procedures licence because knowledge of infection control in a medical setting provides no proof that an applicant is competent in performing a safe piercing.
<b>145 - Anonymous (tattooing)</b>	I feel that all individuals providing piercing and tattooing services (with the exception of doctors using tattoos as a guide for cancer treatment) should hold a RSPH Level Two Infection Control Certificate because knowledge of infection control in a medical setting provides no proof that an applicant is competent in performing a safe tattoo or piercing.
<b>159 - H Wong</b>	agree
<b>165 - Qikan Yin</b>	Acupuncturists from ATCM practicing in their own clinics will need to follow Code of Practice, Code of Professional Conduct and hygiene requirement, but for practitioners working on mobile basis the premises do not automatically meet the standard.
<b>166 - Claire Pritchard</b>	Yes. apart from the infection control qualification. I feel the competencies I have to show, including , qualifications, cpd, the registration I have already made to local authority, for which my premises had been inspected should cover me as an individual practitioner.
<b>169 - Anonymous (tattooing)</b>	In the case of tattoo or piercing, no exemptions should be made.
<b>175 - Anonymous (tattooing)</b>	No exemptions should be made.
<b>178 - Minan Yao</b>	Yes. In principle, these exemption principles for individuals and premises should provide sufficient protection for the safety and health of clients. However, exemptions should be based on the training and standards that are followed rather than where the practice takes place. To ensure that client safety is maximized, it may be necessary to impose additional safety and health regulation standards that must be adhered to by individuals and premises that are exempt from certain requirements.



<p><b>179 - N Wales Health and Safety Expert Panel</b></p>	<p>If the Nursing and Midwifery Council only includes nurses and not HCA then yes, as long as premises has received approval by the Local Authorities (if not GMC regulated) and the practitioner is working within scope of their registration and the special procedure is within their expertise.</p> <p>Any profession considered for exemption should have an equivalent level of scrutiny by their professional body as the proposed special procedures mandatory licensing regime.</p> <p>This is especially important in relation to DBS requirements - only professions/professional bodies that require their members to have an up-to-date DBS should be considered.</p> <p>Clarification is also needed as to whether the premises where exempt practitioners work would also be subject to exemption. It is one LA's opinion that whilst the practitioner may be exempt, the premises would not be (unless, for example, a registered private hospital would be exempt whereas a room within a gym would not be)</p> <p>It is felt that scheme should be cautious to avoid the scenario where a RMP is exempt by virtue of their profession, qualifications and registration with a relevant professional body, but are subsequently permitted to trade from a totally unsuitable premises (i.e. converted part of domestic dwelling). LAs would have the same enforcement challenges that they do now – having to rely on requests to co-operate and part 2a orders, particularly where they are not the enforcing authority for health and safety at that particular premises.</p>
<p><b>183 - Hair and Beauty Industry Authority</b></p>	<p>Not entirely. There is a risk here that some medical practitioners are exempted from having to apply for a license. Advice should also be sought from key stakeholders to identify if specific premises requirements are required for acupuncture, tattooing, body piercing or electrolysis. This is something the BIG members can provide support with.</p> <p>BIAE have provided supplementary contribution below:</p> <p>BIAE representatives have identified some concerns from the detail that many of their colleagues who are specialists within their membership work from home in dedicated treatment rooms or rent a room in bigger clinics and therefore will not be able to comply with all the requirements</p>

	<p>The requirements proposed stipulate a higher level of criteria than CQC for clinics and dental practices which risks creating a two tier and uneven system. Epilation and associated procedures do not carry the same high level of risk as dental practice. However, from the proposals a dental practice will be permitted to have normal hand-operated taps in toilets and treatment rooms while electrolysis practices will be required to have non-hand operated taps everywhere. Whilst welcomed as best practice, to enforce as a mandatory requirement, risks creating a hurdle and barrier for some electrolysis practitioners and will incur additional costs, over and above the licence.</p> <p>Another challenge is the proposal to have a separate room with a sink for decontamination and sterilisation. Current best practice for many electrolysis premises dictates an ultrasonic bath and an autoclave in one corner of the room to carry out their decontamination and sterilisation and infection control ongoing together with all other cleaning duties. If a practitioner is renting one room, this may create unintended consequences. Electrolysis practitioners use single use items and discard contaminated waste appropriately and also in sharp boxes, only sterilising tweezers and chucks - having a separate decontamination area is unnecessarily burdensome, risking SME operation and growth.</p> <p>The BIG members agree medical practices should not be exempt from the same level of control, as stated the CQC requirements are lower than the proposed special treatment licencing. These risks causing unfair competition conditions.</p> <p>It is paramount that all practitioners are trained in the procedures being carried out, irrespective of entry specialism, medical practitioners are not automatically trained in electrolysis and if there is no mandatory requirement over relevant pathways and regulated qualifications. There is a danger that a short/CPD course will only be completed, which is insufficient.</p>
<p><b>184 - Nursing and Midwifery Council</b></p>	<p>Yes, we are supportive of the proposal that the exemption principles for individuals will only be granted to regulated professionals. As a regulator we protect the public and inspire confidence in the professions we regulate by:</p> <ul style="list-style-type: none"> <li>• Setting and maintaining professional and education standards for registered nurses, midwives and nursing associates</li> <li>• Maintaining the register of nursing and midwifery professionals eligible to practise in the UK; and</li> </ul>

	<ul style="list-style-type: none"> <li>• Taking regulatory action to protect the public if serious concerns are raised about an individual registrant's conduct or performance.</li> </ul> <p>Regulation provides assurances to the public, users of services, employers and others that regulated professionals are safe to practise and can be held to account for their decisions and actions.</p>
<b>186 - Anonymous (acupuncture)</b>	Acupuncturists from ATCM are subject to the Code of Practice, the Code of Professional Conduct and hygiene requirements to practice in their own clinics, but for itinerant practitioners, the premises do not automatically meet the standards.
<b>192 - British Register of Complementary Practitioners</b>	We believe so in principle, but also point out that exemption for individuals should be based on their training and the standards of the regulatory body that they belong to. Ensuring that clients are protected should be a priority so it may be necessary that individuals and premises that are exempt from certain requirements adhere to additional safety and health standards.
<b>198 - Isle of Angelsey County Council</b>	<p>If the Nursing and Midwifery Council only includes nurses and not HCA then yes, as long as premises has received approval by the Local Authority (if not GMC regulated) and the practitioner is working within scope of their registration and the special procedure is within their expertise.</p> <p>Any profession considered for exemption should have an equivalent level of scrutiny by their professional body as the proposed special procedures mandatory licensing regime.</p> <p>This is especially important in relation to DBS requirements - only professions/professional bodies that require their members to have an up-to-date DBS should be considered.</p> <p>Clarification is also needed as to whether the premises where exempt practitioners work would also be subject to exemption. It is one LA's opinion that whilst the practitioner may be exempt, the premises would not be (unless, for example, a registered private hospital would be exempt whereas a room within a gym would not be)</p> <p>It is felt that scheme should be cautious to avoid the scenario where a RMP is exempt by virtue of their profession, qualifications and registration with a relevant professional body, but are subsequently permitted to trade from a totally unsuitable premises (i.e. converted part of domestic dwelling). LAs would have the same enforcement challenges that they do now – having to rely on requests to co-</p>

	operate and part 2a orders, particularly where they are not the enforcing authority for health and safety at that particular premises.
<b>200 - Anonymous (local authority)</b>	All exemptions need to be clearly explained and the rationale for the exemption fully outlined. Exemptions to be kept to a minimum.
<b>201 - All Wales Communicable Disease Expert Panel</b>	<p>Unsure why private Physiotherapists would be exempt. Please clarify rationale.</p> <p>If the Nursing and Midwifery Council only includes nurses and not HCA's then yes.</p> <p>Any profession considered for exemption should have an equivalent level of scrutiny by their professional body as the proposed special procedures mandatory licensing regime</p> <p>This is especially important in relation to DBS requirements - only professions/professional bodies that require their members to have an up-to-date DBS should be considered.</p> <p>Clarification is also needed as to whether the premises where exempt practitioners work would also be subject to exemption. It is one LA's opinion that whilst the practitioner may be exempt, the premises would not be (unless, for example, a registered private hospital would be exempt whereas a room within a gym would not be)</p>
<b>202 - Health and Safety Expert Panel</b>	<p>Any profession considered for exemption should have an equivalent level of scrutiny by their professional body as the proposed special procedures mandatory licensing regime.</p> <p>This is especially important in relation to DBS requirements - only professions/professional bodies that require their members to have an up-to-date DBS should be considered.</p> <p>Clarification is also needed as to whether the premises where exempt practitioners work would also be subject to exemption. It is one LA's opinion that whilst the practitioner may be exempt, the premises would not be (unless, for example, a registered private hospital would be exempt whereas a room within a gym would not be)</p> <p>It is felt that scheme should be cautious to avoid the scenario where a RMP is exempt by virtue of their profession, qualifications and registration with a relevant professional body, but are subsequently permitted to trade from a totally unsuitable premises (i.e. converted part of domestic dwelling). LAs</p>

	would have the same enforcement challenges that they do now – having to rely on requests to co-operate and part 2a orders, particularly where they are not the enforcing authority for health and safety at that particular premises.
<b>203 - Anonymous (acupuncture)</b>	It should be in principle, but the exemption for individuals and organizations should be based on the training and standard they follow rather than where they practice. To ensure that clients are protected, it may be necessary to require individuals and premises that are exempt from certain requirements to adhere to additional safety and health regulations or standards.
<b>211 - British Acupuncture Council</b>	See answer to Qu 1
<b>212 - Save Face</b>	If the exemption for PSA accredited registers is removed then it would negatively impact the health and safety of the client. The registers' assessment criteria have been designed specifically for each specific field of practice and incorporate key checks and standards that are designed to mitigate risks associated with each specific treatment modality. These checks will not be covered as part of the licensing requirements and removing the ability for practitioners to choose the assessment process that is most applicable to the special procedure they provide will leave the public at risk. PSA accredited registers also carry out assessments annually which offers additional safeguards.
<b>215 - Shared Regulatory Services</b>	<p>Any profession considered for exemption should have an equivalent level of scrutiny by their professional body as the proposed special procedures mandatory licensing regime.</p> <p>This is especially important in relation to DBS requirements - only professions/professional bodies that require their members to have an up-to-date DBS should be considered.</p> <p>Clarification is also needed as to whether the premises where exempt practitioners work would also be subject to exemption. It is one LA's opinion that whilst the practitioner may be exempt, the premises would not be (unless, for example, a registered private hospital would be exempt whereas a room within a gym would not be)</p> <p>It is felt that scheme should be cautious to avoid the scenario where a RMP is exempt by virtue of their profession, qualifications and registration with a relevant professional body, but are subsequently permitted to trade from a totally unsuitable premises (i.e. converted part of domestic dwelling). LAs would have the same enforcement challenges that they do now – having to rely on requests to co-</p>

	operate and part 2a orders, particularly where they are not the enforcing authority for health and safety at that particular premises.
<b>219 - Ross Jarvis</b>	In the case of tattoo or piercing, no exemptions should be made
<b>220 - Tibetan and Eastern Medicine Association</b>	<p>TEMA membership adequately protects the individual safety of patients and practitioners and their premises.</p> <p>The exemption principles that we outline will protect the public. Acupuncture is a very safe treatment as outlined elsewhere in this response.</p> <p>Acupuncture when practised by a highly qualified practitioner such as members of TEMA is very safe. The training includes extensive coverage of health and disease as well as safe hygienic clinic skills. All of this is not only trained, but is supervised in clinical practice for months before full Licenciate to practice is awarded. Following core training, our members are required to follow our strict Professional Codes of Conduct including Safe Clinical Practice and their insurance is based upon this. Any member found to be in breach of our codes is investigated using our Complaints and Disciplinary Procedure. Ongoing technical training is an expectation of our professional membership. In this way we regulate our TEMA Members ensuring safety to the clients/patients.</p>
<b>221 - Wrexham County Borough Council</b>	This will depend to some extent on whether the relevant regulator has robust inspection, monitoring and enforcement arrangements in place.
<b>222 - Caerphilly County Borough Council</b>	Don't agree in relation to the exemption for premises -see posit 9 above but agree in relation to the individual.
<b>224 - Anonymous (piercer)</b>	As suggested in Q8 I feel that all individuals providing piercing services should hold a RSPH Level Two Infection Control Certificate. As previously stated I believe medical professionals/ medical premises should still need to have a license to perform piercing/tattooing/electrolysis etc if that is their intention- it needs to be proven they have adequate training and knowledge of the industries; and how to perform a safe piercing - not just pierce.
<b>226 - Environmental Health Wales</b>	<p>Unsure why private Physiotherapists would be exempt. Please clarify rationale.</p> <p>If the Nursing and Midwifery Council only includes nurses and not HCA's then yes.</p>

	<p>Any profession considered for exemption should have an equivalent level of scrutiny by their professional body as the proposed special procedures mandatory licensing regime</p> <p>This is especially important in relation to DBS requirements - only professions/professional bodies that require their members to have an up-to-date DBS should be considered.</p> <p>Clarification is also needed as to whether the premises where exempt practitioners work would also be subject to exemption. It is one LA's opinion that whilst the practitioner may be exempt, the premises would not be (unless, for example, a registered private hospital would be exempt whereas a room within a gym would not be)</p>
<b>229 - Anonymous (tattooing)</b>	<p>There are no professional bodies for tattooing except in the format of a club, so not relevant to legalisation.</p> <p>However, we have seen nurses and doctors botch nipple tattooing. Please do not let medical people do these tattoos! There is artistic skill needed to tattoo a realistic nipple! No suitable aftercare advice is given by medical tattooers!</p>
<b>231 - Anonymous (acupuncture)</b>	<p>Generally speaking, yes.</p>
<b>232 - Kat Webb</b>	<p>NO - as outlined, just because the practitioner or premises are regulated by another governing body, it does not mean that they are carrying out the 'special procedure' in a fit for purpose/safe environment or with relevant training/knowledge.</p>
<b>233 - UKAPP</b>	<p>As suggested in answer to question 8, we feel as an organisation that all individuals providing piercing services should hold a RSPH Level Two Infection Control Certificate because knowledge of infection control in a medical setting provides no proof that an applicant is competent in performing a safe piercing.</p>
<b>also</b>	<p>82 - Anonymous (piercer); 83 - Anonymous (piercer); 87 - Anonymous (piercer); 124 - Anonymous (piercer); 127 - Anonymous (piercer); 128 - Anonymous (piercer); 129 - Anonymous (piercer); 130 - Anonymous (piercer); 131 - Anonymous (piercer); 149 - Anonymous (piercer); 150 - Anonymous (piercer); 151 - Anonymous (piercer); 173 - Anonymous (piercer); 176 - Anonymous (piercer); 195 - Anonymous (piercer); 204 - Anonymous (piercer); 207 - Anonymous (piercer); 234 - Anonymous (piercer); 250 - Anonymous (piercer).</p>

<b>236 - Jing Ding</b>	It should be in principle, but exemption for individual and organizations should be based on the training and standard they follow rather than where they practice
<b>237 - Pinyi</b>	It should be in principle, but execution for individual and organisations should be based on the training and standard they follow rather than where they practice. To ensure that are clients are protected, it may be necessary to require individual and premises that are exempt certain requirements to adhere to additional safety and health regulations or standards.
<b>238/239 - Institute of Licensing</b>	<p>We support LEP members in that any profession considered for exemption should have an equivalent level of scrutiny by their professional body as the proposed special procedures mandatory licensing regime</p> <p>This is especially important in relation to DBS requirements - only professions/professional bodies that require their members to have an up-to-date DBS should be considered.</p> <p>We support the proposal to exempt any National Health Service setting or privately regulated healthcare service regulated by HIW, and the assertion that any other setting would require a premises approval certificate even if the individuals operating at the setting hold personal exemptions.</p>
<b>241 - Anonymous (tattooing)</b>	yes as long as the other cosmetic procedures mentioned above are included.
<b>244 - Anonymous (acupuncture)</b>	The organisers of our association already given the exam
<b>245 - Anonymous (acupuncture)</b>	It should be in principle, but exemption for individual and organizations should be based on the training and standard they follow rather than where they practice. To ensure that clients are protected, it may be necessary to require individuals and premises that exempt from certain requirement to adhere to additional safety and health or standards.
<b>248 - Anonymous (acupuncture)</b>	Agree. It will depend on the specific needs of the regulatory body responsible for overseeing the special procedures, as well as the interests and needs of patients and the public. It is important to carefully consider all relevant factors and consult with all related individuals and professional bodies to determine the most appropriate approach.
<b>249 – Association of Traditional Chinese Medicine</b>	It should be in principle, but exemption for individual and organizations should be based on the training and standard they follow rather than where they practice. To ensure that clients are protected, it may be



	necessary to require individuals and premises that are exempt from certain requirements to adhere to additional safety and health regulations or standards.
<b>also</b>	51 - Alison Williams; 67 - Anonymous (acupuncture); 68 - Anonymous (acupuncture); 70 - Anonymous (acupuncture); 72 - Anonymous (acupuncture); 101 - Anonymous (acupuncture); 114 - Anonymous (acupuncture); 115 - Jing Wang; 134 - Anonymous (acupuncture); 137 - Lingxia Gao ; 138/139 - Wang Chen; 141 - Na Yang; 142 - Anonymous (acupuncture); 153 - Zhimin Ma; 154 - Anonymous (acupuncture); 155 - Anonymous (acupuncture); 156 - Cui Hong Duan; 157 - Anonymous (acupuncture); 158 - Anonymous (acupuncture); 160 - Anonymous (acupuncture); 161 - Anonymous (acupuncture); 162 - Anonymous (acupuncture); 170 - Yuancai Fu; 171 - Yan Jing Wang; 172 - Baifang Zhu; 174 - Phoebe Deng; 177/206 - Anonymous (acupuncture); 188 - Anonymous (acupuncture); 190 - Anonymous (acupuncture); 191 - Anonymous (acupuncture); 193 - Dr Jianrui Wang; 194 - Jian Wang; 196 - Anonymous (acupuncture); 197 - Anonymous (acupuncture); 205 - Lulu Dai; 208 - Zheng Yuan Zhong; 209 - Anonymous (acupuncture); 210 - Li Yan; 213 - Min Li; 223/140 - Xianghui Guo; 225 - Jun Wen Ma; 235 - Anonymous (acupuncture); 240 - Shu Li Lu; 242 - Anonymous (acupuncture); 243 - Anonymous (acupuncture); 246 - Ke Xia Xu; 247 - Anonymous (acupuncture).
<b>252 - Torfaen County Borough Council</b>	<p>No, as per the reasons outlined in question 9.</p> <p>TCBC also wish to understand the rationale as to why physiotherapists would be considered exempt. Any profession considered for exemption should have an equivalent level of scrutiny by their professional body as the proposed special procedures mandatory licensing regime.</p> <p>This is especially important in relation to DBS requirements - only professions/professional bodies that require their members to have an up-to-date DBS should be considered.</p> <p>Clarification is also needed as to whether the premises where exempt practitioners work would also be subject to exemption.</p>

<b>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?</b>	
<b>Are there other professions on this register that should have an exemption?</b>	
<b>'Yes' response</b>	10 – Anonymous; 14 - Cheryl Drew; 17 – Anonymous; 39 - Kate Doble; 93 - Royal College of Midwives; 98 - Inc and Co; 133 - Anonymous (local authority); 163 - Anonymous (tattooing); 201 - All Wales Communicable Disease Expert Panel; 212 - Save Face; 222 - Caerphilly County Borough Council; 226 - Environmental Health Wales; 227 – Anonymous; 241 - Anonymous (tattooing); 254 - Swansea Council.
<b>'No' response</b>	23 – Anonymous; 104 - Anonymous (acupuncture); 168 - Anonymous (tattooing).
<b>Left blank</b>	2 – Anonymous; 5 - Anonymous (acupuncture); 20 - Duncan Reed; 24 – Anonymous; 25 - David Carlisle; 28 – Anonymous; 29 - Shan MacVicar; 30 – Anonymous; 32 - Anonymous (tattooing); 47 – Anonymous; 59 - Josh Cranton; 62 – Anonymous; 73 - Clare Robinson-Campbell; 85 - F Hinds Ltd; 89 - Rachel Bowen; 111 - Anonymous (tattooing); 113 - Superdrug Ltd; 143 - Claire's Accessories; 164 - Anonymous (tattooing); 167 - Anonymous (manufacturer); 189 - Baidong Li; 216 - Age Cymru; 244 - Anonymous (acupuncture).
<b>1/35 Anonymous</b>	<p>Yes.</p> <p>The listed professions should be reassessed as there are organisations who are not HCPC, but have at least the same level of annual registration, assessing, training, as many of those that are.</p> <p>For example degree educated sports therapists and sports rehabilitators (SST and BASRaT) have the same standards of training and assessment on graduation as a physiotherapist, podiatrist, etc.</p> <p>The post graduate training for acupuncture or other skills relevant to this proposal surely is more relevant than who that individual is registered with.</p>
<b>3 - Guild of Beauty Therapists</b>	Yes. See question 8. Members of the Beauty Guild
<b>4 - Anonymous</b>	I think the list is sufficiently comprehensive
<b>6 - Anonymous</b>	Yes. These people are well qualified.

<b>8 - Anonymous</b>	<p>I don't agree with exemption of professions such as the above. These do not practice skin piercing! They are not qualified or trained in it.</p> <p>So specific licence to practice is still needed for those primarily in other unrelated occupations. If areas overlap in such as i.e. safe and clean procedures, evidence can be submitted with application for licence to practice along with the usual qualification and questionnaire etc. ( For example, a physiotherapist wanting to practice acupuncture still needs the new Licence.)</p>
<b>9 - Anonymous</b>	Medicine and surgery.
<b>11 - Katie</b>	It's a good idea to regulate all practitioners.
<b>12 - Anonymous</b>	No, every industry needs more regulation
<b>15 - Anonymous (acupuncture)</b>	I agree that Registered HCPC members should be exempt, however as an HCPC registered Physiotherapist myself, working in private practice I am extremely disappointed to read that I won't be exempt as I do not work in NHS settings or a medical practice regulated by the HIW. This does not appear to be the same for my Osteopathic and Chiropractic colleagues who appear to have their premises exempt by being listed in the National Health Service Reform and Health Care Professions Act 2002. I work in premises next door to a Chiropractor and it seems outrageous that she could use acupuncture without a license but I could not.
<b>16 - Sarah Swaysland</b>	If the registering body requires an equivalent level of CPD, professional indemnity etc., then YES, agreed that anyone registered on the HCPC statutory register should be exempt.
<b>18 - Anonymous</b>	Yes agree
<b>19 - Kim Eldridge</b>	<p>Absolutely! As a physiotherapist with a graduate diploma and appropriate professional membership as well as HCPC registration should be exempt. We are regulated by our professional body.</p> <p>We should be listed in section 7 alongside Nurses, Osteopaths and Chiropractors.</p>
<b>21 - Anonymous</b>	No I don't think they should be, why would those mentioned need to dry needle? If they were to begin offering this treatment then they should pay like the rest of us.
<b>22 - Sally Hickenson</b>	Yes I agree and there should be no other exceptions.
<b>26 - Joint Council of Cosmetic Practitioners</b>	Agreed subject to our earlier responses (question 8 for example) but this list could be extended to other HCPC registered practitioners such as Operating Department Practitioners and Paramedics all of whom have considerable experience in injecting etc. and infection control.
<b>27 - Clares European Services</b>	Yes agreed but no more

<b>31 - Chartered Institute of Environmental Health</b>	Yes. The individual registered by such bodies have satisfied that body of their competence to practise and therefore should be exempt from a requirement to do so again.
<b>33 - Carla Evans</b>	This list is not exhaustive and should cover any individual already on a mandatory professional register.
<b>34 - James Ogle</b>	No! For all of the reasons above.
<b>36 - Kelly Griffiths</b>	y
<b>37 – Anonymous (local authority)</b>	No comments
<b>38 - Rachel Edney</b>	In terms of infection control, these professions should be fully trained and aware, so the exemption is correct. In terms of the broader risks with acupuncture, they may not have received adequate training to be considered safe.
<b>40 – Anonymous (acupuncture)</b>	<p>Yes, although not all physiotherapists who have passed an accredited acupuncture course work in the NHS or a facility regulated by HIW.</p> <p>The [name redacted] is a case in point. We are a voluntary sector organisation which employs HCPC's but are exempt from HIW registration</p> <p>Anyone practicing acupuncture at the [name redacted] however has to have passed an accredited course such as AACP</p> <p>Acupuncture is widely used for pain relief and will be used in Hospices as well</p>
<b>41 – Anonymous (acupuncture)</b>	Acupuncturists, please stop the discrimination
<b>42 - Paul Battersby</b>	Yes, I agree with the principle, Acupuncturists that have trained to a Diploma, degree or higher should also be exempt
<b>also</b>	44 - Roy Montgomery; 45 – Anonymous (acupuncture); 46 - Alison Smith; 50 – Anonymous (acupuncture); 51 - Alison Williams; 52 – Anonymous (acupuncture); 58 – Kate van Rensburg; 60 – Laura Gibbons; 63 – Christine Hutchinson; 86 - Suzanne Gregson; 99 - Janis Short; 105 - Daniel Curran.
<b>43 - Acupuncture Association of</b>	Yes, We as an organization agree with the principle, Acupuncturists that have trained to a Diploma, degree or higher should also be exempt

<b>Chartered Physiotherapists</b>	
<b>48 - Kat Henness</b>	There are NO professionals that should have an exemption.
<b>49 - Di-enw</b>	Derbyn /Ddim yn ymwybodol o broffesiwn arall ddylid ei ychwanegu.
<b>51 - Alison Williams</b>	The exemption should be based on the training that the practitioners received and the standard they follow, rather than being listed under a broad umbrella such as HCPC. Acupuncturists belonging to other professional bodies who have trained to a professional level such as diploma, degree or higher should also be exempted.
<b>53 - Oliver Todd</b>	N/A
<b>54 - Lola Slider</b>	No, I don't understand why there would be exemptions for this, especially for industries financially able to implement these changes, it doesn't make sense that they should only apply to micro-businesses staffed by body art professionals. If this will apply to me as a professional piercer, how can a podiatrist who has never performed body art services be more qualified to do so and do so without the same license I would have to apply for?
<b>55 - Aiden Johnson</b>	No. For licensing to be effective and for the public to be able to view registered practitioners then anyone who carries out procedures covered by the special procedures license should be registered.
<b>56 - British Medical Acupuncture Society</b>	YES, though our organization trains other HCPC registered practitioners in acupuncture and we would consider them to be appropriate practitioners for exemption (including dietitians, occupational therapists, operating department practitioners, paramedics, radiographers, psychologists)
<b>57 - Tamarind Dykes</b>	Exemption should be based on the training practitioners have received & the standards they follow, rather than listed under a broad umbrella like HCPC. Acupuncturists belong to other professional bodies & have trained to a high level such as diploma or degree & should therefore also be exempt.
<b>61 – Anonymous (acupuncture)</b>	Acupuncturists
<b>64 – Anonymous (acupuncture)</b>	Yes, I agree with the principle.
<b>65 - Anonymous (acupuncture)</b>	Yes, I agree with the principle.
<b>66 – Gareth Davies</b>	no i dont agree as its not part of their course its a CPD as any therapist  you are missing out osteopaths

<b>69 – Anonymous (acupuncture)</b>	Unknown
<b>74 – Anonymous (SPM)</b>	Chiropodists and podiatrists should be on this register more so than any other practice. If you understood what they do and the tools they use that cause way more trauma and expose clients to risk of infection you would not have exempt them, it demonstrates that this is being rolled out by people who are not qualified in the professions they are trying to control
<b>75 - Madeline Boots</b>	Yes, I agree with the principle, Acupuncturists that have trained to a Diploma, degree or higher should also be exempt. This should be inclusive of all physiotherapists.
<b>77 - Mari McAndrew</b>	Yes agree with current proposals with no additions to exemptions.
<b>78 – Anonymous (acupuncture)</b>	yes - 100%
<b>79 - Rhian Mansfield</b>	No I don't, I don't see the relevance of their profession to that of a special procedure.
<b>80 - Anonymous (tattooing)</b>	NO...Just because somebody is a member of one of the listed professional bodies does not mean they are competent to carry out tattooing, piercing or acupuncture. Therefore, they should still have to apply for and hold a special procedures licence. What do any of the above-name HCPC named professions know about acupuncture, tattooing and piercing procedures? My sister is a register occupation therapist with the HCPC but would not have a clue or be able to competently tattoo or pierce someone.
<b>81 - Gemma Kingston</b>	No all should apply to every profession using sharp tools or those who perform procedures in which bleeding can occur.
<b>84 - Anonymous</b>	Yes agree
<b>88 - Anonymous (acupuncture)</b>	Yes, I agree with the principle, Acupuncturists that have trained to a Diploma, degree or higher should also be exempt. This should be inclusive of all physiotherapists.
<b>90 - Blaenau Gwent County Borough Council</b>	<p>Yes, we agree, however would like to make the following comments:</p> <p>Any profession considered for exemption should have an equivalent level of scrutiny by their professional body as the proposed special procedures mandatory licensing regime</p> <p>This is especially important in relation to DBS requirements- only professions/professional bodies that require their members to have an up to date DBS should be considered.</p>

	<p>Persons should be required to apply for exemption- this will provide an oversight and recording by the Local Authority that exemption has been agreed. This exemption would need to be re-issued every 3 years. This exemption would need to be re-issued every 3 years and a charge should be applied for this.</p> <p>Exempted persons should appear on the National Register as 'exempt practitioners' so not to confuse members of the public as to why the premises they are having procedures at is not present. The reason for exemption and procedure and the procedures covered by the exemption should also be listed.</p> <p>Clarification is also needed as to whether the premises where exempt practitioners work would also be subject to exemption. It is our opinion that whilst the practitioner may be exempt, the premises would not be (unless, for example, a registered private hospital would be exempt whereas a room within a gym would not be)</p>
<p><b>91 - British Beauty Council</b></p>	<p>The Council agrees the benefit of avoiding duplication of inspection where individuals and their premises are already subject to checks via a professional body such as the Health and Care Professions Council (HCPC). However, it would be important to ensure that appropriate information sharing takes place, ensuring that all requirements under the local authority license are covered under the professional bodies' regulatory criteria, including evidence of relevant prerequisites, regulated qualification achievement, and relevant post qualification education and training that is specifically related to the procedures concerned.</p>
<p><b>92 - Anonymous (acupuncture)</b></p>	<p>Yes these should be exempt, and this should extend to trainers who are also regulated healthcare professionals. Where learners are training, they should not need a license to attend the course, the license should only be needed for when the learner goes on to use acupuncture on the general public.</p> <p>We would extend the exemption to those practitioners who are aligned to a voluntary register, such as Sports Therapists</p>
<p><b>94 - National Hair and Beauty Federation</b></p>	<p>We do not necessarily agree that specific professions listed on the HCPC statutory register relevant to the special procedures are exempt from the requirement to obtain a special procedure licence, as this does not necessarily mean they are qualified to deliver a particular treatment, service or procedure. For example, chiropodists/podiatrists; physiotherapists; prosthetists/orthotists cannot complete epilation, microblading, micropigmentation or accounted without a sufficient training and a relevant regulated qualification.</p>

	<p>The setting could be but not necessarily the professional.</p> <p>We agree that avoiding duplication of inspection where individuals and their premises are already subject to checks via a professional body such as the Health and Care Professions Council (HCPC) would be of benefit. However, it would be important to ensure that appropriate information sharing takes place, ensuring that all requirements under the local authority license are covered under the regulatory criteria, including evidence of relevant prerequisites, regulated qualification achievement, education and training that is specifically related to the procedures concerned.</p>
<b>95 - Beauty Industry Group - Licensing</b>	<p>We agree that avoiding duplication of inspection where individuals and their premises are already subject to checks via a professional body such as the Health and Care Professions Council (HCPC) would be of benefit. However, it would be important to ensure that appropriate information sharing takes place, ensuring that all requirements under the local authority license are covered under the regulatory criteria, including evidence of relevant prerequisites, regulated qualification achievement, education and training that is specifically related to the procedures concerned.</p>
<b>96 - Beauty Industry Group Chair</b>	<p>We agree that avoiding duplication of inspection where individuals and their premises are already subject to checks via a professional body such as the Health and Care Professions Council (HCPC) would be of benefit. However, it would be important to ensure that appropriate information sharing takes place, ensuring that all requirements under the local authority license are covered under the regulatory criteria, including evidence of relevant prerequisites, regulated qualification achievement, education and training that is specifically related to the procedures concerned.</p>
<b>100 - Anonymous</b>	<p>also injectables, botox can be given anywhere by anyone</p>
<b>102 - Dr Di Wu</b>	<p>The exemption should be based on the training of the practitioners received and the track record of their safe practice rather than under a broad umbrella such as HCPC. Acupuncturists under other professional bodies who have been trained to a professional level should also be exempted.</p>
<b>103 - Anonymous (acupuncture)</b>	<p>Qualified acupuncturists should also be exempt, as they follow code of conduct from their own professional body. For example <a href="https://www.acupuncture-acuthera.py.co.uk/membershipCode.php">https://www.acupuncture-acuthera.py.co.uk/membershipCode.php</a></p>
<b>106 - Anonymous (acupuncture)</b>	<p>Only those which can demonstrate that acupuncture (or other special procedures) fall within the scope of practice or are recognised extensions of their practice.</p> <p>This has been a running sore in the application of the skin piercing regulations that apply in Greater London (LLA1991) and Scotland, where all HCPC registered practitioners can 'have a go' at acupuncture</p>



	<p>even where there is a marginal connection with their main profession. It is always easier to apply a black/white rule, i.e. HCPC registration as a clear criterion, but this leads to anomalous situations where, for example, patients of highly trained non-SR professionals cannot give blood without a four month deferral but patients of an SR practitioner with a weekend's training can.</p> <p>The argument from within the acupuncture profession has always been that finding out that something was done badly only after it has been done badly makes no sense when there are clear and comprehensive existing guidelines for correct and safe use. The requirements in these documents at least move some way towards removing the free-for-all about the use of acupuncture by non-acupuncturists.</p>
<b>107 - BABTAC</b>	<p>We agree that avoiding duplication of inspection where individuals and their premises are already subject to checks via a professional body such as the Health and Care Professions Council (HCPC) would be of benefit. However, it would be important to ensure that appropriate information sharing takes place, ensuring that all requirements under the local authority license are covered under the regulatory criteria, including evidence of relevant prerequisites, regulated qualification achievement, education and training that is specifically related to the procedures concerned.</p>
<b>108 - Anonymous (acupuncture)</b>	<p>The exemption should be based on the training of the practitioners received and the standard they follow, rather than being listed under a broad umbrella such as HCPC. Acupuncturists who are members of other professional bodies who have been trained to a professional level such as diploma, degree or higher should also be exempted.</p>
<b>109 - Warren Tregidden</b>	<p>This is a hard one what does a Philip know about piercing</p>
<b>110 - Anonymous (acupuncture)</b>	<p>The exemption should be based on the training the practitioners received and the standard they follow, rather than being listed under a broad umbrella such as HCPC. Acupuncturists who belong to other professional bodies who have trained at a professional level, such as a diploma, degree, or higher, should also be exempted.</p>
<b>112 - British Acupuncture Federation</b>	<p>We believe that the practice of acupuncture should be carried out by highly trained practitioners in health, hygiene, medicine, acupuncture theory and competency in safe clinical skills. We cannot speak on behalf of the individual professions that you list above, however we feel that exemption should include our members who meet the above criteria.</p>

	Therefore, we request that as BAF members have significant training in acupuncture they should be exempt. This is in respect of them practicing acupuncture or adjunct therapies such as gua sha, cupping etc.
<b>116 - Anonymous</b>	No  No
<b>117 - Marnie Williams</b>	A great many of these professions have little experience granting foreign objects direct and constant access to the blood supply. Body Piercers create a very unique wound distinct from other professions; when performing a tattoo, acupuncture, taking bloods, etc any wounds that are created are allowed to immediately close, and the skin to almost immediately renew its primary role as a barrier against infection. Body Piercing creates a wound, and leaves it open until the proliferation of a fistula of new tissue has completed forming. In some piercings, this can be up to 12 months, and this new tissue does not typically return to full circulation and tensile strength for up to two years. It is not uncommon for over 1cm <sup>2</sup> of completely new tissue to have to grow again from a subcutaneous layer up. As body piercers create wounds that are considerably more difficult for the body to heal, and are open for longer than other professions, it is imperative that a higher level of infection control is practised when creating those wounds than you might expect in other professions. No-one but a proven trained and knowledgeable professional in the industry of Piercing/Tattooing etc should be licensed, no one should be exempt who is practising.
<b>118 - Ann Charlton</b>	The exemption should be based on the training of the practitioners both clinic based and mobile, have received and standard they follow, rather than being listed under a broad umbrella such as HCPC. Acupuncturists belong to other professional bodies who have trained to a professional level such as diploma, degree or higher should be exempted.
<b>120 - Anonymous (acupuncture)</b>	Yes agree
<b>121 - National AIDS Trust</b>	We agree that statutory HCPC named professions should be exempt from the licensing process. As noted in our response to Question 10, we believe there could be value in requiring these professionals to complete an Infection Prevention and Control questionnaire, and to check their understanding of the principles of discrimination within the Equality Act.
<b>122 - Anonymous</b>	If we are satisfied that there are other assurance mechanisms that ensure safety then yes.
<b>123 - Anonymous (piercer)</b>	A great many of these professions have little experience granting foreign objects direct and constant access to the blood supply. Body Piercers create a very unique wound distinct from other professions;

	<p>when performing a tattoo, acupuncture, taking bloods, etc any wounds that are created are allowed to immediately close, and the skin to almost immediately renew its primary role as a barrier against infection. Body Piercing creates a wound, and leaves it open until the proliferation of a fistula of new tissue has completed forming. In some piercings, this can be up to 12 months, and this new tissue does not typically return to full circulation and tensile strength for up to two years. It is not uncommon for over 1cm<sup>2</sup> of completely new tissue to have to grow again from a subcutaneous layer up. As body piercers create wounds that are considerably more difficult for the body to heal, and are open for longer than other professions, it is imperative that a higher level of infection control is practised when creating those wounds than you might expect in other professions. No-one but a proven trained and knowledgeable professional in the industry of Piercing/Tattooing etc should be licensed, no one should be exempt who is practising.</p>
<b>125 - Becky Crossan</b>	<p>No.</p> <p>No.</p>
<b>126 - Rhondda Cynon Taff County Borough Council</b>	<p>Yes agree.</p>
<b>127 - Anonymous (piercer)</b>	<p>No. A great many of these professions have little experience granting foreign objects direct and constant access to the blood supply. Body Piercers create a very unique wound distinct from other professions; when performing a tattoo, acupuncture, taking bloods, etc any wounds that are created are allowed to immediately close, and the skin to almost immediately renew its primary role as a barrier against infection. Body Piercing creates a wound, and leaves it open until the proliferation of a fistula of new tissue has completed forming. In some piercings, this can be up to 12 months, and this new tissue does not typically return to full circulation and tensile strength for up to two years. It is not uncommon for over 1cm<sup>2</sup> of completely new tissue to have to grow again from a subcutaneous layer up. As body piercers create wounds that are considerably more difficult for the body to heal, and are open for longer than other professions, it is imperative that a higher level of infection control is practised when creating those wounds than you might expect in other professions.</p> <p>Are there other professions on this register that should have an exemption?</p> <p>No. UKAPP feels that there are no professions which should receive an exemption from having to</p>

	undertake the RSPH Level Two Qualification.
<b>132 - Anonymous (piercer)</b>	<p>No. A great many of these professions have little experience granting foreign objects direct and constant access to the blood supply. Body Piercers create a very unique wound distinct from other professions; when performing a tattoo, acupuncture, taking bloods, etc any wounds that are created are allowed to immediately close, and the skin to almost immediately renew its primary role as a barrier against infection. Body Piercing creates a wound, and leaves it open until the proliferation of a fistula of new tissue has completed forming. In some piercings, this can be up to 12 months, and this new tissue does not typically return to full circulation and tensile strength for up to two years. It is not uncommon for over 1cm<sup>2</sup> of completely new tissue to have to grow again from a subcutaneous layer up. As body piercers create wounds that are considerably more difficult for the body to heal, and are open for longer than other professions, it is imperative that a higher level of infection control is practised when creating those wounds than you might expect in other professions. Are there other professions on this register that should have an exemption?</p> <p>No. UKAPP feels that there are no professions which should receive an exemption from having to undertake the RSPH Level Two Qualification.</p>
<b>135 - Anonymous (tattooing)</b>	don't agree. Many of these services are non invasive so training may not be to the same standard as will be required by tattooists under the new licencing laws.
<b>136 - Denbighshire County Council</b>	Yes agree with current proposals with no additions to exemptions.
<b>144 - Anonymous (piercer)</b>	No.  No.
<b>145 - Anonymous (tattooing)</b>	No. A great many of these professions have little experience granting foreign objects direct and constant access to the blood supply. Body Piercers create a very unique wound distinct from other professions; when performing a tattoo, acupuncture, taking bloods, etc any wounds that are created are allowed to immediately close, and the skin to almost immediately renew its primary role as a barrier against infection. Body Piercing creates a wound, and leaves it open until the proliferation of a fistula of new tissue has completed forming. In some piercings, this can be up to 12 months, and this new tissue does not typically return to full circulation and tensile strength for up to two years. It is not uncommon for over 1cm of completely new tissue to have to grow again from a subcutaneous layer up. As body piercers create wounds that are considerably more difficult for the body to heal, and are open for longer than other

	professions, it is imperative that a higher level of infection control is practised when creating those wounds than you might expect in other professions. I feel that there are no professions which should receive an exemption from having to undertake the RSPH Level Two Qualification.
<b>146 - Ming Chu Lok</b>	Besides HCPC, partitioners belong to other professional bodies who have trained to a professional level such as degree or higher should also be exempted.
<b>152 - Anonymous (tattooing)</b>	Yea
<b>159 - H Wong</b>	chinese medicine practitioners also need to be registered
<b>166 - Claire Pritchard</b>	Practitioners already recognised by a professional body which already incurs fees to be able to practice. Acupuncture society
<b>169 - Anonymous (tattooing)</b>	In the case of tattoo or piercing, no exemptions should be made.
<b>174 - Phoebe Deng</b>	The exemption should be based on the training of the practitioners received and the standard they follow, rather than being listed under a broad umbrella such as HCPC. Acupuncturists belong to other professional bodies who have been trained to a professional level such as diploma, degree or higher should also be exempted.
<b>175 - Anonymous (tattooing)</b>	No exemptions should be made.
<b>178 - Minan Yao</b>	<p>I agree that HCPCs are allowed to be exempted based on the rigorous and comprehensive nature of their professional training. Acupuncturists often either undergo extensive education and practical experience to acquire a deep understanding of traditional Chinese medicine and its applications in modern healthcare. Additionally, most acupuncturists are members of reputable professional bodies that require adherence to strict codes of ethics, clinical guidelines, and continuing professional development.</p> <p>By granting exemptions to acupuncturists who have demonstrated their commitment to maintaining high standards of practice and patient care, regulatory bodies can recognize their expertise and promote trust in the acupuncture profession. This approach will also encourage the continued growth of acupuncture as a respected and effective form of complementary healthcare. However, it is crucial to ensure that the process of granting exemptions is transparent, consistent, and based on clearly defined criteria, to maintain public confidence in the safety and efficacy of acupuncture treatments.</p>

<b>179 - N Wales Health and Safety Expert Panel</b>	Yes agree with current proposals with no additions to exemptions but subject to the comments in Question 10 above.
<b>183 - Hair and Beauty Industry Authority</b>	We agree that avoiding duplication of inspection where individuals and their premises are already subject to checks via a professional body such as the Health and Care Professions Council (HCPC) would be of benefit. However, it would be important to ensure that appropriate information sharing takes place, ensuring that all requirements under the local authority license are covered under the regulatory criteria, including evidence of relevant prerequisites, regulated qualification achievement, education and training that is specifically related to the procedures concerned.
<b>184 - Nursing and Midwifery Council</b>	We have no comments.
<b>186 - Anonymous (acupuncture)</b>	Exemptions should be based on the training practitioners receive and the standards they follow, rather than being listed under a broad umbrella such as the HCPC. Acupuncturists who belong to other professional institutions and have been trained to a professional level such as diploma, degree or higher should also be exempt.
<b>192 - British Register of Complementary Practitioners</b>	We do but see further  Not that we can think of at present, however we do point out that it is not just statutory regulated practitioners that should be exempt. Acupuncturists who belong to professional bodies such as ours (BRCP) should also be exempt.
<b>194 - Jian Wang</b>	The exemption should be based on the training of the practitioners received and the standard they follow. Acupuncturists belong ATCM who have trained to a professional level such as diploma, degree or higher should also be exempted.
<b>198 - Isle of Angelsey County Council</b>	Yes agree with current proposals with no additions to exemptions but subject to the comments in Question 10 above.
<b>200 - Anonymous (local authority)</b>	PARTIALLY. Further work to understand the validation process for entry to these registers (including any voluntary registers) is needed. IPC remains the primary issue to be address.
<b>202 - Health and Safety Expert Panel</b>	As above
<b>203 - Anonymous (acupuncture)</b>	The exemption should be based on the training of the practitioners received and the standard they follow, rather than being listed under a broad umbrella such as HCPC. Acupuncturists who belong to other

	professional bodies who have trained to a professional level such as a diploma, degree, or higher should also be exempted
<b>211 - British Acupuncture Council</b>	Only on the basis that these practitioners are qualified to join an acupuncture organisation such as BMAS or AACP.
<b>215 - Shared Regulatory Services</b>	As above
<b>217 - Anonymous (acupuncture)</b>	Acupuncturists should also be exempt
<b>219 - Ross Jarvis</b>	In the case of tattoo or piercing, no exemptions should be made.
<b>220 - Tibetan and Eastern Medicine Association</b>	<p>We believe that the practice of acupuncture should be carried out by highly trained practitioners in health, hygiene, medicine, acupuncture theory and competency in safe clinical skills. We cannot speak on behalf of the individual professions that you list above, however we feel that exemption should include our members who meet the above criteria.</p> <p>Therefore, we request that as TEMA members have significant training in acupuncture they should be exempt. This is in respect of them practicing acupuncture or adjunct therapies such as gua sha, cupping etc.</p>
<b>221 - Wrexham County Borough Council</b>	<p>Yes</p> <p>No comment</p>
<b>224 - Anonymous (piercer)</b>	A great many of these professions have little experience granting foreign objects direct and constant access to the blood supply. Body Piercers create a very unique wound distinct from other professions; when performing a tattoo, acupuncture, taking bloods, etc any wounds that are created are allowed to immediately close, and the skin to almost immediately renew its primary role as a barrier against infection. Body Piercing creates a wound, and leaves it open until the proliferation of a fistula of new tissue has completed forming. In some piercings, this can be up to 12 months, and this new tissue does not typically return to full circulation and tensile strength for up to two years. It is not uncommon for over 1cm <sup>2</sup> of completely new tissue to have to grow again from a subcutaneous layer up. As body piercers create wounds that are considerably more difficult for the body to heal, and are open for longer than other professions, it is imperative that a higher level of infection control is practised when creating those wounds than you might expect in other professions. No-one but a proven trained and knowledgeable

	professional in the industry of Piercing/Tattooing etc should be licensed, no one should be exempt who is practising.
<b>229 - Anonymous (tattooing)</b>	<p>There are no professional bodies for tattooing except in the format of a club, so not relevant to legalisation.</p> <p>No exemption for tattooing please, except the tattoo dot for chemotherapy.</p>
<b>230 - Anonymous (charitable organisation)</b>	Not aware any additional speciality or professions.
<b>231 - Anonymous (acupuncture)</b>	<p>No, I do not agree.</p> <p>Different professions require different knowledge and skills. One has to be trained and qualified in the specific professional training/education to be licensed or exempt. For other professions not trained and qualified in one special procedure ,e.g. acupuncture, granting exemption can be a risk to the public.</p>
<b>232 - Kat Webb</b>	If these professionals are carrying out "non-surgical aesthetic or therapeutic procedures, involving perforation of tissue, skin or mucous membrane and insertion of needles, jewellery, objects or permanent/semi-permanent ink or pigments, are capable of causing harm to human health and are defined as special procedures under the Public Health (Wales) Act 2017" - then they need to apply under Section 4 or the scope of Section 4 needs to be expanded to include these other industry sectors.
<b>233 - UKAPP</b>	<p>No. A great many of these professions have little experience granting foreign objects direct and constant access to the blood supply. Body Piercers create a very unique wound distinct from other professions; when performing a tattoo, acupuncture, taking bloods, etc any wounds that are created are allowed to immediately close, and the skin to almost immediately renew its primary role as a barrier against infection. Body Piercing creates a wound, and leaves it open until the proliferation of a fistula of new tissue has completed forming. In some piercings, this can be up to 12 months, and this new tissue does not typically return to full circulation and tensile strength for up to two years. It is not uncommon for over 1cm<sup>2</sup> of completely new tissue to have to grow again from a subcutaneous layer up. As body piercers create wounds that are considerably more difficult for the body to heal, and are open for longer than other professions, it is imperative that a higher level of infection control is practised when creating those wounds than you might expect in other professions.</p> <p>No. UKAPP feels that there are no professions which should receive an exemption from having to</p>



	undertake the RSPH Level Two Qualification.
<b>also</b>	82 - Anonymous (piercer); 83 - Anonymous (piercer); 87 - Anonymous (piercer); 124 - Anonymous (piercer); 127 - Anonymous (piercer); 128 - Anonymous (piercer); 129 - Anonymous (piercer); 130 - Anonymous (piercer); 131 - Anonymous (piercer); 149 - Anonymous (piercer); 150 - Anonymous (piercer); 151 - Anonymous (piercer); 173 - Anonymous (piercer); 176 - Anonymous (piercer); 195 - Anonymous (piercer); 204 - Anonymous (piercer); 207 - Anonymous (piercer); 234 - Anonymous (piercer); 250 - Anonymous (piercer).
<b>236 - Jing Ding</b>	Acupuncturists belong to other professional bodies who have trained to a professional level such as diploma, degree or higher should also be exempted.
<b>237 - Pinyi</b>	The exemption should be based on the training of the practitioners received and the standard they follow, rather than being listed under a broad umbrella such as HCPC. Acupuncturists belong to other professional bodies who have trained to a professional level such as diploma, degree or higher should also be exempted.
<b>238/239 - Institute of Licensing</b>	We support the principle of this proposal.
<b>243 - Anonymous (acupuncture)</b>	I agree that HCPCs are allowed to be exempted based on the rigorous and comprehensive nature of their professional training. Acupuncturists often either undergo extensive education and practical experience to acquire a deep understanding of traditional Chinese medicine and its applications in modern healthcare. Additionally, most acupuncturists are members of reputable professional bodies that require adherence to strict codes of ethics, clinical guidelines, and continuing professional development. By granting exemptions to acupuncturists who have demonstrated their commitment to maintaining high standards of practice and patient care, regulatory bodies can recognize their expertise and promote trust in the acupuncture profession. This approach will also encourage the continued growth of acupuncture as a respected and effective form of complementary healthcare. However, it is crucial to ensure that the process of granting exemptions is transparent, consistent, and based on clearly defined criteria, to maintain public confidence in the safety and efficacy of acupuncture treatments.
<b>245 - Anonymous (acupuncture)</b>	The exemption should be based on the training of the practitioners received and the standard they follow, rather than being listed under a broad umbrella such as HCPC. Acupuncturists belong to other professional bodies who have trained to professional level such as diploma, degree or higher should be exempted.
<b>247 - Anonymous (acupuncture)</b>	No

	The exemption should be based on the training of the practitioners received and the standard they follow, rather than being listed under a broad umbrella such as HCPC. Acupuncturists belong to other professional bodies who have trained to a professional level such as diploma, degree or higher should also be exempted.
<b>248 - Anonymous (acupuncture)</b>	Agree, but the exemption should be based on the training of the practitioners received and the standard they follow, rather than being listed under a broad umbrella such as HCPC. Acupuncturists belong to other professional bodies who have trained to a professional level such as diploma, degree or higher should also be exempted.
<b>249 – Association of Traditional Chinese Medicine</b>	The exemption should be based on the training of the practitioners received and the standard they follow, rather than being listed under a broad umbrella such as HCPC. Acupuncturists belong to other professional bodies who have trained to a professional level such as diploma, degree or higher should also be exempted.
<b>also</b>	67 - Anonymous (acupuncture); 68 - Anonymous (acupuncture); 70 - Anonymous (acupuncture); 72 - Anonymous (acupuncture); 101 - Anonymous (acupuncture); 114 - Anonymous (acupuncture); 115 - Jing Wang; 134 - Anonymous (acupuncture); 137 -Lingxia Gao; 138/139 - Wang Chen; 141 - Na Yang; 142 - Anonymous (acupuncture); 153 - Zhimin Ma; 154 - Anonymous (acupuncture); 155 - Anonymous (acupuncture); 156 - Cui Hong Duan; 157 - Anonymous (acupuncture); 158 - Anonymous (acupuncture); 160 - Anonymous (acupuncture); 161- Anonymous (acupuncture); 162 - Anonymous (acupuncture); 165 - Qikan Yin; 170 - Yuancai Fu; 171 - Yan Jing Wang; 172 - Baifang Zhu; 177/206 - Anonymous (acupuncture); 188 - Anonymous (acupuncture); 190 - Anonymous (acupuncture); 191 - Anonymous (acupuncture); 193 - Dr Jianrui Wang; 196 - Anonymous (acupuncture); 197 - Anonymous (acupuncture); 205 - Lulu Dai; 208 - Zheng Yuan Zhong; 209 - Anonymous (acupuncture); 210 - Li Yan; 213 - Min Li; 223/140 - Xianghui Guo; 225 - Jun Wen Ma; 235 - Anonymous (acupuncture); 240 - Shu Li Lu; 242 - Anonymous (acupuncture); 246 - Ke Xia Xu.
<b>252 - Torfaen County Borough Council</b>	No. TCBC's view is that exemptions need to be carefully considered as per the comments made in Q9.

<b>Question 12: Do you agree with the principle of the proposal that members of voluntary registers accredited by the PSA should not be exempt?</b>	
<b>'Yes' response</b>	6 – Anonymous; 10 – Anonymous; 11 – Katie; 12 – Anonymous; 14 - Cheryl Drew; 15 - Anonymous (acupuncture); 17 – Anonymous; 18 – Anonymous; 19 - Kim Eldridge; 22 - Sally Hickenson; 23 – Anonymous; 27 - Clares European Services; 28 – Anonymous; 37 - Anonymous (local authority); 39 - Kate Doble; 47 – Anonymous; 55 - Aiden Johnson; 61 - Anonymous (acupuncture); 73 - Clare Robinson-Campbell; 74 - Anonymous (SPM); 78 - Anonymous (acupuncture); 80 - Anonymous (tattooing); 81 - Gemma Kingston; 93 - Royal College of Midwives; 122 – Anonymous; 125 - Becky Crossan; 126 - Rhondda Cynon Taff County Borough Council; 133 - Anonymous (local authority); 144 - Anonymous (piercer); 145 - Anonymous (tattooing); 146 - Ming Chu Lok; 163 - Anonymous (tattooing); 168 - Anonymous (tattooing); 179 - N Wales Health and Safety Expert Panel; 198 - Isle of Angelsey County Council; 221 - Wrexham County Borough Council; 227 – Anonymous; 230 - Anonymous (charitable organisation); 241 - Anonymous (tattooing); 254 - Swansea Council.
<b>'No' response</b>	41 - Anonymous (acupuncture); 56 - British Medical Acupuncture Society; 104 - Anonymous (acupuncture); 116 – Anonymous; 244 - Anonymous (acupuncture); 247 - Anonymous (acupuncture).
<b>Left blank</b>	2 – Anonymous; 5 - Anonymous (acupuncture); 9 – Anonymous; 24 – Anonymous; 25 - David Carlisle; 30 – Anonymous; 32 - Anonymous (tattooing); 59 - Josh Cranton; 62 – Anonymous; 85 - F Hinds Ltd; 89 - Rachel Bowen; 100 – Anonymous; 111 - Anonymous (tattooing); 113 - Superdrug Ltd; 121 - National AIDS Trust; 143 - Claire's Accessories; 164 - Anonymous (tattooing); 166 - Claire Pritchard; 167 - Anonymous (manufacturer); 189 - Baidong Li; 216 - Age Cymru.
<b>1/35 – Anonymous (acupuncture)</b>	Absolutely not.  The HCPC cannot demonstrate their regulation is superior to all other regulatory bodies. For fairness each individual profession should be assessed on its own merit.  There are professions that meet all the requirements to join the HCPC, but applications through parliament have repeatedly met delays as the country has to deal with other priorities.
<b>3 - Guild of Beauty Therapists</b>	No. We have a register of members which is not regulated by the PSA and I believe our members who hold the relevant qualifications and insurance should qualify for exemption
<b>4 - Anonymous</b>	I agree. For regulation to be effective voluntary registers must be predicated on regulated qualifications and insurance

<b>8 - Anonymous</b>	See above: no exemption
<b>16 - Sarah Swaysland</b>	Yes – agreed.
<b>20 - Duncan Reed</b>	Agree
<b>21 - Anonymous</b>	Why should anyone be treated differently?
<b>26 - Joint Council of Cosmetic Practitioners</b>	Yes the voluntary accredited registers do not provide the assurances required by this proposal since they do not set nationally agreed standards of proficiency or maintain a mandatory practitioner register.
<b>29 - Shan MacVicar</b>	acupuncture should be exempt but despite saying this, there should still be regulation of the hygiene side and infection control
<b>31 - Chartered Institute of Environmental Health</b>	<p>No. Voluntary registers are not the same as statutory registered HCPC registers.</p> <p>Part of the Professional Standards Authority for Health and Social Care (PSA) role is to accredit voluntary registers of people working in a variety of health and social care occupations. Where occupations are not subject to statutory regulation, the Accredited Voluntary Registers scheme allows people to choose practitioners who are on a register that has been independently assessed and approved. However, The PSA ‘independently assess’ those accredited against their own standards not statutory ones. The coming into force of the statutory licensing scheme will introduce improved statutory regulation against national standards and will allow people to choose a practitioner from a single Statutory register in Wales rather than a voluntary one.</p> <p>NB Extract from the purpose and effect table in the Statement of Policy Intent for the Bill:</p> <p>It is the intention that the regulations are tailored to take account of the practices undertaken by individuals within each profession and are developed in conjunction with the regulatory body/ registering authority. For example, it is the intention that a physiotherapist who is a member of a register maintained by the Health and Care Professions Council will be exempt from the requirement to obtain a licence in order to practice acupuncture. It is also the intention for members of the British Acupuncture Council (BAcC) to be exempt from the requirement to obtain a licence to practice acupuncture (subject to the BAcC maintaining its accreditation with the Professional Standards Authority for Health and Social Care).</p> <p>The British Acupuncture Council (BAcC) – is the UK’s largest, member-led, professional body for</p>

	traditional acupuncturists. They claim to have nearly 3,000 members. Their members belong to an accredited register, regulated and approved by the Professional Standards Authority for Health & Social Care (PSA).
<b>33 - Carla Evans</b>	Agree it should only be for mandatory professional registrants.
<b>34 - James Ogle</b>	If others are required to have a licence then these should be as well.
<b>36 - Kelly Griffiths</b>	y
<b>38 - Rachel Edney</b>	If the level of training required to become a member of the British Acupuncture Council (the only voluntary register accredited by the PSA of interest), and the abiding by codes of safe practice and professional conduct, means that the acupuncture provided is most likely to be the safest to the public then they should be exempt. The voluntary nature of the register is not relevant as any acupuncturist practising would be required to either meet the demands of professional membership or the licence requirements. It could be argued that the licence requirements are less stringent.
<b>40 – Anonymous (acupuncture)</b>	Yes, the new proposals provide better regulation, and public assurance
<b>43 - Acupuncture Association of Chartered Physiotherapists</b>	No they should be exempt for Acupuncture if qualified to level 5 (diploma) and above, as the training covers hygiene and infection control.
<b>also</b>	42 - Paul Battersby; 44 - Roy Montgomery; 45 – Anonymous (acupuncture); 46 - Alison Smith; 50 – Anonymous (acupuncture); 52 – Anonymous (acupuncture); 58 – Kate van Rensburg; 60 – Laura Gibbons; 63 – Christine Hutchinson; 64 – Anonymous (acupuncture); 65 – Anonymous (acupuncture); 75 - Madeline Boots; 86 - Suzanne Gregson; 88 - Anonymous (acupuncture); 99 - Janis Short; 105 - Daniel Curran.
<b>48 - Kat Henness</b>	No professionals of members should be exempt
<b>49 - Di-enw</b>	Ddibynnol ar beth yw gofynion y cofrestru gwirfoddol. Os oes profion cyfatebol (cymhwyster, ffitrwydd i ymarfer ayb) yn bodoli oni ddylid yr unigolyn hynny hefyd gael eu heithrio o'r drefn trwyddedu sy'n benodol i'w amgylchiadau nhw?
<b>51 - Alison Williams</b>	No, same as Question 11, not only the voluntary registers but also other professional body such as ATCM, as long as they have reached the same standard, should equally be exempted.
<b>54 - Lola Slider</b>	This is a really confusing question. I do not feel that voluntary registers accredited by the PSA should be exempt.

	So yes, I agree, though I can't see where it explains that the PSA actually is to fully understand this question
<b>57 - Tamarind Dykes</b>	Same as Q11
<b>66 – Gareth Davies</b>	no one should be exempt
<b>69 - Anonymous</b>	I do not feel able to comment , not knowing sufficient about the voluntary registers
<b>77 - Mari McAndrew</b>	Agree.
<b>79 - Rhian Mansfield</b>	I do yes
<b>84 - Anonymous</b>	Yes agree
<b>90 - Blaenau Gwent County Borough Council</b>	Yes, we agree  As a voluntary register, it is unclear what oversight by the registering body have over the competency, standards etc of those on it.
<b>91 - British Beauty Council</b>	Yes. There should be no exemptions for voluntary registers.
<b>92 - Anonymous (acupuncture)</b>	I think this could be explored further - an exemption could apply if they follow a similar process as to other regulated professionals
<b>94 - National Hair and Beauty Federation</b>	We agree with the principle of the proposal that members of voluntary registers accredited by the PSA, should not be exempt.  The Federation of Holistic Therapists (FHT) until recently held a PSA voluntary register. As a result of the escalating costs to maintain the PSA register, the FHT were forced to withdraw from accreditation via the PSA register but continues to maintain the FHT register, which meets the same criteria via its code of conduct.
<b>95 - Beauty Industry Group - Licensing</b>	Yes. There should be no exemptions for voluntary registers
<b>96 - Beauty Industry Group Chair</b>	Yes. There should be no exemptions for voluntary registers.
<b>98 - Inc and Co</b>	N/A
<b>103 - Anonymous (acupuncture)</b>	No response.

<p><b>106 - Anonymous (acupuncture)</b></p>	<p>Absolutely not.</p> <p>The BAcC worked with the Professional Standards Authority in securing this exemption in the Public Health Wales Act 2017, and there is no prima facie reason why these regulations should reverse that clause.</p> <p>Membership of a PSA AVR accredited body may be voluntary, but the standards to which someone then signs up are published, inspected and approved annually. If someone were exempt and left the BAcC this would be no different from an SR professional giving up their registration with a regulator. The same conduit would apply for letting the Welsh Register know.</p> <p>As I have argued many times, if an SR registrant misbehaves, the regulator can dismiss them as bad apples and carry on. If a member of an AVR body misbehaves, the body itself could lose its AVR status, and has, therefore, a much higher stake in ensuring that its members meet the proper standards and undertake the necessary refresher training.</p> <p>The PSA's argument for many years was that AVR status, 'right touch regulation' was the way forward, and that it represented a solid step forward in risk management. It strikes me as strange to see open consultation on a clause which has already been approved in primary legislation, and it would be interesting to see what had precipitated this change of tack five years after the law was passed, and on what basis.</p>
<p><b>107 - BABTAC</b></p>	<p>Yes. There should be no exemptions for voluntary registers.</p>
<p><b>108 - Anonymous (acupuncture)</b></p>	<p>No, not only the voluntary registers but also other professional bodies such as ATCM, as long as they have reached the same standards, should equally be exempted.</p>
<p><b>109 - Warren Tregidden</b></p>	<p>Again difficult</p>
<p><b>110 - Anonymous (acupuncture)</b></p>	<p>No, Same as Question 11, not only the voluntary registers but also other professional bodies such as ATCM, as long as they have reached the same standard, should equally be exempted.</p>
<p><b>112 - British Acupuncture Federation</b></p>	<p>We accept that voluntary registration by the PSA is not a blanket marker for good practice.</p> <p>BAF members are highly trained as outlined above. Their training is comprehensive and management of their professional conduct is governed by the Professional Codes of Conduct and Safe Clinical Practice and remedies and management is done by robust complaints and disciplinary procedures. The voluntary</p>

	<p>registration comprises high workable standards covering not only safe practice but also ethical guidance working with vulnerable members of the community. It incorporates ongoing education and expectations and offers welfare and professional support and communications. This is all done successfully without involvement of the PSA.</p> <p>From our discussions and interactions with the PSA, we know that our codes meet all PSA requirements.</p>
<b>117 - Marnie Williams</b>	A special procedures license should be mandatory for all those performing Piercing, Tattooing, Electrolysis with no exception.
<b>120 - Anonymous (acupuncture)</b>	Yes. Not as much regulation compared to those listed in sections above.
<b>123 - Anonymous (piercer)</b>	A special procedures license should be mandatory for all those performing Piercing, Tattooing, Electrolysis with no exception.
<b>132 - Anonymous (piercer)</b>	Yes. Please see answers for questions 8-11 for elaboration
<b>135 - Anonymous (tattooing)</b>	agree
<b>136 - Denbighshire County Council</b>	Agree
<b>152 - Anonymous (tattooing)</b>	Yea
<b>159 - H Wong</b>	dis agree
<b>169 - Anonymous (tattooing)</b>	In the case of tattoo or piercing, no exemptions should be made.
<b>175 - Anonymous (tattooing)</b>	No exemptions should be made.
<b>178 - Minan Yao</b>	Objection. The principle of exempting members of voluntary registers accredited by the PSA should be extended to include other professional bodies, such as the ATCM and BAAC, provided they meet the same standards of practice and patient care. By doing so, it would ensure that all practitioners who adhere to rigorous training, ethical guidelines, and ongoing professional development are recognized and treated fairly, regardless of their affiliation with a specific register.



	Granting exemptions to organizations like ATCM would encourage a more inclusive regulatory approach and promote an equitable environment for all qualified practitioners. Moreover, this approach would help maintain public trust in the safety and efficacy of treatments provided by practitioners from various professional backgrounds, as long as they meet the established criteria and maintain the highest standards of client care.
<b>183 - Hair and Beauty Industry Authority</b>	Yes. There should be no exemptions for voluntary registers.
<b>184 - Nursing and Midwifery Council</b>	We agree that only healthcare professionals who meet the criteria set out for exemptions should not have to obtain a special procedure licence. Therefore, members of voluntary registers should not be exempt.
<b>186 - Anonymous (acupuncture)</b>	No, as with question 11, not only voluntary registration, but other professional bodies such as ATCM should be equally exempt as long as they meet the same criteria.
<b>192 - British Register of Complementary Practitioners</b>	No. Why differentiate? Taking this further, we believe that the model adopted by the London Boroughs works well. Professional registers/bodies apply to the individual London Boroughs to have their members exempt from Special Licensing.
<b>200 - Anonymous (local authority)</b>	No. See answer to Q11.
<b>201 - All Wales Communicable Disease Expert Panel</b>	As a voluntary register, it is unclear what oversight by the registering body have over the competency, standards etc of those on it.  Level of competence / oversight and professional representation is critical establishing the relevance of an exemption.
<b>202 - Health and Safety Expert Panel</b>	Yes As a voluntary register, it is unclear what oversight by the registering body have over the competency, standards etc of those on it.
<b>203 - Anonymous (acupuncture)</b>	Same as Question 11, not only the voluntary registers but also other professional bodies such as ATCM, as long as they have reached the same standard, should equally be exempted.
<b>211 - British Acupuncture Council</b>	No. 7.14 of the Consultation Document explains:

As membership of these registers is voluntary, we propose that organisations listed within the voluntary accredited register of the PSA are not exempt

We believe that this is a false distinction. Membership of the statutory regulated bodies set out in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002 and those regulated by the Health and Care Professions Council is not mandatory for purposes of carrying out the special procedure. The example given in 7.5, Consultation document, demonstrates that it is not mandatory for a nurse to be registered with the NMC to work as a tattoo artist.

Similarly, it is not mandatory for doctors to remain on the GMC register to practice acupuncture. The BAAC has members who once belonged to GMC, NMC and HCPC but have given up their registration of those bodies.

As set out in 7.5, a nurse who voluntarily gives up their NMC registration would need to apply for a license. Similarly, if exemptions were permissible for PSA Accredited Registers, any individual who chose to leave the Accredited Register would then be required to apply for a licence. This begs the question as to why 'voluntary' has been identified as the most salient criterion. It is unclear how this proposal would protect the public.

As set out in 7.7 the exemption only applies to those working in an NHS or HIW regulated setting. Hence exemptions will typically apply to 'paid employment' as opposed to the private practice/ self-employed practitioners who need a license. If a licence is required for Accredited Registers but not for HCPC etc then this may act as a barrier to employment for our members. We believe that this is unfair. Not least because registration with any of the statutory regulated professions does not guarantee any subject specific knowledge of acupuncture, whereas BAAC membership does.

Accredited Register status provides an assurance of the safety and quality of care provided. Consequently, doctors can refer patients to our members (GMC ethical guidance) and NHS websites direct people to the BAAC via the PSA (Wales NHS 111 or NHS). In light of this, we are not clear what additional assurance would be gained by licensing, it appears to be an unnecessary expense.

	<p>We estimate around a third of BAcC members work in regulated settings. These settings range from hospitals (e.g. pain clinics, oncology services and even surgical departments) to Primary Care Networks (e.g. pain and mental health etc), fertility clinics and hospice care. Commonly this may only be for one or two days a week as members also maintain a private practice. Within this cohort we are aware that some members provide the service at low cost/voluntary basis. We are concerned that the additional costs of licencing mean that these services, which are often provided to disadvantage and vulnerable groups, are withdrawn.</p>
<p><b>212 - Save Face</b></p>	<p>We agree with the list of healthcare professionals listed as exempt.</p> <p>We do not agree that PSA Accredited registers should not be exempt. As an organization that operates a PSA accredited register, we can attest to the robust requirements and assurances that must be demonstrated to gain accreditation. The entry criteria to join one of these registers meets or exceeds the assessment criteria carried out by local authorities who grant licenses. We would suggest where a PSA register can evidence that they meet or exceed the criteria set out within the requirements for a licence then their registrants should be exempt from having to obtain a licence as well. In circumstances where practitioners are required to hold a specific qualification to obtain a licence, for example, in this case, a RSPH Level 2 Award in Infection Prevention and Control, the PSA Accredited register would be required to adopt this requirement and make it a mandatory part of their own assessment criteria on order to be granted exemption status.</p> <p>Revoking the amendment to include PSA Accredited registers within the list of exemptions will have a detrimental impact on the organisations who have demonstrated that they meet the standards set out by the PSA and indeed their registrants who would be required to go through two assessment processes that verify most of the same information. It would also place an unnecessary burden on the practitioners who strive to ensure they practice to the highest possible standards. An unintended consequence of removing PSA Accredited registers from the list of exemptions may also mean that fewer practitioners decide to join such registers and therefore would not be subject the additional checks, scrutiny, and accountability that these registers offer, and overall standards of practice will deteriorate. By offering practitioners the freedom to choose their preferred route of meeting the requirements ensures that practitioners can meet the licensing criteria and ensure all other essential practice standards which are specific to their field of practice are also being met. Being part of a community of other accredited practitioners who practice in the same field offers opportunities for continued professional development,</p>

	<p>peer review, and engagement. Additionally, the public who rely on such registers to find suitably trained and accountable practitioners may no longer be able to find a practitioner in their area.</p> <p>Offering a variety of routes towards regulation would also alleviate pressure from the resources within each local authority as they will not be required to assess these practitioners.</p>
<b>215 - Shared Regulatory Services</b>	<p>Yes</p> <p>As a voluntary register, it is unclear what oversight by the registering body have over the competency, standards etc of those on it.</p>
<b>217 - Anonymous (acupuncture)</b>	No, membership of the PSA is a rigorous process, so any professional body that is registered should be treated equally
<b>219 - Ross Jarvis</b>	In the case of tattoo or piercing, no exemptions should be made
<b>220 - Tibetan and Eastern Medicine Association</b>	<p>We accept that voluntary registration by the PSA is not a blanket marker for good practice.</p> <p>BAF members are highly trained as outlined above. Their training is comprehensive and management of their professional conduct is governed by the Professional Codes of Conduct and Safe Clinical Practice and remedies and management is done by robust complaints and disciplinary procedures. The voluntary registration comprises high workable standards covering not only safe practice but also ethical guidance working with vulnerable members of the community. It incorporates ongoing education and expectations and offers welfare and professional support and communications. This is all done successfully without involvement of the PSA.</p> <p>From our discussions and interactions with the PSA, we know that our codes meet all PSA requirements.</p>
<b>222 - Caerphilly County Borough Council</b>	Yes, we agree they should not be exempt.
<b>224 - Anonymous (piercer)</b>	A special procedures license should be mandatory for all those performing Piercing, Tattooing, Electrolysis with no exception.
<b>226 - Environmental Health Wales</b>	<p>As a voluntary register, it is unclear what oversight by the registering body have over the competency, standards etc of those on it.</p> <p>Level of competence / oversight and professional representation is critical establishing the relevance of an exemption.</p>

<b>229 - Anonymous (tattooing)</b>	There are no professional bodies for tattooing except in the format of a club, so not relevant to legalisation.
<b>231 - Anonymous (acupuncture)</b>	Once again, I dont agree. What matters most is that exemption should be only granted to the specific professionals who are trained and qualified in their own technique/skills. For other professions who are not trained and qualified in a special procedure eg acupuncture, no exemption should be granted.
<b>232 - Kat Webb</b>	AGREE – no person carrying out a ‘special procedure’ should be exempt.
<b>233 - UKAPP</b>	Yes. Please see answers for questions 8-11 for elaboration.
<b>also</b>	82 - Anonymous (piercer); 83 - Anonymous (piercer); 87 - Anonymous (piercer); 124 - Anonymous (piercer); 127 - Anonymous (piercer); 128 - Anonymous (piercer); 129 - Anonymous (piercer); 130 - Anonymous (piercer); 131 - Anonymous (piercer); 149 - Anonymous (piercer); 150 - Anonymous (piercer); 151 - Anonymous (piercer); 173 - Anonymous (piercer); 176 - Anonymous (piercer); 195 - Anonymous (piercer); 204 - Anonymous (piercer); 207 - Anonymous (piercer); 234 - Anonymous (piercer); 250 - Anonymous (piercer).
<b>237 - Pinyi</b>	No ,Same as Question 11, not only the voluntary registers but also other professional body such as ATCM, as long as they have reached the standard, should equally be exempted.
<b>238/239 - Institute of Licensing</b>	We agree that members of voluntary registers should not be exempt.
<b>246 - Ke Xia Xu</b>	No, same question as question 11, not only the voluntary registers but also other professional body such as ATCM, as long as they have reached the same standard, should equally be exempted.no
<b>249 – Association of Traditional Chinese Medicine</b>	No, Same as Question 11, not only the voluntary registers but also other professional body such as ATCM, as long as they have reached the same standard, should equally be exempted.
<b>also</b>	67 - Anonymous (acupuncture); 68 - Anonymous (acupuncture); 70 - Anonymous (acupuncture); 72 - Anonymous (acupuncture); 101 - Anonymous (acupuncture); 114 - Anonymous (acupuncture); 115 - Jing Wang; 118 - Ann Charlton; 134 - Anonymous (acupuncture); 137 - Lingxia Gao; 138/139 - Wang Chen; 141 - Na Yang; 142 - Anonymous (acupuncture); 153 - Zhimin Ma; 154 - Anonymous (acupuncture); 155 - Anonymous (acupuncture); 156 - Cui Hong Duan; 157 - Anonymous (acupuncture); 158 - Anonymous (acupuncture); 160 - Anonymous (acupuncture); 161 - Anonymous (acupuncture); 162 - Anonymous (acupuncture); 165 - Qikan Yin; 170 - Yuancai Fu; 171 - Yan Jing Wang; 174 - Phoebe Deng; 177/206 - Anonymous (acupuncture); 188 - Anonymous (acupuncture); 190 - Anonymous (acupuncture); 191 - Anonymous (acupuncture); 193 - Dr Jianrui Wang; 194 - Jian Wang; 196 - Anonymous (acupuncture);

	<p>197 - Anonymous (acupuncture); 205 - Lulu Dai; 206/177 - Anonymous (acupuncture); 208 - Zheng Yuan Zhong; 209 - Anonymous (acupuncture); 210 - Li Yan; 213 - Min Li; 223/140 - Xianghui Guo; 225 - Jun Wen Ma; 235 - Anonymous (acupuncture); 236 - Jing Ding; 240 - Shu Li Lu; 242 - Anonymous (acupuncture); 243 - Anonymous (acupuncture); 245 - Anonymous (acupuncture); 248 - Anonymous (acupuncture).</p>
<p><b>252 - Torfaen County Borough Council</b></p>	<p>Yes. We agree that they should not be exempt.</p> <p>It should also be noted, as a voluntary register, that it is unclear what oversight the registering body would have over the competency, standards etc of those on it.</p> <p>Level of competence / oversight and professional representation is critical establishing the relevance of an exemption.</p>

<b>Question 13: Do you have any comments on the example mandatory licensing conditions for all special procedures as set out in Annex D1?</b>	
<b>'Yes' response</b>	18 – Anonymous; 152 - Anonymous (tattooing).
<b>'No' response</b>	3 - Guild of Beauty Therapists; 6 – Anonymous; 10 – Anonymous; 14 - Cheryl Drew; 17 – Anonymous; 19 - Kim Eldridge; 23 - Anonymous; 27 - Clares European Services; 34 - James Ogle; 56 - British Medical Acupuncture Society; 61 - Anonymous (acupuncture); 66 - Gareth Davies; 78 - Anonymous (tattooing); 84 - Anonymous; 93 - Royal College of Midwives; 102 - Dr Di Wu; 104 - Anonymous (acupuncture); 109 - Warren Tregidden; 146 - Ming Chu Lok; 163 - Anonymous (tattooing); 168 - Anonymous (tattooing); 212 - Save Face; 227 - Anonymous; 229 - Anonymous (tattooing); 230 - Anonymous (charitable organisation); 241 - Anonymous (tattooing).
<b>Left blank</b>	1/35 - Anonymous (acupuncture); 5 - Anonymous (acupuncture); 8 – Anonymous; 9 – Anonymous; 11 - Katie; 24 - Anonymous; 25 - David Carlisle; 28 - Anonymous; 29 - Shan MacVicar; 30 - Anonymous; 38 - Rachel Edney; 48 - Kat Henness; 59 - Josh Cranton; 62 – Anonymous; 73 - Clare Robinson-Campbell; 89 - Rachel Bowen; 98 - Inc and Co; 100 - Anonymous; 111 - Anonymous (tattooing); 120 - Anonymous (acupuncture); 164 - Anonymous (tattooing); 166 - Claire Pritchard; 186 - Anonymous (acupuncture); 189 - Baidong Li; 194 - Jian Wang; 216 - Age Cymru; 217 - Anonymous (acupuncture).
<b>'No comment/s'</b>	51 - Alison Williams; 67 - Anonymous (acupuncture); 68 - Anonymous (acupuncture); 70 - Anonymous (acupuncture); 72 - Anonymous (acupuncture); 101 - Anonymous (acupuncture); 110 - Anonymous (acupuncture); 114 - Anonymous (acupuncture); 115 - Jing Wang; 118 - Ann Charlton; 134 - Anonymous (acupuncture); 137 - Lingxia Gao; 138/(139) - Wang Chen; 141 - Na Yang; 142 - Anonymous (acupuncture); 153 - Zhimin Ma; 154 - Anonymous (acupuncture); 155 - Anonymous (acupuncture); 156 - Cui Hong Duan; 157 - Anonymous (acupuncture); 158 - Anonymous (acupuncture); 160 - Anonymous (acupuncture); 161 - Anonymous (acupuncture); 162 - Anonymous (acupuncture); 165 - Qikan Yin; 170 - Yuancai Fu; 171 - Yan Jing Wang; 172 - Baifang Zhu; 174 - Phoebe Deng; 178 - Minan Yao; 188 - Anonymous (acupuncture); 190 - Anonymous (acupuncture); 191 - Anonymous (acupuncture); 193 - Dr Jianrui Wang; 196 - Anonymous (acupuncture); 197 - Anonymous (acupuncture); 203 - Anonymous (acupuncture); 206/177 - Anonymous (acupuncture); 208 - Zheng Yuan Zhong; 210 - Li Yan; 213 - Min Li; 223/140 - Xianghui Guo; 225 - Jun Wen Ma; 235 - Anonymous (acupuncture); 236 - Jing Ding; 237 - Pinyi; 240 - Shu Li Lu; 242 - Anonymous (acupuncture); 243 - Anonymous (acupuncture); 244 - Anonymous (acupuncture); 245 - Anonymous (acupuncture); 246 - Ke Xia Xu; 247 - Anonymous (acupuncture); 248 - Anonymous (acupuncture); 249 - Association of Traditional Chinese Medicine.

<b>2 - Anonymous</b>	The regulations, especially the record keeping, are very onerous and time consuming when trying to make a living. I can see that for some procedures, they maybe necessary but as in everything, one size does not fit all and this should be taken into account. Recoding information is pointless if no one looks at it or uses it.
<b>4 - Anonymous</b>	None
<b>12 - Anonymous</b>	N/A
<b>15 – Anonymous (acupuncture)</b>	disposable plastic/single-use apron while performing the procedure - should not be required for acupuncture
<b>16 - Sarah Swaysland</b>	<ul style="list-style-type: none"> <li>• What is considered to constitute an appropriate insurance certificate?</li> <li>• Valid indemnity insurance – are there minimum requirements for that or is presentation of a current insurance certificate enough?</li> <li>• Explaining the social impacts of a special procedures – what do you mean by this?</li> <li>• Provision of written information about the procedure, risks and contraindications – do you anticipate this should be in a leaflet format or are you happy that practitioners put this information on their website and signpost clients to it?</li> <li>• Provision of written aftercare advice – does this have to be a leaflet or can practitioners put details on their websites/social media accounts and signpost clients to it?</li> <li>• ‘Appropriate’ privacy – what do you mean by this?</li> <li>• Covering of tables, chairs etc. with paper or alternative – changed for each clients AND if it becomes badly damaged/heavily soiled during the special procedure?</li> <li>• Use of single use skin marker pens – agreed, but many SPMU practitioners use peel down pencils so the nib is new for each client. Would that satisfy the mandatory licence condition? Would be used on clean, unbroken skin.</li> <li>• Make up fresh cleaning solution to clean skin – can you also reference the use of sterile water here too please?</li> <li>• Ear piercing with piercing gun section – makes reference to piercing the neck area of a client. I wouldn't expect a piercing gun to be used to pierce the neck area so unclear why this has been included here?</li> <li>• Ear piercing – under 16s must have parent consent AND client must provide written consent. Assuming you are trying to stop ear piercing of babies and very young children here? You will undoubtedly have push back from Industry, but you also need to consider if this would push this practice underground and put vulnerable people at even greater risk? We've already seen school</li> </ul>



	children purchasing piercing guns off the internet and piercing each other in the school toilets.
<b>20 - Duncan Reed</b>	Agree
<b>21 - Anonymous</b>	Sounds perfectly fair
<b>22 - Sally Hickenson</b>	I opened my studio in Powys in 2018. It was optional to do the infection control course but I have done this every year since I opened. I complete online training with pro trainings company and would like to continue to do so as my health does prevent me from travelling all the way to Cardiff to complete an infection control course. I am disappointed that nothing is offered to any studios in Powys county and really do hope that beauty technicians who have visiting aesthetics technicians have to apply to be registered, even though they are not officially based in wales and travel from England to perform lip fillers/Botox etc.
<b>26 - Joint Council of Cosmetic Practitioners</b>	All sound but you might add that all practitioners should also possess and display their complaints and redress scheme procedures.
<b>31 - Chartered Institute of Environmental Health</b>	The general conditions relating to standards of hygiene and first aid (Para 31 page 77) states 'with the exception of undertaking acupuncture, they wear single use vinyl or non-Latex gloves...' The acupuncture conditions (page 83 para 4 however provide exceptions to this relaxation. Consideration should be given rewording the general condition to acknowledge this.
<b>32 - Anonymous (tattooing)</b>	<p>Some of these conditions we do not agree with.</p> <p>Client consultation:</p> <ul style="list-style-type: none"> <li>• Giving each prospective client written information about the process, risks, contraindications &amp; social impacts of the procedure is not viable or environmentally friendly. There is so much information that is readily available online and clients do educate themselves and do their research before contacting a tattoo studio.</li> <li>• we agree that consent forms must be completed by every client &amp; that on this form it should include verifying age &amp; relevant medical history.</li> <li>• We don't agree that this must be carried out by or checked by the licensed practitioner as in a lot of tattoo studios studio managers &amp; counter staff are employed to do this.</li> </ul> <p>Record Keeping</p>

	<ul style="list-style-type: none"> <li>Recording the type of ink pigment used and the batch numbers etc. is not feasible as often colours are chosen/ changed during the tattoo procedure. This would mean stopping to make notes during the procedure which isn't feasible.</li> <li>Certain styles require the artist to make decisions on the spot due to clients skin or artistic decision.</li> <li>We don't agree with keeping records of clients that we refuse to tattoo regardless of the reasons.</li> </ul> <p>Hygiene &amp; First Aid</p> <ul style="list-style-type: none"> <li>We don't agree that only vinyl or non-latex gloves can be used. A lot of practitioners use latex gloves. Why are these no longer acceptable?</li> <li>We also disagree that the practitioners are unable to have a drink at their workstation.</li> </ul>
<b>33 - Carla Evans</b>	Agree with all that are currently listed but this list should not be exhaustive and should allow for additions.
<b>36 - Kelly Griffiths</b>	y
<b>37 – Anonymous (local authority)</b>	<p>Condition 22, 23 and 36 – most practitioners prefer to use their own cleaning equipment and products rather than rely on the premises holder. This should be allowed for.</p> <p>Condition 25 – additional guidance required on “reputable suppliers”.</p> <p>Condition 31 should specify ‘keeps nails short, clean and free from nail decoration or any nail covering’. This is an important requirement for the beauty industry to be reminded of.</p> <p>Condition 32 - first bullet – All fittings and equipment are to be cleaned and disinfected immediately in advance of.....this needs to be amended to include ‘or wrapped’ as not all equipment and fittings can be cleaned and disinfected.</p> <p>Section 2 on the D1 conditions (pg 79) para 4. states pigments must have detailed data sheets which provide an expiry date. Data sheets do not contain an expiry date – it's the bottle that specifies the expiry date.</p> <p>Condition 34 &amp; 35 – must be a documented procedure that can be submitted as part of their application.</p>

	<p>An additional condition should be added which specifies ' if petroleum jelly or lubricating gel is to be placed on a clients skin, enough for one client only should be removed from the stock container with a clean spatula and place in a container that is either disposed of at the end of each treatment or is cleaned and sterilised before the re-use.</p> <p>Suggest use of Either /Or ..... as currently too little flexibility on the emphasis on premises sole responsibility when it may be the practitioner that will be providing certain equipment.</p>
<b>39 - Kate Doble</b>	none
<b>40 – Anonymous (acupuncture)</b>	<p>5. Acupuncture (including dry needling)</p> <p>Prohibitions on procedure</p> <p>2. A licensed practitioner must not perform acupuncture on the intimate body parts of persons under the age of 18 years (as defined in the intimate piercing regs). Buttock is included in this list. This is an area which may be a site for acupuncture/dry needling as it is often linked with low back pain and is associated with trigger points (Gluteal muscles and piriformis specifically) which can cause a lot of pain and mobility issues. Needling these points and special considerations is covered through an accredited course</p>
<b>41 – Anonymous (acupuncture)</b>	define special procedures? Contact professional bodies.
<b>43 - AACP</b>	No
<b>also</b>	42 - Paul Battersby; 44 - Roy Montgomery; 45 - Anonymous (acupuncture); 46 - Alison Smith; 50 - Anonymous (acupuncture); 52 - Anonymous (acupuncture); 58 - Kate van Rensburg; 60 - Laura Gibbons; 63 - Christine Hutchinson; 64 - Anonymous (acupuncture); 65 - Anonymous (acupuncture); 75 - Madeline Boots; 86 - Suzanne Gregson; 88 - Anonymous (acupuncture); 99 - Janis Short; 105 - Daniel Curran.
<b>47 - Anonymous</b>	I think the licensing conditions will benefit the health and safety of the public as well as improve standards for practitioners
<b>49 - Di-enw</b>	A yw'r drefn yn caniatáu Awdurdod i lunio a chynnwys amodau ychwanegol eu hunain petai'r angen yn cael ei adnabod ?

	<p>Ddogfen yn son am amodau ychwanegol i hyfforddai – para 9.9 Beth yw'r rhain?</p> <p>Ee Angen amodau am:</p> <ul style="list-style-type: none"> <li>- Safonau inc + gwybodaeth diogelwch / defnyddio erbyn.</li> <li>- Toiled ddim yn agor i ystafell driniaeth</li> <li>- Gwahardd dosbarthwyr aml ddefnydd</li> </ul>
<b>53 - Oliver Todd</b>	<p>Yes, section 2 I believe that copies of licences should not be aloud to prevent photoshopping etc of pictures, names and other details. Section 31 vinyl gloves are not appropriate in the studio environment and this is even stated in the HSE documentation on the use of gloves I have linked below for you as well. The other thing is the use of single use markers there should all so be a provision for the use of marking fluids such as gentian violet and applicators.</p> <p><a href="https://www.hse.gov.uk/biosafety/blood-borne-viruses/use-of-gloves.htm">https://www.hse.gov.uk/biosafety/blood-borne-viruses/use-of-gloves.htm</a></p>
<b>54 - Lola Slider</b>	<p>Piercers often import jewellery from the USA and countries all over the world and can verify the milling (the material verification) of the goods however they might not have the CE logo or the UKCA mark, this isn't implementable for jewellery.</p> <p>This is offensive to disabled people and needs to be clarified, a piercer is also not a doctor and not in a position to judge someones health : "The licensed practitioner must not undertake a special procedure on a client if they suspect the client is not fit and well."</p> <p>Firm clarification is needed on what would warrant advice from a Doctor, how is a piercer to judge this situation?: "where the practitioner requires the client to seek medical advice from their GP or medical consultant prior to the treatment carried out, the practitioner must satisfy themselves that the client has sought and acted on the advice given. The client and their parent/guardian (if applicable) should sign a declaration that they have received medical advice, confirm what the advice was and confirm that they are content to continue with the procedure. The practitioner should countersign this declaration. A copy of this information must be retained on the written records of the client's personal details"</p>
<b>55 - Aiden Johnson</b>	<p>Yes. I believe this would be discriminatory towards carriers of HIV, Hepatitis etc. As long as appropriate precautions are in place there condition shouldn't affect their work.</p>

<b>57 - Tamarind Dykes</b>	No comment
<b>69 - Anonymous (acupuncture)</b>	D1 - 29 other injuries - there may be an injury which is the reason for which dry needling is being used therefore 'other injuries' as a term may not be appropriate
<b>74 – Anonymous (SPM)</b>	Thoughts expressed above
<b>77 - Mari McAndrew</b>	Agree.
<b>79 - Rhian Mansfield</b>	<p>Part 3 (body piercing) point 3, states that the practitioner may pierce earlobes of a person under the age of 16 with parental/guardian consent and presence and that the person being treated must also give separate consent, would this mean that there will be a legal minimum age requirement for lobe piercings as babies cannot give consent? If not, I do believe this is something to be considered as it's cruel and causes unnecessary pain to the child, they do not understand what is happening or how to look after a piercing and cannot choose if they want this done or not. I strongly suggest a minimum age limit set on ear lobe piercings for example age 7 and above.</p> <p>Part 3 point 12, tongue piercings must be pierced with a sterile clamp, does this mean that a clamp has to be used as some piercers work tool free/freehand?</p> <p>Part 4 (ear and nose piercing using a cartridge system) I personally don't agree with the use of cartridge systems as they cannot be sterilised effectively, and they can cause excessive damage to tissue/cartilage.</p> <p>Point 2, The person receiving the piercing must provide written consent, again will this mean a minimum age limit on lobe piercings?</p>
<b>80 - Anonymous (tattooing)</b>	I am happy with all the conditions set out in Annex D1, I carry out those things already and any reputable studio should. In reference to jewellery - "All jewellery or objects must be of a suitable grade, e.g. surgical stainless steel, solid 14K or 18K gold, niobium, titanium, platinum, or dense low porosity plastic" Based upon the science I only deem titanium and PTFE suitable for the actual piercing procedure, what a client does after healing is their choice but will be advised of the risks of using surgical steel and other metals.
<b>81 - Gemma Kingston</b>	Same as answer in question 1.

<b>85 - F Hinds Ltd</b>	Again, this needs to be tailored according to the practice being undertaken i.e. there is a distinct difference in risk between single use cartridge piercing and needle piercing
<b>90 - Blaenau Gwent County Borough Council</b>	<p>We agree with the general principles, layout, and structure of the licensing conditions, however we will not be commenting on the wording of each individual condition at this stage due to the complexity and length of the series of conditions provided. We would recommend that a separate working group consisting of both LA and Industry representatives is established to review the detailed wording of the proposed conditions prior to finalisation.</p> <p>However, we would make the following initial observations:</p> <ol style="list-style-type: none"> <li>1. Mandatory conditions – conditions 7 and 8 suggest that LA’s will be expected to process applications within 28 days from date of application. Given the level of detail required in the application and the on-site assessment that will be required to be completed this is an unrealistic timescale. Also, the wording of condition 8 ‘Should the application process be delayed, the original licence will be deemed valid until the new licence is approved but only if the application is submitted within the specified time period’ – this should be re-word to ‘only if a valid application is submitted’ and a definition regarding valid applications should be provided.</li> <li>2. Where procedures are required to be developed and used – this should be changed to implemented this would be in-line with other legislative requirements such as those relevant to food hygiene.</li> </ol>
<b>91 - British Beauty Council</b>	We would recommend adding a condition that all practitioners should also have and visibly display their complaints and redress procedures.
<b>92 - Anonymous (acupuncture)</b>	<p>As a training provider, our equipment will no be static to any given premises, will this be sufficient?</p> <p>Aprons should not be required</p> <p>What is a body fluid kit - these would not normally be required in acupuncture clinics elsewhere in the UK Requirement for plinth covering –given the scant protection the provide, would cleaning with alcohol wipes be more appropriate?</p> <p>Single use wipes prior to needle insertion are not required</p>

	Is alcohol gel able to replace thorough hand washing where hands are not visibly dirty?
<b>94 - National Hair and Beauty Federation</b>	<p>We are presuming the licenses will eventually be digital. An expired licence must be returned to the issuing local authority according to the instructions provided by them, which may be problematic to administer.</p> <p>We would recommend adding a condition that all practitioners should be transparent with their complaints and redress procedures.</p>
<b>95 - Beauty Industry Group - Licensing</b>	We would recommend adding a condition that all practitioners should be transparent with their complaints and redress procedures.
<b>96 - Beauty Industry Group Chair</b>	We would recommend adding a condition that all practitioners should be transparent with their complaints and redress procedures.
<b>103 - Anonymous (acupuncture)</b>	<p>(15) I don't agree with the requirement for pre- treatment questionnaire although I do think there should be a declaration confirming that clients understand the treatment they are about to receive and any associated risks. In acupuncture the medical history is taken in full as part of the initial consultation. Acupuncture is a medical procedure over a series of treatments not a body altering or cosmetic one and a relationship is built between client and acupuncturist.</p> <p>(18) Similarly there is no need to hand out written post treatment advice for acupuncture. It is not the same as for example looking after a piercing or a tattoo. There is rarely aftercare required.</p> <p>(31) I do not think it is necessary to wear a disposable plastic/single-use apron. I wear a clean tunic specifically for acupuncture. It is not environmentally good to be disposing of all this plastic.</p>
<b>106 - Anonymous (acupuncture)</b>	<p>Broadly agree, because these are similar to the existing conditions which apply under LGPMA 1982 as amended LGA 2003.</p> <p>However, this does raise the question about proportionality with the different degrees of skin piercing under consideration. The wearing of disposable aprons, for example, makes sense if there is a risk of major blood loss, but acupuncture treatment using extremely fine filiform needles rarely sees more than an occasional drop of blood at the needle site, and generating a large quantity of plastic waste to no good effect is not a particularly appealing prospect when there is no offsetting gain.</p>

	<p>I was privileged to be involved in the re-writing of the LGMPA 1982 bylaws in 2005/6, and the drafters were then amenable to distinguishing between those procedures which were 'blood intensive' and those which weren't. This can be seen in the addenda which specify those requirements which do not apply to acupuncture or electrolysis based on the level of perceived risk.</p> <p>I have since come across cases where over-zealous EHOs have insisted on practitioners installing second sinks and autoclaves which they will never use because the law has been wrongly interpreted as a 'one size fits all' at the highest level of requirement. It would be a terrible shame if an already significant increase in cost to professional acupuncturists were further exacerbated by unnecessary requirements.</p>
<b>107 - BABTAC</b>	We would recommend adding a condition that all practitioners should be transparent with their complaints and redress procedures.
<b>108 - Anonymous (acupuncture)</b>	N/A
<b>112 - British Acupuncture Federation</b>	<p>These are not proportionate or necessary for BAF acupuncture professionals.</p> <p>The initial and 3-year renewal will involve additional costs for professional acupuncturists who may only work part-time and/or often work in more than one clinical setting thereby ensuring patients have easy access to treatments.</p> <p>The initial cost and cost of renewing every 3 years for each and every clinic space will have significant financial ramifications for patients, thereby reducing access to treatment.</p>
<b>113 - Superdrug Ltd</b>	<p>We aim to display all premises documentation within the premises and practitioners would have this readily available on request.</p> <p>Priority to any treatment being carried out, a client consultation is carried out by the practitioner, all relevant information and any contraindications are identified during this consultation, the form of which is provided by our supplier.</p> <p>Within our premises we already hold a first aid kit for use. To hold an additional kit, we feel would be over and above the usual business needs. We feel that the service we provide along with the medical device used for cosmetic piercing of the nose and ears is not at the same level of risk as other body piercings.</p>



<b>116 - Anonymous</b>	All seems ok
<b>117 - Marnie Williams</b>	<p>I do not understand how a vehicle could ever be considered as an appropriate space for these procedures.</p> <p>Annex D1. 3. 7, it is mentioned that jewellery should be purchased from a reputable supplier. I would concur and follow UKAPP suggestions and standards on this point. After piercing, many piercings can't be changed without specific tools or skills for at least six months after the piercing channel has been created. Many clients simply wear their initial jewellery forever more, and therefore it is imperative that the jewellery they wear can be worn for extended periods without concern that it will break down. With titanium and steel jewellery, the best protection against that is for the jewellery to meet the same standard as that which was implanted in the human body, as many clients treat the piercing as if it has. In the case of things like microdermals, where removal is impossible without the intervention of a piercer, these standards are even more important.</p> <p>Annex D1. 3. 12 states that a sterilised clamp must be used for tongue piercings. If it is in relation to using a sterilised tool, then that is a must for all piercings. However, if it is suggesting that you must use a clamp in general instead of doing the procedure 'tool-less' or 'freehand' then as I disagree.</p> <p>Annex D – 15 I would suggest that having the practitioner counter-sign the consent form/ questionnaire not be a mandatory requirement - providing that the practitioner has a policy in place for checking all forms prior to piercing.</p> <p>Annex D1. 24 Whilst utilising tools that are suitable for the job is imperative, it is worth noting that combining other tools such as needle blanks (metal tubes of varying gauges) is the preferable method for many piercers. They are affordable enough to be utilised once and then simply disposed of, eliminating the risks associated with re-sterilising tools. piercers should be given some leeway to demonstrate that the tools they are creating for themselves are suitable for the task at hand, before they are denied their license for using them. appropriate gloves.</p> <p>Annex D1.</p>

The vast majority of high quality piercing supplies arrive non-sterile. It is worth noting that no jewellery which meets UKAPP jewellery standards are available pre-sterilised. This is because the risk of rendering tools or jewellery non-sterile during transport can be high. What's more, pre-sterilised items have a shelf life which can easily be eclipsed between sterilisation, transport, and purchase. Finally, many piercers simply do not trust that sterilisation occurring abroad meets the same high standards we would expect domestically.

Annex D1 – 31 mentions the use of single use vinyl gloves. I would be strongly opposed to this. Vinyl gloves are proven to tear easily which will put the wearer at risk. Latex Gloves are often used in our industry- we ask clients if they have a latex allergy and use. Consuming food and drink in the procedure room – I feel that this must be more nuanced. In general, we fully support that food and drink should be prohibited in the procedure room. However, in the interests of client-wellbeing, we would suggest that drinks or sweets are allowed in contexts where a client feels unwell or light-headed following a procedure. This is also a common practice in many medical settings already and the implications of not allowing it are far worse. If you have someone who is prone to dizziness its sometimes necessary to allow them a sugary drink or lollipop to help regulate after the procedure.

Annex D1. 39 - For the overwhelming majority of equipment, I agree that cleaning, disinfection and sterilisation equipment should be validated for its particular use. However there is some nuance.

Specifically, for pre-sterilisation cleaning and passivation, many piercers utilise anodising, as is consistent with the ASTM's F86 Standard Practise for Surface Preparation and Marking of Metallic Surgical Implants. Anodising machines are simply DC power supplies and are therefore not validated for the specific purpose of anodising. As anodising is broadly considered the most efficient method of cleaning and passivating pre-sterilisation, I would be strongly against studios being refused a licence for using a machine which - whilst perfectly capable of performing the task at the highest possible standard - was not validated for the specific purpose of anodising.

Annex D1. 4. Ear and nose piercing using a cartridge system. Putting the specific case in Wales aside, the piercing industry have found that one of the biggest issues that the studio faces is in relation to embedded Standard Practice for Surface Preparation and Marking of Metallic Surgical Implants,

	<p><a href="https://www.astm.org/f0086-21.html">https://www.astm.org/f0086-21.html</a> jewellery that is directly linked to the use of ear-piercing guns and/or systems as well as other piercing gun/system related problems.</p> <p>"The use of guns for piercing cartilage presents an additional risk of perichondritis. The gun applies shear forces to the perichondrium, which may slip off the cartilage. An avascular cartilage (which is normally nourished by the perichondrium), may then become necrotic. Abscess formation and loss of cartilage are potential complications that often require surgical intervention". (Yahalom &amp; Eliashar, 2003) She goes on to further state that this is due to the inability to sterilise the instrument safely and effectively.</p> <p>Unfortunately, there is a possibility that Hepatitis C can be passed on due to microscopic particles contaminating the gun. "There are medical reports that acknowledge the possibility of transmitting Hepatitis C through the use of ear-piercing guns" (Cutler, N 2013). Another issue that I can see related to this is that guns/systems are often used with low quality metals. Many of these are not included on the mandatory licensing and approval conditions, and for good reason. According to Muntz et al. (1990) there has been an increase in the frequency of complications due to embedded earrings in the lobes and helix due to the use of spring loaded ear piercing guns. This is more than likely the result of improper aseptic technique and insufficient training. Coinciding with this is the fact that ear piercing studs related to the gun and/or system directly are one size as standard. In body piercing when performing a lobe piercing there is a large choice of sizes. Cartridge systems should be outlawed. They are not safe, sterile, or handled by professionals. This "system" is disgusting and this is the perfect time to ban this unsafe procedure.</p>
<p><b>121 - National AIDS Trust</b></p>	<ul style="list-style-type: none"> <li>• We are supportive of the example mandatory licensing conditions related to infection control for special procedures as set out in Annex D1. In relation to the control of potential HIV infection, we are pleased that the mandatory licensing conditions make specific mention of universal precautions, including the use of single-use gloves and sterilisation, disinfection, and cleaning of equipment.</li> <li>• In our view, the licensing conditions about adequately supplies of disposable gloves, coverings, aprons, single use needles, fully stocked first aid kits and body fluid kits are also appropriate to control potential HIV infection and safeguard practitioners and clients.</li> </ul>

	<ul style="list-style-type: none"> <li>• It is also good that explicit mention is made of requiring procedures to deal with body fluid spillages and needle stick injuries, as these incidents often create heightened fear of HIV transmission in the settings where special procedures are conducted. If license holders are required to have procedures to mitigate these incidents, based on the latest evidence on how HIV transmission occurs, this will be both sufficient control HIV infection risk, but also to prevent stigma and discrimination amongst special procedure practitioners.</li> </ul>
<b>122 - Anonymous</b>	No, I agree with them
<b>123 - Anonymous (piercer)</b>	<p>I do not understand how a vehicle could ever be considered as an appropriate space for these procedures.</p> <p>Annex D1. 3. 7, it is mentioned that jewellery should be purchased from a reputable supplier. I would concur and follow UKAPP suggestions and standards on this point. After piercing, many piercings can't be changed without specific tools or skills for at least six months after the piercing channel has been created. Many clients simply wear their initial jewellery forever more, and therefore it is imperative that the jewellery they wear can be worn for extended periods without concern that it will break down. With titanium and steel jewellery, the best protection against that is for the jewellery to meet the same standard as that which was implanted in the human body, as many clients treat the piercing as if it has. In the case of things like microdermals, where removal is impossible without the intervention of a piercer, these standards are even more important. Annex D1. 3. 12 states that a sterilised clamp must be used for tongue piercings. If it is in relation to using a sterilised tool, then that is a must for all piercings. However, if it is suggesting that you must use a clamp in general instead of doing the procedure 'tool-less' or 'freehand' then as I disagree.</p> <p>Annex D – 15 I would suggest that having the practitioner counter-sign the consent form/ questionnaire not be a mandatory requirement - providing that the practitioner has a policy in place for checking all forms prior to piercing. Annex D1. 24 Whilst utilising tools that are suitable for the job is imperative, it is worth noting that combining other tools such as needle blanks (metal tubes of varying gauges) is the preferable method for many piercers. They are affordable enough to be utilised once and then simply disposed of, eliminating the risks associated with re-sterilising tools. piercers should be given some leeway to demonstrate that the tools they are creating for themselves are suitable for the task at hand, before they are denied their license for using them. appropriate gloves.</p>

Annex D1. 25 The vast majority of high quality piercing supplies arrive non-sterile. It is worth noting that no jewellery which meets UKAPP jewellery standards are available pre-sterilised. This is because the risk of rendering tools or jewellery non-sterile during transport can be high. What's more, pre-sterilised items have a shelf life which can easily be eclipsed between sterilisation, transport, and purchase. Finally, many piercers simply do not trust that sterilisation occurring abroad meets the same high standards we would expect domestically.

Annex D1 – 31 mentions the use of single use vinyl gloves. I would be strongly opposed to this. Vinyl gloves are proven to tear easily which will put the wearer at risk. Latex Gloves are often used in our industry- we ask clients if they have a latex allergy and use. Consuming food and drink in the procedure room – I feel that this must be more nuanced. In general, we fully support that food and drink should be prohibited in the procedure room. However, in the interests of client-wellbeing, we would suggest that drinks or sweets are allowed in contexts where a client feels unwell or light-headed following a procedure. This is also a common practice in many medical settings already and the implications of not allowing it are far worse. If you have someone who is prone to dizziness its sometimes necessary to allow them a sugary drink or lollipop to help regulate after the procedure.

Annex D1. 39 - For the overwhelming majority of equipment, I agree that cleaning, disinfection and sterilisation equipment should be validated for its particular use. However there is some nuance. Specifically, for pre-sterilisation cleaning and passivation, many piercers utilise anodising, as is consistent with the ASTM's F86 Standard Practise for Surface Preparation and Marking of Metallic Surgical Implants. Anodising machines are simply DC power supplies and are therefore not validated for the specific purpose of anodising. As anodising is broadly considered the most efficient method of cleaning and passivating pre-sterilisation, I would be strongly against studios being refused a licence for using a machine which - whilst perfectly capable of performing the task at the highest possible standard - was not validated for the specific purpose of anodising.

Annex D1. 4. Ear and nose piercing using a cartridge system. Putting the specific case in Wales aside, the piercing industry have found that one of the biggest issues that the studio faces is in relation to embedded Standard Practice for Surface Preparation and Marking of Metallic Surgical Implants, <https://www.astm.org/f0086-21.html> jewellery that is directly linked to the use of ear-piercing guns and/or systems as well as other piercing gun/system related problems.

	<p>"The use of guns for piercing cartilage presents an additional risk of perichondritis. The gun applies shear forces to the perichondrium, which may slip off the cartilage. An avascular cartilage (which is normally nourished by the perichondrium), may then become necrotic. Abscess formation and loss of cartilage are potential complications that often require surgical intervention". (Yahalom &amp; Eliashar, 2003) She goes on to further state that this is due to the inability to sterilise the instrument safely and effectively.</p> <p>Unfortunately, there is a possibility that Hepatitis C can be passed on due to microscopic particles contaminating the gun. "There are medical reports that acknowledge the possibility of transmitting Hepatitis C through the use of ear-piercing guns" (Cutler, N 2013). Another issue that I can see related to this is that guns/systems are often used with low quality metals. Many of these are not included on the mandatory licensing and approval conditions, and for good reason. According to Muntz et al. (1990) there has been an increase in the frequency of complications due to embedded earrings in the lobes and helix due to the use of spring loaded ear piercing guns. This is more than likely the result of improper aseptic technique and insufficient training. Coinciding with this is the fact that ear piercing studs related to the gun and/or system directly are one size as standard. In body piercing when performing a lobe piercing there is a large choice of sizes. Cartridge systems should be outlawed. They are not safe, sterile, or handled by professionals. This "system" is disgusting and this is the perfect time to ban this unsafe procedure.</p>
<p><b>125 - Becky Crossan</b></p>	<p>Annex D – 15 Many of our members, post-covid, have begun using online consent forms. Many of these can be filled in on the client's own device and submitted, reducing cross-contamination. However, this means that although the practitioner will access and review the information on the form, they would not be able to counter-sign it. We would suggest that having the practitioner counter-sign the consent form/ questionnaire not be a mandatory requirement for this reason, providing that the practitioner has a policy in place for checking all forms prior to piercing.</p> <p>Annex D1 – 31 mentions the use of single use vinyl gloves. This is something that I do not support the use of in situations where the risk of contamination is possible. Vinyl gloves are proven to tear easily which will put the wearer at risk. According to a study by Micheals, M (2017) Vinyl gloves have a 51.2% failure rate.</p>

This section also refers to carrying a disease that could be transmitted during the procedure. We would ask for clarification that this does not include individuals who are HIV+. This is because the risk of transmitting HIV, even though a needlestick, would be highly unlikely. Furthermore, many individuals who are HIV + are on a course of medication which makes their viral load undetectable and therefore untransmissible. We are willing to provide further information on this if required.

In annex D1 – 31 it mentions all special procedures to be undertaken in conditions of appropriate privacy. I feel this needs to be elaborated on. There are various ways currently that studios both piercing as well as tattooing and aesthetics etc... are creating spaces for privacy. However, there are multiple places that have the client in full view of the studio and/or retail space. It needs to be decided as to whether this is referring to something such as a full room for a client, or something more basic such as a divider.

Consuming food and drink in the procedure room – As an organisation, we feel that this must be more nuanced. In general, we fully support that food and drink should be prohibited in the procedure room. However, in the interests of client-wellbeing, we would suggest that drinks or sweets are allowed in contexts where a client feels unwell or light-headed following a procedure. This is also a common practice in medical settings.

In annex D1. 3. Body piercing part 7. It is mentioned that jewellery should be purchased from a reputable supplier. I think this is something that needs some elaboration. Currently the APP and UKAPP have a list of jewellery suppliers that they deem to be safe. For companies to be classified as verified they must supply the correct documentation and mill certificates. Currently this is an up to date as of 23/03/23 list of UKAPP approved suppliers:

[list of 10 named companies redacted]

However, we also acknowledge that in many ways, our organisations standards when it comes to jewellery manufacturers are higher than general local authority requirements. The tide is turning with the piercing industry in the UK, but many piercers continue to use manufacturers that do not meet the UKAPP's standards, but are undoubtedly safer than other prohibited materials.

In annex D1. 3. Body piercing part 10, in relation to jewellery standards. The document states surgical stainless steel and dense low porosity plastic. Surgical steel is a marketing term and is in fact just steel. Implant grade steel does exist which meets ASTM F-138 standards and would also meet the EU Nickel Directive. Currently, although jewellery made from materials such as Delrin exist, we are unaware of dense low porosity plastic that we would advise being used as initial piercing jewellery.

Annex D1. 3. Body piercing part 12 states that a sterilised clamp must be used for tongue piercings. I think this needs elaborating on. If it is in relation to using a sterilised tool, then that is a must for all piercings. However, if it is suggesting that you must use a clamp in general instead of doing the procedure 'toolless' then I disagree. There are a high number of piercers that do not use tools, or a very limited number of tools in order to eliminate the added damage that can occur when clamps are used. Indeed, it is widely considered best practice to perform tongue piercings using a freehand method.

Annex D1. 4. Ear and nose piercing using a cartridge system. The entire mandatory licensing is based around bettering infection control due to an outbreak of infections in which people were treated in hospital. This was traced back to a piercing studio in Wales. Putting this specific case aside, locally I have found that one of the biggest issues that the studio faces is in relation to imbedded jewellery that is directly linked to the use of ear-piercing guns and/or systems as well as other piercing gun/system related problems.

"The use of guns for piercing cartilage presents an additional risk of perichondritis. The gun applies shear forces to the perichondrium, which may slip off the cartilage. An avascular cartilage (which is normally nourished by the perichondrium), may then become necrotic. Abscess formation and loss of cartilage are potential complications that often require surgical intervention". (Yahalom & Eliashar, 2003)

Further more to the higher risk of perichondritis the documents supporting the proposed licensing mentions the sterilisation of tools that are used. However, it is widely known that ear piercing guns/systems can not be sterilised due to them being made from plastic. According to Cutler, N (2013) several States in America have decided to ban the use of piercing guns. She goes on to further state that this is due to the inability to sterilise the instrument safely and effectively. Unfortunately, there is a possibility that Hepatitis C can be passed on due to microscopic particles contaminating the gun. "There



	<p>are medical reports that acknowledge the possibility of transmitting Hepatitis C through the use of ear-piercing guns” (Cutler, N 2013).</p> <p>Another issue that I can see related to this is that guns/systems are often used with low quality metals. Many of these are not included on the mandatory licensing and approval conditions, and for good reason. According to Muntz et al. (1990) there has be an increase in the frequency of complications due to imbedded earrings in the lobes and helix due to the use of spring loaded ear piercing guns. This is more than likely the result of improper aseptic technique and insufficient training. Coinciding with this is the fact that ear piercing studs related to the gun and/or system directly are one size as standard. In body piercing when performing a lobe piercing there is a large choice of sizes. Typically studios have anywhere from 5 sizes, as well as different diameters and styles of backs.</p>
<p><b>126 - Rhondda Cynon Taff County Borough Council</b></p>	<p>Condition 7. 28 days turn around for variation of licence could be challenging.</p> <p>Condition 8. 28 days turn around could be challenging, but “should the application be delayed, the original licence will be deemed valid until the new licence is approved” implies that this could go on indefinitely – should there be some max. time limit applied</p> <p>Condition 9. Examples of Criminal offences should be given but not exhaustive. E.g., violence/theft/certain health and safety offences.</p> <p>Condition 10 &amp; 11. - consider a minimum insurance coverage.</p> <p>Condition 13,14,15, - Standardised format documentation and advice leaflets/information sheets should be provided across Wales. This should also consider the need for different languages.</p> <p>Condition 18. There should be standardised documentation throughout Wales.</p> <p>Condition 19. Signs in a conspicuous place would assist.</p> <p>Condition 20. Records kept up to date and kept at the premises for easy examination by Enforcement Officers.</p>

	<p>Use of a body diagram to show where the procedure was done.</p> <p>Standardised documentation for pre and post treatment consultations /advice. Leaflets available to download from Govt website.</p> <p>Condition 22 - these matters could also be brought to the attention of the LA, particularly if the approved premises holder is not taking appropriate action.</p> <p>Condition 24&amp;25. Serviceable Equipment should be serviced following manufacturing instructions guidance.</p> <p>Condition 30. Difficult for acupuncture practitioners as they are typically treating people who are unwell.</p>
<p><b>132 - Anonymous (piercer)</b></p>	<p>Annex D1. 3. 7, it is mentioned that jewellery should be purchased from a reputable supplier. UKAPP feels that this requires elaboration.</p> <p>As an example, from our members, UKAPP ask that Titanium and steel stock meets an Implant Standard. Implant standards are essentially recipes for alloys agreed upon by international experts at the ASTM and ISO. We defer to these standards for Titanium and Steel due to the culture surrounding the wear of body jewellery, as well as practicality surrounding healing and changing jewellery. Unlike many fashion pieces like those worn in well established lobe piercings, most body jewellery is impractical to change yourself. After piercing, many piercings can't be changed without specific tools or skills for at least six months after the piercing channel has been created. Many clients simply wear their initial jewellery forever more, and therefore it is imperative that the jewellery they wear can be worn for extended periods without concern that it will break down. With titanium and steel jewellery, the best protection against that is for the jewellery to meet the same standard as that which was implanted in the human body, as many clients treat the piercing as if it has. In the case of things like microdermals, where removal is impossible without the intervention of either a piercer or doctor, these standards are even more important.</p> <p>Too contextualise: the two relevant Implant Standards for Titanium are F136 and F1295. Both of these alloys are more than simply the correct materials. F136, for example, is a combination of 90% Titanium,</p>

6% Aluminium, and 4% Vanadium. However, if you took 90 kgs of Titanium, 6kgs of Aluminium, and 4kg Vanadium and melted it in a pot, you wouldn't get out Titanium which met ASTM F136. F136 is as much about the structure of the alloy, as well as its individual components. Structure can affect overall biocompatibility but, just as importantly, it affects the durability of the alloy.

The reason that I mention this is; structure can't be tested after the alloy has been made. Most after manufacturer testing uses electro fluoroscopy but there are several problems there. First, it doesn't go very deep and, as such, you don't get a complete picture of what's in it. It may be the correct composition at certain points, and a completely different composition at others. If this was the case, you'd have different amounts of biocompatibility at different points on the same piece of jewellery. Second, electro fluoroscopy doesn't tell us anything about the materials structure.

To ensure what we're getting is what jewellers say it is in terms of implant standards, we ask for end-to-end traceability. This is often in the form of what's referred to as mill certificates.

When a mill creates an alloy of this standard, they digitally "stamp" that batch with a Heat Number. And that heat number is reordered at every stage of the supply chain. So, if (fictional names, obviously!) Angeles Mill creates an ingot of Titanium alloy which meets F136, it gives it a heat number. It then sells that ingot to David Distribution, who then sells it to DA Body Jewellery for machining into jewellery. Angeles Mill keeps a record of selling material stamped with that heat number to David Distribution, and David Distribution keeps a record of having sold that ingot to DA Body Jewellery. DA Body Jewellery then has those certificates to say that they know exactly what is in that alloy, that it's safe to be in a person, and that it meets sufficient durability tests.

When jewellers buy this stock, they usually buy it in the form of wire. So they'll buy 18g wire, 16g wire, 14g wire, and so on and so forth. To ensure that what you're getting isn't being switched out for something poorer quality before turning it into jewellery, UKAPP asks that jewellers be able to provide:

- Certificates for all sizes of wire that they'd use. So, if they're only making barbells up to 12g, and balls up to 1/4", we don't certificates for anything 1/4"+
- That those certificates contain a sufficient quantity of material to be able to cover their expected run rate.

- That those certificates are dated recently enough to be able to cover the whole range with the quantity they've purchased.

In addition to these standards, our sister organisation the APP is working on a standard that can be applied to gold, niobium, and platinum.

However, we also acknowledge that in many ways, our organisation's standards are higher than general local authority requirements. The tide is turning with the piercing industry in the UK, but many piercers continue to use manufacturers that do not meet the UKAPP's standards, but are undoubtedly safer than other prohibited materials. In addition to this, UKAPP also recognises that access to the standards of jewellery we require of our members is not as high as the level of access studios have to mid-range options, and it may be prohibitively expensive for studios to make such a large supplier change at one time.

Nonetheless, we would certainly like to see some definition applied to what would constitute a 'Reputable Supplier.' For example, refusing licences where studios had purchased jewellery from eBay, or Amazon, would be proportionate. And that titanium, and steel jewellery which has been imported and does not meet an implant standard be subjected to basic tests such as electro fluoroscopy. This is supposed to be established under the EU Nickel Directive but, much still slips through the net. Gold and platinum are already subject to their own laws and therefore no change is required here. Niobium is usually considered very low risk as it is extremely difficult to alloy, and there have currently been no known instances in the body piercing industry where niobium has been the subject of any kind of misrepresentation by those supplying it.

In annex D1. 3. 10, in relation to jewellery standards. The document states surgical stainless steel and dense low porosity plastic. Surgical steel is a marketing term and is in fact just steel. Whilst UKAPP ask that steel jewellery meet ASTM Implant Standard F138, we feel it is sufficient for the purposes of licensing for steel jewellery to be demonstrably compliant with the EU Nickel Directive.<sup>6</sup> Whilst, as it stands, anyone selling jewellery in the UK is required to comply with this directive, UKAPP are aware that are currently many loopholes that make this difficult to enforce.

Currently, although jewellery made from materials such as Delrin exist, we are unaware of little low porosity plastic that we would advise being used as initial piercing jewellery. According to the Standard specification for polyoxymethylene (acetal) for medical applications (2019), neither the ISO or ASTM currently consider even low porosity plastics used in medical devices sufficiently safe for human implant.

Annex D1. 3. 12 states that a sterilised clamp must be used for tongue piercings. UKAPP feel that this requires elaboration. If it is in relation to using a sterilised tool, then that is a must for all piercings. (Please see answer to below to D1.37 for elaboration) However, if it is suggesting that you must use a clamp in general instead of doing the procedure 'tool-less' or 'freehand' then as an organisation we disagree. There are a high number of piercers that do not use tools, or a very limited number of tools in order to eliminate the added damage that can occur when clamps are used. Indeed, it is widely considered best practice to perform tongue piercings using a freehand method.

6 <https://www.astm.org/f0138-19.html>,

Regulation (EC) No 1907/2006 of the European Parliament and of the Council of 18 December 2006 concerning the Registration, Evaluation, Authorisation and Restriction of Chemicals (REACH), establishing a European Chemicals Agency, amending Directive 1999/45/EC and repealing Council Regulation (EEC) No 793/93 and Commission Regulation (EC) No 1488/94 as well as Council Directive 76/769/EEC and Commission Directives 91/155/EEC, 93/67/EEC, 93/105/EC and 2000/21/EC (Text with EEA relevance)Text with EEA relevance

7 Standard specification for polyoxymethylene (acetal) for medical applications (no date) ASTM International - Standards Worldwide. Available at: <https://www.astm.org/f1855-00r19.html> (Accessed: April 1, 2023).

Annex D – 15 Many of our members, post-covid, have begun using online consent forms. Many of these can be filled in on the client's own device and submitted, reducing cross-contamination. However, this means that although the practitioner will access and review the information on the form, they would not be able to counter-sign it. We would suggest that having the practitioner counter-sign the consent form/questionnaire not be a mandatory requirement for this reason, providing that the practitioner has a policy in place for checking all forms prior to piercing.

Annex D1. 24 Whilst utilising tools that are suitable for the job is imperative, it is worth noting that combining other tools such as needle blanks (metal tubes of varying gauges) is the preferable method for many piercers. They are affordable enough to be utilised once and then simply disposed of, eliminating the risks associated with re-sterilising tools. UKAPP feels strongly that piercers should be given some

leeway to demonstrate that the tools they are creating for themselves are suitable for the task at hand, before they are denied their license for using them.

Annex D1. 25 The vast majority of high quality piercing supplies arrive non-sterile. It is worth noting that no jewellery which meets our jewellery standards is available pre-sterilised. This is because the risk of rendering tools or jewellery non-sterile during transport can be high. What's more, pre-sterilised items have a shelf life which can easily be eclipsed between sterilisation, transport, and purchase. Finally, many piercers simply do not trust that sterilisation occurring abroad meets the same high standards we would expect domestically. Rarely are sterilisation records available (even from domestic suppliers,) from companies providing pre-sterilised items and their sterilisation processes are not available to scrutinise. As such, many of our members and many in the wider community choose to sterilise their tools, equipment, and jewellery themselves.

Because, when working at this level, it is assumed that those purchasing have sufficient knowledge of sterilisation (cleaning, passivating, and finally sterilising,) very few manufacturers provide step by step instructions on how to sterilise their products. Whilst UKAPP is very amenable to approaching suppliers for MIFU guidance, it is worth noting that this is not a process which can be completed quickly, and would require the agreement and co-operation of many different, sometimes opposing companies and groups. UKAPP proposes that, rather than mandating that companies provide this, a competency test be adopted whereby those seeking a licence must demonstrate their knowledge of sterilisation processes, and how they are best affected in their own studios. Once more, this is something the UKAPP would be very happy to consult on.

Annex D1 – 31 mentions the use of single use vinyl gloves. UKAPP would be strongly opposed to this. Vinyl gloves are proven to tear easily which will put the wearer at risk. According to a study by Micheals, M (2017) Vinyl gloves have a 51.2% failure rate.

This section also refers to carrying a disease that could be transmitted during the procedure. We would ask for clarification that this does not include individuals who are HIV+. This is because the risk of transmitting HIV, even through a needlestick, would be highly unlikely. Furthermore, many individuals who are HIV + are on a course of medication which makes their viral load undetectable and therefore untransmissible.<sup>9</sup>

In annex D1 – 31 it mentions all special procedures to be undertaken in conditions of appropriate privacy. UKAPP feel this requires elaboration. Body Piercers utilise multiple techniques to ensure client privacy. Some feel that a separate dedicated room is best, whilst others simply utilise a portable room divider. Whilst UKAPP feels that body piercing should happen in a separate, dedicated room, we are aware that this is not possible for all studios due to architectural limitations. Whilst we feel strongly that clients should not be forced or feel any pressure to disrobe in-front of other practitioners, staff, or the general public, we also feel that ‘appropriate privacy’ should not exclude studios who are utilising portable structures to achieve this.

Consuming food and drink in the procedure room – As an organisation, we feel that this must be more nuanced. In general, we fully support that food and drink should be prohibited in the procedure room. However, in the interests of client-wellbeing, we would suggest that drinks or sweets are allowed in contexts where a client feels unwell or light-headed following a procedure. This is also a common practice in many medical settings already and the implications of not allowing it are far worse.

Annex D1. 35 - Whilst expired products such as cleaning agents most certainly should not be used, it is worth noting that many products can. This would be for expired products only and not products which have been used during a procedure. Provided competency to sterilise is demonstrated, the following sterilisation expired products could be re-sterilised to use:

- Blade Needles
- ‘O’ Needles
- Needle Blanks
- Transfer snips
- Tapers
- Receiving tubes
- Bracing tools such as ‘Piercing Sticks’

Annex D1. 37 - Whilst we accept that, utilising Spaulding Classification, it is only items whilst have had or will have direct access to either the blood supply or mucus membranes, UKAPP feels strongly the all items used to actually perform a piercing, brace tissue, transfer jewellery, or otherwise assist in the act of

creating a wound for the insertion of jewellery or object should be sterilised before use, and again after (if re-sterilisation is permissible for that particular item.)<sup>10</sup> It is important to note that Spaulding Classification is designed for those in the medical field who maintain and practise skills such as aseptic technique, clean hand/dirty hand, and no touch techniques. These are frequently not techniques with which body piercers will have been trained, and therefore the risk of cross contamination using this scale is unacceptably high.

Annex D1. 39 - For the overwhelming majority of equipment, UKAPP wholeheartedly agrees that cleaning, disinfection and sterilisation equipment should be validated for its particular use. However there is some nuance. Specifically, for pre-sterilisation cleaning and passivation, many piercers utilise anodising, as is consistent with the ASTM's F86 Standard Practice for Surface Preparation and Marking of Metallic Surgical Implants.<sup>11</sup> Anodising machines are simply DC power supplies and are therefore not validated for the specific purpose of anodising. As anodising is broadly considered the most efficient method of cleaning and passivating pre-sterilisation, UKAPP would be strongly against studios being refused a licence for using a machine which - whilst perfectly capable of performing the task at the highest possible standard - was not validated for the specific purpose of anodising.

Annex D1. 4. Ear and nose piercing using a cartridge system. The entire mandatory licensing is based around bettering infection control due to an outbreak of infections in which people were treated in hospital. This was traced back to a piercing studio in Wales. Putting this specific case aside, we have found that one of the biggest issues that the studio faces is in relation to embedded jewellery that is directly linked to the use of ear-piercing guns and/or systems as well as other piercing gun/system related problems.

"The use of guns for piercing cartilage presents an additional risk of perichondritis. The gun applies shear forces to the perichondrium, which may slip off the cartilage. An avascular cartilage (which is normally nourished by the perichondrium), may then become necrotic. Abscess formation and loss of cartilage are potential complications that often require surgical intervention".<sup>12</sup> (Yahalom & Eliashar, 2003)

Further more to the higher risk of perichondritis the documents supporting the proposed licensing mentions the sterilisation of tools that are used. However, it is widely known that ear piercing guns/systems can not be sterilised due to them being made from plastic. According to Cutler, N (2013)



	<p>several States in America have decided to ban the use of piercing guns.<sup>13</sup> She goes on to further state that this is due to the inability to sterilise the instrument safely and effectively. Unfortunately, there is a possibility that Hepatitis C can be passed on due to microscopic particles contaminating the gun. "There are medical reports that acknowledge the possibility of transmitting Hepatitis C through the use of ear-piercing guns" (Cutler, N 2013).<sup>14</sup></p> <p>Another issue that I can see related to this is that guns/systems are often used with low quality metals. Many of these are not included on the mandatory licensing and approval conditions, and for good reason.</p> <p>According to Muntz et al. (1990) there has been an increase in the frequency of complications due to embedded earrings in the lobes and helix due to the use of spring loaded ear piercing guns.<sup>15</sup> This is more than likely the result of improper aseptic technique and insufficient training. Coinciding with this is the fact that ear piercing studs related to the gun and/or system directly are one size as standard. In body piercing when performing a lobe piercing there is a large choice of sizes. In David's studio, he stocks approximately 18 different sizes of plain labret bars for lobe piercings, with each individual option having the option of three different sized disks on the back so that different sized attachments on the front can be effectively balanced in the wound.</p> <p><small>12 Yahalom, S. and Eliashar, R. (2003) Perichondritis: A complication of piercing auricular cartilage, Postgraduate Medical Journal. The Fellowship of Postgraduate Medicine. Available at: <a href="https://pmj.bmj.com/content/79/927/29">https://pmj.bmj.com/content/79/927/29</a> (Accessed: March 23, 2023)</small></p> <p><small>13 N. Cutler, 'Hepatitis C and Body Piercing', 2013, <a href="https://www.hepatitiscentral.com/news/hepatitis-c-and-body-piercing/">https://www.hepatitiscentral.com/news/hepatitis-c-and-body-piercing/</a></small></p> <p><small>14 Ibid</small></p> <p><small>15 Muntz, H.R., Cui PA-C, D.J. and Asher, B.F. (1990) "Embedded earrings: A complication of the ear-piercing gun," International Journal of Pediatric Otorhinolaryngology, 19(1), pp. 73–76. Available at: <a href="https://doi.org/10.1016/0165-5876(90)90197-y">https://doi.org/10.1016/0165-5876(90)90197-y</a>.</small></p> <p>UKAPP would further assert that the levels of hygiene required for a piercing with a needle are considerably higher than those pierced with a gun. In terms of infection control requirements, both are creating a wound into which jewellery is inserted with the hope that a fistula of tissue will grow. There are no practical reasons that a method of piercing which we have demonstrated holds notably higher risks should have lower standards of cleanliness.</p>
<p><b>133 - Anonymous (local authority)</b></p>	<p>YES.</p>

	<p>Conditions 14 and 15 – It would assist practitioners if there was a standard format developed that could be rolled out across Wales so all businesses could provide the same information and use the same format.</p> <p>Condition 17 – Are contraindications covered in the L2 IP&amp;C training? Practitioners knowledge on assessing client with contraindications is poor.</p> <p>Condition 22 – recommend addition of “and document this referral/notification, including what action was taken. This may be reviewed by an LA EHO at the next inspection”.</p> <p>Condition 31 – no pets in the domestic area, vehicles or on certified premises. Add requirement to maintain a sharps box which should be kept no more than ¾ full and suitable spill kits. Condition 31 should also specify ‘keeps nails short, clean and free from nail decoration or any nail covering’. This is an important requirement for the beauty industry to be reminded of.</p> <p>Section 2 – Tattooing and pigmentation –</p> <p>Condition 4 – consideration of chemical sensitivity tests is needed as micropigmentation can cause skin sensitization and post treatment inflammation, chemical sensitivity and allergic reaction. Section 2 on the D1 conditions (pg 79) para 4. states pigments must have detailed data sheets which provide an expiry date. Data sheets do not contain an expiry date – it’s the bottle that specifies the expiry date.</p> <p>Condition 7 – skin sensitivity tests are carried out prior to treatment for micropigmentation to check for chemical sensitivity and allergic reaction to ink prior to treatment.</p> <p>An additional condition should be added which specifies ‘ if petroleum jelly or lubricating gel is to be placed on a clients skin, enough for one client only should be removed from the stock container with a clean spatula and place in a container that is either disposed of at the end of each treatment or is cleaned and sterilised before the re-use.</p>
<p><b>135 - Anonymous (tattooing)</b></p>	<p>agree</p>

<p><b>136 - Denbighshire County Council</b></p>	<p>Condition 25 – additional guidance required on reputable suppliers.</p> <p>Condition 32 - first bullet – All fittings and equipment are to be cleaned and disinfected immediately in advance of.....this needs to include ‘or wrapped’ as not all equipment and fittings can be cleaned and disinfected.</p> <p>Condition 34 &amp; 35 – documented safe working practices. Example documented procedures would be beneficial for practitioners, it would make checking documentation easier for LA Officers and would ensure consistency. Similar to a SFBB packs which food business operator use.</p> <p>Condition 36 – remove arrangements provided by the approved premises. Practitioner to provide documented cleaning schedule, safe working procedures during application process. Guidance to be provided to practitioners.</p> <p>Condition 39 more guidance/toolkit required on sterilization, disinfection and cleaning. As suggested above, similar documented system as an SFBB used by Food Business Operator.</p>
<p><b>143 - Claire's Accessories</b></p>	<p>We feel there needs to be some clarification around where documentation should be displayed and whether that should be for the premises and practitioners. Do all licences need to be displayed or just the premises? Would it be acceptable for practitioner licenses to be available upon request by a member of the public or local authority.</p> <p>Annex D1, 15) – for an ear or nose piercing, a placement consultation is carried out by the practitioner in the first instance to ensure that the piercing is possible where the customer is requesting and then the consultation form is completed by the customer with the piercer. This is all in one document which would negate the need for a separate pre-treatment questionnaire, especially as piercing can be both a booked appointment as well as a spontaneous decision.</p> <p>Annex D1, 17) – clarification around whether the practitioner can accept the word of the customer that medical advice has been sought or is physical evidence of a doctor's note required. We would point out that given the difficulty in scheduling appointments with GPs in certain areas and the cost implication, the physical requirement to present a Doctor's note can be prohibitive.</p>

	<p>Annex D1, 25) – confirmation that equipment with an FDA manufacturer certificate satisfies the safety of piercing systems.</p> <p>Annex D1, 32) – clarification that no additional first aid kit would be required over and above regular business requirements for cosmetic piercing / piercing with cartridge systems.</p> <p>Additionally, we would question the proposal for all premises to have a bodily fluid kit. With ear and nose piercing with a system, there is negligible risk of blood spillage and no greater risk of other bodily fluids than a premises not offering piercing. Where bodily fluid kits have been in place in limited authorities, they have not been required and have simply expired. Our policy therefore outlines procedures in case of a bodily fluid spill and relevant steps; one of which being the purchase of a kit from a local pharmacy, or when this is not available, a suitable cleaning regime. This would be satisfying the criteria set out in point 34.</p>
<p><b>144 - Anonymous (piercer)</b></p>	<p>Annex D – 15 Many of our members, post-covid, have begun using online consent forms. Many of these can be filled in on the client’s own device and submitted, reducing cross-contamination. However, this means that although the practitioner will access and review the information on the form, they would not be able to counter-sign it. We would suggest that having the practitioner counter-sign the consent form/ questionnaire not be a mandatory requirement for this reason, providing that the practitioner has a policy in place for checking all forms prior to piercing.</p> <p>Annex D1 – 31 mentions the use of single use vinyl gloves. This is something that I do not support the use of in situations where the risk of contamination is possible. Vinyl gloves are proven to tear easily which will put the wearer at risk. According to a study by Micheals, M (2017) Vinyl gloves have a 51.2% failure rate.</p> <p>This section also refers to carrying a disease that could be transmitted during the procedure. We would ask for clarification that this does not include individuals who are HIV+. This is because the risk of transmitting HIV, even though a needlestick, would be highly unlikely. Furthermore, many individuals who are HIV + are on a course of medication which makes their viral load undetectable and therefore untransmissible. We are willing to provide further information on this if required.</p>

In annex D1 – 31 it mentions all special procedures to be undertaken in conditions of appropriate privacy. I feel this needs to be elaborated on. There are various ways currently that studios both piercing as well as tattooing and aesthetics etc... are creating spaces for privacy. However, there are multiple places that have the client in full view of the studio and/or retail space. It needs to be decided as to whether this is referring to something such as a full room for a client, or something more basic such as a divider.

Consuming food and drink in the procedure room – As an organisation, we feel that this must be more nuanced. In general, we fully support that food and drink should be prohibited in the procedure room. However, in the interests of client-wellbeing, we would suggest that drinks or sweets are allowed in contexts where a client feels unwell or light-headed following a procedure. This is also a common practice in medical settings.

In annex D1. 3. Body piercing part 7. It is mentioned that jewellery should be purchased from a reputable supplier. I think this is something that needs some elaboration. Currently the APP and UKAPP have a list of jewellery suppliers that they deem to be safe. For companies to be classified as verified they must supply the correct documentation and mill certificates. Currently this is an up to date as of 23/03/23 list of UKAPP approved suppliers:

[list of 10 company names redacted]

However, we also acknowledge that in many ways, our organisations standards when it comes to jewellery manufacturers are higher than general local authority requirements. The tide is turning with the piercing industry in the UK, but many piercers continue to use manufacturers that do not meet the UKAPP's standards, but are undoubtedly safer than other prohibited materials.

In annex D1. 3. Body piercing part 10, in relation to jewellery standards. The document states surgical stainless steel and dense low porosity plastic. Surgical steel is a marketing term and is in fact just steel. Implant grade steel does exist which meets ASTM F-138 standards and would also meet the EU Nickel Directive. Currently, although jewellery made from materials such as Delrin exist, we are unaware of sense low porosity plastic that we would advise being used as initial piercing jewellery.

Annex D1. 3. Body piercing part 12 states that a sterilised clamp must be used for tongue piercings. I think this needs elaborating on. If it is in relation to using a sterilised tool, then that is a must for all piercings. However, if it is suggesting that you must use a clamp in general instead of doing the procedure 'toolless' then I disagree. There are a high number of piercers that do not use tools, or a very limited number of tools in order to eliminate the added damage that can occur when clamps are used. Indeed, it is widely considered best practice to perform tongue piercings using a freehand method.

Annex D1. 4. Ear and nose piercing using a cartridge system. The entire mandatory licensing is based around bettering infection control due to an outbreak of infections in which people were treated in hospital. This was traced back to a piercing studio in Wales. Putting this specific case aside, locally I have found that one of the biggest issues that the studio faces is in relation to imbedded jewellery that is directly linked to the use of ear-piercing guns and/or systems as well as other piercing gun/system related problems.

"The use of guns for piercing cartilage presents an additional risk of perichondritis. The gun applies shear forces to the perichondrium, which may slip off the cartilage. An avascular cartilage (which is normally nourished by the perichondrium), may then become necrotic. Abscess formation and loss of cartilage are potential complications that often require surgical intervention". (Yahalom & Eliashar, 2003)

Further more to the higher risk of perichondritis the documents supporting the proposed licensing mentions the sterilisation of tools that are used. However, it is widely known that ear piercing guns/systems can not be sterilised due to them being made from plastic. According to Cutler, N (2013) several States in America have decided to ban the use of piercing guns. She goes on to further state that this is due to the inability to sterilise the instrument safely and effectively. Unfortunately, there is a possibility that Hepatitis C can be passed on due to microscopic particles contaminating the gun. "There are medical reports that acknowledge the possibility of transmitting Hepatitis C through the use of ear-piercing guns" (Cutler, N 2013).

Another issue that I can see related to this is that guns/systems are often used with low quality metals. Many of these are not included on the mandatory licensing and approval conditions, and for good reason. According to Muntz et al. (1990) there has be an increase in the frequency of complications due to imbedded earrings in the lobes and helix due to the use of spring loaded ear piercing guns. This is more

	<p>than likely the result of improper aseptic technique and insufficient training. Coinciding with this is the fact that ear piercing studs related to the gun and/or system directly are one size as standard. In body piercing when performing a lobe piercing there is a large choice of sizes. Typically studios have anywhere from 5 sizes, as well as different diameters and styles of backs.</p>
<p><b>145 - Anonymous (tattooing)</b></p>	<p>Annex D1 – 31 mentions the use of single use vinyl gloves. UKAPP would be strongly opposed to this. Vinyl gloves are proven to tear easily which will put the wearer at risk. According to a study by Micheals, M (2017) Vinyl gloves have a 51.2% failure rate. Personally due to rising costs I did look at alternatives to the gloves I am currently using and found that many cheaper gloves were not as thick, and prefer to use either latex powder free gloves or latex free nitrile gloves for tattooing if my client has a known allergy to latex. Wearing thicker gloves for example during tattooing does provide some additional protection from a needle stick injury, I personally would never choose to tattoo wearing vinyl gloves.</p> <p>This section also refers to carrying a disease that could be transmitted during the procedure. We would ask for clarification that this does not include individuals who are HIV+. This is because the risk of transmitting HIV, even through a needlestick, would be highly unlikely. Furthermore, many individuals who are HIV + are on a course of medication which makes their viral load undetectable and therefore untransmissible.</p> <p>In annex D1 – 31 it mentions all special procedures to be undertaken in conditions of appropriate privacy. UKAPP feel this requires elaboration. Body Piercers utilise multiple techniques to ensure client privacy. Some feel that a separate dedicated room is best, whilst others simply utilise a portable room divider. Whilst UKAPP feels that body piercing should happen in a separate, dedicated room, we are aware that this is not possible for all studios due to architectural limitations. Whilst I feel strongly that clients should not be forced or feel any pressure to disrobe in-front of other practitioners, staff, or the general public, we also feel that ‘appropriate privacy’ should not exclude studios who are utilising portable structures to achieve this.</p> <p>Consuming food and drink in the procedure room – I feel that this must be more nuanced. In general, I fully support that food and drink should be prohibited in the procedure room. However, in the interests of client-wellbeing, we would suggest that drinks or sweets are allowed in contexts where a client feels unwell or light-headed following a procedure. This is also a common practice in many medical settings already and the implications of not allowing it are far worse.</p>

Personally at this time I do not allow food or drink in my treatment room and unfortunately myself spend most of my life dehydrated, it is not ideal.

Annex D1. 35 - Whilst expired products such as cleaning agents most certainly should not be used, it is worth noting that many products can. This would be for expired products only and not products which have been used during a procedure. Provided competency to sterilise is demonstrated, the following sterilisation expired products could be re-sterilised to use:

Blade Needles

'O' Needles

- Needle Blanks
- Transfer snips
- Tapers
- Receiving tubes

Bracing tools such as 'Piercing Sticks'

Annex D1. 4. Ear and nose piercing using a cartridge system. The entire mandatory licensing is based around bettering infection control due to an outbreak of infections in which people were treated in hospital. This was traced back to a piercing studio in Wales. Putting this specific case aside, the UKAPP have found that one of the biggest issues that the studio faces is in relation to embedded jewellery that is directly linked to the use of ear-piercing guns and/or systems as well as other piercing gun/system related problems.

