

Submission – Daniel Thomas – 30th September 2025

1. The report accompanying the draft Law states that, “The consultation was aimed at providers of services that it is proposed to regulate as well as providers of services that are currently regulated”. Please can you confirm whether you were aware of the Government’s consultation on the draft Law? a. If so, did you provide feedback to the consultation on the draft Law proposals?

In April I was sent the proposed Jersey Care Commission Code of Practice regarding Class 3B and Class 4 Lasers. The proposed law changes were not explained.

1a) Yes, I provided feedback, which I copy below:

Dear Mr Queen,

I have read the proposed Code of Practice regarding class 3b and 4 lasers. It is a fair reflection of existing practice, and neither adds nor takes away from the status quo.

The existing burden of regulation is overbearing. The requirement to register my small clinic room as a nursing home is clearly ridiculous. There must be a simpler way to regulate without sacrificing patient safety. I look forward to hearing how the Care Commission plan to improve the situation.

2. Do you feel that you understand the proposals within the draft Law, and the implications of regulating laser clinic services in Jersey?

I have read the proposed law which you sent me, I think I understand it.

3. The Government’s report on the consultation on the draft Law states that “Respondents were supportive of including laser clinics and hyperbaric oxygen therapy under the 2014 Law”. Do you support the proposals to introduce regulation of laser clinic services under the 2014 Law?

I do not support the proposals.

When I considered buying a laser I was warned by my supplier that the regulatory system in Jersey is far more expensive and complicated than in the UK. It nearly put me off providing the service and I am sure it has put off other practitioners (I believe I am the only osteopath in Jersey who has a laser). It also provides a strong incentive to operate a laser illegally. I have two main comments:

1. The proposals make no distinction between Allied Healthcare Professionals and providers of aesthetic services. The Jersey Care Commission Code of Practice regarding Class 3B and Class 4 Lasers is defined as:

“specifically for non-surgical aesthetic applications of Class

3B and Class 4 ... The Jersey Care Commission registers laser use for treatments

including, but not limited to:

- *removal of hair*
- *removal of tattoos/micropigmentation and benign pigmented lesions*
- *skin rejuvenation*
- *vision correction.”*

Allied Health Professionals (e.g. an Osteopath, Podiatrist, Physiotherapist, Chiropractor) typically do not provide aesthetic services, or offer any of the above treatments. However, in Jersey these professionals are regulated under guidelines which were specifically written for the aesthetics sector.

I am an osteopath who, among a number of other treatment approaches, sometimes uses a class 3b laser to help with pain relief, tissue repair and wound healing. From my reading of the proposed law, a doctor doing the same thing would not be regulated. It is hard to understand why doctors and dentists in Jersey are exempt from regulation for using a laser, but an Allied Health Professional, regulated by his own statutory body (e.g. the General Osteopathic Council) is subject to this cost and bureaucratic burden.

2. The proposals make no distinction between class 3b and class 4 lasers. There is a very large difference in the power and safety of these two systems.

In the UK there is no regulation for class 3b lasers for Healthcare Professionals. Clinics are required to have local rules in place and nothing more. It is very difficult to harm someone with a class 3b laser by accident. It would require a concerted effort over a long period of time, on someone that could not move in any way. This does not happen by accident.

However in Jersey it is necessary to go through a complicated initial application, employ a Laser Protection Adviser every year to rubber stamp the same guidelines, fill in the same forms every year, and be subjected to an annual inspection process. The inspectors from the JCC openly admit they know nothing about the technology. It is just an expensive box-ticking exercise for all concerned.

In the UK a Class 4 laser user should register with the local council and they should employ a Laser Protection Adviser. In the UK, the CQC is responsible for doctors and dentists and they have no interest in 3B, only Class 4.

4. Overall, to what extent do you believe the regulation of laser clinic services will provide Islanders with assurance about the quality and safety of laser clinic services?

The regulation of class 3b lasers adds nothing to patient safety. If Islanders realised just how low the risks associated with class 3b lasers are, they would be disappointed at the resources wasted on this issue.

My supplier has contacted the JCC on numerous occasions to explain the facts and request a better approach. However the JCC are constrained by the outdated law, and given no flexibility to apply common sense. This forthcoming law change provides the only opportunity to bring Jersey into line with the UK. Simply switching the existing protocols from the 1994 Nursing Home law to the 2014 law may seem easy for legislators in the short term, but it would perpetuate the current waste of time, energy and resources.