"The use of guns for piercing cartilage presents an additional risk of perichondritis. The gun applies shear forces to the perichondrium, which may slip off the cartilage. An avascular cartilage (which is normally nourished by the perichondrium), may then become necrotic. Abscess formation and loss of cartilage are potential complications that often require surgical intervention".<sup>12</sup>  
(Yahalom & Eliashar, 2003)

Further more to the higher risk of perichondritis the documents supporting the proposed licensing mentions the sterilisation of tools that are used. However, it is widely known that ear piercing



	<p>guns/systems can not be sterilised due to them being made from plastic. According to Cutler, N (2013) several States in America have decided to ban the use of piercing guns. She goes on to further state that this is due to the inability to sterilise the instrument safely and effectively.</p> <p>Unfortunately, there is a possibility that Hepatitis C can be passed on due to microscopic particles contaminating the gun. "There are medical reports that acknowledge the possibility of transmitting Hepatitis C through the use of ear-piercing guns" (Cutler, N 2013).</p> <p>Another issue that I can see related to this is that guns/systems are often used with low quality metals. Many of these are not included on the mandatory licensing and approval conditions, and for good reason.</p> <p>According to Muntz et al. (1990) there has been an increase in the frequency of complications due to embedded earrings in the lobes and helix due to the use of spring loaded ear piercing guns. This is more than likely the result of improper aseptic technique and insufficient training. Coinciding with this is the fact that ear piercing studs related to the gun and/or system directly are one size as standard. In body piercing when performing a lobe piercing there is a large choice of sizes of posts in length and diameter to accommodate for a range of different piercings and anatomies. UKAPP would further assert that the levels of hygiene required for a piercing with a needle are considerably higher than those pierced with a gun. In terms of infection control requirements, both are creating a wound into which jewellery is inserted with the hope that a fistula of tissue will grow. There are no practical reasons that a method of piercing which we have demonstrated holds notably higher risks should have lower standards of cleanliness.</p>
<b>159 - H Wong</b>	Australia has successfully shown how to register Chinese medicine practitioners and acupuncturists. The UK should refer to Australia's method to solve this problem
<b>167 - Anonymous (manufacturer)</b>	We feel there needs to be some clarification around where documentation should be displayed and whether that should be for the premises and practitioners. Do all licences need to be displayed or just the premises? Would it be acceptable for practitioner licenses to be available upon request by a member of the public or local authority with premises on display.

	<p>Annex D1, 15) – for an ear or nose piercing, a placement consultation is conducted by the practitioner in the first instance to ensure that the piercing is possible where the customer is requesting and then the consultation form is completed by the customer with the piercer. This is all in one document which would negate the need for a separate pre-treatment questionnaire, especially as piercing can be both a booked appointment as well as a spontaneous decision. Attached is an example consultation form for piercing.</p> <p>Annex D1, 17) – clarification around whether the practitioner can accept the word of the customer that medical advice has been sought or is physical evidence of a doctor’s note required. We would point out that given the difficulty in scheduling appointments with GPs in certain areas and the cost implication, the physical requirement to present a doctor’s note can be prohibitive.</p> <p>Annex D1, 25) – confirmation that equipment with an FDA manufacturer certificate satisfies the safety of piercing systems.</p> <p>Annex D1, 32) – clarification that no additional first aid kit would be required over and above regular business requirements for cosmetic piercing.</p> <p>Additionally, we would question the proposal for all premises to have a bodily fluid kit. With ear and nose piercing with a system, there is negligible risk of blood spillage and no greater risk of other bodily fluids than a premises not offering piercing. Where bodily fluid kits have been in place in limited authorities, they have not been required and have simply expired. The attached policy therefore outlines procedures in case of a bodily fluid spill and relevant steps; one of which being the purchase of a kit from a local pharmacy, or when this is not available, a suitable cleaning regime. This would satisfy the criteria set out in point 34. Attach policy.</p> <p>For comments specific to “Ear and Nose Piercing (using a cartridge system) please see response Question 14.</p>
<p><b>169 - Anonymous (tattooing)</b></p>	<p>In Annex D1:</p> <p>12: Does 'verification of age' mean Photo Identification? I don't think most clients will find it reasonable that we require this if they are clearly of age (for example 50+) Could we implement something similar to</p>

	Challenge 25, even if it was Challenge 30? What reasons do you suggest we give to justify asking and possibly offending a client in that scenario?
<b>175 - Anonymous (tattooing)</b>	In Annex D1:  12: Does 'verification of age' mean Photo Identification? I don't think most clients will find it reasonable that we require this if they are clearly of age (for example 50+) Could we implement something similar to Challenge 25, even if it was Challenge 30? What do you suggest otherwise?
<b>179 - N Wales Health and Safety Expert Panel</b>	Some gaps appear around provision of safe water in mobile vehicles, road worthiness of the vehicle, MOT status, toilet and welfare provision.  Condition 7 - Would advocate the following change ' a licensed practitioner wishing to carry out any special procedures not authorised within their licence, can only do so, following an application to vary, which has been approved by the issuing licensing authority, prior to any new procedures being undertaken.'  Condition 9 - Would advocate a change in the reporting time to reflect 7 or 14 days in view of the severity of certain offences.  Condition 10 – Clarification of what is an acceptable level of indemnity insurance.  Condition 11 – readily available inspection of documentation recommend addition of “at all times” to both.  Condition 12 – we would advocate the inclusion of proof of identification requirement where a client appears to be under the age of 18 such as driving licence / passport and not applicable to everyone.  Condition 12, 13, 14, 18 and Condition 2 of Part 2 (page 79) – what is expected in the full explanation? Standardised information would allow consistency across Wales.  Condition 20 – Use of a body diagram to show where the procedure was done. Standardised documentation for pre and post treatment consultations /advice. Leaflets available to download from Govt website.

Condition 22, 23 and 36 – most practitioners prefer to use their own cleaning equipment and products rather than rely on the premises holder.

Condition 22 – recommend addition of “and document this referral/notification, including what action was taken. This may be reviewed by an LA EHO at the next inspection”.

Condition 25 – recommend addition of “and used in accordance with the manufacturers instructions” so as to avoid mis-use for a specific desired effect. Additional guidance required on “reputable suppliers”.

Condition 24&25. Equipment should be serviced following manufacturing instructions guidance.

Condition 25 – additional guidance required on reputable suppliers. Not all equipment will have a CE / UKCA mark.

Condition 29 – recommend addition of “disease” at the end of the sentence.

Condition 30 – recommend addition of “or has impaired capacity to make a sound decision at the time of treatment”

Condition 31 – no pets in the domestic area, vehicles or on certified premises. Add requirement to maintain a sharps box and suitable spill kits.

Condition 31 should specify ‘keeps nails short, clean and free from nail decoration or any nail covering’.

Condition 32 - first bullet – All fittings and equipment are to be cleaned and disinfected immediately in advance of.....this needs to include ‘or wrapped’ as not all equipment and fittings can be cleaned and disinfected.

Condition 34 & 35 – must be a documented procedure that can be submitted as part of their application.

	<p>Condition 36 – remove arrangements provided by the approved premises. Practitioner to provide documented cleaning schedule, safe working procedures during application process. Guidance to be provided to practitioners.</p> <p>Condition 39 more guidance/toolkit required on sterilization, disinfection and cleaning.</p> <p>Section 2 on the D1 conditions (pg 79) para 4. states pigments must have detailed data sheets which provide an expiry date. Data sheets do not contain an expiry date – it’s the bottle that specifies the expiry date.</p> <p>An additional condition should be added which specifies ‘if petroleum jelly or lubricating gel is to be placed on a client’s skin, enough for one client only should be removed from the stock container with a clean spatula and place in a container that is either disposed of at the end of each treatment or suitably cleaned and sterilised before the re-use.</p> <p>Either /Or: Too much emphasis on premises responsibility when it may be the practitioner that will be asked to provide the equipment.</p> <p>Mandatory conditions – conditions 7 and 8 suggest that LA’s will be expected to process applications within 28 days from date of application. Given the level of detail required in the application and the on-site assessment that will be required to be completed this is an unrealistic timescale. Also, the wording of condition 8 ‘Should the application process be delayed, the original licence will be deemed valid until the new licence is approved but only if the application is submitted within the specified time period’ – this should be re-word to ‘only if a valid application is submitted’ and a definition regarding valid applications should be provided.</p> <p>Where procedures are required to be developed and used – this should be changed to implemented this would be in-line with other legislative requirements such as those relevant to food hygiene.</p>
<p><b>183 - Hair and Beauty Industry Authority</b></p>	<p>We would recommend adding a condition that all practitioners should be transparent with their complaints and redress procedures</p>

<b>184 - Nursing and Midwifery Council</b>	We have no comments.
<b>192 - British Register of Complementary Practitioners</b>	No comments
<b>198 - Isle of Angelsey County Council</b>	<p>Some gaps appear around provision of safe water in mobile vehicles, road worthiness of the vehicle, MOT status, toilet and welfare provision.</p> <p>Condition 7 - Would advocate the following change ‘ a licensed practitioner wishing to carry out any special procedures not authorised within their licence, can only do so, following an application to vary, which has been approved by the issuing licensing authority, prior to any new procedures being undertaken.’</p> <p>Condition 9 - Would advocate a change in the reporting time to reflect 7 or 14 days in view of the severity of certain offences.</p> <p>Condition 10 – Clarification of what is an acceptable level of indemnity insurance.</p> <p>Condition 11 – readily available inspection of documentation recommend addition of “at all times” to both.</p> <p>Condition 12 – we would advocate the inclusion of proof of identification requirement where a client appears to be under the age of 18 such as driving licence / passport and not applicable to everyone.</p> <p>Condition 12, 13, 14, 18 and Condition 2 of Part 2 (page 79) – what is expected in the full explanation? Standardised information would allow consistency across Wales.</p> <p>Condition 20 – Use of a body diagram to show where the procedure was done. Standardised documentation for pre and post treatment consultations /advice. Leaflets available to download from Govt website.</p>

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<p><b>200 - Anonymous (local authority)</b></p>	<p>YES. These conditions appear to cover principal hazards. There are a lot of conditions. Recommend consolidating them.</p>



Some gaps appear around provision of safe water in mobile vehicles, road worthiness of the vehicle, MOT status, toilet and welfare provision.

Condition 3 – recommend addition of “and verbally explain or describe the relevance of the license if asked by a client”

Condition 11 – readily available inspection of documentation recommend addition of “at all times” to both.

Condition 13 – consider use of “Visual/Diagram information alongside Written” as some clients may prefer this?

Condition 14 and 15 – recommend a standard format for this to be developed for use across wales so ALL businesses use the same processes, and ALL regulators can expect to see the same standard. Recommend a TAFG of LA EHO and Businesses to develop this.

Condition 17 – Contraindications must be covered, FULLY in the L2 IP&C training.

Condition 18 – could consider “written, diagram or pictorial post case advice” if it helps people understand.

Condition 20 – use of a body diagram to indicate what procedure was done, and what existing piercings/tattoos/procedures were there before the work was done.

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<p><b>201 - All Wales Communicable Disease Expert Panel</b></p>	<p>YES. CDEP members have passed comment on many of the Annex D1 proposed conditions. It should be noted however that such prescriptive and numerous conditions may be complicated for individuals and businesses. Consideration should be given to re-wording and consolidating the conditions to help understanding, reduce the size and nature of the conditions.</p> <p>These conditions appear to cover principal hazards though there may be too many. This could lead to lack of up-take, confusion.</p> <p>Some gaps appear around provision of safe water in mobile vehicles, road worthiness of the vehicle, MOT status, toilet and welfare provision.</p> <p>Condition 3 – recommend addition of “and verbally explain or describe the relevance of the license if asked by a client”</p> <p>Condition 10 &amp; 11. - consider a minimum insurance coverage.</p> <p>Condition 11 – readily available inspection of documentation recommend addition of “at all times” to both.</p>

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Condition 18. There should be standardized documentation throughout Wales.

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Condition 30. Difficult for acupuncture practitioners as they are typically treating people who are unwell.

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Suggest use of Either /Or as currently too little flexibility on the emphasis on premises sole responsibility when it may be the practitioner that will be providing certain equipment.

	<p>We agree with the general principles, layout, and structure of the licensing conditions, however we will not be commenting on the wording of each individual condition at this stage due to the complexity and length of the series of conditions provided. We would recommend that a separate working group consisting of both LA and Industry representatives is established to review the detailed wording of the proposed conditions prior to finalisation.</p> <p>Mandatory conditions – conditions 7 and 8 suggest that LA’s will be expected to process applications within 28 days from date of application. Given the level of detail required in the application and the on-site assessment that will be required to be completed this is an unrealistic timescale. Also, the wording of condition 8 ‘Should the application process be delayed, the original licence will be deemed valid until the new licence is approved but only if the application is submitted within the specified time period’ – this should be re-word to ‘only if a valid application is submitted’ and a definition regarding valid applications should be provided.</p> <p>Where procedures are required to be developed and used – this should be changed to implemented this would be in-line with other legislative requirements such as those relevant to food hygiene.</p>
<p><b>202 - Health and Safety Expert Panel</b></p>	<p>YES, please see comments below in line with other expert panels.</p> <p>Some gaps appear around provision of safe water in mobile vehicles, road worthiness of the vehicle, MOT status, toilet and welfare provision.</p> <p>Condition 7 - Would advocate the following change ‘ a licensed practitioner wishing to carry out any special procedures not authorised within their licence, can only do so, following an application to vary, which has been approved by the issuing licensing authority, prior to any new procedures being undertaken.’</p> <p>Condition 9 - Would advocate a change in the reporting time to reflect 7 or 14 days in view of the severity of certain offences.</p> <p>Condition 10 &amp; 11. - consider a minimum insurance coverage.</p>

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<b>205 - Lulu Dai</b>	No comments
<b>209 - Anonymous (acupuncture)</b>	No. thank you.
<b>211 - British Acupuncture Council</b>	<p>The prohibition (1) for treatment without a guardian for those under 18 will limit access to healthcare (see Qu17)</p> <p>As currently defined (2) intimate parts of the body include the buttocks. This would potentially limit treatment for under 18s who have conditions such as lower back pain, sciatica, sports injury. Other points</p>



	<p>eg ST30 qichong are just superior to the pubic bone are used for menstrual disorders are potentially 'intimate'.</p> <p>9.23 stipulates these points can only be used under the guidance of a medical practitioner. However, the individual's GP or consultant may have no knowledge of acupuncture. If the medical practitioner holds acupuncture in low regard this may limit patient choice.</p>
<p><b>215 - Shared Regulatory Services</b></p>	<p>YES, please see comments below.</p> <p>Some gaps appear around provision of safe water in mobile vehicles, road worthiness of the vehicle, MOT status, toilet and welfare provision.</p> <p>Condition 7 - Would advocate the following change ' a licensed practitioner wishing to carry out any special procedures not authorised within their licence, can only do so, following an application to vary, which has been approved by the issuing licensing authority, prior to any new procedures being undertaken.'</p> <p>Condition 9 - Would advocate a change in the reporting time to reflect 7 or 14 days in view of the severity of certain offences.</p> <p>Condition 10 &amp; 11. - consider a minimum insurance coverage.</p> <p>Condition 11 – readily available inspection of documentation recommend addition of “at all times” to both.</p> <p>Condition 12 – we would advocate the inclusion of proof of identification requirement where a client appears to be under the age of 18 such as driving licence / passport and not applicable to everyone.</p> <p>Condition 13 – consider use of “Visual/Diagram information alongside Written” as some clients may prefer this?</p>

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<b>219 - Ross Jarvis</b>	<p>In Annex D1: 12: Does 'verification of age' mean Photo Identification? I don't think most clients will find it reasonable that we require this if they are clearly of age (for example 50+) Could we implement something similar to Challenge 25, even if it was Challenge 30? What reasons do you suggest we give to justify asking and possibly offending a client in that scenario?</p>
<b>220 - Tibetan and Eastern Medicine Association</b>	<p>These are not proportionate or necessary for TEMA or BAF acupuncture professionals.</p> <p>The initial and 3-year renewal will involve additional costs for professional acupuncturists who may only work part-time and/or often work in more than one clinical setting thereby ensuring patients have easy access to treatments.</p> <p>The initial cost and cost of renewing every 3 years for each and every clinic space will have significant financial ramifications for patients, thereby reducing access to treatment.</p>
<b>221 - Wrexham County Borough Council</b>	<p>Treatment indemnity insurance is not risk based</p>

**222 - Caerphilly  
County Borough  
Council**

- Mandatory condition 3. Could be amended to reflect ‘licensing practitioners must provide their photo ID licence to customers before any special procedures are carried out.’
- Mandatory condition 7. Would advocate the following change ‘a licensed practitioner wishing to carry out any special procedures not authorised within their licence, can only do so, following an application to vary, which has been approved by the issuing licensing authority, prior to any new procedures being undertaken.’
- Mandatory condition 9. Would advocate a change in the reporting time to reflect 7 or 14 days in view of the severity of certain offences.
- Mandatory condition 12. We would advocate the inclusion of proof of identification requirement where a client appears to be under the age of 18 such as driving licence / passport and not applicable to everyone.
- 7 day approval certificate – how is this to be assessed e.g. pop up venue
- Wording of D1 is repetitive, with duplication of information/conditions. It could be simplified, for example D1, numbers 2 and 3 say virtually the same thing. Similar examples can be found throughout the section.
- No consideration has been given in this section at all to electronic records.
- Mislaidd or stolen licences should be reported immediately to the issuing authority
- Point 9 is reliant on the practitioner honesty in notifying of relevant offences.
- It is not mandatory to have indemnity insurance; is this going to be legislated for within the Regulations?
- Is it proposed to have a standardised consent form for consistency purposes and ensure all issues/advice is relevant and covered.

- What documents are acceptable to verify age?
- Point 13 and 14, what about person(s) whose first language is not Welsh or English or literacy issues. Is it necessary for this to be written? Impact on waste, costs etc. How is the practitioner to prove understanding?
- Points 12 and 16 are contradictory as point 12 states a client consultation must be carried out by the licensed practitioner unlike point 16 which refers to a consultation being carried out by anyone other than the person performing the special procedure.
- Point 20, where the client is under 16 at the time of treatment, documents may need to be held for longer than 3 years.

Points 22 – 30

- What is deemed to be a reputable supplier? How do you validate this with so many online retailers? Can you use a business trader from Ebay or Amazon for example?

Points 31 to 40

- What is defined as appropriate privacy?
- Are ailments defined? This is very broad terminology, for example allergies can be defined as an ailment but wouldn't impact on administering a treatment.
- Point 31 - Hydration may need to be considered where the treatment covers a considerable time frame.
- Point 32 – towels should not be used to cover couch, tables, chairs, or other item of furniture. This should be restricted to single use paper sheet or similar.

- HSE don't advise on special procedures; it is assumed that this is a reference to H&S first aid legislation which only covers employees. This sentence should be re-worded.
- What is deemed to be an adequate number of body fluid kits?
- Use of water-based marker pen – these are not suitable for all procedures; some businesses use an eyebrow pencil for which the top surface is removed between clients.
- Is it necessary to have a documented cleaning schedule for a single practitioner studio who would be responsible for all cleaning and maintenance?
- What if practitioners have their own equipment for cleaning and disinfection and use this rather than the studio's provision? This could include an autoclave. Consideration for specifying that a steam autoclave can only be used for solid equipment and a vacuum autoclave is required for hollow equipment.
- Point 37 – some re-usable microblade pens cannot be sterilised and can only be disinfected therefore should be single-use only. Practitioners get confused between the terms sterilisation and disinfection. The difference should be clearly explained.
- Point 39, what is the expected validation process and who validates this?
- Should there be a reference in either this section or guidance to statutory requirements for example written scheme of examination and thorough examination of pressure systems

#### Section 2 – Tattooing

- Data sheets provide information with regards to the ink ingredients and precautions. These are generic and get updated as ingredient lists / risks change. They do not have use by dates or certificates of sterility for specific batches.
- Point 6 sterile water to be within date and stored appropriately i.e. out of direct sunlight

- Why do you need to record the delivery date of the ink on the client record?
- Point 9 some tips are re-usable and require cleaning and sterilisation between uses.
- No reference has been made to dressing the tattoo area following treatment. Are any guidelines to be issued?
- No reference has been made to allergies and patch testing

#### Section 3 – body piercing

- Point 5 – a scalpel may be necessary to remove piercings such as dermal anchors.
- Typo in point 6 - 2 reference to Neck.
- What is deemed to be a reputable supplier? How do you validate this with so many online retailers? Can you use a business trader from Ebay or Amazon for example?
- Why do you need equipment used for body piercing to be listed, cannot one point suffice which states all equipment must be cleaned and sterilised before use or sterilised single use?
- Point 14 vernier calipers should be sterilised and not disinfected for any area of the body not solely for genital and tongue

#### Section 4 – Ear and nose piercing using a cartridge system

- Is there evidence available to show that it is safe to pierce ear or nasal cartilage with a cartridge system (piercing gun)? Should we be endorsing this method of piercing which seems to be at odds with the industry.



- Point 4 refers to face and neck where section 4 considers ear and nose piercings only. This needs clarification.
- Point 6 the term single use isn't necessary. It is only necessary to say that these items must be pre-sterilised.
- Point 9 the cartridge system is not able to be sterilised. No method of disinfection including chemical concentrations are outlined within the consultation document
- Point 11 – to include open packs.

#### Section 5 – Acupuncture

- There is no requirement for any PPE in this section, however, in the standards of hygiene section it states acupuncturists do not need to wear gloves. Does this also refer to aprons?
- Would PPE be required for visiting clients in their own home especially where they are travelling between abodes. This could have a potential contamination risk.

#### Section 6 – Electrolysis

- Does this consultation also consider skin tag removal using electrolysis?
- Additional risks (e.g. bleeding if not cauterised correctly) which would need to be considered as this would differ to hair removal

#### Section 7 – Practitioners who train.....

- D1 Section 7 (3) requires those at an educational establishment to obtain a trainee special procedure licence this contradicts special considerations for licensing 9:13 within the exemptions which exempts those in educational settings.

	<p>Section 8</p> <ul style="list-style-type: none"> <li>• Who quantifies the number of apprentices that can be designated to licensed practitioners?</li> <li>• Points 4 &amp; 5 - No set criteria for length and content of courses. How can you deem competency to carry out the procedures not only in relation to IP&amp;C but the treatment itself can carry risks i.e scarring if done incorrectly. On occasion after undertaking a course they may not have any or sufficient experience therefore will be difficult to establish whether a licence can be issued. In view of the short duration of some of these courses (for example one day, 7 days) this is a difficult process to follow. How can a person be competent after attending a one-day course. This is putting the onus on the Officer which is subjective and a massive responsibility.</li> </ul>
<p><b>224 - Anonymous (piercer)</b></p>	<p>I do not understand how a vehicle could ever be considered as an appropriate space for these procedures.</p> <p>Annex D1. 3. 7, it is mentioned that jewellery should be purchased from a reputable supplier. I would concur and follow UKAPP suggestions and standards on this point. After piercing, many piercings can't be changed without specific tools or skills for at least six months after the piercing channel has been created. Many clients simply wear their initial jewellery forever more, and therefore it is imperative that the jewellery they wear can be worn for extended periods without concern that it will break down. With titanium and steel jewellery, the best protection against that is for the jewellery to meet the same standard as that which was implanted in the human body, as many clients treat the piercing as if it has. In the case of things like microdermals, where removal is impossible without the intervention of a piercer, these standards are even more important.</p> <p>Annex D1. 3. 12 states that a sterilised clamp must be used for tongue piercings. If it is in relation to using a sterilised tool, then that is a must for all piercings. However, if it is suggesting that you must use a clamp in general instead of doing the procedure 'tool-less' or 'freehand' then as I disagree.</p> <p>Annex D – 15 I would suggest that having the practitioner counter-sign the consent form/ questionnaire not be a mandatory requirement - providing that the practitioner has a policy in place for checking all</p>

forms prior to piercing. Annex D1. 24 Whilst utilising tools that are suitable for the job is imperative, it is worth noting that combining other tools such as needle blanks (metal tubes of varying gauges) is the preferable method for many piercers. They are affordable enough to be utilised once and then simply disposed of, eliminating the risks associated with re-sterilising tools. piercers should be given some leeway to demonstrate that the tools they are creating for themselves are suitable for the task at hand, before they are denied their license for using them. appropriate gloves.

Annex D1. 25 The vast majority of high quality piercing supplies arrive non-sterile. It is worth noting that no jewellery which meets UKAPP jewellery standards are available pre-sterilised. This is because the risk of rendering tools or jewellery non-sterile during transport can be high. What's more, pre-sterilised items have a shelf life which can easily be eclipsed between sterilisation, transport, and purchase. Finally, many piercers simply do not trust that sterilisation occurring abroad meets the same high standards we would expect domestically.

Annex D1 – 31 mentions the use of single use vinyl gloves. I would be strongly opposed to this. Vinyl gloves are proven to tear easily which will put the wearer at risk. Latex Gloves are often used in our industry- we ask clients if they have a latex allergy and use. Consuming food and drink in the procedure room – I feel that this must be more nuanced. In general, we fully support that food and drink should be prohibited in the procedure room. However, in the interests of client-wellbeing, we would suggest that drinks or sweets are allowed in contexts where a client feels unwell or light-headed following a procedure. This is also a common practice in many medical settings already and the implications of not allowing it are far worse. If you have someone who is prone to dizziness its sometimes necessary to allow them a sugary drink or lollipop to help regulate after the procedure.

Annex D1. 39 - For the overwhelming majority of equipment, I agree that cleaning, disinfection and sterilisation equipment should be validated for its particular use. However there is some nuance. Specifically, for pre-sterilisation cleaning and passivation, many piercers utilise anodising, as is consistent with the ASTM's F86 Standard Practise for Surface Preparation and Marking of Metallic Surgical Implants. Anodising machines are simply DC power supplies and are therefore not validated for the specific purpose of anodising. As anodising is broadly considered the most efficient method of cleaning and passivating pre-sterilisation, I would be strongly against studios being refused a licence for

	<p>using a machine which - whilst perfectly capable of performing the task at the highest possible standard - was not validated for the specific purpose of anodising.</p> <p>Annex D1. 4. Ear and nose piercing using a cartridge system. Putting the specific case in Wales aside, the piercing industry have found that one of the biggest issues that the studio faces is in relation to embedded Standard Practice for Surface Preparation and Marking of Metallic Surgical Implants, <a href="https://www.astm.org/f0086-21.html">https://www.astm.org/f0086-21.html</a> jewellery that is directly linked to the use of ear-piercing guns and/or systems as well as other piercing gun/system related problems.</p> <p>"The use of guns for piercing cartilage presents an additional risk of perichondritis. The gun applies shear forces to the perichondrium, which may slip off the cartilage. An avascular cartilage (which is normally nourished by the perichondrium), may then become necrotic. Abscess formation and loss of cartilage are potential complications that often require surgical intervention". (Yahalom &amp; Eliashar, 2003) She goes on to further state that this is due to the inability to sterilise the instrument safely and effectively.</p> <p>Unfortunately, there is a possibility that Hepatitis C can be passed on due to microscopic particles contaminating the gun. "There are medical reports that acknowledge the possibility of transmitting Hepatitis C through the use of ear-piercing guns" (Cutler, N 2013). Another issue that I can see related to this is that guns/systems are often used with low quality metals. Many of these are not included on the mandatory licensing and approval conditions, and for good reason. According to Muntz et al. (1990) there has been an increase in the frequency of complications due to embedded earrings in the lobes and helix due to the use of spring loaded ear piercing guns. This is more than likely the result of improper aseptic technique and insufficient training. Coinciding with this is the fact that ear piercing studs related to the gun and/or system directly are one size as standard. In body piercing when performing a lobe piercing there is a large choice of sizes. Cartridge systems should be outlawed. They are not safe, sterile, or handled by professionals. This "system" is disgusting and this is the perfect time to ban this unsafe procedure.</p>
<p><b>226 - Environmental Health Wales</b></p>	<p>YES. CDEP, HSEP and LEP members have passed comment on many of the Annex D1 proposed conditions.</p>

It should be noted however that such prescriptive and numerous conditions may be complicated for individuals and businesses. Consideration should be given to re-wording and consolidating the conditions to help understanding, reduce the size and nature of the conditions. These are views held by both CDEP, HSEP and LEP.

These conditions appear to cover principal hazards though there may be too many. This could lead to lack of up-take, confusion.

Some gaps appear around provision of safe water in mobile vehicles, road worthiness of the vehicle, MOT status, toilet and welfare provision.

Condition 3 – recommend addition of “and verbally explain or describe the relevance of the license if asked by a client” LEP propose change to include “ licensing practitioners must provide their photo ID licence to customers before any special procedures are carried out.”

Condition 7 - Would advocate the following change ‘ a licensed practitioner wishing to carry out any special procedures not authorised within their licence, can only do so, following an application to vary, which has been approved by the issuing licensing authority, prior to any new procedures being undertaken.’

Condition 9 - Would advocate a change in the reporting time to reflect 7 or 14 days in view of the severity of certain offences.

Condition 10 & 11. - consider a minimum insurance coverage.

Condition 11 – readily available inspection of documentation recommend addition of “at all times” to both.

Condition 12 – we would advocate the inclusion of proof of identification requirement where a client appears to be under the age of 18 such as driving licence / passport and not applicable to everyone.

Condition 13 – consider use of “Visual/Diagram information alongside Written” as some clients may prefer this?

Condition 14 and 15 – recommend a standard format for this to be developed for use across wales so ALL businesses use the same processes, and ALL regulators can expect to see the same standard. Recommend a TAFG of LA Environmental Health Officer( EHO) and Businesses to develop this.

Condition 17 – Contraindications must be covered, FULLY in the L2 IP&C training.

Condition 18 – could consider “written, diagram or pictorial post case advice” if it helps people understand.

Condition 18. There should be standardized documentation throughout Wales.

Condition 20 – use of a body diagram to indicate what procedure was done, and what existing piercings/tattoos/procedures were there before the work was done. / Use of a body diagram to show where the procedure was done. Standardised documentation for pre and post treatment consultations /advice. Leaflets available to download from Govt website.

Condition 22 – recommend addition of “and document this referral/notification, including what action was taken. This may be reviewed by an LA EHO at the next inspection”.

Condition 25 – recommend addition of “and used in accordance with the manufacturers instructions” so as to avoid mis-use for a specific desired effect. Additional guidance required on “reputable suppliers”.

Condition 24&25. Equipment should be serviced following manufacturing instructions guidance.

Condition 22, 23 and 36 – most practitioners prefer to use their own cleaning equipment and products rather than rely on the premises holder. This should be allowed for.

Condition 29 – recommend addition of “disease” at the end of the sentence.

Condition 30 – recommend addition of “or has impaired capacity to make a sound decision at the time of treatment”

Condition 30. Difficult for acupuncture practitioners as they are typically treating people who are unwell.

Condition 31 – no pets in the domestic area, vehicles or on certified premises. Add requirement to maintain a sharps box and suitable spill kits. Condition 31 should also specify 'keeps nails short, clean and free from nail decoration or any nail covering'. This is an important requirement for the beauty industry to be reminded of.

Condition 32 - first bullet – All fittings and equipment are to be cleaned and disinfected immediately in advance of.....this needs to be amended to include 'or wrapped' as not all equipment and fittings can be cleaned and disinfected.

Section 2 – Tattooing and pigmentation – Condition 4 – consideration of chemical sensitivity tests is needed as micropigmentation can cause skin sensitization and post treatment inflammation, chemical sensitivity and allergic reaction. Section 2 on the D1 conditions (pg 79) para 4. states pigments must have detailed data sheets which provide an expiry date. Data sheets do not contain an expiry date – it's the bottle that specifies the expiry date.

Condition 34 & 35 – must be a documented procedure that can be submitted as part of their application.

Condition 4 – retention of product and chemical data sheets alongside treatments administered is needs should post procedure injury/ill health occur.

An additional condition should be added which specifies ' if petroleum jelly or lubricating gel is to be placed on a clients skin, enough for one client only should be removed from the stock container with a clean spatula and place in a container that is either disposed of at the end of each treatment or is cleaned and sterilised before the re-use.

Suggest use of Either /Or as currently too little flexibility on the emphasis on premises sole responsibility when it may be the practitioner that will be providing certain equipment.

	<p>We agree with the general principles, layout, and structure of the licensing conditions, however we will not be commenting on the wording of each individual condition at this stage due to the complexity and length of the series of conditions provided. We would recommend that a separate working group consisting of both LA and Industry representatives is established to review the detailed wording of the proposed conditions prior to finalisation.</p> <p>Mandatory conditions – conditions 7 and 8 suggest that LA’s will be expected to process applications within 28 days from date of application. Given the level of detail required in the application and the on-site assessment that will be required to be completed this is an unrealistic timescale. Also, the wording of condition 8 ‘Should the application process be delayed, the original licence will be deemed valid until the new licence is approved but only if the application is submitted within the specified time period’ – this should be re-word to ‘only if a valid application is submitted’ and a definition regarding valid applications should be provided.</p> <p>Where procedures are required to be developed and used – this should be changed to implemented this would be in-line with other legislative requirements such as those relevant to food hygiene.</p>
<p><b>231 - Anonymous (acupuncture)</b></p>	<p>No comment.</p>
<p><b>232 - Kat Webb</b></p>	<p>7 - Changes to the special procedure licence may only be made by the issuing local authority... Applications for variation must be made within 28 days of the change occurring. - so a practitioner could carry out a new procedure, or work from a different premise for 28days without first being licenced to do so?</p> <p>9 - The issuing local authority must be informed... of any criminal convictions for relevant offences obtained during the licensing period within 28 days of the conviction. - how can this be policed? a possible court linked database with registered practitioners?</p> <p>10 - have valid treatment indemnity insurance... for the duration of their licence. - Can this be covered under a studio insurance policy or does it need to be per individual practitioner?</p> <p>12 - Social impacts - this is not our area to police, we should only advise on placement based on application, healing and longevity.</p>



17 - follow-up sessions can simply include an updated signed declaration that there have been no changes to the health of the client - they should fill out a new complete form as it is a new procedure being carried out on a different day.

31 - do not perform a special procedure while afflicted by either a known or suspected ailment or being a carrier or case of a disease likely to be transmitted during a procedure - this is discrimination, as long as the client is aware and suitable barrier methods are in place to protect the client, there is no reason why a practitioner that is afflicted with a transmittible disease could not operate safely.

32 - Any... item of furniture used by a client during the procedure is covered by a disposable paper sheet, towel or similar and that this is changed for every client. - should be a plastic barrier rather than an absorbent material.

There is an adequate number of body fluid kits. - do these need to be actual 'kits' or just items that can be implemented for the purpose of managing body fluid spills? such as vircon powder and paper towels

37 - effectively sterilise any instruments that come into contact with mucous membranes or broken skin during the special procedure or becomes contaminated with blood. - I have discovered that premises are running without being required to have an autoclave (or other suitable sterilising equipment) on site. How are practitioners going to be able to follow this without being required to have the ability to effectively sterilise on site?

## Section 2 – Tattooing

2 - clients wishing to receive a tattoo to the face, neck or hands, the client consultation must include the advice given by the licensed practitioner and written confirmation that the client has understood the advice. - what are we supposed to be advising here? if again it is societal judgement, this is not on us to police, we should only be advising on placement regarding effective application, healing and longevity.

6 and 8 - nice to see that only sterile water has been advocated for use during a tattoo procedure for dilution of inks, wash bottles and rinsing of equipment.

### Section 3 - Body Piercing

2 - neither Cheek, Navel nor surface piercings have been mentioned, so are these going to be 'allowed'? If so, from what age? and why? If not, then why?

5 - prohibited from using a scalpel or any similar bladed instrument or tool to create a wound during the piercing procedure. - so will that include single use piercing blades? as a lot of professional piercers use single use piercing blades rather than canula needles. If they are to be prohibited, how can you then still allow cartridge systems? what are the reasons for the separation of these tools, one being single use and designed to be sterilised and fit for its designed purpose, the other, an unprecise devise that is unable to be sterilised.

6 - clients wishing to receive a piercing to the face, neck or neck the client consultation must include the advice given by the licensed practitioner and written confirmation that the client has understood the advice - again what should we be advising here?

7 - All jewellery or objects which... may come into contact with skin... during the piercing process must be purchased...either as pre-sterilised or sterilised before use - pre sterilised jewellery or objects are subject to breach in the sterility during transportation, storage and even due to mishandling. This is why all licenced premises/vehicles should have suitable equipment to be able to effectively sterilise on site to maintain the practitioners ability to be able to safely work using mandatory sterile jewellery and equipment.

10 - All jewellery or objects must be of a suitable grade, e.g. surgical stainless steel... or dense low porosity plastic - questionable materials being mentioned here - refer to the UKAPP for suitable materials to be used in initial piercing sites.

12 - For tongue piercing, a sterilised clamp must be used. - why? again refer to the UKAPP where it has been documented that using clamps can actually prolong healing and negatively impact the procedure if used. If the practitioner is competent and trained as a freehand piercer, then the use of tools/clamps

should not be enforced if they can show that there is no increased risk to the public caused by using a freehand technique.

15 - Where equipment and instruments come into contact with mucous membranes, broken skin or are contaminated with blood and are to be reused, they must be effectively cleaned prior to sterilisation. - again, suitable sterilisation equipment must be required on site.

#### Section 4 - Ear & Nose Piercing (using a cartridge system)

9 - Any equipment that is not single use and has been contaminated with blood or other bodily fluids, however small, must be cleaned and effectively sterilized or disposed of. - cartridge systems can not be processed through an autoclave, so can not be sterilised.

10 - The re-usable piercing instrument must be cleaned and disinfected prior to and following each use. - it should also be sterilised as trace videos have shown the splatter of fluids that occur during a 'piercing' with one of these 'instruments/systems'.

How are these cartridge systems still being allowed to be used. They have been shown to fail when sprung loaded and fail due to human lack of pressure, as they are effectively forcing a blunt object through body tissue, leaving that same object in place for the healing process.

There is no precision with these devices as the view of the area is obstructed.

They can not be sterilised.

#### Section 5 - Acupuncture

4 - they should be required to wear gloves during every procedure

5 - performing a procedure at a clients home after carrying out an audit - how will this be policed, why enforce premise licencing for other special procedures but not this one?

	<p>Section 8 - Practitioners who train, supervise or assess</p> <p>1 - The number of apprentices... is restricted to the facilities available... and the supervisor's capacity to effectively supervise the apprentice while performing the special procedure. - does this mean that tattoo or piercing training courses will be heavily restricted for participant numbers? or could they even be irradiated resorting to traditional apprenticeship placements.</p> <p>2 - Maintain secure, accurate and up-to-date records of the apprentice/trainee they have responsibility for. - what details are to recorded?</p> <p>Section 9 – Apprentices</p> <p>2 - Once qualified, the licensed apprentice/trainee is required to apply to the local authority who issued their licence to change their practitioner status. - Will they then need to submit all of the supporting documents that are required with the full licence application? if no, why?</p>
<p><b>233 - UKAPP</b></p>	<p>Annex D1. 3. 7, it is mentioned that jewellery should be purchased from a reputable supplier. UKAPP feels that this requires elaboration.</p> <p>As an example, from our members, UKAPP ask that Titanium and steel stock meets an Implant Standard. Implant standards are essentially recipes for alloys agreed upon by international experts at the ASTM and ISO. We defer to these standards for Titanium and Steel due to the culture surrounding the wear of body jewellery, as well as practicality surrounding healing and changing jewellery. Unlike many fashion pieces like those worn in well established lobe piercings, most body jewellery is impractical to change yourself. After piercing, many piercings can't be changed without specific tools or skills for at least six months after the piercing channel has been created. Many clients simply wear their initial jewellery forever more, and therefore it is imperative that the jewellery they wear can be worn for extended periods without concern that it will break down. With titanium and steel jewellery, the best protection against that is for the jewellery to meet the same standard as that which was implanted in the human body, as many clients treat the piercing as if it has. In the case of things like microdermals, where removal is impossible without the intervention of either a piercer or doctor, these standards are even more important.</p>

Too contextualise: the two relevant Implant Standards for Titanium are F136 and F1295. Both of these alloys are more than simply the correct materials. F136, for example, is a combination of 90% Titanium, 6% Aluminium, and 4% Vanadium. However, if you took 90 kgs of Titanium, 6kgs of Aluminium, and 4kg Vanadium and melted it in a pot, you wouldn't get out Titanium which met ASTM F136. F136 is as much about the structure of the alloy, as well as its individual components.

Structure can affect overall biocompatibility but, just as importantly, it affects the durability of the Alloy

The reason that I mention this is; structure can't be tested after the alloy has been made. Most after manufacturer testing uses electro fluoroscopy but there are several problems there. First, it doesn't go very deep and, as such, you don't get a complete picture of what's in it. It may be the correct composition at certain points, and a completely different composition at others. If this was the case, you'd have different amounts of biocompatibility at different points on the same piece of jewellery. Second, electro fluoroscopy doesn't tell us anything about the materials structure.

To ensure what we're getting is what jewellers say it is in terms of implant standards, we ask for end-to-end traceability. This is often in the form of what's referred to as mill certificates. When a mill creates an alloy of this standard, they digitally "stamp" that batch with a Heat Number. And that heat number is reordered at every stage of the supply chain. So, if (fictional names, obviously!) Angeles Mill creates an ingot of Titanium alloy which meets F136, it gives it a heat number. It then sells that ingot to David Distribution, who then sells it to DA Body Jewellery for machining into jewellery. Angeles Mill keeps a record of selling material stamped with that heat number to David Distribution, and David Distribution keeps a record of having sold that ingot to DA Body Jewellery. DA Body Jewellery then has those certificates to say that they know exactly what is in that alloy, that it's safe to be in a person, and that it meets sufficient durability tests.

When jewellers buy this stock, they usually buy it in the form of wire. So they'll buy 18g wire, 16g wire, 14g wire, and so on and so forth. To ensure that what you're getting isn't being switched out for something poorer quality before turning it into jewellery, UKAPP asks that jewellers be able to provide:

- Certificates for all sizes of wire that they'd use. So, if they're only making barbells up to 12g, and balls up to 1/4", we don't certificates for anything 1/4"+
- That those certificates contain a sufficient quantity of material to be able to cover their expected run rate.
- That those certificates are dated recently enough to be able to cover the whole range with the quantity they've purchased.

In addition to these standards, our sister organisation the APP is working on a standard that can be applied to gold, niobium, and platinum.

However, we also acknowledge that in many ways, our organisation's standards are higher than general local authority requirements. The tide is turning with the piercing industry in the UK, but many piercers continue to use manufacturers that do not meet the UKAPP's standards, but are undoubtedly safer than other prohibited materials. In addition to this, UKAPP also recognises that access to the standards of jewellery we require of our members is not as high as the level of access studios have to mid-range options, and it may be prohibitively expensive for studios to make such a large supplier change at one time.

Nonetheless, we would certainly like to see some definition applied to what would constitute a 'Reputable Supplier.' For example, refusing licences where studios had purchased jewellery from eBay, or Amazon, would be proportionate. And that titanium, and steel jewellery which has been imported and does not meet an implant standard be subjected to basic tests such as electro fluoroscopy. This is supposed to be established under the EU Nickel Directive but, much still slips through the net. Gold and platinum are already subject to their own laws and therefore no change is required here. Niobium is usually considered very low risk as it is extremely difficult to alloy, and there have currently been no known instances in the body piercing industry where niobium has been the subject of any kind of misrepresentation by those supplying it.

In annex D1. 3. 10, in relation to jewellery standards. The document states surgical stainless steel and dense low porosity plastic. Surgical steel is a marketing term and is in fact just steel. Whilst UKAPP ask that steel jewellery meet ASTM Implant Standard F138, we feel it is sufficient for the purposes of licensing for steel jewellery to be demonstrably compliant with the EU Nickel Directive.<sup>6</sup> Whilst, as it

stands, anyone selling jewellery in the UK is required to comply with this directive, UKAPP are aware that are currently many loopholes that make this difficult to enforce.

Currently, although jewellery made from materials such as Delrin exist, we are unaware of little low porosity plastic that we would advise being used as initial piercing jewellery. According to the Standard specification for polyoxymethylene (acetal) for medical applications (2019), neither the ISO or ASTM currently consider even low porosity plastics used in medical devices sufficiently safe for human implant.<sup>7</sup>

Annex D1. 3. 12 states that a sterilised clamp must be used for tongue piercings. UKAPP feel that this requires elaboration. If it is in relation to using a sterilised tool, then that is a must for all piercings. (Please see answer to below to D1.37 for elaboration) However, if it is suggesting that you must use a clamp in general instead of doing the procedure 'tool-less' or 'freehand' then as an organisation we disagree. There are a high number of piercers that do not use tools, or a very limited number of tools in order to eliminate the added damage that can occur when clamps are used.

Indeed, it is widely considered best practice to perform tongue piercings using a freehand method.

<sup>7</sup> Standard specification for polyoxymethylene (acetal) for medical applications (no date) ASTM International - Standards Worldwide. Available at:

<https://www.astm.org/f1855-00r19.html> (Accessed: April 1, 2023).

<sup>6</sup> <https://www.astm.org/f0138-19.html>, Regulation (EC) No 1907/2006 of the European Parliament and of the Council of 18 December 2006 concerning the Registration, Evaluation, Authorisation and Restriction of Chemicals (REACH), establishing a European Chemicals Agency, amending Directive 1999/45/EC and repealing Council Regulation (EEC) No 793/93 and Commission Regulation (EC) No 1488/94 as well as Council Directive 76/769/EEC and Commission Directives 91/155/EEC, 93/67/EEC, 93/105/EC and 2000/21/EC (Text with EEA relevance)Text with EEA relevance

9

Annex D – 15 Many of our members, post-covid, have begun using online consent forms. Many of these can be filled in on the client's own device and submitted, reducing cross-contamination. However, this means that although the practitioner will access and review the information on the form, they would not be able to counter-sign it. We would suggest that having the practitioner counter-sign the consent form/questionnaire not be a mandatory requirement for this reason, providing that the practitioner has a policy in place for checking all forms prior to piercing.

Annex D1. 24 Whilst utilising tools that are suitable for the job is imperative, it is worth noting that combining other tools such as needle blanks (metal tubes of varying gauges) is the preferable method for

many piercers. They are affordable enough to be utilised once and then simply disposed of, eliminating the risks associated with re-sterilising tools. UKAPP feels strongly that piercers should be given some leeway to demonstrate that the tools they are creating for themselves are suitable for the task at hand, before they are denied their license for using them.

Annex D1. 25 The vast majority of high quality piercing supplies arrive non-sterile. It is worth noting that no jewellery which meets our jewellery standards is available pre-sterilised. This is because the risk of rendering tools or jewellery non-sterile during transport can be high. What's more, pre-sterilised items have a shelf life which can easily be eclipsed between sterilisation, transport, and purchase. Finally, many piercers simply do not trust that sterilisation occurring abroad meets the same high standards we would expect domestically. Rarely are sterilisation records available (even from domestic suppliers,) from companies providing pre-sterilised items and their sterilisation processes are not available to scrutinise. As such, many of our members and many in the wider community choose to sterilise their tools, equipment, and jewellery themselves.

Because, when working at this level, it is assumed that those purchasing have sufficient knowledge of sterilisation (cleaning, passivating, and finally sterilising,) very few manufacturers provide step by step instructions on how to sterilise their products. Whilst UKAPP is very amenable to approaching suppliers for MIFU guidance, it is worth noting that this is not a process which can be completed quickly, and would require the agreement and co-operation of many different, sometimes opposing companies and groups. UKAPP proposes that, rather than mandating that companies provide this, a competency test be adopted whereby those seeking a licence must demonstrate their knowledge of sterilisation processes, and how they are best affected in their own studios. Once more, this is something the UKAPP would be very happy to consult on.

Annex D1 – 31 mentions the use of single use vinyl gloves. UKAPP would be strongly opposed to this. Vinyl gloves are proven to tear easily which will put the wearer at risk. According to a study by Micheals, M (2017) Vinyl gloves have a 51.2% failure rate.<sup>8</sup>

This section also refers to carrying a disease that could be transmitted during the procedure. We would ask for clarification that this does not include individuals who are HIV+. This is because the risk of transmitting HIV, even through a needlestick, would be highly unlikely. Furthermore, many individuals



who are HIV + are on a course of medication which makes their viral load undetectable and therefore untransmissible.<sup>9</sup>

In annex D1 – 31 it mentions all special procedures to be undertaken in conditions of appropriate privacy. UKAPP feel this requires elaboration. Body Piercers utilise multiple techniques to ensure client privacy. Some feel that a separate dedicated room is best, whilst others simply utilise a portable room divider. Whilst UKAPP feels that body piercing should happen in a separate, dedicated room, we are aware that this is not possible for all studios due to architectural limitations. Whilst we feel strongly that clients should not be forced or feel any pressure to disrobe in-front of other practitioners, staff, or the general public, we also feel that ‘appropriate privacy’ should not exclude studios who are utilising portable structures to achieve this.

Consuming food and drink in the procedure room – As an organisation, we feel that this must be more nuanced. In general, we fully support that food and drink should be prohibited in the procedure room. However, in the interests of client-wellbeing, we would suggest that drinks or sweets are allowed in contexts where a client feels unwell or light-headed following a procedure. This is also a common practice in many medical settings already and the implications of not allowing it are far worse.

Annex D1. 35 - Whilst expired products such as cleaning agents most certainly should not be used, it is worth noting that many products can. This would be for expired products only and not products which have been used during a procedure. Provided competency to sterilise is demonstrated, the following sterilisation expired products could be re-sterilised to use:

- Blade Needles
- ‘O’ Needles
- Needle Blanks
- Transfer snips
- Tapers
- Receiving tubes
- Bracing tools such as ‘Piercing Sticks’

Annex D1. 37 - Whilst we accept that, utilising Spaulding Classification, it is only items which have had or will have direct access to either the blood supply or mucus membranes, UKAPP feels strongly that all items used to actually perform a piercing, brace tissue, transfer jewellery, or otherwise assist in the act of creating a wound for the insertion of jewellery or object should be sterilised before use, and again after (if re-sterilisation is permissible for that particular item.)<sup>10</sup> It is important to note that Spaulding Classification is designed for those in the medical field who maintain and practise skills such as aseptic technique, clean hand/dirty hand, and no touch techniques. These are frequently not techniques with which body piercers will have been trained, and therefore the risk of cross contamination using this scale is unacceptably high.

Annex D1. 39 - For the overwhelming majority of equipment, UKAPP wholeheartedly agrees that cleaning, disinfection and sterilisation equipment should be validated for its particular use. However there is some nuance. Specifically, for pre-sterilisation cleaning and passivation, many piercers utilise anodising, as is consistent with the ASTM's F86 Standard Practice for Surface Preparation and Marking of Metallic Surgical Implants.<sup>11</sup> Anodising machines are simply DC power supplies and are therefore not validated for the specific purpose of anodising. As anodising is broadly considered the most efficient method of cleaning and passivating pre-sterilisation, UKAPP would be strongly against studios being refused a licence for using a machine which - whilst perfectly capable of performing the task at the highest possible standard - was not validated for the specific purpose of anodising.

Annex D1. 4. Ear and nose piercing using a cartridge system. The entire mandatory licensing is based around bettering infection control due to an outbreak of infections in which people were treated in hospital. This was traced back to a piercing studio in Wales. Putting this specific case aside, we have found that one of the biggest issues that the studio faces is in relation to embedded jewellery that is directly linked to the use of ear-piercing guns and/or systems as well as other piercing gun/system related problems.

"The use of guns for piercing cartilage presents an additional risk of perichondritis. The gun applies shear forces to the perichondrium, which may slip off the cartilage. An avascular cartilage (which is normally nourished by the perichondrium), may then become necrotic. Abscess formation and loss of cartilage are potential complications that often require surgical intervention".<sup>12</sup> (Yahalom & Eliashar, 2003)

	<p>Further more to the higher risk of perichondritis the documents supporting the proposed licensing mentions the sterilisation of tools that are used. However, it is widely known that ear piercing guns/systems can not be sterilised due to them being made from plastic. According to Cutler, N (2013) several States in America have decided to ban the use of piercing guns.<sup>13</sup> She goes on to further state that this is due to the inability to sterilise the instrument safely and effectively.</p> <p>Unfortunately, there is a possibility that Hepatitis C can be passed on due to microscopic particles contaminating the gun. “There are medical reports that acknowledge the possibility of transmitting Hepatitis C through the use of ear-piercing guns” (Cutler, N 2013).<sup>14</sup> Another issue that I can see related to this is that guns/systems are often used with low quality metals. Many of these are not included on the mandatory licensing and approval conditions, and for good reason.</p> <p>According to Muntz et al. (1990) there has been an increase in the frequency of complications due to embedded earrings in the lobes and helix due to the use of spring loaded ear piercing guns.<sup>15</sup> This is more than likely the result of improper aseptic technique and insufficient training. Coinciding with this is the fact that ear piercing studs related to the gun and/or system directly are one size as standard. In body piercing when performing a lobe piercing there is a large choice of sizes. In David’s studio, he stocks approximately 18 different sizes of plain labret bars for lobe piercings, with each individual option having the option of three different sized disks on the back so that different sized attachments on the front can be effectively balanced in the wound.</p> <p>UKAPP would further assert that the levels of hygiene required for a piercing with a needle are considerably higher than those pierced with a gun. In terms of infection control requirements, both are creating a wound into which jewellery is inserted with the hope that a fistula of tissue will grow. There are no practical reasons that a method of piercing which we have demonstrated holds notably higher risks should have lower standards of cleanliness.</p>
<p><b>also</b></p>	<p>82 - Anonymous (piercer); 83 - Anonymous (piercer); 87 - Anonymous (piercer); 124 - Anonymous (piercer); 127 - Anonymous (piercer); 128 - Anonymous (piercer); 129 - Anonymous (piercer); 130 - Anonymous (piercer); 131 - Anonymous (piercer); 149 - Anonymous (piercer); 150 - Anonymous (piercer); 151 - Anonymous (piercer); 173 - Anonymous (piercer); 176 - Anonymous (piercer); 195 - Anonymous (piercer); 204 - Anonymous (piercer); 207 - Anonymous (piercer); 234 - Anonymous (piercer); 250 - Anonymous (piercer).</p>

<p><b>238/239 - Institute of Licensing</b></p>	<p>We support the comments made by LEP which are set out in the response from Environmental Health Wales (EHW) and the Directors of Public Protection Wales (DPPW).</p> <p>Licence conditions are often a subject of debate and discussion across many licensing regimes. It is our experience that conditions are much more effective where they are clear, concise and kept to a minimum wherever possible. LEP members have expressed concern that the current list may be too long and complicated, and that consideration should be given to re-wording and consolidating the conditions to make them clearer and to reduce the size and nature of the conditions. IoL strongly supports this, and we would be happy to work with Welsh Government to assist in reviewing the current list.</p>
<p><b>252 - Torfaen County Borough Council</b></p>	<p>Yes.</p> <p>Clear and unambiguous licensing conditions are key to consistency for both businesses and LAs. This will reduce the need for appeals to Licensing Committees and further.</p> <p>TCBC also wish to add the following comments:-</p> <p>Some gaps appear around provision of safe water in mobile vehicles, road worthiness of the vehicle, MOT status, toilet and welfare provision.</p> <p>Condition 3 – recommend addition of “and verbally explain or describe the relevance of the license if asked by a client” TCBC propose a change to include “licensing practitioners must provide their photo ID licence to customers before any special procedures are carried out.”</p> <p>Condition 7 - Would advocate the following change ‘a licensed practitioner wishing to carry out any special procedures not authorised within their licence, can only do so, following an application to vary, which has been approved by the issuing licensing authority, prior to any new procedures being undertaken.’</p> <p>Condition 9 - Would advocate a change in the reporting time to reflect 7 or 14 days in view of the severity of certain offences.</p> <p>Condition 10 &amp; 11 - consider a minimum insurance coverage.</p>

Condition 11 – readily available inspection of documentation recommend addition of “at all times” to both.

Condition 12 – inclusion of proof of identification requirement where a client appears to be under the age of 18 such as driving licence / passport and not applicable to everyone.

Condition 13 – consider use of “Visual/Diagram information alongside Written” as some clients may prefer this?

Condition 14 and 15 – does not consider pre-treatment questionnaires being completed done every time a client comes in to have treatment as some treatments may be undertaken over time and changes to health can occur during that period e.g., heart condition, pregnancy etc.

A standard format is also recommended for this to be developed for use across Wales, so all businesses use the same processes, and all regulators can expect to see the same standard.

Condition 17 – Contraindications must be covered, fully in the L2 IP&C training.

Standardised information / guidance is recommended on after care advice and contraindications, which are preventative (stops the procedure) and restrictive (may need to amend the procedure e.g. change position of a tattoo for moles etc.)

Condition 18 – could consider “written, diagram or pictorial post case advice” if it helps people understand.

Condition 18. There should be standardized documentation throughout Wales.

Condition 19 – Intoxication may be difficult for practitioners to assess. Further advice and guidance may be needed.

Condition 20 – use of a body diagram to indicate what procedure was done, and what existing piercings/tattoos/procedures were there before the work was done.

/ Use of a body diagram to show where the procedure was done. Standardised documentation for pre and post treatment consultations /advice. Leaflets should be made available to download from Welsh Government website.

Condition 22 – recommend addition of “and document this referral/notification, including what action was taken. This may be reviewed by an LA EHO at the next inspection”.

Condition 25 – recommend addition of “and used in accordance with the manufacturer’s instructions” so as to avoid misuse for a specific desired effect. Additional guidance required on “reputable suppliers”.

Condition 25 & 26 – if this is to be included as a condition, consideration must be given to the provision, maintenance and sterilisation of teal units, particularly in temporary structures, events and/or vehicles is needed, due to the risk of contamination arising from bacteria such as Pseudomonas.

Condition 24 & 25 - Equipment should be serviced following manufacturing instructions guidance.

Conditions 22, 23 and 36 – most practitioners prefer to use their own cleaning equipment and products rather than rely on the premises holder. This should be allowed for.

Condition 29 – recommend addition of “disease” at the end of the sentence. Naevus and other pigmented lesions should also be considered.

Condition 30 – recommend addition of “or has impaired capacity to make a sound decision at the time of treatment”

Condition 30. Difficult for acupuncture practitioners as they are typically treating people who are unwell. Clarity is also required as to how “fitness” and “wellness” will be assessed by the practitioner. For example, if a pre-treatment questionnaire identifies a heart issue. What steps would be necessary, if any, for a client to demonstrate this?

Condition 31 – no pets in the domestic area, vehicles or on certified premises. Add requirement to maintain a sharps box and suitable spill kits. Condition 31 should also specify ‘keeps nails short, clean and free from nail decoration or any nail covering’. This is an important requirement for the beauty industry to be reminded of.

Consideration is also required in relation to the use of temporary screens and the provision of a designated staff area away from a treatment area, particularly in premises where more than one tattooist is performing a procedure.

The addition of hand washing prior to putting on gloves in point 3 and a definition of “appropriate” in point 4 is requested.

TCBC also advise caution on the suggestion that vinyl gloves are appropriate, with nitrile gloves being considered a more appropriate option.

Condition 32 - first bullet – All fittings and equipment are to be cleaned and disinfected immediately in advance of.....this needs to be amended to include ‘or wrapped’ as not all equipment and fittings can be cleaned and disinfected.

Fifth bullet should also add after disposable gloves ‘of the correct size’ to enable dexterity and promote use of gloves.

Sixth bullet - An expected list of a first aid kit for special procedures should be provided.

Section 2 – Tattooing and pigmentation –

A clear statement on what a practitioner is looking for and the area that is being assessed is required.

Condition 4 – consideration of chemical sensitivity tests is needed as micropigmentation can cause skin sensitization and post treatment inflammation, chemical sensitivity and allergic reaction. Section 2 on the D1 conditions (pg 79) para 4. states pigments must have detailed data sheets which provide an expiry date. Data sheets do not contain an expiry date – it’s the bottle that specifies the expiry date.

Condition 34 & 35 – must be a documented procedure that can be submitted as part of their application.

Condition 4 – retention of product and chemical data sheets alongside treatments administered is needs should post procedure injury/ill health occur.

An additional condition should be added which specifies 'if petroleum jelly or lubricating gel is to be placed on a client's skin, enough for one client only should be removed from the stock container with a clean spatula and place in a container that is either disposed of at the end of each treatment or is cleaned and sterilised before the re-use.

Suggest use of either / or as currently too little flexibility on the emphasis on premises sole responsibility when it may be the practitioner that will be providing certain equipment.

TCBC agrees with the general principles, layout, and structure of the licensing conditions. However, comments have been limited to the wording of each individual condition at this stage due to the complexity and length of the series of conditions provided. It is strongly recommended that a separate working group consisting of both LA and Industry representatives be established to review the detailed wording of the proposed conditions and any associated guidance prior to finalisation.

Mandatory conditions – conditions 7 and 8 suggest that LAs will be expected to process applications within 28 days from date of application. Given the level of detail required in the application and the onsite assessment that will be required to be completed, this is an unrealistic timescale. Also, the wording of condition 8 'Should the application process be delayed, the original licence will be deemed valid until the new licence is approved but only if the application is submitted within the specified time period' – this should be re-word to 'only if a valid application is submitted' and a definition regarding valid applications should be provided.

Where procedures are required to be developed and used – this should be changed to implemented, which would be in-line with other legislative requirements such as those relevant to food hygiene.

Question



	How will the outcome of appeals taken to committee and further be disseminated to other LAs to aid consistency?
<b>254 - Swansea Council</b>	<p>YES.</p> <p>These conditions appear to cover principal hazards</p> <p>Some gaps appear around provision of safe water in mobile vehicles, road worthiness of the vehicle, MOT status, toilet and welfare provision.</p> <p>Condition 3 – recommend addition of “and verbally explain or describe the relevance of the license if asked by a client”</p> <p>Condition 7 &amp; 8. Introduces a 28 day time limit for variation or renewal of the licence, with applications to be made within 28 days of the change occurring/before licence expiry. These are significant step changes for the industry and it is envisaged there will be increased enforcement action resulting from these conditions.</p> <p>Condition 13, 14 &amp; 15 requires the license holder to provide written information, in an easy-to-understand format to every client explaining the process, the risks and the contraindications. It is suggested that consideration should be given to adding in the use of Visual information alongside where appropriate.</p> <p>It is also suggested that all written client information should conform to a prescribed format similar to that outlined in the sunbed legislation. This will ensure consistency. Recommend a TAFG of LA EHO and Businesses to develop this.</p> <p>Condition 18 relates to the requirement of the operator to provide both verbal and written aftercare information to the client. In line with comments for condition 13, 14 &amp; 15 it is suggested that consideration should be given to adding in the use of visual information alongside where appropriate.</p> <p>Condition 20 relates to the requirement of the operator to keep a record of the procedure carried out. It is suggested that the use of a body diagram to indicate the location of the procedure, existing piercings/tattoos/procedures is also kept.</p>

Condition 22 relates to the requirement of the licensed operator bringing to the attention of the approved premises certificate holder, any risks associated with, or present within the premises. It is recommended that there is also a requirement to document this referral/notification, including what action was taken.

Condition 30 prohibits an operator from carrying out a treatment on a client if they suspect they are not fit and well. It is recommended that there is also the addition of consideration of impaired capacity to make a sound decision at the time of treatment.

Condition 31 relates to standards of hygiene and first aid provision at the treatment premises. It is recommended that there is also the addition of no pets in the domestic area, vehicles or on certified premises.

Section 2 relates to Tattooing and pigmentation it is normal practice in the beauty industry to conduct a chemical sensitivity tests as micropigmentation can cause skin sensitization and post treatment inflammation, chemical sensitivity and allergic reaction. Consideration should be given to adding this into the conditions.

Section 3 relates to body piercing. Except for ear lobes, ear cartilage, nose, lip or eyebrow, the licensed practitioner must not perform any piercing on a person under the age of 18.

Under these proposals, there is a prohibition on performing navel piercings on persons under the age of 18. It is envisaged that there will be significant push back from both industry and public to this. More worryingly, as navel piercing are a very popular piercing for younger teenage girls, there is a concern that there will be an increased prevalence in home navel piercings, which will lead to infections, which is the very thing this legislation is trying to safeguard against.

Section 4 relates to ear and nose piercing using a cartridge system.

Under these proposals, with the exception of earlobes and nose, the Licensed Practitioner must not perform any piercing on a person under the age of 18 years.

	<p>This proposal appears to be is contrary to the body piercing section which states that ear cartilage is an exception and allowable for persons under the age of 18. Additional clarification is required on this point.</p>
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<b>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?</b>	
<b>'Yes' response</b>	3 - Guild of Beauty Therapists; 4 – Anonymous; 10 – Anonymous; 12 – Anonymous; 14 - Cheryl Drew; 17 - Anonymous; 18 - Anonymous; 19 - Kim Eldridge; 21 - Anonymous; 22 - Sally Hickenson; 23 - Anonymous; 27 Clares European Services; 33 - Carla Evans; 34 - James Ogle; 37 - Anonymous (local authority); 47 – Anonymous; 61 - Anonymous (acupuncture); 78 - Anonymous (acupuncture); 80 - Anonymous (tattooing); 81 - Gemma Kingston; 84 - Anonymous; 91 - British Beauty Council; 93 - Royal College of Midwives; 95 - Beauty Industry Group – Licensing; 96 - Beauty Industry Group Chair; 98 - Inc and Co; 104 - Anonymous (acupuncture); 107 – BABTAC; 109 - Warren Tregidden; 116 – Anonymous; 125 - Becky Crossan; 126 - Rhondda Cynon Taff County Borough Council; 133 - Anonymous (local authority); 144 - Anonymous (piercer); 152 - Anonymous (tattooing); 163 - Anonymous (tattooing); 168 - Anonymous (tattooing); 179 - N Wales Health and Safety Expert Panel; 183 - Hair and Beauty Industry Authority; 198 - Isle of Angelsey County Council; 200 - Anonymous (local authority); 201 - All Wales Communicable Disease Expert Panel; 202 - Health and Safety Expert Panel; 209 - Anonymous (acupuncture); 215 - Shared Regulatory Services; 226 - Environmental Health Wales; 227 – Anonymous; 229 - Anonymous (tattooing); 230 - Anonymous (charitable organisation); 238/239 - Institute of Licensing; 241 - Anonymous (tattooing).
<b>'No' response</b>	41 - Anonymous (acupuncture); 66 - Gareth Davies.
<b>'Agree'</b>	15 - Anonymous (acupuncture); 20 - Duncan Reed; 57 - Tamarind Dykes; 135 - Anonymous (tattooing); 178 - Minan Yao; 243 - Anonymous (acupuncture); 244 - Anonymous (acupuncture); 247 - Anonymous (acupuncture).
<b>Left blank</b>	1/35 - Anonymous (acupuncture); 5 - Anonymous (acupuncture); 8 – Anonymous; 9 – Anonymous; 11 - Katie; 24 - Anonymous; 25 - David Carlisle; 28 – Anonymous; 30 – Anonymous; 32 - Anonymous (tattooing); 38 - Rachel Edney; 59 - Josh Cranton; 62 - Anonymous; 73 - Clare Robinson-Campbell; 89 - Rachel Bowen; 100 - Anonymous; 111 - Anonymous (tattooing); 120 - Anonymous (acupuncture); 145 - Anonymous (tattooing); 164 - Anonymous (tattooing); 166 - Claire Pritchard; 189 - Baidong Li; 216 - Age Cymru.
<b>2 - Anonymous</b>	Absolutely not in respect of tattooing. The risks of harm are very low, and unfortunately, the practitioners who are not hygienic would not bother getting licenses anyway. As usual, the good practitioners are having their lives made more difficult. Regulation is fine, provided it is proportionate and properly tailored to the each special procedure.

<b>6 - Anonymous</b>	Not sure
<b>16 - Sarah Swaysland</b>	<p>In general, YES. I feel there are certain areas that need clarification, as detailed in previous response, so that controls are fully understood and consistently applied.</p> <p>I would query what Welsh Government's evidence base is for trying to increase the legal age of ear piercing (by requiring written consent from the client). Is there evidence that the piercing of ears of babies/toddlers/young children is causing them significant harm? As already stated, imposing restrictions could push this practice underground and put young children at an even greater risk of infection/complication.</p>
<b>26 - Joint Council of Cosmetic Practitioners</b>	Agreed - these should not be diluted.
<b>29 - Shan MacVicar</b>	Acupuncture section satisfactory
<b>31 - Chartered Institute of Environmental Health</b>	Yes – The mandatory conditions take account of the different special procedures and the different circumstances in which they are practiced. They will provide consistency in relation to the licensing criteria and ensure that the same criteria are applied across Wales by all local authorities. They will also ensure that the requirements to be met by those applying for a special procedure licence are transparent and obtainable.
<b>36 - Kelly Griffiths</b>	y
<b>39 - Kate Doble</b>	<p>Body piercing- is belly button piercing now prohibited under 18?</p> <p>Can under 16s have a nose piercing using a cartridge system?</p>
<b>40 – Anonymous (acupuncture)</b>	Yes, though my knowledge is restricted to acupuncture
<b>43 - Acupuncture Association of Chartered Physiotherapists</b>	No, not to acupuncture as consultation does not show an assessment of costs relating to acupuncture complaints in the NHS.
<b>also</b>	42 - Paul Battersby; 44 - Roy Montgomery; 45 - Anonymous (acupuncture); 46 - Alison Smith; 50 - Anonymous (acupuncture); 52 - Anonymous (acupuncture); 58 - Kate van Rensburg; 60 - Laura Gibbons; 63 - Christine Hutchinson; 64 - Anonymous (acupuncture); 65 - Anonymous (acupuncture); 86 - Suzanne Gregson; 99 - Janis Short; 105 - Daniel Curran.

<b>48 - Kat Hennes</b>	I agree that the licensing conditions are proportionate.
<b>49 - Di-enw</b>	Yn gyffredinol derbyn fod yr amodau yn deg Ddim yn cytuno y dylid hyfforddai ond derbyn hyfforddiant / goruchwyliaeth gan un hyfforddwr yn unig.
<b>53 - Oliver Todd</b>	Yes they are fairly set out.
<b>54 - Lola Slider</b>	No I think they are extremely over the top, as this study shows, less than 1% of piercing complications reported result in a hospital stay, a fraction of a percent of all piercing conducted over all. This is an overwhelming safe industry with very few severe complications that warrant this level of scrutiny. A small risk of infection is unavoidable when someone leaves the premises and possibly touches their wound with dirty hands, so of the small amount of infections that take place, an even smaller amount actually were contracted in a studio setting, the industry is placing no great burden on the NHS any more so that allergic reactions to hair dye or to waxing skin burns or massage injuries.
<b>55 - Aiden Johnson</b>	No. The majority I agree with but navel piercings should be allowed from 16+ not 18+.
<b>56 - British Medical Acupuncture Society</b>	YES, for acupuncture
<b>69 – Anonymous (acupuncture)</b>	As above Also regarding acupuncture I understand that acupuncturists may be treating unwell individuals therefore there is an issue in terms of the wording that clients should be fit and well / healthy to receive acupuncture
<b>74 – Anonymous (SPM)</b>	There is a lack of understanding of special procedures so it is partially irrelevant
<b>75 - Madeline Boots</b>	No, not to acupuncture as consultation does not show an assessment of costs relating to acupuncture complaints in the NHS or within private healthcare.
<b>77 - Mari McAndrew</b>	Agree in theory, however, further guidance is needed on how to assess and prove competence.
<b>79 - Rhian Mansfield</b>	with the exception of piercings guns, yes I do
<b>85 - F Hinds Ltd</b>	We would refer to the comments made by [manufacturer name redacted] UK Ltd. in relation to this
<b>88 - Anonymous (acupuncture)</b>	No, not to acupuncture as consultation does not show an assessment of costs relating to acupuncture complaints in the NHS or within private healthcare.
<b>90 - Blaenau Gwent County Borough Council</b>	As point 13 above

<b>92 - Anonymous (acupuncture)</b>	<p>No. The amount of bodily fluids from acupuncture are not in the same volume or frequency as eg tattooing. Any bleeding that does happen, does not migrate past the needle site. Therefore, aprons / bed covers are disproportionate to the risk.</p> <p>Furthermore, alcohol wipe of the skin prior to acupuncture is not required - acupuncture needles are solid (not hollow, as no fluid is needed to pass through). In addition, the safety literature for acupuncture indicates that skin infections post acupuncture are very rare.</p>
<b>94 - National Hair and Beauty Federation</b>	<p>Yes, allowing a cooling-off period could be included following consultation, also something on the taking and storage of digital images.</p> <p>Maybe you could include guidance on limiting factors, this could mean that the procedure may need to be adapted but still could be completed.</p>
<b>102 - Dr Di Wu</b>	<p>Agree, but this should be considered based on the nature of different special procedures.</p>
<b>103 - Anonymous (acupuncture)</b>	<p>The risks from acupuncture are minimal so long as adhering to good hygiene practices. There is considerably less aftercare required than for example for caring for a new tattoo or a piercing. The licensing conditions regarding paperwork before and after treatment are more appropriate to treatments such as a tattoo or piercing.</p>
<b>106 - Anonymous (acupuncture)</b>	<p>I can't comment on the other skin piercing procedures but with the caveat in the previous answer they appear unexceptional.</p> <p>As a general principle, however, it seems to me eminently worthy of challenge as to why all forms of skin piercing are gathered together under this single piece of legislation when they offer an entirely different risk profile. The safety record of professional acupuncture, even when performed by the poorly trained, is extremely good, and in the Regulatory Impact Assessment I would be prepared to wager that the overwhelming majority of accidents and injuries requiring medical treatment did not arise from acupuncture.</p> <p>Indeed, it was strongly rumoured at one stage that in Greater London Westminster Council, the promoters of the original LLA1991 legislation which lumped acupuncture in with sex shops and massage parlours, was considering dropping all requirements for acupuncture licensing precisely because it was an uneasy fit with the other licensed activities and because its safety record was exemplary.</p>

	If the consultation extends to potentially over-turning one of the clauses in the PHW 2017 Act, perhaps it is not too late to look at acupuncture as a legitimate healthcare activity which needs to be regulated in a different way? Or regulated in a way properly proportionate to the risks it involves?
<b>108 - Anonymous (acupuncture)</b>	Agree. But some customers under 18 years old may come alone for acupuncture treatment after first visit.
<b>112 - British Acupuncture Federation</b>	<p>We disagree that the risks to a patient undergoing acupuncture treatment warrant the licensing proposed. It is neither proportionate or necessary taking into account the low risks to health to patients. The proposals are unnecessary given the documented history of safe practice by BAF acupuncture practitioners in Wales and throughout the UK.</p> <p>We also believe that it is disproportionate and punitive for acupuncture practiced by a highly skilled individual should be considered in the same vein as tattooing, electrolysis and body piercing which has much shorter training courses, reusable tools and are not considered medical procedures nor are they in the field of healthcare. The London Licencing group has determined that there is sufficiently low risk that BAF members are exempt from licencing throughout the London boroughs.</p>
<b>113 - Superdrug Ltd</b>	We are led mostly by our suppliers expert suggestions and advice on this matter. We already carry out this service in England, where the minimum age is 14. During consultation, we ensure the client is age appropriate. If anyone is under the age of 16, we require consent for a parent or legal guardian, who also remain with the client throughout the whole process and treatment.
<b>117 - Marnie Williams</b>	Excluding what is listed above, yes I do. Photo Licence displayed however - I strongly support this step. To have the photo posted on the wall so that the client can immediately verify that their practitioner is licensed is a great step. However, it should also be acknowledged that many in our industry make quite radical changes to their appearance regularly, and therefore it may be necessary to have some kind of mechanism where the photo can be easily updated to ensure public trust in their practitioners.
<b>118 - Ann Charlton</b>	Agree, but some clients under 18 years old may come alone for acupuncture treatment after the first visit, this is acceptable.
<b>121 - National AIDS Trust</b>	<ul style="list-style-type: none"> <li>The methods mentioned for sterilisation of equipment in body piercing and ear and nose cartridge piercing are suitable and proportionate to prevent HIV infection risk. The requirement to only use single-use needles and tips for tattooing is also suitable and proportionate to risk of HIV transmission.</li> </ul>



- However, the mentions within the procedure-specific infection control procedures of the use of gloves for acupuncture are unsuitable – specifically the assertion that this is necessary where "the client is known to be infected with a blood-borne virus".
- As articulated earlier, universal precautions such as the use of gloves should be mandated for any special procedure where there is a potential that the practitioner might come into contact with bodily fluids such as blood.
- According to data from the UK Health Security Agency, in 2021 there were 2,163 people reported to be in HIV care in Wales. Of those people, 1,355 had a reported viral load, meaning that most people in HIV care in Wales will be aware of their viral load and their risk of transmitting HIV to others. As a result, people who declare that they are living with a blood borne virus such as HIV before a special procedure are not inherently a greater infection risk than those who do not.
- However, there are likely to be hundreds of people living with HIV in Wales who will not be diagnosed with HIV and therefore be unaware of their infection risk. This is the reason why the use of universal precautions for all clients is vital – such as the wearing of gloves – because it cannot be guaranteed that a client does not pose an infection risk through their blood just because they say they are not living with a blood borne virus.
- Distinguishing people "who are known to be infected with a blood-borne virus" as a particular group is both unnecessary if universal precautions such as wearing gloves are applied properly and is potentially discriminatory against people living with HIV.
- Treating a person living with HIV differently from a person not living with HIV in relation to a requirement for practitioners to wear gloves could be considered 'direct discrimination' and therefore illegal under the provisions of the Equality Act 2010. Mandating the licensing conditions in this way could also put the Welsh Government in breach of its 'Public sector equality duty' within the Equality Act to prevent discrimination against people living with HIV.
- We therefore suggest the text on glove-wearing be amended so it reads:

	<p>"A licensed practitioner must wear disposable, well fitting, surgical gloves that have not previously been used with another client where: • the client is bleeding or has an open lesion on an exposed part of his/her body, or • the licensed practitioner has an open lesion, broken skin or a skin infection on his/her hand; or • the licensed practitioner is handling items that may be contaminated with blood or other body fluids."</p> <ul style="list-style-type: none"> <li>• This text should be included in the 'procedure-specific infection control' sections of all the special procedures, not just acupuncture. This will prevent any risk of HIV transmission from any special procedure, whilst also not stigmatising and avoiding discrimination against people living with HIV.</li> <li>• It is also inappropriate for practitioners of any special procedure to ask clients if they are living with HIV because this would be considered personal data underpinned by GDPR law, which would need to be complied with. This data could only be collected with client consent and if strictly relevant – which it is not for the reasons highlighted above.</li> </ul>
<b>122 - Anonymous</b>	Yes they are proportionate
<b>123 - Anonymous (piercer)</b>	<p>Excluding what is listed above, yes I do. Photo Licence displayed however - I strongly support this step. To have the photo posted on the wall so that the client can immediately verify that their practitioner is licensed is a great step. However, it should also be acknowledged that many in our industry make quite radical changes to their appearance regularly, and therefore it may be necessary to have some kind of mechanism where the photo can be easily updated to ensure public trust in their practitioners.</p>
<b>132 - Anonymous (piercer)</b>	<p>Photo Licence displayed - We strongly support this step. To have the photo posted on the wall so that the client can immediately verify that their practitioner is licensed is a great step. However, it should also be acknowledged that many in our industry make quite radical changes to their appearance regularly, and therefore it may be necessary to have some kind of mechanism where the photo can be easily updated to ensure public trust in their practitioners. With regards to timeframes, our colleagues in Scotland routinely find that they are forced to work with expired licence (or not at all) due to admin times at the licensing team. It is imperative that an SLA be adopted to ensure that, if practitioners do their bit to meet these timeframes, they are not impeded from going about their business due to admin errors.</p> <p>As mentioned above with regards to insurance; Whilst our own minimum requirements for membership currently stipulate that practise indemnity insurance be taken out, this is a sticking point in the wider industry. Currently, we are seeing the homogenisation of insurance company terms and conditions, as</p>

	<p>more and more policy providers are using the same underwriter. This has left a lot of perfectly acceptable piercings banned. Many of us are finding it difficult to get a variety of lip placements, bridges, and surface piercings insured. As such, it may be that this requirement places insurmountable difficulty on piercers to meet both licensing requirements, and insurance ones.<sup>16</sup> In addition to this, you may find that certain insurance policies age requirements conflict with those listed in this document. <sup>17</sup> It is UKAPP's feeling that practice insurance is very important. And our ideal outcome would be to work with RSPH/CIEH/PHW to discuss this with insurance companies. Thus far, no company has been receptive to our concerns. The response has been simply; risk is calculated by actuarial software elsewhere, and there are no plans to change this under any circumstances.</p> <p><sup>16</sup> Ibid <sup>17</sup> Ibid</p>
<p><b>136 - Denbighshire County Council</b></p>	<p>Agree, however see with some additional comments below:</p> <p>Tattooing</p> <p>Condition 2 – once advice is provided regarding tattooing the neck or hands that there is a cooling off period of say 24-48 hours before the procedure can be undertaken for the client to consider the advice given. However, we feel that face tattoo should have a longer cooling off period, possibly 7 days.</p>
<p><b>143 - Claire's Accessories</b></p>	<p>Having reviewed Annex D1, below are responses specific to 4. Ear and nose piercing (using a cartridge system)</p> <p>1) We would like to see the age for cartilage piercing clarified. Where the piercing of the upper flat cartilage area can for some clients pose a higher risk than the piercing of an ear lobe, currently the service is available from the age of 14 years old, with parent / legal guardian consent and accompaniment under the age of 16 years. It is our belief that there is no ground for the age to be elevated to 16 years of age for cartilage piercing due to the additional aftercare advice offered and the fact that all customers are advised about the additional risk and how to reduce the risk for complications. Cartilage piercing is also a high demand service requested from the age of 10 years old in some instances and we believe that the age of 14 years is an adequate compromise and satisfies the added responsibility required for the piercing and also the request from the end consumer.</p>

	<p>Additionally, in local authorities bordering with England, where cartilage piercing is available from 14 years old, we feel that the consumer will simply cross the border if the age is elevated, impacting on Welsh businesses with no evidence to support the elevated minimum age requirement, this could also push cartilage piercing backwards to the old method of needle and cork carried out by a friend with no after care advice.</p>
<b>146 - Ming Chu Lok</b>	Yes, but not everyone under 18 come with their guardian.
<b>159 - H Wong</b>	dis agree
<b>167 - Anonymous (manufacturer)</b>	<p>Having reviewed Annexe D1, below are responses specific to 4. Ear and nose piercing (using a cartridge system)</p> <p>1) We would like to see the age for cartilage piercing clarified. Where the piercing of the upper Flat cartilage area can for some clients pose a higher risk than the piercing of an ear lobe, currently the service is available from the age of 14 years old, with parent / legal guardian consent and accompaniment under the age of 16 years. It is our belief that there is no ground for the age to be elevated to 16 years of age for cartilage piercing due to the additional aftercare advice offered and the fact that all customers are advised about the additional risk and how to reduce the risk for complications. Cartilage piercing is also a high demand service requested from the age of 10 years old in some instances and we believe that the age of 14 years is an adequate compromise and satisfies the added responsibility required for the piercing and also the request from the end consumer.</p> <p>Additionally, in local authorities bordering with England, where cartilage piercing is available from 14 years old, we feel that the consumer will simply cross the border if the age is elevated, impacting on Welsh businesses with no evidence to support the elevated minimum age requirement.</p> <p>Attached is a case study conducted in Holland reviewing the various methods for cartilage piercing and highlighting the importance of the aftercare procedure as key for safe healing and reducing issues.</p> <p>2) We agree and currently ensure that anyone under the age of 16 years of age has a Parent or Legal Guardian with them and require their details to be recorded and that they remain present for the procedure. Clarification is required for the second part of point 2) whereby it states, "The person</p>

	<p>receiving the procedure must give their written consent separately.” This is a requirement that would not be feasible for minors so we would like additional information on this or request that this is removed. It has always been accepted that the consent of the Parent / Legal Guardian is sufficient.</p> <p>7) For the jewellery requirement, current offering includes the use of 9ct Gold which is sold widely without issue throughout the UK and indeed globally by most manufacturers. To comply with the EU Nickel Directive and all international standards, [manufacturer name redacted] piercing jewellery is bonded at manufacture to limit the release of nickel. All [manufacturer name redacted] products are tested annually by Sheffield Assay Offices as well as a local Assay Office in the USA. As part of standard testing, [manufacturer name redacted] USA also conducts random sterility and quality testing and holds a Quality Management System certification in ISO 9001:2015.</p> <p>The current jewellery selection available from [manufacturer name redacted] UK includes predominantly 9ct Gold, 9ct White Gold (Rhodium Plated), 14ct Gold and 14ct White Gold (Rhodium Plated), 18ct Gold and 18ct White Gold (Rhodium Plated), Titanium, 24ct Gold Plated (base metal surgical grade of stainless steel) and Surgical Stainless Steel.</p> <p>Attached are certificates ISO, Sheffield Assay, USA Assay</p>
<p><b>169 - Anonymous (tattooing)</b></p>	<p>Points that need clarification:</p> <p>1.12. Does verification of age mean we're required to see photo identification, and are we required to keep a copy? I think that a lot of clients won't cooperate or take offence, for example if the client is clearly aged 50 or above. Will something similar to Challenge 25 be introduced?</p> <p>1.31: Bullet point 7: Why are acupuncturists exempt from having to wear gloves as they puncture the skin? Also, why are gloves required to be vinyl or non-latex? Latex gloves allow for the most dexterity when performing intricate procedures such as tattoos and piercings. If during consultation or in the consent form there is a question specifically asking if the client has a latex allergy, and alternative material gloves are available, why can't we use latex gloves? Also, they are the least likely material to tear, vinyl gloves especially have a high failure rate.</p>

2.2: Guidelines for what should be included in this consultation would be helpful. We already discuss the implication of visible tattoos on job prospects etc, but if there is anything else you wish us to include, please advise. Also, at what point would this become discrimination? Bodily autonomy is important, and where does this stop being subjective and become a rule? How is this not judgemental?

2.4: This is unnecessary when all this information is on each individual bottle of ink already.

2.7: How long would we be required to keep these records? It's simply unrealistic to expect that all of this could be documented with each client. Do you realise how much this would limit us? Can you explain why this is necessary and how you think it would be beneficial?

3.2: I don't believe eyebrow piercings should be included in the exceptions. Eyebrow piercings are piercings with the potential to migrate or reject completely, on a prominent part of the face, which can leave drastic scarring. I believe eyebrow piercings should be 18+.

I notice that navel piercings are missing from this annex. At what age can we pierce a navel? I recommend that the absolute minimum age for a navel piercing is 16 with or without parental consent. This is due to it being a piercing in an area where a developing body can affect how it heals. Please consider making 16 the minimum age for navels as mandate.

3.3: If a person under 16 can have their ear lobe pierced, what is the lower age limit? Consent is a massive issue, and very young children can not consent at all, for example babies. I don't believe that very young children, toddlers or infants are capable of understanding the implications of piercing fully, healing and what they're consenting to. I strongly urge you to consider a minimum age for ear lobe piercing under any circumstances. Furthermore, is the legal parent / guardian who is providing consent for a person under 16 required to show ID for them and the person under 16 and proof of guardianship, and what proof is acceptable? What are your plans here for safeguarding children (and practitioners who are regularly being 'tricked')

3.7: What makes a 'reputable supplier'?

3.10: No form of plastic, low porosity or not should be used in a fresh body piercing. Also please clarify what is a 'suitable grade', especially when it comes to stainless steel.

3.11: Why is it only tongue and genital piercings that require sterile and single use marker pens? All pens for all piercing procedures on any part of the body should be sterile and single use.

4.1: Cartridge systems are NOT suitable for ANY type of piercing under any circumstances. I believe this is a huge point that many piercers have pointed out again and again during the online discussions and we are constantly met with 'we don't have evidence' Plenty of piercers do have evidence of these systems being inadequate and dangerous and we implore you to listen to our professional advice and collect data of your own to stop this practice. Earlobes alone are dangerous to be pierced with a 'cartridge system' let alone a nose or any other cartilage. There are a plethora of reasons why these 'systems' shouldn't be used and I urge you to listen to our reasons why. A cartridge system has the same detrimental effects as a gun, it seems like they have renamed this type of system to make it sound less damaging, but it is just as bad (or the same thing). Practitioners who use guns or cartridge systems should be held to standards as high as the rest of us, yet they are not. The jewellery they use alone is barbaric. One example I shall give in this consultation is the jewellery used for nostril piercings, they are often barbed on the end that pierces the nostril, so that barb sits on the inside of the nose, making it effectively permanent unless the jewellery is cut, or torn out of the nose. Please understand why this is important, it feels like common sense to me. It's not even legal to use barbed fishing hooks on fish, so how can you deem it appropriate to use this on people? These systems cause blunt force trauma which can have lifelong consequences. It's totally unreasonable for you to expect industry professionals to take this proposal seriously when you have made a provision for this.

4.10: Any reusable piercing instrument used with cartridge systems / guns CAN NOT be sterilised. Why is giving it a wipe good enough for them but not those who pierce responsibly? Again, why are those of us who give our lives to learning better and safer practices held to higher standards than a retail shop assistant in [brand name redacted]? It's outrageous.

Also, why exactly does a fresh solution of alcohol have to be made up for each client?

**175 - Anonymous  
(tattooing)**

1.12: Does verification of age mean we're required to see photo identification, and are we required to keep a copy? I think that a lot of clients won't cooperate or take offence, for example if the client is clearly aged 50 or above. Will something similar to Challenge 25 be introduced?

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	<p>can have lifelong consequences. It's totally unreasonable for you to expect industry professionals to take this proposal seriously when you have made a provision for this.</p> <p>4.10: Any reusable piercing instrument used with cartridge systems / guns CAN NOT be sterilised. Why is giving it a wipe good enough for them but not those who pierce responsibly? Again, why are those of us who give our lives to learning better and safer practices held to higher standards than a retail shop assistant in [brand name redacted]?</p> <p>Also, why exactly does a fresh solution of alcohol have to be made up for each client?</p>
<b>184 - Nursing and Midwifery Council</b>	We have no comments
<b>186 - Anonymous (acupuncture)</b>	Agreed, however, some clients under the age of 18 May come in individually for acupuncture treatment after the first visit.
<b>192 - British Register of Complementary Practitioners</b>	We can only answer regarding Acupuncture, which would appear to be proportionate to the risks.
<b>194 - Jian Wang</b>	Agree, but for acupuncture treatment, if the client is under 18 the client should be accompanied by a parent, then may come alone for following treatment if needed.
<b>203 - Anonymous (acupuncture)</b>	Agree, but, some clients under 18 years old can come alone for acupuncture treatment after the first visit as acupuncture is a healthcare profession.
<b>205 - Lulu Dai</b>	Agree, but, some clients under 18 years old may come alone for acupuncture treatment after first visit.
<b>211 - British Acupuncture Council</b>	No. They will potentially limit access for those under 18 who choose acupuncture to help manage their condition. The restrictions may also lead to sub-optimal treatment being given.
<b>212 - Save Face</b>	It is appropriate for the special procedures currently within scope.
<b>217 - Anonymous (acupuncture)</b>	<p>The risks associated with acupuncture are tiny by comparison with tattooing, electrolysis and body piercing, all of which produce trauma.</p> <p>New tattoos and body piercings can take weeks to heal, but there is no damage done by acupuncture beyond the occasional small bruise at the site of the needle. The integrity of the skin is not compromised in any way.</p>

**219 - Ross Jarvis**

Points that need clarification:

1.12. Does verification of age mean we're required to see photo identification, and are we required to keep a copy? I think that a lot of clients won't cooperate or take offence, for example if the client is clearly aged 50 or above. Will something similar to Challenge 25 be introduced?

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	<p>can have lifelong consequences. It's totally unreasonable for you to expect industry professionals to take this proposal seriously when you have made a provision for this.</p> <p>4.10: Any reusable piercing instrument used with cartridge systems / guns CAN NOT be sterilised. Why is giving it a wipe good enough for them but not those who pierce responsibly? Again, why are those of us who give our lives to learning better and safer practices held to higher standards than a retail shop assistant in [brand name redacted]? It's outrageous.</p> <p>Also, why exactly does a fresh solution of alcohol have to be made up for each client?</p>
<b>220 - Tibetan and Eastern Medicine Association</b>	<p>We disagree that the risks to a patient undergoing acupuncture treatment warrant the licensing proposed. It is neither proportionate or necessary taking into account the low risks to health to patients. The proposals are unnecessary given the documented history of safe practice by TEMA and BAF acupuncture practitioners in Wales and throughout the UK.</p> <p>We also believe that it is disproportionate and punitive for acupuncture practiced by a highly skilled individual should be considered in the same vein as tattooing, electrolysis and body piercing which has much shorter training courses, reusable tools and are not considered medical procedures nor are they in the field of healthcare. The London Licencing group has determined that there is sufficiently low risk that TEMA and BAF members are exempt from licencing throughout the London boroughs.</p>
<b>221 - Wrexham County Borough Council</b>	<p>Yes however given the number of licensing conditions in the Annex this would require further consultation in due course.</p>
<b>222 - Caerphilly County Borough Council</b>	<p>No, reference comments in 13 above</p>
<b>224 - Anonymous (piercer)</b>	<p>Excluding what is listed above, yes I do. Photo Licence displayed however - I strongly support this step. To have the photo posted on the wall so that the client can immediately verify that their practitioner is licensed is a great step. However, it should also be acknowledged that many in our industry make quite radical changes to their appearance regularly, and therefore it may be necessary to have some kind of mechanism where the photo can be easily updated to ensure public trust in their practitioners.</p>
<b>231 - Anonymous (acupuncture)</b>	<p>No comment</p>

<b>232 - Kat Webb</b>	DISAGREE - The acupuncture and electrolysis sections are basically non existent. If their procedures are being classified as a special procedure along side tattooing and body piercing, then the restrictions need to be as stringent across the board, including the use of the same PPE such as gloves and aprons.
<b>233 - UKAPP</b>	<p>Photo Licence displayed - We strongly support this step. To have the photo posted on the wall so that the client can immediately verify that their practitioner is licensed is a great step. However, it should also be acknowledged that many in our industry make quite radical changes to their appearance regularly, and therefore it may be necessary to have some kind of mechanism where the photo can be easily updated to ensure public trust in their practitioners. With regards to timeframes, our colleagues in Scotland routinely find that they are forced to work with expired licence (or not at all) due to admin times at the licensing team. It is imperative that an SLA be adopted to ensure that, if practitioners do their bit to meet these timeframes, they are not impeded from going about their business due to admin errors.</p> <p>As mentioned above with regards to insurance; Whilst our own minimum requirements for membership currently stipulate that practise indemnity insurance be taken out, this is a sticking point in the wider industry. Currently, we are seeing the homogenisation of insurance company terms and conditions, as more and more policy providers are using the same underwriter. This has left a lot of perfectly acceptable piercings banned. Many of us are finding it difficult to get a variety of lip placements, bridges, and surface piercings insured. As such, it may be that this requirement places insurmountable difficulty on piercers to meet both licensing requirements, and insurance ones.<sup>16</sup> In addition to this, you may find that certain insurance policies age requirements conflict with those listed in this document. <sup>17</sup> It is UKAPP's feeling that practice insurance is very important. And our ideal outcome would be to work with RSPH/CIEH/PHW to discuss this with insurance companies.</p> <p>Thus far, no company has been receptive to our concerns. The response has been simply; risk is calculated by actuarial software elsewhere, and there are no plans to change this under any circumstances.</p>
<b>also</b>	82 - Anonymous (piercer); 83 - Anonymous (piercer); 87 - Anonymous (piercer); 124 - Anonymous (piercer); 127 - Anonymous (piercer); 128 - Anonymous (piercer); 129 - Anonymous (piercer); 130 - Anonymous (piercer); 131 - Anonymous (piercer); 149 - Anonymous (piercer); 150 - Anonymous (piercer); 151 - Anonymous (piercer); 173 - Anonymous (piercer); 176 - Anonymous (piercer); 195 - Anonymous (piercer); 204 - Anonymous (piercer); 207 - Anonymous (piercer); 234 - Anonymous (piercer); 250 - Anonymous (piercer).

<b>245 - Anonymous (acupuncture)</b>	Agree, but some clients under 18 years old may come alone for acupuncture after first visit.
<b>246 - Ke Xia Xu</b>	yes, Agree. but some clients under 18 years old may come alone for acupuncture treatment after first visit.
<b>249 - Association of Traditional Chinese Medicine</b>	Agree, but, some clients under 18 years old may come alone for acupuncture treatment after first visit.
<b>also</b>	51 - Alison Williams; 67- Anonymous (acupuncture); 68 - Anonymous (acupuncture); 70 - Anonymous (acupuncture); 72 - Anonymous (acupuncture); 101 - Anonymous (acupuncture); 110 - Anonymous (acupuncture); 114 - Anonymous (acupuncture); 115 - Jing Wang; 134 - Anonymous (acupuncture); 137 - Lingxia Gao; 138/(139) - Wang Chen; 141 - Na Yang; 153 - Zhimin Ma; 154 - Anonymous (acupuncture); 155 - Anonymous (acupuncture); 156 - Cui Hong Duan; 157 - Anonymous (acupuncture); 158 - Anonymous (acupuncture); 160 - Anonymous (acupuncture); 161 - Anonymous (acupuncture); 162 - Anonymous (acupuncture); 165 - Qikan Yin; 170 - Yuancai Fu; 171 - Yan Jing Wang; 172 - Baifang Zhu; 174 - Phoebe Deng; 177/206 - Anonymous (acupuncture); 188 - Anonymous (acupuncture); 190 - Anonymous (acupuncture); 191 Anonymous (acupuncture); 193 - Dr Jianrui Wang; 196 - Anonymous (acupuncture); 197 - Anonymous (acupuncture); 208 - Zheng Yuan Zhong; 210 - Li Yan; 213 - Min Li; 223/140 - Xianghui Guo; 225 - Jun Wen Ma; 235 - Anonymous (acupuncture); 236 - Jing Ding; 237 - Pinyi; 240 - Shu Li Lu; 242 - Anonymous (acupuncture); 248 - Anonymous (acupuncture).
<b>252 - Torfaen County Borough Council</b>	Yes. TCBC agrees with the general principles, layout, and structure of the mandatory licensing conditions, but have not commented on the wording of each individual condition at this stage due to the complexity and length of the series of conditions provided. It is strongly recommended that a separate working group consisting of both LA and Industry representatives be established to review the detailed wording of the proposed conditions and any associated guidance prior to finalisation.
<b>254 - Swansea Council</b>	Would like the option to add further conditions as appropriate which could be specific to an operator or premises. For example, challenge 25 age verification, prohibition on irresponsible promotions.

**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?**

<b>'Yes' response</b>	8 – Anonymous; 10 – Anonymous; 12 – Anonymous; 14 - Cheryl Drew; 17 – Anonymous; 18 – Anonymous; 20 - Duncan Reed; 23 – Anonymous; 27 - Clares European Services; 28 – Anonymous; 34 - James Ogle; 39 - Kate Doble; 40 - Anonymous (acupuncture); 55 - Aiden Johnson; 69 - Anonymous (acupuncture); 73 - Clare Robinson-Campbell; 74 - Anonymous (SPM); 78 - Anonymous (acupuncture); 81 - Gemma Kingston; 84 - Anonymous; 91 - British Beauty Council; 95 - Beauty Industry Group – Licensing; 96 - Beauty Industry Group Chair; 100 – Anonymous; 104 - Anonymous (acupuncture); 107 - BABTAC; 120 - Anonymous (acupuncture); 146 - Ming Chu Lok; 152 - Anonymous (tattooing); 168 - Anonymous (tattooing); 183 - Hair and Beauty Industry Authority; 209 - Anonymous (acupuncture); 212 - Save Face; 217 - Anonymous (acupuncture); 227 - Anonymous; 230 - Anonymous (charitable organisation).
<b>'No' response</b>	None
<b>Left blank</b>	2 – Anonymous; 5 - Anonymous (acupuncture); 9 – Anonymous; 11 – Katie; 24 – Anonymous; 25 - David Carlisle; 29 - Shan MacVicar; 30 - Anonymous; 62 - Anonymous; 80 - Anonymous (tattooing); 89 - Rachel Bowen; 121 - National AIDS Trust; 166 - Claire Pritchard; 186 - Anonymous (acupuncture); 189 - Baidong Li; 216 - Age Cymru.
<b>1/35 - Anonymous</b>	No. Too complicated. Many training courses are in England. A trainee is unlikely to be aware of a need to get a licence, and if the training provider does not understand the Welsh rules they may not be informed. Would this mean that training courses also need to meet the Welsh governments standards? the reality of this is that elsewhere in the UK this would not happen.
<b>3 - Guild of Beauty Therapists</b>	Yes, although I can't see a time limit on the training, so someone could be a trainee indefinitely.
<b>4 - Anonymous</b>	Trainees should not be licenced. Their scope of practice must always be 'under supervision'. The supervisor must be licenced
<b>6 - Anonymous</b>	Yes agree
<b>15 – Anonymous (acupuncture)</b>	Agree



<b>16 - Sarah Swaysland</b>	<p>Agree that this would better control a cohort of practitioners that are inconsistently regulated at present (e.g. only some LAs register student training in educational establishments).</p> <p>What does need further clarification is:</p> <ul style="list-style-type: none"> <li>• Numbers of non-regulated apprentices per licensed practitioner will be restricted to the facilities available and supervisor capacity – what does this mean / look like in reality? How would this be determined consistently?</li> <li>• Supervisors of non-regulated apprentices is to maintain records – what information would be expected to be detailed in such records?</li> </ul>
<b>19 - Kim Eldridge</b>	Physiotherapists training to undertake acupuncture are only permitted to practice under supervision of a trained acupuncture professional. I feel this is appropriate.
<b>21 - Anonymous</b>	Unsure about being licensed, yet they should be fully insured that's for definite. The owner/teacher should be licensed.
<b>22 - Sally Hickenson</b>	I agree.
<b>26 - Joint Council of Cosmetic Practitioners</b>	Agreed and supported.
<b>31 - Chartered Institute of Environmental Health</b>	Yes. It is important that individuals should be able to enter the professions, but that they do so in a safe way without presenting risk to the public or to themselves. A trainee license allows those who wish to take up any of these professions to do so and to learn and practice their skills until they either apply for a full License or decide that they do not wish to pursue the career. It is a safe stepping stone into the profession.
<b>32 - Anonymous (tattooing)</b>	There should be one licence and the mentor should decide when they are competent.
<b>33 - Carla Evans</b>	Yes I agree.
<b>36 - Kelly Griffiths</b>	y
<b>37 – Anonymous (local authority)</b>	Unless there is a visit required following trainee licence application then we would be unable to assess whether they were putting into practice appropriate IP&C arrangements and are competent.
<b>38 - Rachel Edney</b>	Yes, trainees should be licensed.
<b>41 – Anonymous (acupuncture)</b>	If a course is offered as a weekend online , how are you going to regulate?

<b>42 - Paul Battersby</b>	Yes, I fully agree.
<b>also</b>	44 - Roy Montgomery; 45 - Anonymous (acupuncture); 46 - Alison Smith; 50 - Anonymous (acupuncture); 52 - Anonymous (acupuncture); 58 - Kate van Rensburg; 60 - Laura Gibbons; 63 - Christine Hutchinson; 64 - Anonymous (acupuncture); 65 - Anonymous (acupuncture); 75 - Madeline Boots; 86 - Suzanne Gregson; 88 - Anonymous (acupuncture); 99 - Janis Short; 105 - Daniel Curran.
<b>43 - Acupuncture Association of Chartered Physiotherapists</b>	Yes, we fully agree.
<b>47 - Anonymous</b>	I agree, the three years is an adequate length of time to hold a traineeship license and I agree that mentors should have to demonstrate that they have sufficient licensing
<b>48 - Kat Henness</b>	I agree that a license would be appropriate.
<b>49 - Di-enw</b>	Ddim yn cytuno Ddim angen trwydded hyfforddai mewn sefydliad addysgiadol. Angen eglurder ar be ydy sefydliad addysgiadol / cynlluniau prentisiaeth rheoleiddiedig? A fedr y diwydiant roi syniad o isafswm cyfnod hyfforddiant cyn y gall unigolyn gael ei ystyried ar gyfer trwydded lawn tu allan i addysg? Os ydy unigolyn mewn cynlluniau prentisiaeth rheoleiddiedig (be ydyw hwn) gaiff geisio am drwydded hyfforddai yn syth?
<b>53 - Oliver Todd</b>	N/A
<b>54 - Lola Slider</b>	No, I think they should be exempt from licensure and operate under their mentors license and pierce only under supervision until they apply for their own when they complete their apprenticeship.
<b>56 - British Medical Acupuncture Society</b>	NO. Given the difficulty of quantifying the level of competence of a trainee we suggest one level of licensing with a clear minimum training requirement
<b>59 - Josh Cranton</b>	The licence of the mentor /place of work should be there to cover the apprentices learning period until they are ready to take on their own licence.
<b>61 – Anonymous (acupuncture)</b>	Yes however the license should be part of the course cost and not an additional expense
<b>66 – Gareth Davies</b>	No i think the therapist needs to be qual [NB: this was what was submitted]
<b>77 - Mari McAndrew</b>	Agree in theory, however, further guidance is needed on how to assess and prove competence.
<b>79 - Rhian Mansfield</b>	I do yes

<b>85 - F Hinds Ltd</b>	Fail to see the relevance of a trainee license for ear piercing as it just adds another layer of unnecessary complication
<b>90 - Blaenau Gwent County Borough Council</b>	<p>Yes, we agree, however would like to make the following comments:</p> <p>It is suggested that the following be considered:</p> <ul style="list-style-type: none"> <li>• The trainee licence is for 3years. Except for tattoo apprentices, this is a long period of time for someone to be a trainee. Many courses may be for 1 week, therefore would be too long for those instances</li> <li>• There should be the ability to vary a licence from a trainee to a full licence in the 3 year period- this would include the requirement to supply all of the supporting documentation</li> </ul>
<b>92 - Anonymous (acupuncture)</b>	<p>We agree with the principle that training providers should have a unique method of license application, as outlined in previous comments. However, to exclude independent training providers who contribute significantly to the governance of acupuncture safety, acupuncture research, and have a wealth of experience in using acupuncture in clinical settings, would be unfair.</p> <p>To summarise. We acknowledge that an agreed regulation of training providers should be in place, so that learners and the general public can be assured that safe and effective training has been undertaken. However, independent providers should be provided with equal opportunities to their HEI counterparts.</p>
<b>93 - Royal College of Midwives</b>	We agree.
<b>94 - National Hair and Beauty Federation</b>	<p>Yes, we agree that the creation of a trainee licence is a proportionate way of dealing with trainees on regulated courses and apprentices.</p> <p>We are presuming the employer will be responsible for payment and administration of the license for any trainees?</p>
<b>98 - Inc and Co</b>	We are in agreement that apprentice licences are a good and appropriate step, however, there needs to be additional legislation controlling the length of time they must be practising before having their own studio/apprentices. It should also be clear that apprentices practise under an established licensed practitioner.

	Having been in the industry for 15 years it has become clear that there are a considerable amount of new artists that have no real experience of how their work will last and how it will heal (scarring). This would then be passed on to a new generation of apprentices. The after-care and longevity of a tattoo is equally important as the procedure.
<b>103 - Anonymous (acupuncture)</b>	I think it will be difficult for trainees to get practical experience under these regulations, out of the classroom or college environment.
<b>106 - Anonymous (acupuncture)</b>	<p>Broadly agree, although this will generate a number of problems for students training at a number of accredited acupuncture training institutions which have for many years had a concluding 'permission to practise' (P2P) phase after two and a half years of training during which a student is authorized to work unsupervised. The main aim of this element of the training, based on a completed technical section of the course, is to experience a practice setting while still under the supervision of the teaching institution.</p> <p>This would be a great loss if, as a consequence of this new guidance, a student would either have to graduate early or lose this element of the training.</p>
<b>109 - Warren Tregidden</b>	Yes all trainees should be licenced then progress to full licence
<b>111 - Anonymous (tattooing)</b>	<p>I agree that it's good for a trainee license to exist whilst learning the trade, though I have two things I'd like to raise:</p> <p>1.) Would they need to apply for a full license afterwards and if so, would this be under the normal fee, or one where their Trainee License fee has been deducted?</p> <p>2.) How will people be able to enter the industry if they're self-taught? Would they simply need to apply for the regular 'full' license, or will it be mandatory to train under a mentor?</p> <p>(for context: I'm self-taught after a career change and have upheld all health and safety requirements since launching in 2015...so we're not all bad!)</p>
<b>112 - British Acupuncture Federation</b>	It is not proportionate or necessary to license trainee acupuncturists on a licenciate or degree level course. Acupuncture practitioners begin practice under close supervision. Supervision continues as their skills develop and until they are fully qualified to licenciate or degree level. They are not able to charge for their treatments during this time and it would be inappropriate to request them to be licensed whilst in

	<p>training. All students/trainees being supervised by a BAF member should be exempt. Such acupuncture treatments will be carried out whilst under supervision by a degree level qualified acupuncturist of many years standing. They will be fully insured as student practitioners.</p>
<b>113 - Superdrug Ltd</b>	<p>As a business, we track and the completion of both online and in store training provided by our supplier. This is recorded via our company learning management system. Upon completion of the training, a certificate is provided by our supplier, therefore seen as evidence of competence. Our premises are inspected prior to the piercing service being carried out. During this visit, our practitioners, would confidently answer questions relating to health &amp; safety, hygiene and the service provided as a whole process through to aftercare.</p> <p>The service offered by Superdrug is completed by our store colleagues, who are then trained to become practitioners as an add on service, this is not their responsibility or service offering on a day-to-day basis.</p> <p>We feel that the introduction of a specific Trainee licence for piercing with a medical device is unnecessary for our services. As already detailed, our training comprises of a compulsory online training module and in person training delivered by our supplier which is not a very lengthy process. As an add on service, and not a vocation for our colleagues, the training time for ear and nose piercing is reduced, therefore negating the need for the Trainee licence. We propose to continue with the full practitioner licence application which is submitted and evidenced on delivery of the supplier training.</p> <p>The cost and time of removing our team members to complete training which we feel is not fully suitable would be significant, taking into account their wages, backfill, and travel costs, alongside the cost of the course which we feel is not fully relevant to the Cosmetic piercing we carry out in store and not viable for businesses.</p>
<b>116 - Anonymous</b>	<p>Yes but perhaps a re assessment of this part after a year to see if it works smoothly in practise</p>
<b>117 - Marnie Williams</b>	<p>I agree yes. I don't believe apprenticeships should be anything less than a minimum of 2 years, so courses etc should not be licensed. For many of us, even more than poor piercings with guns, those coming from unregulated courses and immediately setting up to pierce independently cause significant concern. In addition to the poor training often provided by courses, they are often quick to wash their hands of their attendee's once the paid for attendance has passed. As they are typically licensed immediately following completion of the course, this leaves more established piercers in a difficult</p>

	<p>position; do you offer to basically re-train these folks for free knowing that you are essentially training your competition? Or leave them without any further additional support knowing the impact this is likely to have on public health? Many put their own businesses at risk doing the former. I feel strongly that the imposition of a mandatory training licence after a very short 'grace period' in which the trainee can only shadow their employer, and not perform and practical tasks except very general cleaning (not cleaning potentially contaminated surfaces, re-processing or sterilising, or piercing) would be a death knell to the enormously predatory businesses taking often thousands of pounds from consumers and, in exchange, leaving them hopelessly unprepared and a danger to public health.</p> <p>There should be competency tests at the end of any course or apprenticeship. This is something that I believe the UKAPP should be a part of. Members are currently checked against a specific set of guidelines and need to produce paperwork, as well as answer questions in order to gain membership. This is then renewed on a yearly basis which includes up to date certificates for various industry related things.</p>
<b>118 - Ann Charlton</b>	Agree, however Acupuncture training is covered by supervised recorded clinical practice for many hours as part of the degree course, which must be followed before progression at each stage.
<b>122 - Anonymous</b>	Yes I think this is a good idea and will lead to greater understanding of the responsibilities of carrying out these services as a chosen career
<b>123 - Anonymous (piercer)</b>	<p>I agree yes. I don't believe apprenticeships should be anything less than a minimum of 2 years, so courses etc should not be licensed. For many of us, even more than poor piercings with guns, those coming from unregulated courses and immediately setting up to pierce independently cause significant concern. In addition to the poor training often provided by courses, they are often quick to wash their hands of their attendee's once the paid for attendance has passed. As they are typically licensed immediately following completion of the course, this leaves more established piercers in a difficult position; do you offer to basically re-train these folks for free knowing that you are essentially training your competition? Or leave them without any further additional support knowing the impact this is likely to have on public health? Many put their own businesses at risk doing the former. I feel strongly that the imposition of a mandatory training licence after a very short 'grace period' in which the trainee can only shadow their employer, and not perform and practical tasks except very general cleaning (not cleaning potentially contaminated surfaces, re-processing or sterilising, or piercing) would be a death knell to the enormously predatory businesses taking often thousands of pounds from consumers and, in exchange, leaving them hopelessly unprepared and a danger to public health.</p>

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<p><b>125 - Becky Crossan</b></p>	<p>Yes. There should be competency tests at the end of any course or apprenticeship. This is something that the UKAPP could possibly be a part of in some way. Members are currently checked against a specific set of guidelines and need to produce paperwork, as well as answer questions in order to gain membership. This is then renewed on a yearly basis which includes up to date certificates for various industry related things.</p>
<p><b>126 - Rhondda Cynon Taff County Borough Council</b></p>	<p>Yes Trainee must be fully competent before working unattended on a client. They will require the practitioner licence.</p>
<p><b>132 - Anonymous (piercer)</b></p>	<p>Yes. For many of us, even more than poor piercings with guns, those coming from unregulated courses and immediately setting up to pierce independently cause significant concern. UKAPP feels strongly that body piercing should require significant education to practise independently. In the wider industry, unregulated courses are often referred to more as 'experience days' rather than as educational experiences, as body piercers generally consider this a good parallel.<sup>18</sup></p> <p>In addition to the poor training often provided by courses, they are often quick to wash their hands of their attendee's once the paid for attendance has passed. As they are typically licensed immediately following completion of the course, this leaves more established piercers in a difficult position; do you offer to basically re-train these folks for free knowing that you are essentially training your competition? Or leave them without any further additional support knowing the impact this is likely to have on public health? Many put their own businesses at risk doing the former.</p> <p>UKAPP feels strongly that the imposition of a mandatory training licence after a very short 'grace period' in which the trainee can only shadow their employer, and not perform and practical tasks except very general cleaning (not cleaning potentially contaminated surfaces, re-processing or sterilising, or piercing)</p>

	<p>would be a death knell to the enormously predatory businesses taking often thousands of pounds from consumers and, in exchange, leaving them hopelessly unprepared and a danger to public health.</p> <p>If you don't agree, how should they be dealt with?</p> <p>There should be competency tests at the end of any course or apprenticeship. This is something that the UKAPP could be a part of. Members are currently checked against a specific set of guidelines and need to produce paperwork, as well as answer questions in order to gain membership. This is then renewed on a yearly basis which includes up to date certificates for various industry related things. Please see answer to question six for how we believe we can assist in this process.</p>
<b>133 - Anonymous (local authority)</b>	<p>YES.</p> <p>However they should not be able to undertake treatments of any kind unsupervised until fully competent and hence fully licensed. They would need to demonstrate their apprenticeship training by maintaining for example a log book of their work with mentor input.</p>
<b>135 - Anonymous (tattooing)</b>	<p>I believe Apprentices should have to apply for a licence and undergo training as soon as they are working on skin. They are arguably more dangerous since they know very little and have little experience. Many people may claim to be apprentices to avoid licence fees.</p>
<b>136 - Denbighshire County Council</b>	<p>Agree in theory, however, further guidance is needed on how to assess and prove competence.</p>
<b>143 - Claire's Accessories</b>	<p>No trainee license required for piercing with cartridge instrument</p>
<b>144 - Anonymous (piercer)</b>	<p>Yes</p> <p>There should be competency tests at the end of any course or apprenticeship. This is something that the UKAPP could possibly be a part of in some way. Members are currently checked against a specific set of guidelines and need to produce paperwork, as well as answer questions in order to gain membership. This is then renewed on a yearly basis which includes up to date certificates for various industry related things.</p>
<b>145 - Anonymous (tattooing)</b>	<p>Yes, though I have seen many people in my area who have done short courses in tattooing and piercing who have gone to open their own studios without any actual experience of working in a studio or with the public. I have seen many members of the public who have had extremely poor work done by these individuals who have been left permanently scarred but because the tattooer or piercer is able to tick a</p>



	few boxes with the council they are allowed to continue. It must be noted that most of these 'courses' take place in England so it would be expected under the proposed changes that they would not be required to register as a trainee in Wales after even only a few hours training in England.
<b>159 - H Wong</b>	dis agree,if the applicant has a recognized university degree, it is sufficient to prove that he can engage in the business
<b>163 - Anonymous (tattooing)</b>	Yes, I agree.
<b>164 - Anonymous (tattooing)</b>	I agree and can see how this can help the industry, with clear clarity between apprentices/trainees and those holding a full license.
<b>167 - Anonymous (manufacturer)</b>	<p>We do not feel that the training in cosmetic piercing requires the need for a Trainee licence. The learning programme for Cosmetic Piercing is not an apprenticeship, but course and assessment based, conducted over a much shorter time period, whereby a Trainee licence would certainly not be needed for the suggested 3 year period, making the licence unnecessary.</p> <p>For training purposes, learners conduct their observed practical piercing on a colleague or friend / family member, without charge, after completing the theory side. For cosmetic piercing the process is greatly simplified and concentrates solely on the ear and nose. The lower risk associated with cosmetic piercing and the established training programme in place, does ensure that the practitioner is not misleading any members of the public, nor creating any additional risk.</p> <p>With cosmetic piercing positioned as an add-on / ancillary service, rather than a vocation, there is not an apprenticeship in place, which is why we would suggest that the trainee licence would not be relevant for this procedure. We would propose that the training certificate is provided with the practitioner licence application, together with other information required, and that the competence check from the premises inspection confirming the knowledge to be satisfactory.</p> <p>The additional paperwork and cost implication of applying for a trainee licence and then a practitioner licence within such a brief time frame does not make this feasible for cosmetic piercing.</p>
<b>169 - Anonymous (tattooing)</b>	I think a trainee license is a good idea. However, any tattoo or piercing 'school' or 'academy' is not adequate, so I would hope that anyone undertaking one of these courses still be subject to the same licensing as if they were in a studio. This would hopefully weed out those looking to make quick money by promising people a path to a career in the industry. These courses are often only around a week long,

	and you must realise that this is not ample time to learn what they need to to perform these procedures safely. Any trainee, whether in a studio or paying for a course MUST meet the same trainee license criteria. I don't see how this can be fair otherwise. Less than 1:1 ratio of teacher:pupil is never adequate. It is not fair to assume that trainees in a school where they may be one of up to twenty pupils with one tutor for a couple of weeks be just as 'trained' as an apprentice in a real studio having 1:1 training every day for 3 years. How does that not sound ludicrous?
<b>175 - Anonymous (tattooing)</b>	I think a trainee license is a good idea. However, any tattoo or piercing 'school' or 'academy' is not adequate, so I would hope that anyone undertaking one of these courses still be subject to the same licensing as if they were in a studio. This would hopefully weed out those looking to make quick money by promising people a path to a career in the industry. These courses are often only around a week long, and you must realise that this is not ample time to learn what they need to to perform these procedures safely. Any trainee, whether in a studio or paying for a course MUST meet the same trainee license criteria. I don't see how this can be fair otherwise. Less than 1:1 ratio of teacher:pupil is never adequate. It is not fair to assume that trainees in a school where they may be one of up to twenty pupils with one tutor for a couple of weeks be just as 'trained' as an apprentice in a real studio having 1:1 training every day for 3 years.
<b>179 - N Wales Health and Safety Expert Panel</b>	Agree in theory, however, further guidance is needed on how to assess and prove competence. There will be a need to visit the premises / tutor / trainee to assess whether they were putting into practice appropriate IP&C arrangements and are competent.  There should be the ability to vary a licence from a trainee to a full licence in the 3-year period- this would include the requirement to supply all supporting documentation.
<b>184 - Nursing and Midwifery Council</b>	We have no comments.
<b>192 - British Register of Complementary Practitioners</b>	This seems fair - agreed
<b>198 - Isle of Angelsey County Council</b>	Agree in theory, however, further guidance is needed on how to assess and prove competence. There will be a need to visit the premises / tutor / trainee to assess whether they were putting into practice appropriate IP&C arrangements and are competent.

	There should be the ability to vary a licence from a trainee to a full licence in the 3-year period- this would include the requirement to supply all supporting documentation.
<b>200 - Anonymous (local authority)</b>	YES. BUT the condition must be added that they must not undertake treatments of any kind unsupervised until fully competent, (and therefore fully licensed) to do so, maintaining a log of all treatments administered.
<b>201 - All Wales Communicable Disease Expert Panel</b>	YES. BUT the condition must be added that they must not undertake treatments of any kind unsupervised until fully competent, (and therefore fully licensed) to do so, maintaining a log of all treatments administered. Unless there is a visit required following trainee licence application then we would be unable to assess whether they were putting into practice appropriate IP&C arrangements and are competent.  It is suggested that the following be considered:  The trainee licence is for 3years. Except for tattoo apprentices, this is a long period of time for someone to be a trainee. Many courses may be for 1 week, therefore would be too long for those instances  There should be the ability to vary a licence from a trainee to a full licence in the 3-year period- this would include the requirement to supply all of the supporting documentation
<b>202 - Health and Safety Expert Panel</b>	The HSEP agrees in theory however further guidance is required in terms of competency  The trainee licence is for 3 years. Except for tattoo apprentices, this is a long period of time for someone to be a trainee. Many courses may be for 1 week, therefore would be too long for those instances  There should be the ability to vary a licence from a trainee to a full licence in the 3-year period- this would include the requirement to supply all supporting documentation.
<b>211 - British Acupuncture Council</b>	This question can only be answered with an understanding of what constitutes a regulated course. A 3rd year student on a BAAB/BACc accredited programme will have years more experience and training than someone who undertook a short course in acupuncture. A short course meets the entry criteria of some acupuncture registers.
<b>215 - Shared Regulatory Services</b>	SRS agrees in theory however further guidance is required in terms of competency.

	<p>The trainee licence is for 3 years. Except for tattoo apprentices, this is a long period of time for someone to be a trainee. Many courses may be for 1 week, therefore would be too long for those instances</p> <p>There should be the ability to vary a licence from a trainee to a full licence in the 3-year period- this would include the requirement to supply all supporting documentation.</p>
<b>219 - Ross Jarvis</b>	<p>I think a trainee license is a good idea. However, any tattoo or piercing 'school' or 'academy' is not adequate, so I would hope that anyone undertaking one of these courses still be subject to the same licensing as if they were in a studio. This would hopefully weed out those looking to make quick money by promising people a path to a career in the industry. These courses are often only around a week long, and you must realise that this is not ample time to learn what they need to to perform these procedures safely. Any trainee, whether in a studio or paying for a course MUST meet the same trainee license criteria. I don't see how this can be fair otherwise. Less than 1:1 ratio of teacher:pupil is never adequate. It is not fair to assume that trainees in a school where they may be one of up to twenty pupils with one tutor for a couple of weeks be just as 'trained' as an apprentice in a real studio having 1:1 training every day for 3 years. How does that not sound ludicrous?</p>
<b>220 - Tibetan and Eastern Medicine Association</b>	<p>It is not proportionate or necessary to license trainee acupuncturists on a licenciate or degree level course. Acupuncture practitioners begin practice under close supervision. Supervision continues as their skills develop and until they are fully qualified to licenciate or degree level. They are not able to charge for their treatments during this time and it would be inappropriate to request them to be licensed whilst in training. All students/trainees being supervised by a TEMA and BAF member should be exempt. Such acupuncture treatments will be carried out whilst under supervision by a degree level qualified acupuncturist of many years standing. They will be fully insured as student practitioners.</p>
<b>221 - Wrexham County Borough Council</b>	<p>Yes – but need to make sanctions clear, may need to be more robust, particularly for unregulated apprenticeships. Provision should be made to assess the standard of supervision of trainees.</p>
<b>222 - Caerphilly County Borough Council</b>	<ul style="list-style-type: none"> <li>• We would agree to the position as set out in Paragraph 9.13 in relation to persons enrolled in regulated courses delivered in Further Education Colleges. This suggests a Trainee licence will not be required and once they qualify, they can apply for a Full Licence.</li> <li>• Where there are persons who attend unregulated courses or are training within a workplace, we believe that a full licence should be obtained and specific condition attached requiring supervision by a licensed practitioner and reference to their trainee status. Once qualified following evidence of competency, they can then apply via a Variation application to remove the supervision condition. We</li> </ul>

	<p>would advocate to distinguish between a Trainee and Full licence holder that a photo ID licence is a different colour and contains the word Trainee. From discussions within the Special Procedures Panel, the processing steps for a Trainee licence or a full Special Procedure licence did not appear to differ. Within the legislation there does not appear to be reference to a separate trainee licence or application criteria.</p> <ul style="list-style-type: none"> <li>• Frequently these courses are booked online or by phone without the trainer having met the person who is to attend e.g. piercing course, microblading course. How would a tutor determine the trainee/apprentice has attained the necessary level of competency where the course is an external private course? 9.4 cannot be achieved in this instance. Some training courses require a trainee to build a portfolio after the initial in-person training event. This would not be under direct supervision as it would be following cessation of the taught sessions and is usually carried out remotely.</li> <li>• Does attending these external short courses, e.g. piercing, microblading etc., mean the person is competent to work unsupervised afterwards?</li> </ul> <p>There is confliction between points 9.4, and 9.13 in addition to D1 (conditions) Section 7 point 3. This also creates inequality between regulated college and private sectors it should be a level playing field and the special procedure must be controlled consistently across the board. Numbers in college would be greater than those in the private sector for supervision. A trainee is a trainee wherever they are having tuition.</p>
<p><b>224 - Anonymous (piercer)</b></p>	<p>I agree yes. I don't believe apprenticeships should be anything less than a minimum of 2 years, so courses etc should not be licensed. For many of us, even more than poor piercings with guns, those coming from unregulated courses and immediately setting up to pierce independently cause significant concern. In addition to the poor training often provided by courses, they are often quick to wash their hands of their attendee's once the paid for attendance has passed. As they are typically licensed immediately following completion of the course, this leaves more established piercers in a difficult position; do you offer to basically re-train these folks for free knowing that you are essentially training your competition? Or leave them without any further additional support knowing the impact this is likely to have on public health? Many put their own businesses at risk doing the former. I feel strongly that the imposition of a mandatory training licence after a very short 'grace period' in which the trainee can only shadow their employer, and not perform and practical tasks except very general cleaning (not cleaning potentially contaminated surfaces, re-processing or sterilising, or piercing) would be a death knell to the enormously predatory businesses taking often thousands of pounds from consumers and, in exchange,</p>

	<p>leaving them hopelessly unprepared and a danger to public health. There should be competency tests at the end of any course or apprenticeship. This is something that I believe the UKAPP should be a part of. Members are currently checked against a specific set of guidelines and need to produce paperwork, as well as answer questions in order to gain membership. This is then renewed on a yearly basis which includes up to date certificates for various industry related things.</p>
<p><b>226 - Environmental Health Wales</b></p>	<p>YES.</p> <p>BUT the condition must be added that they must not undertake treatments of any kind unsupervised until fully competent, (and therefore fully licensed) to do so, maintaining a log of all treatments administered.</p> <p>Unless there is a visit required following trainee licence application then we would be unable to assess whether they were putting into practice appropriate IP&amp;C arrangements and are competent.</p> <p>It is suggested that the following be considered:</p> <p>The trainee licence is for 3years. Except for tattoo apprentices, this is a long period of time for someone to be a trainee. Many courses may be for 1 week, therefore would be too long for those instances</p> <p>There should be the ability to vary a licence from a trainee to a full licence in the 3-year period- this would include the requirement to supply all of the supporting documentation.</p> <p>There is confliction between points 9.4, and 9.13 in addition to D1 (conditions) Section 7 point 3. This also creates inequality between regulated college and private sectors. It should be a level playing field and the special procedure has to be controlled consistently across the board. Numbers in college would be greater than those in the private sector for supervision. A trainee is a trainee wherever they are having tuition.</p>
<p><b>229 - Anonymous (tattooing)</b></p>	<p>Needs tweaking. In the USA the trainee takes their trainee document with them to the next job. Say 1500 hours tattooing, black and grey tattoos ticked off, colour theory etc. Otherwise you have a problem with cohesive control and a trainee staying with a mentor that could be abusive as they don't want to loose their training record.</p>

<b>231 - Anonymous (acupuncture)</b>	Yes, I agree.
<b>232 - Kat Webb</b>	<p>I agree that there needs to be some form of licence for trainees to be able to learn and progress in their chosen career whilst being able to 'practise' on actual people, but worry about the delivery and efficacy of the 'training' on these 3 or 5 day courses being offered for body piercing or tattooing. There is no way someone can learn even basic techniques for either industry in such little time.</p> <p>A staged period as suggested, where training in areas such as equipment use, work station setup, client consultation, infection prevention, cross contamination awareness, aftercare procedures are all documented as being understood/carried out efficiently, and if able to, show practise on materials, such as fake skin, fake body parts, fruit etc before even being allowed to apply for a trainee licence to 'practise' on people.</p> <p>This collected evidence can be documented and signed off by the trainer/mentor, and that trainer can then give the trainee/apprentice a written supporting document to apply for a trainee licence. – The collected evidence of training must be retained so that the LA can verify if need be.</p> <p>I do not understand the need to update a trainee licence once qualified/competent to work unsupervised, surely a trainee licence for 3 years will give the public a better understanding of the experience of the practitioner, otherwise, a trainee one month, could be a fully licenced practitioner a month later, giving no scope to the public about their industry experience.</p> <p>It is good that details of the trainee or premises must be updated if the trainee changes situation.</p> <p>With regards to 9.13 - Requiring trainees or apprentices enrolled on regulated courses delivered by further education colleges to be licensed... these trainees present minimal risk to the public as their training is closely supervised... and they do not perform the special procedure on someone else and they are usually under the age of 18. We propose that these trainees will not need to obtain a trainee licence until such time as they qualify, in which case they should apply for a full special procedure licence. – Any person performing a 'special procedure' on any person should be held to the same licencing rules. If they are not old enough to obtain this licence, then they should not be able to enter into training in a special procedure until a time where they can meet the relevant licence application criteria. The fact that they are</p>

	<p>enrolled in a mass college program, or that it will result in a substantial rise in applications should not outweigh the underpinning argument for implementing this Health Act as they still pose a risk to public health.</p> <p>You say they are closely supervised, but surely a one on one apprenticeship or smaller group training would provide better and more controlled supervision, hence certain courses having a maximum participant number.</p>
<b>233 - UKAPP</b>	<p>Yes. For many of us, even more than poor piercings with guns, those coming from unregulated courses and immediately setting up to pierce independently cause significant concern. UKAPP feels strongly that body piercing should require significant education to practise independently. In the wider industry, unregulated courses are often referred to more as 'experience days' rather than as educational experiences, as body piercers generally consider this a good parallel.</p>
<b>also</b>	<p>82 - Anonymous (piercer); 83 - Anonymous (piercer); 87 - Anonymous (piercer); 124 - Anonymous (piercer); 127 - Anonymous (piercer); 128 - Anonymous (piercer); 129 - Anonymous (piercer); 130 - Anonymous (piercer); 131 - Anonymous (piercer); 149 - Anonymous (piercer); 150 - Anonymous (piercer); 151 - Anonymous (piercer); 173 - Anonymous (piercer); 176 - Anonymous (piercer); 195 - Anonymous (piercer); 204 - Anonymous (piercer); 207 - Anonymous (piercer); 234 - Anonymous (piercer); 250 - Anonymous (piercer).</p>
<b>238/239 - Institute of Licensing</b>	<p>YES. Consideration could be given to making provision for trainees to vary to a full licence within the 3-year period subject to the individual supplying all the supporting documentation and meeting all of the requirements for a full licence. Consideration should also be given to requiring that any treatments undertaken under a trainee licence should be appropriately supervised and recorded.</p> <p>There is confliction between points 9.4, and 9.13 in addition to D1 (conditions) Section 7 point 3. This also creates inequality between regulated college and private sectors. It should be a level playing field and the special procedure has to be controlled consistently across the board. Numbers in college would be greater than those in the private sector for supervision. A trainee is a trainee wherever they are having tuition.</p>
<b>241 - Anonymous (tattooing)</b>	<p>there are no regulated apprenticeships for tattooing or piercing. otherwise i agree with an apprentice licence.</p>



<b>244 - Anonymous (acupuncture)</b>	Agree.
<b>249 - Association of Traditional Chinese Medicine</b>	agree.
<b>also</b>	51 - Alison Williams; 57 - Tamarind Dykes; 67 - Anonymous (acupuncture); 68 - Anonymous (acupuncture); 70 - Anonymous (acupuncture); 72 - Anonymous (acupuncture); 101 - Anonymous (acupuncture); 102 - Dr Di Wu; 108 - Anonymous (acupuncture); 110 - Anonymous (acupuncture); 114 - Anonymous (acupuncture); 115 - Jing Wang; 134 - Anonymous (acupuncture); 137 - Lingxia Gao; 138/(139) - Wang Chen; 141 - Na Yang; 142 - Anonymous (acupuncture); 153 - Zhimin Ma; 154 - Anonymous (acupuncture); 155 - Anonymous (acupuncture); 156 - Cui Hong Duan; 157 - Anonymous (acupuncture); 158 - H Wong; 160 - Anonymous (acupuncture); 161 - Anonymous (acupuncture); 162 - Anonymous (acupuncture); 165 - Qikan Yin; 170 - Yuancai Fu; 171 - Yan Jing Wang; 172 - Baifang Zhu; 174 - Phoebe Deng; 177/206 - Anonymous (acupuncture); 178 - Minan Yao; 188 - Anonymous (acupuncture); 190 - Anonymous (acupuncture); 191 - Anonymous (acupuncture); 193 - Dr Jianrui Wang; 194 - Jian Wang; 196 - Anonymous (acupuncture); 197 - Anonymous (acupuncture); 203 - Anonymous (acupuncture); 205 - Lulu Dai; 208 - Zheng Yuan Zhong; 210 - Li Yan; 213 - Min Li; 223/140 - Xianghui Guo; 225 - Jun Wen Ma; 235 - Anonymous (acupuncture); 236 - Jing Ding; 237 – Pinyi; 240 - Shu Li Lu; 242 - Anonymous (acupuncture); 243 - Anonymous (acupuncture); 245 - Anonymous (acupuncture); 246 - Ke Xia Xu; 247 - Anonymous (acupuncture); 248 - Anonymous (acupuncture).
<b>252 - Torfaen County Borough Council</b>	<p>Yes.</p> <p>A condition must be added to ensure that they must not undertake treatments of any kind unsupervised until fully competent, (and therefore fully licensed) to do so, maintaining a log of all treatments administered.</p> <p>Unless there is a visit required following trainee licence application, then the LA would be unable to assess whether they were putting into practice appropriate IP&amp;C arrangements and are competent.</p> <p>It is suggested that the following be considered:</p> <p>The trainee licence is for 3 years. Except for tattoo apprentices, this is a long period of time for someone to be a trainee. Many courses may be for 1 week, therefore would be too long for those instances.</p>

	<p>There should be the ability to vary a licence from a trainee to a full licence in the 3-year period. This would include the requirement to supply all of the supporting documentation.</p> <p>There is confliction between points 9.4, and 9.13 in addition to D1 (conditions) Section 7 point 3. This also creates inequality between regulated college and private sectors. It should be a level playing field and the special procedure has to be controlled consistently across the board. Numbers in college would be greater than those in the private sector for supervision. A trainee is a trainee wherever they are having tuition.</p>
<p><b>254 - Swansea Council</b></p>	<p>YES.</p> <p>However, the proposals require that the licensed apprentice/trainee must only perform the special procedure under the supervision of their designated tutor/supervisor and in the approved premises stated on their licence.</p> <p>More clarification is required regarding level of supervision required, if more than one designated tutor/supervisor be appointed to cover leave etc.</p> <p>Additionally further clarification is required on what constitutes qualification and what sanctions to use if this change of status does not happen in a timely manner.</p>

<b>Question 16: Do you agree that the minimum age for a practitioner to perform any of the special procedures should be 18?</b>	
<b>'Yes' response</b>	1/35 - Anonymous (acupuncture); 2 – Anonymous; 3 - Guild of Beauty Therapists; 4 – Anonymous; 6Anonymous, 10 - Anonymous; 11 - Katie; 12 - Anonymous; 14 - Cheryl Drew; 17 - Anonymous; 18 - Anonymous; 19 - Kim Eldridge; 21 – Anonymous; 22 - Sally Hickenson; 23 – Anonymous; 26 - Joint Council of Cosmetic Practitioners; 28 - Anonymous; 29 - Shan MacVicar; 30 - Anonymous; 34 - James Ogle; 37 - Anonymous (local authority); 38 - Rachel Edney; 39 - Kate Doble; 40 - Anonymous (acupuncture); 41 - Anonymous (acupuncture); 47 - Anonymous; 49 - Di-enw (local authority); 54 - Lola Slider; 55 - Aiden Johnson; 56 - British Medical Acupuncture Society; 61 - Anonymous (acupuncture); 69 - Anonymous (acupuncture); 73 - Clare Robinson-Campbell; 74 - Anonymous (SPM); 78 - Anonymous (acupuncture); 80 - Anonymous (tattooing); 84 - Anonymous; 92 - Anonymous (acupuncture); 93 - Royal College of Midwives; 100 - Anonymous; 104 - Anonymous (acupuncture); 109 - Warren Tregidden; 111 - Anonymous (tattooing); 112 - British Acupuncture Federation; 116 - Anonymous; 117 - Marnie Williams; 120 - Anonymous (acupuncture); 122 – Anonymous; 125 - Becky Crossan; 126 - Rhondda Cynon Taff County Borough Council; 133 - Anonymous (local authority); 144 - Anonymous (piercer); 145 - Anonymous (tattooing); 152 - Anonymous (tattooing), 163 - Anonymous (tattooing); 169 - Anonymous (tattooing); 175 - Anonymous (tattooing); 209 - Anonymous (acupuncture); 211 - British Acupuncture Council; 212 - Save Face; 217 - Anonymous (acupuncture); 219 - Ross Jarvis; 220 - Tibetan and Eastern Medicine Association; 221 - Wrexham County Borough Council; 224 - Anonymous (piercer); 227 - Anonymous; 229 - Anonymous (tattooing); 230 - Anonymous (charitable organisation); 238/(239) - Institute of Licensing; 241 - Anonymous (tattooing).
<b>'No' response</b>	none
<b>Left blank</b>	5 - Anonymous (acupuncture); 24 - Anonymous; 25 - David Carlisle; 59 - Josh Cranton; 62 - Anonymous; 89 - Rachel Bowen; 121 - National AIDS Trust; 123 - Anonymous (piercer); 166 - Claire Pritchard; 186 - Anonymous (acupuncture); 189 - Baidong Li; 216 - Age Cymru.
<b>8 - Anonymous</b>	No. Anyone qualified with a licence aged 16 and above.
<b>9 - Anonymous</b>	You will have a problem with 16 year olds doing it irregularly
<b>15 – Anonymous (acupuncture)</b>	Agree

<p><b>16 - Sarah Swaysland</b></p>	<p>From a personal perspective, I welcome the proposal that all practitioners involved with special procedures are aged 18 or above, particularly where there are existing age restrictions for the clients having the special procedure (tattooing, intimate piercing). However, this restriction may impact on retailers such as [brand name redacted] and [brand name redacted] who may train Saturday staff (aged 16 or 17) to undertake ear piercing with a gun. Industry may be keen for a risk assessed approach for activities such as ear lobe/nose piercing with a piercing gun.</p> <p>The minimum age restriction may also impact on apprenticeship style training schemes or formal training courses where live models are used. Whilst the licensing scheme applies to practitioners operating 'in the course of a business', this has not been defined in the Act. Is there any case law that would impact the implied and natural meaning of 'in the course of a business'?</p>
<p><b>20 - Duncan Reed</b></p>	<p>Yes but there needs to be a pathway created for people coming out of school at 16 to be able to develop their skills in these industries. Possibly further education courses that include the level 2 infection control and introduces the skills required to be a tattooist.</p>
<p><b>27 - Clares European Services</b></p>	<p>Currently employ and allow piercing from school leaving age as we use system with pre sterilised cartridges, on cost to company and loss of school leaver opportunities for young in UK.</p>
<p><b>31 - Chartered Institute of Environmental Health</b></p>	<p>Yes. See our answer to Q4 above.</p>
<p><b>32 - Anonymous (tattooing)</b></p>	<p>This is subjective because under full supervision my son and daughter started well under that age and progressed without issues. Doing tattoos and getting tattoos is an entirely different thing.</p>
<p><b>33 - Carla Evans</b></p>	<p>As minimum yes.</p>
<p><b>36 - Kelly Griffiths</b></p>	<p>y</p>
<p><b>43 - Acupuncture Association of Chartered Physiotherapists</b></p>	<p>Yes, I fully agree.</p>
<p><b>also</b></p>	<p>42 - Paul Battersby; 44 - Roy Montgomery; 45 - Anonymous (acupuncture); 46 - Alison Smith; 50 - Anonymous (acupuncture); 52 - Anonymous (acupuncture); 58 - Kate van Rensburg; 60 - Laura Gibbons;</p>

	63 - Christine Hutchinson; 64 - Anonymous (acupuncture); 65 - Anonymous (acupuncture); 75 - Madeline Boots; 86 - Suzanne Gregson; 88 - Anonymous (acupuncture); 99 - Janis Short; 105 - Daniel Curran.
<b>48 - Kat Hennes</b>	I highly agree.
<b>53 - Oliver Todd</b>	Yes with the provision that the first licence an applicant can receive is a training one as they will not be a working practitioner at 18 until after at least a year of training to stop under age people training without a valid licence.
<b>66 – Gareth Davies</b>	no as above
<b>77 - Mari McAndrew</b>	Yes, however would consider a variation to minimum age if carrying out a low risk procedure (lobe piercing / electrolysis) in a regulated training college.
<b>79 - Rhian Mansfield</b>	As previously stated, maybe raising the age, as a person of 18 years would not have had sufficient time to train and be a fully licenced practitioner. 18 should be the minimum age for a trainee only.
<b>81 - Gemma Kingston</b>	No, It should be 21.
<b>85 - F Hinds Ltd</b>	See above comments
<b>90 - Blaenau Gwent County Borough Council</b>	Yes, we agree  There are age restrictions in place for tattooing and intimate piercing with only those aged 18 or over being able to have them. Therefore, it would be sensible to apply that age restriction to the practitioners undertaking the procedure.
<b>91 - British Beauty Council</b>	Yes. It is not possible to gain an accredited qualification post mandatory school age and qualify under the age of 18 – anyone practicing under this age will be doing so without the appropriate qualifications.
<b>94 - National Hair and Beauty Federation</b>	Yes. We agree that the minimum age for a practitioner to perform any of the special procedures should be 18 – anyone practicing under this age will be doing so without the appropriate regulated qualifications.
<b>95 - Beauty Industry Group - Licensing</b>	Yes. It is not possible to gain an accredited qualification post mandatory school age and qualify under the age of 18 – anyone practicing under this age will be doing so without the appropriate regulated qualifications
<b>96 - Beauty Industry Group Chair</b>	Yes. It is not possible to gain an accredited qualification post mandatory school age and qualify under the age of 18 – anyone practicing under this age will be doing so without the appropriate regulated qualifications.
<b>98 - Inc and Co</b>	Yes, see question 4.

<b>103 - Anonymous (acupuncture)</b>	I think they should be able to be a trainee from 16.
<b>106 - Anonymous (acupuncture)</b>	Broadly agree
<b>107 - BABTAC</b>	Yes. It is not possible to gain an accredited qualification post mandatory school age and qualify under the age of 18 – anyone practicing under this age will be doing so without the appropriate regulated qualifications.
<b>113 - Superdrug Ltd</b>	As above we recommend that for piercing with a medical device, the age remain at 16 years old which is at industry standard. We feel that by raising to 18 years old, it could restrict the employment of younger people into Superdrug. 8.9% of our workforce is currently under 18.
<b>132 - Anonymous (piercer)</b>	Yes. This feels like an appropriate age for a special practitioner, and mirrors a great many other industries where wound creation would be part of the workload. In addition, it would be very difficult to insure anyone working under the age of 18 in an environment like this.
<b>135 - Anonymous (tattooing)</b>	I believe Apprentices should have to apply for a licence and undergo training as soon as they are working on skin. They are arguably more dangerous since they know very little and have little experience. Many people may claim to be apprentices to avoid licence fees.
<b>136 - Denbighshire County Council</b>	Yes, however would consider a variation to minimum age if carrying out a low-risk procedure (lobe piercing / electrolysis) in a regulated training college.
<b>143 - Claire's Accessories</b>	We believe the age for a practitioner should remain at its current level 16 years old, for cartridge medical systems, increasing the age to 18 years old would prohibit under 18 year old's being employed at Claire's
<b>146 - Ming Chu Lok</b>	Not really, as long as they reach the required education level.
<b>159 - H Wong</b>	Agree
<b>164 - Anonymous (tattooing)</b>	With certain procedures being of a intimate level it seems fair and I believe somewhat expected by the public that the practitioner will be over the age of 18
<b>167 - Anonymous (manufacturer)</b>	<p>We would propose that the minimum age for practitioners performing ear and nose piercing with cartridge systems should be 16 years old. Piercing of ear and nose by this means carries a negligible risk of exploitation with the piercing process limited to these areas only and no scope for "intimate" piercing.</p> <p>It should also be considered that piercing with a piercing instrument can be introduced as a module within the hair and beauty further education syllabuses and / or an optional industry qualification, which would mean students could be aged 16 or 17 years old.</p>

<b>168 - Anonymous (tattooing)</b>	Yes definitely
<b>179 - N Wales Health and Safety Expert Panel</b>	Yes in general – however college trained practitioners who have been on approved / regulated course may only be 17 at completion of their qualification.
<b>183 - Hair and Beauty Industry Authority</b>	Yes. It is not possible to gain an accredited qualification post mandatory school age and qualify under the age of 18 – anyone practicing under this age will be doing so without the appropriate regulated qualifications.
<b>184 - Nursing and Midwifery Council</b>	We think this is sensible, but it is unlikely that anyone on the NMC register would be under 18. Typically, applicants for nursing or midwifery degrees will need qualifications at Level 3 (A level or equivalent) which are most often taken by students aged between 16 and 19. Full-time nursing or midwifery degree programmes normally take a minimum of 3 years.
<b>192 - British Register of Complementary Practitioners</b>	Yes, agreed.
<b>198 - Isle of Angelsey County Council</b>	Yes in general – however college trained practitioners who have been on approved / regulated course may only be 17 at completion of their qualification.
<b>200 - Anonymous (local authority)</b>	Yes. Trainee or apprentices start at 17 so must be considered i.e. practical training or vocational courses.
<b>201 - All Wales Communicable Disease Expert Panel</b>	Yes. There are age restrictions in place for tattooing and intimate piercing with only those aged 18 or over being able to have them. Therefore, it would be sensible to apply that age restriction to the practitioners undertaking the procedure.
<b>202 - Health and Safety Expert Panel</b>	Yes  There are age restrictions in place for tattooing and intimate piercing with only those aged 18 or over being able to have them. Therefore, it would be sensible to apply that age restriction to the practitioners undertaken the procedure.

	<p>However, this restriction may impact on retailers such as [brand name redacted] and [brand name redacted] who may train Saturday staff (aged 16 or 17) to undertake ear piercing with a gun. Industry may be keen for a risk assessed approach for activities such as ear lobe/nose piercing with a piercing gun.</p> <p>The minimum age restriction may also impact on apprenticeship style training schemes or formal training courses where live models are used.</p>
<b>215 - Shared Regulatory Services</b>	<p>Yes</p> <p>There are age restrictions in place for tattooing and intimate piercing with only those aged 18 or over being able to have them. Therefore, it would be sensible to apply that age restriction to the practitioners undertaken the procedure.</p> <p>However, this restriction may impact on retailers such as [brand name redacted] and [brand name redacted] who may train Saturday staff (aged 16 or 17) to undertake ear piercing with a gun. Industry may be keen for a risk assessed approach for activities such as ear lobe/nose piercing with a piercing gun.</p> <p>The minimum age restriction may also impact on apprenticeship style training schemes or formal training courses where live models are used.</p>
<b>222 - Caerphilly County Borough Council</b>	<ul style="list-style-type: none"> <li>• Query age restriction for navel piercing; this needs clarification (9:20 &amp; 9:21)</li> <li>• Sentence should be included to clarify whether under 16 year olds can have piercings with parental consent i.e. non-intimate such as eyebrow, and lip, (9:21)</li> <li>• No consideration with regards dermal anchors or stretchers</li> <li>• Will the Tattooing of Minors Act remain in force or will it be included within the new Regs and the Act repealed?</li> </ul>
<b>226 - Environmental Health Wales</b>	<p>Yes.</p> <p>There are age restrictions in place for tattooing and intimate piercing with only those aged 18 or over being able to have them. Therefore, it would be sensible to apply that age restriction to the practitioners undertaking the procedure.</p>



<b>231 - Anonymous (acupuncture)</b>	Yes, I agree.
<b>232 - Kat Webb</b>	AGREE - as you also need to be 18 to receive some of these procedures.
<b>233 - UKAPP</b>	Yes. This feels like an appropriate age for a special practitioner, and mirrors a great many other industries where wound creation would be part of the workload. In addition, it would be very difficult to insure anyone working under the age of 18 in an environment like this.
<b>also</b>	82 - Anonymous (piercer); 83 - Anonymous (piercer); 87 - Anonymous (piercer); 124 - Anonymous (piercer); 127 - Anonymous (piercer); 128 - Anonymous (piercer); 129 - Anonymous (piercer); 130 - Anonymous (piercer); 131 - Anonymous (piercer); 149 - Anonymous (piercer); 150 - Anonymous (piercer); 151 - Anonymous (piercer); 173 - Anonymous (piercer); 176 - Anonymous (piercer); 195 - Anonymous (piercer); 204 - Anonymous (piercer); 207 - Anonymous (piercer); 234 - Anonymous (piercer); 250 - Anonymous (piercer).
<b>244 - Anonymous (acupuncture)</b>	Agree
<b>249 - Association of Traditional Chinese Medicine</b>	Agree
<b>also</b>	51 - Alison Williams; 57 - Tamarind Dykes; 67 - Anonymous (acupuncture); 68 - Anonymous (acupuncture); 70 - Anonymous (acupuncture); 72 - Anonymous (acupuncture); 101 - Anonymous (acupuncture); 102 - Dr Di Wu; 108 - Anonymous (acupuncture); 110 - Anonymous (acupuncture); 114 - Anonymous (acupuncture); 115 - Jing Wang; 118 - Ann Charlton; 134 - Anonymous (acupuncture); 137 - Lingxia Gao; 138/(139) Wang Chen; 141 - Na Yang; 142 - Anonymous (acupuncture); 153 - Zhimin Ma; 154 - Anonymous (acupuncture); 155 - Anonymous (acupuncture); 156 - Cui Hong Duan; 157 - Anonymous (acupuncture); 158 - Anonymous (acupuncture); 160 - Anonymous (acupuncture); 161 - Anonymous (acupuncture); 162 - Anonymous (acupuncture); 165 - Qikan Yin; 170 - Yuancai Fu; 171 - Yan Jing Wang; 172 - Baifang Zhu; 174 - Phoebe Deng; 177/206 - Anonymous (acupuncture); 178 - Minan Yao; 188 - Anonymous (acupuncture); 190 - Anonymous (acupuncture); 191 - Anonymous (acupuncture); 193 - Dr Jianrui Wang; 194 - Jian Wang; 196 - Anonymous (acupuncture); 197 - Anonymous (acupuncture); 203 - Anonymous (acupuncture); 205 - Lulu Dai; 208 - Zheng Yuan Zhong; 210 - Li Yan; 213 - Min Li; 223/140 - Xianghui Guo; 225 - Jun Wen Ma; 235 - Anonymous (acupuncture); 236 - Jing Ding; 237 - Pinyi; 240 - Shu Li Lu; 242 - Anonymous (acupuncture); 243 - Anonymous

	(acupuncture); 245 - Anonymous (acupuncture); 246 - Ke Xia Xu; 247 - Anonymous (acupuncture); 248 - Anonymous (acupuncture).
<b>252 - Torfaen County Borough Council</b>	Yes. There are age restrictions in place for tattooing and intimate piercing with only those aged 18 or over being able to have them. Therefore, it would be sensible to apply that age restriction to the practitioners undertaking the procedure.
<b>254 - Swansea Council</b>	Neutral on this position.

<b>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?</b>	
<b>'Yes' response</b>	2 – Anonymous; 3 - Guild of Beauty Therapists; 4 – Anonymous; 6 – Anonymous; 10 – Anonymous; 12 - Anonymous; 14 - Cheryl Drew; 17 - Anonymous; 18 - Anonymous; 19 - Kim Eldridge; 20 - Duncan Reed; 22 - Sally Hickenson; 23 – Anonymous; 27 - Clares European Services; 28 – Anonymous; 30 – Anonymous; 32 - Anonymous (tattooing); 33 - Carla Evans; 34 - James Ogle; 38 - Rachel Edney; 39 - Kate Doble; 40 - Anonymous (acupuncture); 47 - Anonymous; 49 - Di-enw (local authority); 54 - Lola Slider; 55 - Aiden Johnson; 56 - British Medical Acupuncture Society; 61 - Anonymous (acupuncture); 69 - Anonymous (acupuncture); 73 - Clare Robinson-Campbell; 74 - Anonymous (SPM); 78 - Anonymous (acupuncture); 81 - Gemma Kingston; 84 - Anonymous; 85 - F Hinds Ltd; 93 - Royal College of Midwives; 98 - Inc and Co; 100 – Anonymous; 109 - Warren Tregidden; 111 - Anonymous (tattooing); 116 - Anonymous; 120 - Anonymous (acupuncture); 122 - Anonymous; 125 - Becky Crossan; 126 - Rhondda Cynon Taff County Borough Council; 133 - Anonymous (local authority); 144 - Anonymous (piercer); 152 - Anonymous (tattooing); 163 - Anonymous (tattooing); 168 - Anonymous (tattooing); 179 - N Wales Health and Safety Expert Panel; 198 - Isle of Angelsey County Council; 200 - Anonymous (local authority); 209 - Anonymous (acupuncture); 212 - Save Face; 222 - Caerphilly County Borough Council; 227 – Anonymous; 230 - Anonymous (charitable organisation); 238/(239) - Institute of Licensing; 241 - Anonymous (tattooing).
<b>'No' response</b>	None
<b>Left blank</b>	5 - Anonymous (acupuncture); 9 – Anonymous; 11 – Katie; 24 – Anonymous; 25 - David Carlisle; 29 - Shan MacVicar; 59 - Josh Cranton; 62 – Anonymous; 89 - Rachel Bowen; 113 - Superdrug Ltd; 121 - National AIDS Trust; 143 - Claire's Accessories; 166 - Claire Pritchard; 167 - Anonymous (manufacturer); 186 - Anonymous (acupuncture); 189 - Baidong Li; 216 - Age Cymru.
<b>1/35 – Anonymous (acupuncture)</b>	Under 18's should have parental consent. There should always be exceptions for medical procedures which are being performed to improve someone's health.
<b>8 - Anonymous</b>	No. Parental/ guardian consent if under 18.
<b>15 – Anonymous (acupuncture)</b>	Agree
<b>16 - Sarah Swaysland</b>	Tattooing and intimate piercings are already prohibited for under 18's (unless on medical grounds by a RMP).

	<p>I would query if it is appropriate to have the same age restriction in place for acupuncture and electrolysis treatments – particularly hair removal treatments. It is not uncommon for younger teenagers to experience excessive body hair problems which, for mental wellbeing reasons, they may wish to get permanently removed by electrolysis. Electrolysis practitioners are unlikely to fall under the definition of a registered medical practitioner so would be unable to perform treatments in intimate areas if you impose the same age restrictions.</p> <p>I am of the opinion that further discussion is needed with the professional bodies representing acupuncture and electrolysis treatments before a conclusive decision is made on this.</p>
<b>21 - Anonymous</b>	Yes, and I don't think electrolysis should be carried out on under 18s. Their skin is much too sensitive and young, that's just my personal opinion.
<b>26 - Joint Council of Cosmetic Practitioners</b>	Very much so!! Proof of age should also be mandatory.
<b>31 - Chartered Institute of Environmental Health</b>	Yes. We refer again to our response to Q4.
<b>36 - Kelly Griffiths</b>	y
<b>37 – Anonymous (local authority)</b>	<p>Yes especially as the Tattooing of Minors Act is still in force.</p> <p>21 or 25 should be considered for facial tattoo's.</p>
<b>41 – Anonymous (acupuncture)</b>	What about Paediatric acupuncture?
<b>42 - Paul Battersby</b>	Yes, I fully agree.
<b>also</b>	44 - Roy Montgomery; 45 - Anonymous (acupuncture); 46 - Alison Smith; 50 - Anonymous (acupuncture); 52 - Anonymous (acupuncture); 58 - Kate van Rensburg; 60 - Laura Gibbons; 63 - Christine Hutchinson; 64 - Anonymous (acupuncture); 65 - Anonymous (acupuncture); 75 - Madeline Boots; 86 - Suzanne Gregson; 88 - Anonymous (acupuncture); 99 - Janis Short; 105 - Daniel Curran.
<b>43 - Acupuncture Association of</b>	Yes, we fully agree.

<b>Chartered Physiotherapists</b>	
<b>48 - Kat Henness</b>	Yes, I would agree.
<b>53 - Oliver Todd</b>	In principle this is a good move but it would be easier to state that the ages of clients is dictated by the insurance they have. There are for instance insurers that do not cover intimate piercings and cover children's ear piercing with a needle from as low as 5 years, but others that do not cover children but do cover intimate piercings. Will the government force insurers to have a standardized policy for piercing for example or will practitioners need multiple policies to gain a licence?
<b>57 - Tamarind Dykes</b>	Agree but shouldn't apply to acupuncture treatment
<b>66 – Gareth Davies</b>	as above
<b>77 - Mari McAndrew</b>	Agree.
<b>79 - Rhian Mansfield</b>	I do yes but this needs to be in line with insurance companies and their set age restrictions.
<b>80 - Anonymous (tattooing)</b>	In regards to tattoo procedures including PMU and intimate piercings yes.
<b>90 - Blaenau Gwent County Borough Council</b>	Yes, we agree with these proposals
<b>91 - British Beauty Council</b>	Yes – we would also support requirements to provide proof of age – as set out in Botulinum Toxin and Cosmetic Fillers (Children) Act 2021.
<b>92 - Anonymous (acupuncture)</b>	no - paediatrics are a group who require specialist pain relieving interventions, and given the strong evidence for acupuncture for pain, they should not be prohibited.
<b>94 - National Hair and Beauty Federation</b>	Yes, we agree with this decision. It is in line with similar legislation in England (the Botox and Cosmetic Fillers (Children) Act prohibiting the administering of Botox to persons under 18 in England.
<b>95 - Beauty Industry Group - Licensing</b>	Yes – we would also support requirements to provide proof of age – as set out in Botulinum Toxin and Cosmetic Fillers (Children) Act 2021.
<b>96 - Beauty Industry Group Chair</b>	Yes – we would also support requirements to provide proof of age – as set out in Botulinum Toxin and Cosmetic Fillers (Children) Act 2021.
<b>102 - Dr Di Wu</b>	This should not apply to acupuncturists as it is common for clients under 18 to receive acupuncture treatment.

<b>103 - Anonymous (acupuncture)</b>	I agree with 9.23 and 9.24, I think you should be able to have acupuncture younger than 18 with parental / guardian permission and their attendance at the treatment.
<b>104 - Anonymous (acupuncture)</b>	Acupuncturists should do treatment for everyone who need to help, not only for over 18
<b>106 - Anonymous (acupuncture)</b>	<p>Disagree</p> <p>As noted in an earlier answer, acupuncture treatment is a legitimate form of healthcare practice and deserves to be accorded the same standing as other medical procedures where the concept of Gillick competence applies and where 16 has been taken as the age at which young people can elect to have treatment for health issues which they may not wish to divulge to their parents or guardians.</p> <p>This is a very different proposition from some of the other techniques which involve a physical, and usually irreversible, alteration in the body.</p> <p>This once again highlights the difference between cosmetic procedures and a healthcare practice, and the anomaly of both being subsumed under a single legislative framework.</p>
<b>107 - BABTAC</b>	Yes – we would also support requirements to provide proof of age – as set out in Botulinum Toxin and Cosmetic Fillers (Children) Act 2021.
<b>112 - British Acupuncture Federation</b>	In relation to acupuncture, we have guidance for our members on treating minors and obtaining/ensuring proper legal consent. This guidance has been written taking into account legal and medical guidelines and advice and forms comprehensive but clear guidance. This includes obtaining parental consent or alternatively, ensuring Gillick competence for those over the age of 12. Patients over 16 do not need parental consent for treatment in line with NHS guidance.
<b>117 - Marnie Williams</b>	No. Whilst we agree that nipple, genital, tongue, micro/macrodermals, and surface piercings should be over 18 only, we see no reason that all other piercings can't be offered from 16. Allowances should be made age wise.
<b>118 - Ann Charlton</b>	Agree, but should not apply for acupuncture treatment.
<b>123 - Anonymous (piercer)</b>	No. Whilst we agree that nipple, genital, tongue, micro/macrodermals, and surface piercings should be over 18 only, we see no reason that all other piercings can't be offered from 16. Allowances should be made age wise.

<b>132 - Anonymous (piercer)</b>	<p>No. Whilst we agree that nipple, genital, tongue, micro/macrodermals, and surface piercings should be over 18 only, we see no reason that all other piercings can't be offered from 16. We are furthermore not content that insisting clients have a parent present between 16-18 is consistent with GDPR regulations. At 16, a client is their own data subject, and - as we are required to take medical information - forcing them to attend with an adult is not consistent with these regulations. At 16, a child can visit a doctor without parental consent and, if in further education, exclude their parents from any and all decisions pertaining to it. It is our contention that 16 year olds are very capable of making decisions about the vast majority of piercings. In addition to this, UKAPP believe that the following piercings should be available from 14 years old and up with parental consent: single point upper ear piercings, nostrils, septums.</p> <p>Finally, as mentioned in other sections; you may find that your requirements conflict with those of insurance companies. As insurance companies pose the most significant challenge to piercers in the UK currently, we are very anxious not to give them another stick to beat us with, so to speak. 20</p>
<b>135 - Anonymous (tattooing)</b>	agree
<b>136 - Denbighshire County Council</b>	Agree.
<b>145 - Anonymous (tattooing)</b>	<p>No. Whilst I agree that tattoos, including microblading, and nipple, genital, tongue, micro/macrodermals, and surface piercings should be over 18 only, I see no reason that all other piercings can't be offered from 16. Furthermore not content that insisting clients have a parent present between 16-18 is consistent with GDPR regulations. At 16, a client is their own data subject, and - as we are required to take medical information - forcing them to attend with an adult is not consistent with these regulations. At 16, a child can visit a doctor without parental consent and, if in further education, exclude their parents from any and all decisions pertaining to it. It is the UKAPP's contention that 16 year olds are very capable of making decisions about the vast majority of piercings.</p> <p>Finally, as mentioned in other sections; you may find that your requirements conflict with those of insurance companies.</p>
<b>146 - Ming Chu Lok</b>	Treatment for medical purpose should not be included.
<b>159 - H Wong</b>	no comment
<b>164 - Anonymous (tattooing)</b>	As the exception list already covers all appropriate exceptions, an otherwise minimum age of 18 seems fair and sensible.

<b>169 - Anonymous (tattooing)</b>	Please see my comments in Question 14 about Annex D
<b>175 - Anonymous (tattooing)</b>	See above
<b>178 - Minan Yao</b>	Agree. However, it is important to note that acupuncture, as a therapeutic practice, requires young clients to be accompanied by an adult guardian who provides informed consent before treatment begins. This added layer of supervision and consent ensures that the interests of the young client are prioritized and that the treatment is administered safely and responsibly. In light of these safeguards, acupuncture should be considered for exemption from this particular rule, as the established guidelines and protocols already address concerns related to the treatment of minors.
<b>183 - Hair and Beauty Industry Authority</b>	Yes – we would also support requirements to provide proof of age as set out in Botulinum Toxin and Cosmetic Fillers (Children) Act 2021.
<b>184 - Nursing and Midwifery Council</b>	We have no comments
<b>192 - British Register of Complementary Practitioners</b>	It could be younger if parental consent is given for non-intimate piercing, acupuncture or electrolysis or if Gillick Competency is taken into consideration with these special procedures, but existing legislation should remain for tattoos or intimate piercings.
<b>194 - Jian Wang</b>	Agree.
<b>201 - All Wales Communicable Disease Expert Panel</b>	YES. Some LA's passed specific comments:  Yes especially as the Tattooing of Minors Act is still in force.  21 or 25 should be considered for facial tattoo's.  Allowing 16 yr olds to have facial piercings without parental consent – LA's can see potential issues.
<b>202 - Health and Safety Expert Panel</b>	Yes, however 21 or 25 considered for facial tattoos.
<b>203 - Anonymous (acupuncture)</b>	Agree but not for acupuncture treatment.
<b>205 - Lulu Dai</b>	Agree



<b>211 - British Acupuncture Council</b>	No. 9.23 requires a guardian for those under 18. The current BAcC guidance a guardian is required for those under 16. However, BAcC members have asked us to review these guidelines. Acupuncture sometimes requires ongoing treatment. The guardian requirement can lead to logistical problems as busy parents would much prefer to do other things whilst the child is being treated. There are also safeguarding concerns that the person under 16 is unable to raise issues they have at home because of the presence of the guardian. The BAcC is currently working with the NSPCC to update our guidance.
<b>215 - Shared Regulatory Services</b>	Yes, however 21 or 25 considered for facial tattoos.
<b>217 - Anonymous (acupuncture)</b>	No. For acupuncture this is not appropriate. Individuals under the age of 18 should be able to access this service
<b>219 - Ross Jarvis</b>	Please see my comments in Question 14 about Annex D
<b>220 - Tibetan and Eastern Medicine Association</b>	In relation to acupuncture, we have guidance for our members on treating minors and obtaining/ensuring proper legal consent. This guidance has been written taking into account legal and medical guidelines and advice and forms comprehensive but clear guidance. This includes obtaining parental consent or alternatively, ensuring Gillick competence for those over the age of 12. Patients over 16 do not need parental consent for treatment in line with NHS guidance.
<b>221 - Wrexham County Borough Council</b>	Yes – and include the Police to be able to prosecute due to links with existing law and safeguarding / indecency / sexual offences
<b>224 - Anonymous (piercer)</b>	No. Whilst we agree that nipple, genital, tongue, micro/macrodermals, and surface piercings should be over 18 only, we see no reason that all other piercings can't be offered from 16. Allowances should be made age wise.
<b>226 - Environmental Health Wales</b>	YES. Some LA's passed specific comments:  Yes especially as the Tattooing of Minors Act is still in force.  21 or 25 should be considered for facial tattoo's.  Allowing 16 yr olds to have facial piercings without parental consent – LA's can see potential issues.
<b>229 - Anonymous (tattooing)</b>	Yes, but I would advice NO cartilage piercing under 18.

<b>231 - Anonymous (acupuncture)</b>	I agree with other special procedures such as Tattooing, body piercing. However, for acupuncture, as it is for medical/health purpose, the age of client can be as young as a new born baby, as long as consent is obtained from the parents. Tattooing and body piercing are not for medical/health purpose but purely for cosmetic appearance, for children below 18 they should not be allowed, even with the consent from their parents.
<b>232 - Kat Webb</b>	<p>AGREE – with the exception of non intimate body piercings being available to those under 18, with parental consent if under 16.</p> <p>With regards to electrolysis and acupuncture, I am not versed in the industry to understand possible complications from offering these services to someone under the age of 18 to be able to comment.</p>
<b>233 - UKAPP</b>	<p>No. Whilst we agree that nipple, genital, tongue, micro/macrodermals, and surface piercings should be over 18 only, we see no reason that all other piercings can't be offered from 16. We are furthermore not content that insisting clients have a parent present between 16-18 is consistent with GDPR regulations. At 16, a client is their own data subject, and - as we are required to take medical information - forcing them to attend with an adult is not consistent with these regulations. At 16, a child can visit a doctor without parental consent and, if in further education, exclude their parents from any and all decisions pertaining to it. It is our contention that 16 year olds are very capable of making decisions about the vast majority of piercings. In addition to this, UKAPP believe that the following piercings should be available from 14 years old and up with parental consent: single point upper ear piercings, nostrils, septums.</p> <p>Finally, as mentioned in other sections; you may find that your requirements conflict with those of insurance companies. As insurance companies pose the most significant challenge to piercers in the UK currently, we are very anxious not to give them another stick to beat us with, so to speak. 20</p>
<b>also</b>	82 - Anonymous (piercer); 83 - Anonymous (piercer); 87 - Anonymous (piercer); 124 - Anonymous (piercer); 127 - Anonymous (piercer); 128 - Anonymous (piercer); 129 - Anonymous (piercer); 130 - Anonymous (piercer); 131 - Anonymous (piercer); 149 - Anonymous (piercer); 150 - Anonymous (piercer); 151 - Anonymous (piercer); 173 - Anonymous (piercer); 176 - Anonymous (piercer); 195 - Anonymous (piercer); 204 - Anonymous (piercer); 207 - Anonymous (piercer); 234 - Anonymous (piercer); 250 - Anonymous (piercer).
<b>244 - Anonymous (acupuncture)</b>	Agree

<b>247 - Anonymous (acupuncture)</b>	Not for the acupuncture treatment.
<b>249 - Association of Traditional Chinese Medicine</b>	Agree, but should not apply for acupuncture treatment.
<b>also</b>	51 - Alison Williams; 67 - Anonymous (acupuncture); 68 - Anonymous (acupuncture); 70 - Anonymous (acupuncture); 72 - Anonymous (acupuncture); 101 - Anonymous (acupuncture); 108 - Anonymous (acupuncture); 110 - Anonymous (acupuncture); 114 - Anonymous (acupuncture); 115 - Jing Wang; 134 - Anonymous (acupuncture); 137 - Lingxia Gao; 138/(139) - Wang Chen; 141 - Na Yang; 142 - Anonymous (acupuncture); 146 - Ming Chu Lok; 153 - Zhimin Ma; 154 - Anonymous (acupuncture); 155 - Anonymous (acupuncture); 157 - Anonymous (acupuncture); 158 - Anonymous (acupuncture); 160 - Anonymous (acupuncture); 161 - Anonymous (acupuncture); 162 - Anonymous (acupuncture); 165 - Qikan Yin; 170 - Yuancai Fu; 171 - Yan Jing Wang; 172 - Baifang Zhu; 174 - Phoebe Deng; 188 - Anonymous (acupuncture); 190 - Anonymous (acupuncture); 191 - Anonymous (acupuncture); 193 - Dr Jianrui Wang; 196 - Anonymous (acupuncture); 197 - Anonymous (acupuncture); 206/177 - Anonymous (acupuncture); 208 - Zheng Yuan Zhong; 210 - Li Yan; 213 - Min Li; 223/140 - Xianghui Guo; 225 - Jun Wen Ma; 235 - Anonymous (acupuncture); 236 - Jing Ding; 237 - Pinyi; 240 - Shu Li Lu; 242 - Anonymous (acupuncture); 243 - Anonymous (acupuncture); 245 - Anonymous (acupuncture); 246 - Ke Xia Xu; 248 - Anonymous (acupuncture).
<b>252 - Torfaen County Borough Council</b>	<p>Yes. Especially as the Tattooing of Minors Act is still in force. An age of 21 or 25 should be considered for facial tattoos.</p> <p>TCBC advise caution on allowing 16-year-olds to have facial piercings without parental consent and query the age restriction for navel piercing and require further clarification in relation to paragraphs 9:20 &amp; 9:21.</p> <p>The inclusion of a sentence clarifying whether U16 year olds can have piercings with parental consent i.e., non-intimate such as eyebrow, lip, (9:21) is requested.</p> <p>No consideration appears to have been given to dermal anchors or stretchers</p>

	<p>Question</p> <p>Will the Tattooing of Minors Act remain in force or will it be included within the new Regulations, and the Act repealed?</p>
<p><b>254 - Swansea Council</b></p>	<p>See previous comments at question 13 relating to navel piercing. There is a concern that raising the age limit to 18 for navel piercings will drive this piercing underground with teenagers purchasing kits online and piercing themselves resulting in increased public health harm.</p>

<b>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?</b>	
<b>'Yes' response</b>	1/35 - Anonymous (acupuncture); 3 - Guild of Beauty Therapists; 4 – Anonymous; 8 – Anonymous; 11 – Katie; 12 - Anonymous; 14 - Cheryl Drew; 17 - Anonymous; 18 - Anonymous; 19 - Kim Eldridge; 20 - Duncan Reed; 23 – Anonymous; 27 - Clares European Services; 28 – Anonymous; 31 - Chartered Institute of Environmental Health; 34 - James Ogle; 37 - Anonymous (local authority); 38 - Rachel Edney; 39 - Kate Doble; 40 - Anonymous (acupuncture); 41 - Anonymous (acupuncture); 47 - Anonymous; 49 - Di-enw (local authority); 56 - British Medical Acupuncture Society; 69 - Anonymous (acupuncture); 73 - Clare Robinson-Campbell; 74 - Anonymous (SPM); 78 - Anonymous (acupuncture); 80 - Anonymous (tattooing); 84 - Anonymous; 93 - Royal College of Midwives; 100 - Anonymous; 103 - Anonymous (acupuncture); 104 - Anonymous (acupuncture); 109 - Warren Tregidden; 116 - Anonymous; 120 - Anonymous (acupuncture); 125 - Becky Crossan; 144 - Anonymous (piercer); 146 - Ming Chu Lok; 152 - Anonymous (tattooing); 209 - Anonymous (acupuncture); 212 - Save Face; 221 - Wrexham County Borough Council; 222 - Caerphilly County Borough Council; 227 – Anonymous; 230 - Anonymous (charitable organisation); 254 - Swansea Council.
<b>'No' response</b>	6 - Anonymous; 10 - Anonymous.
<b>Left blank</b>	5 - Anonymous (acupuncture); 9 – Anonymous; 24 – Anonymous; 25 - David Carlisle; 30 – Anonymous; 59 - Josh Cranton; 62 - Anonymous; 85 - F Hinds Ltd; 89 - Rachel Bowen; 111 - Anonymous (tattooing); 113 - Superdrug Ltd; 121 - National AIDS Trust; 143 - Claire's Accessories; 164 - Anonymous (tattooing); 166 - Claire Pritchard; 167 - Anonymous (manufacturer); 186 - Anonymous (acupuncture); 189 - Baidong Li; 216 - Age Cymru.
<b>2 - Anonymous</b>	No comment
<b>15 - Anonymous</b>	Agree
<b>16 - Sarah Swaysland</b>	In principle, YES. However, if you are going to require the client to provide written consent, what does Welsh Government consider to be the minimum age where informed consent can be provided by the person receiving the special procedure?  There is case law – Gillick competence – but how would a SP practitioner determine if the person is able to provide informed consent?
<b>21 - Anonymous</b>	Depends on the treatment

<b>22 - Sally Hickinson</b>	No. No one under 18 should be able to be tattooed, despite parental consent.
<b>26 - Joint Council of Cosmetic Practitioners</b>	Very much so!! Proof of age should also be mandatory.
<b>29 - Shan MacVicar</b>	yes for acupuncture
<b>32 - Anonymous (tattooing)</b>	The issue of parental consent can be a minefield, you would need to obtain proof that the person in question has the authority to legally give the necessary consent. Also what if one parent consents but the other doesn't? Although this would have no legal standing it could cause the practitioner problems.
<b>33 - Carla Evans</b>	Do not feel that under 18's should be allowed certain procedures even with parental consent.
<b>36 - Kelly Griffiths</b>	Y
<b>42 - Paul Battersby</b>	Yes, I fully agree.
<b>also</b>	44 - Roy Montgomery; 45 - Anonymous (acupuncture); 46 - Alison Smith; 50 - Anonymous (acupuncture); 52 - Anonymous (acupuncture); 58 - Kate van Rensburg; 60 - Laura Gibbons; 63 - Christine Hutchinson; 64 - Anonymous (acupuncture); 65 - Anonymous (acupuncture); 75 - Madeline Boots; 86 - Suzanne Gregson; 88 - Anonymous (acupuncture); 99 - Janis Short; 105 - Daniel Curran.
<b>43 - Acupuncture Association of Chartered Physiotherapists</b>	Yes, we fully agree.
<b>48 - Kat Henness</b>	I agree with this.
<b>53 - Oliver Todd</b>	There should be the addition of taking a form of legal I.D. for the parent or legal guardian for the minor proving the parent or career/ child relationship. This way it would stop any adult acting as the parent or guardian for the minor.
<b>54 - Lola Slider</b>	I don't agree with parental consent, because children lie often and adults lie often, and even when ID is presented many families have different last names so genuinely proving a parent/child relationship is almost impossible at times. I think far too much pressure to deal with these fraudulent situations is placed on piercers who are really trying their best and that we should just keep piercing adults only to prevent piercers being provided with fraudulent parental credentials
<b>55 - Aiden Johnson</b>	Yes but ID for the parent or guardian and a proof that they are a parent or legal guardian e.g. birth certificate or adoption with names that match ID of minor and parent/guardian. As there are lots of step

	parents who are not legal guardians and also lots of parents who do not have the same last name as the minor this protects both the minor and the practitioner.
<b>57 - Tamarind Dykes</b>	Agree
<b>61 – Anonymous (acupuncture)</b>	Yes. It is mandatory within my own practice
<b>66 – Gareth Davies</b>	our insurances cover 16 and above
<b>77 - Mari Macandrew</b>	Agree.
<b>79 - Rhian Mansfield</b>	Yes with the exception that the parent guardian provides proof of ID for themselves as well as the minor.
<b>81 - Gemma Kingston</b>	Noni
<b>90 - Blaenau Gwent County Borough Council</b>	Yes, we agree  However, there must be a prescribed format for the written consent for parent/guardian to be completed and proof of identification must be required for both the parent / guardian and person under 18.
<b>91 - British Beauty Council</b>	Yes – again, we support the safeguards set out in Botulinum Toxin and Cosmetic Fillers (Children) Act 2021.
<b>92 - Anonymous (acupuncture)</b>	I think paediatric services within the NHS would be better placed to answer this
<b>94 - National Hair and Beauty Federation</b>	Yes, we would also support requirements to provide proof of age – as set out in Botulinum Toxin and Cosmetic Fillers (Children) Act 2022.
<b>95 - Beauty Industry Group - Licensing</b>	Yes – again, we support the safeguards set out in Botulinum Toxin and Cosmetic Fillers (Children) Act 2021.
<b>96 - Beauty Industry Group Chair</b>	Yes – again, we support the safeguards set out in Botulinum Toxin and Cosmetic Fillers (Children) Act 2021.
<b>98 - Inc and Co</b>	Yes, ID is to be required for those who are 18, we would recommend a Challenge 25 approach for tattooing.
<b>106 - Anonymous (acupuncture)</b>	As per last comment, for acupuncture treatment is provides unreasonable safeguards for a procedure which does not have the same potential to incur parental disapproval or permanent physical change.

<b>107 - BABTAC</b>	Yes – again, we support the safeguards set out in Botulinum Toxin and Cosmetic Fillers (Children) Act 2021.
<b>112 - British Acupuncture Federation</b>	In relation to acupuncture, we have guidance for our members on treating minors and obtaining/ensuring proper legal consent. This guidance has been written taking into account legal and medical guidelines and advice and forms comprehensive but clear guidance. This includes obtaining parental consent or alternatively, ensuring Gillick competence for those over the age of 12. Patients over 16 do not need parental consent for treatment in line with NHS guidance. BAF also provides guidance on dealing with patients under Mental Capacity Act. We believe that our guidance provides sufficient safeguards.
<b>117 - Marnie Williams</b>	Yes I am happy with the outlined consent and accompaniment by a parent/guardian. I believe however that a piercer can only provide reasonable care in establishing the parental or guardian relationship to the minor.
<b>122 - Anonymous</b>	If it is the case that children will be treated with permission of a parent. I would like to see Safeguarding training to level two for both children and adults be a mandatory requirement along with a safeguarding policy to include the local safeguarding team contact details and referral protocols. Having this knowledge would add a further layer of safeguarding should there be signs of any abuse that can be identified by the licensee
<b>123 - Anonymous (piercer)</b>	Yes I am happy with the outlined consent and accompaniment by a parent/guardian. I believe however that a piercer can only provide reasonable care in establishing the parental or guardian relationship to the minor.
<b>126 - Rhondda Cynon Taff County Borough Council</b>	Yes however proof will be needed. ID, written permission.
<b>132 - Anonymous (piercer)</b>	One of the biggest challenges UK Piercers have faced over the last several years is interactions with parents. A huge number of studios have stopped offering services to under 16s/18s where their insurance mandates that not just get parental consent, but verify the relationship with ID for both parent and child. This has prompted many a fraught interaction with parents and led to some very unpleasant experiences for UK piercers. Due to the frequency of these experiences, many studios have stopped offering services where parental consent must be given. As this is an insurance requirement (and just something many choose to do from a voluntary safeguarding perspective), and not a statutory or licensing one, many parents simply do not accept that they need to verify and argue accordingly. From a public health perspective, this has had the effect of pushing these clients towards studios who do not have insurance cover. Frustratingly, not all insurance companies have this requirement ([name



	<p>redacted]'s does not, for example) so simply mandating that all studios have practice insurance does not necessarily solve this problem. It would be supremely helpful if this section could mandate that parents providing their consent verify their relationship with the studio, alongside verifying the age of their child with ID for both parent and child, and any accompanying documents you might otherwise need to verify the relationship.</p> <p>In addition, similar conversations have been had where folks over 16/18 have brought parents along to provide consent in the absence of ID. It would be further supremely helpful to mandate that - once a child has reached the age where they can provide their own consent - parents are no longer permitted to provide it for them.</p>
<b>133 - Anonymous (local authority)</b>	<p>IN PART</p> <p>This process, as described is open to abuse.</p>
<b>135 - Anonymous (tattooing)</b>	<p>Agree</p>
<b>136 - Denbighshire County Council</b>	<p>Agree.</p>
<b>145 - Anonymous (tattooing)</b>	<p>One of the biggest challenges UK Piercers have faced over the last several years is interactions with parents. A huge number of studios have stopped offering services to under 16s/18s where their insurance mandates that not just get parental consent, but verify the relationship with ID for both parent and child. This has prompted many a fraught interaction with parents and led to some very unpleasant experiences for UK piercers.</p> <p>Due to the frequency of these experiences, many studios have stopped offering services where parental consent must be given. As this is an insurance requirement (and just something many choose to do from a voluntary safeguarding perspective), and not a statutory or licensing one, many parents simply do not accept that they need to verify and argue accordingly. From a public health perspective, this has had the effect of pushing these clients towards studios who do not have insurance cover. It would be supremely helpful if this section could mandate that parents providing their consent verify their relationship with the studio, alongside verifying the age of their child with ID for both parent and child, and any accompanying documents you might otherwise need to verify the relationship.</p>
<b>159 - H Wong</b>	<p>Agree</p>

<b>163 - Anonymous (tattooing)</b>	I am answering as a tattooist so I would not agree to tattoo anyone under 18 with or without parental consent under any circumstances. I can't speak for other industries.
<b>168 - Anonymous (tattooing)</b>	Definitely
<b>169 - Anonymous (tattooing)</b>	Please see my comments in Question 14 about Annex D
<b>175 - Anonymous (tattooing)</b>	See above
<b>178 - Minan Yao</b>	Agree.
<b>179 - N Wales Health and Safety Expert Panel</b>	Yes, however further guidance is sought in relation to acceptable consent.
<b>183 - Hair and Beauty Industry Authority</b>	Yes – again, we support the safeguards set out in Botulinum Toxin and Cosmetic Fillers (Children) Act 2021.
<b>184 - Nursing and Midwifery Council</b>	The NMC Code requires nursing and midwifery professionals to always act in the best interest of people. They must make sure they have obtained and recorded informed consent before carrying out any action.
<b>192 - British Register of Complementary Practitioners</b>	Agreed
<b>198 - Isle of Angelsey County Council</b>	Yes, however further guidance is sought in relation to acceptable consent.
<b>200 - Anonymous (local authority)</b>	PARTIALLY. This process, as described is open to abuse.
<b>201 - All Wales Communicable Disease Expert Panel</b>	PARTIALLY. This process, as described is open to abuse. Yes, however, there must be a prescribed format for the written consent for parent/guardian to be completed and proof of identification must be required for both the parent / guardian and person under 18.

<b>202 - Health and Safety Expert Panel</b>	Yes, however further guidance is sought in relation to acceptable consent.
<b>203 - Anonymous (acupuncture)</b>	Agree.
<b>205 - Lulu Dai</b>	Agree
<b>211 - British Acupuncture Council</b>	See Qu 17
<b>215 - Shared Regulatory Services</b>	Yes, however further guidance is sought in relation to acceptable consent.
<b>217 - Anonymous (acupuncture)</b>	Accompaniment by a guardian/parent until the age of 18 is neither necessary nor appropriate for a patient receiving acupuncture treatment. the relationship is a private one, and if the appropriate DBS check has been made, then there is no risk to the patient.
<b>219 - Ross Jarvis</b>	As above
<b>220 - Tibetan and Eastern Medicine Association</b>	In relation to acupuncture, we have guidance for our members on treating minors and obtaining/ensuring proper legal consent. This guidance has been written taking into account legal and medical guidelines and advice and forms comprehensive but clear guidance. This includes obtaining parental consent or alternatively, ensuring Gillick competence for those over the age of 12. Patients over 16 do not need parental consent for treatment in line with NHS guidance. BAF also provides guidance on dealing with patients under Mental Capacity Act. We believe that our guidance provides sufficient safeguards.
<b>224 - Anonymous (piercer)</b>	Yes I am happy with the outlined consent and accompaniment by a parent/guardian. I believe however that a piercer can only provide reasonable care in establishing the parental or guardian relationship to the minor.
<b>226 - Environmental Health Wales</b>	PARTIALLY.  This process, as described is open to abuse.  Yes, however, there must be a prescribed format for the written consent for parent/guardian to be completed and proof of identification must be required for both the parent / guardian and person under 18.
<b>229 - Anonymous (tattooing)</b>	Dodgy! We need a no ID no Tattoo or complex piecing policy. We have all seen kids with infected piercings done at the hairdresser/shopping mall.

<b>231 - Anonymous (acupuncture)</b>	No, I dont agree. See above for reasons.
<b>232 - Kat Webb</b>	<p>This is more about the responsibility being put on the legal guardian than safeguarding the client though as some parents will take their baby or young child to be pierced, this is non consensual in cases where the child is too young to understand or communicate their own wishes.</p> <p>Also as children develop their anatomy changes, especially their ears, as one of the only body parts that continue to grow throughout our lifetime. So a central lobe piercing on a baby or infant, would not be that same placement when they are a young teen or even adult.</p> <p>Any procedure, medical or cosmetic requires consent. This can not be obtained from a person that is too young to understand or communicate and for this reason, I believe there should be a minimum piercing age for any piercing, this should be set at an age where the person is able to communicate clearly about wanting a piercing and have a basic understanding of the actual procedure and aftercare. Client consultation with the minor would be key at this point.</p>
<b>233 - UKAPP</b>	<p>One of the biggest challenges UK Piercers have faced over the last several years is interactions with parents. A huge number of studios have stopped offering services to under 16s/18s where their insurance mandates that not just get parental consent, but verify the relationship with ID for both parent and child. This has prompted many a fraught interaction with parents and led to some very unpleasant experiences for UK piercers. Due to the frequency of these experiences, many studios have stopped offering services where parental consent must be given. As this is an insurance requirement (and just something many choose to do from a voluntary safeguarding perspective), and not a statutory or licensing one, many parents simply do not accept that they need to verify and argue accordingly. From a public health perspective, this has had the effect of pushing these clients towards studios who do not have insurance cover. Frustratingly, not all insurance companies have this requirement ([name redacted]'s does not, for example) so simply mandating that all studios have practice insurance does not necessarily solve this problem. It would be supremely helpful if this section could mandate that parents providing their consent verify their relationship with the studio, alongside verifying the age of their child with ID for both parent and child, and any accompanying documents you might otherwise need to verify the relationship.</p>

	In addition, similar conversations have been had where folks over 16/18 have brought parents along to provide consent in the absence of ID. It would be further supremely helpful to mandate that - once a child has reached the age where they can provide their own consent - parents are no longer permitted to provide it for them.
<b>also</b>	82 - Anonymous (piercer); 83 - Anonymous (piercer); 87 - Anonymous (piercer); 124 - Anonymous (piercer); 127 - Anonymous (piercer); 128 - Anonymous (piercer); 129 - Anonymous (piercer); 130 - Anonymous (piercer); 131 - Anonymous (piercer); 149 - Anonymous (piercer); 150 - Anonymous (piercer); 151 - Anonymous (piercer); 173 - Anonymous (piercer); 176 - Anonymous (piercer); 195 - Anonymous (piercer); 204 - Anonymous (piercer); 207 - Anonymous (piercer); 234 - Anonymous (piercer); 250 - Anonymous (piercer).
<b>238/239 - Institute of Licensing</b>	Yes. We support LEP members views that there should be a prescribed format for the written consent for parent/guardian to be completed and proof of identification must be required for both the parent / guardian and person under 18.
<b>241 - Anonymous (tattooing)</b>	no. studios should be strict 18 and over only.
<b>244 - Anonymous (acupuncture)</b>	Agree
<b>247 - Anonymous (acupuncture)</b>	Agree
<b>249 - Association of Traditional Chinese Medicine</b>	agree.
<b>also</b>	51 - Alison Williams; 67 - Anonymous (acupuncture); 68 - Anonymous (acupuncture); 70 - Anonymous (acupuncture); 72 - Anonymous (acupuncture); 101 - Anonymous (acupuncture); 102 - Dr Di Wu; 108 - Anonymous (acupuncture); 110 - Anonymous (acupuncture); 114 - Anonymous (acupuncture); 115 - Jing Wang; 118 - Ann Charlton; 134 - Anonymous (acupuncture); 137 - Lingxia Gao; 138/(139) - Wang Chen; 141 - Na Yang; 142 - Anonymous (acupuncture); 153 - Zhimin Ma; 154 - Anonymous (acupuncture); 155 - Anonymous (acupuncture); 156 - Cui Hong Duan; 157 - Anonymous (acupuncture); 158 - Anonymous (acupuncture); 160 - Anonymous (acupuncture); 161 - Anonymous (acupuncture); 162 - Anonymous (acupuncture); 165 - Qikan Yin; 170 - Yuancai Fu; 171 - Yan Jing Wang; 172 - Baifang Zhu; 174 - Phoebe Deng; 177/206 - Anonymous (acupuncture); 188 - Anonymous (acupuncture); 190 - Anonymous (acupuncture); 191 - Anonymous (acupuncture); 193 - Dr Jianrui Wang; 194 - Jian Wang; 196 -

	Anonymous (acupuncture); 197 Anonymous (acupuncture); 208 - Zheng Yuan Zhong; 210 - Li Yan; 213 - Min Li; 223/140 - Xianghui Guo; 225 - Jun Wen Ma; 235 - Anonymous (acupuncture); 236 - Jing Ding; 237 – Pinyi; 240 - Shu Li Lu; 242 - Anonymous (acupuncture); 243 - Anonymous (acupuncture); 245 - Anonymous (acupuncture); 246 - Ke Xia Xu; 248 - Anonymous (acupuncture).
<b>252 - Torfaen County Borough Council</b>	Partially. This process, as described is open to abuse. Yes, however, there must be a prescribed format for the written consent for parent / guardian to be completed and proof of identification must be required for both the parent / guardian and person under 18.

<b>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?</b>	
<b>'Yes' response</b>	2 – Anonymous; 6 – Anonymous; 11 – Katie; 12 – Anonymous; 17 – Anonymous; 18 – Anonymous; 20 - Duncan Reed; 22 - Sally Hickenson; 23 - Anonymous; 28 - Anonymous; 30 - Anonymous; 32 - Anonymous (tattooing); 34 - James Ogle; 38 - Rachel Edney; 39 - Kate Doble; 41 - Anonymous (acupuncture); 47 - Anonymous; 55 - Aiden Johnson; 56 - British Medical Acupuncture Society; 78 - Anonymous (acupuncture); 80 - Anonymous (tattooing); 84 – Anonymous; 98 - Inc and Co; 104 - Anonymous (acupuncture); 120 - Anonymous (acupuncture); 125 - Becky Crossan; 144 - Anonymous (piercer); 146 - Ming Chu Lok; 152 - Anonymous (tattooing); 163 - Anonymous (tattooing); 168 - Anonymous (tattooing); 209 - Anonymous (acupuncture); 210 - Li Yan; 212 - Save Face; 217 - Anonymous (acupuncture); 227 – Anonymous; 230 - Anonymous (charitable organisation).
<b>'No' response</b>	8 - Anonymous; 61 - Anonymous (acupuncture); 74 - Anonymous (SPM); 229 - Anonymous (tattooing); 241 - Anonymous (tattooing); 254 - Swansea Council.
<b>Left blank</b>	5 - Anonymous (acupuncture); 24 – Anonymous; 25 - David Carlisle; 29 - Shan MacVicar; 59 - Josh Cranton; 60 - Laura Gibbons; 62 - Anonymous; 89 - Rachel Bowen; 112 - British Acupuncture Federation; 121 - National AIDS Trust; 164 - Anonymous (tattooing); 166 - Claire Pritchard; 186 - Anonymous (acupuncture); 189 - Baidong Li; 216 - Age Cymru.
<b>1/35 - Anonymous</b>	I don't know enough about these procedures to comment
<b>3 - Guild of Beauty Therapists</b>	Yes, but this will be hard to implement.
<b>4 - Anonymous</b>	I think piercings of any body part other than the ear lobe should be limited to 18 years.
<b>9 - Anonymous</b>	Yes. The ear lobe is not cartilaginous
<b>10 - Anonymous</b>	No, 18
<b>14 - Cheryl Drew</b>	No. Under 18's should have parental consent. Nose and ear cartilage should be 14 if insurance covers it and an appropriate adult is present and consent is given.
<b>15 - Anonymous (acupuncture)</b>	Agree
<b>16 - Sarah Swaysland</b>	Agreed that this is reasonable.
<b>19 - Kim Eldridge</b>	No my personal feeling is that this should be 18
<b>21 - Anonymous</b>	No- earlobes yes 16. But everything else should be 18

<b>26 - Joint Council of Cosmetic Practitioners</b>	Agree
<b>27 - Clares European Services</b>	Yes with photo ID
<b>31 - Chartered Institute of Environmental Health</b>	We have no view as to whether this is an appropriate age, however we are aware that the risk of infection and tissue damage caused by self-administered piercing is significantly greater than where the piercing is done by a professional individual, and as we have no evidence of our own with respect to industry practice, we defer to that of the piercing industry.
<b>33 - Carla Evans</b>	No should be 18
<b>36 - Kelly Griffiths</b>	y
<b>37 - Anonymous (local authority)</b>	Yes apart from lip piercings for which there is a higher risk of infection and disfigurement. This should be 18. Cartilage should be 16 with consent.
<b>40 - Anonymous (acupuncture)</b>	No, I am not clear why these are currently an exception to the rule
<b>42 - Paul Battersby</b>	Yes, I fully agree.
<b>also</b>	44 - Roy Montgomery; 45 - Anonymous (acupuncture); 46 - Alison Smith; 50 - Anonymous (acupuncture); 52 - Anonymous (acupuncture); 58 - Kate van Rensburg; 63 - Christine Hutchinson; 64 - Anonymous (acupuncture); 65 - Anonymous (acupuncture); 75 - Madeline Boots; 86 - Suzanne Gregson; 88 - Anonymous (acupuncture); 99 - Janis Short; 105 - Daniel Curran.
<b>43 - Acupuncture Association of Chartered Physiotherapists</b>	Yes, we fully agree.
<b>48 - Kat Henness</b>	Yes, as this is the legal age of consent in the UK.
<b>49 - Di-enw (local authority)</b>	Na, dylid fod yr oedran yma hefyd yn 18 ar gyfer y wefus.
<b>53 - Oliver Todd</b>	Yes 16 with a valid government I.D. is appropriate as this is currently the age most insurers have in their policies already.
<b>54 - Lola Slider</b>	Yes, it's old enough to work, join the army, have sex and get married it's certainly old enough to have a piercing.
<b>66 - Gareth Davies</b>	N/A



<b>69 – Anonymous (acupuncture)</b>	unsure
<b>73 - Clare Robinson-Campbell</b>	I think 18 would be better.
<b>77 - Mari McAndrew</b>	Yes apart from lip piercings for which there is a higher risk of infection and disfigurement. This should be 18.
<b>79 - Rhian Mansfield</b>	I do yes, provided they have sufficient proof of ID
<b>81 - Gemma Kingston</b>	No. Should be 18.
<b>85 - F Hinds Ltd</b>	Would suggest 18
<b>90 - Blaenau Gwent County Borough Council</b>	Yes, it would be preferred that persons of this age have procedures undertaken at regulated premises. It is a concern that if not permitted as part of this scheme, it could lead to an increase in persons having at home/illicit piercings.
<b>91 - British Beauty Council</b>	We cannot provide expertise in this area.
<b>92 - Anonymous (acupuncture)</b>	NA
<b>93 - Royal College of Midwives</b>	We do not have a view on this.
<b>94 - National Hair and Beauty Federation</b>	No, we feel this should be over 18 as it is invasive procedure piecing the skin, which could lead to skin necrosis and scaring.
<b>95 - Beauty Industry Group - Licensing</b>	We cannot provide expertise in this area
<b>96 - Beauty Industry Group Chair</b>	We cannot provide expertise in this area.
<b>100 - Anonymous</b>	my insurance doesnt allow any piercing under 18 without consent
<b>103 - Anonymous (acupuncture)</b>	Yes I think they should be allowed from younger than this with parental consent. There were interesting comments on the 29 March event regarding people seeking to do home piercings and the increased risks of this is they are not able to have them done with a professional.

<b>106 - Anonymous (acupuncture)</b>	No strong view
<b>107 - BABTAC</b>	We cannot provide expertise in this area.
<b>109 - Warren Tregidden</b>	Yes they can vote why can't they be trusted to make sensible choices. After consultation
<b>111 - Anonymous (tattooing)</b>	16 is okay, though 18 would also be appropriate.
<b>113 - Superdrug Ltd</b>	We agree that 16 is an appropriate age. We already carry out a cosmetic piercing service in England, covering the piercing of the nose and ears, where the minimum age is 14. We would wish to continue to be able to offer cartilage piercing from the age of 14 in Wales boroughs. During consultation, we would continue to ensure the client is age appropriate. If anyone is under the age of 16, we require consent for a parent or legal guardian, who also remain with the client throughout the whole process and treatment.
<b>116 - Anonymous</b>	Not sure due to high risks of infection for nose and mouth piercing which could leave long term effects. Yes to Ear piercing
<b>117 - Marnie Williams</b>	Broadly yes.
<b>118 - Ann Charlton</b>	Very much agree with this.
<b>122 - Anonymous</b>	No I think this should be 18
<b>123 - Anonymous (piercer)</b>	Broadly yes
<b>126 - Rhondda Cynon Taff County Borough Council</b>	Partially - If this not allowed then this will possibly be carried elsewhere at home/by friends etc. which could give rise to poor infection control. Facial piercings – no Ear - yes.
<b>132 - Anonymous (piercer)</b>	Broadly, however please see answer to question 17 for expansion.
<b>133 - Anonymous (local authority)</b>	EAR – YES LIP – NO EYEBROW – NO
<b>135 - Anonymous (tattooing)</b>	agree

**136 - Denbighshire County Council**

Yes, apart from lip piercings for which there is a higher risk of infection and disfigurement. This should be 18.

We would wish for further clarity on the proposals in relation to non-intimated piercing for under 16 with parental consent. We agree that ear lobe piercing would be permitted for under 16s with parental consent. We refer to the table below which was shared during the workshop training, especially the last column on the right. The table reads slightly differently to the consultation paper, in particular para 9.19 and 9.20. The consultation only refers to earlobe piercing permitted to under 16s with parental consent, the table suggest that in addition to earlobe, the ear cartilage, eyebrow, lip and nose would be permitted under 16s with parental consent. We do not feel this is appropriate for such treatment to be performed on children, we feel this could become a safeguarding issue depending on the age of the child.

**Summary of age restrictions relating to clients**

Special Procedure	Permitted under 18 years	Permitted under 18 with parental consent	Permitted 16 years plus without parental consent	Permitted under 16 years with parental consent
Tattoo and semi-permanent make-up	No	-	-	-
Intimate piercings*	No	-	-	-
Electrolysis (intimate areas)	No	-	-	-
Acupuncture (intimate areas)	No	-	-	-
Electrolysis (non-intimate)	-	Yes	-	-
Acupuncture (non-intimate)	-	Yes	-	-
Non-intimate piercings	-	Yes	-	-
With exception of:	-	-	Yes	Yes
• Earlobe	-	-	Yes	Yes
• Ear cartilage	-	-	Yes	Yes
• Eyebrow	-	-	Yes	Yes
• Lip	-	-	Yes	Yes
• Nose	-	-	Yes	Yes

**143 - Claire's Accessories**

We would agree that nose and cartilage piercing can be carried out by a practitioner from the age of 16 years old without parental / legal guardian consent.

Specifically for cartilage piercing, we would like to continue to offer the service from the age of 14 years old, with parental / legal guardian consent up to the age of 16 years old. Additional information has been

	supplied in response to Question 14 detailing how the age has been widely accepted as 14 years old and no evidence to support that raising the age would better protect the consumer. Elevated aftercare advice is always supplied and remains integral to optimum healing of the cartilage area.
<b>145 - Anonymous (tattooing)</b>	Yes, however I do feel that being allowed to consent to a lip piercing at the age of sixteen but not a tongue piercing which according to the Welsh Government is an intimate piercing is conflicting. I understand that the reasoning behind labelling tongue piercings as intimate piercings comes from a dental concern but lip piercings can cause similar damage to the teeth and gums without appropriately fitted jewellery and to treat them differently makes little sense to me.
<b>156 - Cui Hong Duan</b>	agree
<b>159 - H Wong</b>	no comment
<b>167 - Anonymous (manufacturer)</b>	<p>We would agree that nose and cartilage piercing can be conducted by a practitioner from the age of 16 years old without parental / legal guardian consent.</p> <p>Specifically for cartilage piercing, we would like to continue to offer the service from the age of 14 years old, with parental / legal guardian consent up to the age of 16 years old. Additional information has been supplied in response to Question 14 detailing how the age has been widely accepted as 14 years old and no evidence to support the idea that raising the age would better protect the consumer. Elevated aftercare advice is always supplied and remains integral to optimum healing of the cartilage area.</p>
<b>169 - Anonymous (tattooing)</b>	Yes, however I believe eyebrow should be 18. Any procedures that you propose can be done under 16 with parental consent, what is the minimum age? Also, navels must be a minimum of 16.
<b>172 - Baifang Zhu</b>	I agree.
<b>175 - Anonymous (tattooing)</b>	Yes, however eyebrows should be 18. Any procedures that you propose can be done under 16 with parental consent, what about a minimum age? No mention of that. Also, navels must be a minimum of 16.
<b>179 - N Wales Health and Safety Expert Panel</b>	<p>Yes apart from lip piercings for which there is a higher risk of infection and disfigurement. This should be 18.</p> <p>The face contains a complicated network of blood vessels and nerves which could become affected if a piercing is done badly. At 16 years, a person is still growing and developing which could impact a facial piercing – jewellery or object may be more likely to migrate or become embedded.</p>

<b>183 - Hair and Beauty Industry Authority</b>	We cannot provide expertise in this area.
<b>184 - Nursing and Midwifery Council</b>	We have no comment
<b>192 - British Register of Complementary Practitioners</b>	Yes, agree
<b>194 - Jian Wang</b>	Agree
<b>198 - Isle of Angelsey County Council</b>	<p>Yes apart from lip piercings for which there is a higher risk of infection and disfigurement. This should be 18.</p> <p>The face contains a complicated network of blood vessels and nerves which could become affected if a piercing is done badly. At 16 years, a person is still growing and developing which could impact a facial piercing – jewellery or object may be more likely to migrate or become embedded.</p>
<b>200 - Anonymous (local authority)</b>	<p>EAR – YES  LIP – NO  EYEBROW – NO  NOSE - NO</p>
<b>201 - All Wales Communicable Disease Expert Panel</b>	<p>EAR – YES  LIP – NO  EYEBROW – NO  NOSE – YES</p> <p>Yes apart from lip piercings for which there is a higher risk of infection and disfigurement. This should be 18. Cartilage should be 16 with consent</p> <p>Allowing 16 yr olds to have facial piercings without parental consent – LA’s can see potential issues. Yes, it would be preferred that persons of this age have procedures undertaken at regulated premises. It is a concern that if not permitted as part of this scheme, it could lead to an increase in persons having at home/illicit piercings.</p>

<b>202 - Health and Safety Expert Panel</b>	Yes, it would be preferred that persons of this age have procedures undertaken at regulated premises. It is a concern that if not permitted, it could lead to an increase in persons having at home/illicit piercings.
<b>205 - Lulu Dai</b>	Agree
<b>211 - British Acupuncture Council</b>	No comment
<b>215 - Shared Regulatory Services</b>	Yes, it would be preferred that persons of this age have procedures undertaken at regulated premises. It is a concern that if not permitted, it could lead to an increase in persons having at home/illicit piercings.
<b>219 - Ross Jarvis</b>	Yes, however I believe eyebrow should be 18. Any procedures that you propose can be done under 16 with parental consent, what is the minimum age? Also, navels must be a minimum of 16.
<b>220 - Tibetan and Eastern Medicine Association</b>	N/A
<b>221 - Wrexham County Borough Council</b>	Yes - assuming no decision making impairment
<b>222 - Caerphilly County Borough Council</b>	No for lip and eyebrow due to the risk of scarring and nerve damage
<b>224 - Anonymous (piercer)</b>	Broadly yes.
<b>226 - Environmental Health Wales</b>	<p>EAR – YES  LIP – NO  EYEBROW – NO  NOSE - YES</p> <p>Yes apart from lip piercings for which there is a higher risk of infection and disfigurement. This should be 18. Cartilage should be 16 with consent</p> <p>Allowing 16 yr olds to have facial piercings without parental consent – LA’s can see potential issues.</p>

	Yes, it would be preferred that persons of this age have procedures undertaken at regulated premises. It is a concern that if not permitted as part of this scheme, it could lead to an increase in persons having at home/illicit piercings.
<b>231 - Anonymous (acupuncture)</b>	No I dont agree. I strongly believe clients must be over 18 (or even older) to receive any kind of body piercing.
<b>232 - Kat Webb</b>	Yes. They can attend a doctors appointment unsupervised and obtain medication/medical procedures.
<b>233 - UKAPP</b>	Broadly, however please see answer to question 17 for expansion.
<b>also</b>	82 - Anonymous (piercer); 83 - Anonymous (piercer); 87 - Anonymous (piercer); 124 - Anonymous (piercer); 127 - Anonymous (piercer); 128 - Anonymous (piercer); 129 - Anonymous (piercer); 130 - Anonymous (piercer); 131 - Anonymous (piercer); 149 - Anonymous (piercer); 150 - Anonymous (piercer); 151 - Anonymous (piercer); 173 - Anonymous (piercer); 176 - Anonymous (piercer); 195 - Anonymous (piercer); 204 - Anonymous (piercer); 207 - Anonymous (piercer); 234 - Anonymous (piercer); 250 - Anonymous (piercer).
<b>237 - Pinyi</b>	No,agree.
<b>238/239 - Institute of Licensing</b>	We support LEP member views that 16 is an appropriate age for a person to obtain ear cartilage piercings without parental / guardian consent, but that there are potential issues for other facial piercings without parental / guardian consent.
<b>244 - Anonymous (acupuncture)</b>	No , 18 is better
<b>248 - Anonymous (acupuncture)</b>	No, I feel 18 should be the age to make this decision.
<b>249 - Association of Traditional Chinese Medicine</b>	agree.
<b>also</b>	51 - Alison Williams; 57 - Tamarind Dykes; 67 - Anonymous (acupuncture); 68 - Anonymous (acupuncture); 70 - Anonymous (acupuncture); 72 - Anonymous (acupuncture); 101 - Anonymous (acupuncture); 102 - Dr Di Wu; 108 - Anonymous (acupuncture); 110 - Anonymous (acupuncture); 114 - Anonymous (acupuncture); 115 - Jing Wang; 134 - Anonymous (acupuncture); 137 - Lingxia Gao; 138/(139) - Wang Chen; 141 - Na Yang; 142 - Anonymous (acupuncture); 153 - Zhimin Ma; 154 - Anonymous (acupuncture); 155 - Anonymous (acupuncture); 157 - Anonymous (acupuncture); 158 - Anonymous (acupuncture); 160 - Anonymous (acupuncture); 161 - Anonymous (acupuncture); 162 - Anonymous (acupuncture); 165 - Qikan Yin; 170 - Yuancai Fu; 171 - Yan Jing Wang; 174 - Phoebe

	<p>Deng; 178 - Minan Yao; 188 - Anonymous (acupuncture); 190 - Anonymous (acupuncture); 191 - Anonymous (acupuncture); 193 - Dr Jianrui Wang; 196 - Anonymous (acupuncture); 197 - Anonymous (acupuncture); 203 - Anonymous (acupuncture); 206/177 - Anonymous (acupuncture); 208 - Zheng Yuan Zhong; 210 - Li Yan; 213 - Min Li; 223/140 - Xianghui Guo; 225 - Jun Wen Ma; 235 - Anonymous (acupuncture); 236 - Jing Ding; 240 - Shu Li Lu; 242 - Anonymous (acupuncture); 243 - Anonymous (acupuncture); 245 - Anonymous (acupuncture); 246 - Ke Xia Xu; 247 - Anonymous (acupuncture).</p>
<p><b>252 - Torfaen County Borough Council</b></p>	<p>EAR – YES LIP – NO EYEBROW – NO NOSE - YES</p> <p>There is a higher risk of infection and disfigurement from lip piercings. This should be 18. Cartilage should be 16 with consent</p> <p>TCBC advise caution on allowing 16 year olds to have facial piercings without parental consent. It would be preferred that persons of this age have procedures undertaken at regulated premises. It is a concern that if not permitted as part of this scheme, it could lead to an increase in persons having at home / illicit piercings.</p>



<b>Question 20: Should piercings to any other part of the face be permitted from the age of 16? If so, why?</b>	
<b>'Yes' response</b>	18 – Anonymous; 152 - Anonymous (tattooing); 209 - Anonymous (acupuncture).
<b>'No' response</b>	3 - Guild of Beauty Therapists; 4 - Anonymous; 10 - Anonymous; 14 - Cheryl Drew; 15 - Anonymous (acupuncture); 21 – Anonymous; 22 - Sally Hickenson; 23 – Anonymous; 27 - Clares European Services; 28 - Anonymous; 37 - Anonymous (local authority); 39 - Kate Doble; 40 - Anonymous (acupuncture); 49 - Di-enw (local authority); 61 - Anonymous (acupuncture); 73 - Clare Robinson-Campbell; 74 - Anonymous (SPM); 77 - Mari Macandrew; 80 - Anonymous (tattooing); 84 – Anonymous; 126 - Rhondda Cynon Taff County Borough Council; 136 - Denbighshire County Council; 163 - Anonymous (tattooing); 179 - N Wales Health and Safety Expert Panel; 198 - Isle of Angelsey County Council; 200 - Anonymous (local authority); 221 - Wrexham County Borough Council; 227 – Anonymous; 229 - Anonymous (tattooing); 230 - Anonymous (charitable organisation); 231 - Anonymous (acupuncture); 241 - Anonymous (tattooing); 254 - Swansea Council.
<b>Left blank</b>	2 – Anonymous; 5 - Anonymous (acupuncture); 24 - Anonymous; 25 - David Carlisle; 29 - Shan MacVicar; 30 – Anonymous; 38 - Rachel Edney; 59 - Josh Cranton; 60 - Laura Gibbons; 62 – Anonymous; 85 - F Hinds Ltd; 89 - Rachel Bowen; 100 – Anonymous; 111 - Anonymous (tattooing); 112 - British Acupuncture Federation; 113 - Superdrug Ltd; 120 - Anonymous (acupuncture); 121 - National AIDS Trust; 164 - Anonymous (tattooing); 166 - Claire Pritchard; 167 - Anonymous (manufacturer); 186 - Anonymous (acupuncture); 189 - Baidong Li; 216 - Age Cymru.
<b>1/35 - Anonymous</b>	I don't know enough about these procedures to comment
<b>6 - Anonymous</b>	No. Too young to realise the possible implications.
<b>8 - Anonymous</b>	Parental consent. Obviously not parental coercion.
<b>9 - Anonymous</b>	it was fashionable in nineteenth century Germany to have sabre slashes on your face. These were doused in wine to stop them healing without scarring.
<b>11 - Katie</b>	18
<b>12 - Anonymous</b>	Yes I believe at the age of 16 people should be able to consent for a piercing
<b>16 - Sarah Swaysland</b>	The face contains a complicated network of blood vessels and nerves which could become affected if a piercing is done badly. At 16 years, a person is still growing and developing which could impact a facial piercing – jewellery or object may be more likely to migrate or become embedded. I am of the opinion that any other facial piercings other than those mentioned in question 19 should be restricted to age 18 and over.

<b>17 - Anonymous</b>	Its a young age but they are legally able to have a child of their own so bearing this in mind then facial piercings should be their choice
<b>19 - Kim Eldridge</b>	No a/a
<b>20 - Duncan Reed</b>	No as similar to face tattoos, it could affect employment possibilities.
<b>26 - Joint Council of Cosmetic Practitioners</b>	No – due to potential anatomical and psychological harm that might be caused by such deviations from piercing to the soft tissue of the eyebrow, lip, nose or ear cartilage.
<b>31 - Chartered Institute of Environmental Health</b>	No. The risk of facial scarring is considerable and the impact on the individuals mental health where this occurs may be significant and long lasting.  We also note that the age limit for tattoos is 18, and for consistency it would be more appropriate for tattooing and skin piercing on the face to be the same. For completeness we do not suggest that the minimum age at which an individual can obtain a tattoo should be reduced to 16.
<b>32 - Anonymous (tattooing)</b>	Yes, as it is not an intimate area.
<b>33 - Carla Evans</b>	No, your perception at 16 can be very different from at 18.
<b>34 - James Ogle</b>	Tongue or nose shouldn't matter if there is no more risk
<b>36 - Kelly Griffiths</b>	n
<b>41 – Anonymous (acupuncture)</b>	Trauma and self abuse may be the reason for these procedure, therapy not piercings.
<b>42 - Paul Battersby</b>	No, I feel 18 should be the age to make this decision.
<b>also</b>	44 - Roy Montgomery; 45 - Anonymous (acupuncture); 46 - Alison Smith; 50 - Anonymous (acupuncture); 52 - Anonymous (acupuncture); 58 - Kate van Rensburg; 63 - Christine Hutchinson; 64 - Anonymous (acupuncture); 65 - Anonymous (acupuncture); 75 - Madeline Boots; 86 - Suzanne Gregson; 88 - Anonymous (acupuncture); 99 - Janis Short; 105 - Daniel Curran.
<b>43 - Acupuncture Association of Chartered Physiotherapists</b>	No, we feel 18 should be the age to make this decision.
<b>47 - Anonymous</b>	Bridge piercings should be included because they are no different than an eyebrow
<b>48 - Kat Henness</b>	No, no other piercings should be performed on children 16+.

<b>53 - Oliver Todd</b>	No, piercings such as cheeks, bridge, surface and dermals should be 18+
<b>54 - Lola Slider</b>	Septum and Bridge piercings should be included, because they are no greater risk than any of the others listed, Cheek piercings should remain 18+.
<b>55 - Aiden Johnson</b>	Yes. Bridge piercings carry as much risk of scarring and rejection as an eyebrow piercing. Septum piercings are a piercing that is completely invisible when flipped up so this is more appropriate than a standard nose piercing which is always visible and can elave visible scarring.
<b>56 - British Medical Acupuncture Society</b>	NO OPINION
<b>57 - Tamarind Dykes</b>	No comment
<b>66 – Gareth Davies</b>	N/A
<b>69 – Anonymous (acupuncture)</b>	unsure
<b>78 – Anonymous (acupuncture)</b>	yes - personal choice, if its legal to raise a child, they can have a piercing in other places on the face
<b>79 - Rhian Mansfield</b>	No they shouldn't be permitted as they are more complex piercings, they should be 18 years only
<b>81 - Gemma Kingston</b>	18. 16 is a age that you g people are not mature enough to make these decisions as mental health can cause a big part of this.
<b>90 - Blaenau Gwent County Borough Council</b>	Yes, it would be preferred that persons of this age have procedures undertaken at regulated premises. It is a concern that if not permitted as part of this scheme, it could lead to an increase in persons having at home/illicit piercings.  In Wales, persons aged 16 and over can vote in Welsh Parliament elections, therefore they should be considered an appropriate age to make a decision regarding piercing.
<b>91 - British Beauty Council</b>	We cannot provide expertise in this area.
<b>92 - Anonymous (acupuncture)</b>	NA
<b>93 - Royal College of Midwives</b>	We do not have a view on this.

<b>94 - National Hair and Beauty Federation</b>	No, we feel this should be over 18 as it is invasive procedure piecing the skin, which could lead to skin necrosis and scaring
<b>95 - Beauty Industry Group - Licensing</b>	We cannot provide expertise in this area.
<b>96 - Beauty Industry Group Chair</b>	We cannot provide expertise in this area.
<b>98 - Inc and Co</b>	N/A to our business
<b>102 - Dr Di Wu</b>	No. Age of 18 should be appropriate age to make this decision.
<b>103 - Anonymous (acupuncture)</b>	no response, not my area of expertise.
<b>104 - Anonymous (acupuncture)</b>	No comment
<b>106 - Anonymous (acupuncture)</b>	No strong view
<b>107 - BABTAC</b>	We cannot provide expertise in this area.
<b>108 - Anonymous (acupuncture)</b>	No, 18 should be the age to make this decision
<b>109 - Warren Tregidden</b>	Not without understanding the concequense job wise ect
<b>116 - Anonymous</b>	Ear piercing is ok
<b>117 - Marnie Williams</b>	Yes, I think that at the age of 16 people have a good understanding of their own bodies and minds enough to make an informed decision. In line with GDPR regulations, a 16-year-old is classed as their own data subject and therefore can consent and it is not within our rights to involve a parent/guardian with the decision making around specific age-related body piercings. Septum piercings should be included - they are easily healed so long as anatomy is suitable.
<b>122 - Anonymous</b>	No, It should be 18
<b>123 - Anonymous (piercer)</b>	Yes, I think that at the age of 16 people have a good understanding of their own bodies and minds enough to make an informed decision. In line with GDPR regulations, a 16-year-old is classed as their own data subject and therefore can consent and it is not within our rights to involve a parent/guardian with the decision making around specific age-related body piercings. Septum piercings should be included - they are easily healed so long as anatomy is suitable.

<b>125 - Becky Crossan</b>	Yes, I think that at the age of 16 people have a good understanding of their own bodies and minds enough to make an informed decision. Inline with GDPR regulations, a 16-year-old is classed as their own legal entity and therefore can consent and it is not within our rights to involve a parent/ guardian with the decision making around specific age-related body piercings.
<b>132 - Anonymous (piercer)</b>	Yes, I think that at the age of 16 people have a good understanding of their own bodies and minds enough to make an informed decision. In line with GDPR regulations, a 16-year-old is classed as their own data subject and therefore can consent and it is not within our rights to involve a parent/ guardian with the decision making around specific age-related body piercings.
<b>133 - Anonymous (local authority)</b>	NO further piercings other than the 4 areas mentioned above as there is a risk of scarring and these piercings are to the face
<b>136 - Denbighshire County Council</b>	agree
<b>143 - Claire's Accessories</b>	Yes with parental consent
<b>144 - Anonymous (piercer)</b>	Yes, I think that at the age of 16 people have a good understanding of their own bodies and minds enough to make an informed decision. Inline with GDPR regulations, a 16-year-old is classed as their own legal entity and therefore can consent and it is not within our rights to involve a parent/ guardian with the decision making around specific age-related body piercings.
<b>145 - Anonymous (tattooing)</b>	Yes, I think that at the age of 16 people have a good understanding of their own bodies and minds enough to make an informed decision. In line with GDPR regulations, a 16-year-old is classed as their own data subject and therefore can consent and it is not within our rights to involve a parent/guardian with the decision making around specific age-related body piercings.
<b>146 - Ming Chu Lok</b>	No, the body may not fully growth.
<b>159 - H Wong</b>	no comment
<b>168 - Anonymous (tattooing)</b>	With parents consent only
<b>169 - Anonymous (tattooing)</b>	I think we need clarification on other lip piercings such as vertical labrets etc. Also does nose include the septum or high nostrils or even bridge piercings? Not enough clarification in the proposal. Generally though, I think most ear and facial piercings should be permitted from 16 without parental consent because otherwise you are taking away teenagers freedom of expression. They can have a baby at 16 but maybe not a little lip piercing? How ridiculous.

<b>175 - Anonymous (tattooing)</b>	I think we need clarification on other lip piercings such as vertical labrets etc. Also does nose include the septum or high nostrils or even bridge piercings? Not enough clarification in the proposal. Generally though, I think most ear and facial piercings should be permitted from 16 without parental consent.
<b>178 - Minan Yao</b>	No, piercings to other parts of the face should not be permitted below the age of 18, due to the potential risks and complications associated with facial piercings. Young individuals are still growing, and facial piercings could potentially interfere with their physical development or cause unwanted scarring. By restricting facial piercings until a later age, we can ensure that individuals are better equipped to make informed decisions regarding their body modifications and understand the potential risks involved.
<b>183 - Hair and Beauty Industry Authority</b>	We cannot provide expertise in this area
<b>184 - Nursing and Midwifery Council</b>	We have no comment.
<b>192 - British Register of Complementary Practitioners</b>	If Gillick Competency can be proven and the practitioner has established that the client is not being pressured then yes.
<b>194 - Jian Wang</b>	For acupuncture treatment, due to the the complex, the permitted age should be 18 or above. Under that need to be accompanied by a parent
<b>201 - All Wales Communicable Disease Expert Panel</b>	<p>PARTIAL AGREEMENT</p> <p>CDEP panel members outline some concerns around Facial Piercings being undertaken without parental consent to 16 year old's. Though other LAs cite the voting age in Wales – a decision on determining local and national government – is obtained at the age of 16. If you can vote, then you can decide on what to do to your Face.</p> <p>It is a concern that if 16 year olds are not permitted as part of this scheme, it could lead to an increase in persons having at home/illicit piercings.</p>
<b>202 - Health and Safety Expert Panel</b>	The face contains a complicated network of blood vessels and nerves which could become affected if a piercing is done badly. At 16 years, a person is still growing and developing which could impact a facial piercing – jewellery or object may be more likely to migrate or become embedded. Members of the HSEP are of the opinion that any other facial piercings other than those mentioned in question 19 should be restricted to age 18 and over.

	We are however aware of cultural barriers concerned with this question.
<b>203 - Anonymous (acupuncture)</b>	Yes for skin piercing, but not for acupuncture treatment.
<b>205 - Lulu Dai</b>	Agree
<b>206/177 - Anonymous (acupuncture)</b>	Agree
<b>211 - British Acupuncture Council</b>	No comment
<b>212 - Save Face</b>	N/A.
<b>215 - Shared Regulatory Services</b>	<p>The face contains a complicated network of blood vessels and nerves which could become affected if a piercing is done badly. At 16 years, a person is still growing and developing which could impact a facial piercing – jewellery or object may be more likely to migrate or become embedded. SRS is of the opinion that any other facial piercings other than those mentioned in question 19 should be restricted to age 18 and over.</p> <p>We are however aware of cultural barriers concerned with this question.</p>
<b>217 - Anonymous (acupuncture)</b>	Yes. It's their face. And piercings will heal over later in life if they change their mind
<b>219 - Ross Jarvis</b>	I think we need clarification on other lip piercings such as vertical labrets etc. Also does nose include the septum or high nostrils or even bridge piercings? Not enough clarification in the proposal. Generally though, I think most ear and facial piercings should be permitted from 16 without parental consent because otherwise you are taking away teenagers freedom of expression. They can have a baby at 16 but maybe not a little lip piercing? How ridiculous.
<b>220 - Tibetan and Eastern Medicine Association</b>	N/A
<b>222 - Caerphilly County Borough Council</b>	No, concerns with regards to scarring and nerve damage

<b>224 - Anonymous (piercer)</b>	Yes, I think that at the age of 16 people have a good understanding of their own bodies and minds enough to make an informed decision. In line with GDPR regulations, a 16-year-old is classed as their own data subject and therefore can consent and it is not within our rights to involve a parent/guardian with the decision making around specific age-related body piercings. Septum piercings should be included - they are easily healed so long as anatomy is suitable.
<b>226 - Environmental Health Wales</b>	PARTIAL AGREEMENT  CDEP panel members outline some concerns around Facial Piercings being undertaken without parental consent to 16 year old's. Though other LAs cite the voting age in Wales – a decision on determining local and national government – is obtained at the age of 16. If you can vote, then you can decide on what to do to your Face.
<b>232 - Kat Webb</b>	Freedom of expression. At 16 the client is able to give informed consent and piercings are removable. Why should society dictate what someone who is of sensual age, can or can not pierce on their face. Why would a bridge, surface or cheek piercing be any different to a lip or eyebrow piercing?
<b>233 - UKAPP</b>	Yes, I think that at the age of 16 people have a good understanding of their own bodies and minds enough to make an informed decision. In line with GDPR regulations, a 16-year-old is classed as their own data subject and therefore can consent and it is not within our rights to involve a parent/ guardian with the decision making around specific age-related body piercings.
<b>also</b>	82 - Anonymous (piercer); 83 - Anonymous (piercer); 87 - Anonymous (piercer); 124 - Anonymous (piercer); 127 - Anonymous (piercer); 128 - Anonymous (piercer); 129 - Anonymous (piercer); 130 - Anonymous (piercer); 131 - Anonymous (piercer); 149 - Anonymous (piercer); 150 - Anonymous (piercer); 151 - Anonymous (piercer); 173 - Anonymous (piercer); 176 - Anonymous (piercer); 195 - Anonymous (piercer); 204 - Anonymous (piercer); 207 - Anonymous (piercer); 234 - Anonymous (piercer); 250 - Anonymous (piercer).
<b>238/239 - Institute of Licensing</b>	Not without parental/guardian consent.
<b>243 - Anonymous (acupuncture)</b>	No, piercings to other parts of the face should not be permitted below the age of 18, due to the potential risks and complications associated with facial piercings. Young individuals are still growing, and facial piercings could potentially interfere with their physical development or cause unwanted scarring. By restricting facial piercings until a later age, we can ensure that individuals are better equipped to make informed decisions regarding their body modifications and understand the potential risks involved.



<b>244 - Anonymous (acupuncture)</b>	No, 18 is better
<b>246 - Ke Xia Xu</b>	No, i think 18 this age can be make the decision.
<b>247 - Anonymous (acupuncture)</b>	No. Too young
<b>249 - Association of Traditional Chinese Medicine</b>	No, I feel 18 should be the age to make this decision.
<b>also</b>	51 - Alison Williams; 67 - Anonymous (acupuncture); 68 - Anonymous (acupuncture); 70 - Anonymous (acupuncture); 72 - Anonymous (acupuncture); 101 - Anonymous (acupuncture); 110 - Anonymous (acupuncture); 114 - Anonymous (acupuncture); 115 - Jing Wang; 118 - Ann Charlton; 134 - Anonymous (acupuncture); 137 - Lingxia Gao; 138/(139) - Wang Chen; 141 - Na Yang; 142 - Anonymous (acupuncture); 153 - Zhimin Ma; 154 - Anonymous (acupuncture); 155 - Anonymous (acupuncture); 156 - Cui Hong Duan; 157 - Anonymous (acupuncture); 158 - Anonymous (acupuncture); 160 - Anonymous (acupuncture); 161 - Anonymous (acupuncture); 162 - Anonymous (acupuncture); 165 - Qikan Yin; 170 - Yuancai Fu; 171 - Yan Jing Wang; 172 - Baifang Zhu; 174 - Phoebe Deng; 188 - Anonymous (acupuncture); 190 - Anonymous (acupuncture); 191 - Anonymous (acupuncture); 193 - Dr Jianrui Wang; 196 - Anonymous (acupuncture); 197 - Anonymous (acupuncture); 206/177 - Anonymous (acupuncture) 208 - Zheng Yuan Zhong; 210 - Li Yan; 213 - Min Li; 223/140 - Xianghui Guo; 225 - Jun Wen Ma; 235 - Anonymous (acupuncture); 236 - Jing Ding; 237 - Pinyi; 240 - Shu Li Lu; 242 - Anonymous (acupuncture); 245 - Anonymous (acupuncture); 248 - Anonymous (acupuncture).
<b>252 - Torfaen County Borough Council</b>	No. Concerns have been raised regarding the potential for scarring and nerve damage to occur.

<b>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?</b>	
<b>'Yes' response</b>	10 – Anonymous; 12 – Anonymous; 14 - Cheryl Drew; 18 – Anonymous; 23 – Anonymous; 27 - Clares European Services; 34 - James Ogle; 37 - Anonymous (local authority); 39 - Kate Doble; 49 - Di-enw (local authority); 61 - Anonymous (acupuncture); 69 - Anonymous (acupuncture); 73 - Clare Robinson-Campbell; 74 - Anonymous (SPM); 78 - Anonymous (acupuncture); 80 - Anonymous (tattooing); 84 – Anonymous; 98 - Inc and Co; 104 - Anonymous (acupuncture); 109 - Warren Tregidden; 125 - Becky Crossan; 126 - Rhondda Cynon Taff County Borough Council; 144 - Anonymous (piercer); 146 - Ming Chu Lok; 152 - Anonymous (tattooing); 163 - Anonymous (tattooing); 168 - Anonymous (tattooing); 209 - Anonymous (acupuncture); 212 - Save Face; 227 - Anonymous; 254 - Swansea Council.
<b>'No' response</b>	41 - Anonymous (acupuncture).
<b>'Agree'</b>	15 – Anonymous (acupuncture); 51 - Alison Williams; 57 - Tamarind Dykes; 67 - Anonymous (acupuncture); 68 - Anonymous (acupuncture); 70 - Anonymous (acupuncture); 72 - Anonymous (acupuncture); 77 - Mari McAndrew; 101 - Anonymous (acupuncture); 102 - Dr Di Wu; 108 - Anonymous (acupuncture); 110 - Anonymous (acupuncture); 114 - Anonymous (acupuncture); 115 - Jing Wang; 118 - Ann Charlton; 134 - Anonymous (acupuncture); 136 - Denbighshire County Council; 137 - Lingxia Gao; 138/(139) - Wang Chen; 141 - Na Yang; 142 - Anonymous (acupuncture); 153 - Zhimin Ma; 154 - Anonymous (acupuncture); 155 - Anonymous (acupuncture); 156 - Cui Hong Duan; 157 - Anonymous (acupuncture); 158 - Anonymous (acupuncture); 159 - H Wong; 160 - Anonymous (acupuncture); 161 - Anonymous (acupuncture); 162 - Anonymous (acupuncture); 165 - Qikan Yin; 170 - Yuancai Fu; 171 - Yan Jing Wang; 172 - Baifang Zhu; 174 - Phoebe Deng; 178 - Minan Yao; 188 - Anonymous (acupuncture); 190 - Anonymous (acupuncture); 191 - Anonymous (acupuncture); 193 - Dr Jianrui Wang; 194 - Jian Wang; 196 - Anonymous (acupuncture); 197 - Anonymous (acupuncture); 203 - Anonymous (acupuncture); 205 - Lulu Dai; 206/177 - Anonymous (acupuncture); 208 - Zheng Yuan Zhong; 210 - Li Yan; 213 - Min Li; 223/140 - Xianghui Guo; 225 - Jun Wen Ma; 235 - Anonymous (acupuncture); 236 - Jing Ding; 237 - Pinyi, 240 - Shu Li Lu; 242 - Anonymous (acupuncture); 243 - Anonymous (acupuncture); 244 - Anonymous (acupuncture); 245 - Anonymous (acupuncture); 246 - Ke Xia Xu; 247 - Anonymous (acupuncture); 248 - Anonymous (acupuncture); 249 - Association of Traditional Chinese Medicine.
<b>Left blank</b>	5 - Anonymous (acupuncture); 11 – Katie; 24 – Anonymous; 25 - David Carlisle; 29 - Shan MacVicar; 30 - Anonymous; 38 - Rachel Edney; 59 - Josh Cranton; 62 - Anonymous; 85 - F Hinds Ltd; 89 - Rachel

	Bowen; 100 – Anonymous; 112 - British Acupuncture Federation; 113 - Superdrug Ltd; 120 - Anonymous (acupuncture); 121 - National AIDS Trust; 143 - Claire's Accessories; 164 - Anonymous (tattooing); 166 - Claire Pritchard; 167 - Anonymous (manufacturer); 186 - Anonymous (acupuncture); 189 - Baidong Li; 216 - Age Cymru.
<b>1/35 – Anonymous (acupuncture)</b>	I don't know enough about these procedures to comment
<b>2 - Anonymous</b>	Probably not
<b>3 - Guild of Beauty Therapists</b>	How will it be policed?
<b>4 - Anonymous</b>	This practice should never be undertaken by any practitioner. It is a mutilation.
<b>6 - Anonymous</b>	In theory yes.
<b>8 - Anonymous</b>	Yes. Should be.
<b>9 - Anonymous</b>	I hope so, but you are going to have to prosecute offenders.
<b>16 - Sarah Swaysland</b>	We don't see this procedure being offered by tattoo artists who are currently registered across SRS. It is a niche market and invariably takes place outside of the current legal framework.  I anticipate that this procedure will continue 'underground' once the new licensing regime is in force; however, what is important is that Local Authorities have more robust legislative powers to be able to deal with such a situation more efficiently and effectively in the future.
<b>17 - Anonymous</b>	Yes its a stupid procedure
<b>19 - Kim Eldridge</b>	Yes documentation and signature
<b>20 - Duncan Reed</b>	Yes but will this also apply in the UK
<b>21 - Anonymous</b>	Yes but this is not my field
<b>22 - Sally Hickenson</b>	Yes, and if caught a heavy fine should take place.
<b>26 - Joint Council of Cosmetic Practitioners</b>	This is a major issue for public protection. The JCCP considers that further restrictions on this procedure should be considered. In our opinion this procedure should be considered for special licensing in its own right and only be carried out under specialist medical supervision.
<b>28 - Anonymous</b>	Yes only eye lid
<b>31 - Chartered Institute of Environmental Health</b>	A proposed amendment during the passage of the Public Health (Wales) Bill proposed a direct prohibition of the tattooing of an eyeball except when the tattooing was performed by a person regulated by the GMC. The amendment was not agreed but assurances given that the matter would be given consideration in the mandatory licensing conditions.

	<p>The power to make regulations in the Act allows for the mandatory licensing conditions to make further provision relating to for the standards of competence relevant to performing a special procedure (including standards specified by reference to, among other things, qualifications or experience), or performing a special procedure upon a specified part of an individual's body;</p> <p>Whether the proposed prohibition of the tattooing of eyeballs is sufficient to prevent this from being performed by licensed practitioners is a moot point. A licensed practitioner who carries out such a procedure is at risk of losing his license and therefore his livelihood. This may be sufficient to discourage licensed practitioners from tattooing eyeballs, but practitioners must be aware that if they do engage I this practice enforcement action, including criminal sanctions will be taken against them, and local authorities must have sufficient resource to allow this to happen.</p>
<b>32 - Anonymous (tattooing)</b>	This is not a tattooing procedure at all. It is the injection of ink with a cannula style needle. I doubt it could ever be prevented by legislation.
<b>33 - Carla Evans</b>	It should not happen in any other environment other than a medical one.
<b>36 - Kelly Griffiths</b>	y
<b>40 – Anonymous (acupuncture)</b>	The system operates largely on trust, the practitioner risks losing their licence to practice, but who would complain to the local authority? If someone is determined to have this done they will seek out a practitioner willing to take that risk
<b>42 - Paul Battersby</b>	Yes, I fully agree.
<b>also</b>	44 - Roy Montgomery; 45 - Anonymous (acupuncture); 46 - Alison Smith; 50 - Anonymous (acupuncture); 52 - Anonymous (acupuncture); 58 - Kate van Rensburg; 60 - Laura Gibbons; 63 - Christine Hutchinson; 64 - Anonymous (acupuncture); 65 - Anonymous (acupuncture); 75 - Madeline Boots; 86 - Suzanne Gregson; 88 - Anonymous (acupuncture); 99 - Janis Short; 105 - Daniel Curran.
<b>43 - Acupuncture Association of Chartered Physiotherapists</b>	Yes, we fully agree.
<b>47 - Anonymous</b>	Yes I agree
<b>48 - Kat Henness</b>	I do agree.
<b>53 - Oliver Todd</b>	Yes this practice should be stopped and made illegal unless for a medical purpose.
<b>54 - Lola Slider</b>	Yes, it's a dangerous practice and can cause blindness.

<b>55 - Aiden Johnson</b>	No. I believe this is a good step but i don't think it will eradicate the practice. The majority of the industry assumes that this procedure is illegal already and the practice still happens
<b>56 - British Medical Acupuncture Society</b>	NO OPINION
<b>66 – Gareth Davies</b>	N/A
<b>79 - Rhian Mansfield</b>	yes, I agree
<b>81 - Gemma Kingston</b>	I don't agree with this procedure
<b>90 - Blaenau Gwent County Borough Council</b>	Yes. If licensed practitioners are found to be undertaking this procedure it could result in their licence being revoked- restrictions on eyeball tattooing should be explicitly prohibited.
<b>91 - British Beauty Council</b>	We cannot provide expertise in this area.
<b>92 - Anonymous (acupuncture)</b>	NA
<b>93 - Royal College of Midwives</b>	We do not have a view on this.
<b>94 - National Hair and Beauty Federation</b>	No, we feel this practice will go underground, like other treatment/ services or procedures, if this is not part of the license.
<b>95 - Beauty Industry Group - Licensing</b>	We cannot provide expertise in this area.
<b>96 - Beauty Industry Group Chair</b>	We cannot provide expertise in this area.
<b>103 - Anonymous (acupuncture)</b>	no response
<b>106 - Anonymous (acupuncture)</b>	No strong view
<b>107 - BABTAC</b>	We cannot provide expertise in this area.
<b>111 - Anonymous (tattooing)</b>	Yes and honestly, I don't know why it's a thing to begin with.

<b>116 - Anonymous</b>	Don't know
<b>117 - Marnie Williams</b>	I am not a tattooist.
<b>122 - Anonymous</b>	As long as there is sufficient enforcement processes and resources in place should breaches be identified
<b>123 - Anonymous (piercer)</b>	I am not a tattoo artist
<b>132 - Anonymous (piercer)</b>	As UKAPP is an organisation whose focus pertains entirely to body piercing, enter no opinion on this.
<b>133 - Anonymous (local authority)</b>	We agree the practice should be prohibited and undertaken only in a fully controlled medical environment for defined illnesses, disease and conditions.
<b>135 - Anonymous (tattooing)</b>	Definitely agree, it's a dangerous practice
<b>145 - Anonymous (tattooing)</b>	Yes, however I am currently unaware of anybody offering this service in the UK.
<b>169 - Anonymous (tattooing)</b>	<p>Yes, though not necessary because 'eyeball tattooing' isn't actually tattooing anyway. Again, this is just ignorance from those who put the proposal together.</p> <p>It is very important to make a clear distinction between tattooing and eyeball 'tattooing'. To dye the sclera of an eye involves injecting ink using a syringe. This is something tattoo artists (to my knowledge) never do. It is considered an extremely heavy body modification that is usually carried out by body modders, not in tattoo studios. Tattooists don't do breast augmentation either, shocker.</p>
<b>175 - Anonymous (tattooing)</b>	<p>This is just ignorance from those who put the proposal together, shows they have no idea at all. 'eyeball tattooing' isn't actually tattooing anyway but yes I agree.</p> <p>It is very important to make a clear distinction between tattooing and eyeball 'tattooing'. To dye the sclera of an eye involves injecting ink using a syringe. This is something tattoo artists never do. It is considered an extremely heavy body modification that is usually carried out by body modders, not in tattoo studios. Ridiculous that you don't know this as you set out such madness in this proposal.</p>
<b>179 - N Wales Health and Safety Expert Panel</b>	Yes only concern is does the process legally fall under the definition of tattooing? If it does not, will it still allow unlicensed practitioners to undertake this procedure?

<b>183 - Hair and Beauty Industry Authority</b>	We cannot provide expertise in this area
<b>184 - Nursing and Midwifery Council</b>	We have no comment
<b>192 - British Register of Complementary Practitioners</b>	Unfortunately there will always be those who break the law, but we agree that it SHOULD be sufficient.
<b>198 - Isle of Angelsey County Council</b>	Yes only concern is does the process legally fall under the definition of tattooing? If it does not, will it still allow unlicensed practitioners to undertake this procedure?
<b>200 - Anonymous (local authority)</b>	<p>It is RIGHT to prohibit this practice.</p> <p>It should not be undertaken unless in a fully controlled medical environment for defined illnesses, disease and conditions.</p> <p>Outside of these few areas the practice should be PROHIBITED.</p>
<b>201 - All Wales Communicable Disease Expert Panel</b>	<p>YES. CDEP responses outline LA's feel it is RIGHT to prohibit this practice.</p> <p>It should not be undertaken unless in a fully controlled medical environment for defined illnesses, disease and conditions.</p> <p>Outside of these few areas the practice should be PROHIBITED. And this should be clearly communicated to the industry, practitioners, and LA's alike.</p> <p>If licensed practitioners are found to be undertaking this procedure it could result in their licence being revoked - restrictions on eyeball tattooing should be explicitly prohibited.</p>
<b>202 - Health and Safety Expert Panel</b>	<p>The HSEP are of the view that this practice should be prohibited.</p> <p>Our intelligence tells us that this practice is a niche market and invariably takes place outside of the current legal framework.</p>

	We anticipate that this procedure will continue 'underground' once the new licensing regime is in force; however, it is important that Local Authorities have more robust legislative powers to be able to deal with such a situation more efficiently and effectively in the future.
<b>211 - British Acupuncture Council</b>	No comment
<b>215 - Shared Regulatory Services</b>	<p>SRS are of the view that this practice should be prohibited.</p> <p>Our intelligence tells us that this practice is a niche market and invariably takes place outside of the current legal framework.</p> <p>We anticipate that this procedure will continue 'underground' once the new licensing regime is in force; however, it is important that Local Authorities have more robust legislative powers to be able to deal with such a situation more efficiently and effectively in the future.</p>
<b>217 - Anonymous (acupuncture)</b>	No, but it is an impediment
<b>219 - Ross Jarvis</b>	<p>Yes, though not necessary because 'eyeball tattooing' isn't actually tattooing anyway. Again, this is just ignorance from those who put the proposal together.</p> <p>It is very important to make a clear distinction between tattooing and eyeball 'tattooing'. To dye the sclera of an eye involves injecting ink using a syringe. This is something tattoo artists (to my knowledge) never do. It is considered an extremely heavy body modification that is usually carried out by body modders, not in tattoo studios. Tattooists don't do breast augmentation either, shocker.</p>
<b>220 - Tibetan and Eastern Medicine Association</b>	N/A
<b>221 - Wrexham County Borough Council</b>	No. More robust sanctions required. What about unlicensed individuals who do this for non medical reasons?
<b>222 - Caerphilly County Borough Council</b>	We agree that it should be prohibited but it needs to be a specific offence and deterrent in terms of fine and/or custodial sentence.



<p><b>224 - Anonymous (piercer)</b></p>	<p>YES. CDEP, HSEP and LEP responses outline LA's feel it is RIGHT to prohibit this practice.</p> <p>It should not be undertaken unless in a fully controlled medical environment for defined illnesses, disease and conditions.</p> <p>Outside of these few areas the practice should be PROHIBITED. And this should be clearly communicated to the industry, practitioners, and LA's alike. LEP outline that there needs to be a specific offence and deterrent in terms of fine and/or custodial sentence.</p> <p>If licensed practitioners are found to be undertaking this procedure it could result in their licence being revoked - restrictions on eyeball tattooing should be explicitly prohibited.</p>
<p><b>229 - Anonymous (tattooing)</b></p>	<p>Eyeball tattooing for cosmetic purposes should be illegal, full stop, it is not a tattoo, as a tattooer of many year experience it is an outrage to call it so. It is a dangerous and ridiculous practice and should be illegal.</p>
<p><b>230 - Anonymous (charitable organisation)</b></p>	<p>YES TOTOALLY</p>
<p><b>231 - Anonymous (acupuncture)</b></p>	<p>No I dont think so. I believe that tattooing on any part of face, any sensory organs should be prohibited.</p>
<p><b>232 - Kat Webb</b></p>	<p>Yes - if it is made law and the repercussions are strong enough to discourage the procedure.</p>
<p><b>233 - UKAPP</b></p>	<p>As UKAPP is an organisation whose focus pertains entirely to body piercing, enter no opinion on this.</p>
<p><b>also</b></p>	<p>82 - Anonymous (piercer); 83 - Anonymous (piercer); 87 - Anonymous (piercer); 124 - Anonymous (piercer); 127 - Anonymous (piercer); 128 - Anonymous (piercer); 129 - Anonymous (piercer); 130 - Anonymous (piercer); 131 - Anonymous (piercer); 149 - Anonymous (piercer); 150 - Anonymous (piercer); 151 - Anonymous (piercer); 173 - Anonymous (piercer); 176 - Anonymous (piercer); 195 - Anonymous (piercer); 204 - Anonymous (piercer); 207 - Anonymous (piercer); 234 - Anonymous (piercer); 250 - Anonymous (piercer).</p>
<p><b>238/239 - Institute of Licensing</b></p>	<p>We support LEP members that this practice should be prohibited unless undertaken in a fully controlled medical environment for defined illnesses, disease and conditions.</p>
<p><b>241 - Anonymous (tattooing)</b></p>	<p>no reputable artist would do something so stupid and dangerous. the only reason people go to unlicensed artists/scratchers is firstly cost and secondly lack of regulation. when we had to make our own needles this was never an issue.</p>

<b>252 - Torfaen County Borough Council</b>	<p>Yes. It is right to prohibit this practice.</p> <p>It should not be undertaken unless in a fully controlled medical environment for defined illnesses, disease and conditions.</p> <p>Outside of these few areas the practice should be prohibited. And this should be clearly communicated to the industry, practitioners, and LAs alike. There needs to be a specific offence and deterrent in terms of fine and / or custodial sentence.</p> <p>If licensed practitioners are found to be undertaking this procedure it could result in their licence being revoked - restrictions on eyeball tattooing should be explicitly prohibited.</p>
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<b>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?</b>	
<b>'Yes' response</b>	1/35 - Anonymous (acupuncture); 11 – Katie; 12 – Anonymous; 14 - Cheryl Drew; 15 - Anonymous (acupuncture); 18 - Anonymous; 21 - Anonymous; 22 - Sally Hickenson; 23 - Anonymous; 27 - Clares European Services; 28 – Anonymous; 34 - James Ogle; 39 - Kate Doble; 47 - Anonymous; 69 - Anonymous (acupuncture); 74 - Anonymous (SPM); 78 - Anonymous (acupuncture); 80 - Anonymous (tattooing); 81 - Gemma Kingston; 93 - Royal College of Midwives; 104 - Anonymous (acupuncture); 116 - Anonymous; 146 - Ming Chu Lok; 152 - Anonymous (tattooing); 163 - Anonymous (tattooing); 168 - Anonymous (tattooing); 192 - British Register of Complementary Practitioners; 209 - Anonymous (acupuncture); 212 - Save Face; 227 - Anonymous; 230 - Anonymous (charitable organisation).
<b>'No' response</b>	none
<b>'Agree'</b>	51 - Alison Williams; 57 - Tamarind Dykes; 67 - Anonymous (acupuncture); 68 - Anonymous (acupuncture); 70 - Anonymous (acupuncture); 72 - Anonymous (acupuncture); 101 - Anonymous (acupuncture); 102 - Dr Di Wu; 108 - Anonymous (acupuncture); 110 - Anonymous (acupuncture); 114 - Anonymous (acupuncture); 115 - Jing Wang; 134 - Anonymous (acupuncture); 137 - Lingxia Gao; 138/139 - Wang Chen; 141 - Na Yang; 142 - Anonymous (acupuncture); 153 - Zhimin Ma; 154 - Anonymous (acupuncture); 155 - Anonymous (acupuncture); 156 - Cui Hong Duan; 157 - Anonymous (acupuncture); 158 - Anonymous (acupuncture); 160 - Anonymous (acupuncture); 161 - Anonymous (acupuncture); 162 - Anonymous (acupuncture); 165 - Qikan Yin; 170 - Yuancai Fu; 171 - Yan Jing Wang; 174 - Phoebe Deng; 178 - Minan Yao; 188 - Anonymous (acupuncture); 190 - Anonymous (acupuncture); 191 - Anonymous (acupuncture); 193 - Dr Jianrui Wang; 194 - Jian Wang; 196 - Anonymous (acupuncture); 197 - Anonymous (acupuncture); 203 - Anonymous (acupuncture); 205 - Lulu Dai; 206/177 - Anonymous (acupuncture); 208 - Zheng Yuan Zhong; 210 - Li Yan; 213 - Min Li; 223/140 - Xianghui Guo; 225 - Jun Wen Ma; 235 - Anonymous (acupuncture); 236 - Jing Ding; 237 - Pinyi; 240 - Shu Li Lu; 242 - Anonymous (acupuncture); 243 - Anonymous (acupuncture); 244 - Anonymous (acupuncture); 245 - Anonymous (acupuncture); 246 - Ke Xia Xu; 247 - Anonymous (acupuncture); 248 - Anonymous (acupuncture); 249 – Association of Traditional Chinese Medicine.
<b>Left blank</b>	5 - Anonymous (acupuncture); 10 – Anonymous; 24 – Anonymous; 25 - David Carlisle; 29 - Shan MacVicar; 30 - Anonymous; 38 - Rachel Edney; 62 - Anonymous; 73 - Clare Robinson-Campbell; 89 - Rachel Bowen; 111 - Anonymous (tattooing); 112 - British Acupuncture Federation; 120 - Anonymous

	(acupuncture); 121 - National AIDS Trust; 166 - Claire Pritchard; 186 - Anonymous (acupuncture); 189 - Baidong Li; 216 - Age Cymru; 217 - Anonymous (acupuncture).
<b>2 - Anonymous</b>	Tattooing is all visual. Adults are perfectly able to decide what they want on their bodies, What is the point of recording a discussion about it? Over recording can kill a business and if that information is useless, then why?
<b>3 - Guild of Beauty Therapists</b>	Yes. This will also be one of the conditions of insurance.
<b>4 - Anonymous</b>	The principles of informed consent should apply
<b>6 - Anonymous</b>	Client should be asked to write something to confirm they've had this discussion and they have understood it.
<b>8 - Anonymous</b>	Yes. Follow up hygiene aftercare procedures need to be explained and a leaflet given.
<b>9 - Anonymous</b>	I am uncertain and fear not.
<b>16 - Sarah Swaysland</b>	The main question here is will all special procedures practitioners be able to competently provide this information in the first place? Whilst procedures such as SPMU, acupuncture and electrolysis have accredited training courses available which include basic anatomy and physiology, the same cannot be said of traditional tattooists and cosmetic skin piercers where competency is generally achieved through unregulated apprenticeships.  Arguably the higher risk procedures of cosmetic skin piercing and tattooing may be unable to provide this information, and I don't believe the new level 2 IPC course would necessarily fill that particular knowledge gap.
<b>17 - Anonymous</b>	Yes I think its a terrible world if you dont get bespoke advice
<b>19 - Kim Eldridge</b>	Yes documentation and signature
<b>20 - Duncan Reed</b>	Yes - it is the clients choice at the end of the day and as long as it has been discussed this is sufficient. If someone is insistent on getting a tattoo like this, they will find a way and will probably go somewhere unregulated!
<b>26 - Joint Council of Cosmetic Practitioners</b>	Absolutely – evidence of pre consultation and face to face consultation and assessment should be available for inspection and a 10 day cooling off period should also be provided. Assessment should include physical, psychological and emotional screening.

<b>31 - Chartered Institute of Environmental Health</b>	Yes. This is consistent with discussions held between operators of UV tanning equipment and prospective users.
<b>32 - Anonymous (tattooing)</b>	This is something we do anyway, however it is a person's human right to have a tattoo in any part of the body. Our clients are always over the age of 18 and they are legally entitled to choose. We don't think keeping a record of this discussion will help in any way.
<b>33 - Carla Evans</b>	There should be strict guidance on the information given to clients and documentation detailing full discussion and signed by both parties.
<b>36 - Kelly Griffiths</b>	y
<b>37 - Anonymous</b>	Yes but the minimum age should be older and there should be an initial consultation and then a gap of 7 days prior to the procedure being carried out for the client to consider the risks.
<b>40 - Anonymous</b>	It's not clear what the concerns are here. The changes seem to be predominantly around preventing cross infection, but this is more to do with aesthetics and 'job related discrimination'.  It is putting an onus on the practitioner to be an employment law expert - are they going to be given an agreed form/template for this so that there is parity about the information given?
<b>41 - Anonymous</b>	yes, but they want the money....
<b>43 - Acupuncture Association of Chartered Physiotherapists</b>	Yes, I fully agree.
<b>also</b>	42 - Paul Battersby; 44 - Roy Montgomery; 45 - Anonymous (acupuncture); 46 - Alison Smith; 50 - Anonymous (acupuncture); 52 - Anonymous (acupuncture); 58 - Kate van Rensburg; 60 - Laura Gibbons; 63 - Christine Hutchinson; 64 - Anonymous (acupuncture); 65 - Anonymous (acupuncture); 75 - Madeline Boots; 86 - Suzanne Gregson; 88 - Anonymous (acupuncture); 99 - Janis Short; 105 - Daniel Curran.
<b>48 - Kat Hennes</b>	I do agree that this is needed. I would suggest releasing guidelines on what should be discussed during this discussion.
<b>49 - Di-enw</b>	Angen isafswm cyfnod o 7 rhwng trafodaeth ar driniaeth.
<b>53 - Oliver Todd</b>	This should be covered in the consent form for the procedure and the practitioner should use common sense when offering services. For example refusing to tattoo an 18 year old's face, neck, hands as a first tattoo should be common sense.

<b>54 - Lola Slider</b>	What is the impact? If the impact is scarring, then yes it should be included in the consent form in writing that scarring is likely and possible. In terms of the social/employment aspect I think people need to be given some responsibility to make their own choices and live with them, we're piercing consenting adults and I think some of the onus for what's being done has to rest with them, they shouldn't just be nannied to the nth degree.
<b>55 - Aiden Johnson</b>	No. Historically our industry has fought against being forced to remove our piercings for work. Forcing us to tell clients that piercings will effect their job is just perpetuating this. If people want to mark their faces then it is up to them and not the state.
<b>56 - British Medical Acupuncture Society</b>	NO OPINION
<b>59 - Josh Cranton</b>	Tattooing of faces or other intimate visible places should be considered the same as every other place on the body. It doesn't make a difference where it is.
<b>61 – Anonymous (acupuncture)</b>	Yew
<b>66 – Gareth Davies</b>	N/A
<b>77 - Mari McAndrew</b>	As long as this is provided to the practitioners in a standard format for all to use. Would also recommend a cooling off period of no less than 24 hours.
<b>79 - Rhian Mansfield</b>	Yes, I agree. Perhaps raising the age restrictions on these particular placements, more so for Tattoos, could be considered as they are a lot more permanent and leave more significant scarring than piercings, but I would like think that most practitioners use some common sense based on a person to person basis.
<b>84 - Anonymous</b>	Yes, robust process of consent is essential; standard template may be helpful.
<b>85 - F Hinds Ltd</b>	Depends on whether a verbal conversation and a tick box on the registration form is sufficient
<b>90 - Blaenau Gwent County Borough Council</b>	<p>Whilst this should be included in the guidance and strongly encouraged as best practice, it is not felt that this should be a licensing condition specifically targeting facial tattoos.</p> <p>The assessment for any procedure should require the practitioner to consider the person's ability to provide consent. This should form part of any safeguarding training that is required.</p> <p>"Other visible procedures" should be defined</p>

<b>91 - British Beauty Council</b>	Yes. It should be a requirement within licensing conditions to be able to provide evidence of physical, psychological and emotional screening, including a pre-consultation, face-to-face consultation and assessment and a cooling off period.
<b>92 - Anonymous (acupuncture)</b>	NA
<b>94 - National Hair and Beauty Federation</b>	<p>Yes, this is good practice, particularly for insurance purposes with more invasive treatments, services or procedures. The use of photographs, digital imagery is also a useful tool. This will also help the practitioner if they are involved in a litigation case.</p> <p>It should also be a requirement within licensing conditions to be able to provide evidence of physical, psychological and emotional screening, including a pre-consultation, face-to-face consultation and assessment and a cooling off period.</p>
<b>95 - Beauty Industry Group - Licensing</b>	Yes. It should be a requirement within licensing conditions to be able to provide evidence of physical, psychological and emotional screening, including a pre-consultation, face-to-face consultation and assessment and a cooling off period.
<b>96 - Beauty Industry Group Chair</b>	Yes. It should be a requirement within licensing conditions to be able to provide evidence of physical, psychological and emotional screening, including a pre-consultation, face-to-face consultation and assessment and a cooling off period.
<b>98 - Inc and Co</b>	yes. In most cases a client wanting something on the face, neck or hands already has considerable body coverage, so they are well prepared to have something so visible. In cases where clients have very little coverage, it is ethical to discourage them to have anything on the face neck or hands, and any reputable tattoo artist should be prepared to say no.
<b>100 - Anonymous</b>	shouldnt be required, clients should not have to be told they will be discriminated against!
<b>103 - Anonymous (acupuncture)</b>	no response.
<b>106 - Anonymous (acupuncture)</b>	No strong view
<b>107 - BABTAC</b>	Yes. It should be a requirement within licensing conditions to be able to provide evidence of physical, psychological and emotional screening, including a pre-consultation, face-to-face consultation and assessment and a cooling off period.
<b>109 - Warren Tregidden</b>	100% consultation shoul always be recorded even videoed

<b>113 - Superdrug Ltd</b>	We feel our consultation form and conversation between client and practitioner form is sufficient in our instance.
<b>117 - Marnie Williams</b>	Yes I feel this is something that can be discussed with clients, however it should be noted that facial piercings can be removed. I cannot comment on tattoos. I am not a tattooist.
<b>118 - Ann Charlton</b>	Very much Agree with this.
<b>122 - Anonymous</b>	There should be a treatment record kept on site along with a signed consent form. This should be repeated for every treatment
<b>123 - Anonymous (piercer)</b>	Yes I feel this is something that can be discussed with clients, however it should be noted that facial piercings can be removed. I cannot comment on tattoos. I am not a tattooist.
<b>125 - Becky Crossan</b>	I do not feel this is something that should be required. I do not feel in the position that I am able to dictate to someone what is or is not deemed an issue to other people. Whilst it is common for studios to discuss what are considered 'job-stopper' tattoos with clients, as an organisation we feel that clients are consenting adults and therefore it would be inappropriate to be required to have these conversations. Furthermore, facial piercings are not permanent like a facial tattooing.
<b>126 - Rhondda Cynon Taff County Borough Council</b>	The client should be made fully aware of what is going to be carried out and any resultant consequences facial procedures. Standardised information leaflets across the industry would help ensure consistency and accuracy of the information provided.
<b>132 - Anonymous (piercer)</b>	We do not feel this is something that should be required. Whilst it is common for studios to discuss what are considered 'job-stopper' tattoos with clients, as an organisation we feel that clients are consenting adults and therefore it would be inappropriate to be required to have these conversations. Furthermore, facial piercings are not permanent like facial tattooing. UKAPP feel strongly that, should Welsh Ministers feel that those who express themselves via tattooing or piercing face discrimination in the jobs market, their efforts would be better spent eradicating this profoundly unprofessional practice.
<b>133 - Anonymous (local authority)</b>	<p>YES</p> <p>It is very important especially if it is the clients first facial/visible procedure that the practitioner ensures that the client understands the life long and irreversible nature of the procedure and how that could have an impact on his their clients life both physically and mentally in positive and negative ways now and in the future.</p> <p>For this to work the practitioner must engage with the process and it cannot be a tick box exercise.</p>



	However for many clients who are already heavily tattooed visibly on the hands and face – this will be a tick box exercise.
<b>135 - Anonymous (tattooing)</b>	Agree. facial tattoos, regardless of stereotyping, do affect how people look and communicated with you.
<b>136 - Denbighshire County Council</b>	As long as this is provided to the practitioners in a standard format for all to use. Would also recommend a cooling off period of no less than 24 hours.
<b>143 - Claire's Accessories</b>	We feel that at Claire's the jewelry used with our nose piercing is discreet and would not be seen as anti-social and currently see no need for a discussion on this subject. Guidance would be required on this subject.
<b>144 - Anonymous (piercer)</b>	I do not feel this is something that should be required. I do not feel in the position that I am able to dictate to someone what is or is not deemed an issue to other people. Whilst it is common for studios to discuss what are considered 'job-stopper' tattoos with clients, as an organisation we feel that clients are consenting adults and therefore it would be inappropriate to be required to have these conversations. Furthermore, facial piercings are not permanent like a facial tattooing.
<b>145 - Anonymous (tattooing)</b>	I do not feel this is something that should be required. I feel as consenting adults tattoo clients should be allowed to make the decision themselves, personally I do discuss possible implications of visible tattoos with my clients however I do not feel that it should be required by law. Furthermore, facial piercings are not permanent like facial tattooing. The UKAPP feel strongly that, should Welsh Ministers feel that those who express themselves via tattooing or piercing face discrimination in the jobs market, their efforts would be better spent eradicating this profoundly unprofessional practice.
<b>159 - H Wong</b>	no comment
<b>164 - Anonymous (tattooing)</b>	This is something I already believe takes place in all reputable business and thus is of little consequence that it be made an official requirement.
<b>167 - Anonymous (manufacturer)</b>	We feel that the jewellery used with our nose piercing system is discreet and should not have any social impact for the client which is why there is not currently a requirement to discuss the impact of the procedure with the client. Guidance would be required to determine whether this can be a verbal conversation, a tick box on a consultation form or a signed statement from the client.
<b>169 - Anonymous (tattooing)</b>	Yes. All we can do is give our best advice but if there are specific implications you wish us to discuss, please tell us. As mentioned in previous answers, I don't know how you can police this, it is a subjective matter.

<b>172 - Baifang Zhu</b>	I agree.
<b>175 - Anonymous (tattooing)</b>	Yes. All we can do is give our best advice but if there are specific implications you wish us to discuss, please tell us. As mentioned in previous answers, I don't know how you can police this, it is a subjective matter.
<b>179 - N Wales Health and Safety Expert Panel</b>	Yes - as long as this is provided to the practitioners in a standard format for all to use. The age should be older and there should be an initial cooling off period following consultation of 7 days prior to the procedure being carried out for the client to consider the risks.
<b>183 - Hair and Beauty Industry Authority</b>	Yes. It should be a requirement within licensing conditions to be able to provide evidence of physical, psychological and emotional screening, including a pre-consultation, face-to-face consultation and assessment and a cooling off period.
<b>184 - Nursing and Midwifery Council</b>	We do not have a position specifically on practitioners advising clients about the impact of visible procedures including the possibility of job-related discrimination. However, a core part of obtaining consent and a professional's duty is making sure clients or users of services are aware of the potential risks, complications and side effects of any procedure. Professionals must discuss options with clients and assess whether the requested procedure is appropriate and likely to meet their needs. Clients should be given the time, information and advice they need to make informed and voluntary decisions about whether to go ahead with a procedure. This should be documented before any procedure is carried out.
<b>198 - Isle of Angelsey County Council</b>	Yes - as long as this is provided to the practitioners in a standard format for all to use. The age should be older and there should be an initial cooling off period following consultation of 7 days prior to the procedure being carried out for the client to consider the risks.
<b>200 - Anonymous (local authority)</b>	<p>PARTIALLY.</p> <p>This must not be a tick box exercise or disclaimer/waiver signing process. This needs to be a legitimate check that the client understands the possible hazards, health effects, associated ill health if their chosen procedure goes wrong and the life long and irreversible nature of some of the procedures offered.</p> <p>It is recognized the vast majority of people who opt for a piercing, tattoo or other procedure etc. are fully aware of these issues, but it's important all people have accurate and relevant information, in order to make a proper informed choice and be aware of the potential longevity and both physical and welfare, mental health impact.</p>

	<p>There could be a sliding scale, where the first procedures are explained in depth with detailed discussions on a nationally agreed format, but subsequent procedures only the basic and key information on post care and advice provided.</p>
<p><b>201 - All Wales Communicable Disease Expert Panel</b></p>	<p>PARTIALLY.</p> <p>This must not be a tick box exercise or disclaimer/waiver signing process. This needs to be a legitimate check that the client understands the possible hazards, health effects, associated ill health if their chosen procedure goes wrong and any life long and irreversible nature of some of the procedures offered. CDEP recognize the vast majority of people who opt for a piercing, tattoo etc. are fully aware of these points, but it's important all people have accurate and relevant information, at every occasion, in order to make initial and then continuing informed decisions.</p> <p>Its important that the longevity and both physical, welfare, mental health impacts outlined. A standard document for the 4 procedures for this could be developed and issued by WG/PHW/WLG for use of Practioners.</p> <p>Also a sliding scale of the level of checks could be implemented via guidance e.g. if it's the first procedure – a more thorough and considered discussion, but if its your 50th procedure, less detail (just the key points) issued. A cooling off period is also cited by some LA's.</p> <p>Yes the minimum age should be older and there should be an initial consultation and then a gap of 7 days prior to the procedure being carried out for the client to consider the risks. “</p> <p>Whilst this should be included in the guidance and strongly encouraged as best practice, it is not felt that this should be a licensing condition specifically (and only too) targeting facial tattoos.</p> <p>The assessment for any procedure should require the practitioner to consider the person's ability to provide consent. This should form part of any safeguarding training that is required.</p> <p>“Other visible procedures” should be defined</p>
<p><b>202 - Health and Safety Expert Panel</b></p>	<p>Whilst this should be included in the guidance, it is not felt that this should be a licensing condition.</p>

	<p>Tattoos and piercings are becoming part of the ‘social norm’ and it is less likely to result in job-related discrimination if a person has tattoos or piercings than it did in the past. Where job-related issues may occur is where the tattoo is inappropriate, for example, foul language, offensive gestures, nudity etc, regardless of where they are located on the body.</p> <p>Therefore, it is suggested that there be a “cooling off” period between booking an appointment and having the procedure undertaken. A standard information leaflet could be provided to clients so that they understand the potential impacts</p>
<b>211 - British Acupuncture Council</b>	No comment
<b>215 - Shared Regulatory Services</b>	<p>Whilst this should be included in the guidance, it is not felt that this should be a licensing condition.</p> <p>Tattoos and piercings are becoming part of the ‘social norm’ and it is less likely to result in job-related discrimination if a person has tattoos or piercings than it did in the past. Where job-related issues may occur is where the tattoo is inappropriate, for example, foul language, offensive gestures, nudity etc, regardless of where they are located on the body.</p> <p>Therefore, it is suggested that there be a “cooling off” period between booking an appointment and having the procedure undertaken. A standard information leaflet could be provided to clients so that they understand the potential impacts</p>
<b>219 - Ross Jarvis</b>	Yes. All we can do is give our best advice but if there are specific implications you wish us to discuss, please tell us. As mentioned in previous answers, I don’t know how you can police this, it is a subjective matter.
<b>220 - Tibetan and Eastern Medicine Association</b>	N/A
<b>221 - Wrexham County Borough Council</b>	Unsure why this would be a licensing condition as clients will just go to a practitioner that will perform the procedure or will just have the procedure done regardless of any discussion prior to completion.

<b>222 - Caerphilly County Borough Council</b>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• Important for the client to understand the possible hazards and risks. Could also use pictorial image of infected treatments and the scarring afterwards.</li> <li>• For Facial and other visible procedures, as a minimum written confirmation from the client must be obtained to protect the practitioner.</li> <li>• Consideration with regards the 7 day cooling off period. A cooling off period is a good idea but the business is unlikely to want to block out an appointment without taking a non-refundable deposit which may render the person more likely to have the treatment.</li> </ul> <p>Does the term 'social impact' require further explanation.</p>
<b>224 - Anonymous (piercer)</b>	<p>Yes I feel this is something that can be discussed with clients, however it should be noted that facial piercings can be removed. I cannot comment on tattoos. I am not a tattooist.</p>
<b>226 - Environmental Health Wales</b>	<p>PARTIALLY.</p> <p>This must not be a tick box exercise or disclaimer/waiver signing process. This needs to be a legitimate check that the client understands the possible hazards, health effects, associated ill health if their chosen procedure goes wrong and any life long and irreversible nature of some of the procedures offered.</p> <p>CDEP recognize the vast majority of people who opt for a piercing, tattoo etc. are fully aware of these points, but it's important all people have accurate and relevant information, at every occasion, in order to make initial and then continuing informed decisions.</p> <p>Its important that the longevity and both physical, welfare, mental health impacts outlined. A standard document for the 4 procedures for this could be developed and issued by WG/PHW/WLG for use of Practioners.</p> <p>Also a sliding scale of the level of checks could be implemented via guidance e.g. if it's the first procedure – a more thorough and considered discussion, but if its your 50th procedure, less detail (just the key points) issued. A cooling off period is also cited by some LA's.</p> <p>Yes the minimum age should be older and there should be an initial consultation and then a gap of 7 days prior to the procedure being carried out for the client to consider the risks. “</p>

	<p>Whilst this should be included in the guidance and strongly encouraged as best practice, it is not felt that this should be a licensing condition specifically (and only too) targeting facial tattoos.</p> <p>The assessment for any procedure should require the practitioner to consider the person's ability to provide consent. This should form part of any safeguarding training that is required.</p> <p>"Other visible procedures" should be defined</p>
<b>229 - Anonymous (tattooing)</b>	Yes and no walk-ins. Face tattoos in particular should have a minimum 7 days cooling off period. Suicide, loss of income, life changing these are all a feature of face tattooing. Necks and hands need serious consideration and a waver on a consent form.
<b>231 - Anonymous (acupuncture)</b>	No, I would rather to see tattooing to be prohibited for facial and other visible area as this causes permanent discolouring and changes one's appearance forever. For body Piercing and acupuncture, I agree with this proposal.
<b>232 - Kat Webb</b>	This is not our place to police societal judgement. We should only be advising based on application, healing and longevity.
<b>233 - UKAPP</b>	We do not feel this is something that should be required. Whilst it is common for studios to discuss what are considered 'job-stopper' tattoos with clients, as an organisation we feel that clients are consenting adults and therefore it would be inappropriate to be required to have these conversations. Furthermore, facial piercings are not permanent like facial tattooing. UKAPP feel strongly that, should Welsh Ministers feel that those who express themselves via tattooing or piercing face discrimination in the jobs market, their efforts would be better spent eradicating this profoundly unprofessional practice.
<b>also</b>	82 - Anonymous (piercer); 83 - Anonymous (piercer); 87 - Anonymous (piercer); 124 - Anonymous (piercer); 127 - Anonymous (piercer); 128 - Anonymous (piercer); 129 - Anonymous (piercer); 130 - Anonymous (piercer); 131 - Anonymous (piercer); 149 - Anonymous (piercer); 150 - Anonymous (piercer); 151 - Anonymous (piercer); 173 - Anonymous (piercer); 176 - Anonymous (piercer); 195 - Anonymous (piercer); 204 - Anonymous (piercer); 207 - Anonymous (piercer); 234 - Anonymous (piercer); 250 - Anonymous (piercer).
<b>238/239 - Institute of Licensing</b>	LEP members stress that this must not be a tick box exercise or disclaimer/waiver signing process. This needs to be a legitimate check that the client understands the possible hazards, health effects,

	<p>associated ill health if their chosen procedure goes wrong and any life long and irreversible nature of some of the procedures offered.</p> <p>It is important that the longevity and both physical, welfare, mental health impacts outlined. A standard document for the 4 procedures for this could be developed and issued by WG/PHW/WLG for use by practitioners.</p> <p>A sliding scale of the level of checks could be implemented via guidance e.g. if it's the first procedure – a more thorough and considered discussion, for subsequent procedures a less detail could be considered (just the key points). A cooling off period is also cited by some LA's.</p> <p>Whilst this should be included in the guidance and strongly encouraged as best practice, it is not felt that this should be a licensing condition specifically targeting facial tattoos.</p> <p>The assessment for any procedure should require the practitioner to consider the person's ability to provide consent. This should form part of any safeguarding training that is required.</p> <p>"Other visible procedures" should be defined</p>
<p><b>241 - Anonymous (tattooing)</b></p>	<p>yes, all reputable practitioners do this already.</p>
<p><b>252 - Torfaen County Borough Council</b></p>	<p>Yes.</p> <p>This must not be a tick box exercise or disclaimer / waiver signing process. This needs to be a legitimate check that the client understands the possible hazards, health effects, associated ill health if their chosen procedure goes wrong and any life long and irreversible nature of some of the procedures offered.</p> <p>TCBC recognise the vast majority of people who opt for a piercing, tattoo etc. are fully aware of these points, but it's important all people understand and have accurate and relevant information, at every occasion, in order to make initial and then continuing informed decisions.</p> <p>It is important that the longevity and both physical, welfare, mental health impacts outlined. A standard document could be developed and issued by WG/PHW/WLG for use by practitioners.</p>

	<p>A sliding scale of the level of checks could be implemented via guidance e.g., if it's the first procedure – a more thorough and considered discussion, but if it's your 50th procedure, less detail (just the key points) issued. A cooling off period is preferred.</p> <p>The minimum age should be older and there should be an initial consultation and then a gap of 7 days prior to the procedure being carried out for the client to consider the risks.</p> <p>Whilst this should be included in the guidance and strongly encouraged as best practice, it is not felt that this should be a licensing condition specifically (and only to) targeting facial tattoos.</p> <p>The assessment for any procedure should require the practitioner to consider the person's ability to provide consent. This should form part of any safeguarding training that is required.  "Other visible procedures" should be defined.</p>
<p><b>254 - Swansea Council</b></p>	<p>YES</p> <p>It is recommended that this should be a comprehensive record of the clients understanding of the possible hazards and health effects and of their chosen procedure. Along with an acknowledgment of its irreversible nature and that there may be long term physical and welfare/mental health impacts.</p>



<b>Question 23: Do you agree with the proposed definition for ‘object’ as it applies to body piercing?</b>	
<b>‘Yes’ response</b>	3 - Guild of Beauty Therapists; 4 – Anonymous; 12 – Anonymous; 14 - Cheryl Drew; 15 - Anonymous (acupuncture); 18 – Anonymous; 21 – Anonymous; 22 - Sally Hickenson; 23 – Anonymous; 27 - Clares European Services; 34 - James Ogle; 37 - Anonymous (local authority); 39 - Kate Doble; 47 – Anonymous; 49 - Di-enw (local authority); 53 - Oliver Todd; 54 - Lola Slider; 61 - Anonymous (acupuncture); 74 - Anonymous (SPM); 78 - Anonymous (acupuncture); 80 - Anonymous (tattooing); 84 – Anonymous; 98 - Inc and Co; 104 - Anonymous (acupuncture); 109 - Warren Tregidden; 111 - Anonymous (tattooing); 116 - Anonymous; 122 - Anonymous; 125 - Becky Crossan; 126 - Rhondda Cynon Taff County Borough Council; 144 - Anonymous (piercer); 146 - Ming Chu Lok; 152 - Anonymous (tattooing); 163 - Anonymous (tattooing); 168 - Anonymous (tattooing); 179 - N Wales Health and Safety Expert Panel; 198 - Isle of Angelsey County Council; 209 - Anonymous (acupuncture); 212 - Save Face; 227 - Anonymous; 230 - Anonymous (charitable organisation).
<b>‘No’ response</b>	None
<b>Left blank</b>	5 - Anonymous (acupuncture); 8 – Anonymous; 9 – Anonymous; 10 - Anonymous, 11 – Katie; 24 - Anonymous, 25 - David Carlisle; 29 - Shan MacVicar; 30 - Anonymous; 32 - Anonymous (tattooing); 38 - Rachel Edney; 41 - Anonymous (acupuncture); 59 - Josh Cranton, 62 – Anonymous; 73 - Clare Robinson-Campbell; 85 - F Hinds Ltd; 89 - Rachel Bowen; 100 – Anonymous; 112 - British Acupuncture Federation; 113 - Superdrug Ltd; 120 - Anonymous (acupuncture); 121 - National AIDS Trust; 143 - Claire’s Accessories; 164 - Anonymous (tattooing); 166 - Claire Pritchard; 186 - Anonymous (acupuncture); 189 - Baidong Li; 216 - Age Cymru; 217 - Anonymous (acupuncture)
<b>‘Agree’</b>	51 - Alison Williams; 57 - Tamarind Dykes; 67 - Anonymous (acupuncture); 68 - Anonymous (acupuncture); 70 - Anonymous (acupuncture); 72 - Anonymous (acupuncture); 77 - Mari Macandrew; 101 - Anonymous (acupuncture); 102 - Dr Di Wu; 108 - Anonymous (acupuncture); 110 - Anonymous (acupuncture); 114 - Anonymous (acupuncture); 115 - Jing Wang; 118 - Ann Charlton; 134 - Anonymous (acupuncture); 136 - Denbighshire County Council; 137 - Lingxia Gao; 138/139 - Wang Chen; 141 - Na Yang; 142 - Anonymous (acupuncture); 145 - Anonymous (tattooing); 153 - Zhimin Ma; 155 - Anonymous (acupuncture); 156 - Cui Hong Duan; 157 - Anonymous (acupuncture); 158 - Anonymous (acupuncture); 160 - Anonymous (acupuncture); 161 - Anonymous (acupuncture); 162 - Anonymous (acupuncture); 165 - Qikan Yin; 170 - Yuancai Fu; 171 - Yan Jing Wang; 174 - Phoebe Deng; 177/206 - Anonymous (acupuncture); 178 - Minan Yao; 188 - Anonymous (acupuncture); 190 - Anonymous (acupuncture); 191 - Anonymous (acupuncture); 193 - Dr Jianrui Wang; 194 - Jian Wang; 196 - Anonymous (acupuncture); 197 - Anonymous (acupuncture); 203 - Anonymous (acupuncture); 205 - Lulu Dai; 208 - Zheng Yuan

	Zhong; 210 - Li Yan; 213 - Min Li; 223/140 - Xianghui Guo; 225 - Jun Wen Ma; 235 - Anonymous (acupuncture); 236 - Jing Ding; 237 - Pinyi; 240 - Shu Li Lu; 242 - Anonymous (acupuncture); 243 - Anonymous (acupuncture); 244 - Anonymous (acupuncture); 245 - Anonymous (acupuncture); 246 - Ke Xia Xu; 247 - Anonymous (acupuncture); 248 - Anonymous (acupuncture); 249 - Association of Traditional Chinese Medicine.
<b>1/35 – Anonymous (acupuncture)</b>	I don't know enough about these procedures to comment
<b>2 - Anonymous</b>	No comment
<b>6 - Anonymous</b>	Not sure what this means.
<b>16 - Sarah Swaysland</b>	I wasn't even aware that these regulations existed until reading through the consultation document - The Prescribed Objects for Intimate Piercing (Wales) Regulations 2019 – which is concerning since it widens the definition of 'object' in the context of body piercing. I have concerns that this may impact the ability of under 18s to have hair removal treatment in more intimate areas, as detailed in question 17.
<b>17 - Anonymous</b>	Im not sure
<b>19 - Kim Eldridge</b>	N/A
<b>20 - Duncan Reed</b>	Ye
<b>26 - Joint Council of Cosmetic Practitioners</b>	Agreed
<b>28 - Anonymous</b>	N/a I don't do body piecing
<b>31 - Chartered Institute of Environmental Health</b>	Yes. Given the fast moving nature of the industry a prescriptive list will be out of date very quickly. In out view a generic description of permitted items is more appropriate, and anything that does not fit that description is therefore not permitted.
<b>33 - Carla Evans</b>	each object should be specified fully.
<b>36 - Kelly Griffiths</b>	y
<b>40 - Anonymous</b>	Given the context, yes.
<b>42 - Paul Battersby</b>	Yes, I fully agree.
<b>also</b>	44 - Roy Montgomery; 45 – Anonymous (acupuncture); 46 - Alison Smith; 50 – Anonymous (acupuncture); 52 – Anonymous (acupuncture); 58 – Kate van Rensburg; 60 – Laura Gibbons; 63 – Christine Hutchinson; 64 – Anonymous (acupuncture); 65 – Anonymous (acupuncture); 75 - Madeline Boots; 86 - Suzanne Gregson; 88 - Anonymous (acupuncture); 99 - Janis Short; 105 - Daniel Curran.

<b>43 - Acupuncture Association of Chartered Physiotherapists</b>	Yes, we fully agree.
<b>48 - Kat Henness</b>	I believe that this is a very loose definition that should be replaced with a list of acceptable items.
<b>55 - Aiden Johnson</b>	Yes as long as the definition is left open. Jewellery is an artistic field and as art is subjective I believe that too tight a definition will be too restrictive. As long as the design and materials do not harm the body then it should be allowed.
<b>56 - British Medical Acupuncture Society</b>	NO OPINION
<b>66 – Gareth Davies</b>	N/A
<b>69 – Anonymous (acupuncture)</b>	I don't feel able to comment as I know insufficient about piercing
<b>79 - Rhian Mansfield</b>	At this point, yes
<b>81 - Gemma Kingston</b>	N/A
<b>90 - Blaenau Gwent County Borough Council</b>	Yes, we agree
<b>91 - British Beauty Council</b>	We cannot provide expertise in this area.
<b>92 - Anonymous (acupuncture)</b>	NA
<b>93 - Royal College of Midwives</b>	We do not have a view on this.
<b>94 - National Hair and Beauty Federation</b>	N/A but agree.
<b>95 - Beauty Industry Group - Licensing</b>	We cannot provide expertise in this area.

<b>96 - Beauty Industry Group Chair</b>	We cannot provide expertise in this area.
<b>103 - Anonymous (acupuncture)</b>	no response.
<b>106 - Anonymous (acupuncture)</b>	No strong view
<b>107 - BABTAC</b>	We cannot provide expertise in this area.
<b>117 - Marnie Williams</b>	<p>I think it might be better to list, realistically "object" needs scope to avoid issue. I understand that the UKAPP strongly believes that this leaves the opportunity for studios to circumvent jewellery standards, and I would support them. They propose instead that a broad, definitive list is adopted which can be added to as required. They believe that the aforementioned paragraph 4.13 offers the opportunity to do this. They believe that the term object could include (but this is not yet a definitive list):</p> <ul style="list-style-type: none"> <li>- NFC Chips</li> <li>- Inherently temporary forms of jewellery for performance or art, such as:</li> <li>- Chains attached to rings for corsetry.</li> <li>- Faux-Feathers or other decorations held in the hub of needles or other tubing.</li> <li>- Hooks or other large decorative designs that, by their nature, could not be worn permanently.</li> <li>- Play piercing apparatus.</li> <li>- Micro/Macrodermals.</li> <li>- Beading that can be installed without the use of a scalpel.</li> <li>- Larger Gauge, single flare plugs and tunnels made from appropriate materials.</li> </ul>
<b>123 - Anonymous (piercer)</b>	<p>I think it might be better to list, realistically "object" needs scope to avoid issue. I understand that the UKAPP strongly believes that this leaves the opportunity for studios to circumvent jewellery standards, and I would support them. They propose instead that a broad, definitive list is adopted which can be added to as required. They believe that the aforementioned paragraph 4.13 offers the opportunity to do this. They believe that the term object could include (but this is not yet a definitive list):</p> <ul style="list-style-type: none"> <li>- NFC Chips</li> <li>- Inherently temporary forms of jewellery for performance or art, such as:</li> <li>- Chains attached to rings for corsetry.</li> <li>- Faux-Feathers or other decorations held in the hub of needles or other tubing.</li> </ul>

	<ul style="list-style-type: none"> <li>- Hooks or other large decorative designs that, by their nature, could not be worn permanently.</li> <li>- Play piercing apparatus.</li> <li>- Micro/Macrodermals.</li> <li>- Beading that can be installed without the use of a scalpel.</li> <li>- Larger Gauge, single flare plugs and tunnels made from appropriate materials.</li> </ul>
<b>132 - Anonymous (piercer)</b>	<p>No. UKAPP strongly believes that this leaves the opportunity for studios to circumvent jewellery standards. We propose instead that a broad, definitive list is adopted which can be added to as required. We believe that the aforementioned paragraph 4.13 offers the opportunity to do this. We believe that the term object could include (but this is not yet a definitive list):</p> <ul style="list-style-type: none"> <li>- NFC Chips</li> <li>- Inherently temporary forms of jewellery for performance or art, such as:</li> <li>- Chains attached to rings for corsetry.</li> <li>- Faux-Feathers or other decorations held in the hub of needles or other tubing.</li> <li>- Hooks or other large decorative designs that, by their nature, could not be worn permanently.</li> <li>- Play piercing apparatus.</li> <li>- Micro/Macrodermals.</li> <li>- Beading that can be installed without the use of a scalpel.</li> <li>- Larger Gauge, single flare plugs and tunnels made from appropriate materials.</li> </ul>
<b>133 - Anonymous (local authority)</b>	NO - It leaves to much ambiguity on what is or isn't permitted.
<b>135 - Anonymous (tattooing)</b>	not qualified to answer
<b>145 - Anonymous (tattooing)</b>	<p>No. UKAPP strongly believes that this leaves the opportunity for studios to circumvent jewellery standards. The UKAPP proposes instead that a broad, definitive list is adopted which can be added to as required. They believe that the aforementioned paragraph 4.13 offers the opportunity to do this. We believe that the term object could include (but this is not yet a definitive list):</p> <ul style="list-style-type: none"> <li>- NFC Chips</li> <li>- Inherently temporary forms of jewellery for performance or art, such as:</li> <li>- Chains attached to rings for corsetry.</li> <li>- Faux-Feathers or other decorations held in the hub of needles or other tubing.</li> </ul>

	<ul style="list-style-type: none"> <li>- Hooks or other large decorative designs that, by their nature, could not be worn permanently.</li> <li>- Play piercing apparatus.</li> <li>- Micro/Macrodermals.</li> <li>- Beading that can be installed without the use of a scalpel.</li> <li>- Larger Gauge, single flare plugs and tunnels made from appropriate materials.</li> </ul>
<b>159 - H Wong</b>	no comment
<b>167 - Anonymous (manufacturer)</b>	<p>We would agree with definition of the “object”, subject to the list of metals including 9ct Gold and 9ct Rhodium Plated Gold, as outlined in response to Question 14, however would like it noted that body piercing is not widely used to encompass the process of piercing with an instrument on the ear or nose. Currently terminology that reflects these procedures is “cosmetic piercing” to ensure that there is an understanding of the differences in the area of piercing and also the method used to perform the piercing.</p> <p>For the licensing process, with ear and nose piercing with a sterilised cartridge being referred to as “Body Piercing” on both the premises and practitioners’ licences this is misleading to the consumer as the implied services available for “Body Piercing” would be far wider reaching to incorporate more body parts, including intimate piercing.</p> <p>We would be looking for the licensing scheme to make some distinction between the requirements for “Body Piercing” and “Cosmetic Piercing” as outlined in comments relating to the proposed Infection Prevention and Control qualification and the fact that cosmetic piercing is mostly an ancillary service and not a vocation for a practitioner.</p> <p>Should a practitioner, qualified to offer piercing with an instrument choose to focus specifically on piercing procedures and undertake additional training for body piercing, at this stage, the addition of a L2 Infection Prevention and Control qualification would be required alongside more stringent premises requirements.</p> <p>We would ask that the distinction between “Body Piercing” and “Cosmetic Piercing” is strongly considered from the perspective of lower risk to the consumer and also the non-vocational status of these services.</p>
<b>169 - Anonymous (tattooing)</b>	If an object refers to anything that isn't jewellery, we need a clear view of what 'jewellery' is and what type is acceptable.
<b>172 - Baifang Zhu</b>	I agree.

<b>175 - Anonymous (tattooing)</b>	If an object refers to anything that isn't jewellery, we need a clear view of what 'jewellery' is and what type is acceptable.
<b>183 - Hair and Beauty Industry Authority</b>	We cannot provide expertise in this area
<b>184 - Nursing and Midwifery Council</b>	We have no comment
<b>192 - British Register of Complementary Practitioners</b>	Yes - agreed
<b>200 - Anonymous (local authority)</b>	NO. It leaves to much ambiguity on what is or isn't permitted, and why.
<b>201 - All Wales Communicable Disease Expert Panel</b>	YES, but further guidance and clarity would be welcome by some LA's
<b>202 - Health and Safety Expert Panel</b>	Yes, however further guidance is required on this.
<b>211 - British Acupuncture Council</b>	No comment
<b>215 - Shared Regulatory Services</b>	Yes, however further guidance is required on this.
<b>219 - Ross Jarvis</b>	If an object refers to anything that isn't jewellery, we need a clear view of what 'jewellery' is and what type is acceptable.
<b>220 - Tibetan and Eastern Medicine Association</b>	N/A
<b>221 - Wrexham County Borough Council</b>	Yes as long as a definition of jewellery is provided

<b>222 - Caerphilly County Borough Council</b>	<ul style="list-style-type: none"> <li>• What is classed as a ‘suitable grade’ definition for jewellery or objects.</li> <li>• Other than ‘not jewellery’ there is no restriction on the definition of object – too vague, open to interpretation.</li> <li>• Is the term jewellery is not defined and can be open to interpretation.</li> <li>• Concerns with regards allergens, ability to be sterilized etc.</li> </ul>
<b>224 - Anonymous (piercer)</b>	<p>I think it might be better to list, realistically "object" needs scope to avoid issue. I understand that the UKAPP strongly believes that this leaves the opportunity for studios to circumvent jewellery standards, and I would support them. They propose instead that a broad, definitive list is adopted which can be added to as required. They believe that the aforementioned paragraph 4.13 offers the opportunity to do this. They believe that the term object could include (but this is not yet a definitive list):</p> <ul style="list-style-type: none"> <li>- NFC Chips</li> <li>- Inherently temporary forms of jewellery for performance or art, such as:</li> <li>- Chains attached to rings for corsetry.</li> <li>- Faux-Feathers or other decorations held in the hub of needles or other tubing.</li> <li>- Hooks or other large decorative designs that, by their nature, could not be worn permanently.</li> <li>- Play piercing apparatus.</li> <li>- Micro/Macrodermals.</li> <li>- Beading that can be installed without the use of a scalpel.</li> <li>- Larger Gauge, single flare plugs and tunnels made from appropriate materials.</li> </ul>
<b>226 - Environmental Health Wales</b>	<p>YES, but further guidance and clarity would be welcome by some LA's</p> <p>What is classed as a ‘suitable grade’ definition for jewellery or objects.</p> <p>Other than ‘not jewellery’ there is no restriction on the definition of object – too vague, open to interpretation.</p> <p>Is the term jewellery is not defined and can be open to interpretation.</p> <p>Concerns with regards allergens, ability to be sterilized etc.</p>
<b>229 - Anonymous (tattooing)</b>	<p>Difficult as there are more extreme practitioners and clients that undertake procedures as long as the client and practitioners are in agreement and are consenting adults it should be down to them.</p>



<b>231 - Anonymous (acupuncture)</b>	No comment.
<b>232 - Kat Webb</b>	If object is a definition of a tool, implement or other device used as an aid during a piercing procedure then yes.
<b>233 - UKAPP</b>	<p>No. UKAPP strongly believes that this leaves the opportunity for studios to circumvent jewellery standards. We propose instead that a broad, definitive list is adopted which can be added to as required. We believe that the aforementioned paragraph 4.13 offers the opportunity to do this. We believe that the term object could include (but this is not yet a definitive list):</p> <ul style="list-style-type: none"> <li>- NFC Chips</li> <li>- Inherently temporary forms of jewellery for performance or art, such as:</li> <li>- Chains attached to rings for corsetry.</li> <li>- Faux-Feathers or other decorations held in the hub of needles or other tubing.</li> <li>- Hooks or other large decorative designs that, by their nature, could not be worn permanently.</li> <li>- Play piercing apparatus.</li> <li>- Micro/Macrodermals.</li> <li>- Beading that can be installed without the use of a scalpel.</li> <li>- Larger Gauge, single flare plugs and tunnels made from appropriate materials.</li> </ul>
<b>also</b>	82 - Anonymous (piercer); 83 - Anonymous (piercer); 87 - Anonymous (piercer); 124 - Anonymous (piercer); 127 - Anonymous (piercer); 128 - Anonymous (piercer); 129 - Anonymous (piercer); 130 - Anonymous (piercer); 131 - Anonymous (piercer); 149 - Anonymous (piercer); 150 - Anonymous (piercer); 151 - Anonymous (piercer); 173 - Anonymous (piercer); 176 - Anonymous (piercer); 195 - Anonymous (piercer); 204 - Anonymous (piercer); 207 - Anonymous (piercer); 234 - Anonymous (piercer); 250 - Anonymous (piercer).
<b>238/239 - Institute of Licensing</b>	IoL agrees with the proposed definition for object as it applies to body piercings, noting that this would cover anything which is not considered to be jewelry.
<b>241 - Anonymous (tattooing)</b>	yes, vague enough to cover all pedantry.
<b>252 - Torfaen County Borough Council</b>	<p>Yes, but further guidance and clarity would be welcomed.</p> <p>What is classed as a 'suitable grade' definition for jewellery or objects.</p>

	<p>Other than 'not jewellery' there is no restriction on the definition of object – too vague, open to interpretation.</p> <p>The term jewellery is not defined and can be open to interpretation.</p> <p>TCBC also have concerns with regards allergens, ability to be sterilized etc.</p>
<p><b>254 - Swansea Council</b></p>	<p>YES, but can see that it could be open to interpretation.</p>

<b>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?</b>	
<b>'Yes' response</b>	1/35 - Anonymous (acupuncture); 3 - Guild of Beauty Therapists; 12 - Anonymous; 14 - Cheryl Drew; 15 - Anonymous (acupuncture); 18 - Anonymous; 20 - Duncan Reed; 22 - Sally Hickenson; 23 - Anonymous; 27 - Clares European Services; 34 - James Ogle; 37 - Anonymous (local authority); 39 - Kate Doble; 49 - Di-enw (local authority); 61 - Anonymous (acupuncture); 78 - Anonymous (acupuncture); 79 - Rhian Mansfield; 84 - Anonymous; 104 - Anonymous (acupuncture); 146 - Ming Chu Lok; 152 - Anonymous (tattooing); 163 - Anonymous (tattooing); 179 - N Wales Health and Safety Expert Panel; 198 - Isle of Angelsey County Council; 209 - Anonymous (acupuncture); 212 - Save Face; 227 - Anonymous; 230 - Anonymous (charitable organisation).
<b>'No' response</b>	47 – Anonymous.
<b>Left blank</b>	5 - Anonymous (acupuncture); 10 - Anonymous; 11 - Katie; 24 - Anonymous; 25 - David Carlisle; 29 - Shan MacVicar; 30 - Anonymous; 32 - Anonymous (tattooing); 38 - Rachel Edney; 41 - Anonymous (acupuncture); 59 - Josh Cranton; 62 - Anonymous; 73 - Clare Robinson-Campbell; 81 - Gemma Kingston; 85 - F Hinds Ltd; 89 - Rachel Bowen; 100 - Anonymous; 111 - Anonymous (tattooing); 112 - British Acupuncture Federation; 113 - Superdrug Ltd; 120 - Anonymous (acupuncture); 121 - National AIDS Trust; 143 - Claire's Accessories; 164 - Anonymous (tattooing); 166 - Claire Pritchard; 167 - Anonymous (manufacturer); 186 - Anonymous (acupuncture); 189 - Baidong Li; 216 - Age Cymru; 217 - Anonymous (acupuncture).
<b>'Agree'</b>	51 - Alison Williams; 57 - Tamarind Dykes; 67 - Anonymous (acupuncture); 68 - Anonymous (acupuncture); 70 - Anonymous (acupuncture); 72 - Anonymous (acupuncture); 77 - Mari Macandrew; 101 - Anonymous (acupuncture); 108 - Anonymous (acupuncture); 110 - Anonymous (acupuncture); 114 - Anonymous (acupuncture); 115 - Jing Wang; 118 - Ann Charlton; 134 - Anonymous (acupuncture); 136 - Denbighshire County Council; 137 - Lingxia Gao; 138/139 - Wang Chen; 141 - Na Yang; 142 - Anonymous (acupuncture); 153 - Zhimin Ma; 154 - Anonymous (acupuncture); 155 - Anonymous (acupuncture); 156 - Cui Hong Duan; 157 - Anonymous (acupuncture); 158 - Anonymous (acupuncture); 159 - H Wong; 160 - Anonymous (acupuncture); 161 - Anonymous (acupuncture); 162 - Anonymous (acupuncture); 165 - Qikan Yin; 170 - Yuancai Fu; 171 - Yan Jing Wang; 172 - Baifang Zhu; 174 - Phoebe Deng; 178 - Minan Yao; 188 - Anonymous (acupuncture); 190 - Anonymous (acupuncture); 191 - Anonymous (acupuncture); 193 - Dr Jianrui Wang; 194 - Jian Wang; 196 - Anonymous (acupuncture);

	197 - Anonymous (acupuncture); 203 - Anonymous (acupuncture); 205 - Lulu Dai; 206/177 - Anonymous (acupuncture); 208 - Zheng Yuan Zhong; 210 - Li Yan; 213 - Min Li; 223/140 - Xianghui Guo; 225 - Jun Wen Ma; 235 - Anonymous (acupuncture); 236 - Jing Ding; 237 - Pinyi; 240 - Shu Li Lu; 242 - Anonymous (acupuncture); 243 - Anonymous (acupuncture); 244 - Anonymous (acupuncture); 245 - Anonymous (acupuncture); 246 - Ke Xia Xu; 247 - Anonymous (acupuncture); 248 - Anonymous (acupuncture); 249 - Association of Traditional Chinese Medicine.
<b>2 - Anonymous</b>	No comment
<b>4 - Anonymous</b>	Scalpels or bladed instruments should never be used without surgical qualifications. The current wording leaves out the potential for the development or extension of current piercing tools. Perhaps these should have size limits
<b>6 - Anonymous</b>	Possibly. It depends on the person running the business.
<b>8 - Anonymous</b>	Yes. It should do
<b>9 - Anonymous</b>	Any sharp object - it was usual to modify peoples' faces with broken glass bottles In Liverpool when I was a student.
<b>16 - Sarah Swaysland</b>	We don't see this procedure being offered by tattoo artists who are currently registered across SRS. It is a niche market and invariably takes place outside of the current legal framework.  I anticipate that this procedure will continue 'underground' once the new licensing regime is in force; however, what is important is that Local Authorities have more robust legislative powers to be able to deal with such a situation more efficiently and effectively in the future.
<b>17 - Anonymous</b>	No aslong as the procedure is legitimate and carried out by a professional
<b>19 - Kim Eldridge</b>	N/A
<b>21 - Anonymous</b>	I would hope so
<b>26 - Joint Council of Cosmetic Practitioners</b>	We consider that it is essential to set explicit education and training standards that should be evidenced before a license is granted to undertake these potentially harmful procedures.
<b>28 - Anonymous</b>	N/a to me
<b>31 - Chartered Institute of Environmental Health</b>	We agree that use of scalpels and similarly bladed instruments should be prohibited but question the omission of instruments that punch by force (dermal biopsy /dermal anchor punches) into the skin and mucous membrane. We consider that for completeness these should be included.
<b>33 - Carla Evans</b>	Unsure but it is beneficial.

<b>36 - Kelly Griffiths</b>	y
<b>40 – Anonymous (acupuncture)</b>	The system operates largely on trust, the practitioner risks losing their licence to practice, but who would complain to the local authority? If someone is determined to have this done they will seek out a practitioner willing to take that risk
<b>42 - Paul Battersby</b>	Yes, I fully agree.
<b>also</b>	44 - Roy Montgomery; 45 – Anonymous; 46 - Alison Smith; 50 – Anonymous; 52 – Anonymous; 58 – Kate van Rensburg; 60 – Laura Gibbons; 63 – Christine Hutchinson; 64 – Anonymous; 65 – Anonymous; 75 - Madeline Boots; 86 - Suzanne Gregson; 88 - Anonymous (acupuncture); 99 - Janis Short; 105 - Daniel Curran.
<b>43 - Acupuncture Association of Chartered Physiotherapists</b>	Yes, we fully agree.
<b>48 - Kat Hennes</b>	I disagree that prohibiting the use of scalpels will prevent body modification. Scalpels have many legitimate uses.
<b>53 - Oliver Todd</b>	Yes but this needs more defining as some practitioners use things such as biopsy punches for installing things such as dermals. Will these be included in this and if so what are the alternatives that would be aloud O-Needles for example?
<b>54 - Lola Slider</b>	No, I don't agree that scalpels or similar bladed instruments should be prohibited. Needles are often referred to as blades and some are designed or altered to be flat to improve their usage and flat needle does look like a small scalpel blade.  I think if the Welsh government wants to ban body modifications it should build specific parameters around that.
<b>55 - Aiden Johnson</b>	No. There are very few piercing procedures where a scalpel is required. Scarification is a branch of tattooing (and historically tattoo came from scarification) that should not be prevented by this legislation. The risk of infection and unwanted scarring is as high for tattoo as it is for scarification. I would suggest preventing the use of sutures is a better way to control body mod procedures.
<b>56 - British Medical Acupuncture Society</b>	NO OPINION
<b>66 – Gareth Davies</b>	N/A

<b>69 - Anonymous</b>	I know insufficient about piercing but would hope that blades would not be required for piercings as I would expect medical training of such practitioners, as I would expect this would constitute a medical procedure and appropriate education, insurances, HIW registration and other potential regulations should be in place for anyone performing such procedures involving blades.
<b>74 - Anonymous</b>	Yes, but again it is quite shocking that instruments such as these and worse are used in other practices that you have deemed safe and exempt from licensing
<b>80 - Anonymous (tattooing)</b>	Yes, but why should people be penalised or prohibited from carrying out body modifications?
<b>90 - Blaenau Gwent County Borough Council</b>	<p>Yes, we agree</p> <p>We are not aware of any cosmetic piercing activities being undertaken by anything other than needles or a 'caflon' style gun. Scalpels/bladed instruments would not usually be used for the procedures regulated by this licensing regime.</p> <p>Therefore, should a scalpel/bladed instrument be used, it would be considered as body modification and would not be part of the licensing regime.</p>
<b>91 - British Beauty Council</b>	We cannot provide expertise in this area.
<b>92 - Anonymous (acupuncture)</b>	NA
<b>93 - Royal College of Midwives</b>	We do not have a view on this.
<b>94 - National Hair and Beauty Federation</b>	N/A
<b>95 - Beauty Industry Group - Licensing</b>	We cannot provide expertise in this area.
<b>96 - Beauty Industry Group Chair</b>	We cannot provide expertise in this area.
<b>98 - Inc and Co</b>	Some gauge needles are of sufficient size to act as scalpels, so further understanding of the specifics of piercing is required for this licensing condition to serve its purpose.
<b>102 - Dr Di Wu</b>	No comment as this is beyond my profession.

<b>103 - Anonymous (acupuncture)</b>	no response.
<b>106 - Anonymous (acupuncture)</b>	The prohibition of scalpel or similar bladed implements is important.  There are a number of techniques in traditional Chinese medicine which involve these, and after considerable discussion with the now defunct London Special Treatments Working Group we took the view that these represented minor surgery, did not fall within scope or within insurance cover, and were more properly regulated by the Care Quality Commission. Their inclusion would legitimize techniques which are problematic for insurance purposes.
<b>107 - BABTAC</b>	We cannot provide expertise in this area.
<b>109 - Warren Tregidden</b>	No because I licenced practitioners will carry on
<b>116 - Anonymous</b>	Don't know
<b>117 - Marnie Williams</b>	I would support the UKAPP's stance on this. As I believe this requires careful wording.
<b>122 - Anonymous</b>	Not sure I have the appropriate level of expertise to comment. It seems sensible but should there also be something about insertion which wouldnt need a scalpel
<b>123 - Anonymous (piercer)</b>	I would support the UKAPP's stance on this. As I believe this requires careful wording.
<b>125 - Becky Crossan</b>	This needs wording carefully, as a specific style of needle could be potentially forbidden as it is a bladed instrument. According to Rogue piercing (2019) "Blade needles have a different tip configuration to cannula. This configuration is called a tri-bevel needle as there are 3 cutting faces. Tri-bevel needles allow piercers to use bevel theory which again reduces bleeding and makes a piercing more comfortable".
<b>126 - Rhondda Cynon Taff County Borough Council</b>	Yes as scalpels/blades are not typically used for piercing.
<b>132 - Anonymous (piercer)</b>	This needs wording carefully, as a specific style of needle could be potentially forbidden as it is a bladed instrument. According to Rogue piercing (2019) "Blade needles have a different tip configuration to cannula. <sup>21</sup> This configuration is called a tri-bevel needle as there are 3 cutting faces. Tri-bevel needles allow piercers to use bevel theory which again reduces bleeding and makes a piercing more comfortable". It is also worth noting that any and all implements used to create a wound into which

	<p>jewellery can be inserted have some kind of blade on them. We concede that a great many piercers do utilise scalpels to remove micro/macrodermals and that this should not be prohibited assuming competence can be demonstrated.</p> <p>It is also worth noting that, whilst UKAPP is an organisation whose sole mission pertains to body piercing, none of the current board members (and likely few members) have any agenda in which we would like to see safely performed, consensual, sensible body modifications outlawed explicitly. Indeed, many of us proudly wear various body modifications ourselves, which we have often had to travel significant distances to have performed safely and legally. We very much welcome higher standards in the piercing industry, but concede that there are a lot of greyer areas between the two practices, and do not wish to see higher piercing standards used as a vehicle to explicitly outlaw other forms of self-expression.</p>
<b>133 - Anonymous (local authority)</b>	<p>NO. Body modification will be achieved without a scalpel. If the aim is to prevent body modification then you need to address that issue.</p>
<b>135 - Anonymous (tattooing)</b>	<p>not qualified to answer</p>
<b>144 - Anonymous (piercer)</b>	<p>This needs wording carefully, as a specific style of needle could be potentially forbidden as it is a bladed instrument. According to Rogue piercing (2019) "Blade needles have a different tip configuration to cannula. This configuration is called a tri-bevel needle as there are 3 cutting faces. Tri-bevel needles allow piercers to use bevel theory which again reduces bleeding and makes a piercing more comfortable".</p>
<b>145 - Anonymous (tattooing)</b>	<p>This needs wording carefully, as a specific style of needle could be potentially forbidden as it is a bladed instrument. According to Rogue piercing (2019) "Blade needles have a different tip configuration to cannula. This configuration is called a tri-bevel needle as there are 3 cutting faces. Tri-bevel needles allow piercers to use bevel theory which again reduces bleeding and makes a piercing more comfortable". It is also worth noting that any and all implements used to create a wound into which jewellery can be inserted have some kind of blade on them. A great many piercers do utilise scalpels to remove micro/macrodermals and that this should not be prohibited assuming competence can be demonstrated.</p>



	<p>It is also worth noting that, whilst UKAPP is an organisation whose sole mission pertains to body piercing, none of the current board members (and likely few members) have any agenda in which we would like to see safely performed, consensual, sensible body modifications outlawed explicitly.</p> <p>The UKAPP does very much welcome higher standards in the piercing industry, but concedes that there are a lot of greyer areas between the two practices, and do not wish to see higher piercing standards used as a vehicle to explicitly outlaw other forms of self-expression.</p>
<b>168 - Anonymous (tattooing)</b>	Yes definitely
<b>169 - Anonymous (tattooing)</b>	Are body piercers able to perform micro dermal implants? I assume we are, as biopsy punches are listed as permitted tools. If so, we should be able to remove them also, using a scalpel or blade. But for that purpose only. I don't think it's right that you tell us we can perform a procedure like that, of a semi permanent nature and not remove them for a client if need be.
<b>175 - Anonymous (tattooing)</b>	Are body piercers able to perform micro dermal implants? I assume we are, as biopsy punches are listed as permitted tools. If so, we should be able to remove them also, using a scalpel or blade. But for that purpose only. I don't think it's right that you tell us we can perform a procedure like that, of a semi permanent nature and not remove them for a client if need be.
<b>183 - Hair and Beauty Industry Authority</b>	We cannot provide expertise in this area.
<b>184 - Nursing and Midwifery Council</b>	We have no comment.
<b>192 - British Register of Complementary Practitioners</b>	Agreed
<b>200 - Anonymous (local authority)</b>	<p>NO.</p> <p>If the intent is to avoid body modification, it must be clear, and cite that intent.</p> <p>If there are legislative reasons to use a scalpel, as some practitioners currently assert (i.e. removal of a failed pierced object) they must be fully articulated and clearly communicated, both by the business, and by the legislation and the associated guidance.</p>

<p><b>201 - All Wales Communicable Disease Expert Panel</b></p>	<p>If the intent is to avoid body modification, it must be clear, and cite that intent. CEDP Panel agree that body modification using a blade should not be included by these regulations.</p> <p>Scalpel or blade use may occur in some cosmetic/skin piercing situations/premises where an object has been placed into the skin and then an issue arises with that object. The scalpel or blade may be used to remove that item. In feedback sessions in one LA this was specifically cited as a societal need. The feedback at that session should be considered by WG and clarity on application and objective of this point made.</p>
<p><b>202 - Health and Safety Expert Panel</b></p>	<p>HESP members are not aware of any cosmetic piercing activities being undertaken by anything other than needles or a 'caflon' style gun. Scalpels/bladed instruments would not usually be used for the procedures regulated by this licensing regime.</p> <p>Therefore, should a scalpel/bladed instrument be used, it would be considered as body modification and would not be part of the licensing regime.</p>
<p><b>211 - British Acupuncture Council</b></p>	<p>No comment</p>
<p><b>215 - Shared Regulatory Services</b></p>	<p>SRS are not aware of any cosmetic piercing activities being undertaken by anything other than needles or a 'caflon' style gun. Scalpels/bladed instruments would not usually be used for the procedures regulated by this licensing regime.</p> <p>Therefore, should a scalpel/bladed instrument be used, it would be considered as body modification and would not be part of the licensing regime.</p>
<p><b>219 - Ross Jarvis</b></p>	<p>Are body piercers able to perform micro dermal implants? I assume we are, as biopsy punches are listed as permitted tools. If so, we should be able to remove them also, using a scalpel or blade. But for that purpose only. I don't think it's right that you tell us we can perform a procedure like that, of a semi permanent nature and not remove them for a client if need be.</p>
<p><b>220 - Tibetan and Eastern Medicine Association</b></p>	<p>N/A</p>

<b>221 - Wrexham County Borough Council</b>	No – as above if people want this particular type of procedure doing they will ultimately find a practitioner that will undertake the procedure.
<b>222 - Caerphilly County Borough Council</b>	Yes, we agree with this in principle although practitioners may seek to adopt alternative methods. The use of a scalpel may be necessary for the removal of dermal anchor.
<b>224 - Anonymous (piercer)</b>	I would support the UKAPP's stance on this. As I believe this requires careful wording.
<b>226 - Environmental Health Wales</b>	<p>If the intent is to avoid body modification, it must be clear, and cite that intent. CEDP and HSEP Panel agree that body modification using a blade should not be included by these regulations.</p> <p>Scalpel or blade use may occur in some cosmetic/skin piercing situations/premises where an object has been placed into the skin and then an issue arises with that object. Dermal Anchors. The scalpel or blade may be used to remove that item. In feedback sessions in one LA this was specifically cited as a societal need. The feedback at that session should be considered by WG and clarity on application and objective of this point made.</p> <p>HESP members are not aware of any cosmetic piercing activities being undertaken by anything other than needles or a 'caflon' style gun. Scalpels/bladed instruments would not usually be used for the procedures regulated by this licensing regime.</p> <p>Therefore, should a scalpel/bladed instrument be used, it would be considered as body modification and would not be part of the licensing regime.</p>
<b>229 - Anonymous (tattooing)</b>	See above, let's not drive extreme body modification underground, rather better except these unusual practices as a social movement and make sure they maintain high standards. Just because the norm finds these practices difficult to except, they are valid and it would be discriminatory and wrong to drive them underground especially as some are based on sexual preferences.
<b>231 - Anonymous (acupuncture)</b>	Yes, I agree.
<b>232 - Kat Webb</b>	DISAGREE and further more this will inhibit the execution of other piercing techniques as some professional piercers use single use piercing blades rather than canula needles to create a piercing site.

<p><b>233 - UKAPP</b></p>	<p>This needs wording carefully, as a specific style of needle could be potentially forbidden as it is a bladed instrument. According to Rogue piercing (2019) “Blade needles have a different tip configuration to cannula.21 This configuration is called a tri-bevel needle as there are 3 cutting faces. Tri-bevel needles allow piercers to use bevel theory which again reduces bleeding and makes a piercing more comfortable”. It is also worth noting that any and all implements used to create a wound into which jewellery can be inserted have some kind of blade on them. We concede that a great many piercers do utilise scalpels to remove micro/macrodermals and that this should not be prohibited assuming competence can be demonstrated.</p> <p>It is also worth noting that, whilst UKAPP is an organisation whose sole mission pertains to body piercing, none of the current board members (and likely few members) have any agenda in which we would like to see safely performed, consensual, sensible body modifications outlawed explicitly.</p> <p>Indeed, many of us proudly wear various body modifications ourselves, which we have often had to travel significant distances to have performed safely and legally. We very much welcome higher standards in the piercing industry, but concede that there are a lot of greyer areas between the two practices, and do not wish to see higher piercing standards used as a vehicle to explicitly outlaw other forms of self-expression.</p>
<p><b>also</b></p>	<p>82 - Anonymous (piercer); 83 - Anonymous (piercer); 87 - Anonymous (piercer); 124 - Anonymous (piercer); 127 - Anonymous (piercer); 128 - Anonymous (piercer); 129 - Anonymous (piercer); 130 - Anonymous (piercer); 131 - Anonymous (piercer); 149 - Anonymous (piercer); 150 - Anonymous (piercer); 151 - Anonymous (piercer); 173 - Anonymous (piercer); 176 - Anonymous (piercer); 195 - Anonymous (piercer); 204 - Anonymous (piercer); 207 - Anonymous (piercer); 234 - Anonymous (piercer); 250 - Anonymous (piercer).</p>
<p><b>238/239 - Institute of Licensing</b></p>	<p>IoL supports the LEP response that if the intent is to avoid body modification, it must be clear, and cite that intent. CEDP Panel agree that body modification using a blade should not be included by these regulations.</p> <p>Scalpel or blade use may occur in some cosmetic/skin piercing situations/premises where an object has been placed into the skin and then an issue arises with that object (e.g. dermal anchors). The scalpel or blade may be necessarily used to remove that item. In feedback sessions in one LA this was specifically</p>

	cited as a societal need. The feedback at that session should be considered by WG and clarity on application and objective of this point made.
<b>241 - Anonymous (tattooing)</b>	yes , however there is a minority of offgrid modders who will never comply and enforcement requires reporting. its like the underground blood fetish groups, if it not made knowledge outside of the circle, you will never be able to deal with it.
<b>252 - Torfaen County Borough Council</b>	<p>If the intent is to avoid body modification, it must be clear, and cite that intent. It is agreed that body modification using a blade should not be included by these regulations. However, TCBC wishes to highlight that there may be unintentional consequences such as other alternative methods being adopted by practitioners.</p> <p>The use of a scalpel or blade may occur in some cosmetic / skin piercing situations / premises where an object has been placed into the skin and then an issue arises with that object. Dermal Anchors. The scalpel or blade may be used to remove that item. The feedback of all LA engagement sessions should be considered by WG.</p> <p>TCBC are not aware of any cosmetic piercing activities being undertaken by anything other than needles or a 'caflon' style gun. Scalpels / bladed instruments would not usually be used for the procedures regulated by this licensing regime.</p> <p>Therefore, should a scalpel / bladed instrument be used, it would be considered as body modification and would not be part of the licensing regime.</p>
<b>254 - Swansea Council</b>	May need to consider the wording or any instrument capable of causing an incision, as lasers or puncture instruments may be used.

<b>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?</b>	
<b>'Yes' response</b>	3 - Guild of Beauty Therapists; 12 – Anonymous; 14 - Cheryl Drew; 18 – Anonymous; 20 - Duncan Reed; 21 - Anonymous; 31 - Chartered Institute of Environmental Health; 33 - Carla Evans; 38 - Rachel Edney; 47 – Anonymous; 61 - Anonymous (acupuncture); 66 - Gareth Davies; 69 - Anonymous (acupuncture); 78 - Anonymous (acupuncture); 81 - Gemma Kingston; 84 - Anonymous; 93 - Royal College of Midwives; 98 - Inc and Co; 104 - Anonymous (acupuncture); 122 – Anonymous; 125 - Becky Crossan; 144 - Anonymous (piercer); 145 - Anonymous (tattooing); 146 - Ming Chu Lok; 152 - Anonymous (tattooing); 168 - Anonymous (tattooing); 209 - Anonymous (acupuncture); 227 – Anonymous; 229 - Anonymous (tattooing); 230 - Anonymous (charitable organisation).
<b>'No' response</b>	None
<b>Left blank</b>	1/35 - Anonymous (acupuncture); 5 - Anonymous (acupuncture); 8 – Anonymous; 9 – Anonymous; 10 - Anonymous; 11 - Katie; 24 - Anonymous; 25 - David Carlisle; 28 - Anonymous; 29 - Shan MacVicar; 30 – Anonymous; 32 - Anonymous (tattooing); 41 - Anonymous (acupuncture); 59 - Josh Cranton; 62 - Anonymous; 89 - Rachel Bowen; 100 - Anonymous; 111 - Anonymous (tattooing); 120 - Anonymous (acupuncture); 164 - Anonymous (tattooing); 166 - Claire Pritchard; 186 - Anonymous (acupuncture); 189 - Baidong Li; 216 - Age Cymru; 217 - Anonymous (acupuncture).
<b>'Agree'</b>	15 - Anonymous (acupuncture); 49 - Di-enw (local authority); 51 - Alison Williams; 57 - Tamarind Dykes; 67 - Anonymous (acupuncture); 68 - Anonymous (acupuncture); 70 - Anonymous (acupuncture); 72 - Anonymous (acupuncture); 77 - Mari Macandrew; 101 - Anonymous (acupuncture); 102 - Dr Di Wu; 108 - Anonymous (acupuncture); 110 - Anonymous (acupuncture); 114 - Anonymous (acupuncture); 115 - Jing Wang; 118 - Ann Charlton; 134 - Anonymous (acupuncture); 135 - Anonymous (tattooing); 136 - Denbighshire County Council; 137 - Lingxia Gao; 138/(139) - Wang Chen; 141 - Na Yang; 142 - Anonymous (acupuncture); 153 - Zhimin Ma; 154 - Anonymous (acupuncture); 155 - Anonymous (acupuncture); 156 - Cui Hong Duan; 157 - Anonymous (acupuncture); 158 - Anonymous (acupuncture); 160 - Anonymous (acupuncture); 161 - Anonymous (acupuncture); 162 - Anonymous (acupuncture); 165 - Qikan Yin; 170 - Yuancai Fu; 171 - Yan Jing Wang; 174 - Phoebe Deng; 178 - Minan Yao; 188 - Anonymous (acupuncture); 190 - Anonymous (acupuncture); 191 - Anonymous (acupuncture); 192 - British Register of Complementary Practitioners; 193 - Dr Jianrui Wang; 194 - Jian Wang; 196 - Anonymous (acupuncture); 197 - Anonymous (acupuncture); 203 - Anonymous (acupuncture); 205 - Lulu

	Dai; 206/177 - Anonymous (acupuncture); 208 - Zheng Yuan Zhong; 210 - Li Yan; 213 - Min Li; 223/140 - Xianghui Guo; 225 - Jun Wen Ma; 235 - Anonymous (acupuncture); 236 - Jing Ding; 237 - Pinyi; 240 - Shu Li Lu; 242 - Anonymous (acupuncture); 243 - Anonymous (acupuncture); 244 - Anonymous (acupuncture); 245 - Anonymous (acupuncture); 246 - Ke Xia Xu; 247 - Anonymous (acupuncture); 248 - Anonymous (acupuncture); 249 - Association of Traditional Chinese Medicine.
<b>2 - Anonymous</b>	It's the same with all these regulations - having a load of hoops to jump through will not prevent the issues it is intended to prevent.
<b>4 - Anonymous</b>	The premises and vehicles must be inspected to the same standard
<b>6 - Anonymous</b>	Not sure
<b>16 - Sarah Swaysland</b>	Yes - agreed. If a premises is to be operated by a limited company, would the application require evidence of company number; names of directors and details of the person who has significant control?  If approved premises is a mobile premises – copy of driving licence to evidence applicant permitted to drive that class of vehicle/not disqualified driver.
<b>17 - Anonymous</b>	No i think providing toilet facilities for vehicles is a bit far maybe give clients a list of of site facilities as a part of the consultation process would be adequate
<b>19 - Kim Eldridge</b>	N/A
<b>22 - Sally Hickenson</b>	I agree
<b>23 - Anonymous</b>	Yes and no
<b>26 - Joint Council of Cosmetic Practitioners</b>	Agreed but these should be supplemented with documentary evidence requirements for education and training certificates and complaints/redress policies/procedures.
<b>27 - Clares European Services</b>	Condition of premises, Fire Risk Assessment, Fixed wire PAT testing certification
<b>34 - James Ogle</b>	Again, not really. Do I have to apply if my clinic is a physiotherapy clinic? Or if there is a physiotherapist working here? What if that physio was trained in dry needling by a sports massage practitioner? They don't have to apply for a licence now so where's the sense in that?
<b>36 - Kelly Griffiths</b>	y... streamline fees/licences, for single practitioners who are business owners 4 separate fees are too much
<b>37 – Anonymous (local authority)</b>	Section 11.1 states that the person applying for the premises license will be subject to approval criteria which must be met for the application to be approved and the premises will be subject to mandatory approval conditions once the approval certificate has been granted. This is misleading as the approval

	<p>conditions must be met prior to the certificate being granted.</p> <p>Section 11.3 &amp; 11.4 – should include ‘part of premises’ as this is how most microbladers work i.e. within hairdressing salons and beauty studio’s. Premises owners do not want the responsibility for the skin piercing activities or would want to pay for Level 2 training or DBS checks, so are unlikely to continue to rent out rooms in the future. As a result availability of work space will become an issue for the microblading trade. This could be resolved by the operator who leases a room having the option to apply for the premises licence, as well as the premises owner.</p> <p>Documents that should also be supplied as part of the application should include:</p> <ul style="list-style-type: none"> <li>• Photograph of premises.</li> <li>• The max number of special procedure practitioners should be stated.</li> </ul> <p>An accurate plan is appropriate but the requirement to supply a ‘to scale’ plan may be too onerous for a lot of businesses.</p>
<b>39 - Kate Doble</b>	Does cleaning schedule need to be documented legally? Would be easier if it was.
<b>40 – Anonymous (acupuncture)</b>	<p>Yes, although not all physiotherapists who have passed an accredited acupuncture course work in the NHS or a facility regulated by HIW.</p> <p>The Neuro Therapy Centre (NTC) is a case in point. We are a voluntary sector organisation which employs HCPC's but are exempt from HIW registration</p> <p>Anyone practicing acupuncture at the NTC however has to have passed an accredited course such as AACP</p> <p>Acupuncture is widely used for pain relief and will be used in Hospices as well</p>
<b>42 - Paul Battersby</b>	Yes, I fully agree.
<b>also</b>	44 - Roy Montgomery; 45 - Anonymous (acupuncture); 46 - Alison Smith; 50 - Anonymous (acupuncture); 52 - Anonymous (acupuncture); 58 - Kate van Rensburg; 60 - Laura Gibbons; 63 - Christine Hutchinson;



	64 - Anonymous (acupuncture); 65 - Anonymous (acupuncture); 75 - Madeline Boots; 86 - Suzanne Gregson; 88 - Anonymous (acupuncture); 99 - Janis Short; 105 - Daniel Curran.
<b>43 - Acupuncture Association of Chartered Physiotherapists</b>	Yes, we fully agree.
<b>48 - Kat Henness</b>	I do not believe that any vehicles should be permitted to be licensed for body piercing, as there is no safe way to do this in such a small space.
<b>49 - Di-enw</b>	Cytuno
<b>53 - Oliver Todd</b>	Yes, the addition of the building plan and registered work stations is a brilliant addition.
<b>54 - Lola Slider</b>	Absolutely not, you're asking people to draft a floor plan by hand or digitally, why aren't you just having an EHO come out and inspect the premises? It's really starting to look like you're actually charging small self employed workers to do the job of the Environmental Health authority and charging them for the process. And on whose authority will the decisions be made about how many people can safely operate in a space without cross contamination taking place? And supply their own DBS check? Is this not something the listening authority is supposed to do prior to granting a license? I really think you've taken the role of an entire Environmental Health officer and you're just making the business do it themselves, then pay a fee for it.
<b>55 - Aiden Johnson</b>	No. This wording makes it sound like a landlord who has rented out their building to a tattoo business would also require a license even though they have no interest in the business. Premises approval certificates should be tied to the business owner or lease holder rather than the building owner. Our industry has struggled to get landlords to rent to us and this could just create another barrier.
<b>56 - British Medical Acupuncture Society</b>	YES, agree
<b>73 - Clare Robinson-Campbell</b>	Yes agree.
<b>74 – Anonymous (SPM)</b>	I don't agree with any special procedures being carried out in someone's car for the most obvious health and hygiene reasons
<b>79 - Rhian Mansfield</b>	Yes, having a delineated separation of waiting area to open plan stations is a fantastic idea.

<b>80 - Anonymous (tattooing)</b>	<p>Yes</p> <p>No</p>
<b>85 - F Hinds Ltd</b>	<p>We believe it should be considered that premises that have already been awarded their registration to practice special procedures should not be required to reapply. Under the current registration process an inspection would have been conducted of the premises, with businesses offering cosmetic piercing for years without incident or compromising the safety of consumers.</p>
<b>90 - Blaenau Gwent County Borough Council</b>	<p>It is unclear who would be the apply for the Approval Certificate for the following businesses:</p> <ul style="list-style-type: none"> <li>• Businesses owned by national/international companies (e.g., [brand name redacted], [brand name redacted], [brand name redacted])- would it be a named person within the Company or a named person working on that premises?</li> <li>• Name of person carrying on the business- who would this be in the case of Limited companies or large National/International companies. Would it be the Limited Company or a named person within that Organisation, for example Company Secretary? As a Local Authority, it is unclear to us who we should be accepting applications from and issuing premises approval certificates to in these instances.</li> <li>• There is no consistency in terms used within the consultation document to explain who the premises approval certificate will be issued to- “responsible person”, “person carrying on the business”, “person who is responsible” are all terms used. This is confusing and a clear definition is needed on who the premises approval certificate will be issued to, and a single term used. Local Authorities need to be clear in whom they are holding account when formal action is being considered.</li> </ul> <p>If the applicant for these businesses would be someone who is based off site/ at head office, then it is questioned as to what would be the benefit of them having a Level 2 award in infection, prevention and control for special procedures qualification.</p> <p>Public Liability Insurance</p> <p>With regards to the proof of valid public liability insurance or similar insurance arrangements, this would need to specifically cover the undertaking of special procedures- these are sometimes not included in public liability insurance.</p> <p>Please also see specific response to Question 5 for more information in relation to this.</p>

Documentary Evidence:

- The proposed approval certificate includes a photograph of the premises. It is suggested that this be supplied as part of the documentary evidence (if agreed this is to be on the final approval certificate)
- The Applicant should also state the number of workstations within the premises on the application form
- An accurate plan is appropriate but the requirement to supply a 'to scale' plan may be too onerous on a lot of businesses and may be an additional hidden cost as part of the application process. Consideration should be given as to how to support the provision of this if it is included and guidance as to what would be acceptable.

Paragraph 11.1 states that the person applying for the premises licence will be subject to approval criteria which must be met for the application to be approved and the premises will be subject to mandatory approval conditions once the approval certificate has been granted. This is misleading as the approval conditions must be met prior to the certificate being granted.

Paragraphs 11.3 states that a person will need to apply for an approval certificate if they own, part own or have a business interest in a building structure etc which is being used to undertake procedures covered by this licensing scheme. This implies that landlords of buildings, who are unlikely to have any involvement in the business being required to register. At the Blaenau Gwent consultation workshop, it was raised by Practitioners that many rent their properties and if landlords would be required to obtain an approval certificate, they would not renew the lease and the business would struggle to find alternative premises.

Within the beauty sector, it is common for micro-bladers / semi-permanent make up businesses to rent a room and operate within a beautician/hairdressing business. Premises owners don't want the responsibility for the regulated activities or would want to pay for Level 2 training or DBS checks, so are unlikely to continue to rent out rooms in the future. Availability of space will become an issue for this sector. The operator who leases a room should have the option to apply for the premises licence instead of the premises owner.

	<p>Infection Control Questionnaire</p> <p>See response to question 6 for detailed response in relation to this.</p>
<b>91 - British Beauty Council</b>	In addition to the approval criteria set out, the qualifications of the practitioner and evidence of complaints and redress procedures should also be required.
<b>92 - Anonymous (acupuncture)</b>	<p>Trainers should not be required to keep records of their learners medical history.</p> <p>There should be a flexible approval for trainers, rather than each premises needing to be licensed.</p>
<b>94 - National Hair and Beauty Federation</b>	The driving license is valid, current and covers the size of the vehicle. In addition to the approval criteria set out, the regulated qualification of the practitioner and evidence of complaints and redress procedures should also be required.
<b>95 - Beauty Industry Group - Licensing</b>	<p>In addition to the approval criteria set out, the regulated qualification of the practitioner and evidence of complaints and redress procedures should also be required.</p> <p>The FHT raised the concern regarding completing treatments of this nature and working from a vehicle from a health, safety and hygiene point of view, could this still be maintained? There would need to be further measures put in place via local councils</p>
<b>96 - Beauty Industry Group Chair</b>	The FHT raised the concern regarding completing treatments of this nature and working from a vehicle from a health, safety and hygiene point of view, could this still be maintained? There would need to be further measures put in place via local councils
<b>103 - Anonymous (acupuncture)</b>	no response
<b>106 - Anonymous (acupuncture)</b>	Broadly agree
<b>107 - BABTAC</b>	The FHT raised the concern regarding completing treatments of this nature and working from a vehicle from a health, safety and hygiene point of view, could this still be maintained? There would need to be further measures put in place via local councils
<b>109 - Warren Tregidden</b>	Up to date insurance
<b>112 - British Acupuncture Federation</b>	No, we do not agree, the requirements are not proportionate or appropriate for a modern well maintained acupuncture clinic or mobile clinic run by a BAF member.

<b>113 - Superdrug Ltd</b>	<p>It is our thoughts that if a licence has already been awarded then the store should not need to re-apply again. During this application an inspection would have already taken place and cosmetics piercing will have already taken place in the store.</p> <p>11.4- All of our premises are operated by store managers on behalf of Superdrug. The premises are widely not owned, but rented. Therefore it would be inappropriate to place the owner of the premises on the licence. It feels it would be more appropriate to place the business name on the licence as the store manager may change frequently. The store manager may also not be a practitioner of the service.</p> <p>11.13- As above we don't feel a DBS check is necessary for the purpose of cosmetic piercing.</p> <p>11.15- In our premises we have a maximum of two work stations, in most cases only one. These are already drawn onto a layout of the store showing all equipment and space. For one workstation only one practitioner would be involved in carrying out the service.</p>
<b>116 - Anonymous</b>	<p>Agree Can't think of any other documents ..... maybe Pat Testing proof and clinical waste disposal</p>
<b>117 - Marnie Williams</b>	<p>I do not agree with the idea that a vehicle can ever be safe or suitable as a premises for Tattooing, Piercing, etc.</p>
<b>121 - National AIDS Trust</b>	<ul style="list-style-type: none"> <li>• Similar to our response to Question 5, we think these approval criteria are sensible. Ensuring that applicants have completed training in Infection Prevention and Control is important, for the reasons highlighted above, as is the completion of an Infection Prevention and Control questionnaire.</li> <li>• As mentioned in our response to Question 5, we suggest that as part of the completion of the Infection Prevention and Control questionnaire, applicants demonstrate their knowledge of their responsibilities within the Equality Act 2010 to not discriminate against people living with HIV. Making sure that applicants are aware of these before applying for a license would reduce discrimination in special procedures against people living with HIV and make these industries more inclusive of people living with HIV.</li> <li>• As also mentioned in our response to Question 5, we agree with provisions related to ensuring that applicants have adequate public liability or comparable insurance in place. However, as above, we suggest that the Welsh Government should check before the awarding of a license that the applicant's insurance provider does not prohibit the applicant from performing a special procedure on a client living with HIV – as this could amount to discrimination under the Equality Act.</li> </ul>

<b>123 - Anonymous (piercer)</b>	I do not agree with the idea that a vehicle can ever be safe or suitable as a premises for Tattooing, Piercing, etc.
<b>126 - Rhondda Cynon Taff County Borough Council</b>	Yes. Also consider Vehicle (Confirmation of Vehicle Insurance, MOT, Vehicle Tax, Photo of vehicle) Minimum insurance cover
<b>132 - Anonymous (piercer)</b>	Yes. UKAPP presents no further comment on this as we are very content for this to move forward as is.
<b>133 - Anonymous (local authority)</b>	IN PART  Additional: Vehicle insurance (Business use) MOT Status Photo of the vehicle Vehicle Registration number Gas/electrical certificate for vehicle
<b>143 - Claire's Accessories</b>	We believe it should be considered that premises that have already been awarded their registration to practice special procedures should not be required to reapply. In our experience, as part of the application process currently in place, most LAs will require an EHO to visit the premises ahead of issuing the registration, ensuring that the business already meets the standards required. Many businesses have been offering cosmetic piercing for years without incident or compromising the safety of consumers.
<b>159 - H Wong</b>	no comment
<b>163 - Anonymous (tattooing)</b>	Yes  No
<b>167 - Anonymous (manufacturer)</b>	We believe it should be considered that premises that have already been awarded their registration to practice special procedures should not be required to reapply. In our experience, as part of the application process currently in place, most LAs will require an EHO to visit the premises ahead of issuing the registration, ensuring that the business already meets the standards required. Many businesses have been offering cosmetic piercing for years without incident or compromising the safety of consumers.

	<p>11.4 requires the premises licence to be applied for by the principal owner / operator – this needs to be clarified for the case of multiple retailers. Would the Store Manager be the named applicant, although they do not own the premises, or would it be that licences are applied for simply in the Business Name? In addition, for retailers, the consideration is that Store Managers may leave the business all together or move premises, thus creating additional paperwork and workload for local authorities. Retail can be a fluid environment for work so premises being applied for in the business name, with Store Manager contact details would be more efficient.</p> <p>11.13 states that for the premises licence, the main, named applicant needs to have fulfilled criteria that are not relevant where they may not be performing special treatment themselves. Verification of the applicant and residential address is fine where additional information is supplied as to how this is submitted with the application. We would question the requirement for a DBS check when the premises are being licensed for ear and nose piercing only and the necessity for the named applicant to have completed the L2 Infection Prevention and Control qualification. For some retailers, the Store Manager themselves may not conduct the service, however it is proposed that they are named on the licence. The fact that they are not offering the special procedure should negate the need for them to complete an Infection Prevention and Control qualification. Where this is the case, it is recommended that the Manager undertakes product training, whether they are going to pierce or not.</p> <p>11.15 We have noted that the floor plan can be hand drawn which will definitely benefit smaller retailers / businesses who would not have digital versions. For most premises offering simply cosmetic piercing there would only be one work area, two at most, with just one practitioner operating at a time.</p> <p>11.18 Clarification around the attendees for the inspection is required. We understand the named applicant for the premises being present, however would each individual applicant also be required to be at the premises for the inspection. The visit from the local authority officer would be in line with the current process for registration and we would propose should also include the competence check for the procedure.</p>
<p><b>169 - Anonymous (tattooing)</b></p>	<p>11.2: I agree that no 'grandfather rights' should be granted. However, referring back to points I raised in Question 3, I think practitioners who are registered and have been practicing safely should be given ample time for the transition, and even a grant made available for any changes that must be made, or a</p>

	<p>move of premises should it be necessary. You have to understand that if someone opened a tattoo studio in 2003, and their LA or EHO haven't bothered to check on them, that might not be their fault for being none the wiser, and again is a failure on LA and EHO's part. So giving them a fair chance to make changes is the right thing to do.</p>
<b>172 - Baifang Zhu</b>	I agree.
<b>175 - Anonymous (tattooing)</b>	<p>11.2: I agree that no 'grandfather rights' should be granted. However, referring back to points I raised in Question 3, I think practitioners who are registered and have been practicing safely should be given ample time for the transition, and even a grant made available for any changes that must be made, or a move of premises should it be necessary. You have to understand that if someone opened a tattoo studio in 2003, and their LA or EHO haven't bothered to check on them, that might not be their fault for being none the wiser, and again is a failure on LA and EHO's part. So giving them a fair chance to make changes is the right thing to do.</p>
<b>179 - N Wales Health and Safety Expert Panel</b>	<p>Additional requirements should include:</p> <ul style="list-style-type: none"> <li>• Vehicle insurance (Business)</li> <li>• MOT Status</li> <li>• Photo of the vehicle</li> <li>• Mobile vehicles should also provide gas/electrical safety certificate depending on what they use.</li> <li>• Water on a mobile must be potable water.</li> <li>• No mention of cleaning water containers</li> <li>• No mention of drainage on mobiles</li> <li>• Do mobiles have to have a toilet? Or just access to one somewhere?</li> <li>• Photograph of premises.</li> <li>• The max number of special procedure practitioners should be stated.</li> <li>• Accurate plan</li> </ul> <p>Section 11.1 states that the person applying for the premises licence will be subject to approval criteria which must be met for the application to be approved and the premises will be subject to mandatory approval conditions once the approval certificate has been granted. This is misleading as the approval conditions must be met prior to the certificate being granted.</p>



	<p>Section 11.3 – This should read “This applies if someone operated from self-contained, OR purpose built accommodation ...” otherwise it will not apply to the majority of domestic settings where part of the property has been converted rather than purpose built.</p> <p>Sections 11.3 &amp; 11.4 – Consideration needs to be given to who should hold the premises approval certificate. It is understood that some authorities have premises which are owned / managed by community groups and these would not be appropriate to hold the premises approval certificate. Premises owners may not want the responsibility for the skin piercing activities or to pay for Level 2 training or DBS checks when they are simply renting a space and there is a likelihood that they may discontinue to rent out rooms in the future. There must be a system to nominate a legally recognized individual to be the certificate holder. This might be a practitioner rather than a premises owner / manager.</p> <p>Sections 11.3 and 11.4 should include ‘part of premises’ as this is how many beauty therapists offering microblading, ear piercing and electrolysis operated within hairdressing salons and beauty studio’s/centres.</p> <p>Section 11.13 - Documents that should also be supplied as part of the application should also include:</p> <ul style="list-style-type: none"> <li>• Photograph of premises.</li> <li>• The max number of special procedure practitioners should be stated.</li> </ul> <p>11.15 - An accurate plan is appropriate but the requirement to supply a ‘to scale’ plan is too onerous on a lot of businesses. The plan could be marked with sizes.</p> <p>If a Local Authority makes recommendations as to any additional works that must be completed, then these need to be carried out PRIOR to granting. This should include a revisit to ensure compliance and then grant the certificate.</p>
<p><b>183 - Hair and Beauty Industry Authority</b></p>	<p>In addition to the approval criteria set out, the regulated qualification of the practitioner and evidence of complaints and redress procedures should also be required</p>

	There is concern regarding completing treatments of this nature and working from a vehicle from a health, safety and hygiene point of view, could this still be maintained? There would need to be further measures put in place via local councils
<b>184 - Nursing and Midwifery Council</b>	We have no comment.
<b>198 - Isle of Angelsey County Council</b>	<p>Additional requirements should include:</p> <ul style="list-style-type: none"> <li>• Vehicle insurance (Business)</li> <li>• MOT Status</li> <li>• Photo of the vehicle</li> <li>• Mobile vehicles should also provide gas/electrical safety certificate depending on what they use.</li> <li>• Water on a mobile must be potable water.</li> <li>• No mention of cleaning water containers</li> <li>• No mention of drainage on mobiles</li> <li>• Do mobiles have to have a toilet? Or just access to one somewhere?</li> <li>• Photograph of premises.</li> <li>• The max number of special procedure practitioners should be stated.</li> <li>• Accurate plan</li> </ul> <p>Section 11.1 states that the person applying for the premises licence will be subject to approval criteria which must be met for the application to be approved and the premises will be subject to mandatory approval conditions once the approval certificate has been granted. This is misleading as the approval conditions must be met prior to the certificate being granted.</p> <p>Section 11.3 – This should read “This applies if someone operated from self-contained, OR purpose built accommodation ...” otherwise it will not apply to the majority of domestic settings where part of the property has been converted rather than purpose built.</p> <p>Sections 11.3 &amp; 11.4 – Consideration needs to be given to who should hold the premises approval certificate. We have several premises which are owned / managed by community groups (one with a board of 10 directors) and these would not be appropriate to hold the premises approval certificate. Premises owners may not want the responsibility for the skin piercing activities or to pay for Level 2 training or DBS checks when they are simply renting a space and there is a likelihood that they may</p>

	<p>discontinue to rent out rooms in the future. There must be a system to nominate a legally recognized individual to be the certificate holder. This might be a practitioner rather than a premises owner / manager.</p> <p>Sections 11.3 and 11.4 should include 'part of premises' as this is how many beauty therapists offering microblading, ear piercing and electrolysis operated within hairdressing salons and beauty studio's/centres.</p> <p>Section 11.13 - Documents that should also be supplied as part of the application should also include:</p> <ul style="list-style-type: none"> <li>• Photograph of premises.</li> <li>• The max number of special procedure practitioners should be stated.</li> </ul> <p>11.15 - An accurate plan is appropriate but the requirement to supply a 'to scale' plan is too onerous on a lot of businesses. The plan could be marked with sizes.</p> <p>If a Local Authority makes recommendations as to any additional works that must be completed, then these need to be carried out PRIOR to granting. This should include a revisit to ensure compliance and then grant the certificate.</p>
<p><b>200 - Anonymous (local authority)</b></p>	<p>PARTIALLY</p> <p>Additional:</p> <p>Vehicle insurance (Business)</p> <p>MOT Status</p> <p>Photo of the vehicle</p> <p>Plan</p> <p>Insurance</p>
<p><b>201 - All Wales Communicable Disease Expert Panel</b></p>	<p>PARTIALLY</p> <p>Additional:</p> <ul style="list-style-type: none"> <li>• Vehicle insurance (Business)</li> <li>• MOT Status</li> <li>• Photo of the vehicle</li> <li>• Mobile vehicles should also provide gas/electrical safety certificate depending on what they use.</li> </ul>

- Water on a mobile must be potable water.
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Section 11.1 states that the person applying for the premises license will be subject to approval criteria which must be met for the application to be approved

CDEP Consultation Response – 12 April 2023 – Special Procedures Page 19 of 31 and the premises will be subject to mandatory approval conditions once the approval certificate has been granted. This is misleading as the approval conditions must be met prior to the certificate being granted.

Section 11.3 & 11.4 – should include ‘part of premises’ as this is how most microbladers work i.e. within hairdressing salons and beauty studio’s. Premises owners do not want the responsibility for the skin piercing activities or would want to pay for Level 2 training or DBS checks, so are unlikely to continue to rent out rooms in the future. As a result availability of work space will become an issue for the microblading trade. This could be resolved by the operator who leases a room having the option to apply for the premises license, as well as the premises owner.

It is unclear who would be the apply for the Approval Certificate for the following businesses:

- Businesses owned by national/international companies (e.g., [brand name redacted], [brand name redacted], [brand name redacted])- would it be a named person within the Company or a named person working on that premises?
- Name of person carrying on the business- who would this be in the case of Limited companies or large National/International companies. Would it be the Limited Company or a named person within that Organisation, for example Company Secretary? As a Local Authority, it is unclear to us who we should be accepting applications from and issuing premises approval certificates to in these instances.

- There is no consistency in terms used within the consultation document to explain who the premises approval certificate will be issued to- “responsible person”, “person carrying on the business”, “person who is responsible” are all terms used. This is confusing and a clear definition is needed on who the premises approval certificate will be issued to, and a single term used. Local Authorities need to be clear in whom they are holding account when formal action is being considered.

If the applicant for these businesses would be someone who is based off site/ at head office, then it is questioned as to what would be the benefit of them having a Level 2 award in infection, prevention and control for special procedures qualification.

#### Public Liability Insurance

With regards to the proof of valid public liability insurance or similar insurance arrangements, this would need to specifically cover the undertaking of special procedures- these are sometimes not included in public liability insurance.

Please also see specific response to Question 5 for more information in relation to this.

#### Documentary Evidence:

- The proposed approval certificate includes a photograph of the premises. It is suggested that this be supplied as part of the documentary evidence (if agreed this is to be on the final approval certificate)
- The Applicant should also state the number of workstations within the premises on the application form
- An accurate plan is appropriate but the requirement to supply a ‘to scale’ plan may be too onerous on a lot of businesses and may be an additional hidden cost as part of the application process. Consideration should be given as to how to support the provision of this if it is included and guidance as to what would be acceptable.

Paragraph 11.1 states that the person applying for the premises licence will be subject to approval criteria which must be met for the application to be approved and the premises will be subject to

	<p>mandatory approval conditions once the approval certificate has been granted. This is misleading as the approval conditions must be met prior to the certificate being granted.</p> <p>Paragraphs 11.3 states that a person will need to apply for an approval certificate if they own, part own or have a business interest in a building structure etc which is being used to undertake procedures covered by this licensing scheme. This implies that landlords of buildings, who are unlikely to have any involvement in the business being required to register. At one LA consultation workshop, it was raised by Practitioners that many rent their properties and if landlords would be required to obtain an approval certificate, they would not renew the lease and the business would struggle to find alternative premises.</p>
<p><b>202 - Health and Safety Expert Panel</b></p>	<p>PARTIALLY</p> <p>HESP along with other expert panels indicate that the current list is relevant but also outline additions:</p> <ul style="list-style-type: none"> <li>• Vehicle insurance (Business)</li> <li>• MOT Status</li> <li>• Photo of the vehicle</li> <li>• Mobile vehicles should also provide gas/electrical safety certificate depending on what they use.</li> <li>• Water on a mobile must be potable water.</li> <li>• No mention of cleaning water containers</li> <li>• No mention of drainage on mobiles</li> <li>• Do mobiles have to have a toilet? Or just access to one somewhere?</li> <li>• Photograph of premises.</li> <li>• The max number of special procedure practitioners should be stated.</li> <li>• Accurate plan</li> </ul> <p>Section 11.1 states that the person applying for the premises license will be subject to approval criteria which must be met for the application to be approved and the premises will be subject to mandatory approval conditions once the approval certificate has been granted. This is misleading as the approval conditions must be met prior to the certificate being granted.</p>

Section 11.3 & 11.4 – should include ‘part of premises’ as this is how most microbladers work i.e. within hairdressing salons and beauty studio’s. Premises owners do not want the responsibility for the skin piercing activities or would want to pay for Level 2 training or DBS checks, so are unlikely to continue to rent out rooms in the future. As a result availability of work space will become an issue for the microblading trade. This could be resolved by the operator who leases a room having the option to apply for the premises license, as well as the premises owner.

It is unclear who would be the apply for the Approval Certificate for the following businesses:

- Businesses owned by national/international companies (e.g., [brand name redacted], [brand name redacted], [brand name redacted])- would it be a named person within the Company or a named person working on that premises?
- Name of person carrying on the business- who would this be in the case of Limited companies or large National/International companies. Would it be the Limited Company or a named person within that Organisation, for example Company Secretary? As a Local Authority, it is unclear to us who we should be accepting applications from and issuing premises approval certificates to in these instances.
- There is no consistency in terms used within the consultation document to explain who the premises approval certificate will be issued to- “responsible person”, “person carrying on the business”, “person who is responsible” are all terms used. This is confusing and a clear definition is needed on who the premises approval certificate will be issued to, and a single term used. Local Authorities need to be clear in whom they are holding account when formal action is being considered.

If the applicant for these businesses would be someone who is based off site/ at head office, then it is questioned as to what would be the benefit of them having a Level 2 award in infection, prevention and control for special procedures qualification.

#### Public Liability Insurance

With regards to the proof of valid public liability insurance or similar insurance arrangements, this would need to specifically cover the undertaking of special procedures- these are sometimes not included in public liability insurance.

	<p>Please also see specific response to Question 5 for more information in relation to this.</p> <p>Documentary Evidence:</p> <ul style="list-style-type: none"> <li>• The proposed approval certificate includes a photograph of the premises. It is suggested that this be supplied as part of the documentary evidence (if agreed this is to be on the final approval certificate)</li> <li>• The Applicant should also state the number of workstations within the premises on the application form</li> <li>• An accurate plan is appropriate but the requirement to supply a 'to scale' plan may be too onerous on a lot of businesses and may be an additional hidden cost as part of the application process. Consideration should be given as to how to support the provision of this if it is included and guidance as to what would be acceptable.</li> </ul> <p>Paragraph 11.1 states that the person applying for the premises licence will be subject to approval criteria which must be met for the application to be approved and the premises will be subject to mandatory approval conditions once the approval certificate has been granted. This is misleading as the approval conditions must be met prior to the certificate being granted.</p> <p>Paragraphs 11.3 states that a person will need to apply for an approval certificate if they own, part own or have a business interest in a building structure etc which is being used to undertake procedures covered by this licensing scheme. This implies that landlords of buildings, who are unlikely to have any involvement in the business being required to register. At one LA consultation workshop, it was raised by Practitioners that many rent their properties and if landlords would be required to obtain an approval certificate, they would not renew the lease and the business would struggle to find alternative premises.</p>
<b>211 - British Acupuncture Council</b>	No comment
<b>212 - Save Face</b>	N/A
<b>215 - Shared Regulatory Services</b>	<p>PARTIALLY</p> <p>SRS along with other LA's indicate that the current list is relevant but also outline additions:</p>



- Vehicle insurance (Business)
- MOT Status
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- Name of person carrying on the business- who would this be in the case of Limited companies or large National/International companies. Would it be the Limited Company or a named person within that Organisation, for example Company Secretary? As a Local Authority, it is unclear to us who we should be accepting applications from and issuing premises approval certificates to in these instances.
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If the applicant for these businesses would be someone who is based off site/ at head office, then it is questioned as to what would be the benefit of them having a Level 2 award in infection, prevention and control for special procedures qualification.

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With regards to the proof of valid public liability insurance or similar insurance arrangements, this would need to specifically cover the undertaking of special procedures- these are sometimes not included in public liability insurance.

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- The Applicant should also state the number of workstations within the premises on the application form
- An accurate plan is appropriate but the requirement to supply a ‘to scale’ plan may be too onerous on a lot of businesses and may be an additional hidden cost as part of the application process.

	<p>Consideration should be given as to how to support the provision of this if it is included and guidance as to what would be acceptable.</p> <p>Paragraph 11.1 states that the person applying for the premises licence will be subject to approval criteria which must be met for the application to be approved and the premises will be subject to mandatory approval conditions once the approval certificate has been granted. This is misleading as the approval conditions must be met prior to the certificate being granted.</p> <p>Paragraphs 11.3 states that a person will need to apply for an approval certificate if they own, part own or have a business interest in a building structure etc which is being used to undertake procedures covered by this licensing scheme. This implies that landlords of buildings, who are unlikely to have any involvement in the business being required to register. At one LA consultation workshop, it was raised by Practitioners that many rent their properties and if landlords would be required to obtain an approval certificate, they would not renew the lease and the business would struggle to find alternative premises.</p>
<b>219 - Ross Jarvis</b>	<p>11.2: I agree that no 'grandfather rights' should be granted. However, referring back to points I raised in Question 3, I think practitioners who are registered and have been practicing safely should be given ample time for the transition, and even a grant made available for any changes that must be made, or a move of premises should it be necessary. You have to understand that if someone opened a tattoo studio in 2003, and their LA or EHO haven't bothered to check on them, that might not be their fault for being none the wiser, and again is a failure on LA and EHO's part. So giving them a fair chance to make changes is the right thing to do.</p>
<b>220 - Tibetan and Eastern Medicine Association</b>	<p>No, we do not agree, the requirements are not proportionate or appropriate for a modern well maintained acupuncture clinic or mobile clinic run by a BAF member.</p>
<b>221 - Wrexham County Borough Council</b>	<p>Yes – Vehicle Insurance / Tax / MOT proof that the vehicle is road legal.</p>
<b>222 - Caerphilly County Borough Council</b>	<p>No. If the applicant is not a practitioner, why do they have to submit a Level 2 IP&amp;C training certificate. Why do you need this for a premises certificate application as this is provided for the personal licence. In relation to a vehicle consideration, the roadworthiness of the vehicle should consider valid MOT for vehicles, Motor Insurance and Road Tax. Why would you allow a vehicle out to conduct procedures which did not comply with other legal requirements.</p>

	<p>Where an individual has lived both outside and within the UK, these individuals will be required to provide both a DBS and a certificate of good conduct issued by the country where they previously resided. The application form will need to reflect these requirements.</p> <p>Other documents could also include:</p> <p>Landlord details  Vehicle make / model / reg no / vehicle insurance / VIN number / MOT certificate / photograph of vehicle  Pop up facilities such as a marquee/tent a full description of structure and facilities, plan or set up and photograph. Cleaning process, storage of contaminated / used equipment. Sterilization processes.</p>
<p><b>224 - Anonymous (piercer)</b></p>	<p>I do not agree with the idea that a vehicle can ever be safe or suitable as a premises for Tattooing, Piercing, etc.</p>
<p><b>226 - Environmental Health Wales</b></p>	<p>PARTIALLY</p> <p>CDEP, HSEP and LEP indicate that the current list is relevant but also outline additions:</p> <ul style="list-style-type: none"> <li>• Vehicle insurance (Business)</li> <li>• MOT Status</li> <li>• Photo of the vehicle</li> <li>• Mobile vehicles should also provide gas/electrical safety certificate depending on what they use.</li> <li>• Water on a mobile must be potable water.</li> <li>• No mention of cleaning water containers</li> <li>• No mention of drainage on mobiles</li> <li>• Do mobiles have to have a toilet? Or just access to one somewhere?</li> <li>• Photograph of premises.</li> <li>• The max number of special procedure practitioners should be stated.</li> <li>• Accurate plan</li> </ul> <p>Section 11.1 states that the person applying for the premises license will be subject to approval criteria which must be met for the application to be approved and the premises will be subject to mandatory</p>

approval conditions once the approval certificate has been granted. This is misleading as the approval conditions must be met prior to the certificate being granted.

Section 11.3 & 11.4 – should include ‘part of premises’ as this is how most microbladers work i.e. within hairdressing salons and beauty studio’s. Premises owners do not want the responsibility for the skin piercing activities or would want to pay for Level 2 training or DBS checks, so are unlikely to continue to rent out rooms in the future. As a result availability of work space will become an issue for the microblading trade. This could be resolved by the operator who leases a room having the option to apply for the premises license, as well as the premises owner.

It is unclear who would be the apply for the Approval Certificate for the following businesses:

- Businesses owned by national/international companies (e.g., [brand name redacted], [brand name redacted], [brand name redacted])- would it be a named person within the Company or a named person working on that premises?
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- There is no consistency in terms used within the consultation document to explain who the premises approval certificate will be issued to- “responsible person”, “person carrying on the business”, “person who is responsible” are all terms used. This is confusing and a clear definition is needed on who the premises approval certificate will be issued to, and a single term used. Local Authorities need to be clear in whom they are holding account when formal action is being considered.

If the applicant for these businesses would be someone who is based off site/ at head office, then it is questioned as to what would be the benefit of them having a Level 2 award in infection, prevention and control for special procedures qualification.

Public Liability Insurance

	<p>With regards to the proof of valid public liability insurance or similar insurance arrangements, this would need to specifically cover the undertaking of special procedures- these are sometimes not included in public liability insurance.</p> <p>Please also see specific response to Question 5 for more information in relation to this.</p> <p>Documentary Evidence:</p> <ul style="list-style-type: none"> <li>• The proposed approval certificate includes a photograph of the premises. It is suggested that this be supplied as part of the documentary evidence (if agreed this is to be on the final approval certificate)</li> <li>• The Applicant should also state the number of workstations within the premises on the application form</li> <li>• An accurate plan is appropriate but the requirement to supply a ‘to scale’ plan may be too onerous on a lot of businesses and may be an additional hidden cost as part of the application process. Consideration should be given as to how to support the provision of this if it is included and guidance as to what would be acceptable.</li> </ul> <p>Paragraph 11.1 states that the person applying for the premises licence will be subject to approval criteria which must be met for the application to be approved and the premises will be subject to mandatory approval conditions once the approval certificate has been granted. This is misleading as the approval conditions must be met prior to the certificate being granted.</p> <p>Paragraphs 11.3 states that a person will need to apply for an approval certificate if they own, part own or have a business interest in a building structure etc which is being used to undertake procedures covered by this licensing scheme. This implies that landlords of buildings, who are unlikely to have any involvement in the business being required to register. At one LA consultation workshop, it was raised by Practitioners that many rent their properties and if landlords would be required to obtain an approval certificate, they would not renew the lease and the business would struggle to find alternative premises.</p>
<p><b>231 - Anonymous (acupuncture)</b></p>	<p>Yes, I agree.</p>

<b>232 - Kat Webb</b>	<p>AGREE - but with regards to 11.10 - Section 69(8) allows Welsh Ministers to make... exempt... premises and/or a vehicle... For example, NHS or private 41 healthcare settings or vehicles which are regulated by Health Inspectorate Wales. – Again no premise or vehicle to be used for the purpose of carrying out a ‘special procedure’ should be exempt in the interest of creating this uniform level playing field and tighter regulations to help protect the public across Wales, the main point of this Health Act.</p> <p>If you are delivering a ‘special procedure’, operating a premise or vehicle for a ‘special procedure’ then you need to apply for the relevant licence, you can not make exemptions based on other regulatory bodies being involved as their criteria differs greatly.</p>
<b>233 - UKAPP</b>	<p>Yes. UKAPP presents no further comment on this as we are very content for this to move forward as is.</p>
<b>also</b>	<p>82 - Anonymous (piercer); 83 - Anonymous (piercer); 87 - Anonymous (piercer); 124 - Anonymous (piercer); 127 - Anonymous (piercer); 128 - Anonymous (piercer); 129 - Anonymous (piercer); 130 - Anonymous (piercer); 131 - Anonymous (piercer); 149 - Anonymous (piercer); 150 - Anonymous (piercer); 151 - Anonymous (piercer); 173 - Anonymous (piercer); 176 - Anonymous (piercer); 195 - Anonymous (piercer); 204 - Anonymous (piercer); 207 - Anonymous (piercer); 234 - Anonymous (piercer); 250 - Anonymous (piercer).</p>
<b>238/239 - Institute of Licensing</b>	<p>IoL supports the views from LEP that the current list is relevant but that the following should also be considered:</p> <ul style="list-style-type: none"> <li>• Vehicle insurance (Business)</li> <li>• MOT Status</li> <li>• Photo of the vehicle</li> <li>• Mobile vehicles should also provide gas/electrical safety certificate depending on what they use.</li> <li>• Water on a mobile must be potable water.</li> <li>• No mention of cleaning water containers</li> <li>• No mention of drainage on mobiles</li> <li>• Do mobiles have to have a toilet? Or just access to one somewhere?</li> <li>• Photograph of premises.</li> <li>• The max number of special procedure practitioners should be stated.</li> <li>• Accurate plan</li> </ul>

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If the applicant for these businesses would be someone who is based off site/ at head office, then it is questioned as to what would be the benefit of them having a Level 2 award in infection, prevention and control for special procedures qualification.



	<p>Public Liability Insurance</p> <p>With regards to the proof of valid public liability insurance or similar insurance arrangements, this would need to specifically cover the undertaking of special procedures- these are sometimes not included in public liability insurance.</p> <p>Please also see specific response to Question 5 for more information in relation to this.</p> <p>Documentary Evidence:</p> <ul style="list-style-type: none"> <li>• The proposed approval certificate includes a photograph of the premises. It is suggested that this be supplied as part of the documentary evidence (if agreed this is to be on the final approval certificate)</li> <li>• The Applicant should also state the number of workstations within the premises on the application form</li> <li>• An accurate plan is appropriate but the requirement to supply a 'to scale' plan may be too onerous on a lot of businesses and may be an additional hidden cost as part of the application process. Consideration should be given as to how to support the provision of this if it is included and guidance as to what would be acceptable.</li> </ul>
<p><b>241 - Anonymous (tattooing)</b></p>	<p>yes. though as an artist retired due to disability, who has not been in their own premises due to access issues. I find it discriminatory that I am required to be there for the inspections. this is the reason I have a studio manager in place. the addition of their manager or such in this case would help.</p>
<p><b>252 - Torfaen County Borough Council</b></p>	<p>Partially.</p> <p>Documents that should also be supplied as part of the application include:</p> <ul style="list-style-type: none"> <li>• Vehicle insurance (Business)</li> <li>• MOT status</li> <li>• Photo of the vehicle</li> <li>• Mobile vehicles should also provide gas/electrical safety certificate depending on what they use</li> <li>• Water on a mobile must be potable water</li> <li>• No mention of cleaning water containers</li> </ul>

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<p><b>254 - Swansea Council</b></p>	<p>Yes however, the following comments are made;</p> <p>D2 – relates to the Mandatory premises and vehicle approval conditions.</p>

Condition 2. Relates to the requirement to have a copy mandatory approval certificate and conditions relevant to the special procedures undertaken, available at all times to view by authorised officers of the local authority or any customer upon request.

See previous comments made under Question 1

Condition 17. Limits the numbers of person allowed in the rooms/areas where special procedures are performed to the client, practitioner, trainee or apprentice and where appropriate, the parent or legal guardian.

It is recognised that many people have tattoos for sentimental reasons and will require emotional support which this condition does not allow for. e.g., siblings having a tribute tattoo to a parent, a survivor of sexual abuse may wish a chaperone, a cancer survivor may wish to have a champion as support.

Condition 23. Relates to toilet facilities and a requirement for the dedicated wash hand basin to be fitted with non-hand-operated taps and include an adequate supply of running hot and cold or mixed water, liquid soap and paper towels stored in a wall-mounted dispenser. Hand washing instructions should be clearly displayed at every basin. This must be separate to the one provided for hand washing prior to performing a special procedure.

Toilet facilities can often be shared facilities within a multi occupied premises, over which the special procedures certificate holder has no control and the refitting of traditional taps to non-hand operated taps is not proportional.

Hand washing instructions instruct users to turn off taps with single use hand towels to avoid re-contamination of the hands and this is an accepted practice.

In addition, it is worth noting, that due to the location of many toilet facilities hands will often be considered as contaminated on return to the practice room after handling door handles and good practice has dictated that operators re-wash their hands on entry to the practice room/premises.

Condition 24 relates to the cleanliness and condition of toilet facilities.

Attention is drawn to the previous comments.

Condition 34 requires the wash hand basins in the approved premises to be fitted with fit for purpose non-hand operated taps. We are neutral on this proposal although our comments relating to the accepted practice for turning off taps as highlighted above remains and in addition, it has been observed that where long lever taps (elbow operated levers) have been installed, operators still use hands to operate the levers as opposed to elbows.

<b>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?</b>	
<b>'Yes' response</b>	3 - Guild of Beauty Therapists; 4 – Anonymous; 6 – Anonymous; 12 – Anonymous; 14 - Cheryl Drew; 15 - Anonymous (acupuncture); 18 – Anonymous; 19 - Kim Eldridge; 20 - Duncan Reed; 22 - Sally Hickenson; 23 – Anonymous; 27 Clares European Services; 33 - Carla Evans; 34 - James Ogle; 37 - Anonymous (local authority); 39 - Kate Doble; 40 - Anonymous (acupuncture); 47 - Anonymous; 54 - Lola Slider; 55 - Aiden Johnson; 66 - Gareth Davies; 69 - Anonymous (acupuncture); 74 - Anonymous (SPM); 78 - Anonymous (acupuncture); 80 - Anonymous (tattooing); 84 - Anonymous; 91 - British Beauty Council; 93 - Royal College of Midwives; 104 - Anonymous (acupuncture); 109 - Warren Tregidden; 116 – Anonymous; 125 - Becky Crossan; 144 - Anonymous (piercer); 145 - Anonymous (tattooing); 146 - Ming Chu Lok; 163 - Anonymous (tattooing); 209 - Anonymous (acupuncture); 212 - Save Face; 221 - Wrexham County Borough Council; 227 - Anonymous; 229 - Anonymous (tattooing); 230 - Anonymous (charitable organisation); 254 - Swansea Council.
<b>'No' response</b>	8 – Anonymous; 81 - Gemma Kingston.
<b>Left blank</b>	2 - Anonymous; 5 - Anonymous (acupuncture); 9 - Anonymous; 10 - Anonymous; 11 - Katie; 24 - Anonymous; 25 - David Carlisle; 28 – Anonymous; 29 - Shan MacVicar; 30 – Anonymous; 41 - Anonymous (acupuncture); 59 - Josh Cranton; 62 - Anonymous; 73 - Clare Robinson-Campbell; 89 - Rachel Bowen; 100 - Anonymous; 113 - Superdrug Ltd; 121 - National AIDS Trust; 143 - Claire's Accessories; 164 - Anonymous (tattooing); 166 - Claire Pritchard; 167 - Anonymous (manufacturer); 186 - Anonymous (acupuncture); 189 - Baidong Li; 216 - Age Cymru; 217 - Anonymous (acupuncture).
<b>'Agree'</b>	51 - Alison Williams; 57 - Tamarind Dykes; 67 - Anonymous (acupuncture); 68 - Anonymous (acupuncture); 70 - Anonymous (acupuncture); 72 - Anonymous (acupuncture); 101 - Anonymous (acupuncture); 102 - Dr Di Wu; 108 - Anonymous (acupuncture); 110 - Anonymous (acupuncture); 114 - Anonymous (acupuncture); 115 - Jing Wang; 118 - Ann Charlton; 134 - Anonymous (acupuncture); 135 - Anonymous (tattooing); 137 - Lingxia Gao; 138/(139) - Wang Chen; 141 - Na Yang; 142 - Anonymous (acupuncture); 153 - Zhimin Ma; 154 - Anonymous (acupuncture); 155 - Anonymous (acupuncture); 156 - Cui Hong Duan; 157 - Anonymous (acupuncture); 158 - Anonymous (acupuncture); 160 - Anonymous (acupuncture); 161 - Anonymous (acupuncture); 162 - Anonymous (acupuncture); 165 - Qikan Yin; 170 - Yuancai Fu; 171 - Yan Jing Wang; 174 - Phoebe Deng; 177/206 - Anonymous (acupuncture); 178 - Minan Yao; 188 - Anonymous (acupuncture); 190 - Anonymous (acupuncture); 191 - Anonymous

	(acupuncture); 193 - Dr Jianrui Wang; 194 - Jian Wang; 196 - Anonymous (acupuncture); 197 - Anonymous (acupuncture); 203 - Anonymous (acupuncture); 205 - Lulu Dai; 208 - Zheng Yuan Zhong; 210 - Li Yan; 213 - Min Li; 223/140 - Xianghui Guo; 225 - Jun Wen Ma; 235 - Anonymous (acupuncture); 236 - Jing Ding; 237 – Pinyi; 240 - Shu Li Lu; 242 - Anonymous (acupuncture); 243 - Anonymous (acupuncture); 244 - Anonymous (acupuncture); 245 - Anonymous (acupuncture); 246 - Ke Xia Xu; 247 - Anonymous (acupuncture); 248 - Anonymous (acupuncture); 249 - Association of Traditional Chinese Medicine.
<b>1/35 – Anonymous (acupuncture)</b>	No. If the individual is already competent to provide other treatments in their own premises and are training to add a skill there should be provision for the application to be made during the training process.
<b>16 - Sarah Swaysland</b>	Yes – agreed.
<b>17 - Anonymous</b>	Yesyes
<b>21 - Anonymous</b>	Not until they are fully qualified
<b>26 - Joint Council of Cosmetic Practitioners</b>	Practitioners should make person al application on a practitioner by Practitioners (nontransferable) basis. Premises owners must also provide evidence of their support and commitment to the application and agree to abide by the conditions of the license.
<b>31 - Chartered Institute of Environmental Health</b>	Yes. These individuals are trainees and should therefore be operating under the control of another person. If they hold a premises or vehicle approval certificate or are listed as the person in charge of a premises the could potentially abuse that position and operate outside the control of the trained person or in extreme circumstances remove the trained person. For this reason only persons holding full licenses should be allowed to apply for premises or vehicle approval certificates or be nominated as persons in charge of premises.
<b>32 - Anonymous (tattooing)</b>	Yes but should be full licence.
<b>36 - Kelly Griffiths</b>	y
<b>38 - Rachel Edney</b>	No. A trainee can be capable of understanding and implementing the requirements for a premises application.
<b>42 - Paul Battersby</b>	Yes, I fully agree.
<b>also</b>	44 - Roy Montgomery; 45 - Anonymous (acupuncture); 46 - Alison Smith; 50 - Anonymous (acupuncture); 52 - Anonymous (acupuncture); 58 - Kate van Rensburg; 60 - Laura Gibbons; 63 - Christine Hutchinson;

	64 - Anonymous (acupuncture); 65 - Anonymous (acupuncture); 75 - Madeline Boots; 86 - Suzanne Gregson; 88 - Anonymous (acupuncture); 99 - Janis Short; 105 - Daniel Curran.
<b>43 - Acupuncture Association of Chartered Physiotherapists</b>	Yes, we fully agree.
<b>48 - Kat Hennes</b>	Yes, this is a sensible provision.
<b>49 - Di-enw</b>	Dylid fo'r cyfrifoldeb ar berchennog y busnes yn hytrach na pherchennog yr eiddo am drwydded eiddo. Derbyn y bydd potensial am nifer o drwyddedau eiddo ar gyfer yr un adeilad drwy neud hyn.
<b>53 - Oliver Todd</b>	Yes as this will stop untrained partitioners from opening a premises.
<b>56 - British Medical Acupuncture Society</b>	YES, though we don't actually recommend proceeding with trainee status
<b>61 - Anonymous (acupuncture)</b>	I do not understand this question
<b>77 - Mari McAndrew</b>	Agree, however, further clarification / guidance needed as to when / how a holder of a trainee licence is deemed to be competent to apply for full licence?
<b>79 - Rhian Mansfield</b>	Yes, this is fantastic idea also
<b>85 - F Hinds Ltd</b>	We currently have one store operating with a 'responsible person' registration in England. This is a unique situation and does not seem to serve any relevant purpose: it would make more sense if the company was named, similar to the licenses previously issued in the 1980/1990's (in our case, the 'responsible person' is required to be the premises Manager who does not actually pierce). Personnel can change numerous times over the course of a year whereas a legal entity such as the company, will remain consistent.
<b>90 - Blaenau Gwent County Borough Council</b>	Yes, we agree with this proposal
<b>92 - Anonymous (acupuncture)</b>	We think training providers should have exemptions in place that separates them from clinicians working with the general public, however they do sign up to a declaration to follow standards.



<b>94 - National Hair and Beauty Federation</b>	Yes, this would seem like a sensible approach. Supervision criteria should be clear with no loopholes. Provision should be available to permit procedure competency evidence and career progression. (Qualification unit by unit achievement available, as full qualification achievement can take up to two years or more).
<b>95 - Beauty Industry Group - Licensing</b>	Yes, supervision criteria should be clear with no loopholes. Provision should be available to permit procedure competency evidence and career progression. (Qualification unit by unit achievement available, as full qualification achievement can take up to two years plus)
<b>96 - Beauty Industry Group Chair</b>	Yes, supervision criteria should be clear with no loopholes. Provision should be available to permit procedure competency evidence and career progression. (Qualification unit by unit achievement available, as full qualification achievement can take up to two years plus)
<b>98 - Inc and Co</b>	Yes, though I also firmly believe that an SPL holder should be required to hold a license for a set amount of time before being permitted to apply for a premises license in their own right.
<b>103 - Anonymous (acupuncture)</b>	I don't agree.  There are people who for example already do massage treatments from their own premises but are now looking to qualify to do acupuncture - they should be able to register their own premises as suitable for special procedures.
<b>106 - Anonymous (acupuncture)</b>	Agree but with the caveat noted above about students in the P2P phase of practice. This would create potentially long delays for anyone who wanted to qualify and practice from home by leaving an unpredictable gap post-qualification. There should be an addendum which allows someone to commence an application in advance of final qualification subject to penalties if they practise in the premises prior to the end of their training
<b>107 - BABTAC</b>	Yes, supervision criteria should be clear with no loopholes. Provision should be available to permit procedure competency evidence and career progression. (Qualification unit by unit achievement available, as full qualification achievement can take up to two years plus)
<b>111 - Anonymous (tattooing)</b>	Yes – only those with full licenses should be able to have that authority.
<b>112 - British Acupuncture Federation</b>	In terms of acupuncture, all trainees/students would be working under supervision and as such would not be in a position to work independently. They are covered by student insurance. There would be no need for them to apply for a license.

<b>117 - Marnie Williams</b>	Yes. We consider this a key part of the licensing which will prevent practitioners coming away from unregulated courses and practising without demonstrating competence. UKAPP feel strongly that this provision should remain.
<b>120 - Anonymous (acupuncture)</b>	Nominated
<b>122 - Anonymous</b>	Yes this seems sensible, There should be a requirement to be supervised during the training period
<b>123 - Anonymous (piercer)</b>	Yes. We consider this a key part of the licensing which will prevent practitioners coming away from unregulated courses and practising without demonstrating competence. UKAPP feel strongly that this provision should remain.
<b>126 - Rhondda Cynon Taff County Borough Council</b>	Yes. Trainees should not be able to apply for premises/vehicle approval certificates.
<b>132 - Anonymous (piercer)</b>	Yes. We consider this a key part of the licensing which will prevent practitioners coming away from unregulated courses and practising without demonstrating competence. UKAPP feel strongly that this provision should remain.
<b>133 - Anonymous (local authority)</b>	YES.  Until they themselves are fully licensed they cannot be responsible for a premises, or others.
<b>136 - Denbighshire County Council</b>	Agree, however, further clarification / guidance needed as to when / how a holder of a trainee licence is deemed to be competent to apply for full licence?
<b>152 - Anonymous (tattooing)</b>	Yea
<b>159 - H Wong</b>	no comment
<b>168 - Anonymous (tattooing)</b>	Yes definetly
<b>169 - Anonymous (tattooing)</b>	Yes. However, is there a case to be made for appealing this? Is there a minimum amount of time someone must be a trainee? I propose a minimum of 3 years. Is there a limit to how long a mentor can keep a trainee as just a trainee? It's rare but what would happen in the case of a business owner with a full license refusing to 'sign off' on their trainee that is fully competent just to prevent them leaving or pursuing better opportunities or becoming business competitors.
<b>172 - Baifang Zhu</b>	I agree.

<b>175 - Anonymous (tattooing)</b>	Yes but is there a minimum amount of time someone must be a trainee? I propose a minimum of 3 years. Is there a limit to how long a mentor can keep a trainee as just a trainee? It's rare but what would happen in the case of a business owner with a full license refusing to 'sign off' on their trainee that is fully competent just to prevent them leaving or pursuing better opportunities or becoming business competitors.
<b>179 - N Wales Health and Safety Expert Panel</b>	Yes - however, further clarification / guidance needed as to when / how a holder of a trainee licence is deemed to be competent to apply for full licence?
<b>183 - Hair and Beauty Industry Authority</b>	Yes, supervision criteria should be clear with no loopholes. Provision should be available to permit procedure competency evidence and career progression. (Qualification unit by unit achievement available, as full qualification achievement can take up to two years plus)
<b>184 - Nursing and Midwifery Council</b>	We have no comments.
<b>192 - British Register of Complementary Practitioners</b>	Agreed
<b>198 - Isle of Angelsey County Council</b>	Yes - however, further clarification / guidance needed as to when / how a holder of a trainee licence is deemed to be competent to apply for full licence?
<b>200 - Anonymous (local authority)</b>	YES. They cannot be responsible for a premises, or others, until they themselves are fully licensed.
<b>201 - All Wales Communicable Disease Expert Panel</b>	YES. They cannot be responsible for a premises, or others, until they themselves are fully licensed.
<b>202 - Health and Safety Expert Panel</b>	The HSEP agree, however further clarification needed as to when trainee is deemed competent.
<b>211 - British Acupuncture Council</b>	No. Under the consultation proposal this would be unfair. A person undertaking a three-year degree level course accredited by BAAB, so that they are qualified to join the BAcC, would not be able to obtain a licence until they had completed their programme of study. Some BAAB accredited courses allow

	students to start practice whilst remaining under supervision. However, an individual who had completed a 24-day course could be considered 'qualified' and able to obtain a licence.
<b>215 - Shared Regulatory Services</b>	SRS agree, however further clarification needed as to when trainee is deemed competent.
<b>219 - Ross Jarvis</b>	Yes. However, is there a case to be made for appealing this? Is there a minimum amount of time someone must be a trainee? I propose a minimum of 3 years. Is there a limit to how long a mentor can keep a trainee as just a trainee? It's rare but what would happen in the case of a business owner with a full license refusing to 'sign off' on their trainee that is fully competent just to prevent them leaving or pursuing better opportunities or becoming business competitors.
<b>220 - Tibetan and Eastern Medicine Association</b>	In terms of acupuncture, all trainees/students would be working under supervision and as such would not be in a position to work independently. They are covered by student insurance. There would be no need for them to apply for a license.
<b>222 - Caerphilly County Borough Council</b>	Yes, in principle, however, it is possible that the trainee may be the owner of the premises and currently or wishes to sublet rooms to licensed practitioners on a self-employed basis.  What is to prohibit a person who has already applied for and been granted a premises approval from becoming a trainee afterwards. Would this approval need to be revoked?
<b>224 - Anonymous (piercer)</b>	Yes. We consider this a key part of the licensing which will prevent practitioners coming away from unregulated courses and practising without demonstrating competence. UKAPP feel strongly that this provision should remain.
<b>226 - Environmental Health Wales</b>	YES. CDEP, HSEP and LEP agree they cannot be responsible for a premises, or others, until they themselves are fully licensed. However further clarification is sought as to when a trainee is deemed competent.
<b>231 - Anonymous (acupuncture)</b>	Yes, I agree.
<b>232 - Kat Webb</b>	AGREE – This will hopefully further aid in the restriction of untrained people opening a premise and working on the public without completing the necessary training or supervisory stage needed to practise the 'special procedure' in a safe manner.
<b>233 - UKAPP</b>	Yes. We consider this a key part of the licensing which will prevent practitioners coming away from unregulated courses and practising without demonstrating competence. UKAPP feel strongly that this provision should remain.

<b>also</b>	82 - Anonymous (piercer); 83 - Anonymous (piercer); 87 - Anonymous (piercer); 124 - Anonymous (piercer); 127 - Anonymous (piercer); 128 - Anonymous (piercer); 129 - Anonymous (piercer); 130 - Anonymous (piercer); 131 - Anonymous (piercer); 149 - Anonymous (piercer); 150 - Anonymous (piercer); 151 - Anonymous (piercer); 173 - Anonymous (piercer); 176 - Anonymous (piercer); 195 - Anonymous (piercer); 204 - Anonymous (piercer); 207 - Anonymous (piercer); 234 - Anonymous (piercer); 250 - Anonymous (piercer).
<b>238/239 - Institute of Licensing</b>	YES. Trainee practitioners should not be permitted to hold premises or vehicle approval certificates or be nominated in charge of a premises or vehicle.
<b>241 - Anonymous (tattooing)</b>	yes, they are unqualified/ inexperienced enough.
<b>252 - Torfaen County Borough Council</b>	Yes. TCBC agree they cannot be responsible for a premises, or others, until they themselves are fully licensed. However, further clarification is sought as to when a trainee is deemed competent.

**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?**

<b>‘Yes’ response</b>	3 - Guild of Beauty Therapists; 4 – Anonymous; 6 – Anonymous; 12 – Anonymous; 14 - Cheryl Drew; 18 - Anonymous; 19 - Kim Eldridge; 22 - Sally Hickenson; 23 - Anonymous; 27- Clares European Services; 31 - Chartered Institute of Environmental Health; 32 - Anonymous (tattooing); 39 - Kate Doble; 47 - Anonymous; 53 - Oliver Todd; 55 - Aiden Johnson; 56 - British Medical Acupuncture Society; 61 - Anonymous (acupuncture); 66 - Gareth Davies; 69 - Anonymous (acupuncture); 74 - Anonymous (SPM); 78 - Anonymous (acupuncture); 79 - Rhian Mansfield; 80 - Anonymous (tattooing); 81 - Gemma Kingston; 84 – Anonymous; 91 - British Beauty Council; 92 - Anonymous (acupuncture); 93 - Royal College of Midwives; 95 - Beauty Industry Group – Licensing; 96 - Beauty Industry Group Chair; 98 - Inc and Co; 104 - Anonymous (acupuncture); 107 – BABTAC; 109 - Warren Tregidden; 111 - Anonymous (tattooing); 112 - British Acupuncture Federation; 116 - Anonymous; 120 - Anonymous (acupuncture); 122 – Anonymous; 125 - Becky Crossan; 126 - Rhondda Cynon Taff County Borough Council; 144 - Anonymous (piercer); 146 - Ming Chu Lok; 152 - Anonymous (tattooing); 163 - Anonymous (tattooing); 168 - Anonymous (tattooing); 183 - Hair and Beauty Industry Authority; 209 - Anonymous (acupuncture); 212 - Save Face; 220 - Tibetan and Eastern Medicine Association; 227 - Anonymous; 230 - Anonymous (charitable organisation); 254 - Swansea Council.
<b>‘No’ response</b>	17 - Anonymous.
<b>Left blank</b>	1/35 - Anonymous (acupuncture); 2 – Anonymous; 5 - Anonymous (acupuncture); 8 – Anonymous; 9 - Anonymous; 10 - Anonymous; 11 - Katie; 24 - Anonymous; 25 - David Carlisle; 28 - Anonymous; 29 - Shan MacVicar; 30 – Anonymous; 38 - Rachel Edney; 41 - Anonymous (acupuncture); 59 - Josh Cranton; 62 – Anonymous; 73 - Clare Robinson-Campbell; 85 - F Hinds Ltd; 89 - Rachel Bowen; 100 - Anonymous; 113 - Superdrug Ltd; 121 - National AIDS Trust; 143 - Claire’s Accessories; 166 - Claire Pritchard; 167 - Anonymous (manufacturer); 186 - Anonymous (acupuncture); 189 - Baidong Li; 216 - Age Cymru; 217 - Anonymous (acupuncture).
<b>‘Agree’</b>	15 - Anonymous (acupuncture); 51 - Alison Williams; 57 - Tamarind Dykes; 67 - Anonymous (acupuncture); 68 - Anonymous (acupuncture); 70 - Anonymous (acupuncture); 72 - Anonymous (acupuncture); 77 - Mari Macandrew; 101 - Anonymous (acupuncture); 102 - Dr Di Wu; 108 - Anonymous (acupuncture); 110 - Anonymous (acupuncture); 114 - Anonymous (acupuncture); 115 - Jing Wang; 118 - Ann Charlton; 134 - Anonymous (acupuncture); 135 - Anonymous (tattooing); 136 - Denbighshire County

	Council; 137 - Lingxia Gao; 138/(139) - Wang Chen; 141 - Na Yang; 142 - Anonymous (acupuncture); 153 - Zhimin Ma; 154 - Anonymous (acupuncture); 155 - Anonymous (acupuncture); 156 - Cui Hong Duan; 157 - Anonymous (acupuncture); 158 - Anonymous (acupuncture); 160 - Anonymous (acupuncture); 161 - Anonymous (acupuncture); 162 - Anonymous (acupuncture); 165 - Qikan Yin; 170 - Yuancai Fu; 171 - Yan Jing Wang; 174 - Phoebe Deng; 178 - Minan Yao; 188 - Anonymous (acupuncture); 190 - Anonymous (acupuncture); 191 - Anonymous (acupuncture); 193 - Dr Jianrui Wang; 194 - Jian Wang; 196 - Anonymous (acupuncture); 197 - Anonymous (acupuncture); 203 - Anonymous (acupuncture); 205 - Lulu Dai; 206/177 - Anonymous (acupuncture); 208 - Zheng Yuan Zhong; 210 - Li Yan; 213 - Min Li; 223/140 - Xianghui Guo; 225 - Jun Wen Ma; 232 - Kat Webb; 235 - Anonymous (acupuncture); 236 - Jing Ding; 237 - Pinyi; 240 - Shu Li Lu; 242 - Anonymous (acupuncture); 243 - Anonymous (acupuncture); 244 - Anonymous (acupuncture); 245 - Anonymous (acupuncture); 246 - Ke Xia Xu; 247 - Anonymous (acupuncture); 248 - Anonymous (acupuncture); 249 - Association of Traditional Chinese Medicine.
<b>16 - Sarah Swaysland</b>	Assuming the first step of an appeal would be to Licensing Committee, with escalation through the court system thereafter?
<b>20 - Duncan Reed</b>	Yes but possible vehicles will need to meet additional standards to ensure safety. Also, some rules on where they can work from might be good (e.g. we pay business rates so why would a vehicle be exempt?)
<b>21 - Anonymous</b>	Yes, but I don't think it should have to go as far as court proceedings
<b>26 - Joint Council of Cosmetic Practitioners</b>	Agreed
<b>33 - Carla Evans</b>	yes totally agree
<b>34 - James Ogle</b>	No. Allow for a period where the premises can change its procedures and be reassessed before going to the magistrates court!
<b>36 - Kelly Griffiths</b>	y
<b>37 – Anonymous (local authority)</b>	Further clarification on the licensing process overall is required.  If a Local Authority makes recommendations as to any additional works that must be completed then these need to be carried out PRIOR to granting. This should include a revisit to ensure compliance and then grant the certificate.

	We are also assuming that the appeal process has gone through the local authority licensing procedure which may differ from Local Authority to Local Authority.
<b>40 – Anonymous (acupuncture)</b>	Presumably if there is a refusal of an application which sets out the reasons for that, the applicant also has the right to address those issues and re-apply as well as the right of appeal?
<b>42 - Paul Battersby</b>	Yes, I fully agree.
<b>also</b>	44 - Roy Montgomery; 45 – Anonymous; 46 - Alison Smith; 50 - Anonymous (acupuncture); 52 – Anonymous; 58 – Kate van Rensburg; 60 – Laura Gibbons; 63 – Christine Hutchinson; 64 – Anonymous; 65 - Anonymous (acupuncture); 75 - Madeline Boots; 86 - Suzanne Gregson; 88 - Anonymous (acupuncture); 99 - Janis Short; 105 - Daniel Curran.
<b>43 - Acupuncture Association of Chartered Physiotherapists</b>	Yes, we fully agree.
<b>48 - Kat Hennes</b>	I agree.
<b>49 - Di-enw</b>	Cytuno
<b>54 - Lola Slider</b>	No, why do they have to appeal in court? Why can't they be given an opportunity to make the changes required to bring themselves into compliance if they have been refused? This seems like a massive waste of court time.
<b>90 - Blaenau Gwent County Borough Council</b>	Yes, we agree, however would like to make the following comments:  To ensure consistency and to reduce the likelihood of an appeal being considered necessary by the applicant, there should be guidance produced to Local Authority Officers and training provided on what would deem suitable reasons for refusal of a premises / vehicle licence. For example, inadequate hand washing facilities would be suitable, but a broken floor tile would not.  Training and clear standards for Licensing Committee and Legal Departments will also be required for this, as this will be a completely new work sector that they may not be familiar with.
<b>94 - National Hair and Beauty Federation</b>	Following COVID some beauty business have continued to operate a hybrid model, offering both in salon and home visits, having to apply for a premises and a separate vehicle license should be as simple as possible and not restrictive.



	Any appeals process should be as simple and straightforward as possible.
<b>103 - Anonymous (acupuncture)</b>	no response.
<b>106 - Anonymous (acupuncture)</b>	Broadly agree
<b>117 - Marnie Williams</b>	<p>I would agree with the UKAPP statement on this point - where the "UKAPP feel that this could potentially hinder legitimate businesses where mistakes have been made.</p> <p>Before resorting to the courts, the practitioner should have the right for someone to look over their application again independently of the first team to see whether anything has been overlooked.</p> <p>Once more, this would be a circumstance where UKAPP could happily consult, if issues of competence arose. It is worth noting that best practice in the body piercing world changes quite regularly, and will likely change more regularly than the licensing rules are able to be adopted via the processes set out in paragraph 4.13. We would be loath to see someone be denied a licence due to working ahead of the current regulations."</p>
<b>123 - Anonymous (piercer)</b>	<p>I would agree with the UKAPP statement on this point - where the "UKAPP feel that this could potentially hinder legitimate businesses where mistakes have been made.</p> <p>Before resorting to the courts, the practitioner should have the right for someone to look over their application again independently of the first team to see whether anything has been overlooked.</p> <p>Once more, this would be a circumstance where UKAPP could happily consult, if issues of competence arose. It is worth noting that best practice in the body piercing world changes quite regularly, and will likely change more regularly than the licensing rules are able to be adopted via the processes set out in paragraph 4.13. We would be loath to see someone be denied a licence due to working ahead of the current regulations.</p>
<b>132 - Anonymous (piercer)</b>	<p>UKAPP feel that this could potentially hinder legitimate businesses where mistakes have been made. Before resorting to the courts, the practitioner should have the right for someone to look over their application again independently of the first team to see whether anything has been overlooked. Once more, this would be a circumstance where UKAPP could happily consult, if issues of competence arose. It is worth noting that best practice in the body piercing world changes quite regularly, and will likely</p>

	change more regularly than the licensing rules are able to be adopted via the processes set out in paragraph 4.13. We would be loath to see someone be denied a licence due to working ahead of the current regulations.
<b>133 - Anonymous (local authority)</b>	YES. However not all LAs are currently using a Licensing based approach.
<b>145 - Anonymous (tattooing)</b>	This could potentially hinder legitimate businesses where mistakes have been made.  Before resorting to the courts, the practitioner should have the right for someone to look over their application again independently of the first team to see whether anything has been overlooked.
<b>159 - H Wong</b>	no comment
<b>164 - Anonymous (tattooing)</b>	I query as to if there is any appeal stage before that of court systems. Does this allow for changes to be made or if a refusal is made because changes are required, does that refusal then automatically effect the reapplication and thus requires it being taken into the court system. This to me seems like quite a quick and harsh jump for an appeals process.
<b>169 - Anonymous (tattooing)</b>	Yes, I think we should be told what prevented the license being granted, given a time frame to fix this (not practicing unlicensed in the meantime of course) and a chance to reapply rather than appeal.  I think if after reapplication the license is still not granted, then we should get the chance to appeal or contest this in court.
<b>172 - Baifang Zhu</b>	I agree.
<b>175 - Anonymous (tattooing)</b>	Yes, I think we should be told what prevented the license being granted, given a time frame to fix this (not practicing unlicensed in the meantime of course) and a chance to reapply rather than appeal.  I think if after reapplication the license is still not granted, then we should get the chance to appeal or contest this in court.
<b>179 - N Wales Health and Safety Expert Panel</b>	Further clarification on the licensing process overall is required.  It is assumed that any proposal to refuse the application will be heard initially by the licensing committee before appeal to the Magistrates, however this is not clear.  It would be useful to both practitioners and enforcement officers to have a flow chart of the process.

<b>184 - Nursing and Midwifery Council</b>	We have no comments
<b>192 - British Register of Complementary Practitioners</b>	Agreed – it appears fair
<b>198 - Isle of Anglesey County Council</b>	<p>Further clarification on the licensing process overall is required.</p> <p>It is assumed that any proposal to refuse the application will be heard initially by the licensing committee before appeal to the Magistrates, however this is not clear.</p> <p>It would be useful to both practitioners and enforcement officers to have a flow chart of the process.</p>
<b>200 - Anonymous (local authority)</b>	YES. Though as not all LAs use a Licensing committee based process currently, the impact of Licensing in these LA's is much greater and the RIA doesn't adequately account for this.
<b>201 - All-Wales Communicable Disease Expert Panel</b>	<p>YES. Though as not all LAs use a Licensing committee based process currently, the impact of Licensing here is much greater and the RIA doesn't adequately account for this.</p> <p>Further clarification on the licensing process overall is required.</p> <p>If a Local Authority makes recommendations as to any additional works that must be completed then these need to be carried out PRIOR to granting. This should include a revisit to ensure compliance and then grant the certificate.</p> <p>We are also assuming that the appeal process has gone through the local authority licensing procedure which may differ from Local Authority to Local Authority.</p> <p>To ensure consistency and to reduce the likelihood of an appeal being considered necessary by the applicant, there should be guidance produced to Local Authority Officers and training provided on what would deem suitable reasons for refusal of a premises / vehicle licence. For example, inadequate hand washing facilities would be suitable, but a broken floor tile would not.</p>

	<p>Training and clear standards for Licensing Committee and Legal Departments will also be required for this, as this will be a completely new work sector that they may not be familiar with.</p> <p>In instances of revoking/suspending licences, clarification would be needed on which Local Authority would do this if the practitioner works in premises based in locations other than the LA where they are originally licenced</p>
<b>202 - Health and Safety Expert Panel</b>	The HSEP generally agree, however, to ensure consistency there needs to be adequate training provided.
<b>211 - British Acupuncture Council</b>	As set out in Qu 1 we have concerns that the current proposals are insufficiently flexible to deal with fitness to practice issues.
<b>215 - Shared Regulatory Services</b>	SRS generally agree, however, to ensure consistency there needs to be adequate training provided.
<b>219 - Ross Jarvis</b>	<p>Yes, I think we should be told what prevented the license being granted, given a time frame to fix this (not practicing unlicensed in the meantime of course) and a chance to reapply rather than appeal.</p> <p>I think if after reapplication the license is still not granted, then we should get the chance to appeal or contest this in court.</p>
<b>221 - Wrexham County Borough Council</b>	Yes – but would need to consider the time it would take to go through the courts.
<b>222 - Caerphilly County Borough Council</b>	Yes – look forward to Regulations.
<b>224 - Anonymous (piercer)</b>	<p>would agree with the UKAPP statement on this point - where the "UKAPP feel that this could potentially hinder legitimate businesses where mistakes have been made.</p> <p>Before resorting to the courts, the practitioner should have the right for someone to look over their application again independently of the first team to see whether anything has been overlooked.</p> <p>Once more, this would be a circumstance where UKAPP could happily consult, if issues of competence arose. It is worth noting that best practice in the body piercing world changes quite regularly, and will</p>

	likely change more regularly than the licensing rules are able to be adopted via the processes set out in paragraph 4.13. We would be loath to see someone be denied a licence due to working ahead of the current regulations."
<b>226 - Environmental Health Wales</b>	<p>YES. Though as not all LAs use a Licensing committee based process currently, the impact of Licensing here is much greater and the RIA doesn't adequately account for this.</p> <p>Further clarification on the licensing process overall is required.</p> <p>If a Local Authority makes recommendations as to any additional works that must be completed then these need to be carried out PRIOR to granting. This should include a revisit to ensure compliance and then grant the certificate.</p> <p>We are also assuming that the appeal process has gone through the local authority licensing procedure which may differ from Local Authority to Local Authority.</p> <p>To ensure consistency and to reduce the likelihood of an appeal being considered necessary by the applicant, there should be guidance produced to Local Authority Officers and training provided on what would deem suitable reasons for refusal of a premises / vehicle licence. For example, inadequate hand washing facilities would be suitable, but a broken floor tile would not.</p> <p>Training and clear standards for Licensing Committee and Legal Departments will also be required for this, as this will be a completely new work sector that they may not be familiar with.</p> <p>In instances of revoking/suspending licences, clarification would be needed on which Local Authority would do this if the practitioner works in premises based in locations other than the LA where they are originally licenced</p>
<b>229 - Anonymous (tattooing)</b>	Yes, but needs constant supervision against biased practices.
<b>231 - Anonymous (acupuncture)</b>	Yes. I agree.
<b>233 - UKAPP</b>	UKAPP feel that this could potentially hinder legitimate businesses where mistakes have been made.

	<p>Before resorting to the courts, the practitioner should have the right for someone to look over their application again independently of the first team to see whether anything has been overlooked.</p> <p>Once more, this would be a circumstance where UKAPP could happily consult, if issues of competence arose. It is worth noting that best practice in the body piercing world changes quite regularly, and will likely change more regularly than the licensing rules are able to be adopted via the processes set out in paragraph 4.13. We would be loath to see someone be denied a licence due to working ahead of the current regulations.</p>
<b>also</b>	82 - Anonymous (piercer); 83 - Anonymous (piercer); 87 - Anonymous (piercer); 124 - Anonymous (piercer); 127 - Anonymous (piercer); 128 - Anonymous (piercer); 129 - Anonymous (piercer); 130 - Anonymous (piercer); 131 - Anonymous (piercer); 149 - Anonymous (piercer); 150 - Anonymous (piercer); 151 - Anonymous (piercer); 173 - Anonymous (piercer); 176 - Anonymous (piercer); 195 - Anonymous (piercer); 204 - Anonymous (piercer); 207 - Anonymous (piercer); 234 - Anonymous (piercer); 250 - Anonymous (piercer).
<b>238/239 - Institute of Licensing</b>	IoL supports the proposed appeal process which provides that the appeal will be firstly to the magistrates' court and ultimately the Crown Court. This is in line with other licensing regimes.
<b>241 - Anonymous (tattooing)</b>	no, I think there should be a Mandatory Consideration as a first appeal before magistrates courts. the costs of the proposed scheme is prohibited enough for small studios. I shall reiterate, the only reason folk go backstreet/ scratchers is costs and lack of regulations or good practice. drinking and smoking for instance which is strictly forbidden in all professional settings.
<b>252 - Torfaen County Borough Council</b>	<p>Yes.</p> <p>However, like many other LAs, TCBC do not currently use a Licensing Committee-based process in relation to tattooing, skin piercing etc. The impact of Licensing is therefore much greater and the RIA doesn't adequately account for this.</p> <p>Further, clarification on the licensing process overall is required.</p> <p>If a LA makes recommendations as to any additional works that must be completed, then these need to be carried out prior to granting. This should include a revisit to ensure compliance and then grant the certificate.</p>

It is assumed that the appeal process has gone through the LA licensing procedure which may differ between authorities.

To ensure consistency and to reduce the likelihood of an appeal being considered necessary by the applicant, there should be guidance produced for LAs and training provided on what would deem suitable reasons for refusal of a premises / vehicle licence. For example, inadequate hand washing facilities would be suitable, but a broken floor tile would not.

Training and clear standards for Licensing Committee and Legal Departments will also be required for this, as this will be a completely new work sector that they may not be familiar with.

In instances of revoking / suspending licences, clarification would be needed on which LA would do this if the practitioner works in premises based in locations other than the LA where they are originally licenced.

<b>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?</b>	
<b>'Yes' response</b>	3 - Guild of Beauty Therapists; 6 – Anonymous; 12 – Anonymous; 17 – Anonymous; 18 – Anonymous; 19 - Kim Eldridge; 20 - Duncan Reed; 21 - Anonymous; 22 - Sally Hickenson; 23 - Anonymous; 28 – Anonymous; 31 - Chartered Institute of Environmental Health; 32 - Anonymous (tattooing); 33 - Carla Evans; 34 - James Ogle; 38 - Rachel Edney; 39 - Kate Doble; 47 - Anonymous; 49 - Di-enw (local authority); 54 - Lola Slider; 56 - British Medical Acupuncture Society; 61 - Anonymous (acupuncture); 66 - Gareth Davies; 69 - Anonymous (acupuncture); 73 - Clare Robinson-Campbell; 78 - Anonymous (acupuncture); 81 - Gemma Kingston; 84 – Anonymous; 91 - British Beauty Council; 93 - Royal College of Midwives; 95 - Beauty Industry Group – Licensing; 96 - Beauty Industry Group Chair; 100 – Anonymous; 104 - Anonymous (acupuncture); 107 – BABTAC; 117 - Marnie Williams; 123 - Anonymous (piercer); 125 - Becky Crossan; 144 - Anonymous (piercer); 146 - Ming Chu Lok; 152 - Anonymous (tattooing); 168 - Anonymous (tattooing); 183 - Hair and Beauty Industry Authority; 209 - Anonymous (acupuncture); 211 - British Acupuncture Council; 212 - Save Face; 224 - Anonymous (piercer); 227 – Anonymous; 229 - Anonymous (tattooing); 230 - Anonymous (charitable organisation).
<b>'No' response</b>	74 - Anonymous (SPM).
<b>Left blank</b>	1/35 - Anonymous (acupuncture); 2 – Anonymous; 5 - Anonymous (acupuncture); 8 – Anonymous; 9 - Anonymous; 10 - Anonymous; 11 - Katie; 24 - Anonymous; 25 - David Carlisle; 29 - Shan MacVicar; 30 – Anonymous; 41 - Anonymous (acupuncture); 59 - Josh Cranton; 62 – Anonymous; 89 - Rachel Bowen; 111 - Anonymous (tattooing); 121 - National AIDS Trust; 164 - Anonymous (tattooing); 166 - Claire Pritchard; 186 - Anonymous (acupuncture); 189 - Baidong Li; 194 - Jian Wang; 216 - Age Cymru; 217 - Anonymous (acupuncture).
<b>'Agree'</b>	15 - Anonymous (acupuncture); 51 - Alison Williams; 57 - Tamarind Dykes; 67 - Anonymous (acupuncture); 68 - Anonymous (acupuncture); 70 - Anonymous (acupuncture); 72 - Anonymous (acupuncture); 77 - Mari Macandrew; 101 - Anonymous (acupuncture); 102 - Dr Di Wu; 108 - Anonymous (acupuncture); 110 - Anonymous (acupuncture); 114 - Anonymous (acupuncture); 115 - Jing Wang; 134 - Anonymous (acupuncture); 135 - Anonymous (tattooing); 136 - Denbighshire County Council; 137 - Lingxia Gao; 138/(139) - Wang Chen; 141 - Na Yang; 142 - Anonymous (acupuncture); 153 - Zhimin Ma; 154 - Anonymous (acupuncture); 155 - Anonymous (acupuncture); 156 - Cui Hong Duan; 157 - Anonymous (acupuncture); 158 - Anonymous (acupuncture); 160 - Anonymous (acupuncture); 161 - Anonymous (acupuncture); 162 - Anonymous (acupuncture); 165 - Qikan Yin; 170 - Yuancai Fu; 171 - Yan Jing Wang; 174 - Phoebe Deng, 177/206 - Anonymous (acupuncture); 178 - Minan Yao; 188 -



	Anonymous (acupuncture); 190 - Anonymous (acupuncture); 191 - Anonymous (acupuncture); 193 - Dr Jianrui Wang; 196 - Anonymous (acupuncture); 197 - Anonymous (acupuncture); 203 - Anonymous (acupuncture); 205 - Lulu Dai; 208 - Zheng Yuan Zhong; 210 - Li Yan; 213 - Min Li; 223/140 - Xianghui Guo; 225 - Jun Wen Ma; 235 - Anonymous (acupuncture); 236 - Jing Ding; 237 - Pinyi; 240 - Shu Li Lu; 242 - Anonymous (acupuncture); 243 - Anonymous (acupuncture); 244 - Anonymous (acupuncture); 245 - Anonymous (acupuncture); 246 - Ke Xia Xu; 247 - Anonymous (acupuncture); 248 - Anonymous (acupuncture); 249 - Association of Traditional Chinese Medicine.
<b>4 - Anonymous</b>	Yes. As much detail as possible
<b>14 - Cheryl Drew</b>	N/a
<b>16 - Sarah Swaysland</b>	Agreed – yes. We have encountered a couple of situations where small studios have crammed in additional chairs/beds after the registration visit has taken place, but not increased the number of available hand wash basins/sinks.  Guidance will need to be provided to help applicants determine how to determine maximum numbers of practitioners in any given space.
<b>26 - Joint Council of Cosmetic Practitioners</b>	Agreed
<b>27 - Clares European Services</b>	No should be in company name only
<b>36 - Kelly Griffiths</b>	y
<b>37 – Anonymous (local authority)</b>	Yes definitely. We would prefer the people in the premises to be named and the premises have to keep the register updated in that respect.
<b>40 – Anonymous (acupuncture)</b>	Yes, although the space required for each procedure linked to the risk of cross contamination may vary depending on the procedure being carried out
<b>42 - Paul Battersby</b>	Yes, I fully agree.
<b>also</b>	44 - Roy Montgomery; 45 – Anonymous; 46 - Alison Smith; 50 – Anonymous; 51 - Alison Williams; 52 – Anonymous; 58 – Kate van Rensburg; 60 – Laura Gibbons; 63 – Christine Hutchinson; 64 – Anonymous; 65 - Anonymous (acupuncture); 75 - Madeline Boots; 86 - Suzanne Gregson; 88 - Anonymous (acupuncture); 99 - Janis Short; 105 - Daniel Curran.
<b>43 - Acupuncture Association of</b>	Yes, we fully agree.

<b>Chartered Physiotherapists</b>	
<b>48 - Kat Hennes</b>	Yes, I agree.
<b>53 - Oliver Todd</b>	Yes this will show clients to the premises that there should only be a certain number of work stations in operation.
<b>55 - Aiden Johnson</b>	Yes for responsible persons name but no for workstation. As businesses grow they need to adjust their setup. I feel that a mandatory inspection for license renewal (3 years) should be appropriate for ensuring that new workstations meet appropriate standards and protocols.
<b>79 - Rhian Mansfield</b>	Yes, this will prohibit the premises licence holder from adding any further stations to the premises and possibly breaking the limited spacing regulation.
<b>80 - Anonymous (tattooing)</b>	Yes, to a degree if you attend a tattoo convention booth sizes are for single artist/ double booth and triple. These are close proximate but are safe functional spaces too. As long as the regulations fall within these guidelines for tattooing I am in agreement.
<b>85 - F Hinds Ltd</b>	See above
<b>90 - Blaenau Gwent County Borough Council</b>	<p>Yes, we agree but make the following comments</p> <p>Responsible Person</p> <p>The consultation document is not clear in relation to this. Different terms are used throughout the document, for example “person in control”, “responsible person” and “person responsible”, “person who is responsible”. The same term should be used throughout to avoid confusion.</p> <p>Whilst determining a responsible person should be straightforward in relation to independent, single premises business, it is less clear for large national/international companies. Under the current Local Government (Miscellaneous Provisions) Act 1982 registration process, the registration would be issued to the Limited Company. It is unclear whether this would be same for the premises approval certificate or if it would be an on-site person.</p> <p>Maximum Number of Workstations</p> <p>If there is to be a maximum number of workstations in a premises/vehicle, to ensure consistency across Wales an agreed set of minimum standards would need to be produced for Local Authority Officers to</p>

	make this calculation. For example, number of wash hand basins to workstation ratio, distance of workstation from wash hand basin, minimum distances between workstations.
<b>92 - Anonymous (acupuncture)</b>	Yes to the responsible person, max number of workstations could be documented as 'x per square metre'?
<b>94 - National Hair and Beauty Federation</b>	We agree that the approval certificate should also include the name of the responsible person and the maximum number of workstations in that premises/vehicle.  However, in order to future proof the certificate, we suggest the business has the opportunity to update it if they expand or reduce in size.
<b>98 - Inc and Co</b>	Yes. A question...What would the license requirements / proof of competence for someone that owns a studio/premises but does not practice the procedure themselves. How would they understand if a practitioner was competent?
<b>103 - Anonymous (acupuncture)</b>	Yes. I like that it has been noted that there are occasions when a client is unable to leave their home but would benefit from treatment, "the licensed practitioner may perform acupuncture in that client's home if the following requirements are fulfilled.." The insurance cover does allow this as well.
<b>106 - Anonymous (acupuncture)</b>	Broadly agree
<b>109 - Warren Tregidden</b>	Yesnone
<b>112 - British Acupuncture Federation</b>	This should not be required for BAF members
<b>113 - Superdrug Ltd</b>	Adding the name of the responsible person could lead to multiple changes throughout the term of the licence, this could add to additional fees and slow down the delivery of the service. Individual details of practitioners could be available on request for the customer if required.  We are reiterating here that we feel there should be a differentiation between Body Piercing and Cosmetic Piercing listed on the licence to better inform the end consumer.
<b>116 - Anonymous</b>	Yes

	<p>Also practitioner should not have any of their under 18 children present in domestic or business setting treatment rooms!</p> <p>(This does happen at present)</p> <p>Not acceptable .... Currently some practitioners do treatments in general areas like hairdressers with just a screen or curtain separating!</p>
<b>118 - Ann Charlton</b>	Agree yes.
<b>120 - Anonymous (acupuncture)</b>	Yes, but does this apply to physio beds in a unit / clinic?
<b>122 - Anonymous</b>	Yes all conditions if applicable should be on the certificate and displayed
<b>126 - Rhondda Cynon Taff County Borough Council</b>	<p>Yes, but clarity on “responsible person” should be provided and guidance on criteria to be considered when determining maximum numbers of workstations etc.</p> <p>Guidance documents required to ensure consistency throughout Wales.</p>
<b>132 - Anonymous (piercer)</b>	Yes, however once more we should like to see a clear path set out whereby practitioners can have this changed swiftly inline with name changes, specifically those that might better align with gender identity
<b>133 - Anonymous (local authority)</b>	<p>YES.</p> <p>Very important to identify the and name the Responsible person. Having the number of workstations per premises/vehicle and the location of WHB and sinks is critical etc. Guidance for business and LAs on this would be useful.</p>
<b>143 - Claire's Accessories</b>	We feel adding the name of the responsible person would lead to multiple variations and additional cost for the business, it should be sufficient in the name of the company and store address.
<b>145 - Anonymous (tattooing)</b>	Yes, however once more we should like to see a clear path set out whereby practitioners can have this changed swiftly inline with name changes, specifically those that might better align with gender identity or even in the case of a practitioner marrying.
<b>159 - H Wong</b>	no comment
<b>163 - Anonymous (tattooing)</b>	<p>Yes to the name of the responsible person</p> <p>No to the max number of workstations.</p>

	<p>This is because I believe the person running the studio would make the decision about how many workstations were allowed. Although, they would make that decision at the point of the studio EHO visit.</p>
<b>167 - Anonymous (manufacturer)</b>	<p>We feel that adding the name of the responsible person could lead to multiple variations and paperwork should there be a change in management at the premises. If the name of the business and address is listed that should be sufficient information, especially given individual practitioner details will also be available and they would be the accessible for the consumer and better able to answer any specific questions.</p> <p>For a premises licence there should not be the need to have any reference to vehicle details so would separate the premises and vehicle licences.</p> <p>As already stated in response to Question 23, we feel that the licence should differentiate between Body Piercing and “Cosmetic Piercing”. We believe that the terminology “Body Piercing” could be misleading to the consumer when only ear and nose piercing is offered. The transition to offering Body Piercing would entail additional training, knowledge and premises requirements.</p>
<b>169 - Anonymous (tattooing)</b>	<p>Yes. But we need clear information on this, how many work stations are permitted etc?</p> <p>When will we know? Back to my previous points, what happens if they finally come to inspect for our premise license and say that we’re just over ratio? We would have to close, earn no money to feed our families, and urgently find other premises. This is why we need adequate time and notice of all these things and they need to be laid out CLEARLY.</p>
<b>172 - Baifang Zhu</b>	<p>I agree.</p>
<b>175 - Anonymous (tattooing)</b>	<p>Ye. But can you be clearer please.</p> <p>What happens if they finally come to inspect for our premise license and say that we’re just over ratio? We would have to close, earn no money to feed our families, and urgently find other premises. This is why we need adequate time and notice of all these things and they need to be laid out clearly.</p>
<b>179 - N Wales Health and Safety Expert Panel</b>	<p>Yes definitely, however consideration needs to be given to who should hold the licence.</p> <p>There must be a system to nominate a legally recognized individual to be the licence holder. This might be a practitioner rather than a premises owner / manager.</p>
<b>184 - Nursing and Midwifery Council</b>	<p>We have no comments</p>

<b>192 - British Register of Complementary Practitioners</b>	That is sensible - agreed
<b>198 - Isle of Angelsey County Council</b>	<p>Yes definitely, however consideration needs to be given to who should hold the licence. We have several premises which are owned / managed by community groups (one with a board of 10 directors) and these individuals would not be appropriate to hold the licence as they have no background in any procedures.</p> <p>There must be a system to nominate a legally recognized individual to be the licence holder. This might be a practitioner rather than a premises owner / manager.</p>
<b>200 - Anonymous (local authority)</b>	<p>YES. This is essential. Name of Responsible person and number of workstations is critical, per premises, per vehicle etc. Businesses and LAs will need guidance on how to determine this number.</p> <p>(Roles of the Responsible person need to be clearly designated)</p>
<b>201 - All-Wales Communicable Disease Expert Panel</b>	<p>YES. This is essential. Name of Responsible person and number of workstations is critical, per premises, per vehicle etc. Businesses and LAs will need guidance on how to determine this number.</p> <p>Roles of the Responsible person need to be clearly designated.</p> <p>Yes definitely. We would prefer the people in the premises to be named and the premises have to keep the register updated in that respect.</p> <p>Responsible Person</p> <p>The consultation document is not clear in relation to this. Different terms are used throughout the document, for example “person in control”, “responsible person” and “person responsible”, “person who is responsible”. The same term should be used throughout to avoid confusion.</p> <p>Whilst determining a responsible person should be straightforward in relation to independent, single premises business, it is less clear for large national/international companies. Under the current Local</p>

	<p>Government (Miscellaneous Provisions) Act 1982 registration process, the registration would be issued to the Limited Company. It is unclear whether this would be same for the premises approval certificate or if it would be an on-site person</p> <p>Maximum Number of Workstations</p> <p>If there is to be a maximum number of workstations in a premises/vehicle, to ensure consistency across Wales an agreed set of minimum standards would need to be produced for Local Authority Officers to make this calculation. For example, number of wash hand basins to workstation ratio, distance of workstation from wash hand basin, minimum distances between workstations.</p>
<p><b>202 - Health and Safety Expert Panel</b></p>	<p>Responsible Person</p> <p>The consultation document is not clear in relation to this. Different terms are used throughout the document, for example “person in control”, “responsible person” and “person responsible”, “person who is responsible”. The same term should be used throughout to avoid confusion.</p> <p>Whilst determining a responsible person should be straightforward in relation to independent, single premises business, it is less clear for large national/international companies. Under the current Local Government (Miscellaneous Provisions) Act 1982 registration process, the registration would be issued to the Limited Company. It is unclear whether this would be same for the premises approval certificate or if it would be an on-site person.</p> <p>Maximum Number of Workstations</p> <p>If there is to be a maximum number of workstations in a premises/vehicle, to ensure consistency across Wales an agreed set of minimum standards would need to be produced for Local Authority Officers to make this calculation. For example, number of wash hand basins to workstation ratio, distance of workstation from wash hand basin, minimum distances between workstations.</p>
<p><b>215 - Shared Regulatory Services</b></p>	<p>Responsible Person</p>

	<p>The consultation document is not clear in relation to this. Different terms are used throughout the document, for example “person in control”, “responsible person” and “person responsible”, “person who is responsible”. The same term should be used throughout to avoid confusion.</p> <p>Whilst determining a responsible person should be straightforward in relation to independent, single premises business, it is less clear for large national/international companies. Under the current Local Government (Miscellaneous Provisions) Act 1982 registration process, the registration would be issued to the Limited Company. It is unclear whether this would be same for the premises approval certificate or if it would be an on-site person.</p> <p>Maximum Number of Workstations</p> <p>If there is to be a maximum number of workstations in a premises/vehicle, to ensure consistency across Wales an agreed set of minimum standards would need to be produced for Local Authority Officers to make this calculation. For example, number of wash hand basins to workstation ratio, distance of workstation from wash hand basin, minimum distances between workstations.</p>
<p><b>219 - Ross Jarvis</b></p>	<p>Yes. But we need clear information on this, how many work stations are permitted etc?</p> <p>When will we know? Back to my previous points, what happens if they finally come to inspect for our premise license and say that we’re just over ratio? We would have to close, earn no money to feed our families, and urgently find other premises. This is why we need adequate time and notice of all these things and they need to be laid out CLEARLY.</p>
<p><b>220 - Tibetan and Eastern Medicine Association</b></p>	<p>This should not be required for TEMA and BAF members</p>
<p><b>221 - Wrexham County Borough Council</b></p>	<p>Clarification is required as to the role or obligations of the ‘responsible person.’ This is not detailed within the Approval Certificate referred to in Annex C. Annex C only references the name of the person carrying on the business. This is the Approval Certificate Holder.</p> <p>We would agree that the maximum number of workstations, not specified number of workstations should be specified on the Certificate.</p>



	<p>Yes, in theory how do Officers calculate what is deemed to be a sufficient workspace and how many workstations they can have. How will this affect temporary settings such as festivals, conventions in calculating how many can attend.</p>
<p><b>226 - Environmental Health Wales</b></p>	<p>YES. CDEP, HSEP and LEP agree.</p> <p>This is essential. Name of Responsible person and number of workstations is critical, per premises, per vehicle etc. Businesses and LAs will need guidance on how to determine this number.</p> <p>Roles of the Responsible person need to be clearly designated.</p> <p>Yes definitely. We would prefer the people in the premises to be named and the premises have to keep the register updated in that respect.</p> <p>Responsible Person</p> <p>The consultation document is not clear in relation to this. Different terms are used throughout the document, for example “person in control”, “responsible person” and “person responsible”, “person who is responsible”. The same term should be used throughout to avoid confusion.</p> <p>Whilst determining a responsible person should be straightforward in relation to independent, single premises business, it is less clear for large national/international companies. Under the current Local Government (Miscellaneous Provisions) Act 1982 registration process, the registration would be issued to the Limited Company. It is unclear whether this would be same for the premises approval certificate or if it would be an on-site person</p> <p>Maximum Number of Workstations</p> <p>If there is to be a maximum number of workstations in a premises/vehicle, to ensure consistency across Wales an agreed set of minimum standards would need to be produced for Local Authority Officers to make this calculation. For example, number of wash hand basins to workstation ratio, distance of workstation from wash hand basin, minimum distances between workstations.</p>

	<p>LEP outline an agreement to the need to stipulate the maximum, numbers not permitted numbers.</p> <p>“We would advocate that the Approval Certificate specifies a maximum number of licensed practitioners as opposed to a specified number as this is likely to change on a regular basis and would be become a burden for the trade and LA’s. It is likely that this requirement will be ignored.”</p>
<b>231 - Anonymous (acupuncture)</b>	Yes, I agree.
<b>232 - Kat Webb</b>	AGREE – stops overcrowding in studios allowing closer control over potential cross contamination and infection risks.
<b>233 - UKAPP</b>	Yes, however once more we should like to see a clear path set out whereby practitioners can have this changed swiftly inline with name changes, specifically those that might better align with gender identity
<b>also</b>	82 - Anonymous (piercer); 83 - Anonymous (piercer); 87 - Anonymous (piercer); 124 - Anonymous (piercer); 127 - Anonymous (piercer); 128 - Anonymous (piercer); 129 - Anonymous (piercer); 130 - Anonymous (piercer); 131 - Anonymous (piercer); 149 - Anonymous (piercer); 150 - Anonymous (piercer); 151 - Anonymous (piercer); 173 - Anonymous (piercer); 176 - Anonymous (piercer); 195 - Anonymous (piercer); 204 - Anonymous (piercer); 207 - Anonymous (piercer); 234 - Anonymous (piercer); 250 - Anonymous (piercer).
<b>238/239 - Institute of Licensing</b>	YES. IoL supports that approval certificates should include this information. The identification of the ‘responsible person’ is critical and the role of the responsible person should be clearly defined, and the term used consistently within guidance etc. Guidance should also make it clear if an individual can be named as the responsible person on more than one premises or vehicle approval certificate.
<b>241 - Anonymous (tattooing)</b>	yes. though as a disabled person and business owner I would ask that my appointee as Studio Manager, be sufficient.
<b>252 - Torfaen County Borough Council</b>	<p>Yes.</p> <p>This is essential. The name of the responsible person and number of workstations is critical, per premises, per vehicle etc. Businesses and LAs will need guidance on how to determine this number.</p> <p>Roles of the Responsible person need to be clearly designated.</p> <p>Responsible Person</p>

	<p>The consultation document is not clear in relation to this. Different terms are used throughout the document, for example “person in control”, “responsible person” and “person responsible”, “person who is responsible”. The same term should be used throughout to avoid confusion.</p> <p>Whilst determining a responsible person should be straightforward in relation to independent, single premises business, it is less clear for large national/international companies. Under the current Local Government (Miscellaneous Provisions) Act 1982 registration process, the registration would be issued to the Limited Company. It is unclear whether this would be same for the premises approval certificate or if it would be an onsite person</p> <p>Maximum Number of Workstations</p> <p>If there is to be a maximum number of workstations in a premises / vehicle, to ensure consistency across Wales an agreed set of minimum standards would need to be produced for LAs to make this calculation. For example, number of wash hand basins to workstation ratio, size, distance of workstation from wash hand basin, minimum distances between workstations.</p>
<p><b>254 - Swansea Council</b></p>	<p>YES.</p> <p>Further guidance is required on how to determine the number of workstations.</p>

<b>Question 29: Do you have any comments on the example mandatory premises/vehicle approval conditions set out in Annex D2?</b>	
<b>'Yes' response</b>	33 - Carla Evans; 47 – Anonymous; 55 - Aiden Johnson; 125 - Becky Crossan; 144 - Anonymous (piercer); 146 - Ming Chu Lok; 152 - Anonymous (tattooing); 227 - Anonymous; 230 - Anonymous (charitable organisation).
<b>'No' response</b>	3 - Guild of Beauty Therapists; 4 – Anonymous; 19 - Kim Eldridge; 21 – Anonymous; 22 - Sally Hickenson; 23 - Anonymous; 27 - Clares European Services; 34 - James Ogle; 56 - British Medical Acupuncture Society; 61 - Anonymous (acupuncture); 69 - Anonymous (acupuncture); 78 - Anonymous (acupuncture); 84 - Anonymous; 91 - British Beauty Council; 93 - Royal College of Midwives; 95 - Beauty Industry Group – Licensing; 96 - Beauty Industry Group Chair; 98 - Inc and Co; 106 - Anonymous (acupuncture); 107 - BABTAC; 116 - Anonymous; 135 - Anonymous (tattooing); 163 - Anonymous (tattooing); 168 - Anonymous (tattooing); 183 - Hair and Beauty Industry Authority; 209 - Anonymous (acupuncture); 212 - Save Face; 229 - Anonymous (tattooing); 231 - Anonymous (acupuncture).
<b>Left blank</b>	2 – Anonymous; 5 - Anonymous (acupuncture); 8 – Anonymous; 9 – Anonymous; 10 – Anonymous; 11 - Katie; 24 - Anonymous; 25 - David Carlisle; 28 - Anonymous; 30 - Anonymous; 38 - Rachel Edney; 41 - Anonymous (acupuncture); 59 - Josh Cranton; 62 – Anonymous; 73 - Clare Robinson-Campbell; 89 - Rachel Bowen; Rachel Bowen; 100 - Anonymous; 111 - Anonymous (tattooing); 120 - Anonymous (acupuncture); 143 - Claire's Accessories; 164 - Anonymous (tattooing); 166 - Claire Pritchard; 186 - Anonymous (acupuncture); 189 - Baidong Li; 194 - Jian Wang; 216 - Age Cymru; 217 - Anonymous (acupuncture).
<b>1/35 – Anonymous (acupuncture)</b>	Clarification on the provision of toilets please. Is it compulsory that there should be a patient toilet?
<b>6 - Anonymous</b>	Not read it
<b>12 - Anonymous</b>	N/A
<b>14 - Cheryl Drew</b>	N/a
<b>15 – Anonymous (acupuncture)</b>	None
<b>16 - Sarah Swaysland</b>	Guidance will be needed to assist Officers and practitioner understand some of the more vague terminology. This will be critical for achieving consistency across Wales.  Exemptions – If a RMP is exempt from the licensing regime if they perform a special procedure in a HIW

	regulated premises, would their professional body still 'regulate' their competency if they were doing the same procedure in a non-HIW regulated premises (i.e. an approved premises under this proposed licensing regime)? If they do, why would that same person need a personal licence? Is this solely to make for a 'cleaner' legislative and enforcement process?
<b>17 - Anonymous</b>	Toilet facilities for vehicles is unacceptable
<b>18 - Anonymous</b>	Yws
<b>20 - Duncan Reed</b>	N/A
<b>26 - Joint Council of Cosmetic Practitioners</b>	Nothing further to add
<b>29 - Shan MacVicar</b>	I am concerced about representative of the owning body requiring a DBS check. We are a group of 10 Directors running the Social Enterprise . Who will need to be submitted for a DBS check ?
<b>31 - Chartered Institute of Environmental Health</b>	<p>Annex D2 states that officers of the LA must be admitted to premises or vehicle. The Act however defines authorised officers as any person (whether or not an officer of the local authority) authorised by a local authority for the purposes ....The CIEH is concerned are about the role of the Police in respect of admission to premises or vehicles for the purposes of this section.</p> <p>For example for the purpose of the exercise of its functions under subsection (2) (Intimate Piercing), a local authority must carry out such consultation as it considers appropriate with the chief officer of police for a police area any part of which falls within the area of the local authority. It is not inconceivable the local authority and police might undertake joint action. In relation to vehicles we note for the smoking provisions in the Act, - regulations may make provision for the chief officer of police for a police area, in addition, to be authorised to act as an enforcement authority in relation to vehicles that are in that police area. There is no such provision for special procedures carried out in vehicles, but a Local Authority may have to undertake joint action to stop a vehicle. We suggest that the regulations be amended to include 'whether or not an officer of the local authority' which would make them consistent with all other part of the Act and would also be valuable to local authorities carrying out their enforcement function.</p>
<b>32 - Anonymous (tattooing)</b>	We don't agree that vehicles should be approved for carrying out special procedures, they cannot meet the criteria set out.
<b>36 - Kelly Griffiths</b>	y
<b>37 – Anonymous (local authority)</b>	Need to ensure that we would be happy to refuse an application based on one of the conditions being absent.

6. - Needs to be more specific in that the 'holder of the approved certificate must only allow licensed practitioners to operate in the approved premises'.

17- Disagree that no other person other than the client, practitioner or apprentice are prohibited. Can understand that others from the businesses shouldn't be allowed but surely the customer has the right to have someone present if they wished, but maybe that should be the exception rather than the rule.

21- Do not agree that a physically segregated area is necessary, assuming you intended to mean a structural separation. This is likely to be costly for practitioners and will impact light and ventilation as the front area usually has the windows.

In addition this is likely to be in the front area of the shop – thus preventing sight of the main area. Privacy is already dealt with elsewhere.

It could be replaced with "that there is sufficient space between to prevent contamination" rather than physically segregated.

22. Needs to clearly specify the WC provision must be "within the premises".

23 – This will be costly for the business to ensure all non hand operated taps are provided in toilet facilities. If there is a WHB in treatment areas with non hand operated taps then the expectation is that the practitioner then washes hands again on return in the treatment area prior to treatment.

28. - can impervious be specified in this condition.

30 – local lighting, this should be "where appropriate".

32 – agree the agreement of a drainage system being provided which is welcome but could it be specified that the WHB is connected to the drainage system apart from possibly at temporary events.

	<p>34 –For clarity please can a minimum length handle be specified within the conditions. 38-40 – no reference to what is suitable equipment for disinfection and sterilisation. The conditions should be more specific e.g.</p> <ul style="list-style-type: none"> <li>• A designated sink or equipment should be provided for cleaning.</li> <li>• Cleaning solutions must be changed after each use</li> <li>• Steam sterilisation is only appropriate for solid objects</li> <li>• Vacuum benchtop sterilisation should be used for all hollow equipment.</li> </ul> <p>40 - no mention of a specific sink, if that is what is required to clean tools pre autoclave it should specifically state the requirement for a sink. This is likely to be a valid reason for refusing a license application so it should be a clear requisite. Practitioners need to know what structural items they need prior to taking a lease and are likely to be reading these conditions without the assistance of an EHO in the first instance.</p> <p>Specify that the separate area must necessarily be physically segregated in all instances, for example even if there is only 1 practitioner for and there is sufficient space for separation.</p> <p>41 – can the requirements be named and specified e.g. autoclave, temperature, printouts and indicator strips. What is the other equipment that is being referred to? Training should also be given to practitioners on the use of any equipment (ultrasonic and autoclaves) provided by the business.</p> <p>44. - does this need to be ‘away from’.</p> <p>Question</p> <p>There are a number of issues regarding how the scheme will work with mobile vehicles. Will they only have to register in their home authority and then be able to travel around Wales without having to notify any LA of the vehicle’s presence in a different area?</p>
<b>39 - Kate Doble</b>	yes however hope guidance is provided on an 'adequate number' of wash hand basins. If there are 3 tattooists each with their own area , how many wash hand basins are adequate?

	In section 40 it states that equipment and facilities for the cleaning,etc of work tools,etc must be physically segregated from the treatment room. Can this just be a room divider or does it need to be a separate room?
<b>40 – Anonymous (acupuncture)</b>	If the certificate is lost and a new one re-issued 'on payment of the prescribed fee' will the new certificate then be valid for the full 3 years from that date?
<b>43 - Acupuncture Association of Chartered Physiotherapists</b>	No, comments.
<b>also</b>	42 - Paul Battersby; 44 - Roy Montgomery; 45 - Anonymous (acupuncture); 46 - Alison Smith; 50 - Anonymous (acupuncture); 52 - Anonymous (acupuncture); 58 - Kate van Rensburg; 60 - Laura Gibbons; 63 - Christine Hutchinson; 64 - Anonymous (acupuncture); 65 - Anonymous (acupuncture); 75 - Madeline Boots; 86 - Suzanne Gregson; 88 - Anonymous (acupuncture); 99 - Janis Short; 105 - Daniel Curran.
<b>48 - Kat Hennes</b>	I disagree that vehicles should be allowed to be licensed.
<b>49 - Di-enw</b>	A yw'r drefn yn caniatáu Awdurdod i lunio a chynnwys amodau ychwanegol neu ddiwygio amodau eu hunain petai'r angen yn cael ei adnabod ?
<b>53 - Oliver Todd</b>	N/A
<b>54 - Lola Slider</b>	Yes, it's unreasonable to ask every vehicle or premises to provide toilet access, because commercial landlords aren't even required to provide toilet access. If you can't let a premises with toilet access or your landlord wont provide it how can you offer it to clients? Toilet access is ideal but it should not be a licensing condition. What does "Sufficient" mean and how is that defined and who decided what is sufficient in terms of lighting and spacing and ventilation? How are we ventilating a room without windows, are we to pay thousands to install air conditioning at our own cost because it's not a commercial landlord requirement or is a HEPA air filter ok for example?
<b>57 - Tamarind Dykes</b>	No comment
<b>66 – Gareth Davies</b>	yes  is the stand alone wash still accepted?
<b>74 – Anonymous (SPM)</b>	Vehicles should not be considered professional licensed premises
<b>77 - Mari McAndrew</b>	Condition 17 – disagree, as long as there is adequate space.



	<p>21- Do not agree that a physically segregated area is necessary, assuming you intended to mean a structural separation. This is likely to be costly for practitioners and will impact light and ventilation as the front area usually has the windows.</p> <p>In addition this is likely to be in the front area of the shop – thus preventing sight of the main area. Privacy is already dealt with elsewhere.</p> <p>It should be replaced with “that there is sufficient space between to prevent contamination” rather than physically segregated.</p> <p>Condition 23 – are non-hand operated taps necessary within the toilet facilities?</p> <p>Condition 31 – is this necessary in the conditions, when it is already covered by the Welfare Regs?</p> <p>Condition to be added regarding the toilet facilities not opening directly into treatment or cleaning facility area.</p>
<b>79 - Rhian Mansfield</b>	No comments at this point
<b>80 - Anonymous (tattooing)</b>	These all seem fine. However, some businesses may be in a shared building with shares toilet facilities where they are not to the conditions set out in Anne D2, eg non hand-use taps. I am concerned about how this may affect those businesses, especially if all other measures are being met to make sure there are adequate hand-washing and hygiene facilities.
<b>81 - Gemma Kingston</b>	Same answer as in question 1
<b>85 - F Hinds Ltd</b>	<ol style="list-style-type: none"> <li>1. From D2, point 3, we are asking for clarity around whether both premises and practitioner licences need to be on display. Where premises are displayed, the practitioner licences could be filed and easily accessible if requested - as some practitioner licenses are personal registrations, they often display the private details of the individual which staff are frequently uncomfortable with</li> <li>2. The requirement for a separate room for single use ear piercing is completely unnecessary and would have a detrimental effect on trade with many providers being unable to accommodate it</li> </ol>

	3. Similarly, the term 'in proximity' requires clarification regarding hand washing facilities.
<b>90 - Blaenau Gwent County Borough Council</b>	<p>We agree with the general principles, layout, and structure of the licensing conditions, however we will not be commenting on the wording of each individual condition at this stage due to the complexity and length of the series of conditions provided. We would recommend that a separate working group consisting of both LA and Industry representatives is established to review the detailed wording of the proposed conditions prior to finalisation. However, we would make the following initial observations:</p> <ol style="list-style-type: none"> <li>1. Mandatory conditions – conditions 9 and 10 suggest that LA's will be expected to process applications within 28 days from date of application. Given the level of detail required in the application and the on-site assessment that will be required to be completed this is an unrealistic timescale. Also the wording of condition 10 'Should the application process be delayed, the original licence will be deemed valid until the new licence is approved but only if the application is submitted within the specified time period' – this should be re-word to 'only if a valid application is submitted' and a definition regarding valid applications should be provided.</li> <li>2. Where procedures are required to be developed and used – this should be changed to implemented this would be in-line with other legislative requirements such as those relevant to food hygiene.</li> </ol>
<b>92 - Anonymous (acupuncture)</b>	As previous - an exemption for trainers to need every premises to be licensed.
<b>94 - National Hair and Beauty Federation</b>	Have you considered mobile therapists visiting clients homes? i.e. microblading/ epilation, ear piercing this needs further consideration particularly if treatments, services and procedure will be expanded.
<b>103 - Anonymous (acupuncture)</b>	<p>On 'matters related to display notices and restricted areas'. (15) I don't agree with putting up a sign saying 'no eating or drinking' - I do provide drinking water to my clients and I think it is important they have access to water.</p> <p>(17) Sometimes someone comes for acupuncture treatment and brings their spouse or partner, I think that they should be allowed in the room if the client wants them to be there.</p> <p>(23) On 'design, structure and physical environment', I don't think the sink for the toilet needs to be non-hand operated though I do agree that the hand washing sink for the treatment area should be non-hand operated.</p>

	(34) I don't think the paper towel supply should have to be wall mounted.
<b>108 - Anonymous (acupuncture)</b>	n/a
<b>109 - Warren Tregidden</b>	None
<b>112 - British Acupuncture Federation</b>	<p>In terms of acupuncture, we find the following requirements unnecessary.</p> <p>Floor Plan – we propose that this is not relevant to acupuncture. Most acupuncture sessions take place on a medical couch but if mobility is an issue acupuncture may take place on a chair. Occasionally in certain settings BAF acupuncturists work alone or in a team in a community setting where patients are treated in a community clinic (more usual when rehabilitation/addiction/cost effectiveness is an issue) with screens between couches. This does not preclude the same safety and hygiene standards being followed.</p> <p>When a BAF practitioner undertakes home or hospital/hospice/health center visits set guidelines are followed and the same hygiene and safety practices are followed e.g., setting up a clean field, handwashing and sterilization.</p> <p>Level 2 Infection Control – as outlined above due to extended training and it is totally unnecessary for a BAF acupuncturist to undergo this training.</p> <p>Audit – under our codes of safe clinical practice, a practitioner is expected to undertake a risk assessment for mobile working. Due to extensive training a BAF acupuncturist can understand environmental risk factors and address these risks accordingly. A formal audit for every patient visit would not be necessary in our opinion.</p>
<b>113 - Superdrug Ltd</b>	We feel that it is important to display the premises licence for the customer to see, however any practitioner licences could be kept in store safe for use if required rather than on display. To have all of these on display is not practical in a retail environment- this is because they could become easily damaged.

	<p>"Advising that special procedures will not be carried out on any person who is or appears to be intoxicated, whether by virtue of drink, drugs or other means"- we would suggest that this is not applicable for cosmetics piercing on the ear and nose. A consultation form is completed prior to the piercing taking place, which requires the customer to confirm they are not under the influence of alcohol or drugs. Most of our customers are also under the age of 16 and with their parents, therefore this would not be applicable.</p> <p>Comments regarding the set up of the areas, will highlight that practitioners carrying out cosmetics piercing will have a designated work area set up, with a hand wash unit in close proximity. We believe that to have a separate room specifically for ear and nose piercing is not practical or proportionate.</p> <p>We also advise that piercing with a medical device is a relatively quick service with customers, lasting around 15 minutes, with the actual piercing taking a small proportion of that time. Therefore a waiting area and/or toilets would not be necessary, much like most other retail premises.</p> <p>We will be confirming that for piercing with medical devices, sharps disposal is not a requirement as we are not disposing of anything sharp or contaminated. Our best practice is for the cartridges, packaging, alcohol wipes and cotton pads to be collected inside the disposable gloves and deposited in a lined pedal bin which is changed at the end of each day or during the day if required. No clinical waste is generated with piercing meaning that general waste disposal is sufficient.</p>
<p><b>117 - Marnie Williams</b></p>	<p>Annex D2, S.17: Whilst I value measures which reduce overcrowding, I do not think it is appropriate to refuse anyone other than the client (or parent of child if under 18) access to procedure areas. There are a number of occasions where this could put public safety at risk. This includes carers for the disabled, and other scenarios where someone may require an additional personal present. In addition to this, we are often with clients in various states of undress, and performing intimate procedures where lines could be easily blurred by predatory practitioners as to what is and isn't necessary for the performance of the service. Having a chaperone present reduces the risk of practitioners either blurring those lines, or outright assaulting clients during these procedures. We often have anxious clients, they like to have a friend in the studio to hold their hands, so a Plus 1 we believe is appropriate.</p> <p>Annex D2 22/23. With regard to premises requiring a toilet, whilst I feel that studios should have access to a toilet, we do not feel that it is necessary for it to be in the studio itself. If, for example, the shop exists</p>

	in an arcade where many smaller shops have a shared toilet. This would also be true for studios in larger shopping centres. It is also worth noting that commercial landlords are not required to provide toilets in commercial lets, and this might disadvantage some studios unfairly.
<b>121 - National AIDS Trust</b>	<ul style="list-style-type: none"> <li>The example mandatory premises/vehicle approval conditions set out in Annex D2 on ‘decontamination, cleaning, disinfection and sterilisation’ and ‘waste including sharps’ appear proportionate to manage risk of HIV infection and to keep premises/vehicles</li> </ul>
<b>122 - Anonymous</b>	None
<b>123 - Anonymous (piercer)</b>	<p>Annex D2, S.17: Whilst I value measures which reduce overcrowding, I do not think it is appropriate to refuse anyone other than the client (or parent of child if under 18) access to procedure areas. There are a number of occasions where this could put public safety at risk. This includes carers for the disabled, and other scenarios where someone may require an additional personal present. In addition to this, we are often with clients in various states of undress, and performing intimate procedures where lines could be easily blurred by predatory practitioners as to what is and isn’t necessary for the performance of the service. Having a chaperone present reduces the risk of practitioners either blurring those lines, or outright assaulting clients during these procedures. We often have anxious clients, they like to have a friend in the studio to hold their hands, so a Plus 1 we believe is appropriate.</p> <p>Annex D2 22/23. With regard to premises requiring a toilet, whilst I feel that studios should have access to a toilet, we do not feel that it is necessary for it to be in the studio itself. If, for example, the shop exists in an arcade where many smaller shops have a shared toilet. This would also be true for studios in larger shopping centres. It is also worth noting that commercial landlords are not required to provide toilets in commercial lets, and this might disadvantage some studios unfairly.</p>
<b>126 - Rhondda Cynon Taff County Borough Council</b>	<p>Condition 9 - 28 days turn around for variation of licence could be challenging.</p> <p>Condition 10 - 28 days turn around could be challenging, but “should the application be delayed, the original certificate will be deemed valid until the new certificate is approved” implies that this could go on indefinitely – should there be some max. time limit applied</p> <p>Point 12. Consider a minimum for public liability.</p> <p>Design, structure, and physical environment –</p>

	<p>Clear guidance will be required to ensure compliance. Defining what is meant by “sufficient size”, ‘suitable and sufficient’, ‘adequate’, ‘fit for purpose’ etc. will be necessary to ensure a consistent approach.</p>
<p><b>132 - Anonymous (piercer)</b></p>	<p>Annex D2, S.17: Whilst UKAPP value measures which reduce overcrowding, we do not think it is appropriate to refuse anyone other than the client (or parent of child if under 18) access to procedure areas. There are a number of occasions where this could put public safety at risk. This includes carers for the disabled, and other scenarios where someone may require an additional personal present. In addition to this, we are often with clients in various states of undress, and performing intimate procedures where lines could be easily blurred by predatory practitioners as to what is and isn’t necessary for the performance of the service. Having a chaperone present reduces the risk of practitioners either blurring those lines, or outright assaulting clients during these procedures. Accusations like this have not been uncommon in the past and UKAPP has had to undertake several investigations, and issue several bans from membership and from UKAPP events for those who’ve had accusations levelled against them.</p> <p>In addition to this, some clarification on how many practitioners are able to work in a certain space, and how this will be decided. Whilst we wholeheartedly believe that overcrowding in studios is a public health concern, we do believe that the metrics used to decide on overcrowding should be transparent.</p> <p>Annex D2 22/23. With regard to premises requiring a toilet, whilst we feel that studios should have access to a toilet, we do not feel that it is necessary for it to be in the studio itself. If, for example, the shop exists in an arcade where many smaller shops have a shared toilet. This would also be true for studios in larger shopping centres. It is also worth noting that commercial landlords are not required to provide toilets in commercial lets, and this might disadvantage some studios unfairly.</p> <p>Annex D2. 31 - UKAPP would like to see some clarification on ventilation, and what would be required. For example, should ventilation be structurally impossible, would a HEPA filter suffice in its place?</p> <p>Annex D2. 32 - Whilst we recognise that effective drainage is important, there are, once more circumstances where this would be structurally impossible. In the past, UKAPP has recommended practitioners utilise portable sinks for hand hygiene, and have had great success with this. For contaminated fluids associated with re-sterilising, solidifying granules which see the fluid transformed to a solid state which can be disposed of in a clinical waste bin would also be sufficient.</p>

<p><b>133 - Anonymous (local authority)</b></p>	<p>YES.</p> <p>In the case of mobile vehicles there is a need to consider the source of the water supply that will be used on the vehicle for hand washing etc – must be potable as it could potentially be sourced from a contaminated private water supply / run through an external hose pipe connection etc. storage containers need to be subject to strict cleaning and sterilization schedules</p> <p>Drainage of wastewater on mobile vehicles and its collection.</p> <p>Do mobile vehicles have to have a toilet?</p> <p>Point 3 maybe difficult to enforce .. ‘certificate must be displayed in a conspicuous place before client enters the premises’ – this is not really practicable for a vehicle where it would need to be displayed on the exterior of the vehicle if it was to comply with this requirement. This would mean that the certificate would be liable to removal by another person/ potential defacement/ damage from weather – it would then be difficult to keep it ‘clean and legible’ – would make more sense if it had to be on display in the treatment area – need to consider practicalities around these type of licence conditions</p> <p>Point 18 is too vague – it would be better to state that ‘it must be kept clean and in good repair and condition. Introducing a hurdle whereby LA’s would have to demonstrate ‘harm to human health’ seems to be an unnecessary complication. If a licence is breached the conditions need to be straightforward and more easily enforceable.</p> <p>There should be some requirements specifying British standard compliant cleaning agents eg. BS 14476. The same medical grade standard specifications should be used for handwash soap.</p> <p>There needs to be a Statutory guide to compliance document developed to ensure consistency of interpretation / enforcement of licensing conditions throughout Wales, so as to ensure the credibility of the scheme. This should also be accompanied by consistency training for Officers similar to the approached used for the National Food hygiene rating scheme.</p>
<p><b>136 - Denbighshire County Council</b></p>	<p>Condition 17 – disagree, as long as there is adequate space.</p>

	<p>Condition 21- Do not agree that a physically segregated area is necessary, assuming you intended to mean a structural separation. This is likely to be costly for practitioners and will impact light and ventilation as the front area usually has the windows.</p> <p>In addition this is likely to be in the front area of the shop – thus preventing sight of the main area. Privacy is already dealt with elsewhere.</p> <p>It should be replaced with “that there is sufficient space between to prevent contamination” rather than physically segregated.</p> <p>Condition 23 – are non-hand operated taps necessary within the toilet facilities</p> <p>Condition 31 – is this necessary in the conditions, when it is already covered by the Welfare Regs?</p> <p>Condition to be added regarding the toilet facilities not opening directly into treatment or cleaning facility area.</p> <p>Suggested here again standard document for premise to ensure consistency of apply the conditions using such a document as an SFBB used by food business operators.</p>
<p><b>142 - Anonymous (acupuncture)</b></p>	<p>No comments</p>
<p><b>145 - Anonymous (tattooing)</b></p>	<p>Annex D2, S.17: Whilst UKAPP value measures which reduce overcrowding, we do not think it is appropriate to refuse anyone other than the client (or parent of child if under 18) access to procedure areas. There are a number of occasions where this could put public safety at risk. This includes carers for the disabled, and other scenarios where someone may require an additional personal present for example if a translator is required. In addition to this, we are often with clients in various states of undress, and performing intimate procedures where lines could be easily blurred by predatory practitioners as to what is and isn't necessary for the performance of the service.</p> <p>Having a chaperone present reduces the risk of practitioners either blurring those lines, or outright assaulting clients during these procedures. Accusations like this have not been uncommon in the past</p>



	<p>and UKAPP has had to undertake several investigations, and issue several bans from membership and from UKAPP events for those who've had accusations levelled against them.</p> <p>In addition to this, some clarification on how many practitioners are able to work in a certain space, and how this will be decided. Whilst we wholeheartedly believe that overcrowding in studios is a public health concern, we do believe that the metrics used to decide on overcrowding should be transparent.</p> <p>Annex D2. 31 - UKAPP would like to see some clarification on ventilation, and what would be required. For example, should ventilation be structurally impossible, would a HEPA filter suffice in its place?</p> <p>Annex D2. 32 - Whilst we recognise that effective drainage is important, there are, once more circumstances where this would be structurally impossible. In the past, UKAPP has recommended practitioners utilise portable sinks for hand hygiene, and have had great success with this. For contaminated fluids associated with re-sterilising, solidifying granules which see the fluid transformed to a solid state which can be disposed of in a clinical waste bin would also be sufficient.</p>
<b>159 - H Wong</b>	no comment
<b>167 - Anonymous (manufacturer)</b>	<p>From D2, point 3, is it just the premises licence that needs to be visible and on display or both practitioner and premises? Where premises are displayed, might it be sufficient to have the practitioner licences filed and easily accessible if requested.</p> <p>With respect to the display notices, it is our experience that these can often become damaged and unsightly. As part of the consultation conducted for ear and nose piercing the practitioner will require the client to confirm that they are not under the influence of drugs or alcohol and would refuse a piercing if this was the case. In addition, very often customers having a piercing are under the age of 16 and therefore would not be under the influence of drugs or alcohol.</p> <p>Where the physical environment is concerned, practitioners conducting cosmetic piercing (and not body piercing) will have a designated work area set up, mostly with a hand wash unit in close proximity. The requirement for a separate room specifically for ear and nose piercing would not be deemed necessary due to the nature of the process and where piercing is being performed.</p>

	<p>Ordinarily a premises offering cosmetic piercing only would not require a separate waiting area with the positioning of the workstation set up to prevent the need for specific segregation.</p> <p>We would also highlight that due to the nature of the service lasting anywhere between 15 and 20 minutes the provision of toilet facilities should not be a requirement, any more than a general retail premises is required to provide these facilities to the public. A simple ear or nose piercing with an instrument is a lot quicker for a client than, for example, a tattooist in a studio performing a full sleeve design.</p> <p>Where cosmetic piercing is performed in retail premises it is best practice for there to be a hand wash facility in close proximity with hand wash posters either visible or filed with piercing paperwork. The units in situ offer an adequate supply of hot water and mostly have a paper towel holder, without the requirement of a wall mounted dispenser. These units are for the sole use of the practitioner and not for the general public or other employees.</p> <p>We would advise that for piercing with medical devices, sharps disposal is not a requirement. All piercing is performed with the actual jewellery, therefore eliminating the need to dispose of anything sharp or contaminated. It is customary practice for the cartridges, packaging and any alcohol wipes and cotton pads to be collected inside the disposable gloves and deposited in a lined pedal bin which is changed at the end of each day or during the day if required. No clinical waste is generated with piercing meaning that general waste disposal is sufficient.</p> <p>Please see attached assured waste disposal policy.</p>
<p><b>169 - Anonymous (tattooing)</b></p>	<p>27: Can client records be stored online with Stabpad? If not, how long do we keep client records in paper form and then how do we dispose of them safely whilst adhering to GDPR?</p>
<p><b>175 - Anonymous (tattooing)</b></p>	<p>27: Can client records be stored digitally. If not, how long do we keep client records in paper form and then how do we dispose of them safely whilst adhering to GDPR? Seems a backwards step to start chopping down more trees just for your satisfaction.</p>
<p><b>179 - N Wales Health and Safety Expert Panel</b></p>	<p>Other requirements should include:</p> <ul style="list-style-type: none"> <li>• Vehicle must be in MOT date.</li> </ul>

- With business insurance and public liability
- Photo of the vehicle needed showing VRN
- Conditions and application forms do not identify how potable, sterile or clean water will be provided, nor toilet provision etc.
- Mobile vehicles should also provide gas/electrical safety certificate depending on what they use.
- No mention of cleaning water containers
- No mention of drainage on mobiles
- Do mobiles have to have a toilet? Or just access to one somewhere?
- Plan of vehicle

Condition 6 - Needs to be more specific in that the 'holder of the approved certificate must only allow licensed practitioners to operate in the approved premises'.

Condition 21- Do not agree that a physically segregated area is necessary, assuming you intended to mean a structural separation. This is likely to be costly for practitioners and will impact light and ventilation as the front area usually has the windows.

In addition, this is likely to be in the front area of the shop – thus preventing sight of the main area. Privacy is already dealt with elsewhere.

It should be replaced with “that there is sufficient space between to prevent contamination” rather than physically segregated.

Condition 22 - Needs to clearly specify the WC provision must be “within the premises”.

Condition 23 – are non-hand operated taps necessary within the toilet facilities this will be very costly for the business. If there is a WHB in treatment areas with non-hand operated taps, then the expectation is that the practitioner then washes their hands again on return in the treatment area.

Condition 24 - revised to reflect Certificate Holder(s) as opposed to persons on whom application has been granted.

Condition 28 – these items should be impervious.

Condition 30 – local lighting this should be where appropriate.

Condition 32 – agree the agreement of a drainage system being provided which is welcome but could it be specified that the WHB is connected to the drainage system apart from temporary events.

Condition 34 – the minimum length handle be specified within the conditions.

Conditions 38-40 – no reference to what is suitable equipment for disinfection and sterilisation. The conditions should be more specific e.g.

- A designated sink or equipment should be provided for cleaning.
- Cleaning solutions must be changed after each use.
- Steam sterilisation is only appropriate for solid objects.
- Vacuum benchtop sterilisation should be used for all hollow equipment.

Condition 40 - no mention of a specific sink, if that is what is required to clean tools pre-autoclave it should specifically state the requirement for a sink. This is likely to be a valid reason for refusing a license application so it should be a clear requisite. Practitioners need to know what structural items they need prior to taking a lease and are likely to be reading these conditions without the assistance of an EHO in the first instance.

Do not agree that the separate area must be physically segregated if there is only 1 practitioner for example. In addition, these facilities are located out of the treatment area, then there is a likelihood practitioners will use the whb for non-personal hygiene purposes.

Condition 41 – can the requirements be specified e.g. autoclave, temperature, printouts and indicator strips. What is the other equipment that is being referred to? Training should also be given to practitioners on the use of any equipment (ultrasonic and autoclaves) provided by the business.

Condition 44. - does this need to be 'away from'.

	Condition to be added regarding the toilet facilities not opening directly into treatment or cleaning facility area.
<b>184 - Nursing and Midwifery Council</b>	We have no comments.
<b>192 - British Register of Complementary Practitioners</b>	No comments
<b>198 - Isle of Anglesey County Council</b>	<p>Other requirements should include:</p> <ul style="list-style-type: none"> <li>• Vehicle must be in MOT date.</li> <li>• With business insurance and public liability</li> <li>• Photo of the vehicle needed showing VRN</li> <li>• Conditions and application forms do not identify how potable, sterile or clean water will be provided, nor toilet provision etc.</li> <li>• Mobile vehicles should also provide gas/electrical safety certificate depending on what they use.</li> <li>• No mention of cleaning water containers</li> <li>• No mention of drainage on mobiles</li> <li>• Do mobiles have to have a toilet? Or just access to one somewhere?</li> <li>• Plan of vehicle</li> </ul> <p>Condition 6 - Needs to be more specific in that the 'holder of the approved certificate must only allow licensed practitioners to operate in the approved premises'.</p> <p>Condition 21- Do not agree that a physically segregated area is necessary, assuming you intended to mean a structural separation. This is likely to be costly for practitioners and will impact light and ventilation as the front area usually has the windows.</p> <p>In addition, this is likely to be in the front area of the shop – thus preventing sight of the main area. Privacy is already dealt with elsewhere.</p>

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Conditions 38-40 – no reference to what is suitable equipment for disinfection and sterilisation. The conditions should be more specific e.g.

- A designated sink or equipment should be provided for cleaning.
- Cleaning solutions must be changed after each use.
- Steam sterilisation is only appropriate for solid objects.
- Vacuum benchtop sterilisation should be used for all hollow equipment.

Condition 40 - no mention of a specific sink, if that is what is required to clean tools pre-autoclave it should specifically state the requirement for a sink. This is likely to be a valid reason for refusing a license application so it should be a clear requisite. Practitioners need to know what structural items they need

	<p>prior to taking a lease and are likely to be reading these conditions without the assistance of an EHO in the first instance.</p> <p>Do not agree that the separate area must be physically segregated if there is only 1 practitioner for example. In addition, these facilities are located out of the treatment area, then there is a likelihood practitioners will use the whb for non-personal hygiene purposes.</p> <p>Condition 41 – can the requirements be specified e.g. autoclave, temperature, printouts and indicator strips. What is the other equipment that is being referred to? Training should also be given to practitioners on the use of any equipment (ultrasonic and autoclaves) provided by the business.</p> <p>Condition 44. - does this need to be 'away from'.</p> <p>Condition to be added regarding the toilet facilities not opening directly into treatment or cleaning facility area.</p>
<p><b>200 - Anonymous (local authority)</b></p>	<p>YES.</p> <p>Vehicle must be in MOT date.</p> <p>With business insurance and public liability</p> <p>Photo of the vehicle needed showing VRN</p> <p>Plan of vehicle</p> <p>Conditions and application forms do not identify how potable, sterile or clean water will be provided, nor toilet provision etc.</p>
<p><b>201 - All-Wales Communicable Disease Expert Panel</b></p>	<p>YES.</p> <ul style="list-style-type: none"> <li>• Vehicle must be in MOT date.</li> <li>• With business insurance and public liability</li> <li>• Photo of the vehicle needed showing VRN</li> <li>• Conditions and application forms do not identify how potable, sterile or clean water will be provided, nor toilet provision etc.</li> <li>• Mobile vehicles should also provide gas/electrical safety certificate depending on what they use.</li> <li>• No mention of cleaning water containers</li> <li>• No mention of drainage on mobiles</li> <li>• Do mobiles have to have a toilet? Or just access to one somewhere?</li> </ul>

- Plan of vehicle

Need to ensure that we would be happy to refuse an application based on one of the conditions being absent.

6. - Needs to be more specific in that the 'holder of the approved certificate must only allow licensed practitioners to operate in the approved premises'.

17. Disagree that no other person other than the client, practitioner or apprentice are prohibited. Can understand that others from the businesses shouldn't be allowed but surely the customer has the right to have someone present if they wished, but maybe that should be the exception rather than the rule.

21. Do not agree that a physically segregated area is necessary, assuming you intended to mean a structural separation. This is likely to be costly for practitioners and will impact light and ventilation as the front area usually has the windows.

In addition this is likely to be in the front area of the shop – thus preventing sight of the main area. Privacy is already dealt with elsewhere.

It could be replaced with "that there is sufficient space between to prevent contamination" rather than physically segregated.

22. Needs to clearly specify the WC provision must be "within the premises".

23. This will be costly for the business to ensure all non hand operated taps are provided in toilet facilities. If there is a WHB in treatment areas with non hand operated taps then the expectation is that the practitioner then washes hands again on return in the treatment area prior to treatment.

28. Can impervious be specified in this condition.

30. Local lighting, this should be "where appropriate".



32. Agree the agreement of a drainage system being provided which is welcome but could it be specified that the WHB is connected to the drainage system apart from possibly at temporary events.

34. For clarity please can a minimum length handle be specified within the conditions. 38-40 – no reference to what is suitable equipment for disinfection and sterilisation. The conditions should be more specific e.g.

- A designated sink or equipment should be provided for cleaning.
- Cleaning solutions must be changed after each use
- Steam sterilisation is only appropriate for solid objects
- Vacuum benchtop sterilisation should be used for all hollow equipment.

40. No mention of a specific sink, if that is what is required to clean tools pre autoclave it should specifically state the requirement for a sink. This is likely to be a valid reason for refusing a license application so it should be a clear requisite. Practitioners need to know what structural items they need prior to taking a lease and are likely to be reading these conditions without the assistance of an EHO in the first instance.

Specify that the separate area must necessarily be physically segregated in all instances, for example even if there is only 1 practitioner for and there is sufficient space for separation.

41. Can the requirements be named and specified e.g. autoclave, temperature, printouts and indicator strips. What is the other equipment that is being referred to? Training should also be given to practitioners on the use of any equipment (ultrasonic and autoclaves) provided by the business.

44. Does this need to be 'away from'.

#### Question

There are a number of issues regarding how the scheme will work with mobile vehicles. Will they only have to register in their home authority and then be able to travel around Wales without having to notify any LA of the vehicle's presence in a different area?

	<p>We would recommend that a separate working group consisting of both LA and Industry representatives is established to review the detailed wording of the proposed conditions prior to finalisation. However, we would make the following initial observations:</p> <ol style="list-style-type: none"> <li>1. Mandatory conditions – conditions 9 and 10 suggest that LA's will be expected to process applications within 28 days from date of application. Given the level of detail required in the application and the on-site assessment that will be required to be completed this is an unrealistic timescale. Also the wording of condition 10 'Should the application process be delayed, the original licence will be deemed valid until the new licence is approved but only if the application is submitted within the specified time period' – this should be re-word to 'only if a valid application is submitted' and a definition regarding valid applications should be provided.</li> <li>2. Where procedures are required to be developed and used – this should be changed to implemented this would be in-line with other legislative requirements such as those relevant to food hygiene.</li> </ol>
<p><b>202 - Health and Safety Expert Panel</b></p>	<p>YES. HSEP members agree with those stated, but also make observations and additional considerations inline with other expert panels.</p> <ul style="list-style-type: none"> <li>• Vehicle must be in MOT date.</li> <li>• With business insurance and public liability</li> <li>• Photo of the vehicle needed showing VRN</li> <li>• Conditions and application forms do not identify how potable, sterile or clean water will be provided, nor toilet provision etc.</li> <li>• Mobile vehicles should also provide gas/electrical safety certificate depending on what they use.</li> <li>• No mention of cleaning water containers</li> <li>• No mention of drainage on mobiles</li> <li>• Do mobiles have to have a toilet? Or just access to one somewhere?</li> <li>• Plan of vehicle</li> </ul> <p>Need to ensure that we would be happy to refuse an application based on one of the conditions being absent.</p>

Condition 6. - Needs to be more specific in that the ‘holder of the approved certificate must only allow licensed practitioners to operate in the approved premises’.

Condition 10 – This could be amended to reflect the position set out in Schedule 3(10) in relation to Special Procedure licences by way of Regulations this would result in the continuity of the Approval Certificate provided that the applicant submitted an application before the expiry date.

Condition 11 – Would advocate the similar provision to Practitioner licences namely reporting time to reflect 7 or 14 days, in view of the severity of certain offences.

Condition 17. Disagree that no other person other than the client, practitioner or apprentice are prohibited. Can understand that others from the businesses shouldn’t be allowed but surely the customer has the right to have someone present if they wished, but maybe that should be the exception rather than the rule.

Condition 21. Do not agree that a physically segregated area is necessary, assuming you intended to mean a structural separation. This is likely to be costly for practitioners and will impact light and ventilation as the front area usually has the windows.

In addition this is likely to be in the front area of the shop – thus preventing sight of the main area. Privacy is already dealt with elsewhere.

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Condition 21 – revised to reflect Certificate Holder(s) as opposed to persons on whom application has been granted.

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Condition 23. This will be costly for the business to ensure all non hand operated taps are provided in toilet facilities. If there is a WHB in treatment areas with non hand operated taps then the expectation is that the practitioner then washes hands again on return in the treatment area prior to treatment.

Condition 24 - revised to reflect Certificate Holder(s) as opposed to persons on whom application has been granted.

Condition 28. Can impervious be specified in this condition.

Condition 30. Local lighting, this should be “where appropriate”.

Condition 32. Agree the agreement of a drainage system being provided which is welcome but could it be specified that the WHB is connected to the drainage system apart from possibly at temporary events.

Condition 34. For clarity please can a minimum length handle be specified within the conditions. 38-40 – no reference to what is suitable equipment for disinfection and sterilisation. The conditions should be more specific e.g.

- A designated sink or equipment should be provided for cleaning.
- Cleaning solutions must be changed after each use
- Steam sterilisation is only appropriate for solid objects
- Vacuum benchtop sterilisation should be used for all hollow equipment.

Condition 40. No mention of a specific sink, if that is what is required to clean tools pre autoclave it should specifically state the requirement for a sink. This is likely to be a valid reason for refusing a license application so it should be a clear requisite. Practitioners need to know what structural items they need prior to taking a lease and are likely to be reading these conditions without the assistance of an EHO in the first instance.

Specify that the separate area must necessarily be physically segregated in all instances, for example even if there is only 1 practitioner for and there is sufficient space for separation.

	<p>Condition 41. Can the requirements be named and specified e.g. autoclave, temperature, printouts and indicator strips. What is the other equipment that is being referred to? Training should also be given to practitioners on the use of any equipment (ultrasonic and autoclaves) provided by the business.</p> <p>Condition 44. Does this need to be 'away from'.</p> <p>Question There are a number of issues regarding how the scheme will work with mobile vehicles. Will they only have to register in their home authority and then be able to travel around Wales without having to notify any LA of the vehicle's presence in a different area?</p> <p>We would recommend that a separate working group consisting of both LA and Industry representatives is established to review the detailed wording of the proposed conditions prior to finalisation. However, we would make the following initial observations:</p> <ol style="list-style-type: none"> <li>1. Mandatory conditions – conditions 9 and 10 suggest that LA's will be expected to process applications within 28 days from date of application. Given the level of detail required in the application and the on-site assessment that will be required to be completed this is an unrealistic timescale. Also the wording of condition 10 'Should the application process be delayed, the original licence will be deemed valid until the new licence is approved but only if the application is submitted within the specified time period' – this should be re-word to 'only if a valid application is submitted' and a definition regarding valid applications should be provided.</li> <li>2. Where procedures are required to be developed and used – this should be changed to implemented this would be in-line with other legislative requirements such as those relevant to food hygiene.</li> </ol>
<b>203 - Anonymous (acupuncture)</b>	No comments
<b>205 - Lulu Dai</b>	No comments
<b>206/177 - Anonymous (acupuncture)</b>	Agree

<b>211 - British Acupuncture Council</b>	No comment
<b>215 - Shared Regulatory Services</b>	<p>YES. SRS agree with those stated, but also make observations and additional considerations inline with other expert panels.</p> <ul style="list-style-type: none"> <li>• Vehicle must be in MOT date.</li> <li>• With business insurance and public liability</li> <li>• Photo of the vehicle needed showing VRN</li> <li>• Conditions and application forms do not identify how potable, sterile or clean water will be provided, nor toilet provision etc.</li> <li>• Mobile vehicles should also provide gas/electrical safety certificate depending on what they use.</li> <li>• No mention of cleaning water containers</li> <li>• No mention of drainage on mobiles</li> <li>• Do mobiles have to have a toilet? Or just access to one somewhere?</li> <li>• Plan of vehicle</li> </ul> <p>Need to ensure that we would be happy to refuse an application based on one of the conditions being absent.</p> <p>Condition 6. - Needs to be more specific in that the 'holder of the approved certificate must only allow licensed practitioners to operate in the approved premises'.</p> <p>Condition 10 – This is could be amended to reflect the position set out in Schedule 3(10) in relation to Special Procedure licences by way of Regulations this would result in the continuity of the Approval Certificate provided that the applicant submitted an application before the expiry date.</p> <p>Condition 11 – Would advocate the similar provision to Practitioner licences namely reporting time to reflect 7 or 14 days, in view of the severity of certain offences.</p> <p>Condition 17. Disagree that no other person other than the client, practitioner or apprentice are prohibited. Can understand that others from the businesses shouldn't be allowed but surely the</p>

customer has the right to have someone present if they wished, but maybe that should be the exception rather than the rule.

Condition 21. Do not agree that a physically segregated area is necessary, assuming you intended to mean a structural separation. This is likely to be costly for practitioners and will impact light and ventilation as the front area usually has the windows.

In addition this is likely to be in the front area of the shop – thus preventing sight of the main area. Privacy is already dealt with elsewhere.

It could be replaced with “that there is sufficient space between to prevent contamination” rather than physically segregated.

Condition 21 – revised to reflect Certificate Holder(s) as opposed to persons on whom application has been granted.

Condition 22. Needs to clearly specify the WC provision must be “within the premises”.

Condition 23. This will be costly for the business to ensure all non hand operated taps are provided in toilet facilities. If there is a WHB in treatment areas with non hand operated taps then the expectation is that the practitioner then washes hands again on return in the treatment area prior to treatment.

Condition 24 - revised to reflect Certificate Holder(s) as opposed to persons on whom application has been granted.

Condition 28. Can impervious be specified in this condition.

Condition 30. Local lighting, this should be “where appropriate”.

Condition 32. Agree the agreement of a drainage system being provided which is welcome but could it be specified that the WHB is connected to the drainage system apart from possibly at temporary events.

Condition 34. For clarity please can a minimum length handle be specified within the conditions. 38-40 – no reference to what is suitable equipment for disinfection and sterilisation. The conditions should be more specific e.g.

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- Cleaning solutions must be changed after each use
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Specify that the separate area must necessarily be physically segregated in all instances, for example even if there is only 1 practitioner for and there is sufficient space for separation.

Condition 41. Can the requirements be named and specified e.g. autoclave, temperature, printouts and indicator strips. What is the other equipment that is being referred to? Training should also be given to practitioners on the use of any equipment (ultrasonic and autoclaves) provided by the business.

Condition 44. Does this need to be 'away from'.

#### Question

There are a number of issues regarding how the scheme will work with mobile vehicles. Will they only have to register in their home authority and then be able to travel around Wales without having to notify any LA of the vehicle's presence in a different area?

We would recommend that a separate working group consisting of both LA and Industry representatives is established to review the detailed wording of the proposed conditions prior to finalisation. However, we would make the following initial observations:



	<p>1. Mandatory conditions – conditions 9 and 10 suggest that LA’s will be expected to process applications within 28 days from date of application. Given the level of detail required in the application and the on-site assessment that will be required to be completed this is an unrealistic timescale. Also the wording of condition 10 ‘Should the application process be delayed, the original licence will be deemed valid until the new licence is approved but only if the application is submitted within the specified time period’ – this should be re-word to ‘only if a valid application is submitted’ and a definition regarding valid applications should be provided.</p> <p>2. Where procedures are required to be developed and used – this should be changed to implemented this would be in-line with other legislative requirements such as those relevant to food hygiene.</p>
<b>219 - Ross Jarvis</b>	27: Can client records be stored online with Stabpad? If not, how long do we keep client records in paper form and then how do we dispose of them safely whilst adhering to GDPR?
<b>220 - Tibetan and Eastern Medicine Association</b>	<p>In terms of acupuncture, we find the following requirements unnecessary.</p> <p>Floor Plan – we propose that this is not relevant to acupuncture. Most acupuncture sessions take place on a medical couch but if mobility is an issue acupuncture may take place on a chair. Occasionally in certain settings BAF acupuncturists work alone or in a team in a community setting where patients are treated in a community clinic (more usual when rehabilitation/addiction/cost effectiveness is an issue) with screens between couches. This does not preclude the same safety and hygiene standards being followed.</p> <p>When a BAF practitioner undertakes home or hospital/hospice/health center visits set guidelines are followed and the same hygiene and safety practices are followed e.g., setting up a clean field, handwashing and sterilisation.</p> <p>Level 2 Infection Control – as outlined above due to extended training and it is totally unnecessary for a BAF acupuncturist to undergo this training.</p> <p>Audit – under our codes of safe clinical practice, a practitioner is expected to undertake a risk assessment for mobile working. Due to extensive training a TEMA and BAF acupuncturist can</p>

	understand environmental risk factors and address these risks accordingly. A formal audit for every patient visit would not be necessary in our opinion.
<b>221 - Wrexham County Borough Council</b>	No as point 16
<b>222 - Caerphilly County Borough Council</b>	<ul style="list-style-type: none"> <li>• Condition 9 – would advocate a change to reflect the following ‘ changes to an approval certificate can only be made following an application to vary the certificate and which has been approved by the issuing local authority.</li> <li>• Condition 10 – This could be amended to reflect the position set out in Schedule 3(10) in relation to Special Procedure licences by way of Regulations, this would result in the continuity of the Approval Certificate provided that the applicant submitted an application before the expiry date.</li> <li>• Condition 11 – Would advocate the similar provision to Practitioner licences namely reporting time to reflect 7 or 14 days, in view of the severity of certain offences.</li> <li>• Condition 21 – revised to reflect Certificate Holder(s) as opposed to persons on whom application has been granted.</li> <li>• Condition 24 - revised to reflect Certificate Holder(s) as opposed to persons on whom application has been granted.</li> <li>• Consideration could be given to condensing the number of Mandatory conditions. E.g. a smaller number of well drafted conditions are more likely to be read / considered as opposed to 48. Our experience has shown that a larger number of conditions are unlikely to be complied with.</li> <li>• In relation to fixed premises, why does this licence need to be renewed on a 3 yearly interval when conditions are unlikely to alter, and visits will be carried out which will highlight any relevant changes. All that should be required is for proposed changes to be notified to the LA and a variation applied for.</li> <li>• In relation to the vehicle 3 year renewal we agree this would be necessary as changes may readily occur, for example, due to wear and tear, inadequate vehicle maintenance, water supplies are not mains fed, no heating, or vehicle change etc.</li> <li>• The powers of entry to enter a dwelling house which has a designated room which is used for special procedure needs clarification. Reading the Act it would appear that a warrant is necessary to enter a dwelling (See Section 84 subsection 2). It is also suggested that this clarification be extended to include external parts of the dwelling house i.e., garages, and sheds.</li> <li>• Point 8 should include the phrase ‘at the earliest opportunity or as soon as you become aware’.</li> </ul>

	<ul style="list-style-type: none"> <li>• Point 9 should be re-worded to request a variation 28 days prior to the change occurring and not once it has been implemented.</li> <li>• Point 12 requires review due to implication of dual insurances if the owner and self-employed members have their own insurance which may result in the same thing being insured twice. Is the requirement for public liability insurance going to be included within the Regulations as this is not currently a legal requirement unlike Employers Liability Insurance.</li> <li>• Point 17, may be necessary for someone who is nervous to have someone with them for support.</li> <li>• Point 19 – what is deemed to be of sufficient size of the premises, vehicle, or workstation? Who is to determine this?</li> <li>• Point 21 – Not all premises will permit physical segregation. What is deemed to be adequate for this purpose, can this be a moveable structure such as a screen or curtain or has it got to be fixed floor to ceiling barrier or barrier of a specified height. This is not consistent with the NHS which uses curtains and, in some instances, patients can be bleeding profusely.</li> <li>• Point 22, needs to confirm whether the toilet facilities must be within the premises. How is a vehicle or moveable premises to achieve this?</li> <li>• Point 31 – What is deemed to be suitable ventilation? Can this be an openable window or does it need to be mechanical with a specified number of air changes.</li> <li>• Point 33 – what provision is acceptable for a vehicle as the term running is used. Does this need to be a teal type of unit or would hot water urn and pumped cold water supply fit this purpose.</li> <li>• Point 34 – What is deemed to be a fit for purpose non-hand operated tap? Are specifications to be made in relation to the size of lever taps?</li> <li>• Are there any provisions for cleaning, disinfection, and storage of contaminated equipment on mobile premises. How are these to be cleaned at home when it is likely they will use their own kitchen or bathroom?</li> <li>• There is no reference to a designated sink for cleaning purposes. Nor whether taps would be required to be non-hand operated.</li> <li>• There is no reference to secure storage for clinical waste.</li> <li>• Where a mobile premises operator carries out sterilization at his home address. How will this legislation address a mobile practitioner who cleans and sterilizes his equipment at this home address and not on the mobile vehicle?</li> </ul>
<b>224 - Anonymous (piercer)</b>	Annex D2, S.17: Whilst I value measures which reduce overcrowding, I do not think it is appropriate to refuse anyone other than the client (or parent of child if under 18) access to procedure areas. There are a

	<p>number of occasions where this could put public safety at risk. This includes carers for the disabled, and other scenarios where someone may require an additional personal present. In addition to this, we are often with clients in various states of undress, and performing intimate procedures where lines could be easily blurred by predatory practitioners as to what is and isn't necessary for the performance of the service. Having a chaperone present reduces the risk of practitioners either blurring those lines, or outright assaulting clients during these procedures. We often have anxious clients, they like to have a friend in the studio to hold their hands, so a Plus 1 we believe is appropriate.</p> <p>Annex D2 22/23. With regard to premises requiring a toilet, whilst I feel that studios should have access to a toilet, we do not feel that it is necessary for it to be in the studio itself. If, for example, the shop exists in an arcade where many smaller shops have a shared toilet. This would also be true for studios in larger shopping centres. It is also worth noting that commercial landlords are not required to provide toilets in commercial lets, and this might disadvantage some studios unfairly.</p>
<p><b>226 - Environmental Health Wales</b></p>	<p>YES. CDEP, HSEP and LEP members agree with those stated, but also make observations and additional considerations.</p> <p>CDEP and LEP outline a need to streamline the number of conditions, in keeping with observations already made on Annex D1.</p> <ul style="list-style-type: none"> <li>• Vehicle must be in MOT date.</li> <li>• With business insurance and public liability</li> <li>• Photo of the vehicle needed showing VRN</li> <li>• Conditions and application forms do not identify how potable, sterile or clean water will be provided, nor toilet provision etc.</li> <li>• Mobile vehicles should also provide gas/electrical safety certificate depending on what they use.</li> <li>• No mention of cleaning water containers</li> <li>• No mention of drainage on mobiles</li> <li>• Do mobiles have to have a toilet? Or just access to one somewhere?</li> <li>• Plan of vehicle</li> </ul> <p>Need to ensure that we would be happy to refuse an application based on one of the conditions being absent.</p>

Condition 6. - Needs to be more specific in that the 'holder of the approved certificate must only allow licensed practitioners to operate in the approved premises'.

Condition 9 – LEP would advocate a change to reflect the following 'changes to an approval certificate can only be made following an application to vary the certificate and which has been approved by the issuing local authority.

Condition 10 – This is could be amended to reflect the position set out in Schedule 3(10) in relation to Special Procedure licences by way of Regulations this would result in the continuity of the Approval Certificate provided that the applicant submitted an application before the expiry date.

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In addition this is likely to be in the front area of the shop – thus preventing sight of the main area. Privacy is already dealt with elsewhere.

It could be replaced with "that there is sufficient space between to prevent contamination" rather than physically segregated.

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Condition 28. Can impervious be specified in this condition.

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Condition 32. Agree the agreement of a drainage system being provided which is welcome but could it be specified that the WHB is connected to the drainage system apart from possibly at temporary events.

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	<p>Specify that the separate area must necessarily be physically segregated in all instances, for example even if there is only 1 practitioner for and there is sufficient space for separation.</p> <p>Condition 41. Can the requirements be named and specified e.g. autoclave, temperature, printouts and indicator strips. What is the other equipment that is being referred to? Training should also be given to practitioners on the use of any equipment (ultrasonic and autoclaves) provided by the business.</p> <p>Condition 44. Does this need to be 'away from'.</p> <p>Question There are a number of issues regarding how the scheme will work with mobile vehicles. Will they only have to register in their home authority and then be able to travel around Wales without having to notify any LA of the vehicle's presence in a different area?</p> <p>We would recommend that a separate working group consisting of both LA and Industry representatives is established to review the detailed wording of the proposed conditions prior to finalisation. However, we would make the following initial observations:</p> <ol style="list-style-type: none"> <li>1. Mandatory conditions – conditions 9 and 10 suggest that LA's will be expected to process applications within 28 days from date of application. Given the level of detail required in the application and the on-site assessment that will be required to be completed this is an unrealistic timescale. Also the wording of condition 10 'Should the application process be delayed, the original licence will be deemed valid until the new licence is approved but only if the application is submitted within the specified time period' – this should be re-word to 'only if a valid application is submitted' and a definition regarding valid applications should be provided.</li> <li>2. Where procedures are required to be developed and used – this should be changed to implemented this would be in-line with other legislative requirements such as those relevant to food hygiene.</li> </ol>
<b>232 - Kat Webb</b>	<p>9 - Changes to the approval certificate may only be made by the issuing local authority... Applications for variation must be made within 28 days of the change occurring. – again allowing scope for a practitioner to operate in an unlicensed setting for 28days.</p>

14 - A notice... that special procedures will not be carried out on any person who... appears to be intoxicated... must be prominently displayed in the waiting area of the premises or vehicle. – red tape, mentioning this in booking terms and during the consent form should be enough.

15 - No eating or drinking is permitted in the treatment area... "No Eating or Drinking" ... displayed in the rooms where the special procedures are undertaken. – sometimes it is necessary for a client to have a drink or sugar boost such as sweets, especially during longer session or during hot weather and it is not always safe/viable to move them out of the treatment area for this. This should only be out of necessity and for client care rather than the client just wanting to eat snacks. If a break is needed for lunch/snacks, then the clients should be directed to an area away from the treatment room.

17. Persons other than the client, practitioner, trainee or apprentice and where appropriate, the parent or legal guardian are prohibited from rooms or areas where special procedures are performed. – we get a lot of nervous first timers or those with recognised mental health or anxiety conditions that request a support person attend with them. Allowances for this should be made at the practitioners digression and should only be in the interest of client care, not simply because their friends want to come and watch.

23 - Hand washing instructions should be clearly displayed at every basin. This must be separate to the one provided for hand washing prior to performing a special procedure. – red tape and overkill for the public to have to display handwashing instructions at every sink.

32 - The approved premises or vehicle must be supplied with a drainage system that is fit for purpose and is not capable of causing harm to human health. – will self contained sink units still be allowed? They have a separate contained area for 'dirty' water but are not externally connected to a drainage system.

40 - Equipment, facilities and arrangements must be provided for the decontamination, cleaning, disinfecting and, where required, sterilisation of work tools, instruments and other items. This provision must be physically segregated from the areas/rooms where special procedures are performed – Equipment used for the reprocessing (cleaning and decontamination) of items used during a 'special procedure' should absolutely be stored and operated in a separate area as the potential contamination risk during a cleaning process is high, especially from the potential aeration of contaminates during an ultrasonic cycle.



	<p>However, some practitioners use an autoclave to process only clean items, such as new jewellery and single use tools immediately prior to starting a procedure, so in this instance, having a 'clean' autoclave in the treatment room would be more beneficial and reduce the cross contamination risk, than having to transport from a separate area.</p>
<p><b>233 - UKAPP</b></p>	<p>Annex D2, S.17: Whilst UKAPP value measures which reduce overcrowding, we do not think it is appropriate to refuse anyone other than the client (or parent of child if under 18) access to procedure areas. There are a number of occasions where this could put public safety at risk. This includes carers for the disabled, and other scenarios where someone may require an additional personal present. In addition to this, we are often with clients in various states of undress, and performing intimate procedures where lines could be easily blurred by predatory practitioners as to what is and isn't necessary for the performance of the service. Having a chaperone present reduces the risk of practitioners either blurring those lines, or outright assaulting clients during these procedures. Accusations like this have not been uncommon in the past and UKAPP has had to undertake several investigations, and issue several bans from membership and from UKAPP events for those who've had accusations levelled against them.</p> <p>In addition to this, some clarification on how many practitioners are able to work in a certain space, and how this will be decided. Whilst we wholeheartedly believe that overcrowding in studios is a public health concern, we do believe that the metrics used to decide on overcrowding should be transparent.</p> <p>Annex D2 22/23. With regard to premises requiring a toilet, whilst we feel that studios should have access to a toilet, we do not feel that it is necessary for it to be in the studio itself. If, for example, the shop exists in an arcade where many smaller shops have a shared toilet. This would also be true for studios in larger shopping centres. It is also worth noting that commercial landlords are not required to provide toilets in commercial lets, and this might disadvantage some studios unfairly.</p> <p>Annex D2. 31 - UKAPP would like to see some clarification on ventilation, and what would be required. For example, should ventilation be structurally impossible, would a HEPA filter suffice in its place?</p> <p>Annex D2. 32 - Whilst we recognise that effective drainage is important, there are, once more circumstances where this would be structurally impossible. In the past, UKAPP has recommended</p>

	practitioners utilise portable sinks for hand hygiene, and have had great success with this. For contaminated fluids associated with re-sterilising, solidifying granules which see the fluid transformed to a solid state which can be disposed of in a clinical waste bin would also be sufficient.
<b>also</b>	82 - Anonymous (piercer); 83 - Anonymous (piercer); 87 - Anonymous (piercer); 124 - Anonymous (piercer); 127 - Anonymous (piercer); 128 - Anonymous (piercer); 129 - Anonymous (piercer); 130 - Anonymous (piercer); 131 - Anonymous (piercer); 149 - Anonymous (piercer); 150 - Anonymous (piercer); 151 - Anonymous (piercer); 173 - Anonymous (piercer); 176 - Anonymous (piercer); 195 - Anonymous (piercer); 204 - Anonymous (piercer); 207 - Anonymous (piercer); 234 - Anonymous (piercer); 250 - Anonymous (piercer).
<b>238/239 - Institute of Licensing</b>	<p>We support the comments made by LEP which are set out in the response from Environmental Health Wales (EHW) and the Directors of Public Protection Wales (DPPW).</p> <p>Licence conditions are often a subject of debate and discussion across many licensing regimes. It is our experience that conditions are much more effective where they are clear, concise and kept to a minimum wherever possible. LEP members have expressed concern that the current list may be too long and complicated, and that consideration should be given to re-wording and consolidating the conditions to make them clearer and to reduce the size and nature of the conditions. IoL strongly supports this, and we would be happy to work with Welsh Government to assist in reviewing the current list.</p>
<b>241 - Anonymous (tattooing)</b>	no, seems clear and concise. think hands free taps unnecessary and way beyond good practise formulated by the WHO for handwashing.
<b>244 - Anonymous (acupuncture)</b>	No comment
<b>245 - Anonymous (acupuncture)</b>	No comments.
<b>249 - Association of Traditional Chinese Medicine</b>	No comment.
<b>also</b>	51 - Alison Williams; 67 - Anonymous (acupuncture); 68 - Anonymous (acupuncture); 70 - Anonymous (acupuncture); 72 - Anonymous (acupuncture); 101 - Anonymous (acupuncture); 102 - Dr Di Wu; 104 - Anonymous (acupuncture); 110 - Anonymous (acupuncture); 114 - Anonymous (acupuncture); 115 - Jing

	<p>Wang; 118 - Ann Charlton; 134 - Anonymous (acupuncture); 137 - Lingxia Gao; 138/(139) - Wang Chen; 141 - Na Yang; 153 - Zhimin Ma; 154 - Anonymous (acupuncture); 155 - Anonymous (acupuncture); 156 - Cui Hong Duan; 157 - Anonymous (acupuncture); 158 - Anonymous (acupuncture); 160 - Anonymous (acupuncture); 161 - Anonymous (acupuncture); 162 - Anonymous (acupuncture); 165 - Qikan Yin; 170 - Yuancai Fu; 171 - Yan Jing Wang; 172 - Baifang Zhu; 174 - Phoebe Deng; 177/206 - Anonymous (acupuncture); 178 - Minan Yao; 188 - Anonymous (acupuncture); 190 - Anonymous (acupuncture); 191 - Anonymous (acupuncture); 193 - Dr Jianrui Wang; 196 - Anonymous (acupuncture); 197 - Anonymous (acupuncture); 208 - Zheng Yuan Zhong; 210 - Li Yan; 213 - Min Li; 223/140 - Xianghui Guo; 225 - Jun Wen Ma; 235 - Anonymous (acupuncture); 236 - Jing Ding; 237 – Pinyi; 240 - Shu Li Lu; 242 - Anonymous (acupuncture); 243 - Anonymous (acupuncture); 246 - Ke Xia Xu; 247 - Anonymous (acupuncture); 248 - Anonymous (acupuncture).</p>
<p><b>252 - Torfaen County Borough Council</b></p>	<p>Yes.</p> <p>Generally, these are not robust enough. Moving from a lower registration to a higher license standard and setting a level playing field for all businesses to adhere to. The conditions need to set out clearly what is expected of the business without interpretation and confusion, which will enable officers or LAs to be consistent in their enforcement and alleviate appeals being made to committee and further. It is suggested that this legislation has consideration to prevention of infection. To this end, a lot of potential sources of infection and human error can be prevented through designing out the risk.</p> <p>TCBC make the following observations and additional considerations:-</p> <ul style="list-style-type: none"> <li>• Vehicle must be in MOT date.</li> <li>• With business insurance and public liability</li> <li>• Photo of the vehicle needed showing VRN and chassis numbers</li> <li>• Conditions and application forms do not identify how potable, sterile or clean water will be provided, nor toilet provision etc.</li> <li>• Mobile vehicles should also provide gas/electrical safety certificate depending on what they use.</li> <li>• No mention of cleaning water containers</li> <li>• No mention of drainage on mobiles</li> <li>• Do mobiles have to have a toilet? Or just access to one somewhere?</li> <li>• Plan of vehicle</li> </ul>

Condition 6. - needs to be more specific in that the 'holder of the approved certificate must only allow licensed practitioners to operate in the approved premises'.

Condition 8 – this should include “within a time limit.”

Condition 9 – would advocate a change to reflect the following 'changes to an approval certificate can only be made following an application to vary the certificate and which has been approved by the issuing LA.

Condition 10 – this could be amended to reflect the position set out in Schedule 3(10) in relation to Special Procedure licences by way of Regulations this would result in the continuity of the Approval Certificate provided that the applicant submitted an application before the expiry date.

Condition 11 – Would advocate the similar provision to Practitioner licences namely reporting time to reflect 7 or 14 days, in view of the severity of certain offences.

Condition 15 - 'Open' rooms with more than one practitioner will require a staff welfare area for eating and resting away from the treatment room

Condition 17 - Disagree that no other person other than the client, practitioner or apprentice are prohibited. Can understand that others from the businesses shouldn't be allowed but surely the customer has the right to have someone present if they wished, but maybe that should be the exception rather than the rule.

Condition 18 - Add in and allow for ease of flow from dirty to clean areas. Should segregate dirty area for storing dirty kidney dishes and equipment ready for cleaning and autoclaving.

Condition 19 - size should also consider health and safety and numbers due to collision with needles etc. which would also be deemed an infection control risk. Collisions or bumping into each other if too close whilst doing a procedure could also impact on the infection/trauma of skin if wound made bigger or additional wounds to skin during the procedure due to lack of space.

Condition 20 - some premises are suggested will have more than one workstation. The positions of these need to be considered. Due to lack of space some are in close proximity to WHBs where there could be a risk of cross contamination from hand washing to the workstation area. Space standards should be in line with the NHS standards.

The use of PPE needs to be considered and where these are stored and accessed during procedures. Dispensers limit the external touching of boxes for both gloves and aprons.

Condition 21 - TCBC agree that a physically segregated area is necessary

Condition 21 – revised to reflect Certificate Holder(s) as opposed to persons on whom application has been granted.

Condition 22. Needs to clearly specify the WC provision must be “within the premises” and further consideration is required regarding provision in mobile vehicles is required.

Condition 23. TCBC agree that this is required and designing out the potential for risk is key to ensure that hands are washed prior to leaving the toilet.

Condition 24 - revised to reflect Certificate Holder(s) as opposed to persons on whom application has been granted.

Condition 28. Can smooth and impervious be specified in this condition and also add that they must be easy to clean

Condition 30. Local lighting, this should be “where appropriate”.

Condition 31 - Ventilation must be specific and the use of mechanical ventilation in rooms without windows must be identified as a standard and appropriate, stating suitable and sufficient does not negate the use of such things as air purifiers which are now in use as a substitute for mechanical ventilation and adequate air changes and free air. During Covid-19, this was made clear that • Cleaning solutions must be changed after each use

- Steam sterilisation is only appropriate for solid objects
- Vacuum benchtop sterilisation should be used for all hollow equipment

Condition 40 - no mention of a specific sink, if that is what is required to clean tools pre autoclave it should specifically state the requirement for a sink. This is likely to be a valid reason for refusing a license application so it should be a clear requisite. Practitioners need to know what structural items they need prior to taking a lease and are likely to be reading these conditions without the assistance of an EHO in the first instance.

Specify that the separate area must necessarily be physically segregated in all instances, for example even if there is only 1 practitioner for and there is sufficient space for separation.

Condition 41 - Can the requirements be named and specified e.g. autoclave, temperature, printouts and indicator strips. What is the other equipment that is being referred to? Training should also be given to practitioners on the use of any equipment (ultrasonic and autoclaves) provided by the business.

Condition 44 - Does this need to be 'away from'.

#### Question

There are a number of issues regarding how the scheme will work with mobile vehicles. Will they only have to register in their home authority and then be able to travel around Wales without having to notify any LA of the vehicle's presence in a different area?

TCBC would recommend that a separate working group consisting of both LA and Industry representatives be established to review the detailed wording of the proposed conditions prior to finalisation. However, we would make the following initial observations:

1. Mandatory conditions – conditions 9 and 10 suggest that LA's will be expected to process applications within 28 days from date of application. Given the level of detail required in the application and the on-site assessment that will be required to be completed this is an unrealistic timescale. Also the wording of condition 10 'Should the application process be delayed, the original licence will be deemed valid

until the new licence is approved but only if the application is submitted within the specified time period' – this should be re-worded to 'only if a valid application is submitted' and a definition regarding valid applications should be provided.

2. Where procedures are required to be developed and used – this should be changed to implemented this would be in-line with other legislative requirements such as those relevant to food hygiene.

Additional points recommended:-

- Disposal of waste procedures should be added to previous points on page 78 as a mandatory licensing condition.
- The use of a potable water supply that will not hinder special procedures and provide a risk of contamination should be included as a mandatory condition
- The discouragement of cloth seating and settees in special procedure treatment rooms which are sometimes used for young children and or guardians/parents should be included.
- A mains water supply to the premises must be provided with a readily available supply of heating of hot water. In the case of wash hand basins, a thermostatic mixing valve should be provided to the hot tap to limit the temperature to 43°C (in line with health care provisions) enabling thorough and effective hand washing.
- Innovative cleaning techniques such as osmosis and ultraviolet light needs to be carefully considered as to whether they are deemed acceptable) for the prevention of infection in special procedures
- Vaccinations/ vaccination status should be considered as a condition as this is useful to reduce transmission.
- Ergonomics of the workspace should be considered, setting a base standard for every business.
- A stock rotation system for products should be considered as a condition.
- A training package surrounding aftercare advice (and the implications of various diseases/ health conditions) is strongly recommended

The conditions that are to be used in addition to these mandatory conditions will not have enough scope and weight. In the absence of specifics this will be present some significant challenges for LAs during implementation and beyond. In our view, the non-statutory conditions should be considered as approved conditions, giving them more weight and standing. This would provide a useful point of reference as

	further reference as a base standard for businesses to use and LA officers to audit against, by having more specific standards which are already being used in HIW and CIW documents.
<b>254 - Swansea Council</b>	YES. Consideration could be given to provision of MOT and vehicle insurance for motorised vehicles.



**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?**

<p><b>'Yes' response</b></p>	<p>4 – Anonymous; 12 – Anonymous; 14 - Cheryl Drew; 15 - Anonymous (acupuncture); 18 – Anonymous; 19 - Anonymous; 20 - Duncan Reed; 22 - Sally Hickenson; 27 - Clares European Services; 29 - Shan MacVicar; 33 - Carla Evans; 34 - James Ogle; 39 - Kate Doble; 40 - Anonymous (acupuncture); 47 – Anonymous; 49 - Di-enw (local authority); 53 - Oliver Todd; 55 - Aiden Johnson; 56 - British Medical Acupuncture Society; 61 - Anonymous (acupuncture); 66 - Gareth Davies; 69 - Anonymous (acupuncture); 74 - Anonymous (SPM); 78 - Anonymous (acupuncture); 79 - Rhian Mansfield; 80 - Anonymous (tattooing); 84 - Anonymous; 93 - Royal College of Midwives; 98 - Inc and Co; 104 - Anonymous (acupuncture); 106 - Anonymous (acupuncture); 109 - Warren Tregidden; 116 - Anonymous; 117 - Marnie Williams; 122 - Anonymous; 123 - Anonymous (piercer); 125 - Becky Crossan; 126 - Rhondda Cynon Taff County Borough Council; 132 - Anonymous (piercer); 133 - Anonymous (local authority); 144 - Anonymous (piercer); 145 - Anonymous (tattooing); 146 - Ming Chu Lok; 152 - Anonymous (tattooing); 163 - Anonymous (tattooing); 168 - Anonymous (tattooing); 192 - British Register of Complementary Practitioners; 209 - Anonymous (acupuncture); 212 - Save Face; 221 - Wrexham County Borough Council; 224 - Anonymous (piercer); 227 – Anonymous; 229 - Anonymous (tattooing); 230 - Anonymous (charitable organisation); 233 - UKAPP; 238/239 - Institute of Licensing; 241 - Anonymous (tattooing), 254 - Swansea Council.</p> <p>UKAPP responses: 82 - Anonymous (piercer); 83 - Anonymous (piercer); 87 - Anonymous (piercer); 124 - Anonymous (piercer); 127 - Anonymous (piercer); 128 - Anonymous (piercer); 129 - Anonymous (piercer); 130 - Anonymous (piercer); 131 - Anonymous (piercer); 149 - Anonymous (piercer); 150 - Anonymous (piercer); 151 - Anonymous (piercer); 173 - Anonymous (piercer); 176 - Anonymous (piercer); 195 - Anonymous (piercer); 204 - Anonymous (piercer); 207 - Anonymous (piercer); 234 - Anonymous (piercer); 250 - Anonymous (piercer).</p>
<p><b>'No' response</b></p>	<p>17 – Anonymous.</p>
<p><b>'Agree'</b></p>	<p>51 - Alison Williams; 57 - Tamarind Dykes; 67 - Anonymous (acupuncture); 68 - Anonymous (acupuncture); 70 - Anonymous (acupuncture); 72 - Anonymous (acupuncture); 77 - Mari Macandrew; 101 - Anonymous (acupuncture); 102 - Dr Di Wu; 108 - Anonymous (acupuncture); 110 - Anonymous (acupuncture); 114 - Anonymous (acupuncture); 115 - Jing Wang; 118 - Ann Charlton; 134 - Anonymous</p>

	(acupuncture); 135 - Anonymous (tattooing); 136 - Denbighshire County Council; 137 - Lingxia Gao; 138/(139) - Wang Chen; 141 - Na Yang; 142 - Anonymous (acupuncture); 153 - Zhimin Ma; 154 - Anonymous (acupuncture); 155 - Anonymous (acupuncture); 156 - Cui Hong Duan; 157 - Anonymous (acupuncture); 158 - Anonymous (acupuncture); 159 - H Wong; 160 - Anonymous (acupuncture); 161 - Anonymous (acupuncture); 162 - Anonymous (acupuncture); 165 - Qikan Yin; 170 - Yuancai Fu; 171 - Yan Jing Wang; 172 - Baifang Zhu; 174 - Phoebe Deng; 177/206 - Anonymous (acupuncture); 178 - Minan Yao; 188 - Anonymous (acupuncture); 190 - Anonymous (acupuncture); 191 - Anonymous (acupuncture); 193 - Dr Jianrui Wang; 196 - Anonymous (acupuncture); 197 - Anonymous (acupuncture); 203 - Anonymous (acupuncture); 205 - Lulu Dai; 208 - Zheng Yuan Zhong; 210 - Li Yan; 213 - Min Li; 223/140 - Anonymous (acupuncture); 225 - Jun Wen Ma; 235 - Anonymous (acupuncture); 236 - Jing Ding; 237 - Pinyi; 240 - Shu Li Lu; 242 - Anonymous (acupuncture); 243 - Anonymous (acupuncture); 244 - Anonymous (acupuncture); 245 - Anonymous (acupuncture); 246 - Ke Xia Xu; 247 - Anonymous (acupuncture); 248 - Anonymous (acupuncture); 249 - Association of Traditional Chinese Medicine.
<b>Left blank</b>	1/35 - Anonymous (acupuncture); 2 – Anonymous; 5 - Anonymous (acupuncture); 8 – Anonymous; 9 – Anonymous; 10 – Anonymous; 11 – Katie; 24 – Anonymous; 25 - David Carlisle; 28 - Anonymous; 30 - Anonymous; 32 - Anonymous (tattooing); 38 - Rachel Edney; 41 - Anonymous (acupuncture); 59 - Josh Cranton; 62 – Anonymous; 73 - Clare Robinson-Campbell; 85 - F Hinds Ltd; 89 - Rachel Bowen; 100 - Anonymous; 111 - Anonymous (tattooing); 113 - Superdrug Ltd; 120 - Anonymous (acupuncture); 121 - National AIDS Trust; 143 - Claire's Accessories; 164 - Anonymous (tattooing); 166 - Claire Pritchard; 167 - Anonymous (manufacturer); 186 - Anonymous (acupuncture); 189 - Baidong Li; 194 - Jian Wang; 216 - Age Cymru; 217 - Anonymous (acupuncture).
<b>3 - Guild of Beauty Therapists</b>	Yes - providing that the costs involved are not prohibitive
<b>6 - Anonymous</b>	Not sure.
<b>16 - Sarah Swaysland</b>	Yes – agreed
<b>21 - Anonymous</b>	I think it's hard for businesses to keep paying out
<b>23 - Anonymous</b>	Yes but every 4-5 years not 3
<b>26 - Joint Council of Cosmetic Practitioners</b>	Agreed

<b>31 - Chartered Institute of Environmental Health</b>	Yes. Consistency with special procedure licenses is appropriate.
<b>36 - Kelly Griffiths</b>	y
<b>37 – Anonymous (local authority)</b>	Varying renewal timescales should be considered for different activities e.g. electrolysis and acupuncture renewals (5 years) etc. This will allow Local Authorities to spread out the renewals on an annual basis.
<b>42 - Paul Battersby also</b>	Yes, I fully agree. 44 - Roy Montgomery; 45 - Anonymous (acupuncture); 46 - Alison Smith; 50 - Anonymous (acupuncture); 52 - Anonymous (acupuncture); 58 - Kate van Rensburg; 60 - Laura Gibbons; 63 - Christine Hutchinson; 64 - Anonymous (acupuncture); 65 - Anonymous (acupuncture); 75 - Madeline Boots; 86 - Suzanne Gregson; 88 - Anonymous (acupuncture); 99 - Janis Short; 105 - Daniel Curran.
<b>43 - Acupuncture Association of Chartered Physiotherapists</b>	Yes, we fully agree.
<b>48 - Kat Hennes</b>	I agree.
<b>54 - Lola Slider</b>	I could not locate section 70 so I can't comment on this
<b>81 - Gemma Kingston</b>	No - should be more than 3 years should be at least 5.
<b>90 - Blaenau Gwent County Borough Council</b>	Yes, we agree with this proposal
<b>91 - British Beauty Council</b>	Yes. This is important for continuity and consistency.
<b>92 - Anonymous (acupuncture)</b>	this will be difficult for clinicians working in the community setting, and for training providers
<b>94 - National Hair and Beauty Federation</b>	We agree, this is important for continuity and consistency.
<b>95 - Beauty Industry Group - Licensing</b>	Yes. This is important for continuity and consistency.

<b>96 - Beauty Industry Group - Chair</b>	Yes. This is important for continuity and consistency.
<b>103 - Anonymous (acupuncture)</b>	No comment.
<b>107 - BABTAC</b>	Yes. This is important for continuity and consistency.
<b>112 - British Acupuncture Federation</b>	We propose that BAF acupuncturists should be exempt.
<b>169 - Anonymous (tattooing)</b>	I agree that variations would incur a fee. If there is no variation, will this fee be lower? Can't EHO be more pro-active instead?
<b>175 - Anonymous (tattooing)</b>	I agree that variations would incur a fee. If there is no variation, will this fee be lower? Why can't EHO be more pro-active instead?
<b>179 - N Wales Health and Safety Expert Panel</b>	It may be appropriate to vary the renewal periods for premises certificates based on the highest risk procedure undertaken at the premises. Low risk procedures such as electrolysis and acupuncture could be longer than higher risk piercing and tattooing.  This would allow Local Authorities to spread renewals and assist with capacity issues.
<b>183 - Hair and Beauty Industry Authority</b>	Yes. This is important for continuity and consistency.
<b>184 - Nursing and Midwifery Council</b>	We have no comments.
<b>198 - Isle of Anglesey County Council</b>	It may be appropriate to vary the renewal periods for premises certificates based on the highest risk procedure undertaken at the premises. Low risk procedures such as electrolysis and acupuncture could be longer than higher risk piercing and tattooing.  This would allow Local Authorities to spread renewals and assist with capacity issues.
<b>200 - Anonymous (local authority)</b>	YES. Variations should be of limited financial impact to the businesses.

<b>201 - All-Wales Communicable Disease Expert Panel</b>	YES. Varying renewal timescales should be considered for different activities e.g. electrolysis and acupuncture renewals (5 years) etc. This will allow Local Authorities to spread out the renewals on an annual basis.
<b>202 - Health and Safety Expert Panel</b>	Yes, Varying renewal timescales should be considered for different activities e.g. electrolysis and acupuncture renewals (5 years) etc. This will allow Local Authorities to spread out the renewals on an annual basis.
<b>211 - British Acupuncture Council</b>	No comment
<b>215 - Shared Regulatory Services</b>	Yes, Varying renewal timescales should be considered for different activities e.g. electrolysis and acupuncture renewals (5 years) etc. This will allow Local Authorities to spread out the renewals on an annual basis.
<b>219 - Ross Jarvis</b>	I agree that variations would incur a fee. If there is no variation, will this fee be lower? Can't EHO be more pro-active instead?
<b>220 - Tibetan and Eastern Medicine Association</b>	We propose that TEMA and BAF acupuncturists should be exempt.
<b>222 - Caerphilly County Borough Council</b>	<p>We do agree with Regulations required. However, in relation to a variation we advocate that a variation should only be required for an addition or removal of a special procedure and any change to the maximum of workstations and not a variation for a specified number of workstations.</p> <p>12.2 clarification is required regarding why a change of ownership is detailed in variation? Surely this would be a new application.</p> <p>12.4 should be amended to say 'shall notify' rather than 'may notify' the local authority</p> <p>Why do you need to have a 3 yearly renewal on a fixed premises? It is understandable for a mobile/vehicle/domestic setting as these may alter but permanent commercial premises are unlikely to change and its already a requirement in mandatory conditions to notify of any variation/changes. This may be perceived as a stealth charge.</p>

<b>226 - Environmental Health Wales</b>	YES. CDEP, HSEP and LEP agree.  Varying renewal timescales should be considered for different activities e.g. electrolysis and acupuncture renewals (5 years) etc. This will allow Local Authorities to spread out the renewals on an annual basis.
<b>231 - Anonymous (acupuncture)</b>	Yes, I agree.
<b>232 - Kat Webb</b>	AGREE – although changes should be approved and added to licence BEFORE being implemented/carried out.
<b>252 - Torfaen County Borough Council</b>	Yes. Varying renewal timescales should be considered for different activities e.g., electrolysis and acupuncture renewals (5 years) etc. This will allow Las to spread out the renewals on an annual basis.

<b>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?</b>	
<b>'Yes' response</b>	3 - Guild of Beauty Therapists; 6 – Anonymous; 12 – Anonymous; 14 - Cheryl Drew; 15 - Anonymous (acupuncture); 17 – Anonymous; 18 – Anonymous; 20 - Duncan Reed; 22 - Sally Hickenson; 23 – Anonymous; 34 - James Ogle; 47 – Anonymous; 53 - Oliver Todd; 55 - Aiden Johnson; 56 - British Medical Acupuncture Society; 61 - Anonymous (acupuncture); 69 - Anonymous (acupuncture); 74 - Anonymous (SPM); 78 - Anonymous (acupuncture); 79 - Rhian Mansfield; 80 - Anonymous (tattooing); 81 - Gemma Kingston; 84 – Anonymous; 91 - British Beauty Council; 93 - Royal College of Midwives; 95 - Beauty Industry Group – Licensing; 96 - Beauty Industry Group Chair; 104 - Anonymous (acupuncture); 106 - Anonymous (acupuncture); 107 – BABTAC; 109 - Warren Tregidden; 117 - Marnie Williams; 123 - Anonymous (piercer); 135 - Anonymous (tattooing); 145 - Anonymous (tattooing); 146 - Ming Chu Lok; 152 - Anonymous (tattooing); 183 - Hair and Beauty Industry Authority; 192 - British Register of Complementary Practitioners; 209 - Anonymous (acupuncture); 212 - Save Face; 224 - Anonymous (piercer); 227 - Anonymous; 229 - Anonymous (tattooing); 230 - Anonymous (charitable organisation).
<b>'No' response</b>	none
<b>'Agree'</b>	51 - Alison Williams; 67 - Anonymous (acupuncture); 68 - Anonymous (acupuncture); 70 - Anonymous (acupuncture); 72 - Anonymous (acupuncture); 101 - Anonymous (acupuncture); 102 - Dr Di Wu; 108 - Anonymous (acupuncture); 110 - Anonymous (acupuncture); 114 - Anonymous (acupuncture); 115 - Jing Wang; 118 - Ann Charlton; 134 - Anonymous (acupuncture); 137 - Lingxia Gao; 138/(139) - Wang Chen; 141 - Na Yang; 142 - Anonymous (acupuncture); 153 - Zhimin Ma; 154 - Anonymous (acupuncture); 155 - Anonymous (acupuncture); 156 - Cui Hong Duan; 157 - Anonymous (acupuncture); 158 - Anonymous (acupuncture); 160 - Anonymous (acupuncture); 161 - Anonymous (acupuncture); 162 - Anonymous (acupuncture); 165 - Qikan Yin; 170 - Yuancai Fu; 171 - Yan Jing Wang; 172 - Baifang Zhu; 174 - Phoebe Deng; 177/206 - Anonymous (acupuncture); 178 - Minan Yao; 188 - Anonymous (acupuncture); 190 - Anonymous (acupuncture); 191 - Anonymous (acupuncture); 193 - Dr Jianrui Wang; 196 - Anonymous (acupuncture); 197 - Anonymous (acupuncture); 203 - Anonymous (acupuncture); 208 - Zheng Yuan Zhong; 210 - Li Yan; 213 - Min Li; 223/140 - Xianghui Guo; 225 - Jun Wen Ma; 235 - Anonymous (acupuncture); 236 - Jing Ding; 237 – Pinyi; 240 - Shu Li Lu; 242 - Anonymous (acupuncture); 243 - Anonymous (acupuncture); 245 - Anonymous (acupuncture); 246 - Ke Xia Xu; 247 - Anonymous (acupuncture); 248 - Anonymous (acupuncture).

<b>Left blank</b>	1/35 - Anonymous (acupuncture); 2 – Anonymous; 5 - Anonymous (acupuncture); 8 – Anonymous; 9 – Anonymous; 10 - Anonymous; 11 - Katie; 24 - Anonymous; 25 - David Carlisle; 28 - Anonymous; 29 - Shan MacVicar; 30 - Anonymous; 38 - Rachel Edney; 41 - Anonymous (acupuncture); 59 - Josh Cranton; 62 – Anonymous; 73 - Clare Robinson-Campbell; 85 - F Hinds Ltd; 89 - Rachel Bowen; 100 – Anonymous; 120 - Anonymous (acupuncture); 121 - National AIDS Trust; 166 - Claire Pritchard; 186 - Anonymous (acupuncture); 189 - Baidong Li; 194 - Jian Wang; 216 - Age Cymru; 217 - Anonymous (acupuncture).
<b>4 - Anonymous</b>	There should be no double standards. The regulations must be consistent
<b>16 - Sarah Swaysland</b>	<p>YES - temporary events present a higher risk for things to go wrong and for standards to be maintained. To robustly protect public health, it is appropriate that temporary events are required to achieve the same standards.</p> <p>Detailed guidance will be imperative for providing organisers with a steer on ‘what good looks like’. Arguably, any temporary event that will last 7 days or less, should be required to ensure all equipment used is pre-sterilised, single use and fully disposable. I foresee the greatest challenge in such situations to be managing a decontamination area successfully, particularly where a large number of practitioners may be operating.</p>
<b>19 - Kim Eldridge</b>	N/A
<b>21 - Anonymous</b>	All mandatory approval conditions should be the same
<b>26 - Joint Council of Cosmetic Practitioners</b>	The same conditions should apply
<b>27 - Clares European Services</b>	No the mandatory approval conditions should be the same for permanent and temporary
<b>31 - Chartered Institute of Environmental Health</b>	<p>For vehicles yes as they are self-contained and merely operating at a different venue. For premises additional mandatory approval conditions might be useful. For example tattoo conventions attract tattooists and clients from across Europe. The legal age for a tattoo does differ in other parts of Europe. It may be useful therefore to make entry to tattoo conventions age-restricted i.e. a licensing condition that individuals must be over the age of 18 and have proper, valid identification to enter a tattoo convention and to get tattooed.</p> <p>Convention venues may also present their own unique challenges for the practitioners and regulators.</p>



	Lighting, for example, isn't always the best at conventions, so an additional approval condition relating to lighting may be appropriate. Some flexibility to cater for individual premises idiosyncrasies would be beneficial in the mandatory approval conditions.
<b>32 - Anonymous (tattooing)</b>	For guest spots and conventions local health registration should suffice.
<b>33 - Carla Evans</b>	same
<b>36 - Kelly Griffiths</b>	y
<b>37 - Anonymous (local authority)</b>	Yes – see comments in Q29.
<b>39 - Kate Doble</b>	<p>There are additional risks for temporary events such as tattoo conventions as you will have tattooists from around the world who have not been required to pass a level 2 infection and control exam.</p> <p>General provisions for conventions could include;</p> <ol style="list-style-type: none"> <li>1. A wash hand basin with non-hand operated taps per x amount of tattooists which are separate from the general toilet areas and are accessible in the same room as the procedures</li> <li>2. Single use tips and grips rather than autoclaved equipment. As you will have tattooists from all over the world which have differing standards, its very difficult to determine if reusable equipment has been sterilised properly. In a fixed tattoo studio, you have more control and traceability of autoclaved equipment.</li> <li>3. Sterile water to be provided by event organisers for grey washes rather than each tattooist bringing their own/premixed different shades of black ink. (for the same reasons as in point 2)</li> <li>4. Electronic consent&amp;#92;health questionnaires rather than paper based</li> <li>5. Non pervious floor and wall materials in tattoo booths</li> </ol>
<b>40 - Anonymous (acupuncture)</b>	Provided local authorities can complete the work in the time-frame
<b>42 - Paul Battersby</b>	Yes, I fully agree.
<b>also</b>	44 - Roy Montgomery; 45 – Anonymous (acupuncture); 46 - Alison Smith; 50 – Anonymous (acupuncture); 52 – Anonymous (acupuncture); 58 – Kate van Rensburg; 60 – Laura Gibbons; 63 –

	Christine Hutchinson; 64 – Anonymous (acupuncture); 65 – Anonymous (acupuncture) ; 75 - Madeline Boots; 86 - Suzanne Gregson; 88 - Anonymous (acupuncture); 99 - Janis Short; 105 - Daniel Curran.
<b>43 - Acupuncture Association of Chartered Physiotherapists</b>	Yes, we fully agree.
<b>48 - Kat Henness</b>	Yes, they should be the same.  I suggest that there should be a section of the application giving reason for why a temporary license is required and not a permanent one.
<b>49 - Di-enw</b>	Dylid gosod yr un amodau
<b>54 - Lola Slider</b>	No I don't think so, because they're already verging on impossibly high standards and I don't think anyone would actually apply for one in the short term.
<b>66 – Gareth Davies</b>	not sure
<b>77 - Mari McAndrew</b>	Yes they should.
<b>90 - Blaenau Gwent County Borough Council</b>	Yes, it is agreed that the same mandatory approval conditions should apply. The reasoning behind this scheme is to minimise the risk of infection associated with these procedures. Therefore, regardless of whether it is a temporary event, lesser standards should not be accepted.
<b>92 - Anonymous (acupuncture)</b>	Flooring should be more flexible - given that no blood would be spilled onto the floor with acupuncture, insisting on a lino-type floor for every venue would not be proportional to the risk.  Training approvals should focus on the curriculum:  Must be trained by an appropriate trainer. Education must include, and learners, must be assessed upon: Hand washing Needle disposal Selection of correct needles (eg sterile, single use needles that have a CE quality assurance stamp). Needle disposal Align with a register that requires competencies Needle stick injury protocol Maintaining regular CPD Appropriate PPE as and when dictated by government

	<p>Gloves are not required, and may increase risk of needle stick injury through the reduction of dexterity</p> <p>Dealing with adverse events, minor and major</p> <p>Preventing adverse events</p> <p>Screening for red flags (ie serious underlying health conditions)</p> <p>Knowing when to refer on to specialist healthcare providers</p> <p>Informed Consent</p> <p>Screening for contraindications and precautions prior to treatment</p>
<b>94 - National Hair and Beauty Federation</b>	Yes, temporary approvals for premises and vehicles should be subject to the same mandatory approval conditions as all premises and vehicles
<b>98 - Inc and Co</b>	<p>No. The logistics of all the applications for a temporary event would seriously damage the events (conventions) We would suggest it could be procedure for participants to provide a copy of their existing licence to the appropriate council through the event organiser and work with the council to develop a specific venue license for the event. I should point out that artists may come from countries that do not have the same legal requirements or language ability.</p> <p>Also, restrictions for a 3 year premises license aren't practical for a 300 plus artist convention, for example - amount of hand wash basins, wouldn't be able to provide one per artist.</p>
<b>103 - Anonymous (acupuncture)</b>	I think it should be a quicker and easier process to get a temporary licence, and the fee should be minimal.
<b>111 - Anonymous (tattooing)</b>	Regardless of temporary/permanent status, all practitioners, premises and vehicles should undergo the same level of testing to ensure safety of their clients.
<b>112 - British Acupuncture Federation</b>	We propose that BAF acupuncturists should be exempt.
<b>113 - Superdrug Ltd</b>	This is not relevant to our business as a whole, more for our partner [manufacturer name redacted] who train our team members in store. We would very rarely need to apply for any temporary licence for cosmetic piercing.
<b>116 - Anonymous</b>	Not sure so - Not commenting
<b>122 - Anonymous</b>	I think they should be the same
<b>125 - Becky Crossan</b>	Should temporary approvals for premises and vehicles be subject to the same mandatory approval conditions as all premises and vehicles? Yes

	If not, what specific mandatory approval conditions (if any) should apply to temporary approvals for premises and vehicles? N/A
<b>126 - Rhondda Cynon Taff County Borough Council</b>	Yes. Same risk.
<b>132 - Anonymous (piercer)</b>	Yes. UKAPP strongly feels no lesser standards should apply for temporary studios as permanent. The risks are frequently higher due to the lack of control over things such as previous site use and air flow.
<b>133 - Anonymous (local authority)</b>	YES. The health risks are the same.
<b>136 - Denbighshire County Council</b>	Yes they should.
<b>143 - Claire's Accessories</b>	<p>Where piercing is being offered as part of a temporary event, such as a professional trade show / exhibition, it could be challenging to submit all information 56 days prior to the event, and we feel that 28 days would be more practical.</p> <p>In our experience it is often complex obtaining the documentation relating to the premises from organisers or the venue themselves. Paramount would be that an officer is available to visit ahead of the event starting in order to check the compliance of the area.</p> <p>Information we would propose is:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Equipment for the event, including: <ul style="list-style-type: none"> <li>o Furniture - chair / stool and piercing workstation</li> <li>o Mobile hand wash unit</li> <li>o Cleaning products</li> <li>o Piercing equipment</li> <li>o Lined pedal bin</li> </ul> </li> <li><input type="checkbox"/> Insurance policy</li> <li><input type="checkbox"/> Risk Assessment</li> <li><input type="checkbox"/> Practitioner Training Certificates</li> </ul>

<p><b>144 - Anonymous (piercer)</b></p>	<p>Should temporary approvals for premises and vehicles be subject to the same mandatory approval conditions as all premises and vehicles? Yes</p> <p>If not, what specific mandatory approval conditions (if any) should apply to temporary approvals for premises and vehicles? N/A</p>
<p><b>159 - H Wong</b></p>	<p>no comment</p>
<p><b>163 - Anonymous (tattooing)</b></p>	<p>No, presuming this refers to conventions etc.</p> <p>It's too much to put here as an answer but EHO would need to meet with convention organisers to agree temporary measures for such an event.</p>
<p><b>164 - Anonymous (tattooing)</b></p>	<p>Yes, if one standard is expected for working when licensed over several years why should the standard be anything less for a temporary license, if the core reason for the license is to protect public health then the same standards should apply across temporary and long term licenses.</p>
<p><b>167 - Anonymous (manufacturer)</b></p>	<p>Where piercing is being offered as part of a temporary event, such as a professional trade show / exhibition or pop up event, it could be challenging to submit all information 56 days prior to the event, and we feel that 28 days would be more practical.</p> <p>In our experience it is often complex obtaining the documentation relating to the premises from organisers or the venue themselves. Paramount would be that an officer is available to visit ahead of the event starting to check the compliance of the area.</p> <p>Information we would propose is: Equipment for the event, including:</p> <ul style="list-style-type: none"> <li>Furniture - chair / stool and piercing workstation</li> <li>Mobile hand wash unit</li> <li>Cleaning products</li> <li>Piercing equipment</li> <li>Lined pedal bin</li> <li>Insurance policy</li> <li>Risk Assessment</li> <li>Practitioner Training Certificates</li> </ul>

<b>168 - Anonymous (tattooing)</b>	Not sure
<b>169 - Anonymous (tattooing)</b>	Assuming this applies to tattoo conventions, then yes I agree they need a temporary license, and any artist with a practitioner license should be able to work at any premises licensed for that purpose. I don't think practitioners should have to pay more fees when they've demonstrated competency, there should just be a fee for the organiser of the event to license the venue.
<b>175 - Anonymous (tattooing)</b>	Assuming this applies to tattoo conventions, then yes I agree they need a temporary license, and any artist with a practitioner license should be able to work at any premises licensed for that purpose. I don't think practitioners should have to pay more fees when they've demonstrated competency, there should just be a fee for the organiser of the event to license the venue.
<b>179 - N Wales Health and Safety Expert Panel</b>	Yes – to robustly protect public health it is agreed that the same mandatory approval conditions should apply. The reasoning behind this scheme is to minimise the risk of infection associated with these procedures.
<b>184 - Nursing and Midwifery Council</b>	We have no comments.
<b>198 - Isle of Anglesey County Council</b>	Yes – to robustly protect public health it is agreed that the same mandatory approval conditions should apply. The reasoning behind this scheme is to minimise the risk of infection associated with these procedures.
<b>200 - Anonymous (local authority)</b>	YES. The health risks are the same.
<b>201 - All-Wales Communicable Disease Expert Panel</b>	YES. The health risks are the same.  Yes, it is agreed that the same mandatory approval conditions should apply. The reasoning behind this scheme is to minimise the risk of infection associated with these procedures. Therefore, regardless of whether it is a temporary event, lesser standards should not be accepted.
<b>202 - Health and Safety Expert Panel</b>	Yes – to robustly protect public health it is agreed that the same mandatory approval conditions should apply. The reasoning behind this scheme is to minimise the risk of infection associated with these procedures.
<b>211 - British Acupuncture Council</b>	No comment

<b>215 - Shared Regulatory Services</b>	Yes – to robustly protect public health it is agreed that the same mandatory approval conditions should apply. The reasoning behind this scheme is to minimise the risk of infection associated with these procedures.
<b>219 - Ross Jarvis</b>	Assuming this applies to tattoo conventions, then yes I agree they need a temporary license, and any artist with a practitioner license should be able to work at any premises licensed for that purpose. I don't think practitioners should have to pay more fees when they've demonstrated competency, there should just be a fee for the organiser of the event to license the venue.
<b>220 - Tibetan and Eastern Medicine Association</b>	We propose that TEMA and BAF acupuncturists should be exempt.
<b>221 - Wrexham County Borough Council</b>	This is an area that will need to be given some thought and we suggest consolation should take place on this.
<b>222 - Caerphilly County Borough Council</b>	Yes. The same risks are likely to be present within a temporary approval as they would for a 3 year licence.
<b>226 - Environmental Health Wales</b>	YES. CDEP, HSEP and LEP Agree. The health risks are the same.  Yes, it is agreed that the same mandatory approval conditions should apply. The reasoning behind this scheme is to minimise the risk of infection associated with these procedures. Therefore, regardless of whether it is a temporary event, lesser standards should not be accepted.
<b>231 - Anonymous (acupuncture)</b>	Yes, I agree.
<b>232 - Kat Webb</b>	Yes - If the whole purpose of this new licencing scheme is to protect the public based on practitioners being able to carry out a special procedure in a place that is safe and fit for purpose, then all locations need to have the same standards applied.
<b>233 - UKAPP</b>	Yes. UKAPP strongly feels no lesser standards should apply for temporary studios as permanent. The risks are frequently higher due to the lack of control over things such as previous site use and air flow.  If not, what specific mandatory approval conditions (if any) should apply to temporary approvals for premises and vehicles? N/A

<b>also</b>	82 - Anonymous (piercer); 83 - Anonymous (piercer); 87 - Anonymous (piercer); 124 - Anonymous (piercer); 127 - Anonymous (piercer); 128 - Anonymous (piercer); 129 - Anonymous (piercer); 130 - Anonymous (piercer); 131 - Anonymous (piercer); 149 - Anonymous (piercer); 150 - Anonymous (piercer); 151 - Anonymous (piercer); 173 - Anonymous (piercer); 176 - Anonymous (piercer); 195 - Anonymous (piercer); 204 - Anonymous (piercer); 207 - Anonymous (piercer); 234 - Anonymous (piercer); 250 - Anonymous (piercer).
<b>238/239 - Institute of Licensing</b>	Yes, it is agreed that the same mandatory approval conditions should apply. The reasoning behind this scheme is to minimise the risk of infection associated with these procedures. Therefore, regardless of whether it is a temporary event, lesser standards should not be accepted.
<b>241 - Anonymous (tattooing)</b>	same . good practice is good practice, whether a day or a year. some leeway on temporary for pop up handwash stands and bins.
<b>252 - Torfaen County Borough Council</b>	Yes. The health risks are the same. It is agreed that the same mandatory approval conditions should apply.  The reasoning behind this scheme is to minimise the risk of infection associated with these procedures. Therefore, regardless of whether it is a temporary event, lesser standards should not be accepted.
<b>254 - Swansea Council</b>	YES. They pose the same level of risk.



<b>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?</b>	
<b>'Yes' response</b>	1/35 - Anonymous (acupuncture); 6 – Anonymous; 12 – Anonymous; 14 - Cheryl Drew; 15 - Anonymous (acupuncture); 18 - Anonymous; 19 - Kim Eldridge; 21 - Anonymous; 22 - Sally Hickenson; 23 - Anonymous; 27 - Clares European Services; 28 – Anonymous; 29 - Shan MacVicar; 31 - Chartered Institute of Environmental Health; 34 - James Ogle; 38 - Rachel Edney; 47 - Anonymous; 48 - Kat Henness; 53 - Oliver Todd; 56 - British Medical Acupuncture Society; 61 - Anonymous (acupuncture); 66 - Gareth Davies; 69 - Anonymous (acupuncture); 74 - Anonymous (SPM); 78 - Anonymous (acupuncture); 79 - Rhian Mansfield; 80 - Anonymous (tattooing); 84 - Anonymous; 93 - Royal College of Midwives; 100 – Anonymous; 104 - Anonymous (acupuncture); 106 - Anonymous (acupuncture); 109 - Warren Tregidden; 111 - Anonymous (tattooing); 117 - Marnie Williams; 123 - Anonymous (piercer); 125 - Becky Crossan; 135 - Anonymous (tattooing); 144 - Anonymous (piercer); 146 - Ming Chu Lok; 152 - Anonymous (tattooing); 209 - Anonymous (acupuncture); 212 - Save Face; 224 - Anonymous (piercer); 227 - Anonymous; 229 - Anonymous (tattooing); 230 - Anonymous (charitable organisation).
<b>'No' response</b>	2 – Anonymous; 17 – Anonymous; 54 - Lola Slider; 81 - Gemma Kingston; 98 - Inc and Co.
<b>'Agree'</b>	51 - Alison Williams; 57 - Tamarind Dykes; 67 - Anonymous (acupuncture); 68 - Anonymous (acupuncture); 70 - Anonymous (acupuncture); 72 - Anonymous (acupuncture); 101 - Anonymous (acupuncture); 102 - Dr Di Wu; 108 - Anonymous (acupuncture); 110 - Anonymous (acupuncture); 114 - Anonymous (acupuncture); 115 - Jing Wang; 118 - Ann Charlton; 134 - Anonymous (acupuncture); 137 - Lingxia Gao; 138/(139) - Wang Chen; 141 - Na Yang; 142 - Anonymous (acupuncture); 153 - Zhimin Ma; 154 - Anonymous (acupuncture); 155 - Anonymous (acupuncture); 156 - Cui Hong Duan; 157 - Anonymous (acupuncture); 158 - Anonymous (acupuncture); 160 - Anonymous (acupuncture); 161 - Anonymous (acupuncture); 162 - Anonymous (acupuncture); 165 - Qikan Yin; 170 - Yuancai Fu; 171 - Yan Jing Wang; 172 - Baifang Zhu; 174 - Phoebe Deng; 178 - Minan Yao; 188 - Anonymous (acupuncture); 190 - Anonymous (acupuncture); 191 - Anonymous (acupuncture); 193 - Dr Jianrui Wang; 196 - Anonymous (acupuncture); 197 - Anonymous (acupuncture); 203 - Anonymous (acupuncture); 205Lulu Dai; 206/177 - Anonymous (acupuncture); 208 - Zheng Yuan Zhong; 210 - Li Yan; 213 - Min Li; 223/140 - Xianghui Guo; 225 - Jun Wen Ma; 235 - Anonymous (acupuncture); 236 - Jing Ding; 237 – Pinyi; 240 - Shu Li Lu; 242 - Anonymous (acupuncture); 243 - Anonymous (acupuncture); 244 - Anonymous (acupuncture); 245 - Anonymous (acupuncture); 246 - Ke Xia Xu; 247 - Anonymous (acupuncture); 248 - Anonymous (acupuncture); 249 - Association of Traditional Chinese Medicine.

<b>Left blank</b>	5 - Anonymous (acupuncture); 9 – Anonymous; 10 – Anonymous; 11 – Katie; 24 – Anonymous; 25 - David Carlisle; 30 – Anonymous; 41 - Anonymous (acupuncture); 59 - Josh Cranton; 62 – Anonymous; 73 - Clare Robinson-Campbell; 85 - F Hinds Ltd; 89 - Rachel Bowen; 113 - Superdrug Ltd; 121 - National AIDS Trust; 164 - Anonymous (tattooing); 166 - Claire Pritchard; 186 - Anonymous (acupuncture); 189 - Baidong Li; 194 - Jian Wang; 216 - Age Cymru; 217 - Anonymous (acupuncture).
<b>3 - Guild of Beauty Therapists</b>	Should be a new license for every event
<b>4 - Anonymous</b>	Yes. There should be no double standards. The regulations must be consistent
<b>8 - Anonymous</b>	I don't agree with 7 day licences to practice only 7 day approval for premises. Anyone practicing needs a full licence gained from the submission of the recognised qualification etc
<b>16 - Sarah Swaysland</b>	YES – agreed. Risks to public health are likely to be higher in a temporary event situation.
<b>20 - Duncan Reed</b>	To some extent but there has to be an agreement on a government level about UK and foreign artists as they have qualifications and licenses in their countries already - why would they not be honoured in Wales?
<b>26 - Joint Council of Cosmetic Practitioners</b>	Agreed
<b>32 - Anonymous (tattooing)</b>	We don't agree with this. This will likely put an end to anyone coming into Wales for guest spots at any studios or working at any Welsh conventions.  Guest spots are done by invitation only and for a few days at a time. To expect these artists to undergo a course & pay application fees every time is unfair. These artists will be licensed by their own local authority and the studio/ event that they are coming to work at should be able to vouch that all infection prevention & control procedures will be followed.
<b>33 - Carla Evans</b>	should be no difference as the risks to the public are still the same.
<b>36 - Kelly Griffiths</b>	y
<b>37 – Anonymous (local authority)</b>	Yes – The 7 days needs to be limited to 7 days in the whole of Wales not by each Local Authority area.
<b>38 - Rachel Edney</b>	yes as risks are the same if not higher
<b>40 – Anonymous (acupuncture)</b>	Are these people who already have a licence but are visiting an exhibition/other area temporarily? In which case they would already have proof (through their existing licence) that they meet all the criteria.

	This may be used to expedite the process as it can be submitted as supporting evidence
<b>42 - Paul Battersby</b>	Yes, I fully agree.
<b>also</b>	44 - Roy Montgomery; 45 – Anonymous (acupuncture); 46 - Alison Smith; 50 – Anonymous (acupuncture); 51 - Alison Williams; 52 – Anonymous (acupuncture); 58 – Kate van Rensburg; 60 – Laura Gibbons; 63 – Christine Hutchinson; 64 – Anonymous (acupuncture); 65 – Anonymous (acupuncture); 75 - Madeline Boots; 86 - Suzanne Gregson; 88 - Anonymous (acupuncture); 99 - Janis Short; 105 - Daniel Curran.
<b>43 - Acupuncture Association of Chartered Physiotherapists</b>	Yes, we fully agree.
<b>49 - Di-enw</b>	Cytuno
<b>55 - Aiden Johnson</b>	Yes. Hygiene and safety doesn't change just because the license isn't required as long
<b>77 - Mari McAndrew</b>	Agree with the criteria, however, conditions should vary for temporary events.
<b>90 - Blaenau Gwent County Borough Council</b>	<p>Yes, we agree, however, we make the following comments</p> <p>Application Process</p> <ul style="list-style-type: none"> <li>• For tattoo conventions, it is common for practitioners from across the world to attend and would not be eligible for a Basic DBS. It is possible that there will be delay in obtained a 'certificate of good character' issued where they previously operated. It is not sure how easily these can be obtained and guidance for the sector/organisers would need to be provided</li> <li>• In relation to Level 2 IPC for special procedures training, will this be accessible to those outside of the UK to complete before attending the event and how would assessment take place? As assessment is currently in person, they would be unable to complete this element and submit the mandatory documents as part of the application process 28days prior to the event</li> <li>• If applications are minimum 28 days prior to the event, what would be the process is applications are refused/referred to Licensing Committee. If applications are submitted 28 days prior to the event, it is unlikely that this process would take place. Tacit consent should not apply in these situations.</li> </ul>

<b>91 - British Beauty Council</b>	Yes. It is important to maintain a level playing field to ensure consumer safety and confidence.
<b>92 - Anonymous (acupuncture)</b>	We think more flexibility should be afforded for training providers, so long as they adhere to a declaration statement / on an approved list.
<b>94 - National Hair and Beauty Federation</b>	To gain a temporary premises/vehicle approval certificate, the practitioner should be required to fulfil the same proposed approval criteria as an applicant applying for three-year premises approval certificate approval certificate. It is important to maintain a level playing field to ensure client safety and confidence.
<b>95 - Beauty Industry Group - Licensing</b>	Yes. It is important to maintain a level playing field to ensure client safety and confidence.
<b>96 - Beauty Industry Group - Chair</b>	Yes. It is important to maintain a level playing field to ensure client safety and confidence.
<b>103 - Anonymous (acupuncture)</b>	No. Not because of the standards required but because of the time it would take to apply.
<b>107 - BABTAC</b>	Yes. It is important to maintain a level playing field to ensure client safety and confidence.
<b>112 - British Acupuncture Federation</b>	We propose BAF acupuncturists should be exempt
<b>116 - Anonymous</b>	Of course yes
<b>120 - Anonymous (acupuncture)</b>	With regards to visiting sports teams (with ref to acupuncture) it may not be possible to fulfil all requirements. Can a shortened version / visiting sports team version be applied?
<b>122 - Anonymous</b>	Absolutely. The risk is the same if not higher for a temporary setting
<b>126 - Rhondda Cynon Taff County Borough Council</b>	Yes. Same risk
<b>132 - Anonymous (piercer)</b>	Yes. However, we would like to ensure that stringent controls are put in place to prevent unregulated courses utilising events as a method by which to temporarily licence trainees under the guise of pop-up events. As such, UKAPP feel strongly that temporary licences should only be available to those who either already hold a full practitioner licence, or those who would be eligible for one.
<b>133 - Anonymous (local authority)</b>	YES. The health risks are the same.
<b>136 - Denbighshire County Council</b>	Agree with the criteria, however, conditions should vary for temporary events. There are some structural standards applied to premises or vehicles which may not be achievable in an event situation and that

	alternative conditions should be applied to such events but would achieve the same outcome to safeguard the clients.
<b>143 - Claire's Accessories</b>	For events and exhibitions, it is common for businesses to draw resources from a team of practitioners, and in our case these might not be based in Wales, however are licensed / registered in other local authorities in the UK.
<b>145 - Anonymous (tattooing)</b>	Yes, however I would like to ensure that stringent controls are put in place to prevent unregulated courses utilising events as a method by which to temporarily licence trainees under the guise of pop-up events.
<b>159 - H Wong</b>	dis agree
<b>163 - Anonymous (tattooing)</b>	Same answer as above, each event would need to be addressed by EHO.
<b>167 - Anonymous (manufacturer)</b>	<p>For events and exhibitions, it is common for businesses to draw resources from a team of piercers, and in our case, these might not be based in Wales, however, are licensed / registered in other local authorities in the UK.</p> <p>Where a temporary event licence is being applied for, we would propose that a training certificate is adequate alongside the identification information required. The addition of the L2 Infection Prevention and Control qualification would not be viable for all businesses with the event not exceeding a maximum of 7 days.</p> <p>Where the enforcement officer is visiting the venue, the competence check should be completed for practitioners as per a fixed licence application.</p>
<b>168 - Anonymous (tattooing)</b>	Not sure
<b>169 - Anonymous (tattooing)</b>	If this regards the practitioner, then yes but I don't think someone with a current 3 year license should have to get a temporary one to work a convention.
<b>175 - Anonymous (tattooing)</b>	Yes but I don't think someone with a current 3 year license should have to get a temporary one to work a convention. Total rip off!
<b>179 - N Wales Health and Safety Expert Panel</b>	<p>Yes – The 7 days needs to be limited to 7 days in the whole of Wales not by each Local Authority area.</p> <p>As with TENS, there should be a limit to the number of times a practitioner or a premises can apply for a temporary licence / approval certificate.</p>

<b>183 - Hair and Beauty Industry Authority</b>	Yes. It is important to maintain a level playing field to ensure client safety and confidence.
<b>184 - Nursing and Midwifery Council</b>	We have no comments.
<b>192 - British Register of Complementary Practitioners</b>	Agreed – we see no reason for it to be different
<b>198 - Isle of Anglesey County Council</b>	Yes – The 7 days needs to be limited to 7 days in the whole of Wales not by each Local Authority area.  As with TENS, there should be a limit to the number of times a practitioner or a premises can apply for a temporary licence / approval certificate.
<b>200 - Anonymous (local authority)</b>	YES. The health risks are the same.
<b>201 - All-Wales Communicable Disease Expert Panel</b>	<p>YES. The health risks are the same. Some LAs flagged tactical considerations that will need consideration by WG.</p> <p>Application Process For tattoo conventions, it is common for practitioners from across the world to attend and would not be eligible for a Basic DBS. It is possible that there will be delay in obtained a 'certificate of good character' issued where they previously operated. It is not sure how easily these can be obtained and guidance for the sector/organisers would need to be provided</p> <p>In relation to Level 2 IPC for special procedures training, will this be accessible to those outside of the UK to complete before attending the event and how would assessment take place? As assessment is currently in person, they would be unable to complete this element and submit the mandatory documents as part of the application process 28days prior to the event</p> <p>If applications are minimum 28 days prior to the event, what would be the process is applications are refused/referred to Licensing Committee. If applications are submitted 28 days prior to the event, it is unlikely that this process would take place. Tacit consent should not apply in these situations.</p>

<p><b>202 - Health and Safety Expert Panel</b></p>	<p>YES – agreed. Risks to public health are likely to be higher in a temporary event situation</p> <p>Application Process</p> <ul style="list-style-type: none"> <li>• For tattoo conventions, it is common for practitioners from across the world to attend and would not be eligible for a Basic DBS. It is possible that there will be delay in obtained a ‘certificate of good character’ issued where they previously operated. It is not sure how easily these can be obtained and guidance for the sector/organisers would need to be provided</li> <li>• In relation to Level 2 IPC for special procedures training, will this be accessible to those outside of the UK to complete before attending the event and how would assessment take place? As assessment is currently in person, they would be unable to complete this element and submit the mandatory documents as part of the application process 28days prior to the event</li> <li>• If applications are minimum 28days prior to the event, what would be the process if applications are refused/referred to Licensing Committee. If applications are submitted 28days prior to the event, it is unlikely that this process would take place</li> </ul>
<p><b>211 - British Acupuncture Council</b></p>	<p>No comment</p>
<p><b>215 - Shared Regulatory Services</b></p>	<p>YES – agreed. Risks to public health are likely to be higher in a temporary event situation</p> <p>Application Process</p> <ul style="list-style-type: none"> <li>• For tattoo conventions, it is common for practitioners from across the world to attend and would not be eligible for a Basic DBS. It is possible that there will be delay in obtained a ‘certificate of good character’ issued where they previously operated. It is not sure how easily these can be obtained and guidance for the sector/organisers would need to be provided</li> <li>• In relation to Level 2 IPC for special procedures training, will this be accessible to those outside of the UK to complete before attending the event and how would assessment take place? As assessment is currently in person, they would be unable to complete this element and submit the mandatory documents as part of the application process 28days prior to the event</li> </ul>

	<ul style="list-style-type: none"> <li>If applications are minimum 28days prior to the event, what would be the process if applications are refused/referred to Licensing Committee. If applications are submitted 28days prior to the event, it is unlikely that this process would take place</li> </ul>
<b>219 - Ross Jarvis</b>	If this regards the practitioner, then yes but I don't think someone with a current 3 year license should have to get a temporary one to work a convention.
<b>220 - Tibetan and Eastern Medicine Association</b>	We propose TEMA and BAF acupuncturists should be exempt
<b>221 - Wrexham County Borough Council</b>	This is an area that will need to be given some thought and we suggest consolation should take place on this.
<b>222 - Caerphilly County Borough Council</b>	Yes, same risks could apply concerning an individual's fitness, for example an individual refused a 3 year licence should not be considered suitable for a temporary licence.
<b>226 - Environmental Health Wales</b>	<p>YES. CDEP, HSEP and LEP agree. The health risks are the same. Some LAs flagged tactical considerations that will need consideration by WG.</p> <p>Application Process</p> <p>For tattoo conventions, it is common for practitioners from across the world to attend and would not be eligible for a Basic DBS. It is possible that there will be delay in obtained a 'certificate of good character' issued where they previously operated. It is not sure how easily these can be obtained and guidance for the sector/organisers would need to be provided</p> <p>In relation to Level 2 IPC for special procedures training, will this be accessible to those outside of the UK to complete before attending the event and how would assessment take place? As assessment is currently in person, they would be unable to complete this element and submit the mandatory documents as part of the application process 28days prior to the event</p> <p>If applications are minimum 28 days prior to the event, what would be the process is applications are refused/referred to Licensing Committee. If applications are submitted 28 days prior to the event, it is unlikely that this process would take place. Tacit consent should not apply in these situations.</p>



<b>231 - Anonymous (acupuncture)</b>	No coment.
<b>232 - Kat Webb</b>	AGREE - all practitioners, premises, vehicles should be treated equally, no exemptions/exceptions for this to be a truly uniform Public Health Act across Wales.
<b>233 - UKAPP</b>	Yes. However, we would like to ensure that stringent controls are put in place to prevent unregulated courses utilising events as a method by which to temporarily licence trainees under the guise of pop-up events. As such, UKAPP feel strongly that temporary licences should only be available to those who either already hold a full practitioner licence, or those who would be eligible for one.
<b>also</b>	82 - Anonymous (piercer); 83 - Anonymous (piercer); 87 - Anonymous (piercer); 124 - Anonymous (piercer); 127 - Anonymous (piercer); 128 - Anonymous (piercer); 129 - Anonymous (piercer); 130 - Anonymous (piercer); 131 - Anonymous (piercer); 149 - Anonymous (piercer); 150 - Anonymous (piercer); 151 - Anonymous (piercer); 173 - Anonymous (piercer); 176 - Anonymous (piercer); 195 - Anonymous (piercer); 204 - Anonymous (piercer); 207 - Anonymous (piercer); 234 - Anonymous (piercer); 250 - Anonymous (piercer).
<b>238/239 - Institute of Licensing</b>	YES . We support this in principle subject to the comments made by LEP which are set out in the response from Environmental Health Wales (EHW) and the Directors of Public Protection Wales (DPPW), including the potential issues around convention events where practitioners from other countries are likely to attend.
<b>241 - Anonymous (tattooing)</b>	yes, except as above.
<b>252 - Torfaen County Borough Council</b>	Yes. For tattoo conventions, it is common for practitioners from across the world to attend and would not be eligible for a Basic DBS. It is possible that there will be delay in obtained a 'certificate of good character' issued where they previously operated. It is not sure how easily these can be obtained and guidance for the sector/organisers would need to be provided  In relation to Level 2 IPC for special procedures training, will this be accessible to those outside of the UK to complete before attending the event and how would assessment take place? As assessment is currently in person, they would be unable to complete this element and submit the mandatory documents as part of the application process 28days prior to the event

	If applications are minimum 28 days prior to the event, what would be the process is applications are refused/referred to Licensing Committee. If applications are submitted 28 days prior to the event, it is unlikely that this process would take place. Tacit consent should not apply in these situations.
<b>254 - Swansea Council</b>	YES. They pose the same level of risk.

<b>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?</b>	
<b>'Yes' response</b>	1/35 - Anonymous (acupuncture); 6 - Anonymous; 12 - Anonymous; 14 - Cheryl Drew; 15 - Anonymous (acupuncture); 18 – Anonymous; 19 - Kim Eldridge; 21 – Anonymous; 22 - Sally Hickenson; 23 – Anonymous; 26 - Joint Council of Cosmetic Practitioners; 27 - Clares European Services; 29 - Shan MacVicar; 34 - James Ogle; 37 - Anonymous (local authority); 39 - Kate Doble; 47 – Anonymous; 48 - Kat Henness; 53 - Oliver Todd; 56 - British Medical Acupuncture Society; 61 - Anonymous (acupuncture); 66 - Gareth Davies; 69 - Anonymous (acupuncture); 74 - Anonymous (SPM); 78 - Anonymous (acupuncture); 79 - Rhian Mansfield; 84 - Anonymous; 93 - Royal College of Midwives; 100 - Anonymous; 104 - Anonymous (acupuncture); 106 - Anonymous (acupuncture); 109 - Warren Tregidden; 116 – Anonymous; 117 - Marnie Williams; 122 - Anonymous; 123 - Anonymous (piercer); 125 - Becky Crossan; 135 - Anonymous (tattooing); 144 - Anonymous (piercer); 145 - Anonymous (tattooing); 146 - Ming Chu Lok; 152 - Anonymous (tattooing); 168 - Anonymous (tattooing); 209 - Anonymous (acupuncture); 224 - Anonymous (piercer); 227 - Anonymous; 230 - Anonymous (charitable organisation); 241 - Anonymous (tattooing).
<b>'No' response</b>	2 - Anonymous; 17 - Anonymous; 54 - Lola Slider; 81 - Gemma Kingston.
<b>'Agree'</b>	51 - Alison Williams; 57 - Tamarind Dykes; 67 - Anonymous (acupuncture); 68 - Anonymous (acupuncture); 70 - Anonymous (acupuncture); 72 - Anonymous (acupuncture); 101 - Anonymous (acupuncture); 102 - Dr Di Wu; 108 - Anonymous (acupuncture); 110 - Anonymous (acupuncture); 114 - Anonymous (acupuncture); 115 - Jing Wang; 118 - Ann Charlton; 134 - Anonymous (acupuncture); 137 - Lingxia Gao; 138/(139) - Wang Chen; 141 - Na Yang; 142 - Anonymous (acupuncture); 153 - Zhimin Ma; 154 - Anonymous (acupuncture); 155 - Anonymous (acupuncture); 156 - Cui Hong Duan; 157 - Anonymous (acupuncture); 158 - Anonymous (acupuncture); 160 - Anonymous (acupuncture); 161 - Anonymous (acupuncture); 162 - Anonymous (acupuncture); 165 - Qikan Yin; 170 - Yuancai Fu; 171 - Yan Jing Wang; 172 - Baifang Zhu; 174 - Phoebe Deng; 178 - Minan Yao; 188 - Anonymous (acupuncture); 190 - Anonymous (acupuncture); 191 - Anonymous (acupuncture); 193 - Dr Jianrui Wang; 196 - Anonymous (acupuncture); 197 - Anonymous (acupuncture); 203 - Anonymous (acupuncture); 205 - Lulu Dai; 206/177 - Anonymous (acupuncture); 208 - Zheng Yuan Zhong; 210 - Li Yan; 213 - Min Li; 223/140 - Xianghui Guo; 225 - Jun Wen Ma; 235 - Anonymous (acupuncture); 236 - Jing Ding; 237 – Pinyi; 240 - Shu Li Lu; 242 - Anonymous (acupuncture); 243 - Anonymous (acupuncture); 244 -

	Anonymous (acupuncture); 245 - Anonymous (acupuncture); 246 - Ke Xia Xu; 247 - Anonymous (acupuncture); 248 - Anonymous (acupuncture); 249 - Association of Traditional Chinese Medicine.
<b>Left blank</b>	5 - Anonymous (acupuncture); 9 – Anonymous; 10 – Anonymous; 11 – Katie; 24 – Anonymous; 25 - David Carlisle; 30 – Anonymous; 38 - Rachel Edney; 41 - Anonymous (acupuncture); 59 - Josh Cranton; 62 – Anonymous; 73 - Clare Robinson-Campbell; 85 - F Hinds Ltd; 89 - Rachel Bowen; 113 - Superdrug Ltd; 120 - Anonymous (acupuncture); 121 - National AIDS Trust; 143 - Claire's Accessories; 164 - Anonymous (tattooing); 166 - Claire Pritchard; 167 - Anonymous (manufacturer); 186 - Anonymous (acupuncture); 189 - Baidong Li; 194 - Jian Wang; 212 - Save Face; 216 - Age Cymru; 217 - Anonymous (acupuncture).
<b>3 - Guild of Beauty Therapists</b>	See above
<b>4 - Anonymous</b>	Yes. There should be no double standards. The regulations must be consistent
<b>8 - Anonymous</b>	See above
<b>16 - Sarah Swaysland</b>	YES – agreed. Risks to public health are likely to be higher in a temporary event situation.
<b>20 - Duncan Reed</b>	No, as there wouldnt be any premises for a tattoo convention with 84 sinks in a room! These would have to be assessed differently or banned.
<b>28 - Anonymous</b>	Depends what event
<b>31 - Chartered Institute of Environmental Health</b>	The consultation states Section 69 of the Act treats the organiser of the event as the person carrying on a special procedures business for the duration of the event, and the premises at which the event will be held as the business premises. You propose that when applying for a temporary premises/vehicle approval certificate, the event organiser of a industry / trade event or conference will be required to fulfil the same proposed approval criteria as an applicant applying for three-year premises approval certificate unless they already hold a valid three-year special procedure licence or premises/vehicle approval certificate. This will require the organiser too meet the approval criteria set out in 11.11 of the consultation document - if not already licensed. For organisers of music festival type events this may be considered by them to be too onerous if they are not routinely involved in the special procedure industry. It would not also guarantee that they have detailed working knowledge of the industry other than holding a level 2 qualification. The licensing Act 2003 allows for a personal licence holder to be specified as the designated premises supervisor for large scale time-limited events, where the sale of alcohol is involved. Has consideration been given for a similar arrangement for large scale Special Procedure temporary events? A suitable Special Procedure Licence holder could be additionally required to supervise the

	event and act as an informed liaison point with the local authority.
<b>32 - Anonymous (tattooing)</b>	No it's not practical, local registration should suffice.
<b>33 - Carla Evans</b>	Yes all risks associated with procedures are the same irrespective of approval criteria.
<b>36 - Kelly Griffiths</b>	y
<b>40 – Anonymous (acupuncture)</b>	I think this could be really difficult to comply with, especially when it comes down to the number of practitioners and workstations.  Event organisers have a duty of care so could they confirm that they have seen the appropriate licence? 13.8 States 'The event organiser will need to submit an application with the necessary documents no later than 56 days before the event is due to commence.' yet the practitioner only needs to apply for a licence 28 days beforehand, so this seems at odds with each other
<b>42 - Paul Battersby</b>	Yes, I fully agree.
<b>also</b>	44 - Roy Montgomery; 45 – Anonymous(acupuncture); 46 - Alison Smith; 50 – Anonymous(acupuncture); 52 – Anonymous(acupuncture); 58 – Kate van Rensburg; 60 – Laura Gibbons; 63 – Christine Hutchinson; 64 – Anonymous(acupuncture); 65 – Anonymous(acupuncture); 75 - Madeline Boots; 86 - Suzanne Gregson; 88 - Anonymous (acupuncture); 99 - Janis Short; 105 - Daniel Curran.
<b>43 - Acupuncture Association of Chartered Physiotherapists</b>	Yes, we fully agree.
<b>49 - Di-enw</b>	Na, dyllid eu bod yn medru adnabod 'unigolyn cyfrifol' sydd yn cwrdd ar gofynion i oruchwylio'r digwyddiad.
<b>55 - Aiden Johnson</b>	Yes. Hygiene and safety doesn't change just because the license isn't required as long
<b>77 - Mari McAndrew</b>	Agree, apart from the Level 2 Training. Conditions to cover, that the event organizer must ensure that all practitioners are licensed etc.
<b>80 - Anonymous (tattooing)</b>	NO. These events have been held for many years, some are in buildings where toilets do not meet the premises approval guidelines and it would be a shame for the community and the attendees for these events not to go ahead due to small technicalities, especially if all the other guidelines are being met.
<b>90 - Blaenau Gwent County Borough Council</b>	No, we do not think this is proportionate in relation to the individual event organiser in that there should be no need for DBS or Level 2 IPC course if just the Organiser- if they are undertaking procedures then this will be covered in their practitioner licence

	However, the premises where the event being held, should meet the same standards as for the premises approval certificate
<b>91 - British Beauty Council</b>	Yes. As above.
<b>92 - Anonymous (acupuncture)</b>	We think more flexibility should be afforded for training providers, so long as they adhere to a declaration statement / on an approved list.
<b>94 - National Hair and Beauty Federation</b>	It is important to have a level playing field, but it's also important to balance quality and standards. To gain a temporary premises/vehicle approval certificate, the event organiser should be required to fulfil the same proposed approval criteria as an applicant applying for three-year premises approval certificate.
<b>95 - Beauty Industry Group - Licensing</b>	Yes. As above.
<b>96 - Beauty Industry Group - Chair</b>	Yes. As above.
<b>98 - Inc and Co</b>	yes. The venue should be appropriately equipped to serve in the same manner as a tattoo studio.
<b>103 - Anonymous (acupuncture)</b>	No response.
<b>107 - BABTAC</b>	Yes. As above.
<b>111 - Anonymous (tattooing)</b>	Interesting! Perhaps only if their vendors have been approved of and are already listed?
<b>112 - British Acupuncture Federation</b>	We propose BAF acupuncturists should be exempt
<b>126 - Rhondda Cynon Taff County Borough Council</b>	This could be problematical in practice as the event organiser could potentially have no specific interest in special procedures - it could be 1 activity amongst a large event – would a Level 2 IPC be necessary. The premises however should meet the same criteria as the risks are the same.
<b>132 - Anonymous (piercer)</b>	Yes. However, please see above for necessary safeguards.
<b>133 - Anonymous (local authority)</b>	YES. The health risks are the same.

<b>136 - Denbighshire County Council</b>	Agree, apart from the Level 2 Training. Conditions to cover, that the event organizer must ensure that all practitioners are licensed etc.
<b>159 - H Wong</b>	no comment
<b>163 - Anonymous (tattooing)</b>	Yes, an event organiser should be qualified in infection prevention and control, the same as tattooists
<b>169 - Anonymous (tattooing)</b>	Yes with certain exceptions. For example, a venue may be carpeted, but the organiser could make it safe by laying down wipe down waterproof sheeting. Obviously this isn't something they could do pre-application because the venue is hired.
<b>175 - Anonymous (tattooing)</b>	Ye with certain exceptions
<b>179 - N Wales Health and Safety Expert Panel</b>	Yes – it must be the responsibility of the event organiser to confirm that all the practitioners are licensed. Risks to public health are likely to be higher in a temporary event situation
<b>183 - Hair and Beauty Industry Authority</b>	Yes. As above.
<b>184 - Nursing and Midwifery Council</b>	We have no comments
<b>192 - British Register of Complementary Practitioners</b>	Again, we see no reason for it to be different
<b>198 - Isle of Anglesey County Council</b>	Yes – it must be the responsibility of the event organiser to confirm that all the practitioners are licensed. Risks to public health are likely to be higher in a temporary event situation
<b>200 - Anonymous (local authority)</b>	YES. The health risks are the same.
<b>201 - All-Wales Communicable Disease Expert Panel</b>	PARTIALLY. An Event organizer may not need a DBS or Level 2 IPC course if they are just the Organiser- if they are undertaking procedures then this will be covered in their practitioner licence  However, the premises where the event being held, should meet the same standards as for the premises approval certificate

<b>202 - Health and Safety Expert Panel</b>	YES – agreed. Risks to public health are likely to be higher in a temporary event situation
<b>211 - British Acupuncture Council</b>	No comment
<b>215 - Shared Regulatory Services</b>	YES – agreed. Risks to public health are likely to be higher in a temporary event situation
<b>219 - Ross Jarvis</b>	Yes with certain exceptions. For example, a venue may be carpeted, but the organiser could make it safe by laying down wipe down waterproof sheeting. Obviously this isn't something they could do pre-application because the venue is hired.
<b>220 - Tibetan and Eastern Medicine Association</b>	We propose TEMA and BAF acupuncturists should be exempt
<b>221 - Wrexham County Borough Council</b>	As above
<b>222 - Caerphilly County Borough Council</b>	Yes, same risks could apply concerning an individual's fitness, for example an individual refused a 3 year licence should not be considered suitable for a temporary approval certificate.
<b>226 - Environmental Health Wales</b>	PARTIALLY. CDEP, HSEP and LEP agree. An Event organizer may not need a DBS or Level 2 IPC course if they are just the Organiser- if they are undertaking procedures then this will be covered in their practitioner licence  However, the premises where the event being held, should meet the same standards as for the premises approval certificate
<b>229 - Anonymous (tattooing)</b>	Yes, within reason. Obviously a convention would not have sinks nearby for instance. But wipes and disinfectant for skin combined with say fully disposable procedures would make for a safe tattoo.
<b>231 - Anonymous (acupuncture)</b>	No I dont agree. The criteria for a temporary licence can be slightly easier.
<b>232 - Kat Webb</b>	Yes - again level the playing field, everyone working to the same level, not making exceptions for what is already an increased public risk. Higher traffic areas, more risk for cross contamination, if anything, temporary event licences should be stricter than for the 3 year licences for purpose built premises.



<b>233 - UKAPP</b>	Yes. However, please see above for necessary safeguards.
<b>also</b>	82 - Anonymous (piercer); 83 - Anonymous (piercer); 87 - Anonymous (piercer); 124 - Anonymous (piercer); 127 - Anonymous (piercer); 128 - Anonymous (piercer); 129 - Anonymous (piercer); 130 - Anonymous (piercer); 131 - Anonymous (piercer); 149 - Anonymous (piercer); 150 - Anonymous (piercer); 151 - Anonymous (piercer); 173 - Anonymous (piercer); 176 - Anonymous (piercer); 195 - Anonymous (piercer); 204 - Anonymous (piercer); 207 - Anonymous (piercer); 234 - Anonymous (piercer); 250 - Anonymous (piercer).
<b>238/239 - Institute of Licensing</b>	<p>YES</p> <p>An Event organiser may not need a DBS or Level 2 IPC course if they are just the Organiser- if they are undertaking procedures then this will be covered in their practitioner licence</p> <p>However, the premises where the event is being held, should meet the same standards as for the premises approval certificate.</p>
<b>252 - Torfaen County Borough Council</b>	<p>Partially</p> <p>An Event organizer may not need a DBS or Level 2 IPC course if they are just the Organiser- if they are undertaking procedures then this will be covered in their practitioner licence</p> <p>However, the premises where the event being held, should meet the same standards as for the premises approval certificate</p> <p>Specific toilet provision for practitioners and the extra management of teal type units (if used) to prevent contamination should also be included.</p>
<b>254 - Swansea Council</b>	YES. They pose the same level of risk.

<b>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?</b>	
<b>'Yes' response</b>	6 – Anonymous; 12 – Anonymous; 14 - Cheryl Drew; 15 - Anonymous (acupuncture); 18 – Anonymous; 19 - Kim Eldridge; 22 - Sally Hickenson; 23 - Anonymous; 27 - Clares European Services; 34 - James Ogle; 37 - Anonymous (local authority); 39 - Kate Doble; 47 - Anonymous; 49 - Di-enw (local authority); 53 - Oliver Todd; 55 - Aiden Johnson; 56 - British Medical Acupuncture Society; 61 - Anonymous (acupuncture); 66 - Gareth Davies; 69 - Anonymous (acupuncture); 74 - Anonymous (SPM); 78 - Anonymous (acupuncture); 79 - Rhian Mansfield; 80 - Anonymous (tattooing); 81 - Gemma Kingston; 84 - Anonymous; 93 - Royal College of Midwives; 98 - Inc and Co; 104 - Anonymous (acupuncture); 106 - Anonymous (acupuncture); 109 - Warren Tregidden; 111 - Anonymous (tattooing); 116 - Anonymous; 117 - Marnie Williams; 123 - Anonymous (piercer); 125 - Becky Crossan; 144 - Anonymous (piercer); 145 - Anonymous (tattooing); 146 - Ming Chu Lok; 152 - Anonymous (tattooing); 168 - Anonymous (tattooing); 169 - Anonymous (tattooing); 175 - Anonymous (tattooing); 179 - N Wales Health and Safety Expert Panel; 198 - Isle of Angelsey County Council; 209 - Anonymous (acupuncture); 212 - Save Face; 219 - Ross Jarvis; 222 - Caerphilly County Borough Council; 224 - Anonymous (piercer); 227 - Anonymous; 229 - Anonymous (tattooing); 230 - Anonymous (charitable organisation).
<b>'No' response</b>	none
<b>'Agree'</b>	51 - Alison Williams; 57 - Tamarind Dykes; 67 - Anonymous (acupuncture); 68 - Anonymous (acupuncture); 70 - Anonymous (acupuncture); 72 - Anonymous (acupuncture); 77 - Mari Macandrew; 101 - Anonymous (acupuncture); 102 - Dr Di Wu; 108 - Anonymous (acupuncture); 110 - Anonymous (acupuncture); 114 - Anonymous (acupuncture); 115 - Jing Wang; 118 - Ann Charlton; 134 - Anonymous (acupuncture); 135 - Anonymous (tattooing); 136 - Denbighshire County Council; 137 - Lingxia Gao; 138/(139) - Wang Chen; 141 - Na Yang; 142 - Anonymous (acupuncture); 153 - Zhimin Ma; 154 - Anonymous (acupuncture); 155 - Anonymous (acupuncture); 156 - Cui Hong Duan; 157 - Anonymous (acupuncture); 158 - Anonymous (acupuncture); 159 - H Wong; 160 - Anonymous (acupuncture); 161 - Anonymous (acupuncture); 162 - Anonymous (acupuncture); 165 - Qikan Yin; 170 - Yuancai Fu; 171 - Yan Jing Wang; 172 - Baifang Zhu; 174 - Phoebe Deng; 177/206 - Anonymous (acupuncture); 178 - Minan Yao; 188 - Anonymous (acupuncture); 190 - Anonymous (acupuncture); 191 - Anonymous (acupuncture); 193 - Dr Jianrui Wang; 196 - Anonymous (acupuncture); 197 - Anonymous (acupuncture); 203 - Anonymous (acupuncture); 205 - Lulu Dai; 208 - Zheng Yuan Zhong; 210 - Li Yan; 213 - Min Li; 223/140 - Xianghui Guo; 225 - Jun Wen Ma; 235 - Anonymous (acupuncture); 236 - Jing Ding; 237 – Pinyi; 240 - Shu Li Lu; 242 - Anonymous (acupuncture); 243 - Anonymous (acupuncture); 244 -

	Anonymous (acupuncture); 245 - Anonymous (acupuncture); 246 - Ke Xia Xu; 247 - Anonymous (acupuncture); 248 - Anonymous (acupuncture); 249 - Association of Traditional Chinese Medicine.
<b>Left blank</b>	5 - Anonymous (acupuncture); 8 – Anonymous; 9 – Anonymous; 10 – Anonymous; 11 – Katie; 24 - Anonymous; 25 - David Carlisle; 29 - Shan MacVicar; 30 - Anonymous; 38 - Rachel Edney; 41 - Anonymous (acupuncture); 59 - Josh Cranton; 62 – Anonymous; 73 - Clare Robinson-Campbell; 85 - F Hinds Ltd; 89 - Rachel Bowen; 100 – Anonymous; 113 - Superdrug Ltd; 120 - Anonymous (acupuncture); 121 - National AIDS Trust; 143 - Claire’s Accessories; 164 - Anonymous (tattooing); 166 - Claire Pritchard; 167 - Anonymous (manufacturer); 186 - Anonymous (acupuncture); 189 - Baidong Li; 194 - Jian Wang; 216 - Age Cymru; 217 - Anonymous (acupuncture).
<b>1/35 – Anonymous (acupuncture)</b>	Not if already have approval elsewhere
<b>2 - Anonymous</b>	No comment
<b>3 - Guild of Beauty Therapists</b>	Do they have the resources to do this?
<b>4 - Anonymous</b>	Yes . There should be no double standards. The regulations must be consistent
<b>16 - Sarah Swaysland</b>	YES – agreed. However, if a LA has a number of temporary events/exhibits in its area, there may be capacity problems carrying out a site inspection.  It is noted that premises approval applications must be made at least 56 days before the event start date – this longer time frame for LAs to engage with the applicant is welcomed.
<b>17 - Anonymous</b>	No I think that once registered and compliant with up to date restrictions and that wales wide would be fair and a valid certificate would and should be adequate
<b>20 - Duncan Reed</b>	Yes but not restricted to 7 days at a time. Maybe an annual license for visitors would be appropriate.
<b>21 - Anonymous</b>	Yes, temporary or not they should have the same standard
<b>26 - Joint Council of Cosmetic Practitioners</b>	This is agreed in the interests of public protection
<b>28 - Anonymous</b>	Depends what event
<b>31 - Chartered Institute of Environmental Health</b>	Yes. The risk presented by such premises/vehicles is exactly the same as for fixed premises or vehicles operating within a local authority area. This is entirely consistent with the need for mobile food vehicles to be inspected by a local authority before trading, whether within that local authority area or outside it, and

	is based on the need to protect public health and for traceability in the event of a potentially linked outbreak of incident.
<b>32 - Anonymous (tattooing)</b>	Premises yes as this is already in place.
<b>33 - Carla Evans</b>	Yes risks are the same.
<b>36 - Kelly Griffiths</b>	y
<b>40 - Anonymous (acupuncture)</b>	See above
<b>42 - Paul Battersby</b>	Yes, I fully agree.
<b>also</b>	44 - Roy Montgomery; 45 - Anonymous; 46 - Alison Smith; 50 - Anonymous; 52 - Anonymous; 58 - Kate van Rensburg; 60 - Laura Gibbons; 63 - Christine Hutchinson; 64 - Anonymous; 65 - Anonymous; 75 - Madeline Boots; 86 - Suzanne Gregson; 88 - Anonymous (acupuncture); 99 - Janis Short; 105 - Daniel Curran.
<b>43 - Acupuncture Association of Chartered Physiotherapists</b>	Yes, we fully agree.
<b>48 - Kat Hennes</b>	Yes, all premises should be meeting the same standards and should be inspected.
<b>54 - Lola Slider</b>	No, this will make it impossible for small pop up events like conventions to happen and these events are important to the community and to local business, there's no evidence to document this is something that's actually needed.
<b>90 - Blaenau Gwent County Borough Council</b>	<p>In principle we agree with this requirement</p> <p>All premises must be approved with the Local Authority, regardless of whether they are temporary.</p> <p>In relation to vehicles, it is suggested that if the vehicle is already approved by a Local Authority in Wales, then it does not need to be re-approved for the temporary event (similar to food registration process for mobile traders). The LA where the temporary event is taking place could inspect the vehicle and deal with contraventions, but approval not required.</p>

	<p>For vehicles not based in Wales attending a temporary event in Wales, for example festivals, processing an approval certificate is unlikely to be feasible under the current proposals as a LA Officer would be unable to carry out the inspection until the event.</p> <p>In relation to temporary premises approval certificates, completing the process from a Local Authority perspective will prove difficult. Paragraph 11.18 states that the premises will be visited by an Officer prior to an Approval Certificate being issued. In paragraph 13.8 it states that application needs to be made no later than 56 days before the event is due to commence - apart from the physical structure, it would not be possible for a full inspection to be undertaken by an Officer to ensure that it meets the mandatory approval conditions.</p> <p>With regards to the 56days, will it be possible for Local Authorities to accept applications outside of this at their own discretion. For example, if the initial application is rejected due to missing mandatory documents etc.</p>
<b>91 - British Beauty Council</b>	Yes. As above.
<b>92 - Anonymous (acupuncture)</b>	No - the process will ultimately deter training providers from delivering courses in Wales, because the time and money cost associated with multiple applications would make the training non-viable
<b>94 - National Hair and Beauty Federation</b>	Yes, all premises/vehicles linked to temporary events/exhibitions must be approved by the local authority.
<b>95 - Beauty Industry Group</b>	Yes. As above.
<b>96 - Beauty Industry Group - Chair</b>	Yes. As above.
<b>103 - Anonymous (acupuncture)</b>	No response.
<b>107 - BABTAC</b>	Yes. As above.
<b>112 - British Acupuncture Federation</b>	We propose BAF acupuncturists should be exempt for the reasons outlined above
<b>122 - Anonymous</b>	Yes they should.

<b>126 - Rhondda Cynon Taff County Borough Council</b>	Yes, as the risks are the same, however potential to consider regard to premises/vehicles that are already approved in Wales. Also, there could be some logistical issues with regards to timelines and access to such premises/vehicles as these would typically not be readily available prior to the event.
<b>132 - Anonymous (piercer)</b>	Yes. UKAPP strongly feels no lesser standards should apply for temporary studios as permanent. The risks in these environments are frequently higher as previously stated due to the lack of control over things such as previous site use and air flow.
<b>133 - Anonymous (local authority)</b>	YES. Although a large event would place a significant burden on the LA
<b>163 - Anonymous (tattooing)</b>	No. Some vehicles just carry equipment etc so might not have anything to do with infection control. A van may just be loaded with chairs for example.
<b>183 - Hair and Beauty Industry Authority</b>	Yes. As above.
<b>184 - Nursing and Midwifery Council</b>	We have no comments
<b>192 - British Register of Complementary Practitioners</b>	Yes we agree
<b>200 - Anonymous (local authority)</b>	YES. Though for larger events and conventions, this places a SIGNIFICANT additional burden on the host Local Authority. Costs associated with these events for the businesses must be carefully considered and avoid unnecessary duplication.
<b>201 - All-Wales Communicable Disease Expert Panel</b>	<p>YES. Though for larger events and conventions, this places a SIGNIFICANT additional burden on the host Local Authority.</p> <p>In principle we agree with this requirement</p> <p>All premises must be approved with the Local Authority, regardless of whether they are temporary.</p> <p>In relation to vehicles, it is suggested that if the vehicle is already approved by a Local Authority in Wales, then it does not need to be re-approved for the temporary event (similar to food registration process for</p>

	<p>mobile traders). The LA where the temporary event is taking place could inspect the vehicle and deal with contraventions, but approval not required.</p> <p>For vehicles not based in Wales attending a temporary event in Wales, for example festivals, processing an approval certificate is unlikely to be feasible under the current proposals as a LA Officer would be unable to carry out the inspection until the event.</p> <p>In relation to temporary premises approval certificates, completing the process from a Local Authority perspective will prove difficult. Paragraph 11.18 states that the premises will be visited by an Officer prior to an Approval Certificate being issued. In paragraph 13.8 it states that application needs to be made no later than 56 days before the event is due to commence - apart from the physical structure, it would not be possible for a full inspection to be undertaken by an Officer to ensure that it meets the mandatory approval conditions.</p> <p>With regards to the 56days, will it be possible for Local Authorities to accept applications outside of this at their own discretion. For example, if the initial application is rejected due to missing mandatory documents etc.</p>
<b>202 - Health and Safety Expert Panel</b>	<p>YES – agreed. However, if a LA has several temporary events/exhibits in its area, there may be capacity problems carrying out a site inspection.</p> <p>It is noted that premises approval applications must be made at least 56 days before the event start date – this longer time frame for LAs to engage with the applicant is welcomed.</p>
<b>211 - British Acupuncture Council</b>	<p>No comment</p>
<b>215 - Shared Regulatory Services</b>	<p>YES – agreed. However, if a LA has several temporary events/exhibits in its area, there may be capacity problems carrying out a site inspection.</p> <p>It is noted that premises approval applications must be made at least 56 days before the event start date – this longer time frame for LAs to engage with the applicant is welcomed.</p>

<b>220 - Tibetan and Eastern Medicine Association</b>	We propose TEMA and BAF acupuncturists should be exempt for the reasons outlined above
<b>221 - Wrexham County Borough Council</b>	As above
<b>226 - Environmental Health Wales</b>	<p>YES. CDEP, HSEP and LEP agree. Though for larger events and conventions, this places a SIGNIFICANT additional burden on the host Local Authority.</p> <p>In principle we agree with this requirement</p> <p>All premises must be approved with the Local Authority, regardless of whether they are temporary.</p> <p>In relation to vehicles, it is suggested that if the vehicle is already approved by a Local Authority in Wales, then it does not need to be re-approved for the temporary event (similar to food registration process for mobile traders). The LA where the temporary event is taking place could inspect the vehicle and deal with contraventions, but approval not required.</p> <p>For vehicles not based in Wales attending a temporary event in Wales, for example festivals, processing an approval certificate is unlikely to be feasible under the current proposals as a LA Officer would be unable to carry out the inspection until the event.</p> <p>In relation to temporary premises approval certificates, completing the process from a Local Authority perspective will prove difficult. Paragraph 11.18 states that the premises will be visited by an Officer prior to an Approval Certificate being issued. In paragraph 13.8 it states that application needs to be made no later than 56 days before the event is due to commence - apart from the physical structure, it would not be possible for a full inspection to be undertaken by an Officer to ensure that it meets the mandatory approval conditions.</p> <p>With regards to the 56days, will it be possible for Local Authorities to accept applications outside of this at their own discretion. For example, if the initial application is rejected due to missing mandatory documents etc.</p>



<b>231 - Anonymous (acupuncture)</b>	Yes, I agree.
<b>232 - Kat Webb</b>	Absolutely AGREE.
<b>233 - UKAPP</b>	Yes. UKAPP strongly feels no lesser standards should apply for temporary studios as permanent. The risks in these environments are frequently higher as previously stated due to the lack of control over things such as previous site use and air flow.
<b>also</b>	82 - Anonymous (piercer); 83 - Anonymous (piercer); 87 - Anonymous (piercer); 124 - Anonymous (piercer); 127 - Anonymous (piercer); 128 - Anonymous (piercer); 129 - Anonymous (piercer); 130 - Anonymous (piercer); 131 - Anonymous (piercer); 149 - Anonymous (piercer); 150 - Anonymous (piercer); 151 - Anonymous (piercer); 173 - Anonymous (piercer); 176 - Anonymous (piercer); 195 - Anonymous (piercer); 204 - Anonymous (piercer); 207 - Anonymous (piercer); 234 - Anonymous (piercer); 250 - Anonymous (piercer).
<b>238/239 - Institute of Licensing</b>	<p>YES.</p> <p>LEP members note that for larger events and conventions, this places a significant additional burden on the host Local Authority. For vehicles, it is suggested that if the vehicle is already approved by a Local Authority in Wales, then it does not need to be re-approved for the temporary event (similar to food registration process for mobile traders). The LA where the temporary event is taking place could inspect the vehicle and deal with contraventions, but approval not required.</p> <p>For vehicles not based in Wales attending a temporary event in Wales, for example festivals, processing an approval certificate is unlikely to be feasible under the current proposals as a LA Officer would be unable to carry out the inspection until the event.</p> <p>In relation to temporary premises approval certificates, completing the process from a Local Authority perspective will prove difficult. Paragraph 11.18 states that the premises will be visited by an Officer prior to an Approval Certificate being issued. In paragraph 13.8 it states that application needs to be made no later than 56 days before the event is due to commence - apart from the physical structure, it would not be possible for a full inspection to be undertaken by an Officer to ensure that it meets the mandatory approval conditions.</p>

	With regards to the 56 days, will it be possible for Local Authorities to accept applications outside of this at their own discretion. For example, if the initial application is rejected due to missing mandatory documents etc.
<b>241 - Anonymous (tattooing)</b>	yes. otherwise can pull up in a caravan and nobody would be the wiser until too late.
<b>252 - Torfaen County Borough Council</b>	<p>Yes .</p> <p>In principle we agree with this requirement. Though for larger events and conventions, this places a significant additional burden on the host LA.</p> <p>All premises must be approved with the LA, regardless of whether they are temporary.</p> <p>In relation to vehicles, it is suggested that if the vehicle is already approved by a LA in Wales, then it does not need to be re-approved for the temporary event (similar to food registration process for mobile traders). The LA where the temporary event is taking place could inspect the vehicle and deal with contraventions, but approval not required.</p> <p>For vehicles not based in Wales attending a temporary event in Wales, for example festivals, processing an approval certificate is unlikely to be feasible under the current proposals as a LA Officer would be unable to carry out the inspection until the event.</p> <p>In relation to temporary premises approval certificates, completing the process from a LA perspective will prove difficult. Paragraph 11.18 states that the premises will be visited by an Officer prior to an Approval Certificate being issued. In paragraph 13.8 it states that application needs to be made no later than 56 days before the event is due to commence - apart from the physical structure, it would not be possible for a full inspection to be undertaken by an Officer to ensure that it meets the mandatory approval conditions.</p> <p>With regards to the 56days, will it be possible for LAs to accept applications outside of this at their own discretion. For example, if the initial application is rejected due to missing mandatory documents etc.</p>
<b>254 - Swansea Council</b>	YES. They pose the same level of risk.

<b>Question 35: Should all premises/vehicles linked to temporary events/exhibitions be subject to mandatory approval conditions?</b>	
<b>'Yes' response</b>	3 - Guild of Beauty Therapists; 6 – Anonymous; 12 – Anonymous; 14 - Cheryl Drew; 15 - Anonymous (acupuncture); 18 – Anonymous; 19 - Kim Eldridge; 20 - Duncan Reed; 21 – Anonymous; 22 - Sally Hickenson; 23 – Anonymous; 26 - Joint Council of Cosmetic Practitioners; 27 - Clares European Services; 34 - James Ogle; 39 - Kate Doble; 47 – Anonymous; 48 - Kat Henness; 53 - Oliver Todd; 55 - Aiden Johnson; 56 - British Medical Acupuncture Society; 61 - Anonymous (acupuncture); 66 - Gareth Davies; 69 - Anonymous (acupuncture); 74 - Anonymous (SPM); 78 - Anonymous (acupuncture); 79 - Rhian Mansfield; 80Anonymous (tattooing); 81 - Gemma Kingston; 84 – Anonymous; 91 - British Beauty Council; 93 - Royal College of Midwives; 95 - Beauty Industry Group – Licensing; 96 - Beauty Industry Group Chair; 98 - Inc and Co; 104 - Anonymous (acupuncture); 106 - Anonymous (acupuncture); 107 – BABTAC; 108 - Anonymous (acupuncture); 109Warren Tregidden; 111 - Anonymous (tattooing); 116 - Anonymous; 117 - Marnie Williams; 122 - Anonymous; 123 - Anonymous (piercer); 125 - Becky Crossan; 135 - Anonymous (tattooing); 144 - Anonymous (piercer); 145 - Anonymous (tattooing); 146 - Ming Chu Lok; 152 - Anonymous (tattooing); 168 - Anonymous (tattooing); 183 - Hair and Beauty Industry Authority; 209 - Anonymous (acupuncture); 212 - Save Face; 224 - Anonymous (piercer); 227 - Anonymous; 229 - Anonymous (tattooing); 230 - Anonymous (charitable organisation); 238/(239) - Institute of Licensing; 241 - Anonymous (tattooing).
<b>'No' response</b>	54 - Lola Slider.
<b>'Agree'</b>	51 - Alison Williams, 57 - Tamarind Dykes; 67 - Anonymous (acupuncture); 68 - Anonymous (acupuncture); 70 - Anonymous (acupuncture); 72 - Anonymous (acupuncture); 101 - Anonymous (acupuncture); 102 - Dr Di Wu; 110 - Anonymous (acupuncture); 114 - Anonymous (acupuncture); 115 - Jing Wang; 118 - Ann Charlton; 134 - Anonymous (acupuncture); 137 - Lingxia Gao; 138/(139) - Wang Chen; 141 - Na Yang; 142 - Anonymous (acupuncture); 153 - Zhimin Ma; 154 - Anonymous (acupuncture); 155 - Anonymous (acupuncture); 156 - Cui Hong Duan; 157 - Anonymous (acupuncture); 158 - Anonymous (acupuncture); 160 - Anonymous (acupuncture); 161 - Anonymous (acupuncture); 162 - Anonymous (acupuncture); 165 - Qikan Yin; 170 - Yuancai Fu; 171 - Yan Jing Wang; 172 - Baifang Zhu; 174 - Phoebe Deng; 177/206 - Anonymous (acupuncture); 178 - Minan Yao; 188 - Anonymous (acupuncture); 190 - Anonymous (acupuncture); 191 - Anonymous (acupuncture); 193 - Dr Jianrui Wang; 196 - Anonymous (acupuncture); 197 - Anonymous (acupuncture); 203 - Anonymous (acupuncture); 205 - Lulu Dai; 206/177 - Anonymous (acupuncture); 208 - Zheng Yuan Zhong; 210 - Li Yan; 213 - Min Li; 223/140 - Xianghui Guo; 225 - Jun Wen Ma; 235 - Anonymous (acupuncture); 236 - Jing Ding; 237 -

	Pinyi; 240 - Shu Li Lu; 242 - Anonymous (acupuncture); 243 - Anonymous (acupuncture); 244 - Anonymous (acupuncture); 245 - Anonymous (acupuncture); 246 - Ke Xia Xu; 247 - Anonymous (acupuncture); 248 - Anonymous (acupuncture); 249 - Association of Traditional Chinese Medicine.
<b>Left blank</b>	1/35 - Anonymous (acupuncture); 2 – Anonymous; 5 - Anonymous (acupuncture); 8 – Anonymous; 9 - Anonymous; 10 – Anonymous; 11 – Katie; 24 – Anonymous; 25 - David Carlisle; 29 - Shan MacVicar; 30 – Anonymous; 38 - Rachel Edney; 41 - Anonymous (acupuncture); 59 - Josh Cranton; 62 – Anonymous; 73 - Clare Robinson-Campbell; 85 - F Hinds Ltd; 89 - Rachel Bowen; 100 - Anonymous; 113 - Superdrug Ltd; 120 - Anonymous (acupuncture); 121 - National AIDS Trust; 143 - Claire's Accessories; 164 - Anonymous (tattooing); 166 - Claire Pritchard; 167 - Anonymous (manufacturer); 186 - Anonymous (acupuncture); 189 - Baidong Li; 194 - Jian Wang; 216 - Age Cymru; 217 - Anonymous (acupuncture).
<b>4 - Anonymous</b>	Yes There should be no double standards. The regulations must be consistent
<b>16 - Sarah Swaysland</b>	YES – agreed. Risks to public health are likely to be higher in a temporary event situation.
<b>17 - Anonymous</b>	Yes with up to date restrictions and that wales wide would be fair and a valid certificate would and should be adequate
<b>28 - Anonymous</b>	As long as health and safety is applied
<b>31 - Chartered Institute of Environmental Health</b>	Yes. The risk they present is no different to that presented by fixed premises, and their temporary nature means that some of the facilities e.g. access to water, drainage etc. may not be as good as for fixed premises. There cannot be an level of risk associated with temporary events or exhibitions.
<b>32 - Anonymous (tattooing)</b>	Yes they already are.
<b>33 - Carla Evans</b>	Temporary does not mean reduced or without risk. Same conditions/approvals should apply.
<b>36 - Kelly Griffiths</b>	y
<b>37 - Anonymous (local authority)</b>	Yes – only consideration is the WC WHB requirement in temporary event locations would not have long lever taps.
<b>40 - Anonymous (acupuncture)</b>	See above I think the logistics involved may cause some issues
<b>42 - Paul Battersby</b>	Yes, I fully agree.
<b>also</b>	44 - Roy Montgomery; 45 – Anonymous (acupuncture); 46 - Alison Smith; 50 – Anonymous (acupuncture); 52 – Anonymous (acupuncture); 58 – Kate van Rensburg; 60 – Laura Gibbons; 63 –

	Christine Hutchinson; 64 – Anonymous (acupuncture); 65 – Anonymous (acupuncture); 75 - Madeline Boots; 86 - Suzanne Gregson; 88 - Anonymous (acupuncture); 99 - Janis Short; 105 - Daniel Curran.
<b>43 - Acupuncture Association of Chartered Physiotherapists</b>	Yes, we fully agree.
<b>49 - Di-enw</b>	Dylid
<b>77 - Mari McAndrew</b>	Yes they should.
<b>90 - Blaenau Gwent County Borough Council</b>	Yes, it is agreed that the same mandatory approval conditions should apply. The reasoning behind this scheme is to minimise the risk of infection associated with these procedures. Therefore, regardless of whether it is a temporary event, lesser standards should not be accepted.
<b>92 - Anonymous (acupuncture)</b>	If this can be remote / easily replicated per application, then this may work
<b>94 - National Hair and Beauty Federation</b>	Yes, they should be subject to mandatory approval conditions.
<b>103 - Anonymous (acupuncture)</b>	No response.
<b>112 - British Acupuncture Federation</b>	We propose BAF acupuncturists should be exempt
<b>126 - Rhondda Cynon Taff County Borough Council</b>	Yes - same risk.
<b>132 - Anonymous (piercer)</b>	Yes as above
<b>133 - Anonymous (local authority)</b>	YES. The health risks are the same.
<b>136 - Denbighshire County Council</b>	Yes they should.
<b>159 - H Wong</b>	no comment

<b>163 - Anonymous (tattooing)</b>	No. Some vehicles just carry equipment etc so might not have anything to do with infection control. A van may just be loaded with chairs for example.
<b>169 - Anonymous (tattooing)</b>	Yes, see answer to Q 33.
<b>175 - Anonymous (tattooing)</b>	Yes see answer in 33
<b>179 - N Wales Health and Safety Expert Panel</b>	Yes – only consideration is the WC WHB requirement in temporary event locations would not have long lever taps.
<b>184 - Nursing and Midwifery Council</b>	We have no comments.
<b>192 - British Register of Complementary Practitioners</b>	Yes agree
<b>198 - Isle of Anglesey County Council</b>	Yes – only consideration is the WC WHB requirement in temporary event locations would not have long lever taps.
<b>200 - Anonymous (local authority)</b>	YES. The health risks are the same.
<b>201 - All-Wales Communicable Disease Expert Panel</b>	YES. The health risks are the same. Yes – only consideration is the WC WHB requirement in temporary event locations would not have long lever taps. Yes, it is agreed that the same mandatory approval conditions should apply. The reasoning behind this scheme is to minimise the risk of infection associated with these procedures. Regardless of whether it is a temporary event, lesser standards should not be accepted.
<b>202 - Health and Safety Expert Panel</b>	Yes, it is agreed that the same mandatory approval conditions should apply. The reasoning behind this scheme is to minimise the risk of infection associated with these procedures. Therefore, regardless of whether it is a temporary event, lesser standards should not be accepted.

<b>211 - British Acupuncture Council</b>	No comment
<b>215 - Shared Regulatory Services</b>	Yes, it is agreed that the same mandatory approval conditions should apply. The reasoning behind this scheme is to minimise the risk of infection associated with these procedures. Therefore, regardless of whether it is a temporary event, lesser standards should not be accepted.
<b>219 - Ross Jarvis</b>	Yes, see answer to Q 33.
<b>220 - Tibetan and Eastern Medicine Association</b>	We propose TEMA and BAF acupuncturists should be exempt
<b>221 - Wrexham County Borough Council</b>	Yes – but conditions may not be as onerous as a fixed premises given the temporary nature.
<b>222 - Caerphilly County Borough Council</b>	Yes. Vehicles/temporary premises visiting Wales from other countries including other parts of the UK must adhere to the conditions set in Wales when attending events / exhibitions / conventions here.
<b>226 - Environmental Health Wales</b>	YES. CDEP, HSEP and LEP Agree. The health risks are the same. Yes – only consideration is the WC WHB requirement in temporary event locations would not have long lever taps. Yes, it is agreed that the same mandatory approval conditions should apply. The reasoning behind this scheme is to minimise the risk of infection associated with these procedures. Regardless of whether it is a temporary event, lesser standards should not be accepted.
<b>231 - Anonymous (acupuncture)</b>	No comment.
<b>232 – Kat Webb</b>	Again, absolutely. There is an increased risk to public health due to the volume of people that attend these events, not only for practitioners and clients receiving a procedure, but also for the bystanders.
<b>233 - UKAPP</b>	Yes. As above.
<b>also</b>	82 - Anonymous (piercer); 83 - Anonymous (piercer); 87 - Anonymous (piercer); 124 - Anonymous (piercer); 127 - Anonymous (piercer); 128 - Anonymous (piercer); 129 - Anonymous (piercer); 130 - Anonymous (piercer); 131 - Anonymous (piercer); 149 - Anonymous (piercer); 150 - Anonymous (piercer); 151 - Anonymous (piercer); 173 - Anonymous (piercer); 176 - Anonymous (piercer); 195 -

	Anonymous (piercer); 204 - Anonymous (piercer); 207 - Anonymous (piercer); 234 - Anonymous (piercer); 250 - Anonymous (piercer).
<b>252 - Torfaen County Borough Council</b>	Yes. The only consideration is the WC WHB requirement in temporary event locations would not have long lever taps. It is agreed that the same mandatory approval conditions should apply. The reasoning behind this scheme is to minimise the risk of infection associated with these procedures. Regardless of whether it is a temporary event, lesser standards should not be accepted.
<b>254 - Swansea Council</b>	YES. They pose the same level of risk.



<b>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)?</b>	
<b>'Yes' response</b>	3 - Guild of Beauty Therapists; 4 – Anonymous; 12 – Anonymous; 14 - Cheryl Drew; 15 - Anonymous (acupuncture); 17 - Anonymous; 18 - Anonymous; 19 - Kim Eldridge; 22 - Sally Hickenson; 27 - Clares European Services; 31 - Chartered Institute of Environmental Health; 34 - James Ogle; 39 - Kate Doble; 47 - Anonymous; 48 - Kat Henness; 53 - Oliver Todd; 55 - Aiden Johnson; 56 - British Medical Acupuncture Society; 61 - Anonymous (acupuncture); 66 - Gareth Davies; 74 - Anonymous (SPM); 78 - Anonymous (acupuncture); 81 - Gemma Kingston; 84 – Anonymous; 86 - Suzanne Gregson; 88 - Anonymous (acupuncture); 98 - Inc and Co; 99 - Janis Short; 105 - Daniel Curran; 106 - Anonymous (acupuncture); 109 - Warren Tregidden; 116 – Anonymous; 125 - Becky Crossan; 126 - Rhondda Cynon Taff County Borough Council; 133 - Anonymous (local authority); 144 - Anonymous (piercer); 168 - Anonymous (tattooing); 200 - Anonymous (local authority); 209 - Anonymous (acupuncture); 227 - Anonymous; 230 - Anonymous (charitable organisation).
<b>'No' response</b>	54 - Lola Slider; 117 - Marnie Williams; 123 - Anonymous (piercer); 132 - Anonymous (piercer); 145 - Anonymous (tattooing); 163 - Anonymous (tattooing); 224 - Anonymous (piercer); 233 – UKAPP; UKAPP responses: 82 - Anonymous (piercer); 83 - Anonymous (piercer); 87 - Anonymous (piercer); 124 - Anonymous (piercer); 127 - Anonymous (piercer); 128 - Anonymous (piercer); 129 - Anonymous (piercer); 130 - Anonymous (piercer); 131 - Anonymous (piercer); 149 - Anonymous (piercer); 150 - Anonymous (piercer); 151 - Anonymous (piercer); 173 - Anonymous (piercer); 176 - Anonymous (piercer); 195 - Anonymous (piercer); 204 - Anonymous (piercer); 207 - Anonymous (piercer); 234 - Anonymous (piercer); 250 - Anonymous (charitable organisation).
<b>'no comment'</b>	42 - Paul Battersby; 43 - Acupuncture Association of Chartered Physiotherapists; 44 - Roy Montgomery; 45 - Anonymous (acupuncture); 46 - Alison Smith; 50 - Anonymous (acupuncture); 51 - Alison Williams; 52 - Anonymous (acupuncture); 57 - Tamarind Dykes; 58 - Kate van Rensburg; 60 - Laura Gibbons; 63 - Christine Hutchinson; 64 - Anonymous (acupuncture); 65 - Anonymous (acupuncture); 67 - Anonymous (acupuncture); 68 - Anonymous (acupuncture); 70 - Anonymous (acupuncture); 72 - Anonymous (acupuncture); 75 - Madeline Boots; 101 - Anonymous (acupuncture); 110 - Anonymous (acupuncture); 114 - Anonymous (acupuncture); 115 - Jing Wang; 118 - Ann Charlton; 134 - Anonymous (acupuncture); 137 - Lingxia Gao; 138/(139) - Wang Chen; 141 - Na Yang; 156 - Cui Hong Duan; 159 - H Wong; 165 - Qikan Yin; 170 - Yuancai Fu; 171 - Yan Jing Wang; 172 - Baifang Zhu; 174 - Phoebe Deng; 177/206 - Anonymous (acupuncture); 178 - Minan Yao; 188 - Anonymous (acupuncture); 190 - Anonymous (acupuncture); 191 - Anonymous (acupuncture); 193 - Dr Jianrui Wang; 196 - Anonymous (acupuncture);

	197 - Anonymous (acupuncture); 208 - Zheng Yuan Zhong; 210 - Li Yan; 211 - British Acupuncture Council; 213 - Min Li; 223/140 - Xianghui Guo; 225 - Jun Wen Ma; 231 - Anonymous (acupuncture); 235 - Anonymous (acupuncture); 236 - Jing Ding; 237 - Pinyi; 240 - Shu Li Lu; 242 - Anonymous (acupuncture); 243 - Anonymous (acupuncture); 244 - Anonymous (acupuncture); 246 - Ke Xia Xu, 247 - Anonymous (acupuncture); 248 - Anonymous (acupuncture); 249 - Association of Traditional Chinese Medicine.
<b>'N/A'</b>	108 - Anonymous (acupuncture); 146 - Ming Chu Lok; 153 - Zhimin Ma; 154 - Anonymous (acupuncture); 155 - Anonymous (acupuncture); 157 - Anonymous (acupuncture); 158 - Anonymous (acupuncture); 160 - Anonymous (acupuncture); 161 - Anonymous (acupuncture); 162 - Anonymous (acupuncture); 212 - Save Face.
<b>Left blank</b>	1/35 - Anonymous (acupuncture); 2 – Anonymous; 5 - Anonymous (acupuncture); 8 – Anonymous; 9 - Anonymous; 10 - Anonymous; 11 - Katie; 20 - Duncan Reed; 23 - Anonymous; 24 - Anonymous; 25 - David Carlisle; 28 – Anonymous; 29 - Shan MacVicar; 30 – Anonymous; 32 - Anonymous (tattooing); 36 - Kelly Griffiths; 38 - Rachel Edney; 41 - Anonymous (acupuncture); 59 - Josh Cranton; 62 - Anonymous; 69 - Anonymous (acupuncture); 73 - Clare Robinson-Campbell; 80 - Anonymous (tattooing); 85 - F Hinds Ltd; 89 - Rachel Bowen; 92 - Anonymous (acupuncture); 100 - Anonymous; 111 - Anonymous (tattooing); 113 - Superdrug Ltd; 120 - Anonymous (acupuncture); 121 - National AIDS Trust; 143 - Claire's Accessories; 164 - Anonymous (tattooing); 166 - Claire Pritchard; 167 - Anonymous (manufacturer); 186 - Anonymous (acupuncture); 189 - Baidong Li; 194 - Jian Wang; 216 - Age Cymru; 217 - Anonymous (acupuncture); 229 - Anonymous (tattooing); 241 - Anonymous (tattooing).
<b>6 - Anonymous</b>	Probably
<b>16 - Sarah Swaysland</b>	YES – agreed.
<b>21 - Anonymous</b>	Temporary should have the same information
<b>26 - Joint Council of Cosmetic Practitioners</b>	We would suggest that the qualifications of the practitioner should also be included within the certificate.
<b>33 - Carla Evans</b>	all details same as permanent premises plus details of reason for temporary approval.
<b>37 – Anonymous (local authority)</b>	Yes but should also include the list of licensed persons for the event.

<b>40 – Anonymous (acupuncture)</b>	See above
<b>49 - Di-enw</b>	Angen rhestr o enwau'r ymarferwyr trwyddedig fydd yn bwriadu gweithredu dan y trefniadau dros dro yn yr eiddo/ cerbyd.
<b>77 - Mari McAndrew</b>	List of practitioners at the event.
<b>79 - Rhian Mansfield</b>	Yes, no suggestions at this point
<b>90 - Blaenau Gwent County Borough Council</b>	Yes, we agree with the proposal  The start and end date of the temporary approval should be clear on the certificate.
<b>91 - British Beauty Council</b>	In addition to the information set out, the qualifications of the practitioner should also be included within the certificate.
<b>93 - Royal College of Midwives</b>	We do not have a view on this.
<b>94 - National Hair and Beauty Federation</b>	In addition to the information set out, the qualifications of the practitioner should also be included within the certificate.
<b>95 - Beauty Industry Group - Licensing</b>	In addition to the information set out, the qualifications of the practitioner should also be included within the certificate.
<b>96 - Beauty Industry Group - Chair</b>	In addition to the information set out, the qualifications of the practitioner should also be included within the certificate.
<b>102 – Dr Di Wu</b>	Agree
<b>103 - Anonymous (acupuncture)</b>	No response
<b>104 - Anonymous (acupuncture)</b>	no comments
<b>107 - BABTAC</b>	In addition to the information set out, the qualifications of the practitioner should also be included within the certificate.
<b>112 - British Acupuncture Federation</b>	We propose BAF acupuncturists should be exempt

<b>122 - Anonymous</b>	The temporary aspect of the setting may highlight different challenges to that of a permanent setting. Should information relating to specific considerations be highlighted on the certificate so it can be evidenced it was considered as part of the granting of a licence
<b>135 - Anonymous (tattooing)</b>	agree
<b>136 - Denbighshire County Council</b>	List of practitioners at the event.
<b>142 - Anonymous (acupuncture)</b>	No comments
<b>152 - Anonymous (tattooing)</b>	Yea
<b>169 - Anonymous (tattooing)</b>	Yes, as long as it is reasonable and practical.
<b>175 - Anonymous (tattooing)</b>	Yea
<b>179 - N Wales Health and Safety Expert Panel</b>	Yes but should also include the list of licenced persons for the event.
<b>183 - Hair and Beauty Industry Authority</b>	In addition to the information set out, the qualifications of the practitioner should also be included within the certificate.
<b>184 - Nursing and Midwifery Council</b>	We have no comments.
<b>192 - British Register of Complementary Practitioners</b>	It would make sense that it required the same proposed additional information as the three-year premises/vehicle approval certificate
<b>198 - Isle of Anglesey County Council</b>	Yes but should also include the list of licenced persons for the event.
<b>201 - All-Wales Communicable</b>	YES. The start and end date of the temporary approval should be clear on the certificate.

<b>Disease Expert Panel</b>	
<b>202 - Health and Safety Expert Panel</b>	Yes agreed.
<b>203 - Anonymous (acupuncture)</b>	Agree. no comments
<b>205 - Lulu Dai</b>	No comments
<b>206/177 - Anonymous (acupuncture)</b>	Agree
<b>215 - Shared Regulatory Services</b>	Yes agreed
<b>219 - Ross Jarvis</b>	Yes, as long as it is reasonable and practical.
<b>220 - Tibetan and Eastern Medicine Association</b>	We propose TEMA and BAF acupuncturists should be exempt
<b>221 - Wrexham County Borough Council</b>	Yes Contact details
<b>222 - Caerphilly County Borough Council</b>	Yes, could also include attendees' names who are attending so that the Register can be checked for verification. However, what would happen if there was a last-minute change, and this substitute practitioner was already licenced in Wales and hadn't completed a variation. The criteria would match the licence but not the venue.
<b>226 - Environmental Health Wales</b>	YES. CDEP, HSEP and LEP Agree. The start and end date of the temporary approval should be clear on the certificate.
<b>232 – Kat Webb</b>	AGREE
<b>238/239 - Institute of Licensing</b>	YES. The start and end date of the temporary approval should be clear on the certificate along with details of the responsible person and the maximum number of workstations permitted in the premises / vehicle.
<b>245 - Anonymous (acupuncture)</b>	No comments.

<b>252 - Torfaen County Borough Council</b>	Yes. The start and end date of the temporary approval should be clear on the certificate.
<b>254 - Swansea Council</b>	YES. The ability to add in specific conditions such as prohibition on irresponsible promotions would be useful.

<b>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?</b>	
<b>'Yes' response</b>	3 - Guild of Beauty Therapists; 4 – Anonymous; 6 – Anonymous; 12 – Anonymous; 14 - Cheryl Drew; 15 - Anonymous (acupuncture); 18 - Anonymous; 22 - Sally Hickenson; 33 - Carla Evans; 38 - Rachel Edney 39 - Kate Doble; 47 – Anonymous; 48 - Kat Henness; 56 - British Medical Acupuncture Society; 61 - Anonymous (acupuncture); 69 - Anonymous (acupuncture); 78 - Anonymous (acupuncture); 84 – Anonymous; 91 - British Beauty Council; 93 - Royal College of Midwives; 95 - Beauty Industry Group – Licensing; 96 - Beauty Industry Group Chair; 106 - Anonymous (acupuncture); 107 - BABTAC; 109 - Warren Tregidden; 117 - Marnie Williams; 122 – Anonymous; 123 - Anonymous (piercer); 125 - Becky Crossan; 132 - Anonymous (piercer); 144 - Anonymous (piercer); 146 - Ming Chu Lok; 163 - Anonymous (tattooing); 168 - Anonymous (tattooing); 183 - Hair and Beauty Industry Authority; 209 - Anonymous (acupuncture); 212 - Save Face; 224 - Anonymous (piercer); 227 - Anonymous; 229 - Anonymous (tattooing); 230 - Anonymous (charitable organisation); 233 – UKAPP; 254 - Swansea Council; UKAPP responses: 82 - Anonymous (piercer); 83 - Anonymous (piercer); 87 - Anonymous (piercer); 124 - Anonymous (piercer); 127 - Anonymous (piercer); 128 - Anonymous (piercer); 129 - Anonymous (piercer); 130 - Anonymous (piercer); 131 - Anonymous (piercer); 149 - Anonymous (piercer); 150 - Anonymous (piercer); 151 - Anonymous (piercer); 173 - Anonymous (piercer); 176 - Anonymous (piercer); 195 - Anonymous (piercer); 204 - Anonymous (piercer); 207 - Anonymous (piercer); 234 - Anonymous (piercer); 250 - Anonymous (piercer).
<b>'No' response</b>	17 - Anonymous.
<b>Left blank</b>	5 - Anonymous (acupuncture); 8 – Anonymous; 9 – Anonymous; 10 – Anonymous; 11 – Katie; 24 - Anonymous; 25 - David Carlisle; 28 - Anonymous; 30 - Anonymous; 32 - Anonymous (tattooing); 59 - Josh Cranton; 62 – Anonymous; 73 - Clare Robinson-Campbell; 89 - Rachel Bowen; 92 - Anonymous (acupuncture); 100 – Anonymous; 111 - Anonymous (tattooing); 120 - Anonymous (acupuncture); 121 - National AIDS Trust; 186 - Anonymous (acupuncture); 189 - Baidong Li; 194 - Jian Wang; 216 - Age Cymru; 217 - Anonymous (acupuncture); 228 - Professional Standards Authority.
<b>1/35 - Anonymous</b>	There fee should be set nationally, with local authorities able to apply discretionary discounts.  It should be minimal to avoid practitioners practicing without a licence due to the expense.
<b>2 - Anonymous</b>	The fees cannot be prohibitive for practitioners

<b>16 - Sarah Swaysland</b>	Agree that LAs should be able to determine their own fees, but in a consistent way in alignment with other Welsh LAs, to reflect local variations (e.g. travel distances and times)
<b>19 - Kim Eldridge</b>	There is currently a variation across councils. The fee should be agreed across all sites
<b>20 - Duncan Reed</b>	Yes as long as the fees are the same across wales
<b>21 - Anonymous</b>	I think it's unfair to keep having to pay out fees
<b>23 - Anonymous</b>	No because some local authorities may use this as a way at of making more money it should be set across the board.
<b>26 - Joint Council of Cosmetic Practitioners</b>	Agreed
<b>27 - Clares European Services</b>	Yes but must not be a money making exercise, consideration of turnover of staff in this industry should be taken into consideration.
<b>29 - Shan MacVicar</b>	am concerned that the fees will be the same for all. We , here, doing acupuncture on 2 days, will be very different from an all week salon.it may even ruin the services we provide as part of our Wellness Centre.  We will categorically NOT be doing tattooing or piercing or any beauty therapies.
<b>31 - Chartered Institute of Environmental Health</b>	We defer to the view of Environmental Health Wales and the Directors of Public Protection Wales on this point.
<b>34 - James Ogle</b>	Not really but it doesn't seem like you've given any other options.
<b>36 - Kelly Griffiths</b>	need streamlining and take into account area of work, e.g. valleys cannot expect same income/pricing as Cardiff
<b>37 – Anonymous (local authority)</b>	Yes agree that each local authority can decide on their own fees. If a national fee is going to be considered then there needs to be clear agreement on whether a visit is required as part of the licence rather than optional otherwise its disproportionate and doesn't reflect the true costs. The fees can't be fixed fairly if the main cost (i.e a visit) is variable.  The applicant needs to know what they get for the fee and the visit is also an opportunity for additional advice and best practice guidance.



	Also need to know who will be the 'authorised officers' and if there is an expectation of a certain level of qualification which would also impact the costs to the LA.
<b>40 – Anonymous (acupuncture)</b>	<p>If the fees are to be set nationally, and the criteria is the same pan-Wales, is there actually a need for a temporary licence (and additional fee and inspection) if you are operating for 1-7 days outside your usual area?</p> <p>Surely the fact that you have been issued with a licence means you have reached the standard wherever you are operating?</p>
<b>41 – Anonymous (acupuncture)</b>	no, if we are already registered, don't charge us again.
<b>42 - Paul Battersby</b>	Yes, I fully agree. However health care professionals should be exempt licensing and fees.
<b>also</b>	44 - Roy Montgomery; 45 - Anonymous (acupuncture); 46 - Alison Smith; 50 - Anonymous (acupuncture); 52 - Anonymous (acupuncture); 58 - Kate van Rensburg; 60 - Laura Gibbons; 63 - Christine Hutchinson; 64 - Anonymous (acupuncture); 65 - Anonymous (acupuncture); 75 - Madeline Boots; 86 - Suzanne Gregson; 88 - Anonymous (acupuncture); 99 - Janis Short; 105 - Daniel Curran.
<b>43 - Acupuncture Association of Chartered Physiotherapists</b>	Yes, we fully agree. However health care professionals should be exempt licensing and fees.
<b>49 - Di-enw</b>	Yng nghyd destun Hemming v Cyngor Dinas Westminster gall sefydlu ffi yn genedlaethol achosi problemau gan fod amrywiad sylweddol yng nghyfraddau cyflogau gwahanol Awdurdodau. Byddai werth yr ymdrech ran ceisio cysondeb, os yn bosib.
<b>53 - Oliver Todd</b>	No, if implementing a consistent set of rules (for the whole of the UK eventually, hopefully) then the fee should be a standard set fee for all local authorities. I do believe that the fees should differ so far as the different types such as premises, personal and apprentice being different themselves.
<b>54 - Lola Slider</b>	It's very vague, If local authorities are going to set their own fees the fee payer must have a right to see a breakdown to the penny of what that money was spent on, and they are asking the applicant to do so much work themselves that would in other parts of the UK be carried out by an EHO in the line of their duty.
<b>55 - Aiden Johnson</b>	As a license issued by any LA in Wales will allow the license holder to work anywhere in Wales, the fees should be standardised across the whole country. This will prevent the LA with the lowest fees being swamped with applications.

<b>57 - Tamarind Dykes</b>	Agree, however as healthcare professional acupuncturists we should be exempt licensing & fees
<b>66 – Gareth Davies</b>	those who have paid should have a reduction to our life time licence
<b>74 – Anonymous (SPM)</b>	If premises have obtained and paid for their licenses already I think it is wrong to charge them again because you have decided to change the license criteria. If they meet the criteria already then they should not be made to pay again. If they fail to meet the criteria then they should pay for a new license once they have made the changes required to gain the new license. The businesses that are running without a license at all should pay for the license too.
<b>77 - Mari McAndrew</b>	Agree, however imperative that a National Fee is agreed for consistency.
<b>79 - Rhian Mansfield</b>	I think that it should be one set fee for all local authorities for each licence applied for. If everyone has to adhere to the same set of regulations, then they absolutely should pay the same amount to make it fair for everyone.
<b>80 - Anonymous (tattooing)</b>	I believe that if these new special procedure licensing regulations are standardised across the whole of Wales, the fees should also be standardised regardless of the county. Why should local councils be allowed to dictate the fees when it is the Welsh government that is defining these new regulations?  One set of regulations, one set of fees!
<b>81 - Gemma Kingston</b>	The fees are a bit expensive
<b>85 - F Hinds Ltd</b>	Very relevant point. Most London and Metropolitan boroughs have a clear pricing structure, with ear piercing being in the lowest category. It has traditionally been very unfair that most LA's tend to group all special treatment licences in to one pricing structure, not taking in to account how involved or how simple the procedures are. Does this also imply that the whole of Wales will have one pricing structure across the entire country and that individual authorities will be standardised accordingly?
<b>90 - Blaenau Gwent County Borough Council</b>	Yes, we agree, however, we make the following comments:  It is agreed that fees should be in place for applications and variations of practitioner licences and approval certificates. These fees should be set and agreed nationally by all 22 Welsh Local Authorities  A set fee across Wales will ensure consistency, something which is not currently the case, with fees varying considerably. With the introduction of an All-Wales practitioners licence that allows cross

	<p>boundary working, it will also ensure that there is no economic advantage to applying to Local Authorities with a lesser fee.</p> <p>In relation to the proposed review of fees on a three year cycle, it is recommended that an initial review is undertaken 12months following the introduction of the scheme to review the estimates used to calculate the initial proposed fees. Local Authorities will be able to provide an accurate reflection of the impact/time associated with processing applications.</p>
<b>94 - National Hair and Beauty Federation</b>	Local authorities are to agree fees and we appreciate an element of continuity between authorities. Fees should be proportionate and to cover costs, not revenue raising. We are open to further discussions around suggesting fee bands. The sector is largely made up of small and micro businesses.
<b>98 - Inc and Co</b>	Should be the same across Wales
<b>102 - Dr Di Wu</b>	Agree but qualified acupuncturists should get exemption from this license and fee.
<b>103 - Anonymous (acupuncture)</b>	<p>I think that it is good that fees will be consistent.</p> <p>For a small business this new process will involve considerable extra cost - attending the course, getting the DBS, renewing licence every three years. This should be kept in perspective when setting fees. Not everyone does their special procedures as full time work so please take this into account and keep the costs down where possible.</p>
<b>104 - Anonymous (acupuncture)</b>	I think as an acupuncturist should be exempt licensing and fees
<b>110 - Anonymous (acupuncture)</b>	Agree. However, as healthcare professionals acupuncturists should be exempt from licensing and fees.
<b>112 - British Acupuncture Federation</b>	We propose BAF acupuncturists should be exempt
<b>113 - Superdrug Ltd</b>	<p>We consider it a positive step forward that there is a standardised approach to fees, but would be keen to further see a breakdown of these fees, and a differentiation between premises offering cosmetics piercing, and those offering additional services like body piercing and tattooing.</p> <p>A review of fees every 3 years is reasonable. We should take into consideration premises that are already licenced and see a reduction in fees for these premises during the transition period, bearing in mind they already meet the current requirements.</p>

<b>116 - Anonymous</b>	Not sure
<b>118 - Ann Charlton</b>	Agree, however as a healthcare professional. Acupuncturists should be exempt licensing and fees.
<b>126 - Rhondda Cynon Taff County Borough Council</b>	Yes. Fees to be determined and should be the same and consistent throughout Wales with standard application forms etc.
<b>133 - Anonymous (local authority)</b>	Our view is that the fees should be standardised and set for the whole of Wales to allow for a level playing field for practitioners . Fees should also be subject to regular review so as to ensure costs are recoverable and reflect inflationary increases.
<b>135 - Anonymous (tattooing)</b>	agree
<b>136 - Denbighshire County Council</b>	Agree, however imperative that a National Fee is agreed for consistency.
<b>143 - Claire's Accessories</b>	A list of fees should be published asap so the industry is aware of the costs and plan for them until we see these we do not know the additional costs on the business to comment.
<b>145 - Anonymous (tattooing)</b>	Yes, however fees should be fair and consistent across counties. Extortionate fees could cripple us and prevent us from working.
<b>152 - Anonymous (tattooing)</b>	Yea
<b>159 - H Wong</b>	no comment
<b>164 - Anonymous (tattooing)</b>	<p>Paragraph 15.2 states that fees will be proportional to the costs incurred this however can also be mean that it is highly likely that fees will vary across different LAs. I fear this will result in rural wales and areas not near the capital being once again levied with higher charges than elsewhere in wales, such as the discrepancies with the cost of the Course.</p> <p>15.3 suggests a national fee may be set if all 22 LAs can agree to it, and whilst the wording suggests that they will seeing as by your own admission less than half of the 22 agreed to implement the last lot of licensing bylaws, I am very doubtful that they will indeed agree.</p> <p>My major concern with regards to these coming fees is primarily that there is a lot of them suddenly due to be levied against businesses. Fees for the paperwork, fees for the inspections, course fees, dbs check fees. All these costs will be costs that will be passed along to the clients, and thus are in themselves</p>

	<p>more likely to make them seek unlicensed businesses, whom are the sources of these outbreaks and infections that have brought about this proposal.</p> <p>I am also concerned as to the wording as they suggest that the fees will basically be the funding for the running of these departments, does that mean that the licensing fees are going to be used to fund the investigations of unlicensed individuals, it seems grossly unfair that once again it seems legitimate businesses are being charged for having done things correctly.</p>
<b>166 - Claire Pritchard</b>	<p>No. I think its too much to ask for an admin fee plus the licence fee, for practioner &amp; premises. This is doubling up of both licence which both cover the same. As a small business these fees can stop me practising as an acupuncture therapist, due to high fees. I currently have to pay for a professional body registration yearly, Insurance fees, plus 1st Aid courses every 3 years on top of CPD courses every year... I agree that unregulated should be looked at, but I have spent 3 years studying acupuncture .As a sole trader with already extortionate rent, running costs this has the potential to stop me carrying out treatments. The fees need to take into account the council area also, as someone practising in Cardiff would be charging practically double what I charge. I think this will have the potential to send people to practice off book, unregulated underground if the fees are too high. &amp; to expect a licence fee for premises &amp; Practioner is totally unrealistic &amp; out of touch with business. In an already difficult economy please think about small businesses.</p>
<b>167 - Anonymous (manufacturer)</b>	<p>We would agree that the fee setting is consistent throughout Wales and adopted by each of the 22 Local Authorities. A standardised approach would be welcome with a breakdown of the costing process and clarification on whether there is a cost per special procedure, or the fee is inflated where more than one special procedure is being licensed. For example, would the fee be the same for a retailer offering only ear piercing as a studio offering body piercing and tattooing?</p> <p>Review of fees every three years is reasonable and should then consider for renewals and variations whether another visit is required by an enforcement officer, or the renewal would simply roll over. It should also be taken into consideration that businesses have already paid for registrations therefore during the transition to licences a reduction could be implemented for premises that already hold a registration and have therefore already met with the current requirements.</p>
<b>169 - Anonymous (tattooing)</b>	<p>I think that if these proposals are to be rolled out in all of Wales then yes it should be consistent amongst all authorities.</p>

<b>175 - Anonymous (tattooing)</b>	If these proposals are to be rolled out in all of Wales then yes it should be consistent amongst all authorities.
<b>178 - Minan Yao</b>	Agree.
<b>179 - N Wales Health and Safety Expert Panel</b>	<p>Yes. imperative that a National Fee is agreed for consistency. Any fee must clearly identify what is included, for example whether a visit is required. The applicant needs to know what they get for the fee and the visit is also an opportunity for additional advice and best practice guidance.</p> <p>Also need to know who will be the 'authorised officers' and if there is an expectation of a certain level of qualification which would also impact the costs.</p>
<b>184 - Nursing and Midwifery Council</b>	We have no comments
<b>192 - British Register of Complementary Practitioners</b>	Agreed, however any exemptions from Special Licensing (such as Acupuncture practitioners) should also be exempt from any fees.
<b>198 - Isle of Anglesey County Council</b>	<p>Yes. imperative that a National Fee is agreed for consistency. Any fee must clearly identify what is included, for example whether a visit is required. The applicant needs to know what they get for the fee and the visit is also an opportunity for additional advice and best practice guidance.</p> <p>Also need to know who will be the 'authorised officers' and if there is an expectation of a certain level of qualification which would also impact the costs.</p>
<b>200 - Anonymous (local authority)</b>	<p>PARTIALLY. Either through statute, or All Wales guidance, Application Forms, Fees, Variation Fees, etc should be ALL WALES and standardised/consistent.</p> <p>The fee structure is important. The size of fee, the frequency of renewal are critical. And likely to be significantly higher than those currently paid in Newport. If fees are too high, and too frequent, it may reduce buy-in and uptake, and support from the businesses and therefore loose credibility in the public.</p>
<b>201 - All-Wales Communicable Disease Expert Panel</b>	PARTIALLY. Either through statute (not now achievable given the status of the Existing Legislation), or preferentially All Wales mandatory guidance, Application Forms, Application Fees, Variation Fees, etc should be ALL WALES and standardised/consistent.

	<p>Any failure to pay a fee stops the licencing process until the fee is paid and if they don't have a valid license then they can't operate.</p> <p>Agree that each local authority can decide on their own fees – this is clear in statute But, if a national fee is going to be considered, then there needs to be clear agreement on whether a visit is required as part of the licence (and therefore charged) rather than optional otherwise its disproportionate and doesn't reflect the true costs. The fees can't be fixed fairly if the main cost (i.e a visit) is variable.</p> <p>The applicant needs to know what they get for the fee and the visit is also an opportunity for additional advice and best practice guidance.</p> <p>Also need to know who will be the 'authorised officers' and if there is an expectation of a certain level of qualification which would also impact the costs to the LA.</p> <p>A set fee across Wales will ensure consistency, something which is not currently the case, with fees varying considerably. With the introduction of an All-Wales practitioners licence that allows cross boundary working, it will also ensure that there is no economic advantage to applying to Local Authorities with a lesser fee.</p> <p>In relation to the proposed review of fees on a three year cycle, it is recommended that an initial review is undertaken 12months following the introduction of the scheme to review the estimates used to calculate the initial proposed fees. Local Authorities will be able to provide an accurate reflection of the impact/time associated with processing applications.</p>
<p><b>202 - Health and Safety Expert Panel</b></p>	<p>A set fee across Wales will ensure consistency, something which is not currently the case, with fees varying considerably. With the introduction of an All Wales practitioners licence that allows cross boundary working, it will also ensure that there is no economic advantage to applying to Local Authorities with a lesser fee.</p> <p>In relation to the proposed review of fees on a three-year cycle, it is recommended that an initial review is undertaken 12months following the introduction of the scheme to review the estimates used to calculate the initial proposed fees. Local Authorities will be able to provide an accurate reflection of the impact/time associated with processing applications</p>

<b>203 - Anonymous (acupuncture)</b>	Agree. However, as healthcare professionals acupuncturists should be exempted for licensing and fees.
<b>205 - Lulu Dai</b>	Agree. However, as health care professional acupuncturists should be exempt licensing and fees.
<b>206/177 - Anonymous (acupuncture)</b>	Agree
<b>211 - British Acupuncture Council</b>	No comment
<b>215 - Shared Regulatory Services</b>	<p>A set fee across Wales will ensure consistency, something which is not currently the case, with fees varying considerably. With the introduction of an All Wales practitioners licence that allows cross boundary working, it will also ensure that there is no economic advantage to applying to Local Authorities with a lesser fee.</p> <p>In relation to the proposed review of fees on a three-year cycle, it is recommended that an initial review is undertaken 12months following the introduction of the scheme to review the estimates used to calculate the initial proposed fees. Local Authorities will be able to provide an accurate reflection of the impact/time associated with processing applications</p>
<b>219 - Ross Jarvis</b>	I think that if these proposals are to be rolled out in all of Wales then yes it should be consistent amongst all authorities.
<b>220 - Tibetan and Eastern Medicine Association</b>	We propose TEMA and BAF acupuncturists should be exempt
<b>221 - Wrexham County Borough Council</b>	Yes. Fee's should be consistent throughout Wales. Fee should be in line with full cost recovery taking into account the amount of work that is required by the LA.
<b>222 - Caerphilly County Borough Council</b>	<p>No – disagree.</p> <p>15.3 – 15.4 – It was understood that the fee is to be Nationally set. Therefore, why does it say that LA can determine this fee, please clarify? The proposal made will allow for greater inconsistency and charging structures throughout Wales. This must be an all-Wales scheme with Nationally set fees, forms etc.</p>



	<p>Clarification is sought as to whether there will be an All Wales Fee, set by Regulations rather than agreement between themselves as to the amount of fees to be charged. To ensure consistency, a Statutory fee may be more appropriate as opposed to determination at a local level. If fees are not comparable, then it is likely that applicants will go the local authority with the most attractive fees.</p>
<p><b>226 - Environmental Health Wales</b></p>	<p>PARTIALLY.</p> <p>LEP as the lead for the operation of licensing regimes note that the legislative the fee structure is fixed and the fee setting process is for each LA. CDEP and LEP thereafter are in agreement that if a consistent approach is to be made to fees across wales then either through statute (not now achievable given the status of the Existing Legislation), or preferentially All Wales mandatory guidance, Application Forms, Application Fees, Variation Fees, etc should be ALL WALES and standardised/consistent.</p> <p>Further details from CDEP, HSEP and LEP are included below:</p> <p>Any failure to pay a fee stops the licencing process until the fee is paid and if they don't have a valid license then they can't operate.</p> <p>Agree that each local authority can decide on their own fees – this is clear in statute But, if a national fee is going to be considered, then there needs to be clear agreement on whether a visit is required as part of the licence (and therefore charged) rather than optional otherwise its disproportionate and doesn't reflect the true costs. The fees can't be fixed fairly if the main cost (i.e a visit) is variable.</p> <p>The applicant needs to know what they get for the fee and the visit is also an opportunity for additional advice and best practice guidance.</p> <p>Also need to know who will be the 'authorised officers' and if there is an expectation of a certain level of qualification which would also impact the costs to the LA.</p> <p>A set fee across Wales will ensure consistency, something which is not currently the case, with fees varying considerably. With the introduction of an All-Wales practitioners licence that allows cross</p>

	<p>boundary working, it will also ensure that there is no economic advantage to applying to Local Authorities with a lesser fee.</p> <p>In relation to the proposed review of fees on a three year cycle, it is recommended that an initial review is undertaken 12months following the introduction of the scheme to review the estimates used to calculate the initial proposed fees. Local Authorities will be able to provide an accurate reflection of the impact/time associated with processing applications.</p>
<b>231 - Anonymous (acupuncture)</b>	Yes, I agree.
<b>232 – Kat Webb</b>	AGREE – fees should be set the same across ALL LA's as under the current registration scheme, the fees vary massively for practitioner registrations between LA's
<b>238/239 - Institute of Licensing</b>	<p>IoL supports the provision of regulations governing the fee setting procedures in the absence of any provision to make provision for statutory fees. We support the LEP view that all application forms and fee setting procedures should be ALL WALES standardised.</p> <p>In addition, guidance should clearly set out the expectations of local authorities in relation to premises visits / inspections and any proposals to mandate training or qualifications for licensing authority officers as both will have significant impacts when considering the fees.</p>
<b>241 - Anonymous (tattooing)</b>	as long as its the same fee across all authorities. otherwise areas with less studios will be paying more. the cross contamination fee is £85 in cardiff and vale buy for us in Powys its £150 until june then £199 afterward online!
<b>244 - Anonymous (acupuncture)</b>	Not sure
<b>245 - Anonymous (acupuncture)</b>	Agree. however ,as health care professional acpuncturists should be exempt licensing and fees.
<b>246 - Ke Xia Xu</b>	Agree, as health care professional acupuncturists should be exempt licensing and fees.
<b>247 - Anonymous (acupuncture)</b>	Agree but not for acupuncture.
<b>249 - Association of Traditional Chinese Medicine</b>	Agree. However, as health care professional acupuncturists should be exempt licensing and fees.

<p><b>Also</b></p>	<p>51 - Alison Williams; 67 - Anonymous (acupuncture); 68 - Anonymous (acupuncture); 70 - Anonymous (acupuncture); 72 - Anonymous (acupuncture); 101 - Anonymous (acupuncture); 108 - Anonymous (acupuncture); 114 - Anonymous (acupuncture); 115 - Jing Wang; 134 - Anonymous (acupuncture); 137 - Lingxia Gao; 138/(139) - Wang Chen; 141 - Na Yang; 142 - Anonymous (acupuncture); 153 - Zhimin Ma; 154 - Anonymous (acupuncture); 155 - Anonymous (acupuncture); 156 - Cui Hong Duan; 157 - Anonymous (acupuncture); 158 - Anonymous (acupuncture); 160 - Anonymous (acupuncture); 161 - Anonymous (acupuncture); 162 - Anonymous (acupuncture); 165 - Qikan Yin; 170 - Yuancai Fu; 171 - Yan Jing Wang; 172 - Baifang Zhu; 174 - Phoebe Deng; 177/206 - Anonymous (acupuncture); 188 - Anonymous (acupuncture); 190 - Anonymous (acupuncture); 191 - Anonymous (acupuncture); 193 - Dr Jianrui Wang; 196 - Anonymous (acupuncture); 197 - Anonymous (acupuncture); 208 - Zheng Yuan Zhong; 210 - Li Yan; 213 - Min Li; 223/140 - Xianghui Guo; 225 - Jun Wen Ma; 235 - Anonymous (acupuncture); 236 - Jing Ding; 237 – Pinyi; 240 - Shu Li Lu; 242 - Anonymous (acupuncture); 243 - Anonymous (acupuncture); 248 - Anonymous (acupuncture).</p>
<p><b>252 - Torfaen County Borough Council</b></p>	<p>Yes.</p> <p>TCBC note that the legislative fee structure is fixed and the fee setting process is for each LA. It is agreed that if a consistent approach is to be made to fees across Wales, then either through statute (not now achievable given the status of the Existing Legislation), or preferentially All Wales mandatory guidance, Application Forms,</p> <p>Application Fees, Variation Fees, etc should be an all-Wales and standardised/consistent. In addition: Any failure to pay a fee stops the licencing process until the fee is paid and if they don't have a valid license then they can't operate.</p> <p>Agree that each LA can decide on their own fees – this is clear in statute but, if a national fee is going to be considered, then there needs to be clear agreement on whether a visit is required as part of the licence (and therefore charged) rather than optional otherwise its disproportionate and doesn't reflect the true costs. The fees can't be fixed fairly if the main cost (i.e., a visit) is variable.</p> <p>The applicant needs to know what they get for the fee and the visit is also an opportunity for additional advice and best practice guidance.</p>

Also need to know who will be the 'authorised officers' and if there is an expectation of a certain level of qualification which would also impact the costs to the LA.

A set fee across Wales will ensure consistency, something which is not currently the case, with fees varying considerably. With the introduction of an All-Wales practitioner's licence that allows cross boundary working, it will also ensure that there is no economic advantage to applying to LAs with a lesser fee.

In relation to the proposed review of fees on a three-year cycle, it is recommended that an initial review is undertaken 12 months following the introduction of the scheme to review the estimates used to calculate the initial proposed fees. LAs will be able to provide an accurate reflection of the impact / time associated with processing applications.

<b>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?</b>	
<b>'Yes' response</b>	3 - Guild of Beauty Therapists; 4 – Anonymous; 6 – Anonymous; 12 – Anonymous; 14 - Cheryl Drew; 15 - Anonymous (acupuncture); 20 - Duncan Reed; 22 - Sally Hickenson; 27 - Clares European Services; 33 - Carla Evans; 38 - Rachel Edney; 39 - Kate Doble; 47 – Anonymous; 48 - Kat Hennes; 56 - British Medical Acupuncture Society; 61 - Anonymous (acupuncture); 66 - Gareth Davies; 69 - Anonymous (acupuncture); 78 - Anonymous (acupuncture); 81 - Gemma Kingston; 84 – Anonymous; 91 - British Beauty Council; 93 - Royal College of Midwives; 95 - Beauty Industry Group – Licensing; 96 - Beauty Industry Group Chair; 104 - Anonymous (acupuncture); 106 - Anonymous (acupuncture); 107 - BABTAC; 109 - Warren Tregidden; 117 - Marnie Williams; 122 - Anonymous; 123 - Anonymous (piercer); 125 - Becky Crossan; 126 - Rhondda Cynon Taff County Borough Council; 132 - Anonymous (piercer); 144 - Anonymous (piercer); 146 - Ming Chu Lok; 152 - Anonymous (tattooing); 163 - Anonymous (tattooing); 168 - Anonymous (tattooing); 183 - Hair and Beauty Industry Authority; 209 - Anonymous (acupuncture); 212 - Save Face; 224 - Anonymous (piercer); 227 - Anonymous; 229 - Anonymous (tattooing); 230 - Anonymous (charitable organisation); 233 – UKAPP; 254 - Swansea Council; UKAPP responses: 82 - Anonymous (piercer); 83 - Anonymous (piercer); 87 - Anonymous (piercer); 124 - Anonymous (piercer); 127 - Anonymous (piercer); 128 - Anonymous (piercer); 129 - Anonymous (piercer); 130 - Anonymous (piercer); 131 - Anonymous (piercer); 149 - Anonymous (piercer); 150 - Anonymous (piercer); 151 - Anonymous (piercer); 173 - Anonymous (piercer); 176 - Anonymous (piercer); 195 - Anonymous (piercer); 204 - Anonymous (piercer); 207 - Anonymous (piercer); 234 - Anonymous (piercer); 250 - Anonymous (piercer).
<b>'No' response</b>	17 – Anonymous; 74 - Anonymous (SPM).
<b>'Agree'</b>	51 - Alison Williams; 57 - Tamarind Dykes; 67 - Anonymous (acupuncture); 68 - Anonymous (acupuncture); 70 - Anonymous (acupuncture); 72 - Anonymous (acupuncture); 101 - Anonymous (acupuncture); 102 - Dr Di Wu; 108 - Anonymous (acupuncture); 110 - Anonymous (acupuncture); 114 - Anonymous (acupuncture); 115 - Jing Wang; 118 - Ann Charlton; 134 - Anonymous (acupuncture); 135 - Anonymous (tattooing); 137 - Lingxia Gao; 138/(139) - Wang Chen; 141 - Na Yang; 142 - Anonymous (acupuncture); 153 - Zhimin Ma; 154 - Anonymous (acupuncture); 155 - Anonymous (acupuncture); 156 - Cui Hong Duan; 157 - Anonymous (acupuncture); 158 - Anonymous (acupuncture); 160 - Anonymous (acupuncture); 161 - Anonymous (acupuncture); 162 - Anonymous (acupuncture); 165 - Qikan Yin; 170 - Yuancai Fu; 171 - Yan Jing Wang; 172 - Baifang Zhu; 174 - Phoebe Deng; 177/206 - Anonymous (acupuncture); 178 - Minan Yao; 188 - Anonymous (acupuncture); 190 - Anonymous (acupuncture); 191 -

	Anonymous (acupuncture); 193 - Dr Jianrui Wang; 196 - Anonymous (acupuncture); 197 - Anonymous (acupuncture); 203 - Anonymous (acupuncture); 205 - Lulu Dai; 206/177 - Anonymous (acupuncture); 208 - Zheng Yuan Zhong; 210 - Li Yan; 213 - Min Li; 223/140 - Xianghui Guo; 225 - Jun Wen Ma; 235 - Anonymous (acupuncture); 236 - Jing Ding; 237 - Pinyi; 240 - Shu Li Lu; 242 - Anonymous (acupuncture); 243 - Anonymous (acupuncture); 244 - Anonymous (acupuncture); 245 - Anonymous (acupuncture); 246 - Ke Xia Xu; 247 - Anonymous (acupuncture); 248 - Anonymous (acupuncture); 249 - Association of Traditional Chinese Medicine.
<b>Left blank</b>	5 - Anonymous (acupuncture); 8 – Anonymous; 9 – Anonymous; 10 – Anonymous; 11 – Katie; 24 - Anonymous; 25 - David Carlisle; 28 - Anonymous; 30 - Anonymous; 32 - Anonymous (tattooing); 41 - Anonymous (acupuncture); 59 - Josh Cranton; 62 – Anonymous; 73 - Clare Robinson-Campbell; 85 - F Hinds Ltd; 89 - Rachel Bowen; 92 - Anonymous (acupuncture); 100 - Anonymous; 111 - Anonymous (tattooing); 120 - Anonymous (acupuncture); 121 - National AIDS Trust; 143 - Claire’s Accessories; 166 - Claire Pritchard; 186 - Anonymous (acupuncture); 189 - Baidong Li; 194 - Jian Wang; 216 - Age Cymru; 217 - Anonymous (acupuncture); 228 - Professional Standards Authority.
<b>1/35 – Anonymous (acupuncture)</b>	There fee should be set nationally, with local authorities able to apply discretionary discounts.  It should be minimal to avoid premises opening without a licence due to the expense.
<b>2 - Anonymous</b>	As above
<b>16 - Sarah Swaysland</b>	Agree that LAs should be able to determine their own fees, but in a consistent way in alignment with other Welsh LAs, to reflect local variations (e.g. travel distances and times)
<b>18 - Anonymous</b>	Ye
<b>19 - Kim Eldridge</b>	N/A
<b>21 - Anonymous</b>	More fees??
<b>23 - Anonymous</b>	No it should be set across the board.
<b>26 - Joint Council of Cosmetic Practitioners</b>	Agreed
<b>29 - Shan MacVicar</b>	the paragraph is very vague and so far no one has even attempted to guess at a figure involved. This is of immense concern to us as a Social Enterprise.
<b>31 – Chartered Institute of</b>	We defer to the view of Environmental Health Wales and the Directors of Public Protection Wales on this point.

<b>Environmental Health</b>	
<b>34 - James Ogle</b>	Same as above.
<b>36 - Kelly Griffiths</b>	y
<b>37 – Anonymous (local authority)</b>	<p>Yes agree that each local authority can decide on their own fees. If a national fee is going to be considered then there needs to be clear agreement on whether a visit is required as part of the licence rather than optional otherwise its disproportionate and doesn't reflect the true costs. If fees can't be fixed fairly if the main cost (visit) is variable.</p> <p>The applicant needs to know what they get for the fee and the visit is also an opportunity for additional advice and best practice guidance.</p> <p>Also need to know who will be the 'authorised officers' and if there is an expectation of a certain level of qualification which would also impact the costs.</p>
<b>40 – Anonymous (acupuncture)</b>	See above
<b>42 - Paul Battersby</b>	Yes, I fully agree.
<b>also</b>	44 - Roy Montgomery; 45 – Anonymous (acupuncture); 46 - Alison Smith; 50 – Anonymous (acupuncture); 52 – Anonymous (acupuncture); 58 – Kate van Rensburg; 60 – Laura Gibbons; 63 – Christine Hutchinson; 64 – Anonymous (acupuncture); 65 – Anonymous (acupuncture); 75 - Madeline Boots; 86 - Suzanne Gregson; 88 - Anonymous (acupuncture); 99 - Janis Short; 105 - Daniel Curran.
<b>43 - Acupuncture Association of Chartered Physiotherapists</b>	Yes, we fully agree.
<b>49 - Di-enw</b>	Cytuno
<b>53 - Oliver Todd</b>	No, please see above that the fees should be standardized for all local authorities.
<b>54 - Lola Slider</b>	Same answer as above.
<b>55 - Aiden Johnson</b>	As a license issued by any LA in Wales will allow the license holder to work anywhere in Wales, the fees should be standardised across the whole country. This will prevent the LA with the lowest fees being swamped with applications.
<b>77 - Mari McAndrew</b>	Agree, set at National level.

<b>79 - Rhian Mansfield</b>	As above, the fee should be equal across the board
<b>80 - Anonymous (tattooing)</b>	<p>I believe that if these new special procedure licensing regulations are standardised across the whole of Wales, the fees should also be standardised regardless of the county. Why should local councils be allowed to dictate the fees when it is the Welsh government that is defining these new regulations?</p> <p>One set of regulations, one set of fees!</p>
<b>90 - Blaenau Gwent CBC County Borough Council</b>	<p>It is agreed that fees should be in place for applications and variations of practitioner licences and approval certificates. These fees should be set and agreed nationally by all 22 Welsh Local Authorities</p> <p>In relation to variation fees, it is recommended there be different fees applicable depending on the nature of the amendment. If it is an administrative change, for example change in name, this could be a lesser fee than if it was adding of a special procedure to the licence/premises approval.</p>
<b>94 - National Hair and Beauty Federation</b>	Yes, this seems to be transparent.
<b>98 - Inc and Co</b>	As previous answer
<b>103 - Anonymous (acupuncture)</b>	<p>I understand that there needs to be a cost for three yearly licence as it will require more staff to manage it.</p> <p>I think the fee for a temporary licence should be minimal to make it easy to work safely at different locations.</p>
<b>112 - British Acupuncture Federation</b>	We propose BAF acupuncturists should be exempt
<b>113 - Superdrug Ltd</b>	Staff turnover can often be high in retail and to continue to make the service viable for our customers, a high fee for variations to licence may be off-putting. Cosmetics piercing is often offered in a retail environment. We don't feel it would be practical to remove practitioners from the licence when they leave, only at the time of renewal.
<b>116 - Anonymous</b>	Not sure
<b>133 - Anonymous (local authority)</b>	Our view is that the fees should be standardised and set for the whole of Wales to allow for a level playing field for practitioners. Fees should also be subject to regular review so as to ensure costs are recoverable and reflect inflationary increases



<b>136 - Denbighshire CC County Council</b>	Agree, set at National level.
<b>145 - Anonymous (tattooing)</b>	Yes, however fees should be fair and consistent across counties. Extortionate fees could cripple us and prevent us from working.
<b>159 - H Wong</b>	no comment
<b>164 - Anonymous (tattooing)</b>	My sentiments to this are exactly the same as above, with this being one more additional cost that will be pushed up on clients and will result in more people seeking to perform such actions on themselves or searching for the cheaper 'home' jobs.
<b>167 - Anonymous (manufacturer)</b>	<p>From a fee perspective, variations should be considered around the addition and removal of practitioners. Specific to cosmetic piercing, as already outlined in earlier responses, practitioners may be working in a retail environment which is often fluid, meaning that variations for practitioners and people named as responsible for the licences could be more frequent. A high fee for variations could make the service non-viable if the cost was considered too high for businesses.</p> <p>Where cosmetic piercing is an ancillary service, businesses will see a higher turnover or movement of practitioners around different premises, which should be considered when fees are being established for variations.</p>
<b>169 - Anonymous (tattooing)</b>	It depends on what the fee is. Again, why can't they carry out an inspection to make sure everything is going as it should? At every turn this is a money grab and I think to convince us otherwise it would be helpful to outline the exact fees and exactly what they're for.
<b>175 - Anonymous (tattooing)</b>	At every turn this is simply money grabbing and I think to convince us otherwise it would be helpful to outline the exact fees and exactly what they're for. Why can't they carry out inspections to make sure everything's all good.
<b>179 - N Wales Health and Safety Expert Panel</b>	<p>Yes. imperative that a National Fee is agreed for consistency. Any fee must clearly identify what is included, for example whether a visit is required. The applicant needs to know what they get for the fee and the visit is also an opportunity for additional advice and best practice guidance.</p> <p>Also need to know who will be the 'authorised officers' and if there is an expectation of a certain level of qualification which would also impact the costs.</p>
<b>184 - Nursing and Midwifery Council</b>	We have no comments

<b>192 - British Register of Complementary Practitioners</b>	It would make sense that it was consistent throughout LAs
<b>198 - Isle of Anglesey County Council</b>	<p>Yes. imperative that a National Fee is agreed for consistency. Any fee must clearly identify what is included, for example whether a visit is required. The applicant needs to know what they get for the fee and the visit is also an opportunity for additional advice and best practice guidance.</p> <p>Also need to know who will be the 'authorised officers' and if there is an expectation of a certain level of qualification which would also impact the costs.</p>
<b>200 - Anonymous (local authority)</b>	<p>PARTIALLY. Either through statute, or All Wales guidance, Application Fees, Variation Fees, etc should be consistent.</p> <p>PS response to Q37 on application of fees, their frequency and scale.</p>
<b>201 - All-Wales Communicable Disease Expert Panel</b>	<p>PARTIALLY. Either through statute, or All Wales guidance, Application Fees, Variation Fees, etc should be consistent</p> <p>Yes agree that each local authority can decide on their own fees. If a national fee is going to be considered then there needs to be clear agreement on whether a visit is required as part of the licence rather than optional otherwise its disproportionate and doesn't reflect the true costs. If fees can't be fixed fairly if the main cost (visit) is variable.</p> <p>The applicant needs to know what they get for the fee and the visit is also an opportunity for additional advice and best practice guidance.</p> <p>Also need to know who will be the 'authorised officers' and if there is an expectation of a certain level of qualification which would also impact the costs.</p> <p>In relation to variation fees, it is recommended there be different fees applicable depending on the nature of the amendment. If it is an administrative change, for example change in name, this could be a lesser fee than if it was adding of a special procedure to the licence/premises approval. This would ease the burden on businesses.</p>

<b>202 - Health and Safety Expert Panel</b>	<p>It should be noted that the Licensing expert panel should take the lead on fee setting discussions.</p> <p>Yes agree that each local authority can decide on their own fees. If a national fee is going to be considered then there needs to be clear agreement on whether a visit is required as part of the licence rather than optional otherwise its disproportionate and doesn't reflect the true costs. If fees can't be fixed fairly if the main cost (visit) is variable.</p>
<b>211 - British Acupuncture Council</b>	No comment
<b>215 - Shared Regulatory Services</b>	<p>It should be noted that the Licensing expert panel should take the lead on fee setting discussions.</p> <p>Yes agree that each local authority can decide on their own fees. If a national fee is going to be considered then there needs to be clear agreement on whether a visit is required as part of the licence rather than optional otherwise its disproportionate and doesn't reflect the true costs. If fees can't be fixed fairly if the main cost (visit) is variable.</p>
<b>219 - Ross Jarvis</b>	It depends on what the fee is. Again, why can't they carry out an inspection to make sure everything is going as it should? At every turn this is a money grab and I think to convince us otherwise it would be helpful to outline the exact fees and exactly what they're for.
<b>220 - Tibetan and Eastern Medicine Association</b>	We propose TEMA and BAF acupuncturists should be exempt
<b>221 - Wrexham County Borough Council</b>	Yes. Fee's should be consistent throughout Wales. Fee should be in line with full cost recovery taking into account the amount of work that is required by the LA
<b>222 - Caerphilly County Borough Council</b>	<p>As per Q37.</p> <p>15.5 – 15.9 – It was understood that the fee is to be a Nationally set. Therefore, why does it say that LA can determine this fee, please clarify? The proposal made will allow for greater inconsistency and charging structures throughout Wales. This must be an all-Wales scheme with nationally set fees, forms etc.</p>
<b>226 - Environmental Health Wales</b>	PARTIALLY.

	<p>LEP as the lead for the operation of licensing regimes note that the legislative the fee structure is fixed and the fee setting process is for each LA. CDEP, HSEP and LEP thereafter are in agreement that if a consistent approach is to be made to fees across wales then either through statute (not now achievable given the status of the Existing Legislation), or preferentially All Wales mandatory guidance, Application Forms, Application Fees, Variation Fees, etc should be ALL WALES and standardised/consistent.</p> <p>Yes agree that each local authority can decide on their own fees. If a national fee is going to be considered then there needs to be clear agreement on whether a visit is required as part of the licence rather than optional otherwise its disproportionate and doesn't reflect the true costs. If fees can't be fixed fairly if the main cost (visit) is variable.</p> <p>The applicant needs to know what they get for the fee and the visit is also an opportunity for additional advice and best practice guidance.</p> <p>Also need to know who will be the 'authorised officers' and if there is an expectation of a certain level of qualification which would also impact the costs.</p> <p>In relation to variation fees, it is recommended there be different fees applicable depending on the nature of the amendment. If it is an administrative change, for example change in name, this could be a lesser fee than if it was adding of a special procedure to the licence/premises approval. This would ease the burden on businesses.</p>
<b>231 - Anonymous (acupuncture)</b>	Yes, I agree.
<b>232 – Kat Webb</b>	AGREE – fees should be set the same across ALL LA's as under the current registration scheme, the fees vary massively for premise registrations between LA's
<b>238/239 - Institute of Licensing</b>	<p>IoL supports the provision of regulations governing the fee setting procedures in the absence of any provision to make provision for statutory fees. We support the LEP view that all application forms and fee setting procedures should be ALL WALES standardised.</p> <p>In addition, guidance should clearly set out the expectations of local authorities in relation to premises visits / inspections and any proposals to mandate training or qualifications for licensing authority officers as both will have significant impacts when considering the fees.</p>

<p><b>241 - Anonymous (tattooing)</b></p>	<p>as its uniformed and considers the above point.</p>
<p><b>252 - Torfaen County Borough Council</b></p>	<p>Yes</p> <p>It is noted that the legislative fee structure is fixed and the fee setting process is for each LA. If a consistent approach is to be made to fees across Wales then either through statute (not now achievable given the status of the Existing Legislation), or preferentially All Wales mandatory guidance, Application Forms, Application Fees, Variation Fees, etc should be all Wales and standardised/consistent in their content.</p> <p>TCBC agree that each LA can decide on their own fees. If a national fee is going to be considered then there needs to be clear agreement on whether a visit is required as part of the licence rather than optional otherwise its disproportionate and doesn't reflect the true costs. If fees can't be fixed fairly if the main cost (visit) is variable.</p> <p>The applicant needs to know what they get for the fee and the visit is also an opportunity for additional advice and best practice guidance.</p> <p>Also need to know who will be the 'authorised officers' and if there is an expectation of a certain level of qualification which would also impact the costs.</p> <p>In relation to variation fees, it is recommended there be different fees applicable depending on the nature of the amendment. If it is an administrative change, for example change in name, this could be a lesser fee than if it was adding of a special procedure to the licence/premises approval. This would ease the burden on businesses.</p>

**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?**

<p><b>'Yes' response</b></p>	<p>3 - Guild of Beauty Therapists; 4 – Anonymous; 12 – Anonymous; 14 - Cheryl Drew; 15 - Anonymous (acupuncture); 18 - Anonymous; 20 - Duncan Reed; 22 - Sally Hickenson; 27 - Clares European Services; 33 - Carla Evans; 38 - Rachel Edney; 39 - Kate Doble; 47 – Anonymous; 48 - Kat Henness; 56 - British Medical Acupuncture Society; 61 - Anonymous (acupuncture); 66 - Gareth Davies; 69 - Anonymous (acupuncture); 78 - Anonymous (acupuncture); 81 - Gemma Kingston; 84 - Anonymous; 91 - British Beauty Council; 93 - Royal College of Midwives; 95 - Beauty Industry Group – Licensing; 96 - Beauty Industry Group Chair; 104 - Anonymous (acupuncture); 107 - BABTAC; 109 - Warren Tregidden; 116 - Anonymous; 117 - Marnie Williams; 122 - Anonymous; 123 - Anonymous (piercer); 125 - Becky Crossan; 132 - Anonymous (piercer); 144 - Anonymous (piercer); 146 - Ming Chu Lok; 152 - Anonymous (tattooing); 163 - Anonymous (tattooing); 168 - Anonymous (tattooing); 183 - Hair and Beauty Industry Authority; 209 - Anonymous (acupuncture); 212 - Save Face; 224 - Anonymous (piercer); 227 – Anonymous; 229 - Anonymous (tattooing); 230 - Anonymous (charitable organisation); 233 – UKAPP; 254 - Swansea Council; UKAPP responses: 82 - Anonymous (piercer); 83 - Anonymous (piercer); 87 - Anonymous (piercer); 124 - Anonymous (piercer); 127 - Anonymous (piercer); 128 - Anonymous (piercer); 129 - Anonymous (piercer); 130 - Anonymous (piercer); 131 - Anonymous (piercer); 149 - Anonymous (piercer); 150 - Anonymous (piercer); 151 - Anonymous (piercer); 173 - Anonymous (piercer); 176 - Anonymous (piercer); 195 - Anonymous (piercer); 204 - Anonymous (piercer); 207 - Anonymous (piercer); 234 - Anonymous (piercer); 250 - Anonymous (piercer).</p>
<p><b>'No' response</b></p>	<p>1/35 - Anonymous (acupuncture); 17 – Anonymous; 74 - Anonymous (SPM).</p>
<p><b>'Agree'</b></p>	<p>51 - Alison Williams; 57 - Tamarind Dykes; 67 - Anonymous (acupuncture); 68 - Anonymous (acupuncture); 70 - Anonymous (acupuncture); 72 - Anonymous (acupuncture); 77 - Mari Macandrew; 101 - Anonymous (acupuncture); 102 - Dr Di Wu; 108 - Anonymous (acupuncture); 110 - Anonymous (acupuncture); 114 - Anonymous (acupuncture); 115 - Jing Wang; 118 - Ann Charlton; 134 - Anonymous (acupuncture); 135 - Anonymous (tattooing); 136 - Denbighshire County Council; 137 - Lingxia Gao; 138/(139) - Wang Chen; 141 - Na Yang; 142 - Anonymous (acupuncture); 153 - Zhimin Ma; 154 - Anonymous (acupuncture); 155 - Anonymous (acupuncture); 156 - Cui Hong Duan; 157 - Anonymous (acupuncture); 158 - Anonymous (acupuncture); 160 - Anonymous (acupuncture); 161 - Anonymous (acupuncture); 162 - Anonymous (acupuncture); 165 - Qikan Yin; 170 - Yuancai Fu; 171 - Yan Jing</p>

	Wang; 172 - Baifang Zhu; 174 - Phoebe Deng; 177/206 - Anonymous (acupuncture); 178 - Minan Yao; 188 - Anonymous (acupuncture); 190 - Anonymous (acupuncture); 191 - Anonymous (acupuncture); 193 - Dr Jianrui Wang; 196 - Anonymous (acupuncture); 197 - Anonymous (acupuncture); 203 - Anonymous (acupuncture); 205 - Lulu Dai; 208 - Zheng Yuan Zhong; 210 - Li Yan; 213 - Min Li; 223/140 - Xianghui Guo; 225 - Jun Wen Ma; 235 - Anonymous (acupuncture); 236 - Jing Ding; 237 - Pinyi; 240 - Shu Li Lu; 242 - Anonymous (acupuncture); 243 - Anonymous (acupuncture); 244 - Anonymous (acupuncture); 245 - Anonymous (acupuncture); 246 - Ke Xia Xu; 247 - Anonymous (acupuncture); 248 - Anonymous (acupuncture); 249 - Association of Traditional Chinese Medicine.
<b>Left blank</b>	5 - Anonymous (acupuncture); 8 – Anonymous; 9 – Anonymous; 10 – Anonymous; 11Katie; 24 - Anonymous; 25 - David Carlisle; 28 – Anonymous; 30 – Anonymous; 32 - Anonymous (tattooing); 41 - Anonymous (acupuncture); 59 - Josh Cranton; 62 – Anonymous; 73 - Clare Robinson-Campbell; 85 - F Hinds Ltd; 89 - Rachel Bowen; 92 - Anonymous (acupuncture); 100 - Anonymous; 111 - Anonymous (tattooing); 113 - Superdrug Ltd; 120 - Anonymous (acupuncture); 121 - National AIDS Trust; 186 - Anonymous (acupuncture); 189 - Baidong Li; 194 - Jian Wang; 216 - Age Cymru; 217 - Anonymous (acupuncture); 228 - Professional Standards Authority.
<b>2 - Anonymous</b>	As above
<b>6 - Anonymous</b>	Not sure
<b>16 - Sarah Swaysland</b>	<p>Agreed – there will be local variations that will impact costings. More rural LAs will have greater travel distances and times, whereas more urban LAs are likely to have a higher concentration of challenges linked to scratchers and a higher proportion of complaints/queries to respond to.</p> <p>It is critical that full cost recovery is possible with this new licensing regime with WG not provided LAs with any additional funding to implement it.</p>
<b>19 - Kim Eldridge</b>	Global fee no variation
<b>21 - Anonymous</b>	So is this a fee as well as the license fee and the premises approval fee??
<b>23 - Anonymous</b>	No - it should be set across the coats for all local authorities.
<b>26 - Joint Council of Cosmetic Practitioners</b>	Agreed
<b>29 - Shan MacVicar</b>	am still uncertain whether the initial appication and payment is different to the section 76 fees

<b>31 - Chartered Institute of Environmental Health</b>	Yes. Fees should be based on costs recovery only. Regulations will ensure that this must be the case and decisions related to fee setting will be transparent.
<b>34 - James Ogle</b>	There shouldn't be another fee! That's unreasonable. You're charging people to register, you're charging them to register their premises and then you want to charge them an ongoing fee as well. That's unreasonable and shouldn't be allowed.
<b>36 - Kelly Griffiths</b>	y
<b>37 – Anonymous (local authority)</b>	The overall fees for licences should include running the scheme, website, portal, complaints during the lifetime of the licence rather than there being a separate additional cost.
<b>40 – Anonymous (acupuncture)</b>	This also needs to clarify replacement licences - if you have to pay a new fee for a replacement licence when does it run from/to?  Does the 3 years start again?
<b>42 - Paul Battersby</b>	Yes, I fully agree.
<b>also</b>	44 - Roy Montgomery; 45 – Anonymous; 46 - Alison Smith; 50 – Anonymous; 52 – Anonymous; 58 – Kate van Rensburg; 60 – Laura Gibbons; 63 – Christine Hutchinson; 64 – Anonymous; 65 – Anonymous; 75 - Madeline Boots; 86 - Suzanne Gregson; 88 - Anonymous (acupuncture); 99 - Janis Short; 105 - Daniel Curran.
<b>43 - Acupuncture Association of Chartered Physiotherapists</b>	Yes, we fully agree.
<b>49 - Di-enw</b>	Cytuno
<b>53 - Oliver Todd</b>	If left to the local authorities then a set of rules need to be in place to stop the fees widely varying across the UK.
<b>54 - Lola Slider</b>	No, there must be an absolute upper limit cap on the fee, anything else is an unfair barrier to trade.
<b>55 - Aiden Johnson</b>	National standardised fees should be implemented
<b>79 - Rhian Mansfield</b>	No, I don't agree with this, the fee should be set at one amount as agreed by all local authorities as not to allow any one individual authority over charging one region.



<b>80 - Anonymous (tattooing)</b>	<p>I believe that if these new special procedure licensing regulations are standardised across the whole of Wales, the fees should also be standardised regardless of the county. Why should local councils be allowed to dictate the fees when it is the Welsh government that is defining these new regulations?</p> <p>One set of regulations, one set of fees!</p>
<b>90 - Blaenau Gwent County Borough Council</b>	<p>Yes, we agree, but please note the following comments</p> <p>Fees need to be clear and transparent. If there is to be a further fee charged following application, this needs to be clear from the outset. The fee should not be excessive nor result in a business being double charged. Consistency across LA's is also imperative wherever possible.</p> <p>The consultation document implies that both the premises and practitioner will need to pay this fee. In Blaenau Gwent CBC many of our current businesses that are registered are very small operations, some with only one practitioner. Therefore, these businesses should not need to pay compliance fees for both the premises and the practitioners</p> <p>It is a concern that the current fee structure could result in many small businesses in the Blaenau Gwent area closing or no longer offering these services due to the cost prohibitive fees.</p>
<b>94 - National Hair and Beauty Federation</b>	<p>We would advise against the level of fee to discourage temporary licences as this is positive for the public to have choice and the ability to receive procedures in an accessible way in a variety of different contexts.</p>
<b>98 - Inc and Co</b>	<p>Fees should be the same across the country.</p>
<b>103 - Anonymous (acupuncture)</b>	<p>No response.</p>
<b>106 - Anonymous (acupuncture)</b>	<p>Yes, the fees should be proportionate to the work involved and broadly consistent across the 22 counties. The introduction of licences in Scotland saw an astonishing variation between fees in contiguous counties, and led to extremely bad feeling between practitioners unfortunate enough to live five miles apart across county borders. There has to be some centrally agreed algorithm or formula for setting appropriate levels.</p>
<b>112 - British Acupuncture Federation</b>	<p>We propose BAF acupuncturists should be exempt</p>

<b>126 - Rhondda Cynon Taff County Borough Council</b>	Yes, but needs to be clear and have a consistent approach across Wales.  If you are a sole premises/practitioner then there should be a combined fee, thereby reducing the cost for small "one man band".
<b>133 - Anonymous (local authority)</b>	Our view is that the fees should be standardised and set for the whole of Wales to allow for a level playing field for practitioners. Fees should also be subject to regular review so as to ensure costs are recoverable and reflect inflationary increases
<b>143 - Claire's Accessories</b>	We would like to see an indication on fee levels and further information around the additional fees proposed in 15.7 – 15.9. Once a licence has been issued, no additional fee should be incurred by the Local Authority, aside from variations which will themselves have a fee.
<b>145 - Anonymous (tattooing)</b>	Yes, however fees should be fair and consistent across counties. Extortionate fees could cripple us and prevent us from working.
<b>159 - H Wong</b>	dis agree
<b>164 - Anonymous (tattooing)</b>	I vehemently disagree with the costs of running this entire thing being pushed onto legitimate businesses. Frankly regulations should be made to prevent such extensive fees being put in place. Funding for running this scheme should be centralised as its being pushed up on us with what seemingly is little regard.
<b>166 - Claire Pritchard</b>	Yes, a valleys town premises would have a turnover far less than some city business.
<b>167 - Anonymous (manufacturer)</b>	We would like to see an indication on fee levels and further information around the additional fees proposed in 15.7 – 15.9. Once a licence has been issued, no additional fee should be incurred by the Local Authority, aside from variations which will themselves have a fee.
<b>169 - Anonymous (tattooing)</b>	No, if this money pays for all those things outlined, then what is the other fee for?
<b>175 - Anonymous (tattooing)</b>	No, if this money pays for all those things outlined, then what is the other fee for??!
<b>179 - N Wales Health and Safety Expert Panel</b>	No – there should be a national fee that covers all the overall fees for licences should include running the scheme, website, portal, complaints during the lifetime of the licence rather than there being a separate additional cost.
<b>184 - Nursing and Midwifery Council</b>	We have no comments

<b>192 - British Register of Complementary Practitioners</b>	Yes, agreed
<b>198 - Isle of Anglesey County Council</b>	No – there should be a national fee that covers all the overall fees for licences should include running the scheme, website, portal, complaints during the lifetime of the licence rather than there being a separate additional cost.
<b>200 - Anonymous (local authority)</b>	PARTIALLY. Either through statute, or All Wales guidance, Application Fees, Variation Fees, etc should be consistent  PS response to Q37 on application of fees, their frequency and scale.
<b>201 - All-Wales Communicable Disease Expert Panel</b>	PARTIALLY. Either through statute, or All Wales guidance, Application Fees, Variation Fees, etc should be consistent  The overall fees for licences should include running the scheme, website, portal, complaints during the lifetime of the licence rather than there being a separate additional cost.  Fees need to be clear and transparent. If there is to be a further fee charged following application, this needs to be clear from the outset. The fee should not be excessive nor result in a business being double charged. Consistency across LA's is also imperative wherever possible.  The consultation document implies that both the premises and practitioner will need to pay this fee. Many businesses that are currently registered are very small operations, some with only one practitioner. Therefore, these businesses should not need to pay compliance fees for both the premises and the practitioners  It is a concern that the current fee structure could result in many small businesses “one person bands” closing or no longer offering these services due to the cost prohibitive fees.
<b>202 - Health and Safety Expert Panel</b>	Agreed – there will be local variations that will impact costings. More rural LAs will have greater travel distances and times, whereas more urban LAs are likely to have a higher concentration of challenges linked to scratchers and a higher proportion of complaints/queries to respond to.

	It is critical that full cost recovery is possible with this new licensing regime with WG not provided LAs with any additional funding to implement it.
<b>211 - British Acupuncture Council</b>	No comment
<b>215 - Shared Regulatory Services</b>	<p>Agreed – there will be local variations that will impact costings. More rural LAs will have greater travel distances and times, whereas more urban LAs are likely to have a higher concentration of challenges linked to scratchers and a higher proportion of complaints/queries to respond to.</p> <p>It is critical that full cost recovery is possible with this new licensing regime with WG not provided LAs with any additional funding to implement it.</p>
<b>219 - Ross Jarvis</b>	No, if this money pays for all those things outlined, then what is the other fee for?
<b>220 - Tibetan and Eastern Medicine Association</b>	We propose TEMA and BAF acupuncturists should be exempt
<b>221 - Wrexham County Borough Council</b>	See answer to 38 & 39
<b>222 - Caerphilly County Borough Council</b>	<p>15.7 – 15.9 – It was understood that the fee is to be a Nationally set. Therefore why does it say that LA can determine this fee, please clarify? The proposal made will allow for greater inconsistency and charging structures throughout Wales. This must be an all Wales scheme with Nationally set fees, forms etc.</p> <p>Regulations will need to specify that there will be an application fee, plus a grant/compliance fee payable on issue of the licence / approval. Experience has shown to recover a civil debt is costly and ineffective.</p>
<b>226 - Environmental Health Wales</b>	<p>PARTIALLY.</p> <p>LEP as the lead for the operation of licensing regimes note that the legislative the fee structure is fixed and the fee setting process is for each LA. CDEP and LEP thereafter are in agreement that if a consistent approach is to be made to fees across wales then either through statute (not now achievable given the status of the Existing Legislation), or preferentially All Wales mandatory guidance, Application Forms, Application Fees, Variation Fees, etc should be ALL WALES and standardised/consistent.</p>

	<p>The overall fees for licences should include running the scheme, website, portal, complaints during the lifetime of the licence rather than there being a separate additional cost.</p> <p>Fees need to be clear and transparent. If there is to be a further fee charged following application, this needs to be clear from the outset. The fee should not be excessive nor result in a business being double charged. Consistency across LA's is also imperative wherever possible.</p> <p>The consultation document implies that both the premises and practitioner will need to pay this fee. Many businesses that are currently registered are very small operations, some with only one practitioner. Therefore, these businesses should not need to pay compliance fees for both the premises and the practitioners</p> <p>It is a concern that the current fee structure could result in many small businesses "one person bands" closing or no longer offering these services due to the cost prohibitive fees.</p>
<b>231 - Anonymous (acupuncture)</b>	No Comment.
<b>232 – Kat Webb</b>	AGREE – as long as the fees are consistent and agreed fairly based on actual running/supporting costs and not as a money making exercise.
<b>238/239 - Institute of Licensing</b>	YES – please refer to responses to previous questions.
<b>241 - Anonymous (tattooing)</b>	yes, except its arbitrary, could be any costs at this point.
<b>252 - Torfaen County Borough Council</b>	<p>Yes.</p> <p>TCBC again note that the legislative fee structure is fixed and the fee setting process is for each LA. If a consistent approach is to be made to fees across Wales then either through statute (not now achievable given the status of the Existing Legislation), or preferentially All Wales mandatory guidance, Application Forms, Application Fees, Variation Fees, etc should be all-Wales and standardised/consistent in their content.</p> <p>The overall fees for licences should include running the scheme, website, portal, complaints during the lifetime of the licence rather than there being a separate additional cost.</p>

Fees need to be clear and transparent. If there is to be a further fee charged following application, this needs to be clear from the outset. The fee should not be excessive nor result in a business being double charged. Consistency across LA's is also imperative wherever possible.

The consultation document implies that both the premises and practitioner will need to pay this fee. Many businesses that are currently registered are very small operations, some with only one practitioner. Therefore, these businesses should not need to pay compliance fees for both the premises and the practitioners

It is a concern that the current fee structure could result in many small businesses "one person bands" closing or no longer offering these services due to the cost prohibitive fees.

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

<p><b>'Yes' response</b></p>	<p>1/35 - Anonymous (acupuncture); 3 - Guild of Beauty Therapists; 4 – Anonymous; 6 – Anonymous; 12 - Anonymous; 14 - Cheryl Drew; 15 - Anonymous (acupuncture); 18 - Anonymous; 19 - Kim Eldridge; 20 - Duncan Reed; 22 - Sally Hickenson; 23 – Anonymous; 27 - Clares European Services; 33 - Carla Evans; 39 - Kate Doble; 40 - Anonymous (acupuncture); 47 - Anonymous; 48 - Kat Henness; 54 - Lola Slider; 55 - Aiden Johnson; 61 - Anonymous (acupuncture); 66 - Gareth Davies; 69 - Anonymous (acupuncture); 78 - Anonymous (acupuncture); 80 - Anonymous (tattooing); 84 - Anonymous; 91 - British Beauty Council; 93 - Royal College of Midwives; 95 - Beauty Industry Group – Licensing; 96 - Beauty Industry Group Chair; 104 - Anonymous (acupuncture); 107 - BABTAC; 109 - Warren Tregidden; 116 – Anonymous; 117 - Marnie Williams; 122 – Anonymous; 123 - Anonymous (piercer); 125 - Becky Crossan; 132 - Anonymous (piercer); 144 - Anonymous (piercer); 152 - Anonymous (tattooing); 163 - Anonymous (tattooing); 168 - Anonymous (tattooing); 169 - Anonymous (tattooing); 183 - Hair and Beauty Industry Authority; 209 - Anonymous (acupuncture); 212 - Save Face; 219 - Ross Jarvis; 221 - Wrexham County Borough Council; 224 - Anonymous (piercer); 227 – Anonymous; 229 - Anonymous (tattooing); 230 - Anonymous (charitable organisation); 233 - UKAPP; 241 - Anonymous (tattooing); 254 - Swansea Council; UKAPP responses: 82 - Anonymous (piercer); 83 - Anonymous (piercer); 87 - Anonymous (piercer); 124 - Anonymous (piercer); 127 - Anonymous (piercer); 128 - Anonymous (piercer); 129 - Anonymous (piercer); 130 - Anonymous (piercer); 131 - Anonymous (piercer); 149 - Anonymous (piercer); 150 - Anonymous (piercer); 151 - Anonymous (piercer); 173 - Anonymous (piercer); 176 - Anonymous (piercer); 195 - Anonymous (piercer); 204 - Anonymous (piercer); 207 - Anonymous (piercer); 234 - Anonymous (piercer); 250 - Anonymous (piercer).</p>
<p><b>'No' response</b></p>	<p>17 – Anonymous; 21 – Anonymous; 74 - Anonymous (SPM); 81 - Gemma Kingston.</p>
<p><b>'Agree'</b></p>	<p>51 - Alison Williams; 67 - Anonymous (acupuncture); 68 - Anonymous (acupuncture); 70 - Anonymous (acupuncture); 72 - Anonymous (acupuncture); 101 - Anonymous (acupuncture); 102 - Dr Di Wu; 108 - Anonymous (acupuncture); 110 - Anonymous (acupuncture); 114 - Anonymous (acupuncture); 115 - Jing Wang; 118 - Ann Charlton; 134 - Anonymous (acupuncture); 137 - Lingxia Gao; 138/(139) - Wang Chen; 141 - Na Yang; 142 - Anonymous (acupuncture); 146 - Ming Chu Lok; 153 - Zhimin Ma; 154 - Anonymous (acupuncture); 155 - Anonymous (acupuncture); 156 - Cui Hong Duan; 157 - Anonymous (acupuncture); 158 - Anonymous (acupuncture); 160 - Anonymous (acupuncture); 161 - Anonymous (acupuncture); 162 - Anonymous (acupuncture); 165 - Qikan Yin; 170 - Yuancai Fu; 171 - Yan Jing Wang; 172 - Baifang Zhu; 174 - Phoebe Deng; 177/206 - Anonymous (acupuncture); 178 - Minan Yao;</p>

	188 - Anonymous (acupuncture); 190 - Anonymous (acupuncture); 191 - Anonymous (acupuncture); 193 - Dr Jianrui Wang; 196 - Anonymous (acupuncture); 197 - Anonymous (acupuncture); 203 - Anonymous (acupuncture); 206/177 - Anonymous (acupuncture); 208 - Zheng Yuan Zhong; 210 - Li Yan; 213 - Min Li; 223/140 - Xianghui Guo; 225 - Jun Wen Ma; 235 - Anonymous (acupuncture); 236 - Jing Ding; 237 - Pinyi; 240 - Shu Li Lu; 242 - Anonymous (acupuncture); 243 - Anonymous (acupuncture); 245 - Anonymous (acupuncture); 246 - Ke Xia Xu; 247 - Anonymous (acupuncture); 248 - Anonymous (acupuncture).
<b>Left blank</b>	2 – Anonymous; 5 - Anonymous (acupuncture); 8 – Anonymous; 9 – Anonymous; 10 – Anonymous; 11 - Katie; 24 - Anonymous; 25 - David Carlisle; 28 - Anonymous; 29 - Shan MacVicar; 30 - Anonymous; 32 - Anonymous (tattooing); 38 - Rachel Edney; 41 - Anonymous (acupuncture); 59 - Josh Cranton; 62 - Anonymous; 73 - Clare Robinson-Campbell; 85 - F Hinds Ltd; 89 - Rachel Bowen; 92 - Anonymous (acupuncture); 100 – Anonymous; 111 - Anonymous (tattooing); 113 - Superdrug Ltd; 120 - Anonymous (acupuncture); 121 - National AIDS Trust; 143 - Claire’s Accessories; 164 - Anonymous (tattooing); 166 - Claire Pritchard; 167 - Anonymous (manufacturer); 186 - Anonymous (acupuncture); 189 - Baidong Li; 194 - Jian Wang; 216 - Age Cymru; 217 - Anonymous (acupuncture); 228 - Professional Standards Authority.
<b>16 - Sarah Swaysland</b>	Assuming this approach reflects cost recovery for other aspects of the licensing function administered by a LA? If so, agreed it would be appropriate in this instance.
<b>26 - Joint Council of Cosmetic Practitioners</b>	Agreed
<b>31 - Chartered Institute of Environmental Health</b>	Yes. Whilst the discretion to recover unpaid fees should be with the local authority concerned an individual who has not paid an appropriate fee should not be allowed to proceed with an application or application to renew.
<b>34 - James Ogle</b>	No! Because there shouldn't be an ongoing fee!
<b>36 - Kelly Griffiths (local authority)</b>	y
<b>37 - Anonymous</b>	No the fees should all be covered during the initial fee and paid during the application.
<b>42 - Paul Battersby</b>	Yes, I fully agree.
<b>also</b>	44 - Roy Montgomery; 45 – Anonymous; 46 - Alison Smith; 50 – Anonymous; 52 – Anonymous; 58 – Kate van Rensburg; 60 – Laura Gibbons; 63 – Christine Hutchinson; 64 – Anonymous; 65 - Anonymous



	75 - Madeline Boots; 86 - Suzanne Gregson; 88 - Anonymous (acupuncture); 99 - Janis Short; 105 - Daniel Curran.
<b>43 - Acupuncture Association of Chartered Physiotherapists</b>	Yes, we fully agree.
<b>49 - Di-enw</b>	Dylid fod y ffi yn cael ei dalu cyn i Gyngor ddechrau ystyried cais
<b>53 - Oliver Todd</b>	Yes this is fair and those that do not adhere should not be able to reapply either.
<b>56 - British Medical Acupuncture Society</b>	NO OPINION
<b>79 - Rhian Mansfield</b>	No, I don't agree with this, the fee should be set at one amount as agreed by all local authorities as not to allow any one individual authority over charging one region.
<b>90 - Blaenau Gwent County Borough Council</b>	Yes, we agree. There should be an additional cost option added to this for the process of fee recovery. There should be mechanism on the centrally held register to flag applicants that have not progressed due to unpaid fees in one LA area with other LA's - we would not want to see practitioners being granted licence / approval in one LA area when they owe fees in another LA area for example.
<b>94 - National Hair and Beauty Federation</b>	We welcome a flexible approach here involving at least three warnings before any civil debt action is pursued.
<b>98 - Inc and Co</b>	As above
<b>103 - Anonymous (acupuncture)</b>	No response.
<b>106 - Anonymous (acupuncture)</b>	Reluctantly yes
<b>112 - British Acupuncture Federation</b>	We propose BAF acupuncturists should be exempt
<b>126 - Rhondda Cynon Taff County Borough Council</b>	Yes. If fees are not paid, then the Special Procedure has to stop.

<b>133 - Anonymous (local authority)</b>	IN PART. If a fee has not been paid – it should be a condition of a License that the licensing process will stop until the fee is settled.
<b>145 - Anonymous (tattooing)</b>	Yes, however fees should be fair and consistent across counties. Extortionate fees could cripple us and prevent us from working.
<b>159 - H Wong</b>	no comment
<b>175 - Anonymous (tattooing)</b>	Ye
<b>179 - N Wales Health and Safety Expert Panel</b>	No the fees should all be covered during the initial fee and paid during the application.
<b>184 - Nursing and Midwifery Council</b>	We have no comments.
<b>192 - British Register of Complementary Practitioners</b>	Agreed
<b>198 - Isle of Anglesey County Council</b>	No the fees should all be covered during the initial fee and paid during the application.
<b>200 - Anonymous (local authority)</b>	PARTIALLY. If a variation fee is in dispute – it should be a condition of a License or a certificate that the procedures are to CEASE until the fee is settled.  PS response to Q37 on application of fees, their frequency and scale.
<b>201 - All-Wales Communicable Disease Expert Panel</b>	If a variation fee is in dispute – it should be a condition of a License or a certificate that the procedures are to CEASE until the fee is settled. If an initial application Fee is in dispute for some reason - No fee – no license. No licence = enforcement. Fees should all be covered during the initial fee and paid during the application.  There should be an additional cost option added to this for the process of fee recovery. There should be mechanism on the centrally held register to flag applicants that have not progressed due to unpaid fees

	in one LA area with other LA's - we would not want to see practitioners being granted licence / approval in one LA area when they owe fees in another LA area for example.
<b>202 - Health and Safety Expert Panel</b>	<p>Fees should all be covered during the initial fee and paid during the application.</p> <p>There should be an additional cost option added to this for the process of fee recovery. There should be mechanism on the centrally held register to flag applicants that have not progressed due to unpaid fees in one LA area with other LA's - we would not want to see practitioners being granted licence / approval in one LA area when they owe fees in another LA area for example.</p>
<b>211 - British Acupuncture Council</b>	No comment
<b>215 - Shared Regulatory Services</b>	<p>Fees should all be covered during the initial fee and paid during the application.</p> <p>There should be an additional cost option added to this for the process of fee recovery. There should be mechanism on the centrally held register to flag applicants that have not progressed due to unpaid fees in one LA area with other LA's - we would not want to see practitioners being granted licence / approval in one LA area when they owe fees in another LA area for example.</p>
<b>220 - Tibetan and Eastern Medicine Association</b>	We propose TEMA and BAF acupuncturists should be exempt
<b>222 - Caerphilly County Borough Council</b>	<p>No. See Q39.</p> <p>The fee must be paid at the point of application. The fee must accompany the application forms and be cleared before the application is accepted and duly processed. The application must include the relevant forms, subsidiary paperwork and fee. Without all of these then the correct application has not been made and will be rejected.</p>
<b>226 - Environmental Health Wales</b>	<p>If a variation fee is in dispute – it should be a condition of a License or a certificate that the procedures are to CEASE until the fee is settled. LEP outline “No variation unless the fee is paid” and lessons from LEP are:</p> <p>If an initial application Fee is in dispute for some reason - No fee – no license. No licence = enforcement.</p> <p>Fees should all be covered during the initial fee and paid during the application.</p>

	<p>There should be an additional cost option added to this for the process of fee recovery. There should be mechanism on the centrally held register to flag applicants that have not progressed due to unpaid fees in one LA area with other LA's - we would not want to see practitioners being granted licence / approval in one LA area when they owe fees in another LA area for example.</p>
<b>231 - Anonymous (acupuncture)</b>	No comment.
<b>232 – Kat Webb</b>	AGREE – although licence revocation should also be considered if payment is not received within say 60 days.
<b>238/239 - Institute of Licensing</b>	Fees should all be covered during the initial fee and paid during the application.
<b>252 - Torfaen County Borough Council</b>	<p>No.</p> <p>If a variation fee is in dispute – it should be a condition of a License or a certificate that the procedures are to cease until the fee is settled.</p> <p>If an initial application Fee is in dispute for some reason - No fee – no license. No licence = enforcement. Fees should all be covered during the initial fee and paid during the application.</p> <p>There should be an additional cost option added to this for the process of fee recovery. There should be mechanism on the centrally held register to flag applicants that have not progressed due to unpaid fees in one LA area with other LAs - practitioners should not be granted licence / approval in one LA area when they owe fees in another LA area for example.</p>

**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?**

<b>'Yes' response</b>	18 – Anonymous.
<b>'No' response</b>	none
<b>'No comment/s'</b>	19 - Kim Eldridge; 42 - Paul Battersby; 43 - Acupuncture Association of Chartered Physiotherapists; 44 - Roy Montgomery; 45 – Anonymous (acupuncture); 46 - Alison Smith; 50 – Anonymous (acupuncture); 51 - Alison Williams; 52 – Anonymous (acupuncture); 57 - Tamarind Dykes; 58 – Kate van Rensburg; 60 – Laura Gibbons; 63 – Christine Hutchinson; 64 – Anonymous (acupuncture); 65 – Anonymous (acupuncture); 67 - Anonymous (acupuncture); 68 - Anonymous (acupuncture); 70 - Anonymous (acupuncture); 72 - Anonymous (acupuncture); 74 - Anonymous (SPM); 75 - Madeline Boots; 86 - Suzanne Gregson; 88 - Anonymous (acupuncture); 99 - Janis Short; 101 - Anonymous (acupuncture); 104 - Anonymous (acupuncture); 105 - Daniel Curran; 110 - Anonymous (acupuncture); 114 - Anonymous (acupuncture); 115 - Jing Wang; 118 - Ann Charlton; 134 - Anonymous (acupuncture); 137 - Lingxia Gao; 138/(139) - Wang Chen; 141 - Na Yang; 142 - Anonymous (acupuncture); 153 - Zhimin Ma; 154 - Anonymous (acupuncture); 155 - Anonymous (acupuncture); 156 - Cui Hong Duan; 157 - Anonymous (acupuncture); 158 - Anonymous (acupuncture); 159 - H Wong; 160 - Anonymous (acupuncture); 161 - Anonymous (acupuncture); 162 - Anonymous (acupuncture); 165 - Qikan Yin; 170 - Yuancai Fu; 171 - Yan Jing Wang; 172 - Baifang Zhu; 174 - Phoebe Deng; 177/206 - Anonymous (acupuncture); 188 - Anonymous (acupuncture); 190 - Anonymous (acupuncture); 191 - Anonymous (acupuncture); 193 - Dr Jianrui Wang; 196 - Anonymous (acupuncture); 197 - Anonymous (acupuncture); 205 - Lulu Dai; 208 - Zheng Yuan Zhong; 210 - Li Yan; 213 - Min Li; 221 - Wrexham County Borough Council; 223/140 - Xianghui Guo; 225 - Jun Wen Ma; 230 - Anonymous (charitable organisation); 231 - Anonymous (acupuncture); 235 - Anonymous (acupuncture); 236 - Jing Ding; 237 – Pinyi; 238/(239) - Institute of Licensing; 240 - Shu Li Lu; 249 - Association of Traditional Chinese Medicine.
<b>Left blank</b>	2 – Anonymous; 5 - Anonymous (acupuncture); 8 – Anonymous; 9 – Anonymous; 10 – Anonymous; 11 - Katie; 13 - Anonymous (acupuncture); 20 - Duncan Reed; 24 - Anonymous; 25 - David Carlisle; 28 - Anonymous; 36 - Kelly Griffiths; 38 - Rachel Edney; 40 - Anonymous (acupuncture); 41 - Anonymous

	(acupuncture); 59 - Josh Cranton; 62 - Anonymous; 73 - Clare Robinson-Campbell; 80 - Anonymous (tattooing); 81 - Gemma Kingston; 85 - F Hinds Ltd; 89 - Rachel Bowen; 100 – Anonymous; 109 - Warren Tregidden; 111 - Anonymous (tattooing); 112 - British Acupuncture Federation; 113 - Superdrug Ltd; 120 - Anonymous (acupuncture); 121 - National AIDS Trust; 125 - Becky Crossan; 143 - Claire’s Accessories; 144 - Anonymous (piercer); 145 - Anonymous (tattooing); 164 - Anonymous (tattooing); 166 - Claire Pritchard; 167 - Anonymous (manufacturer); 173 - Anonymous (piercer); 186 - Anonymous (acupuncture); 189 - Baidong Li; 194 - Jian Wang; 216 - Age Cymru; 217 - Anonymous (acupuncture); 227 – Anonymous; 229 - Anonymous (tattooing); 233 – UKAPP; 242 - Anonymous (acupuncture), 243 - Anonymous (acupuncture); 244 - Anonymous (acupuncture); 245 - Anonymous (acupuncture); 246 - Ke Xia Xu; 247 - Anonymous (acupuncture); 248 - Anonymous (acupuncture); 249 - Association of Traditional Chinese Medicine; UKAPP response: 82 - Anonymous (piercer); 83 - Anonymous (piercer); 87 - Anonymous (piercer); 124 - Anonymous (piercer); 127 - Anonymous (piercer); 128 - Anonymous (piercer); 129 - Anonymous (piercer); 130 - Anonymous (piercer); 131 - Anonymous (piercer); 149 - Anonymous (piercer); 150 - Anonymous (piercer); 151 - Anonymous (piercer); 173 - Anonymous (piercer); 176 - Anonymous (piercer); 195 - Anonymous (piercer); 204 - Anonymous (piercer); 207 - Anonymous (piercer); 234 - Anonymous (piercer); 250 - Anonymous (piercer).
<b>1/35 - Anonymous</b>	None
<b>3 - Guild of Beauty Therapists</b>	No qualified to say
<b>4 - Anonymous</b>	The procedures are the same regardless of language, so the regulations should be the same
<b>6 - Anonymous</b>	I don’t know what effects this might have on the Welsh language.
<b>12 - Anonymous</b>	Further opportunities to use the language
<b>14 - Cheryl Drew</b>	See below
<b>15 – Anonymous (acupuncture)</b>	Unknown
<b>16 - Sarah Swaysland</b>	No comments to add
<b>17 - Anonymous</b>	im an English speaker i can barely comunicate in welsh but im open to mandatory welsh
<b>21 - Anonymous</b>	Let people converse however they feel comfortable
<b>22 - Sally Hickenson</b>	I think mandatory licences is a good thing, however I still think people will tattoo from there homes (scratchers)
<b>23 - Anonymous</b>	I feel every Licence holder should undergo the hygiene prevention control and be on the same page with

	licensing however every local authority should be on the same page not add on or take off things as they wish, especially fees.
<b>26 - Joint Council of Cosmetic Practitioners</b>	This is a matter for our colleagues in Wales to determine in the interests of developed authority and public protection.
<b>27 - Clares European Services</b>	NONE
<b>29 - Shan MacVicar</b>	can not see how it would have any detrimental effect on the language. Might you consider highlighting Welsh speaking practitioners so people can choose. That would help?
<b>30 - Anonymous</b>	This could be an additional expense for some businesses as most translators charge per hour to translate any social media or documents.
<b>31 - Chartered Institute of Environmental Health</b>	As such there are limited direct impacts on the Welsh language, either positive or negative. However, the mandatory licensing scheme will indirectly strengthen the position of the Welsh language within the special procedures community and its customers.  Provided, as required all documentation is produced in both languages and any training provision is available in both languages there should be no negative impact.
<b>32 - Anonymous (tattooing)</b>	We believe that the use of the Welsh language should be encouraged but it should also be a personal choice.
<b>33 - Carla Evans</b>	Unsure
<b>34 - James Ogle</b>	No opinion
<b>37 - Anonymous (local authority)</b>	No impact
<b>39 - Kate Doble</b>	No negative effects. All documents available in English and Welsh, The public register will be in English and Welsh.
<b>47 - Anonymous</b>	It will make body piercing and tattooing safer for practitioners and clients.
<b>48 - Kat Henness</b>	There is no major impact that this licensing will have on the Welsh language.
<b>49 - Di-enw</b>	Fe fydd cyhoeddi tystysgrifau yn ddwyieithog yn codi proffil yr iaith ac o bosib yn annog unigolion i drafod materion yn ymwneud ar drefn gyda'u Cyngor lleol drwy gyfrwng y Gymraeg
<b>53 - Oliver Todd</b>	N/A
<b>54 - Lola Slider</b>	I think they will be negative because you're placing all the pressure on the practitioner, the majority of whom operate incredibly safe businesses, and you're not taking into consideration that the majority of

	infections in body art take place at home, due to improper aftercare in spite of being supplied with it it writing and verbally, because sometimes people don't take care of themselves well. I think this is like forcing even more legislation on bars and pubs because some people abuse alcohol, there has to be some level of personal responsibility for the consumer here.
<b>55 - Aiden Johnson</b>	N/A not a Welsh language speaker
<b>56 - British Medical Acupuncture Society</b>	NO OPINION
<b>61 – Anonymous (acupuncture)</b>	Cannot say as im not a welsh speaker
<b>66 – Gareth Davies</b>	not sure
<b>69 – Anonymous (acupuncture)</b>	Unsure
<b>77 - Mari McAndrew</b>	No impact.
<b>78 – Anonymous (acupuncture)</b>	open offer.
<b>79 - Rhian Mansfield</b>	I can't see there being any effects on people who use the welsh language provided everything is available to them in welsh should they require it.
<b>84 - Anonymous</b>	I dont see any impact, use of the Welsh Language standards should support this.
<b>90 - Blaenau Gwent County Borough Council</b>	No significant impacts identified
<b>91 - British Beauty Council</b>	We cannot provide expertise in this area.
<b>92 - Anonymous (acupuncture)</b>	I dont know
<b>93 - Royal College of Midwives</b>	We believe that the document should comply fully with the Welsh Language Standards and that all information pertaining to the special procedures should be available via the medium of Welsh if that is the patient/client preference.
<b>94 - National Hair and Beauty Federation</b>	We cannot provide specific expertise in this area; however, we would support hat this needs to be available in Welsh and English.



<b>95 - Beauty Industry Group - Licensing</b>	We cannot provide specific expertise in this area; however, we would support that this needs to be available in Welsh and English in line with the current NOS.
<b>96 - Beauty Industry Group - Chair</b>	We cannot provide specific expertise in this area; however, we would support that this needs to be available in Welsh and English in line with the current NOS.
<b>98 - Inc and Co</b>	Currently none of our studio team speak fluent Welsh. Only a small amount of our clients speak Welsh as far as we are aware. Prestatyn and surrounding area of course has Welsh speakers but the population here is predominantly made up of residents whose first language is English, unlike maybe other parts of Wales. We would be happy to make small steps to include it within signage/websites and our social media sites but it would be unrealistic to have a fluent Welsh speaker on hand.
<b>102 - Dr Di Wu</b>	Both Welsh and English languages should be used.
<b>103 - Anonymous (acupuncture)</b>	I have not yet had an acupuncture client who is only Welsh speaking.
<b>106 - Anonymous (acupuncture)</b>	Not well versed enough in these issues to be able to comment
<b>107 - BABTAC</b>	We cannot provide specific expertise in this area; however, we would support that this needs to be available in Welsh and English in line with the current NOS.
<b>108 - Anonymous (acupuncture)</b>	n/a
<b>116 - Anonymous</b>	Not sure
<b>117 - Marnie Williams</b>	As a non Welsh speaking English person
<b>122 - Anonymous</b>	Making specific provision for the active offer being made as part of the granting process and checking this on review.  I'm not sure it would be feasible for temporary licences
<b>123 - Anonymous (piercer)</b>	As a non Welsh speaking English person I don't know
<b>126 - Rhondda Cynon Taff County Borough Council</b>	No impact
<b>132 - Anonymous (piercer)</b>	I don't think it would make a difference

<b>133 - Anonymous (local authority)</b>	Limited Impact.
<b>135 - Anonymous (tattooing)</b>	In [local authority name redacted] it will have next to no effect, we very rarely have welsh speakers.
<b>136 - Denbighshire County Council</b>	No impact. As long and all documentation/templates/licenses are made available to LA's in both languages
<b>152 - Anonymous (tattooing)</b>	Yea
<b>163 - Anonymous (tattooing)</b>	I am not a Welsh speaker so unable to comment
<b>168 - Anonymous (tattooing)</b>	Not sure
<b>169 - Anonymous (tattooing)</b>	don't understand what effects you think this scheme would have on the Welsh language if it's sole purpose is to improve H&S standards and make these practices safer. I agree it is a positive step to make sure literature, signage etc is available in Welsh and English but I don't think it bears a particular relevancy to this scheme. Is this part of the proposal and will it have any bearing on receiving a license? In the case of tattoos in particular, talent could face discrimination just because they can't speak perfect Welsh, and ultimately we just need to do the best job we can, and as long as we understand each other, all is well. I think you're looking in the wrong place here for an answer to a silly question.
<b>175 - Anonymous (tattooing)</b>	Don't understand what effects you think this scheme would have on the Welsh language if it's sole purpose is to improve H&S standards and make these practices safer. I agree it is a positive step to make sure literature, signage etc is available in Welsh and English but I don't think it bears a particular relevancy to this scheme. Is this part of the proposal and will it have any bearing on receiving a license? In the case of tattoos in particular, talent could face discrimination just because they can't speak perfect Welsh, and ultimately we just need to do the best job we can, and as long as we understand each other, all is well.
<b>178 - Minan Yao</b>	The implementation of a mandatory licensing scheme for Special Procedures in Wales could have several effects on the Welsh language, both positive and negative. To maximize the positive effects and minimize the negative ones, you can consider the following suggestions:

	<ol style="list-style-type: none"> <li>1. Welsh language training: Provide opportunities for non-Welsh-speaking practitioners to learn the language, enhancing their ability to communicate with Welsh-speaking clients and colleagues. This could include offering language courses, workshops, or online resources.</li> <li>2. Cultural awareness: Promote understanding and appreciation of the Welsh language and culture among practitioners, regardless of their linguistic background. This can be achieved through educational programs, seminars, or cultural events.</li> <li>3. Monitor and evaluate: Regularly assess the impact of the licensing scheme on the Welsh language to identify areas for improvement and address any potential issues. Engage with Welsh-speaking stakeholders to gather their feedback and recommendations.</li> </ol>
<b>179 - N Wales Health and Safety Expert Panel</b>	<p>All documentation pertaining to the licensing scheme must be in a bi-lingual format.</p> <p>Availability of training courses in both Welsh and English or bi-lingually is also important. This may encourage practitioners to offer their services bi-lingually.</p>
<b>183 - Hair and Beauty Industry Authority</b>	We cannot provide specific expertise in this area; however, we would support that this needs to be available in Welsh and English in line with the current NOS.
<b>184 - Nursing and Midwifery Council</b>	We have no comments.
<b>192 - British Register of Complementary Practitioners</b>	We do not feel qualified to comment
<b>198 - Isle of Anglesey County Council</b>	<p>All documentation pertaining to the licensing scheme must be in a bi-lingual format.</p> <p>Availability of training courses in both Welsh and English or bi-lingually is also important. This may encourage practitioners to offer their services bi-lingually.</p>
<b>200 - Anonymous (local authority)</b>	Limited Impact.
<b>201 - All-Wales Communicable</b>	Limited Impact.

<b>Disease Expert Panel</b>	
<b>202 - Health and Safety Expert Panel</b>	Limited impact .
<b>203 - Anonymous (acupuncture)</b>	Most ATCM members are native Chinese, and they speak English without problem but learning another language is not easy. However, for Welsh, most people already speak perfect English. If it is necessary, they can employ a translator perhaps.
<b>209 – Anonymous (acupuncture)</b>	I don't know the background knowledge, so no comments.
<b>211 - British Acupuncture Council</b>	As a general point of principle, the BAaC is committed to ensuring equal access to acupuncture services. In addition, equality, diversity and inclusion is part of PSA requirements. We believe a nationwide and consistent approach to licencing has the potential to be of benefit for the profession of acupuncture within Wales. These changes can be used to support the development of Welsh language material for our members.
<b>212 – Save Face</b>	N/A.
<b>215 - Shared Regulatory Services</b>	Limited impact
<b>219 - Ross Jarvis</b>	I don't understand what effects you think this scheme would have on the Welsh language if it's sole purpose is to improve H&S standards and make these practices safer. I agree it is a positive step to make sure literature, signage etc is available in Welsh and English but I don't think it bears a particular relevancy to this scheme. Is this part of the proposal and will it have any bearing on receiving a license? In the case of tattoos in particular, talent could face discrimination just because they can't speak perfect Welsh, and ultimately we just need to do the best job we can, and as long as we understand each other, all is well. I think you're looking in the wrong place here for an answer to a silly question.
<b>220 - Tibetan and Eastern Medicine Association</b>	N/A
<b>222 - Caerphilly County Borough Council</b>	No perceived impact
<b>224 - Anonymous (piercer)</b>	As a non Welsh speaking English person

<b>226 - Environmental Health Wales</b>	Limited Impact.
<b>232 – Kat Webb</b>	<p>I think the materials and applications being made available in Welsh is a positive step for the Welsh language and should be encouraged as the Native language for the country in which we choose to live and/or carry out our chosen profession.</p> <p>I don't think the accessibility for this information in Welsh would cause any negative effects.</p>
<b>241 - Anonymous (tattooing)</b>	long as its bilingual no problem.
<b>252 - Torfaen County Borough Council</b>	Limited Impact.
<b>254 - Swansea Council</b>	Limited Impact.

<b>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.</b>	
<b>'Yes' response</b>	18 – Anonymous; 106 - Anonymous (acupuncture).
<b>'No' response</b>	none
<b>'No comment'</b>	42 – Paul Battersby; 43 – AACP; 44 - Roy Montgomery; 45 – Anonymous; 46 - Alison Smith; 50 – Anonymous; 51 - Alison Williams; 52 – Anonymous; 57; 58 – Kate van Rensburg; 60 – Laura Gibbons; 63 – Christine Hutchinson; 64 – Anonymous; 65 – Anonymous; 67 - Anonymous (acupuncture); 68 - Anonymous (acupuncture); 70 - Anonymous (acupuncture); 72 - Anonymous (acupuncture); 74 - Anonymous (SPM); 75 - Madeline Boots; 86 - Suzanne Gregson; 88 - Anonymous (acupuncture); 99 - Janis Short; 101 - Anonymous (acupuncture); 102 - Dr Di Wu; 105 - Daniel Curran; 110 - Anonymous (acupuncture); 114 - Anonymous (acupuncture); 115 - Jing Wang; 118 - Ann Charlton; 134 - Anonymous (acupuncture); 137 - Lingxia Gao; 138/(139) - Institute of Licensing; 141 - Na Yang; 153 - Zhimin Ma; 154 - Anonymous (acupuncture); 155 - Anonymous (acupuncture); 156 - Cui Hong Duan; 157 - Anonymous (acupuncture); 158 - Anonymous (acupuncture); 159 - H Wong; 160 - Anonymous (acupuncture); 161 - Anonymous (acupuncture); 162 - Anonymous (acupuncture); 165 - Qikan Yin; 170 - Yuancai Fu; 171 - Yan Jing Wang; 172 - Baifang Zhu; 174 - Phoebe Deng; 177/206 Anonymous (acupuncture); 178 - Minan Yao; 188 - Anonymous (acupuncture); 190 - Anonymous (acupuncture); 191 - Anonymous (acupuncture); 193 - Dr Jianrui Wang; 196 - Anonymous (acupuncture); 197 - Anonymous (acupuncture); 205 - Lulu Dai; 208 - Zheng Yuan Zhong; 210 - Li Yan; 213 - Min Li; 223/140 - Xianghui Guo; 225 - Jun Wen Ma; 235 - Anonymous (acupuncture); 236 - Jing Ding; 237 - Pinyi; 238/239 - Institute of Licensing; 240 - Shu Li Lu; 242 - Anonymous (acupuncture); 243 - Anonymous (acupuncture); 244 - Anonymous (acupuncture); 245 - Anonymous (acupuncture); 246 - Ke Xia Xu; 247 - Anonymous (acupuncture); 248 - Anonymous (acupuncture); 249 - Association of Traditional Chinese Medicine.
<b>Left blank</b>	2 – Anonymous; 5 - Anonymous (acupuncture); 8 – Anonymous; 9 – Anonymous; 10 – Anonymous; 11 - Katie; 20 - Duncan Reed; 23 - Anonymous; 24 - Anonymous; 25 - David Carlisle; 28 - Anonymous; 29 - Shan MacVicar; 30 – Anonymous; 32 - Anonymous (tattooing); 36 - Kelly Griffiths; 38 - Rachel Edney; 40 - Anonymous (acupuncture); 41 - Anonymous (acupuncture); 42 - Paul Battersby; 59 - Josh Cranton; 73 -

	Clare Robinson-Campbell; 80 - Anonymous (tattooing); 81 - Gemma Kingston; 84 - Anonymous; 85 - F Hinds Ltd; 89 - Rachel Bowen; 92 - Anonymous (acupuncture); 100 – Anonymous; 109 - Warren Tregidden; 111 - Anonymous (tattooing); 112 - British Acupuncture Federation; 113 - Superdrug Ltd; 120 - Anonymous (acupuncture); 121 - National AIDS Trust; 125 - Becky Crossan; 143 - Claire's Accessories; 144 - Anonymous (piercer); 145 - Anonymous (tattooing); 164 - Anonymous (tattooing); 166 - Claire Pritchard; 167 - Anonymous (manufacturer); 186 - Anonymous (acupuncture); 189 - Baidong Li; 194 - Jian Wang; 216 - Age Cymru; 217 - Anonymous (acupuncture); 227 - Anonymous; 229 - Anonymous (tattooing); 230 - Anonymous (charitable organisation); 233 – UKAPP; UKAPP responses: 82 - Anonymous (piercer); 83 - Anonymous (piercer); 87 - Anonymous (piercer); 124 - Anonymous (piercer); 127 - Anonymous (piercer); 128 - Anonymous (piercer); 129 - Anonymous (piercer); 130 - Anonymous (piercer); 131 - Anonymous (piercer); 149 - Anonymous (piercer); 150 - Anonymous (piercer); 151 - Anonymous (piercer); 173 - Anonymous (piercer); 176 - Anonymous (piercer); 195 - Anonymous (piercer); 204 - Anonymous (piercer); 207 - Anonymous (piercer); 234 - Anonymous (piercer); 250 - Anonymous (piercer).
<b>1/35 – Anonymous (acupuncture)</b>	there is no reason why it should be different
<b>3 - Guild of Beauty Therapists</b>	Not qualified to say
<b>4 - Anonymous</b>	As above
<b>6 - Anonymous</b>	Don't know
<b>12 - Anonymous</b>	More opportunities
<b>14 - Cheryl Drew</b>	I think it's a good idea to make sure that people are fully trained and are able to carry out these procedures safely and correctly. I don't agree with nose and cartridge piercings being from age 16, I think this should be down to individual parent's choice and at 14 it's quite common for teenagers to have these piercings.
<b>15 – Anonymous (acupuncture)</b>	Unknown
<b>16 - Sarah Swaysland</b>	No comments to add
<b>17 - Anonymous</b>	Na
<b>19 - Kim Eldridge</b>	No comments
<b>21 - Anonymous</b>	I don't think it has an affect on language

<b>22 - Sally Hickenson</b>	I think each county should have someone in charge of checking premises/person and a mandatory dbs check should take place.
<b>26 - Joint Council of Cosmetic Practitioners</b>	Please see our response to the last question.
<b>27 - Clares European Services</b>	NONE
<b>31 - Chartered Institute of Environmental Health</b>	A number of the Act's provisions with respect to Special Procedures will require the provision of information to the public in a variety of forms. In a number of areas this will involve opportunities for training through the medium of Welsh. The production of required documentation should take place in accordance with the Welsh language schemes; Welsh Language Standards and policies of the Welsh Government. In this way the Welsh language will be promoted and no adverse effects should be forthcoming.
<b>33 - Carla Evans</b>	People having opportunity to apply in either Welsh or English.
<b>34 - James Ogle</b>	Don't charge ongoing fees and greet all professions equally and reasonably.
<b>37 – Anonymous (local authority)</b>	No comments
<b>39 - Kate Doble</b>	All documents in the scheme will be available in welsh and English so it does provide an additional opportunity to use welsh.  Applicants for licences will be able to operate in the language of thier choice.  i dont anticipate any adverse effects on welsh language opportunities.
<b>47 - Anonymous</b>	Any opportunity for people to share the Welsh language is great and should be encouraged
<b>48 - Kat Henness</b>	Not applicable.
<b>49 - Di-enw</b>	Sicrhau fod yr iaith Gymraeg a ddefnyddir i lunio trwyddedau / ffurflenni yn iaith hawdd i'w ddeall a ddim yn gyfieithiad air am air / uniongyrchol o'r fersiwn Saesneg .
<b>53 - Oliver Todd</b>	N/A
<b>54 - Lola Slider</b>	Fewer barriers should be placed in front of trading micro-businesses particularly ones with no history of being a risk to the public health. Imagine waking up one day and finding out that at great expense and administrative hassle you're now going to have to do even more work just to be allowed to continue doing



	a job you've done for years safely and well, at a minimum a much longer implementation and education period is needed to not pressure people out of their small businesses.
<b>55 - Aiden Johnson</b>	N/A not a Welsh language speaker
<b>61 – Anonymous (acupuncture)</b>	Could not say
<b>62 - Anonymous</b>	Sorry but this is ridiculous.  It DOES NOT MATTER what we do or say... We can attend all the seminars, lectures and meetings, put our point across and yet the council and government will find a way to take more money off us and make it even harder to run a business.
<b>66 – Gareth Davies</b>	not sure
<b>69 – Anonymous (acupuncture)</b>	unsure
<b>77 - Mari McAndrew</b>	No comments.
<b>78 – Anonymous (acupuncture)</b>	I am not sure how this would really change either
<b>79 - Rhian Mansfield</b>	As above, provided everything is available in welsh, I can't see there being any issues.
<b>90 - Blaenau Gwent County Borough Council</b>	No necessary amendments identified
<b>91 - British Beauty Council</b>	We cannot provide expertise in this area.
<b>93 - Royal College of Midwives</b>	As per our answer to Q41, we believe the mandatory licensing scheme should be compliant with the Welsh Language Standards.
<b>94 - National Hair and Beauty Federation</b>	We cannot provide specific expertise in this area; however, we would support that this needs to be available in Welsh and English.
<b>95 - Beauty Industry Group - Licensing</b>	We cannot provide specific expertise in this area; however, we would support hat this needs to be available in Welsh and English in line with the current NOS.
<b>96 - Beauty Industry Group - Chair</b>	We cannot provide specific expertise in this area; however, we would support hat this needs to be available in Welsh and English in line with the current NOS.
<b>98 - Inc and Co</b>	See previous answer.

<b>103 - Anonymous (acupuncture)</b>	No response.
<b>104 - Anonymous (acupuncture)</b>	no comments
<b>107 - BABTAC</b>	We cannot provide specific expertise in this area; however, we would support that this needs to be available in Welsh and English in line with the current NOS.
<b>108 - Anonymous (acupuncture)</b>	n/a
<b>116 - Anonymous</b>	Not sure
<b>117 - Marnie Williams</b>	As a non Welsh speaking English person
<b>122 - Anonymous</b>	This is about education. In Independent Healthcare Regulation we often find active offers not being made or requirements to display certain information in Welsh aren't complied with. Education during the registration process is key to achieving compliance in this
<b>123 - Anonymous (piercer)</b>	As a non Welsh speaking English person I dont know
<b>126 - Rhondda Cynon Taff County Borough Council</b>	No impact
<b>132 - Anonymous (piercer)</b>	I also don't think this will affect it
<b>133 - Anonymous (local authority)</b>	The language spoken is not a significant factor in this subject.
<b>135 - Anonymous (tattooing)</b>	no adverse effects
<b>136 - Denbighshire County Council</b>	No comments.
<b>142 - Anonymous (acupuncture)</b>	No comments
<b>146 - Ming Chu Lok</b>	no adverse effects
<b>152 - Anonymous (tattooing)</b>	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,

<b>163 - Anonymous (tattooing)</b>	NA
<b>168 - Anonymous (tattooing)</b>	Not sure
<b>169 - Anonymous (tattooing)</b>	See answer to previous question. I don't think it would make any difference but it's reasonable to ask that an effort be made. Of course we converse with Welsh speaking customers in Welsh, but again, not our priority.
<b>175 - Anonymous (tattooing)</b>	Of course we converse with Welsh speaking customers in Welsh, but again, not our priority, but see above anyway.
<b>179 - N Wales Health and Safety Expert Panel</b>	All documentation pertaining to the licensing scheme must be in a bi-lingual format.  Availability of training courses in both Welsh and English or bi-lingually is also important. This may encourage practitioners to offer their services bi-lingually.
<b>183 - Hair and Beauty Industry Authority</b>	We cannot provide specific expertise in this area; however, we would support that this needs to be available in Welsh and English in line with the current NOS.
<b>184 - Nursing and Midwifery Council</b>	We have no comments.
<b>192 - British Register of Complementary Practitioners</b>	We do not feel qualified to comment
<b>198 - Isle of Anglesey County Council</b>	All documentation pertaining to the licensing scheme must be in a bi-lingual format.  Availability of training courses in both Welsh and English or bi-lingually is also important. This may encourage practitioners to offer their services bi-lingually.
<b>200 - Anonymous (local authority)</b>	The language spoken is not a significant factor in this subject.
<b>201 - All-Wales Communicable Disease Expert Panel</b>	The language spoken is not a significant factor in this subject.

<b>202 - Health and Safety Expert Panel</b>	The language spoken has no impact.
<b>203 - Anonymous (acupuncture)</b>	I am not sure about this.
<b>209 - Anonymous (acupuncture)</b>	No comments
<b>211 - British Acupuncture Council</b>	See Qu 41
<b>212 – Save Face</b>	N/A
<b>215 - Shared Regulatory Services</b>	The language spoken has no impact.
<b>219 - Ross Jarvis</b>	See answer to previous question. I don't think it would make any difference but it's reasonable to ask that an effort be made. Of course we converse with Welsh speaking customers in Welsh, but again, not our priority
<b>220 - Tibetan and Eastern Medicine Association</b>	N/A
<b>221 - Wrexham County Borough Council</b>	No comment
<b>222 - Caerphilly County Borough Council</b>	No comments
<b>224 - Anonymous (piercer)</b>	As a non Welsh speaking English person
<b>226 - Environmental Health Wales</b>	The language spoken is not a significant factor in this subject.
<b>231 - Anonymous (acupuncture)</b>	No Comment.
<b>232 – Kat Webb</b>	I don't think that the new licensing scheme will have an effect on people using the Welsh language, the only issues I can see arising from the implementing of this scheme will be that Wales will now have

	<p>stricter laws surrounds 'special procedures' especially relating to body piercing ages. This could potentially be detrimental to the people choosing to operate in Wales, as our current clientele cross the border to England to obtain these services.</p> <p>This could cause the rest of the UK, and also the Welsh citizens to view the Welsh Government less favourably for 'controlling' what they can and can't do with their bodies in their native country, feeling forced to go elsewhere.</p> <p>Careful consideration needs to be given to the extent of restrictions being imposed in Wales, unless there are talks with the other parts of the UK Government, to make this a blanket Health Act to 'protect the public' across the whole of the UK.</p>
<b>241 - Anonymous (tattooing)</b>	none. though I can see client migration over the border, if England does not adopt the legislation, on costs alone which we would have to pass on.
<b>252 - Torfaen County Borough Council</b>	All forms, standardised guidance, templates, register and websites should be made available in Welsh prior to implementation.
<b>254 - Swansea Council</b>	The language spoken is not a significant factor in this subject.

<b>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:</b>	
<b>'Yes' response</b>	18 – Anonymous.
<b>'No' response</b>	132 - Anonymous (piercer).
<b>'N/A' or NA</b>	12 - Anonymous; 53 - Oliver Todd; 55 - Aiden Johnson; 61 - Anonymous (acupuncture); 159 - H Wong; 163 - Anonymous (tattooing).
<b>Left blank</b>	<p>2 – Anonymous; 3 - Guild of Beauty Therapists; 4 – Anonymous; 5 - Anonymous (acupuncture); 6 - Anonymous; 8 - Anonymous; 10 - Anonymous; 11 - Katie; 15 - Anonymous (acupuncture); 22 - Sally Hickenson; 24 – Anonymous; 25 - David Carlisle; 28 – Anonymous; 30 – Anonymous; 33 - Carla Evans; 36 - Kelly Griffiths; 38 - Rachel Edney; 39 - Kate Doble; 47 - Anonymous; 49 - Di-enw; 56 - British Medical Acupuncture Society; 59 - Josh Cranton; 78 - Anonymous (acupuncture); 80 - Anonymous (tattooing); 82 - Anonymous (piercer); 83 - Anonymous (piercer); 84 - Anonymous; 85 - F Hinds Ltd; 87 - Anonymous (piercer); 92 - Anonymous (acupuncture); 93 - Royal College of Midwives; 104 - Anonymous (acupuncture); 106 - Anonymous (acupuncture); 109 - Warren Tregidden; 116 - Anonymous; 117 - Marnie Williams; 120 - Anonymous (acupuncture); 121 - National AIDS Trust; 122 – Anonymous; 124 - Anonymous (piercer); 125 - Becky Crossan; 127 - Anonymous (piercer); 128 - Anonymous (piercer); 129 - Anonymous (piercer); 130 - Anonymous (piercer); 131 - Anonymous (piercer); 144 - Anonymous (piercer); 149 - Anonymous (piercer); 150 - Anonymous (piercer); 166 - Claire Pritchard; 168 - Anonymous (tattooing); 173 - Anonymous (piercer); 176 - Anonymous (piercer); 195 - Anonymous (piercer); 204 - Anonymous (piercer); 207 - Anonymous (piercer); 212 - Save Face; 227 – Anonymous; 233 – UKAPP; 247 - Anonymous (acupuncture); 250 - Anonymous (piercer);</p> <p>UKAPP responses: 82 - Anonymous (piercer); 83 - Anonymous (piercer); 87 - Anonymous (piercer); 124 - Anonymous (piercer); 127 - Anonymous (piercer); 128 - Anonymous (piercer); 129 - Anonymous (piercer); 130 - Anonymous (piercer); 131 - Anonymous (piercer); 149 - Anonymous (piercer); 150 - Anonymous (piercer); 151 - Anonymous (piercer); 173 - Anonymous (piercer); 176 - Anonymous (piercer); 195 - Anonymous (piercer); 204 - Anonymous (piercer); 207 - Anonymous (piercer); 234 - Anonymous (piercer); 250 - Anonymous (piercer).</p>
<b>1/35 – Anonymous (acupuncture)</b>	There is a strong possibility that many practitioners who do not use these procedures full time will no longer practice. This would reduce the opportunities for the population.

	The concerns are over acupuncture in particular, as for many this is a medical need where there is clear benefit to peoples health based on clinical trials. For many this is not a lifestyle choice, as it may be the only form of relief they get from their symptoms.
<b>9 - Anonymous</b>	I declare an interest. I am a registered medical practitioner and I used to pierce ladies' ears at their - or their mothers' - request. Better that than some septic needle at school.....
<b>14 - Cheryl Drew</b>	None
<b>16 - Sarah Swaysland</b>	Many tattoo studios are also offering tattoo removal services which would be regulated by HIW. Would that mean that the premises would be exempt from the licensing regime, or is there an expectation that dual enforcement would continue? Has this been considered?
<b>17 - Anonymous</b>	This really doesn't adress current registered premises and if they would need to re register im unsure of what the cost of level 2 infection control would be the legislation seems heavy handed and complicated and with the blanket aproach to multiple procedures in one bracket its missing seperate options to define certain prcedures this will make more work and improper pointless use of public funds the amount of money spent on nhs related to procedures seems a bit off i think it needs an impartial investigation with public findings
<b>19 - Kim Eldridge</b>	My comments are addressed in sections above
<b>20 - Duncan Reed</b>	<p>My concern is about the lack of standardisation across the UK as a tattooist in Chester would have different standards and regulations to one in Wrexham. In our studio, we have regular guest artists visiting from UK studios who work in our niche style but they would need separate licences for Wales and England/Scotland which seems a bit backwards. I agree with the need to increase standards and crack down on unregulated artists but it feels like this should be across the UK.</p> <p>I also feel that a 7 day temporary licence isn't ideal as a fix all for guest artists. For example, if someone is visiting for 2 weeks, it seems over the top to apply for 2 licences. Could we have the option to request a certain length of time within a licence rather than the set 7 days? Also, would there be an option to have longer term temporary licences for regular visitors?</p> <p>Also, I think you would need separate assessment criteria for conventions as the practicalities of applying for temporary licenses for multiple visiting artists from the UK and</p>
<b>21 - Anonymous</b>	After practising electrolysis for almost 20 years, it saddens me after reading and taking part in the teams chat, that I may have to stop practicing electrolysis, as I will be paying out more money than I will bring in

	with this new licensing scheme. I just don't think it's necessary for all these continuous fees.
<b>23 - Anonymous</b>	I feel from personal experience that it was very hard trying to do things correctly with my council I.e with change of use for planning. The environmental health dept were very good and just wanted to make sure everything was done correctly, like it should be, I could y fault them at all. However there are a lot of places I.e beauty salons on the high street, rooms being rented out in gyms people working from home, renting chairs in hair salons offering treatments now like dermaplaning, chemical peels, microneedling all of which can cause trauma and infection risk and these are being overlooked and more needs to be done to also check these establishments and treatments they offer and be put on the same special requirements.
<b>26 - Joint Council of Cosmetic Practitioners</b>	I have had the opportunity to discuss my response and to raise key issues with [name redacted] during a personal interview. Thank you for providing the opportunity to respond to this important consultation exercise. We are very happy to engage further upon request.
<b>27 - Clares European Services</b>	NONE
<b>29 - Shan MacVicar</b>	I HAVE ATTENDED AN ONLINE MEETING AND I WOULD GUESS THAT MOST OF THE ISSUES CONCERNED THE REGULATING OF THE TATTOING, PIERCING AND BEAUTY BUSINESS. I feel that it is very hard for you to include acupuncture in with these. I am very keen that there is control of hygiene and infection prevention in our therapy room.i feel the confusion between safeguarding infection control in these places versus regulating tattoos and piercings may lead to a lack of clarity? Our concerns as a group are that most of the therapies in our room are exempt and that we will be penalised for having 2 days of acupuncture
<b>31 - Chartered Institute of Environmental Health</b>	During the debate in the Senydd about the Public Health ( Wales) Bill 2017 the then mister for Health and Social services gave an undertaking that once the issues in this consultation had been addressed further attention would be given toother unrelated sectors of the aesthetic body modification industry, such as the administration of Botox and chemical fillers and the practises of scarification and branding. In the view of the CIEH it is important that this work is now progressed by Welsh Government to ensure that appropriate protections are put around these procedures to protect individuals and public health.
<b>32 - Anonymous (tattooing)</b>	During the consultation meeting it was mentioned that if a licensed practitioner in Wales wanted to do a guest spot at another studio in Wales they would need to list these plans during the application or apply for a variation on their license. If these proposed regulations are to create one set of standards across the whole of Wales then surely the licensed practitioner should be free to work anywhere within Wales as they already meet the necessary criteria. The tattoo industry is a very fluid community and these guest



	<p>spots are vital to continue professional growth &amp; networking. No practitioner will plan out their guest spots or conventions 3 years in advance so they will have to apply for multiple variations to their licenses throughout the 3 year period. The only people who will benefit from this way of working are the local authorities who will be raking in the fees each time a variation is needed.</p> <p>The one section that seems to have been overlooked is laser tattoo removal, the aftercare is more involved than tattoos or piercing.</p> <p>A lot of the things seem to be overlapping for the sake of adding 'fat' to the legislation.</p> <p>Providing competence tests are what's needed some of the points seem to overlook the 'art' part of our profession, we are not doctors or scientists, for most of us this is a vocation not just a job. I believe that some artists will just agree to comply with anything in a bid to make the trade 'respectable', this is not the duty of the government.</p> <p>Over legislation will be very hard to police and unless you are going to employ specialist EHO's this could end up for the most part being ignored.</p>
<p><b>34 - James Ogle</b></p>	<p>As above. Treat people evenly and reasonably and don't charge an ongoing fee that is completely unnecessary and unfair.</p>
<p><b>37 – Anonymous (local authority)</b></p>	<p>When does a H&amp;S Offence become spent?</p> <p>A visit/appointment MUST be undertaken to assess the applicant. Meeting the practitioner via a visit is the only opportunity to verify that they are setting up and operating safely, discuss practices that could be a health risk and assess competency.</p> <p>Processing of the practitioner licence S6.37-6.38 MUST also include a visit to assess compliance with the licensing conditions. This is specified for the premises but not the practitioner. This is particularly important if practitioners are able to operate throughout Wales without notifying of a change of premises or from multiple premises. We need to be confident that they know the IP&amp;C requirements in order to assess competency.</p>

	<p>We are supportive and in agreement to allow additional procedures to be included in the future however the Authorities concern is the level of resources required to deal with additional special procedures in the future, particularly around the beauty sector.</p> <p>The regulations or conditions needs some specific definitions for the practitioner/premises owner to understanding what 'cleaning', 'disinfection' and 'sterilisation' is as well as a regulated L2 qualification.</p> <p>Example application forms and supplementary forms could be drafted by the trade and used to allow practitioners to get a licence.</p> <p>There is no specific mention of qualification equivalency but if this does arise then can ROSPA be the point of contact to assess equivalency.</p>
<p><b>40 – Anonymous (acupuncture)</b></p>	<p>How the regs will apply to practitioners who have completed a recognised occupational qualification to practice a special procedure, but are not employed by the NHS or an organisation regulated by HIW</p>
<p><b>41 – Anonymous (acupuncture)</b></p>	<p>See concerns in first paragraph</p>
<p><b>42 - Paul Battersby</b></p>	<ol style="list-style-type: none"> <li>1. As acupuncture has been recognised as one of the safer forms of medical intervention and accepted as a form of medicine by many GP's and NHS establishments in Wales, many of the afore mentioned offer acupuncture as a treatment modality. Why have acupuncturists been positioned to require a special procedures licence when many of the acupuncture practitioners are health care providers of degree level or higher?</li> <li>2. The complaints Welsh Government has received are predominantly directed at tattooing and body piercing exponents, many of the complaints relate to illegal procedures on minors which are already against the law and have little to do with a need to regulate acupuncture. We believe those who break the law should be prosecuted under current legislation, rather than imposing restrictions on good practitioners.</li> <li>3. The consultation does not show an assessment of costs relating to acupuncture complaints in the NHS, if this was not assessed why are acupuncturist being penalised for little evidence they cause harm?</li> <li>4. We acknowledge there is an exemption proposed for HCPC professionals, however the criteria for the proposal is unclear and relies on Ministerial regulations, and the criteria seems an unnecessary high</li> </ol>

	<p>bar to achieve. Independent physiotherapist acupuncturists currently engage with their Local Authorities to ensure premises are up to standard, however the exemption criteria requires a HIW regulated premises; this could mean only settings such as private hospitals will meet the exemption criteria. Most self-employed physiotherapists and small physiotherapy practices do not currently need to register with the Care Quality Commission (in England) or the respective devolved countries' equivalent organisations (Healthcare Inspectorate in Wales; Care Inspectorate in Scotland; Regulation and Quality Improvement Authority in Northern Ireland). This is currently accepted practice because physiotherapists are HCPC regulated. Requiring a registration with HIW will be an additional burden, and an unnecessary one, considering our premises are already inspected by Local Authorities who will be enforcing these new regulations.</p> <p>5. The best way to address point 5 would be to create an exemption, as outlined in paragraph 7.13 of the consultation document, without the HIW requirement: a) The individual must be registered with a qualifying mandatory professional body b) The special procedure is within their area of expertise and is considered 'in scope', and is therefore the subject of indemnification by the organisation they work for, or through self-indemnity if self-employed, and c) If the individual ceases to be registered for any reason, their exemption would cease, and they would have to obtain a special procedure licence if they still wished to perform that special procedure.</p>
<p><b>43 - Acupuncture Association of Chartered Physiotherapists</b></p>	<p>Accompanying email:</p> <p>To whom it may concern</p> <p>This letter is sent on behalf of 139 members of the Acupuncture Association of Chartered Physiotherapists (AACP). We are members of the physiotherapy profession, and already regulated by the HCPC. We are responding to the consultation on Mandatory Licensing of Special Procedures in Wales Part 4 of the Public Health (Wales) Act 2017; in response to the consultation, we have some comments and questions around the rationale for this approach.</p> <ol style="list-style-type: none"> <li>1. We believe that the decision for acupuncturist to have a special procedures licence is a mistake and will incur costs and potentially hinder practitioners in earning a living. AACP members find it difficult to understand why acupuncture has been categorised with tattooing and body piercings.</li> <li>2. As acupuncture has been recognised as one of the safer forms of medical intervention and accepted as a form of medicine by many GP's and NHS establishments in Wales, many of the afore mentioned</li> </ol>

offer acupuncture as a treatment modality. Why have acupuncturists been positioned to require a special procedures licence when many of the acupuncture practitioners are health care providers of degree level or higher?

3. The complaints Welsh Government has received are predominantly directed at tattooing and body piercing exponents, many of the complaints relate to illegal procedures on minors which are already against the law and have little to do with a need to regulate acupuncture. We believe those who break the law should be prosecuted under current legislation, rather than imposing restrictions on good practitioners.
4. The consultation does not show an assessment of costs relating to acupuncture complaints in the NHS, if this was not assessed why are acupuncturist being penalised for little evidence they cause harm?
5. We acknowledge there is an exemption proposed for HCPC professionals, however the criteria for the proposal is unclear and relies on Ministerial regulations, and the criteria seems an unnecessary high bar to achieve. Independent physiotherapist acupuncturists currently engage with their Local Authorities to ensure premises are up to standard, however the exemption criteria requires a HIW regulated premises; this could mean only settings such as private hospitals will meet the exemption criteria. Most self-employed physiotherapists and small physiotherapy practices do not currently need to register with the Care Quality Commission (in England) or the respective devolved countries' equivalent organisations (Healthcare Inspectorate in Wales; Care Inspectorate in Scotland; Regulation and Quality Improvement Authority in Northern Ireland). This is currently accepted practice because physiotherapists are HCPC regulated. Requiring a registration with HIW will be an additional burden, and an unnecessary one, considering our premises are already inspected by Local Authorities who will be enforcing these new regulations.
6. The best way to address point 5 would be to create an exemption, as outlined in paragraph 7.13 of the consultation document, without the HIW requirement: a) The individual must be registered with a qualifying mandatory professional body b) The special procedure is within their area of expertise and is considered 'in scope', and is therefore the subject of indemnification by the organisation they work for, or through self-indemnity if self-employed, and c) If the individual ceases to be registered for any reason, their exemption would cease, and they would have to obtain a special procedure licence if they still wished to perform that special procedure.

We hope that you view our comments in a favourable way, and that the proposal can be amended to avoid unnecessary burden on good practitioners who are already members of a regulated profession.

Response to q43:

1. As acupuncture has been recognised as one of the safer forms of medical intervention and accepted as a form of medicine by many GP's and NHS establishments in Wales, many of the afore mentioned offer acupuncture as a treatment modality. Why have acupuncturists been positioned to require a special procedures licence when many of the acupuncture practitioners are health care providers of degree level or higher?
2. The complaints Welsh Government has received are predominantly directed at tattooing and body piercing exponents, many of the complaints relate to illegal procedures on minors which are already against the law and have little to do with a need to regulate acupuncture. We believe those who break the law should be prosecuted under current legislation, rather than imposing restrictions on good practitioners.
3. The consultation does not show an assessment of costs relating to acupuncture complaints in the NHS, if this was not assessed why are acupuncturist being penalised for little evidence, they cause harm?
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	<p>qualifying mandatory professional body b) The special procedure is within their area of expertise and is considered 'in scope', and is therefore the subject of indemnification by the organisation they work for, or through self-indemnity if self-employed, and c) If the individual ceases to be registered for any reason, their exemption would cease, and they would have to obtain a special procedure licence if they still wished to perform that special procedure.</p>
<p><b>44 - Roy Montgomery</b></p>	<ol style="list-style-type: none"> <li>1. As acupuncture has been recognised as one of the safer forms of medical intervention and accepted as a form of medicine by many GP's and NHS establishments in Wales, many of the afore mentioned offer acupuncture as a treatment modality. Why have acupuncturists been positioned to require a special procedures licence when many of the acupuncture practitioners are health care providers of degree level or higher?</li> <li>2. The complaints Welsh Government has received are predominantly directed at tattooing and body piercing exponents, many of the complaints relate to illegal procedures on minors which are already against the law and have little to do with a need to regulate acupuncture. We believe those who break the law should be prosecuted under current legislation, rather than imposing restrictions on good practitioners.</li> <li>3. The consultation does not show an assessment of costs relating to acupuncture complaints in the NHS, if this was not assessed why are acupuncturist being penalised for little evidence they cause harm?</li> <li>4. We acknowledge there is an exemption proposed for HCPC professionals, however the criteria for the proposal is unclear and relies on Ministerial regulations, and the criteria seems an unnecessary high bar to achieve. Independent physiotherapist acupuncturists currently engage with their Local Authorities to ensure premises are up to standard, however the exemption criteria requires a HIW regulated premises; this could mean only settings such as private hospitals will meet the exemption criteria. Most self-employed physiotherapists and small physiotherapy practices do not currently need to register with the Care Quality Commission (in England) or the respective devolved countries' equivalent organisations (Healthcare Inspectorate in Wales; Care Inspectorate in Scotland; Regulation and Quality Improvement Authority in Northern Ireland). This is currently accepted practice because physiotherapists are HCPC regulated. Requiring a registration with HIW will be an additional burden, and an unnecessary one, considering our premises are already inspected by Local Authorities who will be enforcing these new regulations.</li> </ol>

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<p><b>45 - Anonymous (acupuncture)</b></p>	<ol style="list-style-type: none"> <li>1. As acupuncture has been recognised as one of the safer forms of medical intervention and accepted as a form of medicine by many GP's and NHS establishments in Wales, many of the afore mentioned offer acupuncture as a treatment modality. Why have acupuncturists been positioned to require a special procedures licence when many of the acupuncture practitioners are health care providers of degree level or higher?</li> <li>2. The complaints Welsh Government has received are predominantly directed at tattooing and body piercing exponents, many of the complaints relate to illegal procedures on minors which are already against the law and have little to do with a need to regulate acupuncture. We believe those who break the law should be prosecuted under current legislation, rather than imposing restrictions on good practitioners.</li> <li>3. The consultation does not show an assessment of costs relating to acupuncture complaints in the NHS, if this was not assessed why are acupuncturist being penalised for little evidence they cause harm?</li> <li>4. We acknowledge there is an exemption proposed for HCPC professionals, however the criteria for the proposal is unclear and relies on Ministerial regulations, and the criteria seems an unnecessary high bar to achieve. Independent physiotherapist acupuncturists currently engage with their Local Authorities to ensure premises are up to standard, however the exemption criteria requires a HIW regulated premises; this could mean only settings such as private hospitals will meet the exemption criteria. Most self-employed physiotherapists and small physiotherapy practices do not currently need to register with the Care Quality Commission (in England) or the respective devolved countries' equivalent organisations (Healthcare Inspectorate in Wales; Care Inspectorate in Scotland; Regulation and Quality Improvement Authority in Northern Ireland). This is currently accepted practice because physiotherapists are HCPC regulated. Requiring a registration with HIW will be an additional burden,</li> </ol>

	<p>and an unnecessary one, considering our premises are already inspected by Local Authorities who will be enforcing these new regulations.</p> <p>5. The best way to address point 5 would be to create an exemption, as outlined in paragraph 7.13 of the consultation document, without the HIW requirement: a) The individual must be registered with a qualifying mandatory professional body b) The special procedure is within their area of expertise and is considered 'in scope', and is therefore the subject of indemnification by the organisation they work for, or through self-indemnity if self-employed, and c) If the individual ceases to be registered for any reason, their exemption would cease, and they would have to obtain a special procedure licence if they still wished to perform that special procedure.</p>
<p><b>46 - Alison Smith</b></p>	<ol style="list-style-type: none"> <li>1. As acupuncture has been recognised as one of the safer forms of medical intervention and accepted as a form of medicine by many GP's and NHS establishments in Wales, many of the afore mentioned offer acupuncture as a treatment modality. Why have acupuncturists been positioned to require a special procedures licence when many of the acupuncture practitioners are health care providers of degree level or higher?</li> <li>2. The complaints Welsh Government has received are predominantly directed at tattooing and body piercing exponents, many of the complaints relate to illegal procedures on minors which are already against the law and have little to do with a need to regulate acupuncture. We believe those who break the law should be prosecuted under current legislation, rather than imposing restrictions on good practitioners.</li> <li>3. The consultation does not show an assessment of costs relating to acupuncture complaints in the NHS, if this was not assessed why are acupuncturist being penalised for little evidence they cause harm?</li> <li>4. We acknowledge there is an exemption proposed for HCPC professionals, however the criteria for the proposal is unclear and relies on Ministerial regulations, and the criteria seems an unnecessary high bar to achieve. Independent physiotherapist acupuncturists currently engage with their Local Authorities to ensure premises are up to standard, however the exemption criteria requires a HIW regulated premises; this could mean only settings such as private hospitals will meet the exemption criteria. Most self-employed physiotherapists and small physiotherapy practices do not currently need to register with the Care Quality Commission (in England) or the respective devolved countries' equivalent organisations (Healthcare Inspectorate in Wales; Care Inspectorate in Scotland; Regulation and Quality Improvement Authority in Northern Ireland). This is currently accepted practice because</li> </ol>



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<b>48 - Kat Hennes</b>	<p>I feel that piercing guns and cartridge systems should be discouraged from use due to the lack of training required to use them. Piercing guns should be phased out over the course of the 3 year licensing.</p>
<b>50 - Anonymous (acupuncture)</b>	<ol style="list-style-type: none"> <li>1. As acupuncture has been recognised as one of the safer forms of medical intervention and accepted as a form of medicine by many GP's and NHS establishments in Wales, many of the afore mentioned offer acupuncture as a treatment modality. Why have acupuncturists been positioned to require a special procedures licence when many of the acupuncture practitioners are health care providers of degree level or higher?</li> <li>2. The complaints Welsh Government has received are predominantly directed at tattooing and body piercing exponents, many of the complaints relate to illegal procedures on minors which are already against the law and have little to do with a need to regulate acupuncture. We believe those who break the law should be prosecuted under current legislation, rather than imposing restrictions on good practitioners.</li> <li>3. The consultation does not show an assessment of costs relating to acupuncture complaints in the NHS, if this was not assessed why are acupuncturist being penalised for little evidence they cause harm?</li> <li>4. We acknowledge there is an exemption proposed for HCPC professionals, however the criteria for the proposal is unclear and relies on Ministerial regulations, and the criteria seems an unnecessary high bar to achieve. Independent physiotherapist acupuncturists currently engage with their Local Authorities to ensure premises are up to standard, however the exemption criteria requires a HIW regulated premises; this could mean only settings such as private hospitals will meet the exemption criteria. Most self-employed physiotherapists and small physiotherapy practices do not currently need</li> </ol>

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<p><b>51 - Alison Williams</b></p>	<ol style="list-style-type: none"> <li>1. This legislation will be beneficial to public health. However, from education and training background, to service recipients, compared with Body Piercing, Electrolysis, and Tattooing, the professional nature of Acupuncture is completely different. In fact, acupuncturists were recognised by the government as healthcare professional and names as such in the ONS classifications.</li> <li>2. As acupuncture has been recognised as one of the safest forms of medical intervention and accepted as a complementary medicine by many GP's and NHS establishments in Wales, many of the afore mentioned offering acupuncture as a treatment modality. Therefore, acupuncturists as healthcare professionals shouldn't be positioned to require a special procedures licence as most of them have obtained training of degree level or higher?</li> <li>3. The complaints Welsh Government has received were predominantly from tattooing and body piercing exponents; many of them related to their procedures on minors and have little to do with a real acupuncture procedure. In fact, over the past 28 years, ATCM, with nearly 700 members, has never received any complaints or insurance claims due to clinic hygiene or infections.</li> <li>4. We believe those who break the law should be prosecuted under current legislation, rather than imposing restrictions on professional practitioners. As a member of ATCM, one of the largest acupuncture professional bodies in the UK, I strongly ask for an exemption from this mandatory licencing scheme. Inconsistent standard of exemption could lead to inequality and discrimination.</li> </ol>

**52 - Anonymous  
(acupuncture)**

1. As acupuncture has been recognised as one of the safer forms of medical intervention and accepted as a form of medicine by many GP's and NHS establishments in Wales, many of the afore mentioned offer acupuncture as a treatment modality. Why have acupuncturists been positioned to require a special procedures licence when many of the acupuncture practitioners are health care providers of degree level or higher?
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<p><b>54 - Lola Slider</b></p>	<p>I think this consultation needs to be seriously assessed possibly by the Small Business Federation or a similar organisation to examine seriously how it infringes micro businesses and their right to trade. There are some excellent ideas on here, but implanted as is I think it will actually drive people out of their jobs and correct problems where there weren't problems.</p>
<p><b>57 - Tamarind Dykes</b></p>	<p>This legislation will be beneficial to public health. However, from education and training background, to service recipients, compared with Body Piercing, Electrolysis, and Tattooing, the professional nature of Acupuncture is completely different.</p> <p>In fact, acupuncturists were recognised by the government as healthcare professionals and named as such in the ONS classifications.</p> <p>As acupuncture has been recognised as one of the safest forms of medical intervention and accepted as a complementary medicine by many GP's and NHS establishments in Wales, many of the afore mentioned offering acupuncture as a treatment modality. Therefore, acupuncturists as healthcare professionals should not be positioned to require a special procedures licence as most of them have obtained training of degree level or higher.</p> <p>The complaints Welsh Government has received were predominantly from tattooing and body piercing exponents; many of them related to their procedures on minors and have little to do with a real acupuncture procedure. In fact, over the past 28 years, ATCM, with nearly 700 members, has never received any complaints or insurance claims due to clinic hygiene or infections.</p> <p>We believe those who break the law should be prosecuted under current legislation, rather than imposing restrictions on professional practitioners.</p> <p>As a member of ATCM, one of the largest acupuncture professional bodies in the UK, I strongly ask for an exemption from this mandatory licencing scheme.</p> <p>Inconsistent standard of exemption could lead to inequality and discrimination.</p>

<p><b>58 - Kate van Rensburg</b></p>	<ol style="list-style-type: none"> <li>1. As acupuncture has been recognised as one of the safer forms of medical intervention and accepted as a form of medicine by many GP's and NHS establishments in Wales, many of the afore mentioned offer acupuncture as a treatment modality. Why have acupuncturists been positioned to require a special procedures licence when many of the acupuncture practitioners are health care providers of degree level or higher?</li> <li>2. The complaints Welsh Government has received are predominantly directed at tattooing and body piercing exponents, many of the complaints relate to illegal procedures on minors which are already against the law and have little to do with a need to regulate acupuncture. We believe those who break the law should be prosecuted under current legislation, rather than imposing restrictions on good practitioners.</li> <li>3. The consultation does not show an assessment of costs relating to acupuncture complaints in the NHS, if this was not assessed why are acupuncturist being penalised for little evidence they cause harm?</li> <li>4. We acknowledge there is an exemption proposed for HCPC professionals, however the criteria for the proposal is unclear and relies on Ministerial regulations, and the criteria seems an unnecessary high bar to achieve. Independent physiotherapist acupuncturists currently engage with their Local Authorities to ensure premises are up to standard, however the exemption criteria requires a HIW regulated premises; this could mean only settings such as private hospitals will meet the exemption criteria. Most self-employed physiotherapists and small physiotherapy practices do not currently need to register with the Care Quality Commission (in England) or the respective devolved countries' equivalent organisations (Healthcare Inspectorate in Wales; Care Inspectorate in Scotland; Regulation and Quality Improvement Authority in Northern Ireland). This is currently accepted practice because physiotherapists are HCPC regulated. Requiring a registration with HIW will be an additional burden, and an unnecessary one, considering our premises are already inspected by Local Authorities who will be enforcing these new regulations.</li> <li>5. The best way to address point 5 would be to create an exemption, as outlined in paragraph 7.13 of the consultation document, without the HIW requirement: a) The individual must be registered with a qualifying mandatory professional body b) The special procedure is within their area of expertise and</li> </ol>
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<p><b>60 - Laura Gibbons</b></p>	<ol style="list-style-type: none"> <li>1. As acupuncture has been recognised as one of the safer forms of medical intervention and accepted as a form of medicine by many GP's and NHS establishments in Wales, many of the afore mentioned offer acupuncture as a treatment modality. Why have acupuncturists been positioned to require a special procedures licence when many of the acupuncture practitioners are health care providers of degree level or higher?</li> <li>2. The complaints Welsh Government has received are predominantly directed at tattooing and body piercing exponents, many of the complaints relate to illegal procedures on minors which are already against the law and have little to do with a need to regulate acupuncture. We believe those who break the law should be prosecuted under current legislation, rather than imposing restrictions on good practitioners.</li> <li>3. The consultation does not show an assessment of costs relating to acupuncture complaints in the NHS, if this was not assessed why are acupuncturist being penalised for little evidence they cause harm?</li> <li>4. We acknowledge there is an exemption proposed for HCPC professionals, however the criteria for the proposal is unclear and relies on Ministerial regulations, and the criteria seems an unnecessary high bar to achieve. Independent physiotherapist acupuncturists currently engage with their Local Authorities to ensure premises are up to standard, however the exemption criteria requires a HIW regulated premises; this could mean only settings such as private hospitals will meet the exemption criteria. Most self-employed physiotherapists and small physiotherapy practices do not currently need to register with the Care Quality Commission (in England) or the respective devolved countries' equivalent organisations (Healthcare Inspectorate in Wales; Care Inspectorate in Scotland; Regulation and Quality Improvement Authority in Northern Ireland). This is currently accepted practice because physiotherapists are HCPC regulated. Requiring a registration with HIW will be an additional burden, and an unnecessary one, considering our premises are already inspected by Local Authorities who will be enforcing these new regulations.</li> </ol>

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<p><b>62 - Anonymous</b></p>	<p>Sorry but this is ridiculous.</p> <p>It DOES NOT MATTER what we do or say... We can attend all the seminars, lectures and meetings, put our point across and yet the council and government will find a way to take more money off us and make it even harder to run a business.</p> <p>I've got my personal license and premises license. I have gone above and beyond to make a safe and secure business, that the council backed by government signed off to say is ok when they granted me my licenses. I find it an absolute joke that now that isnt good enough. Why issue it in the first place then if now all of a sudden that's not enough?</p> <p>It's nothing to do with safer practices and making it better for the industry or the NHS its just to get more money from the hard working small business owners who are already struggling.</p> <p>Since opening my own studio I have had my eyes opened to just how much of a rip off it all is and how the harder you work the more you're screwed over. Frankly I'm sick of it all. Everyone wonders why people tattoo from home, or do the dodgy things. It's because of all of this.</p> <p>I'll just wait till the next ridiculous legislation comes in that WE as small business owners have to pay for because I garentee it won't be a government funded thing.</p> <p>All this is about getting more money out of us and making it harder to run our business. We'll done, after covid were already struggling this is the last thing we need!</p>

**63 - Christine Hutchinson**

1. As acupuncture has been recognised as one of the safer forms of medical intervention and accepted as a form of medicine by many GP's and NHS establishments in Wales, many of the afore mentioned offer acupuncture as a treatment modality. Why have acupuncturists been positioned to require a special procedures licence when many of the acupuncture practitioners are health care providers of degree level or higher?
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<p><b>64 - Anonymous (acupuncture)</b></p>	<ol style="list-style-type: none"> <li>1. As acupuncture has been recognised as one of the safer forms of medical intervention and accepted as a form of medicine by many GP's and NHS establishments in Wales, many of the afore mentioned offer acupuncture as a treatment modality. Why have acupuncturists been positioned to require a special procedures licence when many of the acupuncture practitioners are health care providers of degree level or higher?</li> <li>2. The complaints Welsh Government has received are predominantly directed at tattooing and body piercing exponents, many of the complaints relate to illegal procedures on minors which are already against the law and have little to do with a need to regulate acupuncture. We believe those who break the law should be prosecuted under current legislation, rather than imposing restrictions on good practitioners.</li> <li>3. The consultation does not show an assessment of costs relating to acupuncture complaints in the NHS, if this was not assessed why are acupuncturist being penalised for little evidence they cause harm?</li> <li>4. We acknowledge there is an exemption proposed for HCPC professionals, however the criteria for the proposal is unclear and relies on Ministerial regulations, and the criteria seems an unnecessary high bar to achieve. Independent physiotherapist acupuncturists currently engage with their Local Authorities to ensure premises are up to standard, however the exemption criteria requires a HIW regulated premises; this could mean only settings such as private hospitals will meet the exemption criteria. Most self-employed physiotherapists and small physiotherapy practices do not currently need to register with the Care Quality Commission (in England) or the respective devolved countries' equivalent organisations (Healthcare Inspectorate in Wales; Care Inspectorate in Scotland; Regulation and Quality Improvement Authority in Northern Ireland). This is currently accepted practice because physiotherapists are HCPC regulated. Requiring a registration with HIW will be an additional burden,</li> </ol>

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	<p>criteria. Most self-employed physiotherapists and small physiotherapy practices do not currently need to register with the Care Quality Commission (in England) or the respective devolved countries' equivalent organisations (Healthcare Inspectorate in Wales; Care Inspectorate in Scotland; Regulation and Quality Improvement Authority in Northern Ireland). This is currently accepted practice because physiotherapists are HCPC regulated. Requiring a registration with HIW will be an additional burden, and an unnecessary one, considering our premises are already inspected by Local Authorities who will be enforcing these new regulations.</p> <p>5. The best way to address point 5 would be to create an exemption, as outlined in paragraph 7.13 of the consultation document, without the HIW requirement: a) The individual must be registered with a qualifying mandatory professional body b) The special procedure is within their area of expertise and is considered 'in scope', and is therefore the subject of indemnification by the organisation they work for, or through self-indemnity if self-employed, and c) If the individual ceases to be registered for any reason, their exemption would cease, and they would have to obtain a special procedure licence if they still wished to perform that special procedure.</p>
<p><b>66 – Gareth Davies</b></p>	<p>sports teams visiting to play our pro clubs how will this affect them coming to wales</p> <p>do every club in wales need a licence for their premises</p> <p>visiting teams use hotels do hotels need this for club therapists to use dry needling/acupuncture as a lot of conference room used as team rooms will not meet this</p> <p>how will visiting teams know about these changes</p>
<p><b>67 - Anonymous (acupuncture)</b></p>	<p>This legislation will be beneficial to public health. However, from education and training background, to service recipients, compared with Body Piercing, Electrolysis, and Tattooing, the professional nature of Acupuncture is completely different. In fact, acupuncturists were recognised by the government as healthcare professionals and named as such in the ONS classifications.</p> <p>As acupuncture has been recognised as one of the safest forms of medical intervention and accepted as a complementary medicine by many GP's and NHS establishments in Wales, many of the afore mentioned offering acupuncture as a treatment modality. Therefore, acupuncturists as healthcare</p>

	<p>professionals shouldn't be positioned to require a special procedures licence as most of them have obtained training of degree level or higher?</p> <p>The complaints Welsh Government has received were predominantly from tattooing and body piercing exponents; many of them related to their procedures on minors and have little to do with a real acupuncture procedure. In fact, over the past 28 years, ATCM, with nearly 700 members, has never received any complaints or insurance claims due to clinic hygiene or infections.</p> <p>We believe those who break the law should be prosecuted under current legislation, rather than imposing restrictions on professional practitioners.</p> <p>As a member of ATCM, one of the largest acupuncture professional bodies in the UK, I strongly ask for an exemption from this mandatory licencing scheme.</p> <p>Inconsistent standard of exemption could lead to inequality and discrimination.</p>
<p><b>68 - Anonymous (acupuncture)</b></p>	<p>This legislation will be beneficial to public health. However, from education and training background, to service recipients, compared with Body Piercing, Electrolysis, and Tattooing, the professional nature of Acupuncture is completely different. In fact, acupuncturists were recognised by the government as healthcare professionals and named as such in the ONS classifications.</p> <p>As acupuncture has been recognised as one of the safest forms of medical intervention and accepted as a complementary medicine by many GP's and NHS establishments in Wales, many of the afore mentioned offering acupuncture as a treatment modality. Therefore, acupuncturists as healthcare professionals shouldn't be positioned to require a special procedures licence as most of them have obtained training of degree level or higher?</p> <p>The complaints Welsh Government has received were predominantly from tattooing and body piercing exponents; many of them related to their procedures on minors and have little to do with a real acupuncture procedure. In fact, over the past 28 years, ATCM, with nearly 700 members, has never received any complaints or insurance claims due to clinic hygiene or infections.</p>

	<p>We believe those who break the law should be prosecuted under current legislation, rather than imposing restrictions on professional practitioners.</p> <p>As a member of ATCM, one of the largest acupuncture professional bodies in the UK, I strongly ask for an exemption from this mandatory licencing scheme. Inconsistent standard of exemption could lead to inequality and discrimination.</p>
<b>69 - Anonymous</b>	nothing further at this stage thank you
<b>70 - Anonymous (acupuncture)</b>	<p>1. This legislation will be beneficial to public health. However, from education and training background, to service recipients, compared with Body Piercing, Electrolysis, and Tattooing, the professional nature of Acupuncture is completely different. In fact, acupuncturists were recognised by the government as healthcare professionals and named as such in the ONS classifications.</p> <p>There is a growing concern that if acupuncturists are subject to the same regulations as tattoo artists, it could harm the reputation of acupuncture as a healthcare service provider.</p> <p>2. As acupuncture has been recognised as one of the safest forms of medical intervention and accepted as a complementary medicine by many GP's and NHS establishments in Wales, many of the afore mentioned offering acupuncture as a treatment modality. Therefore, acupuncturists as healthcare professionals shouldn't be positioned to require a special procedures licence as most of them have obtained training of degree level or higher?</p> <p>3. The complaints Welsh Government has received were predominantly from tattooing and body piercing exponents; many of them related to their procedures on minors and have little to do with a real acupuncture procedure. In fact, over the past 28 years, ATCM, with nearly 700 members, has never received any complaints or insurance claims due to clinic hygiene or infections.</p> <p>We believe those who break the law should be prosecuted under current legislation, rather than imposing restrictions on professional practitioners.</p> <p>4. As a member of ATCM, one of the largest acupuncture professional bodies in the UK, I strongly ask for an exemption from this mandatory licencing scheme.</p>

	<p>Inconsistent standard of exemption could lead to inequality and discrimination.</p>
<p><b>72 - Anonymous (acupuncture)</b></p>	<p>1. This legislation will be beneficial to public health. However, from education and training background, to service recipients, compared with Body Piercing, Electrolysis, and Tattooing, the professional nature of Acupuncture is completely different. In fact, acupuncturists were recognised by the government as healthcare professionals and named as such in the ONS classifications.</p> <p>There is a growing concern that if acupuncturists are subject to the same regulations as tattoo artists, it could harm the reputation of acupuncture as a healthcare service provider.</p> <p>2. As acupuncture has been recognised as one of the safest forms of medical intervention and accepted as a complementary medicine by many GP's and NHS establishments in Wales, many of the afore mentioned offering acupuncture as a treatment modality. Therefore, acupuncturists as healthcare professionals shouldn't be positioned to require a special procedures licence as most of them have obtained training of degree level or higher?</p> <p>3. The complaints Welsh Government has received were predominantly from tattooing and body piercing exponents; many of them related to their procedures on minors and have little to do with a real acupuncture procedure. In fact, over the past 28 years, ATCM, with nearly 700 members, has never received any complaints or insurance claims due to clinic hygiene or infections.</p> <p>We believe those who break the law should be prosecuted under current legislation, rather than imposing restrictions on professional practitioners.</p> <p>4. As a member of ATCM, one of the largest acupuncture professional bodies in the UK, I strongly ask for an exemption from this mandatory licencing scheme.</p> <p>Inconsistent standard of exemption could lead to inequality and discrimination.</p>
<p><b>73 - Clare Robinson-Campbell</b></p>	<p>I have an Ofqual regulated Level 4 Certificate in Core Standards for Non Surgical Skin Procedures and a Level 5 Certificate in Clinical Skin Science for Non Surgical Skin Procedures. These have covered infection prevention and control in great depth. This is what was covered</p>

Module 1- Working in the aesthetics industry

Introduction to Aesthetics

Education and Training

Qualification Levelling in line with UK RQF requirements (Levels 4-7- Higher Education)

Health and safety legislation

Professional Ethics

Government guidelines, Regulations and Codes of Practice

Industry Bodies

Module 2- Legislation and Clinical Governance

Risk Assessment and Management

Local government bylaws

Registration and Licensing

Hazardous Waste Disposal

Risk Management against Needle Stick injury

Potential carriers of blood borne diseases in the aesthetics clinic

First Aid for Needle Stick Injuries

Module 3- Microbiology and Infection and Prevention Control-

Types of Bacteria

Pathogenic and Non-Pathogenic bacteria

The multiplication of bacteria

Bacterial Resilience-Endospores

Bacterial Skin Infections

Viruses

Types of viruses and Viral infections of the skin

Virus Replication

Fungi and Fungal Skin Infections

	<p>Parasites  What is epidemiology  Infectious and Contagious Diseases  The Spread of Infection  The Chain of Infection  Assessing and Managing the Risk of Infection  Preventing the Spread of Infection  Hand Hygiene  PPE  Sterilisation and Disinfection and Sanitisation</p> <p>This is an Ofqual regulated qualification. It doesn't have a QiW number as it is higher education and QiW only regulates up to Level 3.</p> <p>This course cost be £5000, and qualifies me enough to not need to spend more money on a level 2 course to repeat what I already know.</p> <p>I have completed the test paper provided for your course and I passed it with 27 out of 30.</p> <p>Therefore please include an exclusion for those that already have a Ofqual regulated qualification to level 2 or higher level in infection prevention and control.</p> <p>I would happily do it free of charge but am not prepared to spend money on it when I'm already qualified to a higher level. I can provide all the evidence needed.</p> <p>Alternatively you could give us the option to take the assessment online without doing the course. As I said I passed to example paper on the proposed course.</p> <p>Thank you</p>
<p><b>74 – Anonymous (SPM)</b></p>	<p>Why are [brand name redacted] exempt? Young girls are in there piercing the ears of tiny children with little to no hygiene practice, in close proximity to other customers and very near saleable items, no sink in sight and not in a separate room with a closed door. This is completely unfair on the small businesses that have put all things in place to gain their license. It seems to be the way for larger salons too, they</p>



	<p>practice in open spaces no where near running hot and cold water and don't worry because only the smaller businesses get penalised by the council</p>
<p><b>75 - Madeline Boots</b></p>	<ol style="list-style-type: none"> <li>1. As acupuncture has been recognised as one of the safer forms of medical intervention and accepted as a form of medicine by many GP's and NHS establishments in Wales, many of the afore mentioned offer acupuncture as a treatment modality. Why have acupuncturists been positioned to require a special procedures licence when many of the acupuncture practitioners are health care providers of degree level or higher and who are already governed by professional bodies and the HCPC?</li> <li>2. The complaints Welsh Government has received are predominantly directed at tattooing and body piercing exponents, many of the complaints relate to illegal procedures on minors which are already against the law and have little to do with a need to regulate acupuncture. We believe those who break the law should be prosecuted under current legislation, rather than imposing restrictions on good practitioners.</li> <li>3. The consultation does not show an assessment of costs relating to acupuncture complaints in the NHS or within private healthcare, if this was not assessed why are acupuncturist being penalised for little evidence they cause harm?</li> <li>4. We acknowledge there is an exemption proposed for HCPC professionals, however the criteria for the proposal is unclear and relies on Ministerial regulations, and the criteria seems an unnecessary high bar to achieve. Independent physiotherapist acupuncturists currently engage with their Local Authorities to ensure premises are up to standard, however the exemption criteria requires a HIW regulated premises; this could mean only settings such as private hospitals will meet the exemption criteria. Most self-employed physiotherapists and small physiotherapy practices do not currently need to register with the Care Quality Commission (in England) or the respective devolved countries' equivalent organisations (Healthcare Inspectorate in Wales; Care Inspectorate in Scotland; Regulation and Quality Improvement Authority in Northern Ireland). This is currently accepted practice because physiotherapists are HCPC regulated. Requiring a registration with HIW will be an additional burden, and an unnecessary one, considering our premises are already inspected by Local Authorities who will be enforcing these new regulations.</li> </ol>

	<p>5. The best way to address point 5 would be to create an exemption, as outlined in paragraph 7.13 of the consultation document, without the HIW requirement: a) The individual must be registered with a qualifying mandatory professional body b) The special procedure is within their area of expertise and is considered 'in scope', and is therefore the subject of indemnification by the organisation they work for, or through self-indemnity if self-employed, and c) If the individual ceases to be registered for any reason, their exemption would cease, and they would have to obtain a special procedure licence if they still wished to perform that special procedure.</p> <p>I respond as a private practicing clinician who utilises acupuncture within the practice of managing pain and improving clients' abilities to return to activities to improve quality of life, return to work or avoiding sick absence. I am also a lecturer training our next generation of physiotherapists, and I have grave concerns about how divisive such segregation of professionals can diminished the work our professional bodies strive towards, to enhance the visibility of physiotherapy and its importance within rehabilitation. Having worked both within the NHS and the private sector, I don't believe we should be diminishing the potential for the private sector to contribute towards the wellbeing of our society within Wales, particularly in times of such hardship within healthcare. Individual healthcare professionals within the private sector struggle to maintain professional fees and CPD within the current climate and further impacts on individuals, may very well see this additional clinical modality within that sector reduce further.</p> <p>.</p>
<b>77 - Mari McAndrew</b>	No further comments.
<b>79 - Rhian Mansfield</b>	The only issue would be a more defined age limit and form of consent provision on certain piercings but more specifically for children of a certain age having ear lobe piercings.
<b>81 - Gemma Kingston</b>	Aesthetic procedures need to be regulated and we need licenses for all special procedures to keep the public safe from harm. There is more infections and harm to clients in the aesthetic practicing than the special procedures under this license. It's absolutely shocking that you can do aesthetics from home and cause a person more harm and these is no regulations against it.
<b>83 - Anonymous (piercer)</b>	I am a professional piercer and multiple studio owner. I agree with the UKAPP responses contained in the attached document.
<b>86 - Suzanne Gregson</b>	1. As acupuncture has been recognised as one of the safer forms of medical intervention and accepted as a form of medicine by many GP's and NHS establishments in Wales, many of the afore mentioned offer acupuncture as a treatment modality. Why have acupuncturists been positioned to require a

special procedures licence when many of the acupuncture practitioners are health care providers of degree level or higher?

2. The complaints Welsh Government has received are predominantly directed at tattooing and body piercing exponents, many of the complaints relate to illegal procedures on minors which are already against the law and have little to do with a need to regulate acupuncture. We believe those who break the law should be prosecuted under current legislation, rather than imposing restrictions on good practitioners.
3. The consultation does not show an assessment of costs relating to acupuncture complaints in the NHS, if this was not assessed why are acupuncturist being penalised for little evidence they cause harm?
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5. The best way to address point 5 would be to create an exemption, as outlined in paragraph 7.13 of the consultation document, without the HIW requirement: a) The individual must be registered with a qualifying mandatory professional body b) The special procedure is within their area of expertise and is considered 'in scope', and is therefore the subject of indemnification by the organisation they work for, or through self-indemnity if self-employed, and c) If the individual ceases to be registered for any

	<p>reason, their exemption would cease, and they would have to obtain a special procedure licence if they still wished to perform that special procedure.</p>
<p><b>88 - Anonymous (acupuncture)</b></p>	<ol style="list-style-type: none"> <li>1. As acupuncture has been recognised as one of the safer forms of medical intervention and accepted as a form of medicine by many GP's and NHS establishments in Wales, many of the afore mentioned offer acupuncture as a treatment modality. Why have acupuncturists been positioned to require a special procedures licence when many of the acupuncture practitioners are health care providers of degree level or higher and who are already governed by professional bodies and the HCPC?</li> <li>2. The complaints Welsh Government has received are predominantly directed at tattooing and body piercing exponents, many of the complaints relate to illegal procedures on minors which are already against the law and have little to do with a need to regulate acupuncture. We believe those who break the law should be prosecuted under current legislation, rather than imposing restrictions on good practitioners.</li> <li>3. The consultation does not show an assessment of costs relating to acupuncture complaints in the NHS or within private healthcare, if this was not assessed why are acupuncturist being penalised for little evidence they cause harm?</li> <li>4. We acknowledge there is an exemption proposed for HCPC professionals, however the criteria for the proposal is unclear and relies on Ministerial regulations, and the criteria seems an unnecessary high bar to achieve. Independent physiotherapist acupuncturists currently engage with their Local Authorities to ensure premises are up to standard, however the exemption criteria requires a HIW regulated premises; this could mean only settings such as private hospitals will meet the exemption criteria. Most self-employed physiotherapists and small physiotherapy practices do not currently need to register with the Care Quality Commission (in England) or the respective devolved countries' equivalent organisations (Healthcare Inspectorate in Wales; Care Inspectorate in Scotland; Regulation and Quality Improvement Authority in Northern Ireland). This is currently accepted practice because physiotherapists are HCPC regulated. Requiring a registration with HIW will be an additional burden, and an unnecessary one, considering our premises are already inspected by Local Authorities who will be enforcing these new regulations.</li> </ol>

	<p>5. The best way to address point 5 would be to create an exemption, as outlined in paragraph 7.13 of the consultation document, without the HIW requirement: a) The individual must be registered with a qualifying mandatory professional body b) The special procedure is within their area of expertise and is considered 'in scope', and is therefore the subject of indemnification by the organisation they work for, or through self-indemnity if self-employed, and c) If the individual ceases to be registered for any reason, their exemption would cease, and they would have to obtain a special procedure licence if they still wished to perform that special procedure.</p>
<p><b>89 - Rachel Bowen</b></p>	<p>I do hope that all training academies are being assessed and will need a license. I strongly believe that poor teaching in application, infection control and safety are the main issues here. Therapists like myself, who have been practicing for many years understand the principles of all aspects of performing treatments in a safe and secure manner. Up and coming workers need the best teachers who understand all the risk factors of performing these specialised procedures.</p> <p>Also please make the FEE small .. ! Small businesses are suffering enough with the cost of living. Maybe make the Welsh Government fund it</p>
<p><b>90 - Blaenau Gwent County Borough Council</b></p>	<p>Blaenau Gwent CBC hosted a consultation workshop for practitioners registered in our area.</p> <p>During the consultation event, concerns were raised by some of those in attendance on the negative impact the proposed licensing fees and structure will have on their businesses. Many of the businesses currently registered with Blaenau Gwent CBC are sole traders with only 1 or 2 persons undertaking special procedures. Therefore, they felt that they would be paying double- to licence themselves and the premises. Consideration should be given to a possible reduction in fee in these circumstances</p> <p>With a high number of areas within Blaenau Gwent being among the most deprived in Wales, it is a concern that along with the current cost of living crisis, the proposed scheme will have a negative impact on these small businesses. Funding should be made available by Welsh Government for the Level 2 IPC training and potential structural improvements to premises</p> <p>Whilst the All-Wales Licence will be of a benefit to some practitioners, at our consultation event, it was raised that many have no interest in working in other premises, areas, temporary events etc in Wales. Therefore, it was not seen as any benefit to them</p>

	<p>Funding</p> <p>Whilst the licensing scheme is supposed to be self-funding for Local Authorities based on the fees for the application/licensing process, the fees have not yet been determined and therefore the impact of this is not known. Also, the funding streams are unlikely to be received until towards the end of the transition period with work to support practitioners having already commenced.</p> <p>Implementation of the scheme will be resource intensive for Local Authorities prior to the scheme being implemented and during the transition period- training of staff, increased requests for advice/support for businesses, upgrading IT systems and websites etc. Without any financial support being provided by Welsh Government, this is likely to have a detrimental impact on the existing regulatory functions of local authorities, specifically environmental health and Licensing teams. It is suggested that Welsh Government provide funding of positions to support the implementation of the special procedures mandatory licensing scheme. It is essential that this scheme is a success, and without posts being created initially, it is concern that this will not be the case.</p> <p>Training provided by Welsh Government should be provided for the following:</p> <ol style="list-style-type: none"> <li>1. Training of licensing committees and supporting officers (e.g. licensing officers) in the new roles / application process</li> <li>2. Training of enforcement officers in terms of the new regime, any applicable guidance / standards that will need to be applied and use of enforcement options available</li> </ol> <p>Detailed guidance in respect of the use of enforcement powers must be developed prior to the implementation of the regime.</p> <p>Detailed guidance in respect of the standards required in both premises and vehicles must be developed prior to the implementation of the regime. This guidance must include consideration of those matters which should automatically give rise to the consideration of refusal or revocation of a licence.</p>
<p><b>91 - British Beauty Council</b></p>	<p>The British Beauty Council is grateful for the opportunity to input on this work and look forward to further discussions with [name redacted] and colleagues as the license scheme is expanded to include other non-surgical cosmetic procedures.</p>

**94 - National Hair and Beauty Federation**

About NHBF

The National Hair & Beauty Federation (NHBF) has around 5,500 members and is the UK's largest trade body for the hair, beauty and barbering industries.

Hair & Beauty sector in Wales

There are 48,425 hair & beauty businesses UK wide with 2220 in Wales and a combined turnover of £210 million. Further detail can be found in the NHBF Industry Statistics report 2021 with the 2022 data to be available shortly.

	2019-20		2020-21	
	Turnover £000s*	%	Turnover £000s*	%
<b>England</b>	£4,699,270	85.0%	£3,902,245	84.3%
North East	£223,543	4.1%	£192,176	4.2%
North West	£558,365	10.1%	£518,233	11.2%
Yorkshire and Humberside	£354,298	6.7%	£317,964	6.9%
East Midlands	£314,770	5.8%	£271,904	5.9%
West Midlands	£516,474	8.7%	£428,831	9.3%
East of England	£461,442	8.3%	£380,501	8.2%
London	£1,150,958	20.6%	£904,499	19.5%
South East	£746,630	14.0%	£585,988	12.7%
South West	£372,790	6.9%	£302,119	6.5%
<b>Wales</b>	£210,720	3.9%	£182,372	4.0%
<b>Scotland</b>	£465,743	8.2%	£399,139	8.7%
<b>Northern Ireland</b>	£160,553	2.9%	£139,151	3.0%
<b>TOTAL TURNOVER</b>	<b>£5,536,286</b>		<b>£4,626,807</b>	

Notes: \*excludes VAT; Businesses registered for VAT and/or PAYE only.

Source: Office for National Statistics

**State of the Sector**

The results from the latest NHBF State of the Industry quarterly surveys<sup>1</sup> show that the dip in business confidence across a number of indicators has now bedded in. More businesses are making a loss, the

	<p>trend of raising prices continues along with reliance on government support, uncertainty around survival and stagnant growth aspirations.</p> <p><b>Overall messages in response to the consultation</b></p> <p>In terms of our overall messages in response to this consultation, it is a sector battling through the cost of doing business crisis but with a lot to offer the economy and society in terms of wellbeing.</p> <p>We support a sensible and proportionate approach to special procedures regulation and we are keen to minimise any additional administrative burdens on business at a difficult time.</p> <p>We support the regulatory regime which will help drive up standards across the industry. Over time, we hope that there will be further alignment between the regulatory regime operating in Wales, the one being developed in England and a potential future framework in Scotland.</p> <p>One principle that that is very important to us through this licensing regime, is to as far as possible, achieve a level playing field between the medical profession and the beauty sector. This will ensure that all individuals giving procedures, services and treatments in scope are covered by a license.</p> <p>On behalf of the NHBF and the Beauty Industry Group (BIG), we are grateful for the opportunity to input on this work and look forward to further discussions and the continual opportunity to work with [name redacted] and colleagues as the license scheme is expanded to include other non-surgical cosmetic procedures.</p> <p><sup>1</sup> <a href="#">NHBF State of the Industry Survey: Hair &amp; Beauty Industries Face Renewed Fight for Survival - National Hair &amp; Beauty Federation</a></p>
<p><b>95 - Beauty Industry Group - Licensing</b></p>	<p>On behalf of the Beauty Industry Group (BIG), we are grateful for the opportunity to input on this work and look forward to further discussions and the continual opportunity to work with [name redacted] and colleagues as the license scheme is expanded to include other non-surgical cosmetic procedures. BIG group members:</p>



	<p>British Association of Beauty Therapy &amp; Cosmetology (BABTAC), British Beauty Council (BBC), Cosmetic Executive Women (CEW), Cosmetic, Toiletry and Perfumery Association (CTPA), Federation of Holistic Therapists (FHT, Hair and Beauty Industry Authority (Habia), National Hair &amp; Beauty Federation (NHBF), Federation of Nails Professionals, Hair and Beauty Suppliers Association (HBSA), UK Spa Association (UKSA)</p>
<p><b>96 - Beauty Industry Group Chair</b></p>	<p>Accompanying email:</p> <p>Please see attached the Beauty Industry Group (BIG) response to the Welsh licencing consultation.</p> <p>We have also taken the liberty of attaching the BIG submission to the Department of Health and Social Care, in relation to the new English health and social care bill for the introduction of a licencing scheme for non-surgical cosmetic procedures, which also includes reference to epilation and electrocautery.</p> <p>We would welcome the opportunity discuss and continue to support this important introduction.</p> <p>Response to q43:</p> <p>On behalf of the Beauty Industry Group (BIG), we are grateful for the opportunity to input on this work and look forward to further discussions and the continual opportunity to work with [name redacted] and colleagues as the license scheme is expanded to include other non-surgical cosmetic procedures.</p> <p>BIG group members:  British Association of Beauty Therapy &amp; Cosmetology (BABTAC), British Beauty Council (BBC), Cosmetic Executive Women (CEW), Cosmetic, Toiletry and Perfumery Association (CTPA), Federation of Holistic Therapists (FHT, Hair and Beauty Industry Authority (Habia), National Hair &amp; Beauty Federation (NHBF), Federation of Nails Professionals, Hair and Beauty Suppliers Association (HBSA), UK Spa Association (UKSA)</p>
<p><b>98 - Inc and Co</b></p>	<p>Whilst we appreciate that your main concern is IC&amp;P, I feel that it would be beneficial to all to have a better relationship with our local Environment Health Department. I think the officers should visit the studios and spend some time to gain some understanding of how the industry works and what's involved. Having a proper point of contact and line of communication can only bring positive results to all parties</p>

	<p>involved. The problem with classing piercing, tattooing and acupuncture as requiring the same legislation means that inevitably, the legislation can only fit so well. My hope is that the proposed legislation will prove a sound foundation block on which to build a better structure for the tattooing industry.</p> <p>Tattooing is one of the last folk art apprenticeships left, possibly THE last. It is steeped in history and ancient culture which has now become a fashion. This has led to an unprecedented amount of studios opening who don't necessarily have the experience of tattooing in terms of technique or hygiene practice. Also, inexpensive equipment is readily available to buy on-line without the need to for a license, and is being used by people who just want to "have a go". The results of this vary from infection, scarring(ive seen 2 people that have had to have skin grafts as a result), to people that have had very inappropriate things tattooed on them whilst drunk at someones house.</p> <p>Without being able control this ability to buy equipment, I fear that legislating licensed practitioners will have very little overall effect.</p> <p>Thank you for giving your time to read this.</p>
<p><b>99 - Janis Short</b></p>	<ol style="list-style-type: none"> <li>1. As acupuncture has been recognised as one of the safer forms of medical intervention and accepted as a form of medicine by many GP's and NHS establishments in Wales, many of the afore mentioned offer acupuncture as a treatment modality. Why have acupuncturists been positioned to require a special procedures licence when many of the acupuncture practitioners are health care providers of degree level or higher?</li> <li>2. The complaints Welsh Government has received are predominantly directed at tattooing and body piercing exponents, many of the complaints relate to illegal procedures on minors which are already against the law and have little to do with a need to regulate acupuncture. We believe those who break the law should be prosecuted under current legislation, rather than imposing restrictions on good practitioners.</li> <li>3. The consultation does not show an assessment of costs relating to acupuncture complaints in the NHS, if this was not assessed why are acupuncturist being penalised for little evidence they cause harm?</li> </ol>

	<p>4. We acknowledge there is an exemption proposed for HCPC professionals, however the criteria for the proposal is unclear and relies on Ministerial regulations, and the criteria seems an unnecessary high bar to achieve. Independent physiotherapist acupuncturists currently engage with their Local Authorities to ensure premises are up to standard, however the exemption criteria requires a HIW regulated premises; this could mean only settings such as private hospitals will meet the exemption criteria. Most self-employed physiotherapists and small physiotherapy practices do not currently need to register with the Care Quality Commission (in England) or the respective devolved countries' equivalent organisations (Healthcare Inspectorate in Wales; Care Inspectorate in Scotland; Regulation and Quality Improvement Authority in Northern Ireland). This is currently accepted practice because physiotherapists are HCPC regulated. Requiring a registration with HIW will be an additional burden, and an unnecessary one, considering our premises are already inspected by Local Authorities who will be enforcing these new regulations.</p> <p>5. The best way to address point 5 would be to create an exemption, as outlined in paragraph 7.13 of the consultation document, without the HIW requirement: a) The individual must be registered with a qualifying mandatory professional body b) The special procedure is within their area of expertise and is considered 'in scope', and is therefore the subject of indemnification by the organisation they work for, or through self-indemnity if self-employed, and c) If the individual ceases to be registered for any reason, their exemption would cease, and they would have to obtain a special procedure licence if they still wished to perform that special procedure.</p>
<b>100 - Anonymous</b>	piercing at hairdressers with a gun, claires accessories with a gun - should be informed and stopped. conditions are not suitable for good piercings
<b>101 - Anonymous (acupuncture)</b>	<p>1. This legislation will be beneficial to public health. However, from education and training background, to service recipients, compared with Body Piercing, Electrolysis, and Tattooing, the professional nature of Acupuncture is completely different. In fact, acupuncturists were recognised by the government as healthcare professionals and named as such in the ONS classifications.</p> <p>There is a growing concern that if acupuncturists are subject to the same regulations as tattoo artists, it could harm the reputation of acupuncture as a healthcare service provider.</p>

	<p>2. As acupuncture has been recognised as one of the safest forms of medical intervention and accepted as a complementary medicine by many GP's and NHS establishments in Wales, many of the afore mentioned offering acupuncture as a treatment modality. Therefore, acupuncturists as healthcare professionals shouldn't be positioned to require a special procedures licence as most of them have obtained training of degree level or higher?</p> <p>3. The complaints Welsh Government has received were predominantly from tattooing and body piercing exponents; many of them related to their procedures on minors and have little to do with a real acupuncture procedure. In fact, over the past 28 years, ATCM, with nearly 700 members, has never received any complaints or insurance claims due to clinic hygiene or infections.</p> <p>We believe those who break the law should be prosecuted under current legislation, rather than imposing restrictions on professional practitioners.</p> <p>4. As a member of ATCM, one of the largest acupuncture professional bodies in the UK, I strongly ask for an exemption from this mandatory licencing scheme.</p> <p>Inconsistent standard of exemption could lead to inequality and discrimination.</p>
<p><b>102 - Dr Di Wu</b></p>	<p>The licensing scheme will be beneficial to public health. However, as a professional acupuncturist, member of both BAaC and ATCM, I have the following concerns.</p> <p>1. Acupuncture is a profession which provide important alternative healthcare support to the public. Acupuncturists need to go through strict professional training. For examples, members of ATCM need to complete 3-5 years of training to diploma or degree levels. Many of its members are qualified doctors in China before they came to the UK. These training have included safe practice, general hygiene and prevention of infections. They follow strict Code of Practice and Code of Professional Conduct and take regular CPDs including safe practice. They should not be treated in the same way as other professions in the special procedures.</p> <p>2. Acupuncturists are considered as healthcare professionals by local governments throughout the UK. This is reflected in the fact that acupuncturists of BAaC and ATCM were allowed to prectice from the</p>

	<p>mid of July 2020 in England and end of July 2020 in Wales during pandemic while other professions in the special procedures were not.</p> <p>3. Acupuncture provided by qualified acupuncturists is one of the safest treatment. ATCM with nearly 700 members was set up in 1994. There was no single complaint or insurance claim against its members on the basis of hygiene.</p> <p>4. The enforcement of mandatory license on acupuncturists simply based on hygiene and prevention of infections can be very misleading! This will make patients think practitioners who have obtained the license are government authorized practitioners. Safe practice includes many areas and prevention of infections is only one of the many. Unqualified "acupuncturists" who obtained this license will be able to practice legally. This will potentially bring significant risks to the public.</p> <p>Overall, regulatory bodies such as BAcC and ATCM have made significant contributions to ensure the public health safety and the mandatory licensing scheme should not be detrimental to this great effort. The members of BAcC and ATCM should be exempted from this scheme.</p>
<p><b>103 - Anonymous (acupuncture)</b></p>	<p>I found the online event on 29 March to be useful, thank you.</p> <p>I do not see Acupuncture as being connected in a group with the other special procedures. Acupuncture is a process for health not for beauty or body modification. It is generally a series of treatments over time. The issues raised in the consultation were not about complaints regarding acupuncturists.</p> <p>I note that only one professional body for Acupuncture has been included in the consultation but there are a number of professional bodies. For example the Acupuncture Acupuncture Council who have a number of members living and working in Wales.</p> <p>There should be a distinction between Acupuncture and dry needling. It does not seem right that a medical practitioner (e.g. physio) can do a short course on dry needling and then be able to treat people whereas someone who has studied three years or more for acupuncture is subject to the conditions. I would like clarification on the unannounced visit that was mentioned on the event on 29 March. It would really not be appropriate to turn up in the middle of an acupuncture treatment. The client can be revealing</p>

	<p>personal information and also might have removed some clothing. Also many special procedures are done by appointment so it would be highly likely to turn up when no treatment was taking place. I have not found these documents easy to work through or to respond to. It has taken a lot of my time. I think it will have been off putting to many people who might have useful comments and views to make.</p>
<p><b>105 - Daniel Curran</b></p>	<ol style="list-style-type: none"> <li>1. As acupuncture has been recognised as one of the safer forms of medical intervention and accepted as a form of medicine by many GP's and NHS establishments in Wales, many of the afore mentioned offer acupuncture as a treatment modality. Why have acupuncturists been positioned to require a special procedures licence when many of the acupuncture practitioners are health care providers of degree level or higher?</li> <li>2. The complaints Welsh Government has received are predominantly directed at tattooing and body piercing exponents, many of the complaints relate to illegal procedures on minors which are already against the law and have little to do with a need to regulate acupuncture. We believe those who break the law should be prosecuted under current legislation, rather than imposing restrictions on good practitioners.</li> <li>3. The consultation does not show an assessment of costs relating to acupuncture complaints in the NHS, if this was not assessed why are acupuncturist being penalised for little evidence they cause harm?</li> <li>4. We acknowledge there is an exemption proposed for HCPC professionals, however the criteria for the proposal is unclear and relies on Ministerial regulations, and the criteria seems an unnecessary high bar to achieve. Independent physiotherapist acupuncturists currently engage with their Local Authorities to ensure premises are up to standard, however the exemption criteria requires a HIW regulated premises; this could mean only settings such as private hospitals will meet the exemption criteria. Most self-employed physiotherapists and small physiotherapy practices do not currently need to register with the Care Quality Commission (in England) or the respective devolved countries' equivalent organisations (Healthcare Inspectorate in Wales; Care Inspectorate in Scotland; Regulation and Quality Improvement Authority in Northern Ireland). This is currently accepted practice because physiotherapists are HCPC regulated. Requiring a registration with HIW will be an additional burden, and an unnecessary one, considering our premises are already inspected by Local Authorities who will be enforcing these new regulations.</li> </ol>

	<p>5. The best way to address point 5 would be to create an exemption, as outlined in paragraph 7.13 of the consultation document, without the HIW requirement: a) The individual must be registered with a qualifying mandatory professional body b) The special procedure is within their area of expertise and is considered 'in scope', and is therefore the subject of indemnification by the organisation they work for, or through self-indemnity if self-employed, and c) If the individual ceases to be registered for any reason, their exemption would cease, and they would have to obtain a special procedure licence if they still wished to perform that special procedure.</p>
<p><b>107 - BABTAC</b></p>	<p>On behalf of BABTAC we are grateful for the opportunity to input on this work and look forward to further discussions and the continual opportunity to work with [name redacted] and colleagues as the license scheme is expanded to include other non-surgical cosmetic procedures.</p>
<p><b>108 - Anonymous (acupuncture)</b></p>	<p>1. This legislation will be beneficial to public health. However, from education and training background, to service recipients, compared with Body Piercing, Electrolysis, and Tattooing, the professional nature of Acupuncture is completely different. In fact, acupuncturists were recognised by the government as healthcare professionals and named as such in the ONS classifications.</p> <p>There is a growing concern that if acupuncturists are subject to the same regulations as tattoo artists, it could harm the reputation of acupuncture as a healthcare service provider.</p> <p>2. Acupuncture has been recognised as one of the safest forms of medical intervention and accepted as a complementary medicine by many GP's and NHS establishments in Wales, many of the afore mentioned offering acupuncture as a treatment modality. Therefore, acupuncturists as healthcare professionals shouldn't be positioned to require a special procedures licence as most of them have obtained training of degree level or higher?</p> <p>3. The complaints Welsh Government has received were predominantly from tattooing and body piercing exponents; many of them related to their procedures on minors and have little to do with a real acupuncture procedure. In fact, over the past 28 years, ATCM, with nearly 700 members, has never received any complaints or insurance claims due to clinic hygiene or infections.</p>

	<p>We believe those who break the law should be prosecuted under current legislation, rather than imposing restrictions on professional practitioners.</p> <p>4. As a member of ATCM, one of the largest acupuncture professional bodies in the UK, I strongly ask for an exemption from this mandatory licencing scheme.</p> <p>Inconsistent standard of exemption could lead to inequality.</p>
<p><b>110 - Anonymous (acupuncture)</b></p>	<p>This legislation will be beneficial to public health. However, from education and training background, to service recipients, compared with Body Piercing, Electrolysis, and Tattooing, the professional nature of Acupuncture is completely different. In fact, acupuncturists were recognised by the government as healthcare professionals and named as such in the ONS classifications.</p> <p>There is a growing concern that if acupuncturists are subject to the same regulations as tattoo artists, it could harm the reputation of acupuncture as a healthcare service provider.</p> <p>As acupuncture has been recognized as one of the safest forms of medical intervention and accepted as a complementary medicine by many GPs and NHS establishments in Wales, many of the aforementioned offer acupuncture as a treatment modality. Therefore, acupuncturists as healthcare professionals shouldn't be positioned to require a special procedures license, as most of them have got training of degree level or higher.</p> <p>The complaints Welsh Government has received were predominantly from tattooing and body piercing exponents; many of them related to their procedures on minors and have little to do with a real acupuncture procedure. In fact, over the past 28 years, ATCM, with nearly 700 members, has never received any complaints or insurance claims due to clinic hygiene or infections.</p> <p>We believe those who break the law should be prosecuted under current legislation, rather than imposing restrictions on professional practitioners.</p> <p>As a member of ATCM, one of the largest acupuncture professional bodies in the UK, I strongly ask for an exemption from this mandatory licensing scheme.</p>



	Inconsistent standards of exemption could lead to inequality and discrimination.
<b>111 - Anonymous (tattooing)</b>	<p>1.) How would all this be checked/audited and how regularly?</p> <p>2.) How much of a grace period would people have to correct any issues raised during this process?</p> <p>3.) When I gained my Premises License, my home address was present on the form/certificate. I suggest we have separate certificates suitable for public display to protect our personal data.</p> <p>4.) I invertedly learned via the Zoom call that not everyone updates their Infection Control and First Aid Training as regularly as I have since opening in 2015 – was this never a requirement to begin with? I think it's good to have this training in order to ensure client safety.</p> <p>5.) As mentioned before, I'm self-taught, have adhered to health regulations and gained a positive reputation over the years for these efforts and personal skills. Please make it clear for people such as myself on how they can make a start in the industry, as not everyone has contacts or are particularly welcome in this field.</p> <p>6.) I've heard some troubling stories from clients about harassment from other studios. Please make clear to the general public who/what organisation they can report to if they have such experiences (ideally anonymously).</p> <p>The tattoo industry is barely regulated and not everyone is professional in behaviour as well as practice, but for small studios especially, there's no chance to report to the manager or HR if they're the very people putting their clients in uncomfortable situations.</p> <p>7.) A really clear breakdown of how much all of this is going to cost would be really helpful, as we need to factor this into our prices etc. I think this, along with rising costs in stock, bills, rent etc. is causing a lot of apprehension atm.</p>
<b>112 - British Acupuncture Federation</b>	In summary we reiterate that BAF should be exempt from special procedure licencing requirements in the same way that we are in London given that:

1. BAF members are highly trained health professionals and should be classified as such as they are in the ONS and not as beauticians, tattooists or piercers. BAF membership ensures an extremely high minimum level of training for practitioners ensuring such treatment is safe and well regulated.
2. BAF members adhere to and follow all the recommendations of the Government's Professional Standards Authority and are fully compliant with such standards.
3. A member register ensures that the ethical standards demanded by the organisations are adhered to for the protection of the public.
4. The professionalism and standing with other health professionals is reflected in the fact that
  - BAF are supported by the largest health care union, Unison
  - BAF recently completed an NHS trial at Liverpool Royal Hospital.
5. BAFs record during Covid and subsequent lockdowns as outlined above reflect the exemplary commitment to professionalism, safety standards and patient and practitioner care which should preclude our membership from onerous, expensive and unnecessary licencing regulations
6. BAF follow the UK guidelines for the department of Environmental Health which recommends that organisations should -
  - Have a register of members;
  - Require a qualification for membership by way of training for, and experience of, the therapy concerned;
  - Require its members to hold professional indemnity insurance;
  - Subjects its members to a code of conduct and ethics, including a prohibition of immoral conduct in the course of their practice; and

	<ul style="list-style-type: none"> <li>• Provides procedures for disciplinary proceedings in respect of its members</li> </ul> <p>7. BAF are listed and accepted on the Private Practitioners Register and by many private insurers as safe providers of professional acupuncture treatments.</p> <p>We request that BAF acupuncturists as level 5 and degree level trained acupuncturists and their student practitioners or trainees, their premises and vehicles be exempted via regulations from requiring a special licence as is allowed under the Act. To limit healthcare professionals in this way is unnecessarily complicated and expensive for the acupuncturist, the Local Authorities and ultimately the patient. Patient care is the primary concern to BAF acupuncturists, and it is submitted that there is negligible risk to the public from acupuncture treatments provided by our members.</p> <p>We welcome the opportunity to discuss our position face to face at any time.</p>
<b>113 - Superdrug Ltd</b>	<p>As in many of our responses, we would like to see a greater distinction in this proposal between Body piercing (with a needle) and Cosmetic piercing (with a medical device). We feel strongly that these two different forms of piercing need to be distinguished clearly and with different procedures applied.</p>
<b>114 - Anonymous (acupuncture)</b>	<p>1. This legislation will be beneficial to public health. However, from education and training background, to service recipients, compared with Body Piercing, Electrolysis, and Tattooing, the professional nature of Acupuncture is completely different. In fact, acupuncturists were recognised by the government as healthcare professionals and named as such in the ONS classifications.</p> <p>There is a growing concern that if acupuncturists are subject to the same regulations as tattoo artists, it could harm the reputation of acupuncture as a healthcare service provider.</p> <p>2. As acupuncture has been recognised as one of the safest forms of medical intervention and accepted as a complementary medicine by many GP's and NHS establishments in Wales, many of the afore mentioned offering acupuncture as a treatment modality. Therefore, acupuncturists as healthcare professionals shouldn't be positioned to require a special procedures licence as most of them have obtained training of degree level or higher?</p>

	<p>3. The complaints Welsh Government has received were predominantly from tattooing and body piercing exponents; many of them related to their procedures on minors and have little to do with a real acupuncture procedure. In fact, over the past 28 years, ATCM, with nearly 700 members, has never received any complaints or insurance claims due to clinic hygiene or infections.</p> <p>We believe those who break the law should be prosecuted under current legislation, rather than imposing restrictions on professional practitioners.</p> <p>4. As a member of ATCM, one of the largest acupuncture professional bodies in the UK, I strongly ask for an exemption from this mandatory licencing scheme.</p> <p>Inconsistent standard of exemption could lead to inequality and discrimination.</p>
<p><b>115 - Jing Wang</b></p>	<p>1. This legislation will be beneficial to public health. However, from education and training background, to service recipients, compared with Body Piercing, Electrolysis, and Tattooing, the professional nature of Acupuncture is completely different. In fact, acupuncturists were recognised by the government as healthcare professionals and name as such in the ONS classifications.</p> <p>There is a growing concern that if acupuncturists are subject to the same regulations as tattoo artists, it could harm the reputation of acupuncture as a healthcare service provider.</p> <p>2. As acupuncture has been recognised as one of the safest forms of medical intervention and accepted as a complementary medicine by many GP's and NHS establishments in Wales, many of the afore mentioned offering acupuncture as a treatment modality. Therefore, acupuncturists as healthcare professionals shouldn't be positioned to require a special procedures licence as most of them have obtained training of degree level or higher?</p> <p>3. The complaints Welsh Government has received were predominantly from tattooing and body piercing exponents, many of them related to their procedures on minors and have little to do with a real acupuncture procedure. In fact, over the past 28 years, ATCM, with nearly 700 members, has never received any complaints or insurance claims due to clinic hygiene or infections.</p>

	<p>We believe those who break the law should be prosecuted under current legislation, rather than imposing restrictions on professional practitioners.</p> <p>4. As a member of ATCM, one of the largest acupuncture professional bodies in the UK, I strongly ask for an exemption from this mandatory licencing scheme.</p> <p>Inconsistent standard of exemption could lead to inequality and discrimination.</p>
<p><b>118 - Ann Charlton</b></p>	<p>1. this legislation will be beneficial to public health, However from education and training background, to service recipients, compared with body piercing, electrolysis and tattooing, the professional nature of Acupuncture is completely different. In fact, acupuncturists were recognised by the government as healthcare professionals and named as such in the ONS classifications.</p> <p>There is a growing concern that if acupuncturists are subject to the same regulations as tattoo artists, it could harm and diminish the reputation of acupuncture as a healthcare service provider.</p> <p>2. As acupuncture has been recognised as one of the safest forms of medical intervention and accepted as a complementary medicine by many GPs and NHS establishments in Wales, many of the fore mentioned offering acupuncture as a treatment modality. Therefore, acupuncturists as healthcare professionals should'nt be positioned to require special procedures licence as most of them have obtained training of degree level or higher.</p> <p>3. The complaints the Welsh Government has received were predominantly from tattooing and body piercing exponents; many related to their procedures on minors and have little to do with real acupuncture procedure. In fact over the last 28 years, ATCM with nearly 700 members, has never received any complaints or insurance claims due to clinic hygiene or infections. this is due to ATCM supporting its members to be fully aware of legislation in practice.</p> <p>We believe those who break the law, should be prosecuted under current legislation, rather than imposing restrictions on professional practitioners.</p> <p>4. As a member of ATCM, one of the largest professional bodies in the UK, I strongly ask for an exemption from the mandatory scheme.</p>

	Inconsistent standards of exemption could lead to inequality and discrimination, which in turn harms professional practitioners.
<b>123 - Anonymous (piercer)</b>	I think the biggest thing to take away from this is that guns or "Piercing systems" are going to be licensed. This cannot happen, they are not safe or handled by professionals and they need to be outlawed- this is the perfect opportunity to stop people using these instruments legally.
<b>126 - Rhondda Cynon Taff County Borough Council</b>	<p>General Comment/Observations: - Clear guidance will be necessary for practitioners to follow in order to comply with the conditions and enforcement officers to refer to when seeking to secure compliance. Defining what is meant by 'suitable and sufficient', 'adequate', 'fit for purpose' etc.</p> <p>Model example forms for use by practitioner's relating to client consultation/record keeping would aid with consistency of approach throughout Wales.</p> <p>Simple fact/guidance sheets similar to those provided by HSE could be helpful to the trade and enforcement officers.</p>
<b>133 - Anonymous (local authority)</b>	<p>We welcome the open nature of consultation that WG have afforded Local Authorities.</p> <p>However, Merthyr Tydfil County Borough Council have concerns regarding the Regulatory Impact Assessment (RIA) that accompanies this Consultation.</p> <p>We believe the RIA to be a significant under-estimate of the amount of time, effort, resource that will be needed to implement this scheme.</p> <p>Compared to the current LGMPA registration process the proposed Licensing scheme has clear public health benefits, however it places significant additional new administrative / regulatory and inspection responsibility / burdens on the LA (to advise, visit, inspect, process, issue, vary and monitor) licensee compliance. The processing requirements far exceed the current level of engagement with special procedure businesses and no additional resource or capacity is being provided to deliver the new regulatory function. Local Authorities are facing budget cuts, staffing cuts which has not been factored into the RIA.</p>

In addition, there will need to be an IT infrastructure / additional administrative support to produce photographic licences which currently doesn't exist within our Environmental health department.

Adequate ring fenced financial resource packages need to be provided to LA's to ensure this scheme can be successfully administered on an ongoing basis.

In addition, preparation for and implementation of this scheme occurs at a period of post COVID recovery whereby LA's are still facing a back log of food hygiene inspection work and have to plan in a Recovery to 'catch up' on outstanding D and E rated premises.

Delivery and hosting of training sessions at LA premises is not (or does not clearly identify) as being factored into the RIA.

Administration handling, Enforcement procedures will have to be updated; consultation sessions with businesses held; (which will need significant time to prepare for); phone questionnaires; workshops, new template letters, new notices, Cabinet member and Council briefing notes drafted, agreed and issued. Proactive and Reactive communications developed. None of this is factored into the Regulatory Risk assessment.

The integration, link (or other-wise), of this regime into the HSE LAE1 return needs careful and Welsh Government led clarification - this could be classed as a Health & Safety at work intervention and currently there is no existing mechanism where this body of work, (which will be substantial) , can be formally reported as currently the HSE LAE1 return specifically requests that special procedure work is not included / reported within the returns. During visits to these establishments, Welfare Regs, RIDDOR, HASWA74, Electricity at Work, PUWER, COSHH all likely to remain applicable and will/could be considered at the same visits.

It is clear in the pack that there is an expectation for LA's to undertake proactive inspections once a licence is issued, however it is not clear what the frequency of checks will look like and whether this will be subject to any risk assessment criteria . This detail will be required to ensure that LA's can properly develop work plans and assess the required resource implications. Clarity will be required on whether an inspection is required at each new licence issue, variation and / or 3 year renewal.

	<p>This is a new Regulatory Regime which clearly has real tangible benefits and a clear need. Yet it is not being funded, or resourced within LAs and the expectation is for it to be absorbed into existing structures.</p> <p>One of the significant enforcement/regulatory changes with this regime is the link to Licensing Committee. In many LAs, Licensing officers may run this scheme, though it has to be asked if they have the IP&amp;C training/competence to do so. But in many LAs H&amp;S EHO or Technical officers will run this scheme. The previous LGMPA process had no involvement of licensing committee's in many LA's. The new process requires significant re-working of internal processes to now link to Licensing Committee as its fundamental to the administering of the new process. The significant internal re-work to do this, is not sufficiently factored into the RIA.</p> <p>Training of LA Officers also needs to be considered to ensure that the scheme maintains credibility and that there is consistent interpretation and enforcement of licencing conditions throughout Wales.</p>
<p><b>134 - Anonymous (acupuncture)</b></p>	<p>This legislation will be beneficial to public health. However, from education and training background, to service recipients, compared with Body Piercing, Electrolysis, and Tattooing, the professional nature of Acupuncture is completely different. In fact, acupuncturists were recognised by the government as healthcare professionals and named as such in the ONS classifications.</p> <p>There is a growing concern that if acupuncturists are subject to the same regulations as tattoo artists, it could harm the reputation of acupuncture as a healthcare service provider.</p> <p>As acupuncture has been recognised as one of the safest forms of medical intervention and accepted as a complementary medicine by many GP's and NHS establishments in Wales, many of the afore mentioned offering acupuncture as a treatment modality. Therefore, acupuncturists as healthcare professionals shouldn't be positioned to require a special procedures licence as most of them have obtained training of degree level or higher?</p> <p>The complaints Welsh Government has received were predominantly from tattooing and body piercing exponents; many of them related to their procedures on minors and have little to do with a real</p>



	<p>acupuncture procedure. In fact, over the past 28 years, ATCM, with nearly 700 members, has never received any complaints or insurance claims due to clinic hygiene or infections.</p> <p>We believe those who break the law should be prosecuted under current legislation, rather than imposing restrictions on professional practitioners.</p> <p>As a member of ATCM, one of the largest acupuncture professional bodies in the UK, I strongly ask for an exemption from this mandatory licencing scheme.</p> <p>Inconsistent standard of exemption could lead to inequality and discrimination.</p>
<p><b>135 - Anonymous (tattooing)</b></p>	<p>If possible, could we have some written criteria for the following, mainly so we can make sure our studio is prepared and up to date (apologies if some of this is mentioned in the course, we are currently waiting for our date)</p> <p>Acceptable/recommended cleaning products  Required duty of care/waste collection slips and any required details  boarding/cladding on walls instead of tiles  hair ties, nail length etc.  space/distance required between tattooists  separate waiting area, walls required between studio  no animals in the studio  will single use aprons, masks/face coverings be required  number of people allowed in the studio in addition to the client</p> <p>Thanks</p>
<p><b>136 - Denbighshire County Council</b></p>	<p>Implementation Funding</p> <p>We agree with the provisions of the Act for LA to looking to determine the fees for licensing, we fully support this being looked at national to ensure consistency. However, the Act in relation to the fees does not have regard for work being undertaken by local authority in preparation for the implementation of the Act in particular:</p>

	<ul style="list-style-type: none"> <li>• Likely changes necessary to our back offices database system to be in a position to provided data to the National register in the format which is yet to be confirmed.</li> <li>• Potential costs associated with updating the database system and creating the spreadsheet necessary to upload data</li> <li>• Additional time associated with communicating with practitioners to give advice and guidance associated with the new scheme.</li> <li>• Ensure documentation associated with the scheme complies with own local authority corporate branding. Creating any additional covering letters to accompany nationally agreed application forms etc.</li> </ul> <p>Welsh Government have supported Public Protection Services with implementation funding when previous legislation was introduced e.g., sun beds, HMO licensing. This funding was gratefully appreciated. Such funding would allow local authority to have more capacity to ensure system were in place before new legislation came into force. Public Protection Services as you know were heavily involved with Covid and therefore recovery for our Services are ongoing. In addition, there are several more new proposed legislation in their consultation phase which we need to be actively involved in responding to these.</p> <p>Licensing Committee</p> <p>We would welcome specific training for Licensing Committee members as this is a very different type of licence to what these members normally deal with</p> <p>Practitioner Feedback</p> <p>During recent discussion with registered practitioners, they have raised their concern with us the likely impact that the new legislation will have on their business. Couple of our Acupuncturist advised that this procedure only forms a small part of their treatment offer, due to the potential cost of the license it would not make it financially viable for them to continue with this part of their business.</p>
<p><b>137 - Lingxia Gao</b></p>	<p>This legislation will be beneficial to public health. However, from education and training background, to service recipients, compared with Body Piercing, Electrolysis, and Tattooing, the professional nature of</p>

	<p>Acupuncture is completely different. In fact, acupuncturists were recognised by the government as healthcare professionals and named as such in the ONS classifications.</p> <p>There is a growing concern that if acupuncturists are subject to the same regulations as tattoo artists, it could harm the reputation of acupuncture as a healthcare service provider.</p> <p>As acupuncture has been recognised as one of the safest forms of medical intervention and accepted as a complementary medicine by many GP's and NHS establishments in Wales, many of the afore mentioned offering acupuncture as a treatment modality. Therefore, acupuncturists as healthcare professionals shouldn't be positioned to require a special procedures licence as most of them have obtained training of degree level or higher?</p> <p>The complaints Welsh Government has received were predominantly from tattooing and body piercing exponents; many of them related to their procedures on minors and have little to do with a real acupuncture procedure. In fact, over the past 28 years, ATCM, with nearly 700 members, has never received any complaints or insurance claims due to clinic hygiene or infections.</p> <p>We believe those who break the law should be prosecuted under current legislation, rather than imposing restrictions on professional practitioners.</p> <p>As a member of ATCM, one of the largest acupuncture professional bodies in the UK, I strongly ask for an exemption from this mandatory licencing scheme.</p> <p>Inconsistent standard of exemption could lead to inequality and discrimination.</p>
<p><b>138/139 - Wang Chen</b></p>	<p>Accompanying email:</p> <p>I strongly recommend that acupuncturists and traditional Chinese medicine practitioners should be separately legislated and regulated by the HPC, rather than being managed by local council. If acupuncture is classified in the same category as tattoo artists, it is not scientific and implies that all tattooists, ear piercers, and body piercers are almost equal to acupuncturists. This is also irresponsible to patients receiving acupuncture treatment. After all, many NHS hospitals and clinics in the UK currently</p>

	<p>offer formal acupuncture therapy, and such classification can mislead patients and increase the economic burden on acupuncturists. Thank you very much.</p> <p>Response to q43</p> <ol style="list-style-type: none"> <li>1. This legislation will be beneficial to public health. However, from education and training background, to service recipients, compared with Body Piercing, Electrolysis, and Tattooing, the professional nature of Acupuncture is completely different. In fact, acupuncturists were recognised by the government as healthcare professionals and named as such in the ONS classifications. <p>There is a growing concern that if acupuncturists are subject to the same regulations as tattoo artists, it could harm the reputation of acupuncture as a healthcare service provider.</p> </li> <li>2. As acupuncture has been recognised as one of the safest forms of medical intervention and accepted as a complementary medicine by many GP's and NHS establishments in Wales, many of the aforementioned offering acupuncture as a treatment modality. Therefore, acupuncturists as healthcare professionals shouldn't be positioned to require a special procedures licence as most of them have obtained training of degree level or higher?</li> <li>3. The complaints Welsh Government has received were predominantly from tattooing and body piercing exponents; many of them related to their procedures on minors and have little to do with a real acupuncture procedure. In fact, over the past 28 years, ATCM, with nearly 700 members, has never received any complaints or insurance claims due to clinic hygiene or infections. <p>We believe those who break the law should be prosecuted under current legislation, rather than imposing restrictions on professional practitioners.</p> </li> <li>4. As a member of ATCM, one of the largest acupuncture professional bodies in the UK, I strongly ask for an exemption from this mandatory licensing scheme. <p>Inconsistent standard of exemption could lead to inequality and discrimination.</p> </li> </ol>
<b>141 - Na Yang</b>	Accompanying email:

	<p>I strongly recommend that acupuncturists and traditional Chinese medicine practitioners should be separately legislated and regulated by the HPC, rather than being managed by regional governments. If acupuncture is classified in the same category as tattoo artists, it is not scientific and implies that all tattooists, ear piercers, and body piercers are almost equal to acupuncturists. This is also irresponsible to patients receiving acupuncture treatment. After all, many NHS hospitals and clinics in the UK currently offer formal acupuncture therapy, and such classification can mislead patients and increase the economic burden on acupuncturists.</p> <p>Response to q43: Not provided</p>
<p><b>142 - Anonymous (acupuncture)</b></p>	<p>This legislation will be beneficial to public health. However, from education and training background, to service recipients, compared with Body Piercing, Electrolysis, and Tattooing, the professional nature of Acupuncture is completely different. In fact, acupuncturists were recognised by the government as healthcare professionals and named as such in the ONS classifications.</p> <p>There is a growing concern that if acupuncturists are subject to the same regulations as tattoo artists, it could harm the reputation of acupuncture as a healthcare service provider.</p> <p>As acupuncture has been recognised as one of the safest forms of medical intervention and accepted as a complementary medicine by many GP's and NHS establishments in Wales, many of the aforementioned offering acupuncture as a treatment modality. Therefore, acupuncturists as healthcare professionals shouldn't be positioned to require a special procedures licence as most of them have obtained training of degree level or higher?</p> <p>The complaints Welsh Government has received were predominantly from tattooing and body piercing exponents; many of them related to their procedures on minors and have little to do with a real acupuncture procedure. In fact, over the past 28 years, ATCM, with nearly 700 members, has never received any complaints or insurance claims due to clinic hygiene or infections.</p> <p>We believe those who break the law should be prosecuted under current legislation, rather than imposing restrictions on professional practitioners.</p>

	<p>As a member of ATCM, one of the largest acupuncture professional bodies in the UK, I strongly ask for an exemption from this mandatory licencing scheme.</p> <p>Inconsistent standard of exemption could lead to inequality and discrimination.</p>
<b>143 - Claire's Accessories</b>	<p>We would like to take the opportunity to reaffirm our concern that there should be a wider consideration about the approach to licensing "Body Piercing" which is focused on the use of needles for piercing and "Cosmetic Piercing" which refers to the piercing process using a cartridge system / medical device / instrument. The processes are entirely different with cartridge systems carrying a greatly reduced risk due to the nature of the sterilised jewellery and locations for piercing. It could be misleading to the general public if the licences are to state "Body Piercing", where in fact only ear and nose piercing is offered. As cosmetic piercing providers, we would welcome any request to share additional documentation.</p>
<b>145 - Anonymous (tattooing)</b>	<p>My concerns from a business point of view are that these changes may be very costly for us; due to rising costs we are already struggling to make any profit, with one of our staff members already looking for work outside of tattooing and piercing. We want to be able to continue to work as safely as possible, but we also want to be able to continue making a living from it. I would also express concerns that tattooing and piercing attracts many who may not be academically gifted or even particularly literate and the proposed changes, in particular the course should be accessible for everybody and that those who struggle ought to be helped in ensuring that they can continue to work.</p>
<b>146 - Ming Chu Lok</b>	<p>Licencing is good for the public and regulation. However, the classification of these procedures should be made more carefully as some of them are actually health supporting or medical treatment. Acupuncturists should under a different criteria for licencing.</p>
<b>151 - Anonymous (piercer)</b>	<p>Accompanying email:</p> <p>After reading through the proposal and also the responses frameworked by the UKAPP I am responding with their responses as I agreed with everything they had put and didn't have anything further to add. I agree that the special licensing that is going ng to be implemented is going to create a much safe and universally accepted standard across our industry and it is very welcome from my point of view and I look forward to it being rolled out UK wide.</p> <p>Thank you for involving us in this process so that we can help shape the future of our industry and keep the population safe from unhygienic and unsafe practices.</p>

	Response to q43: none given.
<b>152 - Anonymous (tattooing)</b>	Is all ok
<b>153 - Zhimin Ma</b>	<p>This legislation will be beneficial to public health. However, from education and training background, to service recipients, compared with Body Piercing, Electrolysis, and Tattooing, the professional nature of Acupuncture is completely different. In fact, acupuncturists were recognised by the government as healthcare professionals and named as such in the ONS classifications.</p> <p>There is a growing concern that if acupuncturists are subject to the same regulations as tattoo artists, it could harm the reputation of acupuncture as a healthcare service provider.</p> <p>As acupuncture has been recognised as one of the safest forms of medical intervention and accepted as a complementary medicine by many GP's and NHS establishments in Wales, many of the afore mentioned offering acupuncture as a treatment modality. Therefore, acupuncturists as healthcare professionals shouldn't be positioned to require a special procedures licence as most of them have obtained training of degree level or higher?</p> <p>The complaints Welsh Government has received were predominantly from tattooing and body piercing exponents; many of them related to their procedures on minors and have little to do with a real acupuncture procedure. In fact, over the past 28 years, ATCM, with nearly 700 members, has never received any complaints or insurance claims due to clinic hygiene or infections.</p> <p>We believe those who break the law should be prosecuted under current legislation, rather than imposing restrictions on professional practitioners.</p> <p>As a member of ATCM, one of the largest acupuncture professional bodies in the UK, I strongly ask for an exemption from this mandatory licencing scheme.</p> <p>Inconsistent standard of exemption could lead to inequality and discrimination.</p>
<b>154 - Anonymous (acupuncture)</b>	This legislation will be beneficial to public health. However, from education and training background, to service recipients, compared with Body Piercing, Electrolysis, and Tattooing, the professional nature of

	<p>Acupuncture is completely different. In fact, acupuncturists were recognised by the government as healthcare professionals and named as such in the ONS classifications.</p> <p>There is a growing concern that if acupuncturists are subject to the same regulations as tattoo artists, it could harm the reputation of acupuncture as a healthcare service provider.</p> <p>As acupuncture has been recognised as one of the safest forms of medical intervention and accepted as a complementary medicine by many GP's and NHS establishments in Wales, many of the afore mentioned offering acupuncture as a treatment modality. Therefore, acupuncturists as healthcare professionals shouldn't be positioned to require a special procedures licence as most of them have obtained training of degree level or higher?</p> <p>The complaints Welsh Government has received were predominantly from tattooing and body piercing exponents; many of them related to their procedures on minors and have little to do with a real acupuncture procedure. In fact, over the past 28 years, ATCM, with nearly 700 members, has never received any complaints or insurance claims due to clinic hygiene or infections.</p> <p>We believe those who break the law should be prosecuted under current legislation, rather than imposing restrictions on professional practitioners.</p> <p>As a member of ATCM, one of the largest acupuncture professional bodies in the UK, I strongly ask for an exemption from this mandatory licencing scheme.</p> <p>Inconsistent standard of exemption could lead to inequality and discrimination.</p>
<p><b>155 - Anonymous (acupuncture)</b></p>	<p>This legislation will be beneficial to public health. However, from education and training background, to service recipients, compared with Body Piercing, Electrolysis, and Tattooing, the professional nature of Acupuncture is completely different. In fact, acupuncturists were recognised by the government as healthcare professionals and named as such in the ONS classifications.</p> <p>There is a growing concern that if acupuncturists are subject to the same regulations as tattoo artists, it could harm the reputation of acupuncture as a healthcare service provider.</p>



	<p>As acupuncture has been recognised as one of the safest forms of medical intervention and accepted as a complementary medicine by many GP's and NHS establishments in Wales, many of the aforementioned offering acupuncture as a treatment modality. Therefore, acupuncturists as healthcare professionals shouldn't be positioned to require a special procedures licence as most of them have obtained training of degree level or higher?</p> <p>The complaints Welsh Government has received were predominantly from tattooing and body piercing exponents; many of them related to their procedures on minors and have little to do with a real acupuncture procedure. In fact, over the past 28 years, ATCM, with nearly 700 members, has never received any complaints or insurance claims due to clinic hygiene or infections.</p> <p>We believe those who break the law should be prosecuted under current legislation, rather than imposing restrictions on professional practitioners.</p> <p>As a member of ATCM, one of the largest acupuncture professional bodies in the UK, I strongly ask for an exemption from this mandatory licencing scheme.</p> <p>Inconsistent standard of exemption could lead to inequality and discrimination.</p>
<p><b>156 - Cui Hong Duan</b></p>	<p>1. This legislation will be beneficial to public health. However, from education and training background, to service recipients, compared with Body Piercing, Electrolysis, and Tattooing, the professional nature of Acupuncture is completely different. In fact, acupuncturists were recognised by the government as healthcare professionals and named as such in the ONS classifications.</p> <p>There is a growing concern that it acupuncturists are subject to the same regulations as tattoo artists, it could harm the reputation of acupuncture as a healthcare service provider.</p> <p>2. As acupuncture has been recognised as one of the safest forms of medical intervention and accepted as a complementary medicine by many GP's and NHS establishments in Wales, many of the aforementioned offering acupuncture as a treatment modality. Therefore, acupuncturists as healthcare professionals shouldn't be positioned to require a special procedures licence as most of them have obtained training of degree level or higher?</p>

	<p>3. The complaints Welsh Government has received were predominantly from tattooing and body piercing exponents, many of them related to their procedures on minors and have little to do with a real acupuncture procedure. In fact, over the past 28 years, ATCM, with nearly 700 members, has never received any complaints or insurance claims due to clinic hygiene or infections.</p> <p>We believe those who break the law should be prosecuted under current legislation, rather than imposing restrictions on professional practitioners.</p> <p>4. As a member of ATCM, one of the largest acupuncture professional bodies in the UK, I strongly ask for an exemption from this mandatory licencing scheme.</p> <p>Inconsistent standard of exemption could lead to inequality and discrimination.</p>
<p><b>157 - Anonymous (acupuncture)</b></p>	<p>This legislation will be beneficial to public health. However, from education and training background, to service recipients, compared with Body Piercing, Electrolysis, and Tattooing, the professional nature of Acupuncture is completely different. In fact, acupuncturists were recognised by the government as healthcare professionals and named as such in the ONS classifications.</p> <p>There is a growing concern that if acupuncturists are subject to the same regulations as tattoo artists, it could harm the reputation of acupuncture as a healthcare service provider.</p> <p>As acupuncture has been recognised as one of the safest forms of medical intervention and accepted as a complementary medicine by many GP's and NHS establishments in Wales, many of the afore mentioned offering acupuncture as a treatment modality. Therefore, acupuncturists as healthcare professionals shouldn't be positioned to require a special procedures licence as most of them have obtained training of degree level or higher?</p> <p>The complaints Welsh Government has received were predominantly from tattooing and body piercing exponents; many of them related to their procedures on minors and have little to do with a real acupuncture procedure. In fact, over the past 28 years, ATCM, with nearly 700 members, has never received any complaints or insurance claims due to clinic hygiene or infections.</p>

	<p>We believe those who break the law should be prosecuted under current legislation, rather than imposing restrictions on professional practitioners.</p> <p>As a member of ATCM, one of the largest acupuncture professional bodies in the UK, I strongly ask for an exemption from this mandatory licencing scheme.</p> <p>Inconsistent standard of exemption could lead to inequality and discrimination.</p>
<p><b>158 - Anonymous (acupuncture)</b></p>	<p>This legislation will be beneficial to public health. However, from education and training background, to service recipients, compared with Body Piercing, Electrolysis, and Tattooing, the professional nature of Acupuncture is completely different. In fact, acupuncturists were recognised by the government as healthcare professionals and named as such in the ONS classifications.</p> <p>There is a growing concern that if acupuncturists are subject to the same regulations as tattoo artists, it could harm the reputation of acupuncture as a healthcare service provider.</p> <p>As acupuncture has been recognised as one of the safest forms of medical intervention and accepted as a complementary medicine by many GP's and NHS establishments in Wales, many of the afore mentioned offering acupuncture as a treatment modality. Therefore, acupuncturists as healthcare professionals shouldn't be positioned to require a special procedures licence as most of them have obtained training of degree level or higher?</p> <p>The complaints Welsh Government has received were predominantly from tattooing and body piercing exponents; many of them related to their procedures on minors and have little to do with a real acupuncture procedure. In fact, over the past 28 years, ATCM, with nearly 700 members, has never received any complaints or insurance claims due to clinic hygiene or infections.</p> <p>We believe those who break the law should be prosecuted under current legislation, rather than imposing restrictions on professional practitioners.</p> <p>As a member of ATCM, one of the largest acupuncture professional bodies in the UK, I strongly ask for an exemption from this mandatory licencing scheme.</p>

	<p>Inconsistent standard of exemption could lead to inequality and discrimination.</p>
<p><b>160 - Anonymous (acupuncture)</b></p>	<p>This legislation will be beneficial to public health. However, from education and training background, to service recipients, compared with Body Piercing, Electrolysis, and Tattooing, the professional nature of Acupuncture is completely different. In fact, acupuncturists were recognised by the government as healthcare professionals and named as such in the ONS classifications.</p> <p>There is a growing concern that if acupuncturists are subject to the same regulations as tattoo artists, it could harm the reputation of acupuncture as a healthcare service provider.</p> <p>As acupuncture has been recognised as one of the safest forms of medical intervention and accepted as a complementary medicine by many GP's and NHS establishments in Wales, many of the aforementioned offering acupuncture as a treatment modality. Therefore, acupuncturists as healthcare professionals shouldn't be positioned to require a special procedures licence as most of them have obtained training of degree level or higher?</p> <p>The complaints Welsh Government has received were predominantly from tattooing and body piercing exponents; many of them related to their procedures on minors and have little to do with a real acupuncture procedure. In fact, over the past 28 years, ATCM, with nearly 700 members, has never received any complaints or insurance claims due to clinic hygiene or infections.</p> <p>We believe those who break the law should be prosecuted under current legislation, rather than imposing restrictions on professional practitioners.</p> <p>As a member of ATCM, one of the largest acupuncture professional bodies in the UK, I strongly ask for an exemption from this mandatory licencing scheme.</p> <p>Inconsistent standard of exemption could lead to inequality and discrimination.</p>
<p><b>161 - Anonymous (acupuncture)</b></p>	<p>This legislation will be beneficial to public health. However, from education and training background, to service recipients, compared with Body Piercing, Electrolysis, and Tattooing, the professional nature of Acupuncture is completely different. In fact, acupuncturists were recognised by the government as healthcare professionals and named as such in the ONS classifications.</p>

	<p>There is a growing concern that if acupuncturists are subject to the same regulations as tattoo artists, it could harm the reputation of acupuncture as a healthcare service provider.</p> <p>As acupuncture has been recognised as one of the safest forms of medical intervention and accepted as a complementary medicine by many GP's and NHS establishments in Wales, many of the afore mentioned offering acupuncture as a treatment modality. Therefore, acupuncturists as healthcare professionals shouldn't be positioned to require a special procedures licence as most of them have obtained training of degree level or higher?</p> <p>The complaints Welsh Government has received were predominantly from tattooing and body piercing exponents; many of them related to their procedures on minors and have little to do with a real acupuncture procedure. In fact, over the past 28 years, ATCM, with nearly 700 members, has never received any complaints or insurance claims due to clinic hygiene or infections.</p> <p>We believe those who break the law should be prosecuted under current legislation, rather than imposing restrictions on professional practitioners.</p> <p>As a member of ATCM, one of the largest acupuncture professional bodies in the UK, I strongly ask for an exemption from this mandatory licencing scheme.</p> <p>Inconsistent standard of exemption could lead to inequality and discrimination.</p>
<p><b>162 - Anonymous (acupuncture)</b></p>	<p>This legislation will be beneficial to public health. However, from education and training background, to service recipients, compared with Body Piercing, Electrolysis, and Tattooing, the professional nature of Acupuncture is completely different. In fact, acupuncturists were recognised by the government as healthcare professionals and named as such in the ONS classifications.</p> <p>There is a growing concern that if acupuncturists are subject to the same regulations as tattoo artists, it could harm the reputation of acupuncture as a healthcare service provider.</p> <p>As acupuncture has been recognised as one of the safest forms of medical intervention and accepted as a complementary medicine by many GP's and NHS establishments in Wales, many of the afore</p>

	<p>mentioned offering acupuncture as a treatment modality. Therefore, acupuncturists as healthcare professionals shouldn't be positioned to require a special procedures licence as most of them have obtained training of degree level or higher?</p> <p>The complaints Welsh Government has received were predominantly from tattooing and body piercing exponents; many of them related to their procedures on minors and have little to do with a real acupuncture procedure. In fact, over the past 28 years, ATCM, with nearly 700 members, has never received any complaints or insurance claims due to clinic hygiene or infections.</p> <p>We believe those who break the law should be prosecuted under current legislation, rather than imposing restrictions on professional practitioners.</p> <p>As a member of ATCM, one of the largest acupuncture professional bodies in the UK, I strongly ask for an exemption from this mandatory licencing scheme.</p> <p>Inconsistent standard of exemption could lead to inequality and discrimination.</p>
<p><b>164 - Anonymous (tattooing)</b></p>	<p>Paragraph 3.1 suggests that a special procedure is defined as a procedure that breaks the skin and as such is an infection risk. Why is it that some beautification treatments are included and yet others are not. Derma rollers and Fillers are both treatments that include breaking the skin in a similar fashion to that of micro blading and yet these are not included.</p> <p>Whilst section 93 allows for amends to made it seems somewhat short sighted to not include these in the same fold as they are frequently performed already in premises that perform other license related treatments.</p> <p>I agree fully with 4.2, requiring any who perform special procedures even on themselves or not for charge however the cost of maintaining this as suggested in section 76 fee, looks to be falling entirely on those who will be licensed, do not fool yourselves into believing someone who is home tattooing themselves will get a license they will just cease the activity or continue until charged criminally and thus the cost will remain solely up on the legitimate businesses and I believe this is unfairly levied.</p>

9.9 Outlines the ability to upgrade a trainee license to a full licenses during the license period, considering that this entire scheme is going to cost money at almost every point are we to also assume that this will come with an additional charge,.

11 I have concerns to which the wording seems to suggest that the business owner must be present for inspections and I am concerned that this may lead to issues of discrimination. There are many business owners who are disabled and there leave the day to day running of the business to the manager instead, however it is not clear in the wording if the premise license can be in the manager or if it must strictly be in the name of the owner.

I am unsure as to why a detailed floor plan of a studio is necessary as the entire working layout of a studio will be viewable during the inspection.

I don't disagree with a maximum workspaces limit on the license however this needs more clarity and a better defined 'space' really before judgement can be passed.

16.6 - Stop Notices - How do they intend to investigate this? As it is environmental health only knows of unlicensed and unprofessional workers if they cause a outbreak or if someone reports them, seeing as the people going to see them aren't going to be the ones reporting them this feels like it will be more costs pushed onto legitimate business that will basically washed down the drain.

Annex D2 requires that toilet facilities have non hand operating taps, which seems excessive. The World Health Organisation own hand washing instructions, which are also to be displayed, show a method in which you can safely use facilities with standard taps without a risk of contamination, and i fail to see how this method is not adequate enough for standard hand wash facilities to be used by clients. As it is in most commercial businesses hot water supplies comes from small units above sinks specifically for hand washing and a alteration such as something like that could result in a plethora of commercial properties being no longer viable for businesses for special procedures over something as silly as taps in a bathroom.

D2- 31 states that there must be suitable and sufficient ventilation however this is vague and requires a lot more clarity. Over the course of covid the advices with regards to ventilation within the work spaces

seemed to swap and change regularly and we need concise information before a judgement can be passed.

In the regulatory impact assessment document I also noted that in both sources mentioned in paragraph 6. Sources 4, bbc news online 2007 'belly stud almost killed teen' and source 6 bbc news online 2005 lip piercing death misadventure.

4- States it was a freak accident and result of a seatbelt. This is something that is advised in reputable studios and should not be held against professional studios.

6- Following the death of teenager following blood poison "south Yorkshire coroner Chris Dorries said Lip piercing could be dangerous, but the salon was not to blame"

It seems short sighted to use sources that actually prove that reputable business already do all they can and yet things happen to prove that reputable businesses need to be punished with more costs.

D1 - 17 - suggests that practitioner is responsible for whether the client follows through when advised to seek further advice or medical advice from a GP, this is unreasonable and whilst we always give out advice we cannot be responsible for what that client chooses to do with it once they leave the premises.

Currently in the average studio a single insurance policy covers all that work within the premises, is it truly necessary for each individual practitioner to have separate insurance policies as is suggested in the requirements for license, if so this is another additional cost that will fall onto clients which as i once again reiterate will force clients to scratchers and unprofessional practitioners.

D2 - 17 disallows anyone other than the practitioner, client and trainee into the work space during procedure, the average client to a tattoo studio frequently comes with someone for emotional support or for company as these procedures frequently take hours, if this single person for support is sequestered to the side and away from the work station why is this a issue if they are also along side the client.

Overall I do agree in principle with changes to the licence however it seems to be in this format a lot of unnecessary charges and changes that will only push the public away from legitimate businesses due to



	<p>rises in costs. As it is the costs all sundries and equipment has risen astronomical with gloves still being around 1000% more than it was in 2018.</p> <p>If you really want to see a change to the safety of tattooing then regulate the ability to purchase the equipment itself, the needles, as most tattooists suggested as a better way to manage 'scratchers' These additional costs will only see more people choose unlicensed individuals.</p> <p>Frankly by a rough estimation of the additional fees based on your own inpatch statements and the course fees, additional insurances, dbs checks it will be cheaper for most artists not in the capital where prices we can charge have a low limit, (this also discludes all part time works and I question how discriminatory these additional fees are when they push the chronically ill and disabled from the industry in the entirety) it would be cheaper to work as a unlicensed individual and pay the fines and rebuy the equipment that fund this entire joke.</p> <p>We were all excited for the prospect of clear and concise licenses but this is a money making joke the one thing we were assured it would not be, this proposal angers me as a member of a special procedures industry and mostly it just disappoints me and makes me lose faith in the Welsh government, if you to stop tattooing just out right ban it.</p>
<p><b>165 - Qikan Yin</b></p>	<p>1. This legislation will be beneficial to public health. However, from education and training background, to service recipients, compared with Body Piercing, Electrolysis, and Tattooing, the professional nature of Acupuncture is completely different. In fact, acupuncturists were recognised by the government as healthcare professionals and named as such in the ONS classifications.</p> <p>There is a growing concern that if acupuncturists are subject to the same regulations as tattoo artists, it could harm the reputation of acupuncture as a healthcare service provider.</p> <p>2. As acupuncture has been recognised as one of the safest forms of medical intervention and accepted as a complementary medicine by many GP's and NHS establishments in Wales, many of the afore mentioned offering acupuncture as a treatment modality. Therefore, acupuncturists as healthcare professionals shouldn't be positioned to require a special procedures licence as most of them have obtained training of degree level or higher?</p>

	<p>3. The complaints Welsh Government has received were predominantly from tattooing and body piercing exponents; many of them related to their procedures on minors and have little to do with a real acupuncture procedure. In fact, over the past 28 years, ATCM, with nearly 700 members, has never received any complaints or insurance claims due to clinic hygiene or infections.</p> <p>We believe those who break the law should be prosecuted under current legislation, rather than imposing restrictions on professional practitioners.</p> <p>4. As a member of ATCM, one of the largest acupuncture professional bodies in the UK, I strongly ask for an exemption from this mandatory licencing scheme.</p> <p>Inconsistent standard of exemption could lead to inequality and discrimination.</p>
<p><b>167 - Anonymous (manufacturer)</b></p>	<p>We would like to take the opportunity to reaffirm our concern that there should be a wider consideration about the approach to licensing “Body Piercing” which is focused on the use of needles for piercing and “Cosmetic Piercing” which refers to the piercing process using a cartridge system / piercing instrument. The processes are entirely different with cartridge systems carrying a greatly reduced risk due to the nature of the sterilised jewellery and locations for piercing. It could be misleading to the public if the licences are to state “Body Piercing”, where in fact only ear and nose piercing is offered. As manufacturers and training providers, we would welcome any request to share additional documentation.</p>
<p><b>169 - Anonymous (tattooing)</b></p>	<p>I want to know how pro-active LA's and EHO's will be. Will we pay all this money, get our license and then be left to it for three years before reapplication when they want more money?</p> <p>If I didn't have much faith that the Welsh government, my LA and EHO's knew what they were talking about before, then this consultation has convinced me that they don't. One of the biggest red flags to me is that there is even a provision for the following:</p> <p>Piercing guns and cartridge systems are an incredibly unsafe practice that MUST get your attention. One major example is the high street chain [brand name redacted] who pierce in the middle of a busy shop floor out in the open, with any number of shoppers walking around on their carpeted floor. This alone should be enough to shut them down now. It would shut down a studio. [Brand name redacted] employees are required to pierce just to be a sales assistant. They take a two hour course to use these systems on any part of the body and as a professional body piercer, it would take me more than 2 full</p>

	<p>WEEKS to train somebody to pierce just an ear lobe completely safely, so I know they are not performing these piercings with any level of competency and you must acknowledge that.</p> <p>We need assurance that we will have guidelines set out in simple and easy to understand language for us to implement everything fully, with plenty of notice to do so. I believe I have provided reasonable examples of why we need this notice.</p>
<p><b>170 - Yuancai Fu</b></p>	<ol style="list-style-type: none"> <li>1. This legislation will be beneficial to public health. However, from education and training background, to service recipients, compared with Body Piercing, Electrolysis, and Tattooing, the professional nature of Acupuncture is completely different. In fact, acupuncturists were recognised by the government as healthcare professionals and named as such in the ONS classifications.</li> </ol> <p>There is a growing concern that if acupuncturists are subject to the same regulations as tattoo artists, it could harm the reputation of acupuncture as a healthcare service provider.</p> <ol style="list-style-type: none"> <li>2. As acupuncture has been recognised as one of the safest forms of medical intervention and accepted as a complementary medicine by many GP's and NHS establishments in Wales, many of the afore mentioned offering acupuncture as a treatment modality. Therefore, acupuncturists as healthcare professionals shouldn't be positioned to require a special procedures licence as most of them have obtained training of degree level or higher?</li> <li>3. The complaints Welsh Government has received were predominantly from tattooing and body piercing exponents; many of them related to their procedures on minors and have little to do with a real acupuncture procedure. In fact, over the past 28 years, ATCM, with nearly 700 members, has never received any complaints or insurance claims due to clinic hygiene or infections.</li> </ol> <p>We believe those who break the law should be prosecuted under current legislation, rather than imposing restrictions on professional practitioners.</p> <ol style="list-style-type: none"> <li>4. As a member of ATCM, one of the largest acupuncture professional bodies in the UK, I strongly ask for an exemption from this mandatory licencing scheme.</li> </ol> <p>Inconsistent standard of exemption could lead to inequality and discrimination.</p>

<p><b>171 - Yan Jing Wang</b></p>	<p>1. This legislation will be beneficial to public health. However, from education and training background, to service recipients, compared with Body Piercing, Electrolysis, and Tattooing, the professional nature of Acupuncture is completely different. In fact, acupuncturists were recognised by the government as healthcare professionals and named as such in the ONS classifications.</p> <p>There is a growing concern that if acupuncturists are subject to the same regulations as tattoo artists, it could harm the reputation of acupuncture as a healthcare service provider.</p> <p>2. As acupuncture has been recognised as one of the safest forms of medical intervention and accepted as a complementary medicine by many GP's and NHS establishments in Wales, many of the afore mentioned offering acupuncture as a treatment modality. Therefore, acupuncturists as healthcare professionals shouldn't be positioned to require a special procedures licence as most of them have obtained training of degree level or higher?</p> <p>3. The complaints Welsh Government has received were predominantly from tattooing and body piercing exponents; many of them related to their procedures on minors and have little to do with a real acupuncture procedure. In fact, over the past 28 years, ATCM, with nearly 700 members, has never received any complaints or insurance claims due to clinic hygiene or infections.</p> <p>We believe those who break the law should be prosecuted under current legislation, rather than imposing restrictions on professional practitioners.</p> <p>4. As a member of ATCM, one of the largest acupuncture professional bodies in the UK, I strongly ask for an exemption from this mandatory licencing scheme.</p> <p>Inconsistent standard of exemption could lead to inequality and discrimination.</p>
<p><b>172 - Baifang Zhu</b></p>	<p>1. This legislation will be beneficial to public health. But Acupuncture is completely different from Body Piercing, Electrolysis, and Tattooing And acupuncturists were recognised by the government as healthcare professionals and named as such in the ONS classifications.</p>

	<p>There is a growing concern that if acupuncturists are subject to the same regulations as tattoo artists, it could harm the reputation of acupuncture as a healthcare service provider.</p> <ol style="list-style-type: none"> <li>2. As acupuncture has been recognised as one of the safest forms of medical intervention and accepted as a complementary medicine by many GP's and NHS establishments in Wales, many of the afore mentioned offering acupuncture as a treatment modality. Therefore, acupuncturists as healthcare professionals shouldn't be positioned to require a special procedures licence as most of them have obtained training of degree level or higher?</li> <li>3. The complaints Welsh Government has received were predominantly from tattooing and body piercing exponents; many of them related to their procedures on minors and have little to do with a real acupuncture procedure. In fact, over the past 28 years, ATCM, with nearly 700 members, has never received any complaints or insurance claims due to clinic hygiene or infections.</li> <li>4. As a member of ATCM, one of the largest acupuncture professional bodies in the UK, I strongly ask for an exemption from this mandatory licencing scheme.</li> </ol>
<p><b>174 - Phoebe Deng</b></p>	<p>It is a shame to see that in the UK, nowadays the government still put acupuncturist in the same group as Body Piercing, Electrolysis and Tattooing.</p> <p>I can see that acupuncturists do use needles, but as everyone knows, lots of other medical professionals do use needles too, such as surgeons, anaesthetist, nurses, phlebotomists etc. Do they need this special procedure licence too? If they don't, why do acupuncturists have to?</p> <p>When I applied working permit 20 years ago, I was asked to show my full time university medical education degree and my licence as a medical professional. That means the government agreed that acupuncturists must be medical professionals, although we are not allowed to be titled as doctors. In the past 20 years, we have show this country how much acupuncture and Chinese medicine can help people with their health problems. Although there are some issues or concerns or problems, which have destroyed the reputation of traditional Chinese medicine so much, the government should have the ability to tell the main reason. Is it because of acupuncturists lacking of professional practice or something else? What is the best way to use and develop acupuncture in this country?</p>

	<p>People will pay for their pride and prejudice, so does the government. Instead of this licence, professional legislation for acupuncture as a healthcare service, establishing a proper system from standardised education and medical training to personal professional development is what I really want to see.</p>
<p><b>175 - Anonymous (tattooing)</b></p>	<p>I want to know how pro-active LA's and EHO's will be. Will we pay all this money, get our license and then be left to it for three years before reapplication when they want more money?</p> <p>This whole thing just seems like a massive, uneducated joke.</p> <p>One of the biggest red flags to me is that there is even a provision for the following:</p> <p>Piercing guns and cartridge systems are an incredibly unsafe practice that <b>MUST</b> get your attention. One major example is the high street chain [brand name redacted] and now even [brand name redacted] who pierce in the middle of a busy shop floor out in the open, with any number of shoppers walking around on their dirty carpeted floor. This alone should be enough to shut them down now. It would shut down a studio. [Brand name redacted] employees are required to pierce just to be a sales assistant. They take a two hour course to use these systems on any part of the body and as a professional body piercer, it would take our piercer more than 2 full weeks to train somebody to pierce just an ear lobe completely safely, so I know they are not performing these piercings with any level of competency. It's disgusting and outrageous and barbaric and just go to show how little you actually know about the piercing and tattoo industry that you continue to allow these places to pierce people.</p>
<p><b>177/206 - Anonymous (acupuncture)</b></p>	<ol style="list-style-type: none"> <li>1. This legislation will be beneficial to public health. However, from education and training background, to service recipients, compared with Body Piercing, Electrolysis, and Tattooing, the professional nature of Acupuncture is completely different. In fact, acupuncturists were recognised by the government as healthcare professionals and named as such in the ONS classifications.</li> </ol> <p>There is a growing concern that if acupuncturists are subject to the same regulations as tattoo artists, it could harm the reputation of acupuncture as a healthcare service provider.</p> <ol style="list-style-type: none"> <li>2. As acupuncture has been recognised as one of the safest forms of medical intervention and accepted as a complementary medicine by many GP's and NHS establishments in Wales, many of the aforementioned offering acupuncture as a treatment modality. Therefore, acupuncturists as healthcare</li> </ol>

	<p>professionals shouldn't be positioned to require a special procedures licence as most of them have obtained training of degree level or higher?</p> <p>3. The complaints Welsh Government has received were predominantly from tattooing and body piercing exponents; many of them related to their procedures on minors and have little to do with a real acupuncture procedure. In fact, over the past 28 years, ATCM, with nearly 700 members, has never received any complaints or insurance claims due to clinic hygiene or infections.</p> <p>We believe those who break the law should be prosecuted under current legislation, rather than imposing restrictions on professional practitioners.</p> <p>4. As a member of ATCM, one of the largest acupuncture professional bodies in the UK, I strongly ask for an exemption from this mandatory licencing scheme.</p> <p>Inconsistent standard of exemption could lead to inequality and discrimination.</p>
<p><b>178 - Minan Yao</b></p>	<p>At all, I still insist that acupuncturist should be exempted from such licensing scheme.</p> <p>Firstly, acupuncturists primarily focus on providing healthcare and promoting overall well-being, whereas tattoo artists and piercers primarily offer aesthetic and body modification services. While the latter group does require some knowledge of health and safety protocols, acupuncturists are trained in a broader range of medical and health-related knowledge, as they aim to diagnose, treat, and prevent various health conditions. Thus, it is more appropriate to group acupuncturists with other healthcare professionals who share similar objectives in promoting health and wellness.</p> <p>In addition, acupuncturists undergo extensive education and training in traditional Chinese medicine, anatomy, physiology, and other health-related subjects. This level of education often involves obtaining a diploma, degree, or higher qualification, which is more akin to the training received by other healthcare professionals. In contrast, tattoo artists and piercers may not have such formal education or training in health sciences. Consequently, it makes more sense to group acupuncturists with other health professionals who share a similar level of knowledge and expertise in their respective fields.</p>

<p><b>179 - N Wales Health and Safety Expert Panel</b></p>	<p>It is unclear when a H&amp;S Offence becomes spent.</p> <p>A visit/appointment <b>MUST</b> be undertaken to assess the applicant. Meeting the practitioner via a visit is the only opportunity to verify that they are setting up and operating safely and to discuss practices that could be a health risk.</p> <p>Processing of the practitioner licence Sections 6.37-6.38 <b>MUST</b> also include a visit to assess compliance with the licensing conditions. This is specified for the premises but not the practitioner. This is particularly important if practitioners are able to operate throughout Wales without notifying of a change of premises or from multiple premises. We need to be confident that they know the IP&amp;C requirements.</p> <p>We are supportive and in agreement to allow additional procedures to be included in the future however there is concern at the level of resources required to deal with additional special procedures in the future, particularly around the beauty sector.</p> <p>The regulations or conditions needs some specific definitions for the practitioner/premises owner to understanding what ‘cleaning’, ‘disinfection’ and ‘sterilisation’ is as well as a regulated Level 2 qualification.</p> <p>Example application forms and supplementary forms could be drafted by the trade and used to allow practitioners to get a licence. There should be templates produced for notices such as Stop Notices / RAN – to ensure consistency. There needs to be some method of any enforcement actions being uploaded onto the National database.</p> <p>There will be a need for appropriate training for licensing committee members.</p> <p>Section 4.2 is of concern for local authorities to be able to prove that practitioners are undertaking procedures “not for any charge”.</p>
<p><b>183 - Hair and Beauty Industry Authority</b></p>	<p>On behalf of the Beauty Industry Group (BIG), we are grateful for the opportunity to input on this work and look forward to further discussions and the continual opportunity to work with [name redacted] and colleagues as the license scheme is expanded to include other non-surgical cosmetic procedures.</p>



<b>184 - Nursing and Midwifery Council</b>	We have no comments.
<b>188 - Anonymous (acupuncture)</b>	<p>1. This legislation will be beneficial to public health. However, from education and training background, to service recipients, compared with Body Piercing, Electrolysis, and Tattooing, the professional nature of Acupuncture is completely different. In fact, acupuncturists were recognised by the government as healthcare professionals and named as such in the ONS classifications.</p> <p>There is a growing concern that if acupuncturists are subject to the same regulations as tattoo artists, it could harm the reputation of acupuncture as a healthcare service provider.</p> <p>2. As acupuncture has been recognised as one of the safest forms of medical intervention and accepted as a complementary medicine by many GP's and NHS establishments in Wales, many of the afore mentioned offering acupuncture as a treatment modality. Therefore, acupuncturists as healthcare professionals shouldn't be positioned to require a special procedures licence as most of them have obtained training of degree level or higher?</p> <p>3. The complaints Welsh Government has received were predominantly from tattooing and body piercing exponents; many of them related to their procedures on minors and have little to do with a real acupuncture procedure. In fact, over the past 28 years, ATCM, with nearly 700 members, has never received any complaints or insurance claims due to clinic hygiene or infections.</p> <p>We believe those who break the law should be prosecuted under current legislation, rather than imposing restrictions on professional practitioners.</p> <p>4. As a member of ATCM, one of the largest acupuncture professional bodies in the UK, I strongly ask for an exemption from this mandatory licencing scheme.</p> <p>Inconsistent standard of exemption could lead to inequality and discrimination.</p>
<b>190 - Anonymous (acupuncture)</b>	<p>1. This legislation will be beneficial to public health. However, from education and training background, to service recipients, compared with Body Piercing, Electrolysis, and Tattooing, the professional nature of Acupuncture is completely different. In fact, acupuncturists were recognised by the government as healthcare professionals and named as such in the ONS classifications.</p>

	<p>There is a growing concern that if acupuncturists are subject to the same regulations as tattoo artists, it could harm the reputation of acupuncture as a healthcare service provider.</p> <ol style="list-style-type: none"> <li>2. As acupuncture has been recognised as one of the safest forms of medical intervention and accepted as a complementary medicine by many GP's and NHS establishments in Wales, many of the afore mentioned offering acupuncture as a treatment modality. Therefore, acupuncturists as healthcare professionals shouldn't be positioned to require a special procedures licence as most of them have obtained training of degree level or higher?</li> <li>3. The complaints Welsh Government has received were predominantly from tattooing and body piercing exponents; many of them related to their procedures on minors and have little to do with a real acupuncture procedure. In fact, over the past 28 years, ATCM, with nearly 700 members, has never received any complaints or insurance claims due to clinic hygiene or infections.</li> </ol> <p>We believe those who break the law should be prosecuted under current legislation, rather than imposing restrictions on professional practitioners.</p> <ol style="list-style-type: none"> <li>4. As a member of ATCM, one of the largest acupuncture professional bodies in the UK, I strongly ask for an exemption from this mandatory licencing scheme.</li> </ol> <p>Inconsistent standard of exemption could lead to inequality and discrimination.</p>
<p><b>191 - Anonymous (acupuncture)</b></p>	<ol style="list-style-type: none"> <li>1. This legislation will be beneficial to public health. However, from education and training background, to service recipients, compared with Body Piercing, Electrolysis, and Tattooing, the professional nature of Acupuncture is completely different. In fact, acupuncturists were recognised by the government as healthcare professionals and named as such in the ONS classifications.</li> </ol> <p>There is a growing concern that if acupuncturists are subject to the same regulations as tattoo artists, it could harm the reputation of acupuncture as a healthcare service provider.</p>

	<p>2. As acupuncture has been recognised as one of the safest forms of medical intervention and accepted as a complementary medicine by many GP's and NHS establishments in Wales, many of the afore mentioned offering acupuncture as a treatment modality. Therefore, acupuncturists as healthcare professionals shouldn't be positioned to require a special procedures licence as most of them have obtained training of degree level or higher?</p> <p>3. The complaints Welsh Government has received were predominantly from tattooing and body piercing exponents; many of them related to their procedures on minors and have little to do with a real acupuncture procedure. In fact, over the past 28 years, ATCM, with nearly 700 members, has never received any complaints or insurance claims due to clinic hygiene or infections.</p> <p>We believe those who break the law should be prosecuted under current legislation, rather than imposing restrictions on professional practitioners.</p> <p>4. As a member of ATCM, one of the largest acupuncture professional bodies in the UK, I strongly ask for an exemption from this mandatory licencing scheme.</p> <p>Inconsistent standard of exemption could lead to inequality and discrimination.</p>
<p><b>192 - British Register of Complementary Practitioners</b></p>	<p>In principle, we agree with this legislation from the point of view of Health &amp; Safety to the public. However, we believe that Acupuncture should be treated very differently to Electrolysis, Tattooing and Body Piercing. Acupuncture is used widely within GP surgeries and within the NHS nationwide. It is recommended by the National Institute for Health and Care Excellence under their guidelines for chronic pain.</p> <p>Registered practitioners of Acupuncture are trained to a high standard, are vetted by their regulatory bodies and abide by codes of conduct and professional practice. In our opinion, it should be enough for the Local Authorities who will be handling mandatory Special Licensing to establish whether Acupuncture practitioners are indeed members of a professional association/regulatory body and to then award them exemption from licensing and fees.</p>
<p><b>193 - Dr Jianrui Wang</b></p>	<p>1. This legislation will be beneficial to public health. However, from education and training background, to service recipients, compared with Body Piercing, Electrolysis, and Tattooing, the professional nature</p>

	<p>of Acupuncture is completely different. In fact, acupuncturists were recognised by the government as healthcare professionals and named as such in the ONS classifications.</p> <p>There is a growing concern that if acupuncturists are subject to the same regulations as tattoo artists, it could harm the reputation of acupuncture as a healthcare service provider.</p> <ol style="list-style-type: none"> <li>2. As acupuncture has been recognised as one of the safest forms of medical intervention and accepted as a complementary medicine by many GP's and NHS establishments in Wales, many of the afore mentioned offering acupuncture as a treatment modality. Therefore, acupuncturists as healthcare professionals shouldn't be positioned to require a special procedures licence as most of them have obtained training of degree level or higher?</li> <li>3. The complaints Welsh Government has received were predominantly from tattooing and body piercing exponents; many of them related to their procedures on minors and have little to do with a real acupuncture procedure. In fact, over the past 28 years, ATCM, with nearly 700 members, has never received any complaints or insurance claims due to clinic hygiene or infections.</li> </ol> <p>We believe those who break the law should be prosecuted under current legislation, rather than imposing restrictions on professional practitioners.</p> <ol style="list-style-type: none"> <li>4. As a member of ATCM, one of the largest acupuncture professional bodies in the UK, I strongly ask for an exemption from this mandatory licencing scheme.</li> </ol> <p>Inconsistent standard of exemption could lead to inequality and discrimination.</p>
<p><b>194 - Jian Wang</b></p>	<ol style="list-style-type: none"> <li>1. This legislation will be beneficial to public health. However, from education and training background, to service recipients, compared with Body Piercing, Electrolysis, and Tattooing, the professional nature of Acupuncture is completely different. In fact, acupuncturists were recognised by the government as healthcare professionals and named as such in the ONS classifications.</li> </ol> <p>There is a growing concern that if acupuncturists are subject to the same regulations as tattoo artists, it could harm the reputation of acupuncture as a healthcare service provider.</p>

	<p>2. As acupuncture has been recognised as one of the safest forms of medical intervention and accepted as a complementary medicine by many GP's and NHS establishments in Wales, many of the aforementioned offering acupuncture as a treatment modality. Therefore, acupuncturists as healthcare professionals shouldn't be positioned to require a special procedures licence as most of them have obtained training of degree level or higher?</p> <p>3. The complaints Welsh Government has received were predominantly from tattooing and body piercing exponents; many of them related to their procedures on minors and have little to do with a real acupuncture procedure. In fact, over the past 28 years, ATCM, with nearly 700 members, has never received any complaints or insurance claims due to clinic hygiene or infections.</p> <p>We believe those who break the law should be prosecuted under current legislation, rather than imposing restrictions on professional practitioners.</p> <p>4. As a member of ATCM, one of the largest acupuncture professional bodies in the UK, I strongly ask for an exemption from this mandatory licencing scheme.</p> <p>Inconsistent standard of exemption could lead to inequality and discrimination.</p>
<p><b>195 - Anonymous (piercer)</b></p>	<p>Accompanying email:</p> <p>Please find attached my responses to the special procedures licensing. I am a body piercer in Aberystwyth and feel strongly about ensuring the safety of myself and my clients.</p> <p>Response to q43: none given</p>
<p><b>196 - Anonymous (acupuncture)</b></p>	<p>1. The legislation will be beneficial to public health. However, from education and training background, to service recipients, compared with Body Piercing, Electrolysis, and Tattooing, the professional nature of Acupuncture is completely different. In fact, acupuncturists were recognised by the government as healthcare professionals and named as such in the ONS classifications.</p>

	<p>There is a growing concern that if acupuncturists are subject to the same regulations as tattoo artists, it could harm the reputation of acupuncture as a healthcare service provider.</p> <ol style="list-style-type: none"> <li>2. As acupuncture has been recognised as one of the safest forms of medical intervention and accepted as a complementary medicine by many GP's and NHS establishments in Wales, many of the aforementioned offering acupuncture as a treatment modality. Therefore, acupuncturists as healthcare professionals shouldn't be positioned to require a special procedures licence as most of them have obtained training of degree level or higher?</li> <li>3. The complaints Welsh Government has received were predominantly from tattooing and body piercing exponents, many of them related to their procedures on minors and have little to do with real acupuncture procedure. In fact, over the past 28 years, ATCM, with nearly 700 members, has never received any complaints or insurance claims due to clinic hygiene or infections.</li> </ol> <p>We believe those who break the law should be prosecuted under current legislation, rather than imposing restrictions on professional practitioners.</p> <ol style="list-style-type: none"> <li>4. As a member of ATCM, one of the largest acupuncture professional bodies in the UK, I strongly ask for an exemption from this mandatory licencing scheme.</li> </ol> <p>Inconsistent standard of exemption could lead to inequality and discrimination.</p>
<p><b>197 - Anonymous (acupuncture)</b></p>	<ol style="list-style-type: none"> <li>1. This legislation will be beneficial to public health. However, from education and training background, to service recipients, compared with Body Piercing, Electrolysis, and Tattooing, the professional nature of Acupuncture is completely different. In fact, acupuncturists were recognised by the government as healthcare professionals and named as such in the ONS classifications.</li> </ol> <p>There is a growing concern that if acupuncturists are subject to the same regulations as tattoo artists, it could harm the reputation of acupuncture as a healthcare service provider.</p> <ol style="list-style-type: none"> <li>2. As acupuncture has been recognised as one of the safest forms of medical intervention and accepted as a complementary medicine by many GP's and NHS establishments in Wales, many of the aforementioned offering acupuncture as a treatment modality. Therefore, acupuncturists as healthcare</li> </ol>

	<p>professionals shouldn't be positioned to require a special procedures licence as most of them have obtained training of degree level or higher?</p> <p>3. The complaints Welsh Government has received were predominantly from tattooing and body piercing exponents, many of them related to their procedures on minors and have little to do with a real acupuncture procedure. In fact, over the past 28 years, ATCM, with nearly 700 members, has never received any complaints or insurance claims due to clinic hygiene or infections.</p> <p>We believe those who break the law should be prosecuted under current legislation, rather than imposing restrictions on professional practitioners.</p> <p>4. As a member of ATCM, one of the largest acupuncture professional bodies in the UK, I strongly ask for an exemption from this mandatory licencing scheme.</p> <p>Inconsistent standard of exemption could lead to inequality and discrimination.</p>
<p><b>198 - Isle of Angelsey County Council</b></p>	<p>It is unclear when a H&amp;S Offence becomes spent.</p> <p>A visit/appointment MUST be undertaken to assess the applicant. Meeting the practitioner via a visit is the only opportunity to verify that they are setting up and operating safely and to discuss practices that could be a health risk.</p> <p>Processing of the practitioner licence Sections 6.37-6.38 MUST also include a visit to assess compliance with the licensing conditions. This is specified for the premises but not the practitioner. This is particularly important if practitioners are able to operate throughout Wales without notifying of a change of premises or from multiple premises. We need to be confident that they know the IP&amp;C requirements.</p> <p>We are supportive and in agreement to allow additional procedures to be included in the future however there is concern at the level of resources required to deal with additional special procedures in the future, particularly around the beauty sector.</p>

	<p>The regulations or conditions needs some specific definitions for the practitioner/premises owner to understanding what 'cleaning', 'disinfection' and 'sterilisation' is as well as a regulated Level 2 qualification.</p> <p>Example application forms and supplementary forms could be drafted by the trade and used to allow practitioners to get a licence. There should be templates produced for notices such as Stop Notices / RAN – to ensure consistency. There needs to be some method of any enforcement actions being uploaded onto the National database.</p> <p>There will be a need for appropriate training for licensing committee members.</p> <p>Section 4.2 is of concern for local authorities to be able to prove that practitioners are undertaking procedures “not for any charge”.</p>
<p><b>200 - Anonymous (local authority)</b></p>	<p>We welcome the open nature of consultation that WG have provided.</p> <p>However, we have concerns on the regulatory impact assessment that accompanies this Consultation.</p> <p><u>[Local authority name redacted] believes it to be a significant under-estimate of the amount of time, effort, resource that will be needed to implement this scheme.</u></p> <p>Compared to the current LGMPA registration process the Proposed Licensing scheme has clear public health benefits. But it places significant additional responsibility on the LA (to advise, visit, inspect, process, issue, vary and monitor) licensee compliance. The processing requirements are FAR above the current level of engagement at businesses and no additional resource or capacity is being provided to deliver it. In-fact, Local Authorities are facing budget cuts, staffing cuts. None of this is factored into the Regulatory Risk assessment.</p> <p>Delivery and hosting of training sessions at LA premises is not (or does not clearly identify) as being factored into the RIA.</p>



Admin handling, and Enforcement procedures will have to be updated; consultation sessions with businesses held; (which will take significant time to prepare for); phone questionnaires; workshops, new template letters, new notices, Cabinet member and Council briefing notes drafted, agreed and issued. Proactive and Reactive communications developed. None of this is factored into the Regulatory Risk assessment.

Reading the consultation pack took 5 hours. Drafting the initial Response (Draft 1 to the consultation took 7 hours).

The integration, link (or other-wise), of this regime into the HSE LAE1 return needs careful and WG led clarification - this could be classed as a H&S at work intervention as there is no other location where this body of work, which will be substantial, will be reported, monitored or recorded. During visits to these establishments, Welfare Regs, RIDDOR, HASWA74, Electricity at Work, PUWER, COSHH all likely to remain applicable and will/could be considered at the same visits.

It's not clear on frequency of checks required once a premises is licensed, on what basis, rota, risk assessment principle will we list them – as its clear in the pack that there is an expectation of LA proactive inspection. Is it inspection by new License issue or tied to every 3 year renewal? Or variation? Is the cost of an EHO to visit to determine a license issue included in the fee?

This is a new Regulatory Regime. And it does have real tangible public health benefit and a clear need. Yet it is not being funded, or resourced by WG and is being assimilated into existing structures.

One of the significant enforcement/regulatory changes with this regime is the link to Licensing Committee. In many LAs, Licensing officers may run this scheme, though it has to be asked if they have the IP&C training/competence to do the visits associated with them. But in many LAs H&S EHO or Technical officers will run this scheme. The previous LGMPA process had no involvement of licensing committee's in many LA's. The new process requires significant re-working of internal processes to now link to Licensing Committee as its fundamental to the administering of the new process. The significant internal re-work to do this, is not sufficiently factored into the RIA.

	<p>Careful consideration MUST be had to the frequency, size and NEED for the fees associated with this regime. The options being proposed represent a significant increase in the fees, their frequency etc. and this impact will be born by the small businesses operating these procedures. The fee structure Must be proportionate. If not it may have the impact of driving parts of the sector under-ground and therefore reducing impact, support and credibility.</p>
<p><b>201 - All Wales Communicable Disease Expert Panel</b></p>	<p>CDEP welcomes the open nature of consultation that WG have provided. However, CDEP members express concerns on the regulatory impact assessment that accompanies this Consultation.</p> <p><u>CDEP believe it to be a significant under - estimate of the amount of time, effort, resource that will be needed to implement this scheme.</u></p> <p>Compared to the current LGMPA registration process the Proposed Licensing scheme has clear public health benefits. But it places significant additional responsibility on the LA (to advise, visit, inspect, process, issue, vary and monitor) licensee compliance. The processing requirements are FAR above the current level of engagement at businesses and no additional resource or capacity is being provided to deliver it. In-fact, Local Authorities are facing budget cuts, staffing cuts. None of this is effectively factored into the Regulatory Risk assessment.</p> <p>Delivery and hosting of training sessions at LA premises is not (or does not clearly identify) as being factored into the RIA.</p> <p>Admin handling, and Enforcment procedures will have to be updated; consultation sessions with businesses held; (which will take significant time to prepare for); phone questionnaires; workshops, new template letters, new notices, Cabinet member and Council briefing notes drafted, agreed and issued. Proactive and Reactive communications developed. None of this is factored into the Regulatory Risk assessment.</p> <p>Reading the consultation pack took 4 hours. Drafting the response as an LA 3 hours. On behalf of the panel 10 hours.</p> <p><b>Liaison with HASWA / RIDDOR</b></p>

The integration, link (or other-wise), of this regime into the HSE LAE1 return needs careful and WG led clarification - this could be classed as a H&S at work intervention as there is no other location where this body of work, which will be substantial, will be reported, monitored or recorded. During visits to these establishments, Welfare Regs, RIDDOR, HASWA74, Electricity at Work, PUWER, COSHH all likely to remain applicable and will/could be considered at the same visits. The importance of RIDDOR in this sector, as occupational disease considerations is important but not really considered anywhere in the consultation.

It's not clear on frequency of checks required once a premises is licensed, on what basis, rota, risk assessment principle will we list them – as its clear in the pack that there is an expectation of LA proactive inspection. Is it inspection by new License issue or tied to every 3 year renewal? Or variation?

This is a new Regulatory Regime. And it does have real tangible benefit and a clear need. Yet it is not being funded, or resourced by WG or specifically within LAs and is being assimilated into existing structures.

#### **Licencing and Internal Re-Working**

One of the significant enforcement/regulatory changes with this regime is the link to Licensing Committee. In some LAs, Licensing officers may run this scheme, though it has to be asked if they have the IP&C training/competence to do the visiting and inspection element.

But in many LAs H&S EHO or specialist Technical officers will run this scheme. The previous LGMPA process had no involvement of licensing committee's in many LA's. The new process requires significant re-working of internal processes to now link to Licensing Committee as its fundamental to the administering of the new process. The significant internal re-work to do this, is not sufficiently factored into the RIA.

**Other observations include:**

**When does a H&S Offence become spent?**

A visit/appointment MUST be undertaken to assess the applicant. Meeting the practitioner via a visit is the only opportunity to verify that they are setting up and operating safely, discuss practices that could be a health risk and assess competency.

*Processing of the practitioner licence S6.37-6.38 MUST also include a visit to assess compliance with the licensing conditions. This is specified for the premises but not the practitioner. This is particularly important if practitioners are able to operate throughout Wales without notifying of a change of premises or from multiple premises. We need to be confident that they know the IP&C requirements in order to assess competency.*

**Definitions:**

*The regulations or conditions needs some specific definitions for the practitioner/premises owner to understanding what 'cleaning', 'disinfection' and 'sterilisation' is as well as a regulated L2 qualification.*

*Example application forms and supplementary forms could be drafted by the trade and used to allow practitioners to get a licence.*

*There is no specific mention of qualification equivalency but if this does arise then can ROSPA be the point of contact to assess equivalency*

**Funding**

Whilst the licensing scheme is supposed to be self-funding for Local Authorities based on the fees for the application/licensing process, the fees have not yet been determined and therefore the impact of this is not known. Also, the funding streams are unlikely to be received until towards the end of the transition period with work to support practitioners having already commenced.

**Fees**

During the consultation event, concerns were raised by some of those in attendance on the negative impact the proposed licensing fees and structure will have on their businesses. Many of the businesses

	<p>currently registered with One LA are sole traders with only 1 or 2 persons undertaking special procedures. Therefore, they felt that they would be paying double- to licence themselves and the premises. Consideration should be given to a possible reduction in fee in these circumstances</p> <p>A high number of areas within one LA's are among the most deprived in Wales, it is a concern that along with the current cost of living crisis, the proposed scheme will have a negative impact on these small businesses. Funding should be made available by Welsh Government for the Level 2 IPC training and potential structural improvements to premises</p> <p><b>Training</b> provided by Welsh Government should be provided for the following:</p> <ol style="list-style-type: none"> <li>1. Training of licensing committees and supporting officers (e.g. licensing officers) in the new roles / application process</li> <li>2. Training of enforcement officers in terms of the new regime, any applicable guidance / standards that will need to be applied and use of enforcement options available</li> </ol> <p>Detailed <b>statutory and operational guidance</b> in respect of the use of enforcement powers must be developed prior to the implementation of the regime.</p> <p>Detailed <b>statutory and operational guidance</b> in respect of the standards required in both premises and vehicles must be developed prior to the implementation of the regime. This guidance must include consideration of those matters which should automatically give rise to the consideration of refusal or revocation of a licence.</p>
<p><b>202 - Health and Safety Expert Panel</b></p>	<p>The HSEP welcome the opportunity to comment and engage with this consultation.</p> <p>It is however important that we use this opportunity to raise our concerns in relation to the resource required for the set up and delivery of this scheme. It is disappointing that no funding arrangement have been put in place to address these concerns.</p> <p>Whilst the licensing scheme is presumed to be self-funding for Local Authorities based on the fees for the application/licensing process, the fees have not yet been determined and therefore the impact of this is</p>

	<p>not known. Also, the funding streams are unlikely to be received until towards the end of the transition period with work to support practitioners having already commenced.</p> <p>Data from the most recent LAE1 returns demonstrate the lack of resource in health and safety enforcement along with issues surrounding recruitment, long term absences and resourcing of lengthy investigations.</p> <p>Implementation of the scheme will be resource intensive for Local Authorities prior to the scheme being implemented and during the transition period- training of staff, increased requests for advice/support for businesses, upgrading IT systems and websites etc. Without any financial support being provided by Welsh Government, this is likely to have a detrimental impact on the existing regulatory functions of local authorities, specifically environmental health. It is suggested that Welsh Government provide funding of positions to support the implementation of the special procedures mandatory licensing scheme. It is essential that this scheme is a success, and without posts being created initially, it is concern that this will not be the case.</p> <p>It should also be noted that the accompanying regulatory impact assessment fails to articulate the resource and burden on local authorities and the HSEP feels this has been truly underestimated.</p>
<p><b>203 - Anonymous (acupuncture)</b></p>	<ol style="list-style-type: none"> <li>1. This legislation will be beneficial to public health. However, from education and training background to service recipients, compared with Body Piercing, Electrolysis, and Tattooing, the professional nature of Acupuncture is completely different. In fact, acupuncturists were recognised by the government as healthcare professionals and named as such in the ONS classifications.</li> </ol> <p>There is a growing concern that if acupuncturists are subject to the same regulations as tattoo artists, it could harm the reputation of acupuncture as a healthcare service provider.</p> <ol style="list-style-type: none"> <li>2. As acupuncture has been recognised as one of the safest forms of medical intervention and accepted as a complementary medicine by many GP's and NHS establishments in Wales, many of the aforementioned offering acupuncture as a treatment modality. Therefore, acupuncturists as healthcare professionals shouldn't be positioned to require a special procedures license as most of them have obtained training of degree level or higher.</li> </ol>

	<p>3. The complaints Welsh Government has received were predominantly from tattooing and body piercing exponents; many of them related to their procedures on minors and have little to do with a real acupuncture procedure. In fact, over the past 28 years, ATCM, with nearly 700 members, has never received any complaints or insurance claims due to clinic hygiene or infections.</p> <p>We believe those who break the law should be prosecuted under current legislation, rather than imposing restrictions on professional practitioners.</p> <p>4. As a member of ATCM, one of the largest acupuncture professional bodies in the UK, I strongly ask for an exemption from this mandatory licencing scheme.</p> <p>Inconsistent standard of exemption could lead to inequality and discrimination.</p>
<p><b>205 - Lulu Dai</b></p>	<p>This legislation will be beneficial to public health. However, from education and training background, to service recipients, compared with Body Piercing, Electrolysis, and Tattooing, the professional nature of Acupuncture is completely different. In fact, acupuncturists were recognised by the government as healthcare professionals and named as such in the ONS classifications.</p> <p>There is a growing concern that if acupuncturists are subject to the same regulations as tattoo artists, it could harm the reputation of acupuncture as a healthcare service provider.</p> <p>As acupuncture has been recognised as one of the safest forms of medical intervention and accepted as a complementary medicine by many GP's and NHS establishments in Wales, many of the afore mentioned offering acupuncture as a treatment modality. Therefore, acupuncturists as healthcare professionals shouldn't be positioned to require a special procedures licence as most of them have obtained training of degree level or higher?</p> <p>The complaints Welsh Government has received were predominantly from tattooing and body piercing exponents; many of them related to their procedures on minors and have little to do with a real acupuncture procedure. In fact, over the past 28 years, ATCM, with nearly 700 members, has never received any complaints or insurance claims due to clinic hygiene or infections.</p>

	<p>We believe those who break the law should be prosecuted under current legislation, rather than imposing restrictions on professional practitioners.</p> <p>As a member of ATCM, one of the largest acupuncture professional bodies in the UK, I strongly ask for an exemption from this mandatory licencing scheme.</p> <p>Inconsistent standard of exemption could lead to inequality and discrimination.</p>
<p><b>206/177 - Anonymous (acupuncture)</b></p>	<p>This legislation will be beneficial to public health. However, from education and training background, to service recipients, compared with Body Piercing, Electrolysis, and Tattooing, the professional nature of Acupuncture is completely different. In fact, acupuncturists were recognised by the government as healthcare professionals and named as such in the ONS classifications.</p> <p>There is a growing concern that if acupuncturists are subject to the same regulations as tattoo artists, it could harm the reputation of acupuncture as a healthcare service provider.</p> <p>As acupuncture has been recognised as one of the safest forms of medical intervention and accepted as a complementary medicine by many GP's and NHS establishments in Wales, many of the afore mentioned offering acupuncture as a treatment modality. Therefore, acupuncturists as healthcare professionals shouldn't be positioned to require a special procedures licence as most of them have obtained training of degree level or higher?</p> <p>The complaints Welsh Government has received were predominantly from tattooing and body piercing exponents; many of them related to their procedures on minors and have little to do with a real acupuncture procedure. In fact, over the past 28 years, ATCM, with nearly 700 members, has never received any complaints or insurance claims due to clinic hygiene or infections.</p> <p>We believe those who break the law should be prosecuted under current legislation, rather than imposing restrictions on professional practitioners.</p> <p>As a member of ATCM, one of the largest acupuncture professional bodies in the UK, I strongly ask for an exemption from this mandatory licencing scheme.</p>



	Inconsistent standard of exemption could lead to inequality and discrimination.
<b>208 - Zheng Yuan Zhong</b>	<p>1. This legislation will be beneficial to public health. However, from education and training background, to service recipients, compared with Body Piercing, Electrolysis, and Tattooing, the professional nature of Acupuncture is completely different. In fact, acupuncturists were recognised by the government as healthcare professionals and named as such in the ONS classifications.</p> <p>There is a growing concern that if acupuncturists are subject to the same regulations as tattoo artists, it could harm the reputation of acupuncture as a healthcare service provider.</p> <p>2. As acupuncture has been recognised as one of the safest forms of medical intervention and accepted as a complementary medicine by many GP's and NHS establishments in Wales, many of the afore mentioned offering acupuncture as a treatment modality. Therefore, acupuncturists as healthcare professionals shouldn't be positioned to require a special procedures licence as most of them have obtained training of degree level or higher?</p> <p>3. The complaints Welsh Government has received were predominantly from tattooing and body piercing exponents; many of them related to their procedures on minors and have little to do with a real acupuncture procedure. In fact, over the past 28 years, ATCM, with nearly 700 members, has never received any complaints or insurance claims due to clinic hygiene or infections.</p> <p>We believe those who break the law should be prosecuted under current legislation, rather than imposing restrictions on professional practitioners.</p> <p>4. As a member of ATCM, one of the largest acupuncture professional bodies in the UK, I strongly ask for an exemption from this mandatory licencing scheme.</p> <p>Inconsistent standard of exemption could lead to inequality and discrimination</p>
<b>209 - Anonymous (acupuncture)</b>	<p>This legislation will be beneficial to public health. However, from education and training background, to service recipients, compared with Body Piercing, Electrolysis, and Tattooing, the professional nature of Acupuncture is completely different. In fact, acupuncturists were recognised by the government as healthcare professionals and named as such in the ONS classifications.</p>

	<p>As acupuncture has been recognised as one of the safest forms of medical intervention and accepted as a complementary medicine by many GP's and NHS establishments in Wales, many of the afore mentioned offering acupuncture as a treatment modality. Therefore, acupuncturists as healthcare professionals shouldn't be positioned to require a special procedures licence as most of them have obtained training of degree level or higher?</p> <p>The complaints Welsh Government has received were predominantly from tattooing and body piercing exponents; many of them related to their procedures on minors and have little to do with a real acupuncture procedure. In fact, over the past 28 years, ATCM, with nearly 700 members, has never received any complaints or insurance claims due to clinic hygiene or infections.</p> <p>We believe those who break the law should be prosecuted under current legislation, rather than imposing restrictions on professional practitioners.</p> <p>As a member of ATCM, one of the largest acupuncture professional bodies in the UK, I strongly ask for an exemption from this mandatory licencing scheme.</p> <p>Inconsistent standard of exemption could lead to inequality and discrimination.</p>
<p><b>210 - Li Yan</b></p>	<p>1. This legislation will be beneficial to public health. However, from education and training background, to service recipients, compared with Body Piercing, Electrolysis, and Tattooing, the professional nature of Acupuncture is completely different. In fact, acupuncturists were recognised by the government as healthcare professionals and named as such in the ONS classifications.</p> <p>There is a growing concern that if acupuncturists are subject to the same regulations as tattoo artists, it could harm the reputation of acupuncture as a healthcare service provider.</p> <p>2. As acupuncture has been recognised as one of the safest forms of medical intervention and accepted as a complementary medicine by many GP's and NHS establishments in Wales, many of the afore mentioned offering acupuncture as a treatment modality. Therefore, acupuncturists as healthcare professionals shouldn't be positioned to require a special procedures licence as most of them have obtained training of degree level or higher?</p>

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<p><b>211 - British Acupuncture Council</b></p>	<p>Accompanying email:</p> <p>Please find attached the British Acupuncture Council's to the consultation on Mandatory Licensing Scheme for Special Procedures in Wales. This response has been completed in conjunction with the British Acupuncture Accreditation Board.</p> <p>Response to q43:</p> <p>We would just like to recap on what we believe is the important context beyond the licensing criteria. Acupuncture is a healthcare profession and increasingly relied on by the public. Moreover, we believe GPs and other healthcare professionals increasingly refer their patients for acupuncture. There is a current shortage of mainstream healthcare professionals that seems set to continue. PSA accredited register status facilitates acupuncturists to work alongside mainstream healthcare professionals and ensures safety and quality. We believe the proposals should be framed to utilise the PSA Quality Mark rather than work against it.</p>
<p><b>213 - Min Li</b></p>	<p>1. This legislation will be beneficial to public health. However, from education and training background, to service recipients, compared with Body Piercing, Electrolysis, and Tattooing, the professional nature of Acupuncture is completely different. In fact, acupuncturists were recognised by the government as healthcare professionals and named as such in the ONS classifications.</p>

	<p>There is a growing concern that if acupuncturists are subject to the same regulations as tattoo artists, it could harm the reputation of acupuncture as a healthcare service provider.</p> <p>2. As acupuncture has been recognised as one of the safest forms of medical intervention and accepted as a complementary medicine by many GP's and NHS establishments in Wales, many of the afore mentioned offering acupuncture as a treatment modality. Therefore, acupuncturists as healthcare professionals shouldn't be positioned to require a special procedures licence as most of them have obtained training of degree level or higher?</p> <p>3. The complaints Welsh Government has received were predominantly from tattooing and body piercing exponents; many of them related to their procedures on minors and have little to do with a real acupuncture procedure. In fact, over the past 28 years, ATCM, with nearly 700 members, has never received any complaints or insurance claims due to clinic hygiene or infections.</p> <p>We believe those who break the law should be prosecuted under current legislation, rather than imposing restrictions on professional practitioners.</p> <p>4. As a member of ATCM, one of the largest acupuncture professional bodies in the UK, I strongly ask for an exemption from this mandatory licencing scheme.</p> <p>Inconsistent standard of exemption could lead to inequality and discrimination.</p>
<p><b>215 - Shared Regulatory Services</b></p>	<p>SRS welcome the opportunity to comment and engage with this consultation.</p> <p>It is however important that we use this opportunity to raise our concerns in relation to the resource required for the set up and delivery of this scheme. It is disappointing that no funding arrangement have been put in place to address these concerns.</p> <p>Whilst the licensing scheme is presumed to be self-funding for Local Authorities based on the fees for the application/licensing process, the fees have not yet been determined and therefore the impact of this is</p>

	<p>not known. Also, the funding streams are unlikely to be received until towards the end of the transition period with work to support practitioners having already commenced.</p> <p>Data from the most recent LAE1 returns demonstrate the lack of resource in health and safety enforcement along with issues surrounding recruitment, long term absences and resourcing of lengthy investigations.</p> <p>Implementation of the scheme will be resource intensive for Local Authorities prior to the scheme being implemented and during the transition period- training of staff, increased requests for advice/support for businesses, upgrading IT systems and websites etc. Without any financial support being provided by Welsh Government, this is likely to have a detrimental impact on the existing regulatory functions of local authorities, specifically environmental health. It is suggested that Welsh Government provide funding of positions to support the implementation of the special procedures mandatory licensing scheme. It is essential that this scheme is a success, and without posts being created initially, it is concern that this will not be the case.</p> <p>It should also be noted that the accompanying regulatory impact assessment fails to articulate the resource and burden on local authorities and SRS feels this has been truly underestimated.</p>
<p><b>216 - Age Cymru</b></p>	<p>Age Cymru is the leading charity working to improve the lives of all older people in Wales. We believe older people should be able to lead healthy and fulfilled lives, have adequate income, access to high quality services and the opportunity to shape their own future. We seek to provide a strong voice for all older people in Wales and to raise awareness of the issues of importance to them.</p> <p>Age Cymru welcomes the opportunity to respond to this consultation on mandatory licensing and special procedures. Though older people are not generally considered large users of services covered by the proposed licencing arrangements, it is important that such services are properly regulated. We welcome the introduction of mandatory licencing as this allows better protection for older people.</p> <p>In particular, acupuncture is a treatment option that some older people may turn to for pain relief. In our last three annual surveys older people have told us of issues they have had being able to access health care, and delays in getting the treatment they need through NHS services. We have seen an increase in</p>

	<p>the volume of older people who have accessed private health care as they simply could not wait for NHS services to be available. This may increase the number of older people that seek acupuncture services for pain management.</p> <p>We are aware through our ongoing programme of engagement with older people that it is not always easy to find information and advice about the services they need. In addition to the need to regulate special procedure services, there is a need to provide advice to the public on what services are regulated and why. As such it is important that the introduction of licencing of special procedures is accompanied with a publicity campaign. As older people are more likely to be digitally excluded, it is important that such campaigns consider how digitally excluded people can be reached.</p>
<p><b>217 - Anonymous (acupuncture)</b></p>	<p>It is no secret that healthcare in North Wales is facing challenging times.</p> <p>If acupuncturists are supported through legislation to be part of the Welsh healthcare system, then that creates an opportunity for Welsh people to confidently access high quality acupuncture services. PSA membership allows healthcare practitioners to be recognised as suitably qualified for referral via the NHS, and a link to find a registered acupuncturist can already be found on the NHS website acupuncture page. <a href="https://www.nhs.uk/conditions/acupuncture/">https://www.nhs.uk/conditions/acupuncture/</a></p> <p>Ensuring that all acupuncturists in Wales meet the requisite level of competence will be the best way to safeguard patients and ensure their wellbeing.</p>
<p><b>219 - Ross Jarvis</b></p>	<p>I want to know how pro-active LA's and EHO's will be. Will we pay all this money, get our license and then be left to it for three years before reapplication when they want more money?</p> <p>If I didn't have much faith that the Welsh government, my LA and EHO's knew what they were talking about before, then this consultation has convinced me that they don't. One of the biggest red flags to me is that there is even a provision for the following:</p> <p>Piercing guns and cartridge systems are an incredibly unsafe practice that MUST get your attention. One major example is the high street chain [brand name redacted] who pierce in the middle of a busy shop floor out in the open, with any number of shoppers walking around on their carpeted floor. This alone should be enough to shut them down now. It would shut down a studio. [Brand name redacted] employees are required to pierce just to be a sales assistant. They take a two hour course to use these</p>

	<p>systems on any part of the body and as a professional body piercer, it would take me more than 2 full WEEKS to train somebody to pierce just an ear lobe completely safely, so I know they are not performing these piercings with any level of competency and you must acknowledge that.</p> <p>We need assurance that we will have guidelines set out in simple and easy to understand language for us to implement everything fully, with plenty of notice to do so. I believe I have provided reasonable examples of why we need this notice.</p>
<p><b>220 - Tibetan and Eastern Medicine Association</b></p>	<p>In summary we reiterate that TEMA and BAF should be exempt from special procedure licencing requirements in the same way that we are in London given that:</p> <ol style="list-style-type: none"> <li>1. TEMA and BAF members are highly trained health professionals and should be classified as such as they are in the ONS and not as beauticians, tattooists or piercers. TEMA and BAF membership ensures an extremely high minimum level of training for practitioners ensuring such treatment is safe and well regulated.</li> <li>2. TEMA and BAF members adhere to and follow all the recommendations of the Government's Professional Standards Authority and are fully compliant with such standards.</li> <li>3. The member register ensures that the ethical standards demanded by the organisations are adhered to for the protection of the public.</li> <li>4. The professionalism and standing with other health professionals is reflected in the fact that <ul style="list-style-type: none"> <li>- TEMA and BAF are supported by the largest health care union, Unison</li> <li>- TEMA and BAF recently completed an NHS trial at Liverpool Royal Hospital.</li> </ul> </li> <li>5. TEMAs record during Covid and subsequent lockdowns as outlined above reflect the exemplary commitment to professionalism, safety standards and patient and practitioner care which should preclude our membership from onerous, expensive and unnecessary licencing regulations</li> </ol>

	<p>6. TEMA follow the UK guidelines for the department of Environmental Health which recommends that organisations should –</p> <ul style="list-style-type: none"> <li>• Have a register of members;</li> <li>• Require a qualification for membership by way of training for, and experience of, the therapy concerned;</li> <li>• Require its members to hold professional indemnity insurance;</li> <li>• Subjects its members to a code of conduct and ethics, including a prohibition of immoral conduct in the course of their practice; and</li> <li>• Provides procedures for disciplinary proceedings in respect of its members</li> </ul> <p>7. BAF are listed and accepted on the Private Practitioners Register and by many private insurers as safe providers of professional acupuncture treatments.</p> <p>We request that TEMA and BAF acupuncturists as level 5 and degree level trained acupuncturists and their student practitioners or trainees, their premises and vehicles be exempted via regulations from requiring a special licence as is allowed under the Act. To limit healthcare professionals in this way is unnecessarily complicated and expensive for the acupuncturist, the Local Authorities and ultimately the patient. Patient care is the primary concern to BAF acupuncturists, and it is submitted that there is negligible risk to the public from acupuncture treatments provided by our members.</p> <p>We welcome the opportunity to discuss our position face to face at any time.</p>
<p><b>221 - Wrexham County Borough Council</b></p>	<p>Please note that we support consolation responses from our colleagues form the Welsh Health &amp; Safety Panel and the Welsh Communicable disease panel.</p>
<p><b>222 - Caerphilly County Borough Council</b></p>	<p>We would reiterate our concerns in relation to the requirements of the Practitioner being required to state all premises at which they intend to operate including those that are not within a LA's borough. A Personal Practitioner licence should allow movement across Wales.</p> <p>The issue in respect of Fees needs to be clarified and to ensure consistency set by Regulations. Relevant Offences should be broader to include offences referred to in Question 7 and which we believe are relevant to the trade that we will be licensing.</p>



Section 6.44 – variation of a personal licence. This is an all-Wales scheme which was to allow licensed practitioners to freely move around Wales. This section does not seem to permit this but will require variation to allow this movement. This conflicts with the rationale for the legislation as originally intended and can be seen as a money-making exercise. It will also put additional pressure on LA resources to have to review these. Why is this necessary when the same standards must apply throughout Wales and a national register will be kept recording licensed practitioners and approved premises?

Competence – “Has a satisfactory level of competence” – It is understood that competency as far as the licensing regime is proposed only considers IP&C which is unclear in this consultation and needs clarity as members of the public will consider artwork, safe use of equipment etc. to be considered as part of the competency framework for the special procedure they are having. Many of these training schools/providers have devised their own courses, are unregulated, the course content is unknown, and provides for inconsistency in the information cascaded to trainees.

Convictions – how do you know whether someone has a conviction such as H&S

How do we know if there are any pending convictions or pending Court actions into relevant offences.

Clarification whether microblading is classed as tattooing or semi-permanent make-up.

Is micro-needling considered to be of these initial special procedures?

What about electronic consent forms where the system does not allow for electronic signing.

Some practitioners do not use email / modern technologies and may not be subject to receiving newsletters, consultation documents etc. Consideration must be given to these practitioners.

This consultation has been very difficult to comment on from an enforcement point of view as we do not know what provisions will be made within the new legislation i.e. will we still use Health and Safety at Work etc. Act 1974 and Regulations made thereunder or will all provisions be included within the new public health, special procedures legislation (for example, structural non-compliance).

	<p>The requirements specified in the consultation are bureaucratic and appear to be a sledgehammer to crack a nut. Some elements are contradictory, and we are being asked to consult on a document which is incomplete as the Regulations have not yet been written, forms and documents are yet to be drafted, guidance has not been drafted, and fees have not been confirmed and work is continuing to the national register database.</p> <p>That said, it is beneficial that a licensing scheme is put in place to bring consistency throughout Wales as some Authorities adopted the byelaws whilst others did not. Furthermore, the inclusion of relevant offences, DBS checks and national register are beneficial to the proposed scheme.</p> <p>Focus is necessary for those treatments which are currently unregulated and pose a significant risk to health such as dermal fillers, vampire facials (plasma work), leeches, micro-needling, derma planing, non-surgical face-lifts, botox, B12 injections to name but a few. As previously raised by this Authority it would be extremely useful to have an enforcing authority register for all such treatments which specifies who is responsible for their enforcement i.e., the LA, HIW, HSE, or General Dental Council.</p> <p>The prospect of additional financial burdens being placed on businesses / sole traders by the proposed introduction of the licensing scheme, particularly following covid and in the current economic climate has led to some businesses expressing resentment and seeing this process as a moneymaking venture by LA's. This might affect the current relationship between Officers and practitioners within their area.</p> <p>In conclusion, LAs are facing significant financial restraint due to budgetary cuts, this will create a substantial workload for Environmental Health and Licensing departments and an additional burden on business. It is anticipated that Health and Safety programmes will be restricted once this comes into force due to the increased volume of work that this will create.</p>
<p><b>223/140 - Xianghui Guo</b></p>	<p>1. This legislation will be beneficial to public health. However, from education and training background, to service recipients, compared with Body Piercing, Electrolysis, and Tattooing, the professional nature of Acupuncture is completely different. In fact, acupuncturists were recognised by the government as healthcare professionals and named as such in the ONS classifications.</p> <p>There is a growing concern that if acupuncturists are subject to the same regulations as tattoo artists, it could harm the reputation of acupuncture as a healthcare service provider.</p>

	<p>2. As acupuncture has been recognised as one of the safest forms of medical intervention and accepted as a complementary medicine by many GP's and NHS establishments in Wales, many of the aforementioned offering acupuncture as a treatment modality. Therefore, acupuncturists as healthcare professionals shouldn't be positioned to require a special procedures licence as most of them have obtained training of degree level or higher?</p> <p>3. The complaints Welsh Government has received were predominantly from tattooing and body piercing exponents; many of them related to their procedures on minors and have little to do with a real acupuncture procedure. In fact, over the past 28 years, ATCM, with nearly 700 members, has never received any complaints or insurance claims due to clinic hygiene or infections.</p> <p>We believe those who break the law should be prosecuted under current legislation, rather than imposing restrictions on professional practitioners.</p> <p>4. As a member of ATCM, one of the largest acupuncture professional bodies in the UK, I strongly ask for an exemption from this mandatory licencing scheme.</p> <p>Inconsistent standard of exemption could lead to inequality and discrimination.</p>
<b>224 - Anonymous (piercer)</b>	<p>I think the biggest thing to take away from this is that guns or "Piercing systems" are going to be licensed. This cannot happen, they are not safe or handled by professionals and they need to be outlawed- this is the perfect opportunity to stop people using these instruments legally.</p>
<b>225 - Jun Wen Ma</b>	<p>1. This legislation will be beneficial to public health. However, from education and training background, to service recipients, compared with Body Piercing, Electrolysis, and Tattooing, the professional nature of Acupuncture is completely different. In fact, acupuncturists were recognised by the government as healthcare professionals and named as such in the ONS classifications.</p> <p>There is a growing concern that if acupuncturists are subject to the same regulations as tattoo artists, it could harm the reputation of acupuncture as a healthcare service provider.</p>

	<p>2. As acupuncture has been recognised as one of the safest forms of medical intervention and accepted as a complementary medicine by many GP's and NHS establishments in Wales, many of the afore mentioned offering acupuncture as a treatment modality. Therefore, acupuncturists as healthcare professionals shouldn't be positioned to require a special procedures licence as most of them have obtained training of degree level or higher?</p> <p>3. The complaints Welsh Government has received were predominantly from tattooing and body piercing exponents; many of them related to their procedures on minors and have little to do with a real acupuncture procedure. In fact, over the past 28 years, ATCM, with nearly 700 members, has never received any complaints or insurance claims due to clinic hygiene or infections.</p> <p>We believe those who break the law should be prosecuted under current legislation, rather than imposing restrictions on professional practitioners.</p> <p>4. As a member of ATCM, one of the largest acupuncture professional bodies in the UK, I strongly ask for an exemption from this mandatory licencing scheme.</p> <p>Inconsistent standard of exemption could lead to inequality and discrimination.</p>
<p><b>226 - Environmental Health Wales</b></p>	<p>CDEP and HSEP welcomes the open nature of consultation that WG have provided.</p> <p>However, CDEP and HSEP members express concerns on the regulatory impact assessment that accompanies this Consultation.</p> <p><u>CDEP and HSEP believe it to be a significant under - estimate of the amount of time, effort, resource that will be needed to implement this scheme.</u></p> <p>Compared to the current LGMPA registration process the Proposed Licensing scheme has clear public health benefits. But it places significant additional responsibility on the LA (to advise, visit, inspect, process, issue, vary and monitor) licensee compliance. The processing requirements are FAR above the current level of engagement at businesses and no additional resource or capacity is being provided to</p>

deliver it. In-fact, Local Authorities are facing budget cuts, staffing cuts. None of this is effectively factored into the Regulatory Risk assessment.

Data from the most recent LAE1 returns demonstrate the lack of resource in health and safety enforcement along with issues surrounding recruitment, long term absences and resourcing of lengthy investigations. The HSEP are concerned with further resourcing implications of this regime.

Delivery and hosting of training sessions at LA premises is not (or does not clearly identify) as being factored into the RIA.

Admin handling, and Enforcement procedures will have to be updated; consultation sessions with businesses held; (which will take significant time to prepare for); phone questionnaires; workshops, new template letters, new notices, Cabinet member and Council briefing notes drafted, agreed and issued. Proactive and Reactive communications developed. None of this is factored into the Regulatory Risk assessment.

Reading the consultation pack took 4 hours. Drafting the response as an LA 3 hours. On behalf of the panel 10 hours.

#### **Liaison with HASWA / RIDDOR**

The integration, link (or other-wise), of this regime into the HSE LAE1 return needs careful and WG led clarification - this could be classed as a H&S at work intervention as there is no other location where this body of work, which will be substantial, will be reported, monitored or recorded. During visits to these establishments, Welfare Regs, RIDDOR, HASWA74, Electricity at Work, PUWER, COSHH all likely to remain applicable and will/could be considered at the same visits. The importance of RIDDOR in this sector, as occupational disease considerations is important but not really considered anywhere in the consultation.

It's not clear on frequency of checks required once a premises is licensed, on what basis, rota, risk assessment principle will we list them – as its clear in the pack that there is an expectation of LA proactive inspection. Is it inspection by new License issue or tied to every 3 year renewal? Or variation?

This is a new Regulatory Regime. And it does have real tangible benefit and a clear need. Yet it is not being funded, or resourced by WG or specifically within LAs and is being assimilated into existing structures.

### **Licencing and Internal Re-Working**

One of the significant enforcement/regulatory changes with this regime is the link to Licensing Committee. In some LAs, Licensing officers may run this scheme, though it has to be asked if they have the IP&C training/competence to do the visiting and inspection element.

But in many LAs H&S EHO or specialist Technical officers will run this scheme. The previous LGMPA process had no involvement of licensing committee's in many LA's. The new process requires significant re-working of internal processes to now link to Licensing Committee as its fundamental to the administering of the new process. The significant internal re-work to do this, is not sufficiently factored into the RIA.

### **Other observations include:**

#### **When does a H&S Offence become spent?**

A visit/appointment MUST be undertaken to assess the applicant. Meeting the practitioner via a visit is the only opportunity to verify that they are setting up and operating safely, discuss practices that could be a health risk and assess competency.

*Processing of the practitioner licence S6.37-6.38 MUST also include a visit to assess compliance with the licensing conditions. This is specified for the premises but not the practitioner. This is particularly important if practitioners are able to operate throughout Wales without notifying of a change of premises or from multiple premises. We need to be confident that they know the IP&C requirements in order to assess competency.*

### **Definitions:**

*The regulations or conditions needs some specific definitions for the practitioner/premises owner to understanding what 'cleaning', 'disinfection' and 'sterilisation' is as well as a regulated L2 qualification.*

*Example application forms and supplementary forms could be drafted by the trade and used to allow practitioners to get a licence.*

*There is no specific mention of qualification equivalency but if this does arise then can ROSPA be the point of contact to assess equivalency*

#### Funding

Whilst the licensing scheme is supposed to be self-funding for Local Authorities based on the fees for the application/licensing process, the fees have not yet been determined and therefore the impact of this is not known. Also, the funding streams are unlikely to be received until towards the end of the transition period with work to support practitioners having already commenced.

#### **Fees**

During the consultation event, concerns were raised by some of those in attendance on the negative impact the proposed licensing fees and structure will have on their businesses. Many of the businesses currently registered with One LA are sole traders with only 1 or 2 persons undertaking special procedures. Therefore, they felt that they would be paying double- to licence themselves and the premises. Consideration should be given to a possible reduction in fee in these circumstances

A high number of areas within one LA's are among the most deprived in Wales, it is a concern that along with the current cost of living crisis, the proposed scheme will have a negative impact on these small businesses. Funding should be made available by Welsh Government for the Level 2 IPC training and potential structural improvements to premises

**Training** provided by Welsh Government should be provided for the following:

1. Training of licensing committees and supporting officers (e.g. licensing officers) in the new roles / application process

	<p>2. Training of enforcement officers in terms of the new regime, any applicable guidance / standards that will need to be applied and use of enforcement options available</p> <p>Detailed <b>statutory and operational guidance</b> in respect of the use of enforcement powers must be developed prior to the implementation of the regime.</p> <p>Detailed <b>statutory and operational guidance</b> in respect of the standards required in both premises and vehicles must be developed prior to the implementation of the regime. This guidance must include consideration of those matters which should automatically give rise to the consideration of refusal or revocation of a licence.</p>
<p><b>229 - Anonymous (tattooing)</b></p>	<p>In general you have made a good attempt at this tricky legislation. Hopefully things can be tweaked and kept under review. There are a lot of issues coming tattooing sway, including new technologies so a view of openness and communication is what is needed. Also please remember that many tattooers would find both the licensing procedure and these consultations intellectually difficult and that we will all require time, help and understanding to make the change. This is vital so we don't drive tattooing underground which would be an absolute disaster.</p>
<p><b>230 - Anonymous (charitable organisation)</b></p>	<p>The introduction of Special Procedures licensing is necessary and will present many positive advantages and will also pave the way for additional procedures that also pose a risk to public health, such as practitioners providing botox, fillers and injectables to be considered for regulation.</p> <p>This also presents an opportunity in the area of skin cancer surveillance. All practitioners routinely performing procedures involving close contact skin services can undertake skin cancer surveillance.</p> <p>National skin cancer charity [name redacted] developed an online training course in 2018 to fill the gap in education on this topic as this element of training is not covered in the national operating standards or featured in curriculum for most hair or beauty/skin /laser/tattooing/aesthetics led courses. However, most stakeholders and relevant bodies due to our work, now feel that such content should be included and Skcin are now working with the national bodies to explore this</p> <p>Skin cancer is the UKs most common cancer and new figures highlight that 1 in 4 males and 1 in 5 females will be diagnosed with a skin cancer in their lifetime.</p>



Link to our web site top and line data

[The facts about skin cancer in the UK \(\[name redacted\]\)](#)

More recent statistics relative to Wales available here

[Non-Melanoma Skin Cancer Incidence in Wales, 2016-2019 - Public Health Wales \(nhs.wales\)](#)

Melanoma statistics are also of concern and particularly relevant to the huge economic burden these cases places on the NHS. Cases have nearly doubled in the last 20 years in Wales and men more affected than women.

However, 90% of skin cancers are preventable as they are largely due to over exposure to uv/sun. Educational intervention and early detection are vital to combat these statistics. Part of the NHS long term plan to get cancers diagnosed sooner, and a way to achieve this is to work with influential audiences that can help undertake skin cancer surveillance and promote early detection and sun safety.

Skcin have exploited this opportunity for the past 6 years by working with the hair and beauty sector and provided a training solution in the form of its online Masced training ( melanoma and skin cancer early detection ) [www.masced.uk](http://www.masced.uk). By harnessing the power of trained people in the community we can help with the early detection of skin cancer.

Our training is endorsed and supported by HABIA and all the key industry stakeholders

NHBF/BABTAC/BCC who sign post the training, as part of their commitment to supporting our mission to help get skin cancers diagnosed sooner and lives saved.

The training is the only one of its kind in the UK and is available online 24/7 and can be undertaken on any device tablet/mobile/pc. The training was initially offered for free to learners, but due to being oversubscribed and facing increasing costs we introduced a small fee of £20per learner. Funding opportunities also can be explored to help cover such costs to the end user.

The charity's hope and wish is, that the skin cancer training could be signposted to applicants applying for a Special Procedure licence as they have a vital and key role to play in skin cancer surveillance with their clients and can be advocates for early detection and sun safety.

	<p>Chris Bryant MP for the Rhonda( a patient diagnosed with melanoma on the back of his head, spotted post his visit to his barber has twice brought up in Parliament as to why are not such people working in such close contact professions trained in skin cancer surveillance.</p> <p>The relative cost of treatment for a grade 3/4 patient to undergo expensive immunotherapy treatment versus a small investment for providing skin cancer training/education is a sensible health economic solution.</p> <p>An online solution has such many benefits, it allows the learner to do the training at a time convenient to them and allows us to reach a wide audience with education. Skcin now have over 10,000 registered professionals that have undertaken the training. 98.5% of users rating it as 5 star with 1000 reviews and hundreds of early detection cases.</p> <p>Our online training has been reviewed and endorsed by Welsh Consultant Dermatologist Dr Rachel Abbott who is one of our valued volunteer Ambassadors.</p> <p>[Name redacted] are keen to provide PHW with support of education to this influential audience of special procedure applicants and feel strongly this initiative of working with this sector has great potential to make difference to the public health of Welsh population.</p>
<p><b>231 - Anonymous (acupuncture)</b></p>	<p>As an acupuncturist, I feel strange that acupuncture is regulated in the same way and even together with other procedures such as tattooing and body piercing. If one looks the comparisons below, he or she would share my thought on this matter:</p> <p>Acupuncture: 1. for medical/health purpose; 2. dont cause permanent damage to skin and body Tattooing &amp; body piercing: for appearance/cosmetic purpose; 2. they both can cause permanent change. Therefore, ideally acupuncture should be regulated separately and differently with Tattooing and body - piercing.</p>
<p><b>232 - Kat Webb</b></p>	<p>6.45 – will a variation to licence need to submit evidence of competency for a new ‘special procedure’ or premise plans for variations to a premise/vehicle license?</p>

6.51 – ALL renewals should be subject to completing a new infection prevention and control questionnaire to display ongoing competency and application of procedures and knowledge.

11.13 – does a person have to hold a practitioner licence to be able to apply for a premise/vehicle licence? An actual practitioner will have an industry understanding regarding the safe running of a premises, whereas a business owner, would not necessarily have the industry specific knowledge to be able to safely maintain and run the premises.

11.18 – the inspection after stage 1 of the application process will be key in making sure that supporting documents for competency of practitioners or suitability of the premise/vehicle conforms to the mandatory conditions for licencing, providing that the visiting officers are versed in the specific industry in which they are visiting.

14.1 – a Public register to be a centralised system where records of licenced practitioners, premises/vehicles are easily accessible under one system for Wales is much needed, as currently, trying to ascertain if a studio or even person is registered with the Local Authority is extremely hard to find out.

14.5 – the inclusion of licence type, trainee, full etc should be made publicly available. Offences, enforcements should also be made public, but categorised by type or severity and marked clearly so that the public can make informed decisions on where they chose to go to get a 'special procedure', such as notice for poor waste storage, or using non compliant products/tools etc.

16.8 – if a remedial/stop notice is served on a practitioner due to their own personal actions/practises, this should stop that practitioner across the entirety of Wales. Only if it is a remedial/stop notice relating to a premise/vehicle, should that then be restricted to that LA.

As previously stated, careful consideration needs to be given to the extent of restrictions , especially surrounding age, being imposed in Wales, unless there are talks with the other parts of the UK Government, to make this a blanket Health Act to 'protect the public' across the whole of the UK.

You are risking forcing our trade across the borders to seek out these procedures, or encouraging people to carry out these procedures untrained, on themselves or by people working unlicenced. This

	<p>undermines what this Public Health Act is aiming to do, protect the health of the public, by what seems to be simply due to societal judgement on what is and is not acceptable for a person to consent to do to their own body.</p>
<p><b>235 - Anonymous (acupuncture)</b></p>	<ol style="list-style-type: none"> <li>1. This legislation will be beneficial to public health. However, from education and training background, to service recipients, compared with Body Piercing, Electrolysis, and Tattooing, the professional nature of Acupuncture is completely different. In fact, acupuncturists were recognised by the government as healthcare professionals and named as such in the ONS classifications. <p style="margin-left: 40px;">There is a growing concern that if acupuncturists are subject to the same regulations as tattoo artists, it could harm the reputation of acupuncture as a healthcare service provider.</p> </li> <li>2. As acupuncture has been recognised as one of the safest forms of medical intervention and accepted as a complementary medicine by many GP's and NHS establishments in Wales, many of the afore mentioned offering acupuncture as a treatment modality. Therefore, acupuncturists as healthcare professionals shouldn't be positioned to require a special procedures licence as most of them have obtained training of degree level or higher?</li> <li>3. The complaints Welsh Government has received were predominantly from tattooing and body piercing exponents; many of them related to their procedures on minors and have little to do with a real acupuncture procedure. In fact, over the past 28 years, ATCM, with nearly 700 members, has never received any complaints or insurance claims due to clinic hygiene or infections. <p style="margin-left: 40px;">We believe those who break the law should be prosecuted under current legislation, rather than imposing restrictions on professional practitioners.</p> </li> <li>4. As a member of ATCM, one of the largest acupuncture professional bodies in the UK, I strongly ask for an exemption from this mandatory licencing scheme. <p style="margin-left: 40px;">Inconsistent standard of exemption could lead to inequality and discrimination.</p> </li> </ol>
<p><b>236 - Jing Ding</b></p>	<ol style="list-style-type: none"> <li>1. This legislation will be beneficial to public health. However, from education and training background, to service recipients, compared with Body Piercing, Electrolysis, and Tattooing, the professional nature</li> </ol>

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<p><b>237 - Pinyi</b></p>	<p>1. This legislation will be beneficial to public health. However, from education and training background, to service recipients, compared with Body Piercing, Electrolysis, and Tattooing, the professional nature of Acupuncture is completely different. In fact, acupuncturists were recognised by the government as healthcare professionals and named as such in the ONS classifications.</p> <p>There is a growing concern that if acupuncturists are subject to the same regulations as tattoo artists, it could harm the reputation of acupuncture as a healthcare service provider.</p>

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<p><b>238/239 - Institute of Licensing</b></p>	<p>IoL welcomes the opportunity to respond to the consultation and to support the submissions from the DPPW. We would reiterate the importance of clear guidance, consistent standards, and clear, concise, enforceable conditions.</p> <p>We fully support the need for the proposed licensing scheme as a replacement for the existing registration scheme. This is essential to protect public health. However, there is concern that the RIA underestimates the resource implications for local authorities in implementing the scheme.</p> <p>The proposals will introduce much more stringent and detailed application processes and compliance responsibilities. It comes at a time when local authorities are under extreme pressure to cut budgets, including reducing staff resources, and this is alongside a skills shortage where experienced and recruitment of skilled staff is more challenging than ever.</p>

	<p>It is also the case that businesses are facing extremely testing times currently, particularly in light of the energy crisis and cost of living generally. Many businesses are struggling with reduced customer numbers as a result of people being more careful financially, in addition to the pressures of increased rent and bills. The new regime will represent further increased costs to businesses at a difficult time.</p> <p>We note as well the comments made by LEP members which are set out in the response from Environmental Health Wales (EHW) and the Directors of Public Protection Wales (DPPW).</p> <p>The Institute of Licensing would be happy to work with the Welsh Government in taking this forward.</p>
<p><b>240 - Shu Li Lu</b></p>	<ol style="list-style-type: none"> <li>1. This legislation will be beneficial to public health. However, from education and training background, to service recipients, compared with Body Piercing, Electrolysis, and Tattooing, the professional nature of Acupuncture is completely different. In fact, acupuncturists were recognised by the government as healthcare professionals and named as such in the ONS classifications.</li> </ol> <p>There is a growing concern that if acupuncturists are subject to the same regulations as tattoo artists, it could harm the reputation of acupuncture as a healthcare service provider.</p> <ol style="list-style-type: none"> <li>2. As acupuncture has been recognised as one of the safest forms of medical intervention and accepted as a complementary medicine by many GP's and NHS establishments in Wales, many of the afore mentioned offering acupuncture as a treatment modality. Therefore, acupuncturists as healthcare professionals shouldn't be positioned to require a special procedures licence as most of them have obtained training of degree level or higher?</li> <li>3. The complaints Welsh Government has received were predominantly from tattooing and body piercing exponents; many of them related to their procedures on minors and have little to do with a real acupuncture procedure. In fact, over the past 28 years, ATCM, with nearly 700 members, has never received any complaints or insurance claims due to clinic hygiene or infections.</li> </ol> <p>We believe those who break the law should be prosecuted under current legislation, rather than imposing restrictions on professional practitioners.</p>

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<p><b>241 - Anonymous (tattooing)</b></p>	<p>the policy currently discriminates against disabled business owners who do not practice. you do nothing to address the availability of substandard equipment online. there was never this problem when we had to make our own needlebars. there are scratchers on practically every street in every town. I question enforcement as its left to the studios to report them , we are not always told. we might see a questionable tattoo or piercing or deal with the aftermath. if the client is not willing to report, we are buggered and so are you.</p>
<p><b>242 - Anonymous (acupuncture)</b></p>	<p>1. This legislation will be beneficial to public health. However, from education and training background, to service recipients, compared with Body Piercing, Electrolysis, and Tattooing, the professional nature of Acupuncture is completely different. In fact, acupuncturists were recognised by the government as healthcare professionals and named as such in the ONS classifications.</p> <p>There is a growing concern that if acupuncturists are subject to the same regulations as tattoo artists, it could harm the reputation of acupuncture as a healthcare service provider.</p> <p>2. As acupuncture has been recognised as one of the safest forms of medical intervention and accepted as a complementary medicine by many GP's and NHS establishments in Wales, many of the afore mentioned offering acupuncture as a treatment modality. Therefore, acupuncturists as healthcare professionals shouldn't be positioned to require a special procedures licence as most of them have obtained training of degree level or higher?</p> <p>3. The complaints Welsh Government has received were predominantly from tattooing and body piercing exponents; many of them related to their procedures on minors and have little to do with a real acupuncture procedure. In fact, over the past 28 years, ATCM, with nearly 700 members, has never received any complaints or insurance claims due to clinic hygiene or infections.</p> <p>We believe those who break the law should be prosecuted under current legislation, rather than imposing restrictions on professional practitioners.</p>



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<b>246 - Ke Xia Xu</b>	1 this legislation will be beneficial to public health, however, from education and training background, to service recipients, compared with body Piercing, Electrolysis, and Tattooing, the professional nature of

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<p><b>248 - Anonymous (acupuncture)</b></p>	<p>As a member of ATCM, one of the largest and authentic acupuncture professional bodies in the UK, I strongly ask for an exemption from this mandatory licencing scheme. This is because that the professional nature of Acupuncture is completely different from Body Piercing, Electrolysis, and Tattooing. Acupuncture has been broadly recognised as one of the safest forms of medical intervention and accepted as a complementary medicine by many health care services. Therefore, acupuncturists as healthcare professionals shouldn't be positioned to require a special procedures licence as most of them have obtained training of degree level or higher.</p>

<p><b>249 – Association of Traditional Chinese Medicine</b></p>	<p>1. This legislation will be beneficial to public health. However, from education and training background, to service recipients, compared with Body Piercing, Electrolysis, and Tattooing, the professional nature of Acupuncture is completely different. In fact, acupuncturists were recognised by the government as healthcare professionals and named as such in the ONS classifications.</p> <p>There is a growing concern that if acupuncturists are subject to the same regulations as tattoo artists, it could harm the reputation of acupuncture as a healthcare service provider.</p> <p>2. As acupuncture has been recognised as one of the safest forms of medical intervention and accepted as a complementary medicine by many GP’s and NHS establishments in Wales, many of the afore mentioned offering acupuncture as a treatment modality. Therefore, acupuncturists as healthcare professionals shouldn’t be positioned to require a special procedures licence as most of them have obtained training of degree level or higher?</p> <p>3. The complaints Welsh Government has received were predominantly from tattooing and body piercing exponents; many of them related to their procedures on minors and have little to do with a real acupuncture procedure. In fact, over the past 28 years, ATCM, with nearly 700 members, has never received any complaints or insurance claims due to clinic hygiene or infections.</p> <p>We believe those who break the law should be prosecuted under current legislation, rather than imposing restrictions on professional practitioners.</p> <p>4. As a member of ATCM, one of the largest acupuncture professional bodies in the UK, I strongly ask for an exemption from this mandatory licencing scheme.</p> <p>Inconsistent standard of exemption could lead to inequality and discrimination.</p>
<p><b>252 - Torfaen County Borough Council</b></p>	<p>TCBC welcomes the open nature of consultation that WG have provided.</p> <p>However, there are concerns on the regulatory impact assessment that accompanies this Consultation, which is believed to be a significant under - estimate of the amount of time, effort, resource that will be needed to implement this scheme.</p>

Compared to the current LGMPA registration process the proposed Licensing scheme has clear public health benefits. But it places significant additional responsibility on the LA (to advise, visit, inspect, process, issue, vary and monitor) licensee compliance. The processing requirements are FAR above the current level of engagement at businesses and no additional resource or capacity is being provided to deliver it. In-fact, LA are facing budget cuts, staffing cuts. None of this is effectively factored into the Regulatory Risk assessment.

Data from the most recent LAE1 returns demonstrate the lack of resource in health and safety enforcement along with issues surrounding recruitment, long term absences and resourcing of lengthy investigations. The HSEP are concerned with further resourcing implications of this regime.

Delivery and hosting of training sessions at LA premises is not (or does not clearly identify) as being factored into the RIA.

Administration, processing, and enforcement procedures will have to be updated; consultation sessions with businesses held; (which will take significant time to prepare for); phone questionnaires; workshops, new template letters, new notices, Cabinet member and Council briefing notes drafted, agreed and issued. Proactive and Reactive communications developed. None of this is factored into the Regulatory Risk assessment.

#### **Liaison with HASWA / RIDDOR**

The integration, link (or otherwise), of this regime into the HSE LAE1 return needs careful and WG led clarification - this could be classed as a H&S at work intervention as there is no other location where this body of work, which will be substantial, will be reported, monitored or recorded. During visits to these establishments, Welfare Regs, RIDDOR, HASWA74, Electricity at Work, PUWER, COSHH all likely to remain applicable and will/could be considered at the same visits. The importance of RIDDOR in this sector, as occupational disease considerations is important but not really considered anywhere in the consultation.

It's not clear on frequency of checks required once a premises is licensed, on what basis, rota, risk assessment principle will they be listed – as its clear in the pack that there is an expectation of LA proactive inspection. Is it inspection by new License issue or tied to every 3 year renewal? Or variation? This is a new Regulatory Regime. And it does have real tangible benefit and a clear need. Yet it is not being funded, or resourced by WG or specifically within LAs and is being assimilated into existing structures.

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But in many LAs H&S EHO or specialist Technical officers will run this scheme. The previous LGMPA process had no involvement of licensing committee's in many LA's. The new process requires significant re-working of internal processes to now link to Licensing Committee as its fundamental to the administering of the new process. The significant internal re-work to do this, is not sufficiently factored into the RIA.

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Funding should be made available by Welsh Government for the Level 2 IPC training and potential structural improvements to premises

Training provided by Welsh Government should be provided for the following:

	<ol style="list-style-type: none"> <li>1. Training of licensing committees and supporting officers (e.g., licensing officers) in the new roles / application process</li> <li>2. Training of enforcement officers in terms of the new regime, any applicable guidance / standards that will need to be applied and use of enforcement options available</li> </ol> <p>Detailed statutory and operational guidance in respect of the use of enforcement powers must be developed prior to the implementation of the regime.</p> <p>Detailed statutory and operational guidance in respect of the standards required in both premises and vehicles must be developed prior to the implementation of the regime. This guidance must include consideration of those matters which should automatically give rise to the consideration of refusal or revocation of a licence.</p>
<p><b>254 - Swansea Council</b></p>	<p>We welcome the open nature of consultation that WG have provided.</p> <p>However, Swansea Council have concerns on the regulatory impact assessment (RIA) that accompanies this Consultation.</p> <p><u>Swansea Council believe it to be a significant under-estimate of the amount of time, effort, resource that will be needed to implement this scheme.</u></p> <p>Compared to the current LGMPA registration process the proposed licensing scheme has clear public health benefits but it places significant additional responsibility on the LA to advise, visit, inspect, process, issue, vary and monitor licensee compliance. The processing requirements are FAR above the current level of engagement at businesses and no additional resource or capacity is being provided to deliver it. Local Authorities are facing budget cuts, staffing cuts and this is not factored into the Regulatory Risk assessment.</p> <p>Delivery and hosting of training sessions at LA premises is not identified as being factored into the RIA.</p> <p>Administrative and enforcement procedures will have to be updated; consultation sessions with businesses held; (which will take significant time to prepare for); phone questionnaires; workshops, new template letters, new notices, Cabinet Member and Council briefing notes drafted, agreed and issued.</p>



	<p>Proactive and Reactive communications developed. None of this is factored into the Regulatory Risk assessment.</p> <p>The integration, link (or otherwise), of this regime into the HSE LAE1 return needs careful and WG led clarification - this could be classed as a H&amp;S at work intervention as there is no other location where this body of work, <u>which will be substantial</u>, will be reported, monitored or recorded. During visits to these establishments, Welfare Regs, RIDDOR, HASWA74, Electricity at Work, PUWER, COSHH are all likely to remain applicable and will/could be considered at the same visits.</p> <p>The frequency of checks required once a premises is licensed, requires clarification.</p> <p>This is a new Regulatory Regime, it has real tangible benefit and a clear need but it is not being funded, or resourced within LAs and is being assimilated into existing structures.</p>
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## Other responses

### 13 - Anonymous (acupuncture)

Hi as an acupuncturist I have been used to a one off licensing of self and premises with only a requirement to relicense if I moved premises. I am concerned that the proposed change to 3yrly will incur significant additional cost to an individual operator, which acupuncturists usually are and add little if any value to the standards of safety particularly where an Acupuncturist can evidence a high level of training.

Ways around this may be a free online renewal where the onus is on the acupuncturist to provide the necessary procedures/responses to questions;

Alternatively a different approach for single traders i.e. cost for premises to be lifetime plus cost for each individual so that businesses employing more staff pay more.

Acupuncturists qualified to degree level should be credited with an accepted level of competency.

Perhaps even a combination of the above suggestions ?

Naturally, a first inspection would incur greater costs but renewals should be far less time intensive and so in my view incur little or no cost. In addition Acupuncturists should be a member of a governing body like the Association of Acupuncture Clinicians (AAC) which requires all members to hold a degree in Acupuncture which would imply a certain level of competency.

### **71 – Anonymous (acupuncture)**

I have been practicing acupuncture for over 20 years and resent being put into the category of body piercing and tattooing. It is time that government and councils realized they are in no way the same thing or even remotely similar. Acupuncture is part of Chinese medicine which is a MEDICINE in its own right. It takes 5 years to train, so please do your research and respect that there are other medicines and they have nothing to do with body piercing as I am sure injections and vaccinations are not either. Yours sincerely  
[name redacted]

### **76 – Anonymous (tattooing)**

I see you say you are happy to forward any concerns i may have , and so i will express how i feel about the proposed licencing scheme .

Personally i am totally opposed to the scheme , but it doesn't matter one iota how i or any other tattoo artist feels about the scheme tho , it will get pushed through anyway ,as in my opinion it is all about generating revenue from the industry , i don't see it as being about people' s well being or health , just a source of ongoing revenue!

If you are concerned with peoples health then why are you not doing anything about the numerous so called tattooist who are working illegally from houses etc???? Every area, every housing estate has people tattooing from home illegally, often in unhygienic conditions and also often under the influence of alcohol or drugs!!! both practitioner and customer!!!!

These illegal tattooists are also producing contaminated waste which is not being disposed of correctly and I'm sure just ends up in wheely bins and then in landfill!!!

Instead of focussing on stopping these people, you are no doubt going to impose licencing on an industry that is already licenced!!! which will cost the tattooist a great deal of expense which you then expect us to pass this expense on to the customer!

This will be totally counter productive! What you do not seem to understand is the Tattoo industry is inundated with people phoning around studio's, messaging via social media etc trying to get the "cheapest" deal. You may think that people in general are looking for the best quality with no thought regarding the cost but sadly this is not the case in reality!!!

When the time comes and this scheme is brought in and Tattooists are forced to pass on expense to the customer all that is going to happen is that it will push people looking for a "good deal" into the hands of these unscrupulous illegal tattooist's who will be offering a far cheaper product that professional studio's can!!

Also another point I wish to make is, there are many people working in the Tattoo industry who have problems with literacy, these individuals may not possess academic skills but are extremely artistic, and this proposed licencing could sadly push these people out of the industry, I myself have been involved in the industry for almost forty years and have had my own studio for thirty one years, but if I am unable to get through the licencing due to my low academic skills I will be pushed out of my life's long work and passion, and yet some eighteen year old who has academic skills but may have limited or no tattooing skills would be allowed to participate in the industry whilst I would probably end up on benefits as I have no other work skills or experience other than a life time of tattooing, this makes absolutely no sense at all.

Again it will be counter productive because the reality is some tattooist's will not get through the licencing for various reasons, as mentioned academic skills (or lack of), expense or just what is seen as an unwanted intrusion into our business by people who know nothing at all about it in real terms. These people who do leave the already licenced industry will just set up at home etc and become part of the illegal underground tattoo industry and will basically have no real worries as we all know that nothing is ever done about illegal tattooing anyway!

The people involved in pushing this licencing through are just using our industry as a cash cow and illegal home tattooing will just carry on as normal whilst the already licenced studios will be penalised.

I am the first to admit that there are some very poor studios , churning out very low quality work ,often at inflated prices and also working in unhygienic conditions , and i really feel the emphasis should be on tackling these problems along with illegal home tattooing , it makes much more sense , but unfortunately common sense is not very common!!!!

So , you have my concern's , opinion's on the matter but i feel very sure it will fall on deaf ears , as i have stated this is all about gaining revenue really, almost every person i have spoken to in the industry feel's the same as myself , but sadly not many are willing to voice their opinion's!!!

## **97 - British Institute and Association of Electrolysis**

I am writing on behalf of The British Institute & Association of Electrolysis (BIAE).

We have read through your proposals and in general we fully support the proposals of the special licence.

We agree in principle along with the BIG group consultation response.

We would like to add a further response to how we feel this proposal may have an impact on Electrolysis in particular.

Please see below our comments and we thank you in advance for allowing us to have the opportunity to advise and be part of this very important proposal.

Some concerns after reading the documents are that many of our colleagues who are specialists work from home in dedicated treatment rooms or rent a room in bigger clinic will not be able to comply with the requirements. We currently have no members practicing in Wales but if we did and she is practicing from a medical practice that is exempt from the special treatment licence. The requirements are higher than the CQC requires for clinics and dental practices which is simply unfair. Our work does not carry out nearly as much risk as a dental practice. Yet a dental practice is allowed to have normal hand-operated taps in toilets and treatment rooms while electrolysis practices will be expected to have non-hand operated taps everywhere. While that would be classed as best practice, to make it a mandatory requirement is a bit over-the-top and will incur additional costs to change all taps for electrolysis practitioners. If they are renting from a beauty salon, the beauty salon won't necessarily be required to comply with the same standard, so how is this going to work.

Another requirement that is going to be a problem is having a separate room with a sink for decontamination and sterilisation. AT present many electrolysis practices have an ultrasonic bath and an autoclave in one corner of the room and carry out their decontamination and sterilisation at the end of the day together with all other cleaning duties. If a practitioner is renting just a room, and the salon does not carry out that level of sterilisation, how can the practitioner preserve the high standard for processing the tools and comply with having a physically separate area with a separate sink for just that. We discard needles in sharp boxes and only sterilise tweezers and chucks - having a separate decontamination area for just this is preposterous. Such requirements will stifle small business unnecessarily.

We personally don't think that medical practices should be exempt from the same level of control because the CQC requirements are lower than the special treatment licencing and that will cause unfair competition conditions. Also medical practitioners are not trained in electrolysis and if there is no control over their qualifications what will stop them from practicing after only doing a short/CPD course which is insufficient.

The way they have constructed the licencing, it may be impossible to ever teach a CPD course in Wales - depends on the prices of the licence, but it'll be very difficult to organise everything.

## **119 - Association of Personal Injury Lawyers**

Dear sir/ madam,

APIL welcomes the opportunity to respond to the Welsh Government's consultation on mandatory licensing of special procedures. APIL campaigns to promote public safety and the prevention of needless harm, and as such, we believe any steps to prevent harm to the public should be welcomed.

The special procedures covered by the paper (acupuncture, body piercing, electrolysis and tattooing) are increasingly popular and easily accessible. The lack of regulation for these procedures is causing needless harm and putting the public at risk. Thus, APIL agrees with the proposals in the consultation paper for three different types of special procedure licenses depending on the circumstances of the practitioner. We support the proposed licensing criteria, namely the minimum age requirement, the need for applicants to provide evidence of their competence, completion of a regulated level 2 qualification on infection prevention and control, and in particular, the requirement for applicants to provide evidence of current insurance that covers treatments such as treatment indemnity insurance or a similar policy.

APIL also welcomes the proposal for a premises/ vehicle approval certificate passed by local authorities that will confirm the specific procedures permitted to be performed at the premise/vehicle. We agree with the approval criteria for an application for a premises/ vehicle approval certificate. In particular, APIL is pleased that proof of public liability insurance is a mandatory requirement for an application. We advocate for public liability insurance as it is not uncommon for injured people to be unable to bring a claim because the business that incorrectly carried out the procedure causing harm does not have insurance to meet the claim. Public liability insurance will guarantee that an injured person as a result of an incident or mistake during a special procedure is not left without compensation for the harm they have suffered.

APIL believes that the requirement for a special procedure license for practitioners in conjunction with a premise approval certificate is an effective way to regulate special procedures and prevent harm.

We hope that our comments prove useful. If you have any queries about our response, please contact [name redacted] Legal Affairs Assistant, at the contact information below, in the first instance.

### **147 – Anonymous (acupuncture)**

Hello, I strongly disagree with your proposed new policy for acupuncturists. First of all, acupuncturists, I hope that your bureau will carefully consider and discuss with ATCM to find a suitable and feasible policy.

### **180 – General Dental Council**

#### Background

The General Dental Council (GDC) is the UK-wide statutory regulator of over 114,000 members of the dental team, including over 43,000 dentists and 71,000 dental care professionals (DCPs). In Wales we regulate around 22,700 dental professionals.

An individual must be registered with the GDC to practise dentistry in the UK. Unlike other health professional regulators, we register the whole dental team, across the four nations of the UK, including dental nurses, clinical dental technicians, dental hygienists, dental technicians, dental therapists, orthodontic therapists and dentists.

Our primary objective is to protect the public, and in doing so to:

- protect, promote and maintain the health, safety, and well-being of the public.
- promote and maintain public confidence in the professions regulated.
- promote and maintain proper professional standards and conduct for members of those professions.

All patients should be confident that the treatment they receive is provided by a dental professional who is properly trained, qualified, and meets our standards. To achieve this, we register qualified dental professionals, set standards for the dental team, investigate complaints about dental professionals' fitness to practise, and work to ensure the quality of dental education.

### Consultation response

The GDC agrees that the dental professionals that we regulate should not have a blanket exemption for all four special procedures, and that any exemption would only apply to procedures that are performed as an adjunct to the provision of dentistry.

The GDC's view that GDC registered dental professionals should not have an exemption from requiring a special procedure licence to perform electrolysis, body piercing and tattooing, as these are not procedures that are performed as an adjunct to the provision of dentistry.

Acupuncture is a procedure that is used by some dental practitioners to support the provision of dentistry, for example to assist with the management of pain during dental treatment.

Whilst acupuncture itself is not the practice of dentistry, and is therefore not explicitly considered as part of the Scope of practice of dental professionals, there are currently no regulatory restrictions on the use of acupuncture to support dental treatment.

However, a dental professional performing any procedure in the provision of dentistry, or by virtue of being a GDC registered dental professional, must follow the standards for the dental team, as well as other GDC guidance and authoritative clinical guidance. Among other things, dental professionals must work within their knowledge, skills, professional competence and abilities. They must also have indemnity or insurance arrangements in place that permit them to undertake all of the tasks that they do at all of the locations they work in.

The GDC would support an exemption to the requirement to obtain a special procedure licence to perform acupuncture in Wales, where this procedure is being carried out as an adjunct to the provision of dentistry. The dental professional must be trained, competent and indemnified to carry out this procedure. As per the requirements set out in the consultation document, the procedure must be performed within the National Health Service or privately regulated healthcare service regulated by Healthcare Inspectorate Wales (HIW), and the exemption would no longer apply if the procedure was to be carried out separate from the provision of dentistry, or in an alternative location to that in which the dental treatment is provided.

Please do not hesitate to contact me should you have any questions regarding this response, or for any further clarification on this position.

## **181 – Health and Care Professions Council**

### About us

The Health and Care Professions Council (HCPC) is a statutory regulator of 15 health and care professions in the United Kingdom. Our role and remit is underpinned by the Health Professions Order 2001. We maintain a register of professionals, set standards for entry to our register, approve education and training programmes for registration and deal with concerns where a professional may not be fit to practise. Our role is to protect the public.

### Response to the consultation

We welcome the opportunity to respond to this consultation. As a healthcare regulator our primary objective is public protection. When undertaken incorrectly, the special procedures outlined in the consultation document may have adverse and harmful effects and we therefore welcome the Welsh Government's commitment to ensuring that these procedures are carried out in a safe manner.

The majority of the questions in this consultation relate to specific details about the licensing scheme and the procedures involved which are outside of our regulatory remit. We have therefore focused our response on the question relating to the proposed exemption to the licensing scheme for certain HCPC registered professions.



**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?**

As outlined above, part of our role is to set the standards that our registrants must meet to maintain their registration with us. Our standards of proficiency are the threshold standards which set out what a student must know, understand and be able to do by the time they have completed their training, so that they are able to apply to register with us. Once on our Register, registrants must continue to meet those standards of proficiency which relate to the areas in which they work. We also set standards of conduct, performance and ethics, which set out how we expect our registrants to behave and standards of continuing professional development about how registrant must keep their skills and knowledge up to date. Finally, we set standards of education and training against which we assess education and training programmes to ensure that learners who complete these programmes are able to meet our standards of proficiency.

We keep our standards under continual review to ensure that they reflect current practice, and we hold a periodic review of the standards every five years. We most recently reviewed our standards of proficiency, with the updated standards coming into effect on the 1 September this year. We are currently undertaking a review of our standards of conduct, performance and ethics, with a review of our standards of education and training planned for next year.

In our standards of proficiency, we set threshold levels that we consider best protect the public. This includes standards that are generic (these apply to all the professions we regulate) and those that are profession-specific to set out clear expectations of our registrants' knowledge and abilities when they begin to practise. We therefore have profession-specific standards of proficiency for the three HCPC professions mentioned in the consultation. Registrants are expected to work within these standards throughout their career and consider them in the round when undertaking their practice.

The profession-specific standards that we provide for registrants to follow outline what patients, service users and the public should expect from their healthcare professional. As an outcome focused regulator, we do not prescribe the exact duties or tasks that the registrant could or could not do. However, our standards do set the expectations of the skills, knowledge and functions that the registrant should be able to safely undertake within their certain role.

The standards of proficiency require registrants to practise safely and effectively within their scope of practice (Standard 1). Our standards of conduct, performance and ethics also specify that registrants should keep within their scope of practice by only practising within the areas of which they have appropriate knowledge, skills and experience (Standard 3.1). Finally, we expect

registrants to refer patients and service users onto another professional if they cannot provide appropriate care or treatment as it is beyond their scope of practice (Standard 3.2)<sup>1</sup>

As noted above, we do not define the scope of practice or what tasks and duties our professions should or should not perform. We provide guidance on our website as to what scope of practice means and guidance for professionals in ensuring they are working within their scope of practice at all times. We acknowledge that the scope of practice of a registrant may change over time, as they progress through their career and enter into more specialist practice roles. In these cases, the scope of practice may become narrower in scope as registrants specialise.

Registrants should consider whether the activity they are looking to undertake is something that would fall into the general scope of practice of their role, whether they have had the appropriate training to undertake it safely and effectively, whether the activity is restricted by law and if so, are they legally able to carry it out, and whether their indemnity insurance would cover that activity.

In defining profession-specific scope of activity, professional bodies can provide further advice and guidance.

Our registrants renew their registration every two years. We expect registrants to demonstrate their continuing professional development, in line with our standards, and randomly select registrants for audit during renewal, to ensure they are continuing to meet the HCPC's standards and continuing to practise within their scope. <sup>2</sup> In addition to this, we have a robust fitness to practise process in place to investigate any concerns raised about a registrant's fitness to practise, including where registrants are not working within their scope and therefore not meeting the standards required to practise. We use the standards to measure whether the registrant's practice has fallen below what we would expect.

If the professions outlined above were to be exempt from the special procedures licensing scheme as proposed, to meet their obligations as a registered professional, they would need to ensure that this activity was within their scope of practice following the principles set out in our guidance. We welcome the fact that this is also reflected in the limitations proposed to the exemption (para 7.13). We also support the other limitations set out in that paragraph, i.e., that professionals must have the correct indemnity insurance, that they should be performing the special procedure within a healthcare setting regulated by the Healthcare Inspectorate Wales, and that if their registration ended for any reason then the exemption would not apply to them, and they would have to apply for a special licence. These limitations align with our regulatory approach.

We would encourage you to also engage further with the professional bodies on this matter. We would be happy to facilitate discussion and provide any further information, as would be helpful.

1 [Scope of practice and the standards | \(hcpc-uk.org\)](https://www.hcpc-uk.org)

2 [CPD audits | \(hcpc-uk.org\)](https://www.hcpc-uk.org)

## **182 - General Optical Council**

Thank you for your email from last month to our Chief Executive about mandatory licensing of special procedures in Wales.

We have reviewed your email and consultation document. We consider that carrying out any of these four procedures would be a significant extension to the scope of practice of a qualified optometrist or dispensing optician, unrelated to eye care services, and requiring additional training and support before they could carry out these procedures. As such, we do not consider that optometrists and dispensing opticians should be exempt from the requirement to obtain a licence to carry out these procedures. The attached document, which is our response to the consultation, provides a fuller response on this point, as well as some relevant information about the General Optical Council.

Please get in touch if you would like to discuss this further.

### **General Optical Council (GOC) Response: Welsh Government Mandatory Licensing of Special Procedures in Wales**

#### **About the General Optical Council**

We are the regulator for the optical professions in the UK. We currently register around 33,000 optometrists, dispensing opticians, student optometrists and dispensing opticians, and optical businesses.

We have four core functions:

- Setting standards for the performance and conduct of our registrants.
- Approving qualifications leading to registration.
- Maintaining a register of individuals who are fit to practise or train as optometrists or dispensing opticians, and bodies corporate who are fit to carry on a business as optometrists or dispensing opticians.

- Investigating and acting where registrants' fitness to practise, or train, or ability to carry on a business may be impaired.

## **Our response to the consultation**

### **General comments**

We welcome the opportunity to comment on the Welsh Government's consultation on the forthcoming mandatory licensing scheme for practitioners of acupuncture, body piercing, electrolysis and tattooing in Wales. The details of the licensing scheme are set out in the Public Health (Wales) Act 2017 (the Act). As a statutory healthcare regulator set up to protect the public, it is vital that there are appropriate systems in place to manage the adverse health effects associated with non-surgical aesthetic or therapeutic procedures.

Section 60 of the Act 2017 explains the circumstances in which an individual is exempt from the requirement to obtain a special procedure licence to perform the four named special procedures (acupuncture, body piercing, electrolysis and tattooing). Section 60(2) of the Act provides that an individual who is a member of a specific list of professions, including the optical professions regulated by the General Optical Council, is exempt from the requirement to obtain a licence unless regulations specify that a licence is required in relation to a specific special procedure.

Our response to the consultation focuses on these exemptions and on section 7 of the consultation document 'Individuals/professions that do not need a special procedure licence and premises/vehicles that do not need an approval certificate'.

### **Response to specific consultation questions**

#### **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?**

Any system of regulation must ensure effective public protection whilst also not placing unnecessary limits or burdens on those who are regulated or on the broader system. Duplication of regulatory effort should be avoided where possible, to ensure the burden of regulation is not overly onerous and is targeted towards areas where it can achieve the greatest impact.

We support the general principle that appropriately qualified professionals acting within their scope of practice who are already subject to statutory regulation should not be subject to additional regulation, unless that regulation is necessary to address risks which are otherwise not managed. Registered professionals are subject to their statutory regulator for their professional practice, including carrying out these special procedures. They would be required to follow their professional codes, undertake professional development and, were something to go wrong, the regulator would be able to investigate those concerns.

We note that the consultation document proposes that professionals would only be exempt from the requirement to obtain a licence in the following circumstances:

- The individual must be registered with a qualifying regulated mandatory professional body
- The special procedure is within their area of expertise and is considered 'in scope' and is therefore the subject of indemnification by the organisation they work for, or through self-indemnity if self-employed
- The special procedure is performed within the National Health Service or privately regulated healthcare service regulated by Healthcare Inspectorate Wales (HIW)
- If the individual ceases to be registered for any reason, their exemption would cease, and they would have to obtain a special procedure licence if they still wished to perform that special procedure.

We have two concerns about the proposals that professionals regulated by the GOC should be exempt from the requirement to obtain a special licence to carry out these procedures. The first concern relates to the nature of our register, whilst the second concern is about the scope of practice of an optometrist or dispensing optician. The GOC regulates both student and qualified optometrists and dispensing opticians. As such, we have individuals on our register who are still training and have not yet achieved the standards required to work as fully autonomous professionals. Student dispensing opticians and optometrists should therefore not be exempt from the requirement to obtain a licence for carrying out on of these procedures.

We set standards for safe and effective optical practice for both students and qualified professionals. Our standards of practice for optometrists and dispensing opticians include several standards relevant to carrying out these special procedures safely. These include standards on communicating effectively (standard 2), obtaining consent (standard 3), recognising and working within limits of competence (standard 6) and ensuring a safe environment for patients (standard 12). Our requirements for approved qualifications in optometry and dispensing optics set out the knowledge, skills and behaviours a student optometrist or a dispensing optician must demonstrate to join the register as a fully qualified optometrist or a dispensing optician. Again, some of those standards would be relevant to carrying out these four special procedures.

However, we our standards would not cover all aspects of carrying out these four procedures. We consider that carrying out these procedures would be a significant extension to the scope of practice of a qualified optometrist or dispensing optician, unrelated to eye care services, and requiring additional training and support before they could carry out these procedures. As such, we do not consider that optometrists and dispensing opticians should be exempt from the requirement to obtain a licence to carry out these procedures.

## 185 - General Chiropractic Council

Thank you for your email of 2 March requesting our consideration of the Llywodraeth Cymru / Welsh Government to not provide Chiropractors with a blanket exemption for the four special procedures (tattooing, body piercing, acupuncture and electrolysis) as outlined in Section 60 Public Health (Wales) act 2017.

May I begin by apologising that this response is later than the date specified in your email invitation to respond. We believed the closing date for replies to your email (14 April) was the same as the closing date for the online response (19 April). I do hope this does not cause you any inconvenience and that our views may still be considered.

In response to your specific question (which I believe aligns with question 8 of the full consultation):

### Question 8

We agree that there should be limits to the exemptions of members of the listed professionals in section 60. We can see no reason for a chiropractor to expect or require an exemption for the practices of tattooing, piercing or electrolysis.

The General Chiropractic Council, as the regulator for chiropractors, is specifically identified in the legislation and the proposal, but we are unclear as to the intent or interpretation of the third criteria for limitation outlined in the proposal:

	Criteria	Our Comment
1	<i>The individual must be registered with a qualifying regulated mandatory professional</i>	Individuals acting as Chiropractors must already be registered with the GCC as the relevant professional body.
2	<i>The special procedure is within their area of expertise and is considered 'in scope' and is therefore the</i>	The GCC stipulate that chiropractors only perform procedures within the scope of their expertise. We also mandate that chiropractors have appropriate insurance or indemnification.

	<i>subject of indemnification by the organisation they work for, or through self-indemnity if self-employed</i>	
3	<i>“The special procedure is performed within the National Health Service or privately regulated healthcare service regulated by Healthcare Inspectorate Wales (HIW)”.</i>	Chiropractic care is predominantly privately funded (so outside of the NHS) and at premises that are specifically not regulated by the Healthcare Inspectorate Wales (see <a href="#">HIW - Registration - Guidance for Applicants - IHC Requiring Registration - 2019-e.pdf</a> , page 5).  It is not clear to us if the proposal would exclude registered chiropractors in private practice from the proposals, or include them.
4	<i>If the individual ceases to be registered for any reason, their exemption would cease, and they would have to obtain a special procedure licence if they still wished to perform that special procedure</i>	We welcome the stipulation that the exemption only applies while they are registered with the regulatory body.

Although a great number of chiropractors subsequently train in acupuncture (predominantly dry needling) to support their practise, it is not a mandatory skill for qualification as a chiropractor and not a skill we measure competence in.

We would be keen to understand more fully the proposals for determining whether an individual *“Has a satisfactory level of competence appropriate to perform the special procedure”* in relation to acupuncture, as the safety of patients would be impacted if individuals practising as registered chiropractors were able to practise at a lower standard of competence than individuals registering without an exemption.

On balance, we believe that there is no requirement for an exemption for chiropractors, and that the safety of patients is better served by having all individuals performing special procedures in Wales registered in the same way. This reduces the opportunity for public confusion over whether an individual needs to be registered or not, ensures that all practitioners are listed in the same register, and ensures all practitioners in Wales are scrutinised to the same extent.

### Responses to other questions

I would like to take this opportunity to respond to some of the other questions in the consultation

### Question 5

You asked '*Do you agree with the proposed licensing criteria for special procedure licences and the supporting documents listed? Are there other documents applicants should supply?*'

In order to protect patient safety, we would like a second declaration, along the lines of the relevant offences declaration, that would cover any fitness to practise (FtP) proceedings taken against the applicant by a licencing or regulatory body.

This is to ensure there are safeguards in place to protect patients from previously regulated individuals that have been erased from a register.

To extend the example of the medical tattooing nurse given on item 7.5 on page 28 of the consultation: if that registered nurse (who has been tattooing in an NHS setting) is subsequently erased from the Nursing and Midwifery Council register, we would argue that their previous history should be taken into account when deciding if they are a fit and proper person to carry out special procedures (e.g. aesthetic tattooing).

The form of the question could be:

Have you ever been subject to any investigation or proceedings concerning your fitness to practise by any licencing or regulatory body?

We perceive a small risk of individuals who have been erased from the GCC register setting up as acupuncturists or osteomyologists and arguing that registration with the special procedure register confers professional registration and recognition of their skills (not just their safe practice).

While being subject to a Fitness to Practise process should not in itself grounds for refusal of a licence to carry out special procedures, we argue it is very relevant to the decision.

### Question 7

You asked '*Do you agree that the current descriptions of relevant offences are sufficient? If not, why?*'



No. As described above, we would like the Relevant Offences declaration extended to cover a second declaration regarding any fitness to practise (FtP) proceedings taken against them by a licencing or regulatory body.

#### Question 9

*You asked '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?'*

We welcome the regulation of premises as well as individual practitioners, and highlight that regulation of clinics and other chiropractic settings is outside of the scope of the current legislation available for use by the General Chiropractic Council (we regulate the individual chiropractor, not the setting or the technique). In addition (even if legal powers were available to us), the GCC does not have resources to visit or regulate in person all the locations in which chiropractors practise.

The proposal in section 7.7 restricts the exemption for regulation of premises to “only sites within a National Health Service setting or a privately regulated healthcare service regulated by HIW”. As identified above, chiropractic care is predominantly privately funded (so outside of the NHS) and at premises that are specifically not regulated by the Healthcare Inspectorate Wales (see [HIW - Registration - Guidance for Applicants - IHC Requiring Registration - 2019-e.pdf](#)). This being the case, we expect that chiropractic clinics offering acupuncture would require a separate premises approval certificate. We welcome this scrutiny and the impact it would have on the safety of patients.

With regards to the final line of the exemption: “even if the individuals performing special procedures at that premises hold personal exemptions”, we are unclear in what circumstances this might arise – it appears that the personal exemption is dependent on the location exemption and vice-versa.

#### Question 43

*You asked '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.'*

We welcome the expectation to display both a premises certificate, and individual certificates, as outlined in section 6.43. We would be keen to see this extended to cover any individual who holds a personal exemption – i.e. we would ask that they be mandated to

display a certificate from their registering body in place of the individual certificate. This would serve public safety by making it clear which body the patient can raise concerns with about the individual's practise.

We are concerned that the register may be used by some individuals to suggest official recognition of their skill or ability, and some opportunity for redress in the case of a procedure not being to the patient's liking, rather than just their safety to practice. In our own case, we can conceive a small risk of individuals who have been erased from the GCC register setting up as acupuncturists or osteo-myologists and arguing that registration with the special procedure register confers "professional registration" and recognition of their skills (not just their safe practice).

On all other questions I can confirm we hold no view.

I would like to thank you for asking for our views in relation to your proposals.

Please do not hesitate to contact me if you have any questions arising from our responses.

### **186 - Anonymous (acupuncture)**

My Name is [redacted]  
from ATCM council Memberd  
(The Association of Tradional Chinese and Acupuncture UK)

Answer the question 3

No, it's too short. Some acupuncture students study at accredited universities, which usually takes 2-3 years

Answer the question 5

No, this decision by the acupuncturist is unnecessary and will add additional costs for each practitioner. So, as a member of a professional body like ATCM, we already have relevant training and education, insurance and continuing Professional Development (CPD), which are standard requirements. In strict compliance with ATCM's Safety Practice guidelines and Code of Professional conduct, I conduct an annual self-assessment of health and safety practices.

I don't think acupuncturists should be in the same category as body piercings, electrolysis and tattoos

Answer question 8

Whether to limit exemptions for members of professional bodies will depend on the specific needs of the regulatory body charged with overseeing the special procedure, as well as the interests and needs of patients and the public. It is important to carefully consider all relevant factors and to consult all relevant individuals and professional bodies to determine the most appropriate approach.

Answer question 10

Acupuncturists from ATCM are subject to the Code of Practice, the Code of Professional Conduct and hygiene requirements to practice in their own clinics, but for itinerant practitioners, the premises do not automatically meet the standards.

Answer question 11

Exemptions should be based on the training practitioners receive and the standards they follow, rather than being listed under a broad umbrella such as the HCPC. Acupuncturists who belong to other professional institutions and have been trained to a professional level such as diploma, degree or higher should also be exempt.

Answer question 12

No, as with question 11, not only voluntary registration, but other professional bodies such as ATCM should be equally exempt as long as they meet the same criteria.

Answer question 14

Agreed, however, some clients under the age of 18 May come in individually for acupuncture treatment after the first visit.

Regard

## **187 - Monmouthshire County Council**

To whom it may concern,

Please be advised that Monmouthshire County Council Environmental Health (Commercial Team) endorses the consultation responses to be submitted from both:

1. The Health and Safety Expert Panel in Wales; and
2. Environmental Health Wales.

Monmouthshire won't be submitting an individual response on this basis.

## **199 - Neath Port Talbot County Borough Council**

Hi,

Neath Port Talbot CBC endorse the views and comments included in the EHW response (attached) to the consultation on Mandatory Licencing of Special Procedures in Wales

[attachment is the document at response 226]

## **214 - International Association of Ear Piercing Market Specialists**

we have recently been made aware of proposed change in the legislation regarding Ear Piercings (Cosmetic Piercing).

Since some of our members are potentially affected by the proposed changes, we as EPM would like to offer our input and point out some effect the changes may have.

The EPM is an organization in Europe for both Manufacturers and Resellers of Ear-Piercing. We are organized across Europe and are proud to have members from all the major Companies in this area under one roof.

We therefore believe we can help shed some light on topics from various perspectives that may need to be considered by the Manufacturer, the User, and the Consumer.

As previously mentioned, one of our members was made aware of the proposed changes which is why we would like to address them in this letter.

### **Question #3**

Regarding the transition period we believe that a 12-month period would be more advantageous as it would allow sufficient time for all those effected to familiarize themselves with the license application.

### **Question #4**

We do agree that the general licensing age suggested for body piercing is appropriate. This is especially the case since some of the practitioners may encounter requests for intimate piercings.

We do however want to point out that we see a significant difference in regular "body piercing," which offers piercings across the whole body and uses needles as opposed to our members piercing tools that are used solely Ear-Piercing and are sterile, one-time use and no touch systems.

For Cosmetic Piercing (ear piercing) with a recognized ear-piercing instrument, we feel the minimum age should remain at 16 as this has been an establish standard for many years in this industry.

Since Ear Piercing is often considered an auxiliary service within Beauty salons, Beauty stores and other high street Retailers this service is often handed over to an apprentice or junior (generally 16+ years of age) member of the said store to generate some income. With this involvement the member of the said Store can perform a service for a customer, create income and is also taught to communicate and interact with the customer. It helps develop the Member giving them a feeling of purpose and developing skills.

## Question #5

I) While we recognize the importance of health and disease control, especially looking back at the recent pandemic, we feel it is unnecessary to introduce a general L2 requirement across all piercing services.

As previously mentioned, there are some Piercers that only practice ear piercing with specialized tools and these have been designed to prevent the possibility of contracting any infection / disease.

We do feel there should be a definite distinction between traditional body piercing (with a needle) versus Cosmetic Piercing (ear piercing) with a recognized ear-piercing instrument. The accepted systems were clearly recognised by the Chartered Institute of Environmental Health (Barbour Index) and the Tattooing and Body Piercing Guidance issued by Public Health.

EPM members have been running successful and recognized trainings in ear piercing for decades. The current content of our members is specialized to ear piercing and does include infection control and achieving best practice standards to protect the piercing and the consumer within its content.

We believe that the introduction of a level 2 qualification (L2) goes over and above the requirements necessary for ear piercing; since using a recognized, sterile, no touch, single use piercing system this will prevent this kind of infections and diseases by design.

II) We also want to point out, that it is rarely the case that an infection happens in our members' stores or are caused by the piercing system itself. The potential risk with the sterile, single use and no touch piercing systems is kept at a minimum. The higher risk lays with the end-consumer and them not following and adhering to the aftercare instructions correctly.

We feel it is therefore not fair to demand the practitioner to do even more prevention courses (the extra expense and time) when invariably the reason for the infection is out of their hands and thus will not improve the safety for the end-consumer.

III) Another problem is that the suggested courses are currently requiring a written exam to be taken. It is however not clear as to when and where the test will be, possibly resulting in travel expenses as well as missing the working day for the employee, the disruption for the Employer and what will be content of the test.

It will create a huge bar for anyone considering introducing Cosmetic Piercing (Ear Piercings) within their business. At a time when many businesses are looking to improve their circumstances and find ways of encouraging new Customers to their Stores, Ear Piercing offers that opportunity.

IV) Should the Welsh legislators however see the need for extra training on “disease and infection prevention” we would however be open to discuss and adjust our training programs under the premise that our members are then able to certify their customers.

As Ear Piercing is a highly limited area and the systems our members’ customers use are recognized by the Chartered Institute of Environmental Health (in the Barbour Index) as well as preventing a lot of problems that could occur by design alone, we believe that the users to be a special case, that should be reflected in the legislation and requirements expected of them.

V) We would also put forward to protect already established businesses from this requirement as years of experience in this area has a lot of merits and should be honored. We therefore suggest to “exclude every practitioner / legal entity from this requirement that is already working in this field for two years prior to the law coming into force.”

#### **Question #6**

As it is already our UK members standard practice to hand out a certificate after they have trained their customer in ear piercing, disease prevention and health safety for the practitioner and the end consumer, we are not opposed to the change.

Our UK member’s training programme is accredited by ABT (Associated Beauty Therapists) Insurance Company, ensuring the highest of standards. This is further shown by the fact that many Environment Health Officials have attended these courses throughout the UK.

What we do suggest is these certificates need to be accessible for the consumer. They should feel safe and secure, knowing that the practitioner has the knowledge to proceed with the piercing.

#### **Question #13**

I) Regarding the mentioned documentation we do not see a requirement for an additional/stricter documentation. Prior to Piercing our member encourages the completion of a Registration Book whereby the Consumer is asked to verify their suitability for an ear piercing, contraindications and after care instructions are all discussed.

II) For Cosmetic Piercing we do not see the requirement to have additional first aid kits other than the regular business ones that are already in place. Reason being that there is no greater risk of bodily fluids on a premises that offers ear piercing with our members products compared to one that is not offering cosmetic piercing.

We again want to point out that we think that a differentiation must be made between “body piercing” with needles and ear-piercing with dedicated piercing systems for the ear as the procedure is minimalistic invasive, carried out with sterile, single use and no touch systems and done with the jewellery itself. Combined with the fact that the ear lobe / cartilage has not a high amount of blood flowing through, and the piercing is small, the risk for bodily fluids is exceptionally low and does not warrant a special first aid kit.

#### **Question #14**

##### For cartilage piercing:

If the end consumer understands the additional after care requirements, we do not feel it is necessary to impose a minimum age of 16 for these kinds of piercings. From our experiences in the market for multiple decades we only see the requirement to clean the area more frequently and the healing taking longer. There is no additional difficulty or risk involved that an age change to 18 years would resolve.

##### Jewellery Requirements:

As a Manufacturer of ear-piercing jewellery, it is a requirement to produce in accordance with current regulations and directives that ensure health and safety for the end consumer (e.g., Nickel Directive /REACH Directive). That is why all the materials our members offer is safe, do not pose any threats and are regularly tested by a third party to attain the required standard.

#### **Question #15**

In our view a trainee license is not required for ear piercing as it has no “trainee” stage. The procedure is guided by the systems our members use and are recognized by the EHO for years. The persons undergoing our training courses are considered ready to work with the instruments once the Training has been completed successfully and is not required to learn more about Ear Piercing (unlike body piercers)



**Question #16**

We as EPM do not consider the age of 18 years to be appropriate for Cosmetic Piercings (Ears).

While we agree that some areas of the body are of an intimate nature, and that it is not appropriate to “expose” practitioners under 18 years to this, we want to point out that there is no requirement for “every” practitioner to be 18 years old.

Amongst the “special practices” cartilage is also mentioned. That would however also restrict apprentices that only use our members equipment and do only ear piercing (lobe and cartilage).

We therefore see a requirement to differentiate doing body piercing and “only” ear piercing. Since restricting the area, the piercing is being made it, also limits the amount of training required as well as the potential risks for the end-consumer.

We therefore think that the age for practitioners using sterile, single use and no touch systems to do ear (cartilage) piercing should remain at 16 years old.

**Question #19**

While we cannot speak of all the areas mentioned in the question, we do however want to point out that we do not see the benefit of raising the age limit from 14 years to 16 years.

The areas mentioned in the question may all be in connection with the face and may aim at the social implications of piercings in that area. Should the piercing however not be desired anymore the piercing can simply be removed and the piercing area will heal and naturally close.

As, generally, there are no long-term consequences with ear-piercings we do not see a requirement to raise the age limit to 16 years of age and would argue to leave it at 14 years of age.

**Question #22**

We are not sure what answers are sought after with this question. We once again assume that by “visible procedures” the question is if the social implication of getting a piercing around the face are that high that it warrants an additional discussion.

Piercings go back an exceptionally long time and have always been a social statement, a beauty accessory, and a representation of culture. It comes as no surprise then, that most women, have an ear piercing, regardless of their social status, age or being a public figure or not.

We believe it to be mandatory that piercings must be seen in various categories and are not placed into one category. Regular piercings that do not modify the body itself (e.g., ear and nose piercings) are not extraordinary or have any negative social implications as they are just decorative and accessories. Even if they should have a negative impact, it is easy to reverse the process by just removing the piercings and letting the area heal itself.

On the other hand, “flesh tunnels” or “dermal piercings” have a lot more consequences and social implications. They are not reversible or require another (even medical) procedure to be removed/reversed. That is why they should not be put in the same category as an ear and nose piercing.

We therefore do not see a need to have any additional requirements of consulting an end-consumer for facial piercings that do not modify the body or go under the skin (like dermal piercings) as regular piercings are reversible and the social norm.

### **Question #23**

While we agree with the definition of object itself, we want to point out that there is a difference between “body piercing” and “ear piercing” and even “nose piercing.” Ear and nose piercing are widely considered normal in society and do not require an immense training course to pierce.

### **Question #25**

Part of the EHS duties is to control hygiene and safety of the premise and ensure that these criteria are met. Since the practitioner is also in a contractual obligation to the premise (e.g., labour contract, owner, tenant) this should be enough and not require any additional documents.

We also want to point out that a bureaucratic approach can be very time consuming and costly for everybody involved. This will hinder a lot of people to step foot into the market and start a business in that line of work. Therefore, only the “big” companies can

then provide the service while the smaller companies cannot afford to deal with all the requirements that are suddenly in place, despite them already piercing for years without any issues.

It may also overburden the local health departments since they now will have to deal with paperwork instead of being able to be on the premises themselves and control the actual environment the practitioner is working in.

We would therefore suggest having a simple and lasting registration for the “entity” of the premises and not a single person/employee. The entity could then update the number employees in a regular interval or upon request by the agency.

### **Question #28**

We do not agree with the idea of having the name of the person responsible being listed on the certificate, as that does not make a difference for the safety of the end-consumers health. It would also require the holder of the certificate and thus by extension the health departments to constantly change and update the certificate when an employee leaves or the number of workstations changes.

It would therefore only be making it another bureaucratic procedure with no gain for the public health.

### **Question #29**

No comment

### **Question #31**

While we cannot talk about body piercing, we can say that for ear piercing with our members’ piercing systems they do not require a lot of other equipment to ensure the safety of the end-consumer. This is why we again want to make sure that the difference between the approach our members have is understood and is not considered to be as faceted as body piercing.

As the systems used by our members are inherently sterile, single use and no-touch, while also using the jewellery as piercing-device (the earrings post is sharpened) our customers are not required to deal with most issues that arise when using reusable tools / instruments.

We therefore ask you to consider the fact that the systems our members use are recognized by the EHO in the Barbour Index and subsequent Guidance notes are only used in a limited areas with lower blood circulation. This should reflect in the amount of equipment needed for a temporary premise.

We suggest that the following equipment is sufficient:

- Chair
- Cleaning products
- Water (e.g., stationary water dispenser to clean practitioners' hands)
- One-use gloves
- Risk assessment and consent documentation
- Certificate of successful ear-piercing training

### **Question #32**

Our members do not require a three-year course to piercing for a singular area. We therefore do not see the benefit of a temporary license being issued.

It is, however, the case that for trade shows and other events our members will ask practitioners from other areas, outside of Wales, to assist with the piercing. As it is currently unknown if practitioners from other areas are accepted by the Welsh legislation or would then require getting a temporary license, we would ask to consider accepting different practitioners without the requirement of a temporary license.

This would not only benefit the practitioners and companies in Wales but also reduce another bureaucratic step for the health departments to check, register, control and issue a temporary license.

### **Question #37**

No comment

### **Question #38**

No comment

### **Question #39**

No comment

### **Question #43**

Regarding the open question #43 we would once again want to stress the fact of ear-piercing with dedicated ear-piercing tools that are designed for this specific purpose, are sterile, single use and do not touch the pierced area or the end-consumer.

Our members use very specialized tools that have already been recognized for quite some time by the EHO and are considered the standard for ear-piercing.

We therefore ask this special case to be treated differently and propose to either a) exclude practitioners that only do ear-piercing from this legislation or b) have a separate license for this group of piercers that reflect the special nature of an area specific piercing combined with a specialized tool.

### **Afterword**

We hope we were able to show you our point of view and if you have any further question, you can reach us under [email redacted]. We already thank you in advance for considering our point of view and look forward to work together with you.

## **218 – General Medical Council**

### **General Medical Council (GMC) response to Welsh Government consultation on Mandatory Licensing of Special Procedures in Wales**

Thank you for your invitation to comment on the Welsh government's consultation on the introduction of mandatory licensing of special procedures in Wales, and in particular to provide our views on the following element of the proposal: Exempted Individuals outlined in Section 60 of the Public Health (Wales) Act 2017 and discussed on page 27 of your consultation document.

We recognise that Welsh government's intention is that our registrants should not have a blanket exemption for all four special procedures. We also recognise that the intention is for the exemptions set out in regulation to be tailored to take into account the practices undertaken by our registrants, and that any named procedure should be within that registrant's area of expertise and be considered 'in scope' and therefore subject to indemnification.

We note that you have asked us to comment on this matter, as well as specifically whether our registrants could safely perform any of the named special procedures without a licence.

### **Performance of any of the named special procedures without a licence**

The GMC will be responsible for the regulation of Anaesthesia Associates (AAs) and Physician Associates (PAs) in the future (currently expected to be from late 2024). Because the consultation lists the regulator of professions at paragraph 7.1(a)-(ga), rather than the specific professions those bodies regulate, we have taken the consultation to be including both doctors and AAs and PAs as being exempt from the special procedures licence where they meet the criteria. We have accounted for this within our response as far as is practicable given that we do not currently regulate these professions. It is also worth clarifying that the licence to practise is a requirement for doctors to practise in the UK. However there will not be a requirement for AAs and PAs to hold a licence in addition to their registration with us. So, when we talk about licences to practise, we are only referring to doctors.

The Medical Act sets out a number of 'privileges of registered practitioners' (Part 6, sections 46 to 48 inclusive), and also outlines other activities, for which a doctor must hold a licence to practise in order to undertake this activity within the UK. As well as the Medical Act, there are many other pieces of legislation that set out when a doctor must hold a licence; the legislation under consultation will be another example of this.

Doctors in the UK undertake a wide scope of activities, and there are a significant number of pieces of legislation not owned by us which specify when a doctor must hold a licence to practise. This means that we can't provide advice on specific roles and whether roles or activities are restricted to medical professionals, and so we are unable to confirm whether doctors could safely perform any of the named special procedures without a licence. The responsibility is on the professional to keep up to date with and follow the law, our guidance, and other regulations relevant to their work. It is a professional's responsibility to make sure they comply with any legislation that requires them to hold a licence for the work that they do. Doctors are advised to discuss their need to hold a licence to practise with others who may be able to advise them if they are unsure. This might include: their employer, their medical defence organisation, their insurance and indemnity provider, and/or their Royal College or Faculty.

We have produced a list of discussion points about whether a doctor needs a licence to practise for the work they undertake which may be helpful in your considerations. This was produced for doctors, employers, healthcare providers and organisations contracting with doctors. The purpose of this document is to support discussions about whether a doctor needs a licence to practise for the work they undertake.

### **GMC response to section seven of the consultation**

Please find our response to consultation questions 8 and 10 below. We have not responded to questions 9, 11 and 12 as they sit outside our regulatory remit.

#### **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?**

We agree that there should be limits on the exemptions for our registrants. Our reasoning is outlined below. We believe the exemption is helpful to avoid burden where a professional is already regulated, and to prevent activities a doctor undertakes being prohibited. This is particularly the case given the ability for this legislation to be expanded in future to cover other procedures as required. However we support the limits on this exemption as necessary to ensure effective protection of patients.

As registration with the GMC covers professionals undertaking a wide range of activities, we think it is important to specify the limits; being registered with the GMC does not mean that a registrant is competent and safe to undertake all medical procedures. An individual professional's competence to undertake activities depends upon a range of factors, including: the specific training they have had, their experience, the specific role they are undertaking, and the setting(s) they work within. In this context we agree it is important that there are limits on the exemption for doctors to hold a special procedure licence. We also agree that the exemption should only apply where the special procedure falls within the professional's area of expertise and where they are competent to undertake such a procedure.

We suggest making clear in the legislation that exempt individuals must declare this work, as required, to the relevant regulatory body. For example, doctors would be required to declare this as part of their scope of practice for revalidation, as would AAs and PAs following regulation. This is important to ensure patient safety given that the exemption is based on the activity being part of the individual's medical practice and by virtue of their regulation by the GMC. Given that many doctors have portfolio careers, our regulation of doctors is in part reliant on the requirement for them to declare their whole scope of practice through revalidation, to ensure that information about their whole scope of practice can be shared.

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

We agree with the position laid out under paragraph 7.3 of the consultation, that registrants of listed regulatory bodies would not hold a blanket exemption, and with the limits laid out within the four bullet points.

For the exemption principles for individuals and premises to adequately protect the safety and health of the client, we propose the following clarifications or amendments:

- **‘The individual must be registered with a qualifying regulated mandatory professional body’**
  - We suggest that the wording of this point is amended to read: ‘The individual must be registered, and hold a licence as required, with a qualifying regulated mandatory professional body.’
  - The revised wording accounts for the fact that, in the case of doctors registered with the GMC, being registered with us on its own is not enough. Where the activity constitutes medical practice, they must also hold a licence to practise if the doctor has determined that this is required for the work that they do.
- **‘The special procedure is within their area of expertise and is considered ‘in scope’ and is therefore the subject of indemnification by the organisation they work for, or through self-indemnity if self-employed’**
  - We note the mention of ‘training’ in para 7.2, but that it is missing from the wording of this exemption principle.
  - We suggest that it is necessary for the exemption principle to very specifically require: that the individual undertaking the special procedure has the required training for it; the special procedure to sit within their specialist area (area of expertise); and that the individual must be competent to perform it.
- **‘The special procedure is performed within the National Health Service or privately regulated healthcare service regulated by Healthcare Inspectorate Wales (HIW)’**
  - On the understanding that all four requirements must be met for the exemption to apply, we are content that this is sufficient.



- This understanding is further to para 7.5 of the consultation document – which clarifies that there are settings that these activities could be undertaken in which are not regulated by HIW, and that undertaking these procedures in these settings would not warrant an exemption, even where a professional is registered (and licenced as required) with us and the activity falls within their scope of expertise and competence.
- **‘If the individual ceases to be registered for any reason, their exemption would cease, and they would have to obtain a special procedure licence if they still wished to perform that special procedure.’**
  - We suggest that the wording of this point is amended to read: ‘If the individual ceases to be registered, and licenced where required, their exemption would cease and they would have to obtain a special procedure licence if they still wished to perform that special procedure’
  - The reasoning for this change is per the reasoning for the change to bullet one.

## 228 - Professional Standards Authority

### 1. Introduction

- 1.1 The Professional Standards Authority for Health and Social Care promotes the health, safety and wellbeing of patients, service users and the public by raising standards of regulation and registration of people working in health and care. We are an independent body, accountable to the UK Parliament. More information about our work and the approach we take is available at [www.professionalstandards.org.uk](http://www.professionalstandards.org.uk)
- 1.2 As part of our work we:
- Oversee the ten health and care professional regulators and report annually to Parliament on their performance
  - Accredite registers of healthcare practitioners working in occupations not regulated by law through the Accredited Registers programme
  - Conduct research and advise the four UK governments on improvements in regulation
  - Promote right-touch regulation and publish papers on regulatory policy and practice.

## **2. General comments**

- 2.1 We welcome the opportunity to respond to the Welsh Government consultation on licensing of special procedures in Wales. We are happy for any part of our response to be published. As the oversight body for the healthcare professional regulators<sup>1</sup>, and with responsibility for running the Accredited Registers programme for unregulated practitioners, we support the Welsh Government's intention to address some of the outstanding risks associated with the carrying out of special procedures.<sup>2</sup>
- 2.2 However, when developing the scheme, it is important that the Welsh Government fully consider how licensing will interact with existing means of assurance, including both statutory regulation and voluntary registration through the Accredited Registers programme. This includes identifying any potential perverse incentives or unintended consequences created by the proposed scheme. This will also be important when considering any future expansions to the scheme, for example if bringing in a wider range of non-surgical cosmetic procedures.

### **Licensing of special procedures within the current regulatory landscape**

- 2.3 As the consultation document notes, it is currently open to both regulated professionals and unregulated practitioners to carry out the special procedures that will be within scope of the new licensing scheme.
- 2.4 In addition to the existing requirements in Wales for Local Authority registration under the 1982 Act, this group will include professionals registered with any of the statutory health and care professional regulators and those that are on a voluntary register, including those that are accredited by the Authority under the Accredited Registers programme, such as the British Acupuncture Council (BAcC). Accredited Registers provide a mechanism to raise standards amongst the unregulated workforce and provides reassurance to members of the public and employers that practitioners meet set standards of education and training, comply with codes of practice and promote access to appropriate complaints mechanisms.<sup>3</sup>
- 2.5 Some of the procedures in scope are currently practised by practitioners on registers we accredit. We note that the Welsh Government is currently proposing to permit a (defined) exemption from licensing requirements for statutorily registered healthcare professionals but not for those voluntarily registered with an organisation accredited under the Accredited Registers programme.
- 2.6 We suggest that further consideration should be given to the approach to exemptions and how the scheme will interact with existing statutory and non-statutory forms of regulation. Whilst membership of an Accredited Register is not mandatory, we

think that the Welsh Government should consider whether an exemption for certain members of this group would be possible to avoid creating perverse incentives. This could include having the unintended consequence of disincentivising membership of Accredited Registers due to the introduction of additional layers of regulatory burden. We have provided further information on this point in our answers to questions 8-12.

### **Other key issues**

- 2.7 We have previously supported licensing as a proportionate alternative to statutory regulation. We welcome the Welsh Government's consideration of this option as a more flexible alternative mechanism to manage the risks identified, subject to the queries we have raised above about how the proposed scheme will fit with existing regulatory frameworks and avoid negative unintended consequences.
- 2.8 Some additional queries about the implementation of the licensing scheme in practice include:
- Enforcement of the licensing scheme - the licensing scheme will only be effective in addressing poor practice if the Welsh Government are clear about why existing mechanisms available to local authorities (e.g. model byelaws) haven't been utilised to date and how the proposed scheme will address this. As there will clearly be a heavy reliance on local authority enforcement of the licensing scheme it will be important to fully understand whether inaction to date is as a result of inadequate powers or lack of resource to enforce. If it is the latter the new scheme may be equally ineffective in addressing the problems identified unless resources are guaranteed. It would be helpful to understand if funding received from the fees for the scheme will be ringfenced for enforcement purposes.
  - Consistency across the UK – we recognise that Wales have taken a particular approach in developing a scheme initially focussed on specified procedures in contrast to England and Scotland who are developing broader schemes focussed on non-surgical cosmetic procedures. In our view, it is in the interests of the public who may access services in different parts of the UK and practitioners to have a broadly level playing field in terms of requirements across the different schemes. We would urge all UK countries developing such schemes to work closely together to ensure a consistent approach as far as possible.

### **3. Detailed comments**

3.1 We have only provided answers to the questions where we have specific views or expertise to contribute.

### **Questions related to 7: exemptions**

***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?***

- 3.2 We support the intention to limit the layers of additional regulation faced by appropriately qualified statutorily regulated professionals carrying out special procedures. However, we agree that it would be logical to make regulations to define more narrowly those members of a statutory professional register who should be able to claim an exemption as outlined in the consultation document.
- 3.3 As the majority of statutorily regulated professionals are regulated based on their role not on the activities they carry out, a blanket exemption could be seen to be at odds with the purpose of the scheme to require a minimum level of qualification/training for those carrying out special procedures (depending on what is deemed to be sufficient evidence of competence beyond the level 2 infection control qualification specified).
- 3.4 We note that even with the criteria outlined at 7.3 of the consultation document<sup>4</sup>, there is likely to be a significant degree of autonomy for professionals in deciding whether they have sufficient expertise or whether carrying out the procedure is within their scope. It is unclear from proposals to what degree Local Authorities will be required to assess evidence of competence for those applying for an exemption in contrast to those applying for a licence and how competence will be defined.
- 3.5 Statutorily regulated professionals are required to demonstrate that they are competent to carry out the procedures they undertake. However, as special procedures are likely to fall outside of the scope of their core professional education and training it will be important for Local Authorities to look carefully at any evidence provided as these areas of training will generally not be quality assured by their professional regulator.
- 3.6 Depending on how minimum competence is defined and assessed this may create a quirk in the scheme where statutorily regulated professionals with some additional training may apply for an exemption whereas more highly qualified specialists on an Accredited Register (e.g. acupuncturists requiring a degree level qualification) may not.

3.7 We agree with the requirement to hold appropriate indemnity insurance covering the procedures an individual will be carrying out but would suggest reviewing the wording of this criterion to make it clear that self-employed individuals should obtain indemnity insurance from a legitimate provider.

***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?***

3.8 We agree with the principle of applying an exemption for premises at which exempt professionals will practise, providing they will be carrying out the special procedure within the NHS or in a private premises regulated by Healthcare Inspectorate Wales (HIW).

3.9 However, we are of the view that this exemption could also apply to non-statutorily regulated practitioners in defined circumstances, see our answer to question 12.

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

3.10 We broadly agree that the exemption principles should protect the safety and health of clients. However, as outlined in our answer to question 8, depending on what the requirements will be for Local Authorities to assess evidence of competence provided, the criteria are still likely to allow significant flexibility for professionals to self-assess whether carrying out special procedures falls within their scope of practice and whether they have sufficient training.

3.11 Statutory professional regulation generally doesn't regulate the tasks that professionals carry out, so it is down to the professional to consider whether they have the appropriate experience and expertise. This may create challenges for professional regulators when assessing whether a professional has acted outside of their competence.

3.12 We note that based on current proposals, it is unclear whether those applying for an exemption will be required to evidence their competence in contrast to those applying for a licence. We suggest that further consideration is given to this point including how evidence of competence will be assessed.

3.13 We agree that it is crucial that indemnity arrangements cover the specific procedures in question.

***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?***

- 3.14 We do not have detailed knowledge of which professions on the Health and Care Professions Council (HCPC) register are more or less likely to carry out such special procedures. However, as the regulations will outline that professionals must ensure that the special procedure is within their competence and that they have appropriate indemnity insurance, then we are unclear on the logic for limiting which groups of HCPC registrants may apply for an exemption.
- 3.15 As noted above, professional regulation is generally based on regulation of the role not the tasks that an individual carries out so there is no particular logic to limiting the option of applying for exemption to only certain groups of professionals.

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

- 3.16 No, we do not understand the logic of not allowing an exemption for members of a voluntary register accredited by the Professional Standards Authority under its Accredited Registers programme if exemptions are to be permitted for statutorily regulated professionals.
- 3.17 The consultation document states that exemption shouldn't apply because membership of Accredited Registers is voluntary, however in our view this is immaterial. If an exempt practitioner was removed from or chose to leave membership of the Accredited Register, then they would automatically be required to obtain a licence from the Local Authority in the same way a statutorily regulated professional would be if they were no longer regulated.
- 3.18 As noted in our response to question 8, depending on how minimum competence is defined this may create a quirk in the scheme where statutorily regulated professionals with some additional training may apply for an exemption whereas more highly qualified specialists on an Accredited Register (e.g. acupuncturists requiring a degree) may not.
- 3.19 We recognise that the Welsh Government may not wish to permit a blanket exemption for practitioners on Accredited Registers. However, we suggest it would be possible to specify certain criteria to identify those eligible for an exemption, in a

similar way as the consultation proposes criteria to be captured in regulations for statutorily regulated professionals who may claim an exemption.

3.20 In our view it is important that the Welsh Government give consideration to allowing some kind of exemption for appropriately qualified AR practitioners. The Accredited Registers programme has been an important mechanism to raise standards amongst unregulated practitioners and allows members of the public and employers to choose practitioners who are properly trained and who comply with clear standards of practice.

3.21 We recognise that this licensing scheme is largely intended to capture those practitioners who are not subject to any other form of regulation and raise standards at the lower end. However, without any changes to the scheme it could have the unintended consequence of discouraging membership of Accredited Registers as practitioners may not wish to be subject to two overlapping layers of regulatory burden.

#### 4. Further information

4.1 Please get in touch if you would like to discuss any aspect of this response in further detail. You can contact us at:

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1 The nine healthcare professional regulators and the social work regulator for England.

2 Including acupuncture, body piercing, electrolysis and tattooing.

3 Our work with accredited registers: <https://www.professionalstandards.org.uk/what-we-do/accredited-registers>

4 From consultation document: 7.3 - **We propose** that members of a profession regulated by these named bodies under s60(2) should **not** hold blanket exemptions for **all** four special procedures, but regulations should be made to limit their exemption(s) as follows:

- The individual must be registered with a qualifying regulated mandatory professional body
- The special procedure is within their area of expertise and is considered 'in scope' and is therefore the subject of indemnification by the organisation they work for, or through self-indemnity if self-employed
- The special procedure is performed within the National Health Service or privately regulated healthcare service regulated by Healthcare Inspectorate Wales (HIW)
- If the individual ceases to be registered for any reason, their exemption would cease, and they would have to obtain a special procedure licence if they still wished to perform that special procedure.

NB: the text of the responses to each question is given in the relevant sections of this annex, however, the full text of this response is given here as it contains references and annexes, and was also sent on unedited by a number of UKAPP's members.

#### **Questions related to 4: General Principles**

##### **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?**

Yes. It is of course, important to note, that the particular issue mandatory licensing is being introduced to combat may not be completely resolved by its introduction. Ultimately, registration requirements and the threat of registration removal have not been successful in fully preventing these issues in other regions. However, whilst we feel that the raised issues will never be eradicated, this is most certainly a very significant step. The focus on education (in the form of the RHSP Level Two qualification and the mandatory training licence) and demonstration of the skills and knowledge acquired to achieve licensing is something we are particularly excited about. Whilst anecdotally many of us saw great improvements in England following the introduction of the CIEH Toolkit in England, the focus on education and its implementation has been a cause for concern. We are thrilled to see the Welsh Mandatory Licensing building on this.

Whilst we acknowledge that licensing vehicles will be controversial in the industry, we also feel that; given how the licensing requirements will be no lower for vehicles than they will be for brick and mortar studios, every precaution has been taken to ensure this can be done safely. We feel that this gives those who were previously operating unlicensed in kitchens and other home settings a viable route out of this setting.

##### **Is there anything else that should be included in the format of these documents?**

UKAPP does not feel that any further supporting documentation is needed.

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

Yes. UKAPP recognises that fluidity, especially in the early days, will be very necessary to ensure the smooth running and implementation of Mandatory Licensing. We would, however, like to be apprised of how this will work in practice. Will there be consultation with the industry before any changes are made, for example?



## **Question related to 5: Transitional arrangements**

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

Yes, providing that the members of staff within local authorities have the capacity to complete the work required during this time. As an organisation, we often encounter piercers having to run with expired licences (with permission from their EHO) due to their local authority not having the capacity to re-inspect / renew their licence. With this in mind, we fully support the nine month transition period, so long as piercers or other practitioners aren't going to suffer as a result of local authority staffing issues / local authorities over being unable to deliver in time.

## **Questions related to 6: applications – special procedure licence**

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

Yes. One UKAPP board member once found themselves working in a studio early in their career where studio owners allowed under 10's to practise, and we are genuinely thrilled to see a mandatory minimum age of 18 being introduced. This mirrors other professions where wound creation and infection control are part of the role, such as nursing. It is also an age which is far more likely to be insurable.

### **Question 5 – Do you agree with the proposed licensing criteria for special procedure licences and the supporting documents listed?**

RSPH Level Two - Whilst none of the board have taken this course personally, we have had good feedback from our Welsh members

Competence - Provisionally, this is a fantastic development, and one we are very excited for. We propose that a portfolio be presented, and that this is assessed via objective criteria that UKAPP can happily consult on. We have attached an example of the sort of scoring matrix that could be used, and we would be very happy to assist in creating a matrix of this kind for all body piercings. 1 This criteria should ignore wider piercer debates such as bars vs rings for certain piercings, but focus purely on execution and broadly appropriate jewellery size and style selection. UKAPP can happily build on these for all piercings. A realistic

pass mark should apply, whilst focuses on basic ability to practise, rather than perfection on each and every item within the portfolio.

Insurance - Whilst our own minimum requirements for membership currently stipulate that practise indemnity insurance be taken out, this is a sticking point in the wider industry. Currently, we are seeing the homogenisation of insurance company terms and conditions, as more and more policy providers are using the same underwriter. This has left a lot of perfectly acceptable piercings banned. Many of us are finding it difficult to get a variety of lip placements, bridges, and surface piercings insured. Having seen a huge knowledge gap in the industry develop due to the temporary cessation of vulva piercing when the FGM Act , we are very keen not to see another develop on other piercings. As such, it may be that this requirement places insurmountable difficulty on piercers to meet both licensing requirements, and insurance ones. 2

In addition to this, you may find that certain insurance policies age requirements conflict with those listed in this document. 3

It is UKAPP's feeling that practice insurance is very important. And our ideal outcome would be to work with RSPH/CIEH/PHW to discuss this with insurance companies. Thus far, no company has been receptive to our concerns. The response has been simply; risk is calculated by actuarial software elsewhere, and there are no plans to change this under any circumstances.

On all other documents, UKAPP are in complete agreement.

### **Are there other documents applicants should supply?**

Yes. We think it would be beneficial for applicants to also have First Aid as well as CPR.

### **Question 6 – Do you agree with the proposal that applicants should evidence their competence in the special procedure(s) they wish to perform?**

Yes.

### **If you agree, how should that be demonstrated, and what documentary evidence should be produced?**

Evidence of competency is always going to prove a challenge, particularly in fields like piercing or tattooing where it is more ephemeral and somebody who isn't already a professional in that field may struggle to discern the difference between a 'good'

piercing that will heal successfully and an unsuccessful one. As an organisation, the UKAPP has a number of suggestions of ways in which competency could be evidenced for the local authority. One starting point will be clear documentation of all education and training received, such as regularly renewed first aid, CPR and Blood Borne Pathogens training. Certificates from conferences and online education would be appropriate here too.

The UKAPP would advise that applicants should provide examples of their work, either through a link to online portfolios or a physical 'hard copy.' We understand that assessing this work may be challenging for some inspectors, but as an organisation we would be happy to assist in the creation of a document which will help inspectors apply empirical test standards to the portfolios folk's are presenting for inspection. Please find attached a sample of this kind of document. 4

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

As an organisation, we feel that a DBS check for licensing would be very beneficial to the industry in terms of client safety. We are in full agreement with most of the criteria, however, we do hope that the convictions 'involving violence' would be considered in a nuanced way rather than broader brush-strokes that may bar applicants from a licence unnecessarily. For example, an act of violence that involves a direct and premeditated attack on an individual would hopefully be considered differently to a situation where an applicant may have a criminal record through defending themselves in a fight.

#### **Questions related to 7: exemptions**

#### **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?**

As a piercing health and safety organisation, we hold serious concerns about professionals from other fields being able to perform piercings due to their professional registration exempting them from a special procedures licence. Whilst we understand that nurses or dentists (for example) will have a good working knowledge of infection control, their knowledge and expertise will not necessarily extend to being able to perform a competent piercing that will heal well. Indeed, we feel it would be misleading to potential clients to allow these exemptions to remain in place. Body Piercers create a very unique wound distinct from other professions; when performing a tattoo, acupuncture, taking bloods, etc any wounds that are created are allowed to immediately close, and the skin to almost immediately renew its primary role as a barrier against infection. Body Piercing creates a wound, and leaves it open until the proliferation of a fistula of new tissue has completed forming. In some piercings, this can be up to 12 months, and this new tissue does not typically return to full circulation and tensile strength for up to two years. It is not uncommon for over 1cm<sup>2</sup> of completely

new tissue to have to grow again from a subcutaneous layer up. As body piercers create wounds that are considerably more difficult for the body to heal, and are open for longer than other professions, it is imperative that a higher level of infection control is practised when creating those wounds than you might expect in other professions.

**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?**

We believe that in the context of medical tattooing (e.g. marks for lining up radio therapy) this exemption makes sense. However, there are no known contexts where somebody might need a cosmetic piercing in a medical setting. There are currently no proven medical applications for body piercing. Whilst UKAPP are aware that some studies exist which draw contrary conclusions, we dispute the veracity of these studies. They are based on quantitative research which showed a great deal of bias in their data collection methods. The published results have never been peer reviewed, nor published in any reputable journal. 5

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

As suggested in answer to question 8, we feel as an organisation that all individuals providing piercing services should hold a RSPH Level Two Infection Control Certificate because knowledge of infection control in a medical setting provides no proof that an applicant is competent in performing a safe piercing.

**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?**

No. A great many of these professions have little experience granting foreign objects direct and constant access to the blood supply. Body Piercers create a very unique wound distinct from other professions; when performing a tattoo, acupuncture, taking bloods, etc any wounds that are created are allowed to immediately close, and the skin to almost immediately renew its primary role as a barrier against infection. Body Piercing creates a wound, and leaves it open until the proliferation of a fistula of new tissue has completed forming. In some piercings, this can be up to 12 months, and this new tissue does not typically return to full circulation and tensile strength for up to two years. It is not uncommon for over 1cm<sup>2</sup> of completely new tissue to have to grow again from a subcutaneous layer up. As body piercers create wounds that are considerably more difficult for the body to heal, and are open for longer than other professions, it is imperative that a higher level of infection control is practised when creating those wounds than you might expect in other professions.

**Are there other professions on this register that should have an exemption?**

No. UKAPP feels that there are no professions which should receive an exemption from having to undertake the RSPH Level Two Qualification.

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

Yes. Please see answers for questions 8-11 for elaboration.

**Questions related to 8: mandatory licensing conditions for special procedures practitioner licences.**

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

**Annex D1. 3. 7**, it is mentioned that jewellery should be purchased from a reputable supplier. UKAPP feels that this requires elaboration.

As an example, from our members, UKAPP ask that Titanium and steel stock meets an Implant Standard. Implant standards are essentially recipes for alloys agreed upon by international experts at the ASTM and ISO. We defer to these standards for Titanium and Steel due to the culture surrounding the wear of body jewellery, as well as practicality surrounding healing and changing jewellery. Unlike many fashion pieces like those worn in well established lobe piercings, most body jewellery is impractical to change yourself. After piercing, many piercings can't be changed without specific tools or skills for at least six months after the piercing channel has been created. Many clients simply wear their initial jewellery forever more, and therefore it is imperative that the jewellery they wear can be worn for extended periods without concern that it will break down. With titanium and steel jewellery, the best protection against that is for the jewellery to meet the same standard as that which was implanted in the human body, as many clients treat the piercing as if it has. In the case of things like microdermals, where removal is impossible without the intervention of either a piercer or doctor, these standards are even more important.

Too contextualise: the two relevant Implant Standards for Titanium are F136 and F1295. Both of these alloys are more than simply the correct materials. F136, for example, is a combination of 90% Titanium, 6% Aluminium, and 4% Vanadium. However, if you took 90 kgs of Titanium, 6kgs of Aluminium, and 4kg Vanadium and melted it in a pot, you wouldn't get out Titanium which met ASTM F136. F136 is as much about the structure of the alloy, as well as its individual components. Structure can affect overall biocompatibility but, just as importantly, it affects the durability of the alloy.

The reason that I mention this is; structure can't be tested after the alloy has been made. Most after manufacturer testing uses electro fluoroscopy but there are several problems there. First, it doesn't go very deep and, as such, you don't get a complete picture of what's in it. It may be the correct composition at certain points, and a completely different composition at others. If this was the case, you'd have different amounts of biocompatibility at different points on the same piece of jewellery. Second, electro fluoroscopy doesn't tell us anything about the materials structure.

To ensure what we're getting is what jewellers say it is in terms of implant standards, we ask for end-to-end traceability. This is often in the form of what's referred to as mill certificates.

When a mill creates an alloy of this standard, they digitally "stamp" that batch with a Heat Number. And that heat number is reordered at every stage of the supply chain. So, if (fictional names, obviously!) A[name redacted] Mill creates an ingot of Titanium alloy which meets F136, it gives it a heat number. It then sells that ingot to D[name redacted] Distribution, who then sells it to DA Body Jewellery for machining into jewellery. A[name redacted] Mill keeps a record of selling material stamped with that heat number to D[name redacted] Distribution, and D[name redacted] Distribution keeps a record of having sold that ingot to DA Body Jewellery. DA Body Jewellery then has those certificates to say that they know exactly what is in that alloy, that it's safe to be in a person, and that it meets sufficient durability tests.

When jewellers buy this stock, they usually buy it in the form of wire. So they'll buy 18g wire, 16g wire, 14g wire, and so on and so forth. To ensure that what you're getting isn't being switched out for something poorer quality before turning it into jewellery, UKAPP asks that jewellers be able to provide:

- Certificates for all sizes of wire that they'd use. So, if they're only making barbells up to 12g, and balls up to 1/4", we don't certificates for anything 1/4"+
- That those certificates contain a sufficient quantity of material to be able to cover their expected run rate.
- That those certificates are dated recently enough to be able to cover the whole range with the quantity they've purchased.

In addition to these standards, our sister organisation the APP is working on a standard that can be applied to gold, niobium, and platinum.

However, we also acknowledge that in many ways, our organisation's standards are higher than general local authority requirements. The tide is turning with the piercing industry in the UK, but many piercers continue to use manufacturers that do not meet the UKAPP's standards, but are undoubtedly safer than other prohibited materials. In addition to this, UKAPP also recognises that access to the standards of jewellery we require of our members is not as high as the level of access studios have to mid-range options, and it may be prohibitively expensive for studios to make such a large supplier change at one time.

Nonetheless, we would certainly like to see some definition applied to what would constitute a 'Reputable Supplier.' For example, refusing licences where studios had purchased jewellery from [website name redacted], or [website name redacted], would be proportionate. And that titanium, and steel jewellery which has been imported and does not meet an implant standard be subjected to basic tests such as electro fluoroscopy. This is supposed to be established under the EU Nickel Directive but, much still slips through the net. Gold and platinum are already subject to their own laws and therefore no change is required here. Niobium is usually considered very low risk as it is extremely difficult to alloy, and there have currently been no known instances in the body piercing industry where niobium has been the subject of any kind of misrepresentation by those supplying it.

**In annex D1. 3. 10**, in relation to jewellery standards. The document states surgical stainless steel and dense low porosity plastic. Surgical steel is a marketing term and is in fact just steel. Whilst UKAPP ask that steel jewellery meet ASTM Implant Standard F138, we feel it is sufficient for the purposes of licensing for steel jewellery to be demonstrably compliant with the EU Nickel Directive. 6 Whilst, as it stands, anyone selling jewellery in the UK is required to comply with this directive, UKAPP are aware that are currently many loopholes that make this difficult to enforce.

Currently, although jewellery made from materials such as Delrin exist, we are unaware of little low porosity plastic that we would advise being used as initial piercing jewellery. According to the Standard specification for polyoxymethylene (acetal) for medical applications (2019), neither the ISO or ASTM currently consider even low porosity plastics used in medical devices sufficiently safe for human implant. 7

**Annex D1. 3. 12** states that a sterilised clamp must be used for tongue piercings. UKAPP feel that this requires elaboration. If it is in relation to using a sterilised tool, then that is a must for all piercings. (Please see answer to below to D1.37 for elaboration) However, if it is suggesting that you must use a clamp in general instead of doing the procedure 'tool-less' or 'freehand' then as an organisation we disagree. There are a high number of piercers that do not use tools, or a very limited number of tools in order to

eliminate the added damage that can occur when clamps are used. Indeed, it is widely considered best practice to perform tongue piercings using a freehand method.

**Annex D – 15** Many of our members, post-covid, have begun using online consent forms. Many of these can be filled in on the client's own device and submitted, reducing cross-contamination. However, this means that although the practitioner will access and review the information on the form, they would not be able to counter-sign it. We would suggest that having the practitioner counter-sign the consent form/ questionnaire not be a mandatory requirement for this reason, providing that the practitioner has a policy in place for checking all forms prior to piercing.

**Annex D1. 24** Whilst utilising tools that are suitable for the job is imperative, it is worth noting that combining other tools such as needle blanks (metal tubes of varying gauges) is the preferable method for many piercers. They are affordable enough to be utilised once and then simply disposed of, eliminating the risks associated with re-sterilising tools. UKAPP feels strongly that piercers should be given some leeway to demonstrate that the tools they are creating for themselves are suitable for the task at hand, before they are denied their license for using them.

**Annex D1. 25** The vast majority of high quality piercing supplies arrive non-sterile. It is worth noting that no jewellery which meets our jewellery standards is available pre-sterilised. This is because the risk of rendering tools or jewellery non-sterile during transport can be high. What's more, pre-sterilised items have a shelf life which can easily be eclipsed between sterilisation, transport, and purchase. Finally, many piercers simply do not trust that sterilisation occurring abroad meets the same high standards we would expect domestically. Rarely are sterilisation records available (even from domestic suppliers,) from companies providing pre-sterilised items and their sterilisation processes are not available to scrutinise. As such, many of our members and many in the wider community choose to sterilise their tools, equipment, and jewellery themselves.

Because, when working at this level, it is assumed that those purchasing have sufficient knowledge of sterilisation (cleaning, passivating, and finally sterilising,) very few manufacturers provide step by step instructions on how to sterilise their products. Whilst UKAPP is very amenable to approaching suppliers for MIFU guidance, it is worth noting that this is not a process which can be completed quickly, and would require the agreement and co-operation of many different, sometimes opposing companies and groups.

UKAPP proposes that, rather than mandating that companies provide this, a competency test be adopted whereby those seeking a licence must demonstrate their knowledge of sterilisation processes, and how they are best affected in their own studios. Once more, this is something the UKAPP would be very happy to consult on.



**Annex D1 – 31** mentions the use of single use vinyl gloves. UKAPP would be strongly opposed to this. Vinyl gloves are proven to tear easily which will put the wearer at risk. According to a study by Micheals, M (2017) Vinyl gloves have a 51.2% failure rate. 8

This section also refers to carrying a disease that could be transmitted during the procedure. We would ask for clarification that this does not include individuals who are HIV+. This is because the risk of transmitting HIV, even through a needlestick, would be highly unlikely. Furthermore, many individuals who are HIV + are on a course of medication which makes their viral load undetectable and therefore untransmissible. 9

**In annex D1 – 31** it mentions all special procedures to be undertaken in conditions of appropriate privacy. UKAPP feel this requires elaboration. Body Piercers utilise multiple techniques to ensure client privacy. Some feel that a separate dedicated room is best, whilst others simply utilise a portable room divider. Whilst UKAPP feels that body piercing should happen in a separate, dedicated room, we are aware that this is not possible for all studios due to architectural limitations. Whilst we feel strongly that clients should not be forced or feel any pressure to disrobe in-front of other practitioners, staff, or the general public, we also feel that ‘appropriate privacy’ should not exclude studios who are utilising portable structures to achieve this.

Consuming food and drink in the procedure room – As an organisation, we feel that this must be more nuanced. In general, we fully support that food and drink should be prohibited in the procedure room. However, in the interests of client-wellbeing, we would suggest that drinks or sweets are allowed in contexts where a client feels unwell or light-headed following a procedure. This is also a common practice in many medical settings already and the implications of not allowing it are far worse.

**Annex D1. 35** - Whilst expired products such as cleaning agents most certainly should not be used, it is worth noting that many products can. This would be for expired products only and not products which have been used during a procedure. Provided competency to sterilise is demonstrated, the following sterilisation expired products could be re-sterilised to use:

- Blade Needles
- ‘O’ Needles
- Needle Blanks
- Transfer snips
- Tapers
- Receiving tubes
- Bracing tools such as ‘Piercing Sticks’

**Annex D1. 37** - Whilst we accept that, utilising Spaulding Classification, it is only items which have had or will have direct access to either the blood supply or mucous membranes, UKAPP feels strongly that all items used to actually perform a piercing, brace tissue, transfer jewellery, or otherwise assist in the act of creating a wound for the insertion of jewellery or object should be sterilised before use, and again after (if re-sterilisation is permissible for that particular item.)<sup>10</sup> It is important to note that Spaulding Classification is designed for those in the medical field who maintain and practise skills such as aseptic technique, clean hand/dirty hand, and no touch techniques. These are frequently not techniques with which body piercers will have been trained, and therefore the risk of cross contamination using this scale is unacceptably high.

**Annex D1. 39** - For the overwhelming majority of equipment, UKAPP wholeheartedly agrees that cleaning, disinfection and sterilisation equipment should be validated for its particular use. However there is some nuance. Specifically, for pre-sterilisation cleaning and passivation, many piercers utilise anodising, as is consistent with the ASTM's F86 Standard Practice for Surface Preparation and Marking of Metallic Surgical Implants.<sup>11</sup> Anodising machines are simply DC power supplies and are therefore not validated for the specific purpose of anodising. As anodising is broadly considered the most efficient method of cleaning and passivating pre-sterilisation, UKAPP would be strongly against studios being refused a licence for using a machine which - whilst perfectly capable of performing the task at the highest possible standard - was not validated for the specific purpose of anodising.

**Annex D1. 4. Ear and nose piercing using a cartridge system.** The entire mandatory licensing is based around bettering infection control due to an outbreak of infections in which people were treated in hospital. This was traced back to a piercing studio in Wales. Putting this specific case aside, we have found that one of the biggest issues that the studio faces is in relation to embedded jewellery that is directly linked to the use of ear-piercing guns and/or systems as well as other piercing gun/system related problems.

"The use of guns for piercing cartilage presents an additional risk of perichondritis. The gun applies shear forces to the perichondrium, which may slip off the cartilage. An avascular cartilage (which is normally nourished by the perichondrium), may then become necrotic. Abscess formation and loss of cartilage are potential complications that often require surgical intervention".<sup>12</sup> (Yahalom & Eliashar, 2003)

Further more to the higher risk of perichondritis the documents supporting the proposed licensing mentions the sterilisation of tools that are used. However, it is widely known that ear piercing guns/systems can not be sterilised due to them being made from plastic. According to Cutler, N (2013) several States in America have decided to ban the use of piercing guns.<sup>13</sup> She goes on to further state that this is due to the inability to sterilise the instrument safely and effectively. Unfortunately, there is a possibility that

Hepatitis C can be passed on due to microscopic particles contaminating the gun. “There are medical reports that acknowledge the possibility of transmitting Hepatitis C through the use of ear-piercing guns” (Cutler, N 2013).

Another issue that I can see related to this is that guns/systems are often used with low quality metals. Many of these are not included on the mandatory licensing and approval conditions, and for good reason.

According to Muntz et al. (1990) there has been an increase in the frequency of complications due to embedded earrings in the lobes and helix due to the use of spring loaded ear piercing guns. This is more than likely the result of improper aseptic technique and insufficient training. Coinciding with this is the fact that ear piercing studs related to the gun and/or system directly are one size as standard. In body piercing when performing a lobe piercing there is a large choice of sizes. In [name redacted]'s studio, he stocks approximately 18 different sizes of plain labret bars for lobe piercings, with each individual option having the option of three different sized disks on the back so that different sized attachments on the front can be effectively balanced in the wound.

UKAPP would further assert that the levels of hygiene required for a piercing with a needle are considerably higher than those pierced with a gun. In terms of infection control requirements, both are creating a wound into which jewellery is inserted with the hope that a fistula of tissue will grow. There are no practical reasons that a method of piercing which we have demonstrated holds notably higher risks should have lower standards of cleanliness.

**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?**

Photo Licence displayed - We strongly support this step. To have the photo posted on the wall so that the client can immediately verify that their practitioner is licensed is a great step. However, it should also be acknowledged that many in our industry make quite radical changes to their appearance regularly, and therefore it may be necessary to have some kind of mechanism where the photo can be easily updated to ensure public trust in their practitioners. With regards to timeframes, our colleagues in Scotland routinely find that they are forced to work with expired licence (or not at all) due to admin times at the licensing team. It is imperative that an SLA be adopted to ensure that, if practitioners do their bit to meet these timeframes, they are not impeded from going about their business due to admin errors.

As mentioned above with regards to insurance; Whilst our own minimum requirements for membership currently stipulate that practise indemnity insurance be taken out, this is a sticking point in the wider industry. Currently, we are seeing the homogenisation of insurance company terms and conditions, as more and more policy providers are using the same underwriter. This has left a lot

of perfectly acceptable piercings banned. Many of us are finding it difficult to get a variety of lip placements, bridges, and surface piercings insured. As such, it may be that this requirement places insurmountable difficulty on piercers to meet both licensing requirements, and insurance ones. 16 In addition to this, you may find that certain insurance policies age requirements conflict with those listed in this document. 17 It is UKAPP's feeling that practice insurance is very important. And our ideal outcome would be to work with RSPH/CIEH/PHW to discuss this with insurance companies. Thus far, no company has been receptive to our concerns. The response has been simply; risk is calculated by actuarial software elsewhere, and there are no plans to change this under any circumstances.

### **Questions related to 9: special considerations**

#### **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?**

Yes. For many of us, even more than poor piercings with guns, those coming from unregulated courses and immediately setting up to pierce independently cause significant concern. UKAPP feels strongly that body piercing should require significant education to practise independently. In the wider industry, unregulated courses are often referred to more as 'experience days' rather than as educational experiences, as body piercers generally consider this a good parallel.

In addition to the poor training often provided by courses, they are often quick to wash their hands of their attendee's once the paid for attendance has passed. As they are typically licensed immediately following completion of the course, this leaves more established piercers in a difficult position; do you offer to basically re-train these folks for free knowing that you are essentially training your competition? Or leave them without any further additional support knowing the impact this is likely to have on public health? Many put their own businesses at risk doing the former.

UKAPP feels strongly that the imposition of a mandatory training licence after a very short 'grace period' in which the trainee can only shadow their employer, and not perform and practical tasks except very general cleaning (not cleaning potentially contaminated surfaces, re-processing or sterilising, or piercing) would be a death knell to the enormously predatory businesses taking often thousands of pounds from consumers and, in exchange, leaving them hopelessly unprepared and a danger to public health.

**If you don't agree, how should they be dealt with?** There should be competency tests at the end of any course or apprenticeship. This is something that the UKAPP could be a part of. Members are currently checked against a specific set of

guidelines and need to produce paperwork, as well as answer questions in order to gain membership. This is then renewed on a yearly basis which includes up to date certificates for various industry related things. Please see answer to question six for how we believe we can assist in this process.

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

Yes. This feels like an appropriate age for a special practitioner, and mirrors a great many other industries where wound creation would be part of the workload. In addition, it would be very difficult to insure anyone working under the age of 18 in an environment like this.

**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?**

No. Whilst we agree that nipple, genital, tongue, micro/macrodermals, and surface piercings should be over 18 only, we see no reason that all other piercings can't be offered from 16. We are furthermore not content that insisting clients have a parent present between 16-18 is consistent with GDPR regulations. At 16, a client is their own data subject, and - as we are required to take medical information - forcing them to attend with an adult is not consistent with these regulations. At 16, a child can visit a doctor without parental consent and, if in further education, exclude their parents from any and all decisions pertaining to it. It is our contention that 16 year olds are very capable of making decisions about the vast majority of piercings. In addition to this, UKAPP believe that the following piercings should be available from 14 years old and up with parental consent: single point upper ear piercings, nostrils, septums.

Finally, as mentioned in other sections; you may find that your requirements conflict with those of insurance companies. As insurance companies pose the most significant challenge to piercers in the UK currently, we are very anxious not to give them another stick to beat us with, so to speak. 20

**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?**

One of the biggest challenges UK Piercers have faced over the last several years is interactions with parents. A huge number of studios have stopped offering services to under 16s/18s where their insurance mandates that not just get parental consent, but

verify the relationship with ID for both parent and child. This has prompted many a fraught interaction with parents and led to some very unpleasant experiences for UK piercers. Due to the frequency of these experiences, many studios have stopped offering services where parental consent must be given. As this is an insurance requirement (and just something many choose to do from a voluntary safeguarding perspective), and 20 lbid 16 not a statutory or licensing one, many parents simply do not accept that they need to verify and argue accordingly. From a public health perspective, this has had the effect of pushing these clients towards studios who do not have insurance cover. Frustratingly, not all insurance companies have this requirement (David's does not, for example) so simply mandating that all studios have practice insurance does not necessarily solve this problem. It would be supremely helpful if this section could mandate that parents providing their consent verify their relationship with the studio, alongside verifying the age of their child with ID for both parent and child, and any accompanying documents you might otherwise need to verify the relationship.

In addition, similar conversations have been had where folks over 16/18 have brought parents along to provide consent in the absence of ID. It would be further supremely helpful to mandate that - once a child has reached the age where they can provide their own consent - parents are no longer permitted to provide it for them.

**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?**

Broadly, however please see answer to question 17 for expansion.

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

Yes, I think that at the age of 16 people have a good understanding of their own bodies and minds enough to make an informed decision. In line with GDPR regulations, a 16-year-old is classed as their own data subject and therefore can consent and it is not within our rights to involve a parent/ guardian with the decision making around specific age-related body piercings.

**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?**

As UKAPP is an organisation whose focus pertains entirely to body piercing, enter no opinion on this.

**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?**

We do not feel this is something that should be required. Whilst it is common for studios to discuss what are considered ‘job-stopper’ tattoos with clients, as an organisation we feel that clients are consenting adults and therefore it would be inappropriate to be required to have these conversations. Furthermore, facial piercings are not permanent like facial tattooing. UKAPP feel strongly that, should Welsh Ministers feel that those who express themselves via tattooing or piercing face discrimination in the jobs market, their efforts would be better spent eradicating this profoundly unprofessional practice.

**Questions related to 10: definition of ‘object’ for body piercing**

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

No. UKAPP strongly believes that this leaves the opportunity for studios to circumvent jewellery standards. We propose instead that a broad, definitive list is adopted which can be added to as required. We believe that the aforementioned paragraph 4.13 offers the opportunity to do this. We believe that the term object could include (but this is not yet a definitive list):

- NFC Chips
- Inherently temporary forms of jewellery for performance or art, such as:
  - Chains attached to rings for corsetry.
  - Faux-Feathers or other decorations held in the hub of needles or other tubing.
  - Hooks or other large decorative designs that, by their nature, could not be worn permanently.
- Play piercing apparatus.
- Micro/Macrodermals.
- Beading that can be installed without the use of a scalpel.
- Larger Gauge, single flare plugs and tunnels made from appropriate materials.

**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?**

This needs wording carefully, as a specific style of needle could be potentially forbidden as it is a bladed instrument. According to Rogue piercing (2019) “Blade needles have a different tip configuration to cannula. 21 This configuration is called a tri-bevel needle

as there are 3 cutting faces. Tri-bevel needles allow piercers to use bevel theory which again reduces bleeding and makes a piercing more comfortable". It is also worth noting that any and all implements used to create a wound into which jewellery can be inserted have some kind of blade on them. We concede that a great many piercers do utilise scalpels to remove micro/macrodermals and that this should not be prohibited assuming competence can be demonstrated.

It is also worth noting that, whilst UKAPP is an organisation whose sole mission pertains to body piercing, none of the current board members (and likely few members) have any agenda in which we would like to see safely performed, consensual, sensible body modifications outlawed explicitly. Indeed, many of us proudly wear various body modifications ourselves, which we have often had to travel significant distances to have performed safely and legally. We very much welcome higher standards in the piercing industry, but concede that there are a lot of greyer areas between the two practices, and do not wish to see higher piercing standards used as a vehicle to explicitly outlaw other forms of self-expression.

#### **Questions related to 11: premises/vehicle approval certificates approval criteria and application process**

**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?**

Yes. UKAPP presents no further comment on this as we are very content for this to move forward as is.

**Question 26 – Do you agree that holders of trainee practitioner 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?**

Yes. We consider this a key part of the licensing which will prevent practitioners coming away from unregulated courses and practising without demonstrating competence. UKAPP feel strongly that this provision should remain.

**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?**

UKAPP feel that this could potentially hinder legitimate businesses where mistakes have been made. Before resorting to the courts, the practitioner should have the right for someone to look over their application again independently of the first team to see whether anything has been overlooked. Once more, this would be a circumstance where UKAPP could happily consult, if issues of competence arose. It is worth noting that best practice in the body piercing world changes quite regularly, and will likely change



more regularly than the licensing rules are able to be adopted via the processes set out in paragraph 4.13. We would be loath to see someone be denied a licence due to working ahead of the current regulations.

**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?**

Yes, however once more we should like to see a clear path set out whereby practitioners can have this changed swiftly inline with name changes, specifically those that might better align with gender identity

**Questions related to 12: mandatory premises/vehicle approval conditions**

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

**Annex D2, S.17:** Whilst UKAPP value measures which reduce overcrowding, we do not think it is appropriate to refuse anyone other than the client (or parent of child if under 18) access to procedure areas. There are a number of occasions where this could put public safety at risk. This includes carers for the disabled, and other scenarios where someone may require an additional personal present. In addition to this, we are often with clients in various states of undress, and performing intimate procedures where lines could be easily blurred by predatory practitioners as to what is and isn't necessary for the performance of the service. Having a chaperone present reduces the risk of practitioners either blurring those lines, or outright assaulting clients during these procedures. Accusations like this have not been uncommon in the past and UKAPP has had to undertake several investigations, and issue several bans from membership and from UKAPP events for those who've had accusations levelled against them.

In addition to this, some clarification on how many practitioners are able to work in a certain space, and how this will be decided. Whilst we wholeheartedly believe that overcrowding in studios is a public health concern, we do believe that the metrics used to decide on overcrowding should be transparent.

**Annex D2 22/23.** With regard to premises requiring a toilet, whilst we feel that studios should have access to a toilet, we do not feel that it is necessary for it to be in the studio itself. If, for example, the shop exists in an arcade where many smaller shops have a shared toilet. This would also be true for studios in larger shopping centres. It is also worth noting that commercial landlords are not required to provide toilets in commercial lets, and this might disadvantage some studios unfairly.

**Annex D2. 31** - UKAPP would like to see some clarification on ventilation, and what would be required. For example, should ventilation be structurally impossible, would a HEPA filter suffice in its place?

**Annex D2. 32** - Whilst we recognise that effective drainage is important, there are, once more circumstances where this would be structurally impossible. In the past, UKAPP has recommended practitioners utilise portable sinks for hand hygiene, and have had great success with this. For contaminated fluids associated with re-sterilising, solidifying granules which see the fluid transformed to a solid state which can be disposed of in a clinical waste bin would also be sufficient.

**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 practitioner licence. Do you agree?**

Yes

**Questions related to 13: temporary practitioner licences and premises vehicle approval certificates of not more than seven days.**

**Question 31 - Should temporary approvals for premises and vehicles be subject to the same mandatory approval conditions as all premises and vehicles?**

Yes. UKAPP strongly feels no lesser standards should apply for temporary studios as permanent. The risks are frequently higher due to the lack of control over things such as previous site use and air flow.

**If not, what specific mandatory approval conditions (if any) should apply to temporary approvals for premises and vehicles? N/A**

**Question 32 – Do you agree that requiring the same licensing criteria for a temporary practitioner licence as for a three-year licence is proportionate?**

Yes. However, we would like to ensure that stringent controls are put in place to prevent unregulated courses utilising events as a method by which to temporarily licence trainees under the guise of pop-up events. As such, UKAPP feel strongly that temporary licences should only be available to those who either already hold a full practitioner licence, or those who would be eligible for one.

**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?**

Yes. However, please see above for necessary safeguards.

**Question 34 – Do you agree that all premises/vehicles linked to temporary events/exhibitions must be approved by the local authority?**

Yes. UKAPP strongly feels no lesser standards should apply for temporary studios as permanent. The risks in these environments are frequently higher as previously stated due to the lack of control over things such as previous site use and air flow.

**If not, why not?**

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

Yes. As above.

**Question 36 – Do you agree further information should be set out within a temporary approval certificate (as suggested in paragraph 13.12)?**

No

**What other information should be required (if any)?**

**Questions relating to 15: fees**

**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?**

Yes.

**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?**

Yes

**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?**

Yes

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

Yes Question

#### **43 - Any other information/Comments:**

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1 See Appendix 1

2 See Appendix 2

3 See Appendix 3

4 See Appendix 1

5 International surveys of the effects of Daith piercing on migraine. [Jan;2020 ];Dr Chris Blatchley & Professor Arnold Wilkins. <https://london-migraine-clinic.co.uk/wp-content/uploads/2017/12/Daith-Survey-Report-EV1-final-1-12-17-9a-m-1.pdf> 2017

6 <https://www.astm.org/f0138-19.html>, Regulation (EC) No 1907/2006 of the European Parliament and of the Council of 18 December 2006 concerning the Registration, Evaluation, Authorisation and Restriction of Chemicals (REACH), establishing a European Chemicals Agency, amending Directive 1999/45/EC and repealing Council Regulation (EEC) No 793/93 and Commission Regulation (EC) No 1488/94 as well as Council Directive 76/769/EEC and Commission Directives 91/155/EEC, 93/67/EEC, 93/105/EC and 2000/21/EC (Text with EEA relevance)Text with EEA relevance

7 Standard specification for polyoxymethylene (acetal) for medical applications (no date) ASTM International - Standards Worldwide. Available at: <https://www.astm.org/f1855-00r19.html> (Accessed: April 1, 2023).

8 Michaels, M. (2017) Summary of Hand & Glove Surface CrossContamination Potential in Retail Deli, Food Processing & Service Environments Based on Surface Energy Studies [Preprint]. Available at: <https://eagleprotect.com/blogs/articles/vinyl-gloves-discontinued-due-to-food-safety-risks> (Accessed: March 23, 2023).

9 HIV Undetectable=Untransmittable (U=U), or Treatment as Prevention, [http://www.ukapp.org.uk/wp-admin/edit.php?s&post\\_status=wc-processing&post\\_type=shop\\_order&action=-1&m=202304&\\_customer\\_user&filter\\_action=Filter&paged=1&action2=-1](http://www.ukapp.org.uk/wp-admin/edit.php?s&post_status=wc-processing&post_type=shop_order&action=-1&m=202304&_customer_user&filter_action=Filter&paged=1&action2=-1)

10 See Appendix Four

11 Standard Practice for Surface Preparation and Marking of Metallic Surgical Implants, <https://www.astm.org/f0086-21.html>

- 12 Yahalom, S. and Eliashar, R. (2003) Perichondritis: A complication of piercing auricular cartilage, Postgraduate Medical Journal. The Fellowship of P13 N. 13 Cutler, 'Hepatitis C and Body Piercing', 2013, [https://www.hepatitiscentral.com/news/hepatitis-c-and-body-piercing/ostgraduate Medicine](https://www.hepatitiscentral.com/news/hepatitis-c-and-body-piercing/ostgraduate%20Medicine). Available at: <https://pmj.bmj.com/content/79/927/29> (Accessed: March 23, 2023)
- 14 Ibid
- 15 Muntz, H.R., Cui PA-C, D.J. and Asher, B.F. (1990) "Embedded earrings: A complication of the ear-piercing gun," International Journal of Pediatric Otorhinolaryngology, 19(1), pp. 73–76. Available at: [https://doi.org/10.1016/0165-5876\(90\)90197-y](https://doi.org/10.1016/0165-5876(90)90197-y).
- 16 Ibid
- 17 Ibid
- 18 L. Slider, R. Oulette, 'The Piercing Wizard', ep.
- 19 Ibid
- 20 Ibid
- 21 Johnson, A. (2019) Needles - high quality? part 9 – needles, Rogue Piercing. Available at: <https://roguepiercing.co.uk/2019/09/27/needles/> (Accessed: March 23, 2023).

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## **Appendix**

### **Appendix One: Sample Scoring Matrix**

#### **Earlobe**

- A lobe piercing should sit perpendicular to the tissue on all angles.
- It should be placed in a way that is not so peripheral to the lobe as to risk rejection, nor so deep that it scrapes or penetrates the underside of the concha behind the lobe.
- Barbells, and Labrets, in 18g or larger, and captive or fixed bead rings in 14g or larger are good styles of jewellery for lobe piercings. Single Flair, glass plugs are also a good choice, especially in larger gauges. Circular barbells in 14g or above could be acceptable after consultation with the client as to the challenges they pose. Curved barbells are never a good choice for a lobe piercing.

- If using a Barbell or labret, initial piercing jewellery should be 1-2mm longer than the piercing channel to allow for swelling and wound drainage. Longer than this is a hazard. If using a ring or circular barbell, the diameter should be large enough to remove excessive pressures put upon it by the curvature of the jewellery, in addition to being comfortably large enough not to hug the bottom of the lobe. If using a circular barbell, the balls should be sufficiently large as to prevent the tissue passing between them.

### **Scoring:**

#### **Angle**

- 5 (Perpendicular on all angles, no room for improvement)
- 4 (Mostly perpendicular, with less than roughly 5% in each direction)
- 3 (Mostly perpendicular on some angles but with room for improvement)
- 2 (Not perpendicular at all on at least one angle, removal may be an easier option for the client)
- 1 (Not perpendicular to an extent where the piercing is unlikely to heal)

#### **Placement**

- 5 - Placed without being too close to the outer edge, or so high so that it is scratching or penetrating the underside of the concha on the posterior side of the piercing channel
- 3 - Placed without being too close to the outer edge, or so high so that it is scratching or penetrating the underside of the concha on the posterior side of the piercing channel, however the disk of the labret, or the posterior ball of the barbell is lightly touching the underside of the concha
- 1 - Placed too close to the outer edge so as to make rejection likely, or so high so that it is scratching or penetrating the underside of the concha on the posterior side of the piercing channel, or the disk of a labret, or posterior ball of a barbell is pressing heavily against the underside of the concha

## **Jewellery Selection**

### **Jewellery style**

5 - Labret, Barbell, or Captive or Fixed Bead Ring is used. A single flair glass plug is used. A circular barbell with balls large enough to prevent other parts of the anatomy rotating and getting stuck is used.

3 - Circular Barbell with balls too small to prevent rotation is used.

1 - Curved Barbell is used

### **Jewellery Gauge**

5 - Labret or Barbell in 18g or above, or a captive or fixed bead ring, or circular barbell in 14g or above is used. A glass plug in 12g or above is used,

3 - Captive or fixed bead ring, or circular barbell in 16g is used.

1 - Labret or Barbell in below 18g, or a captive or fixed bear ring, or circular barbell in below 16g is used.

### **Jewellery Size**

5 - A labret or Barbell with 1-2mm additional length is used, or a captive or fixed bead, or circular barbell of appropriate size (enough to ensure the curvature of the ring is not putting additional pressure on the piercing channel, nor is the ring hugging the bottom edge of the lobe.)

3 - A labret or barbell with 3mm of additional length is used, or a captive or fixed bead ring, or circular barbell that is not hugging the bottom edge of the lobe, but is too small in diameter to alleviate concerns with curvature is used.

1 - A labret or barbell with more than 3mm, or less than 1mm of additional space is used, or a captive or fixed bead ring, or circular barbell that is hugging the bottom edge of the lobe to the extend where any pressure is being applied is used.



**Appendix Two: Insurance wording of one of [name redacted]s' current insurance policies, detailing which piercings are and are not permissible:**

Subject always to the age limits and all other terms and conditions noted within the policy, the following is the schedule of Acceptable Piercings. Any piercing not shown

4 2022/INV/002

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herein is not insured by this policy. Ears including cartilage, Navel, Nipple, Cheeks. Nose, Nostrils thin or hyaline cartilage only, Tongue through the medial sulca centre line only and clearly away from main veins. Eyebrow through eyebrow skin, Labret below lower lips side and centre but not through the oral Labia.

**Appendix Three: Policy wording from one of [name redacted]'s insurance policies:**

- (j) any work on persons under the age of eighteen (18) years old other than:
  - (i) ear piercings, nose and navel piercings on persons aged fourteen (14) years; ear lobe piercings on persons aged eight (8) and over or
  - (ii) tongue and eyebrow piercing on persons aged sixteen (16) years or over provided that written parental or legal guardian consent is obtained (a copy to be retained by you) with the parent or legal guardian being present during the procedure;

**Appendix Four: Spaulding Classification, as recommended by the CDC**



Category	Definition	Level of microbicidal action	Method of decontamination	Example of common items/equipment
<b>High (critical)</b>	Medical devices involved with a break in the skin or mucous membrane or entering a sterile body cavity.	Kills all microorganisms.	Sterilization (usually heat if heat-stable or chemical if heat-sensitive).	Surgical instruments, implants, prostheses and devices, urinary catheters, cardiac catheters, needles and syringes, dressing, sutures, delivery sets, dental instruments, rigid bronchoscopes, cystoscopies, etc.
<b>Intermediate (semi-critical)</b>	Medical devices in contact with mucous membranes or non-intact skin.	Kills all microorganisms, except high numbers of bacterial spores.	High-level disinfection by heat or chemicals (under controlled conditions with minimum toxicity for humans).	Respiratory therapy and anaesthetic equipment, flexible endoscopes, vaginal specula, reusable bedpans and urinals/urine bottles, patient bowls, etc.
<b>Low (non-critical)</b>	Items in contact with intact skin.	Kills vegetative bacteria, fungi and lipid viruses.	Low level disinfection (cleaning).	Blood pressure cuffs, stethoscopes, electrocardiogram leads, etc. Environmental surfaces, including the OR table and other environmental surfaces.

## **251 - Chartered Society of Physiotherapists**

Dear Licensing and special procedures Team,

Please see the Chartered Society of Physiotherapy's response to the consultation below.

We are generally supportive of the licensing proposals and support the Welsh Governments initiative.

We support the exemption for Physios registered with HCPC, to avoid our members being regulated multiple times.

We have a further comment that we are seeking clarity on how this will be implemented with HCPC and how the enforcement agencies will know that a physio is exempt.

Further we seek clarity on the premises requirements for an exemption. Under paragraph 7.3 of the consultation document, which states, to be exempt "The special procedure is performed within the National Health Service or privately regulated healthcare service regulated by Healthcare Inspectorate Wales (HIW)". We submit that this requirement is unnecessary as HCPC registered exempt individuals will be working to a professional standard. The exemption would be better referring to "private healthcare settings" in general, rather than just those regulated by Health and Social Care Wales. Our view is that a private Physiotherapy clinic will already be inspected by the local authority as a business premises and classed as a private healthcare facility, this does not require further regulation.

Section 11.10 of the document states that private healthcare settings in general will be given an exemption to the premises licence. We support this style of exemption as, for example, a private physiotherapist clinic would be covered by this exemption.

We hope our comments are taken into account while drafting the final regulations. We wish to ensure there are no unfortunate unforeseen consequences to regulating an already regulated profession. By ensuring private physiotherapists are able to continue with acupuncture in their private Physiotherapy premises in the spirit of the licensing regulations.

## 253 - Betsi Cadwaladr University Health Board

*To note we have provided a general response as opposed to completing the questionnaire, and would look to Local Authority colleagues to provide the more detailed response to this consultation.*

BCUHB Public Health Team welcomes the opportunity to respond to this consultation. We are pleased the Public Health (Wales) Act 2017 included the provision for a mandatory licensing regime in Wales for individuals who wish to perform 'special procedures'; acupuncture, body piercing, electrolysis & tattooing.

We support the introduction of a compulsory national licensing scheme for practitioners of special procedures in Wales, and the strengthening of legislation in relation to this. We agree with the proposal to mandate the form and content of special procedure licensing, and the premises/vehicle approval certificate within the regulations. The lack of a regulatory framework can exacerbate adverse health effects on individuals and the licensing regime will provide good standards of practice, and promote safety and consistency across the industry.

The proposal for applicants to have an approved infection control qualification is welcomed as is for premises to be licensed within their local authority.

Having a database of licensed premises is an important and necessary development, as currently technicians with a poor infection control record are able to move counties and set up a new business without their history being available to their new Local Authority.

Due to the increased popularity of special procedures amongst the general public, there may be an increase in the establishment of special procedure premises, thus increasing the workload of licensing authorities. Currently the licensing authorities provide several licensing functions, and there is a need to ensure the efficient use of their capacity, and as such would recommend that any training provision will include increasing skills and knowledge on special procedures and on the effective inspection of premises.

Consideration should be given as to whether there is a suitable system in place to support GP's and other health professionals to enable them to report infections or concerns from special procedures, as instances of adverse health effects would provide useful feedback to the licensing authorities. This process would also enable data to be collected routinely on any infectious complications associated with special procedures, allowing the incidence and prevalence of infections to be assessed. There is currently a lack of

evidence in this area, and reporting adverse incidents and data collection needs to be improved across the system to ensure the health and well-being of the public is protected.

Should you have any questions relating to our response, please do not hesitate to contact myself [name redacted].