



# Non-Surgical Cosmetic Procedures

## CIEH submission to the inquiry by the APPG on Beauty, Aesthetics and Wellbeing

June 2020

---

### **About the Chartered Institute of Environmental Health (CIEH)**

CIEH is the professional voice for environmental health representing over 7,000 members working in the public, private and third sectors, in 52 countries around the world. It ensures the highest standards of professional competence in its members, in the belief that through environmental health action people's health can be improved.

Environmental health has an important and unique contribution to make to improving public health and reducing health inequalities. CIEH campaigns to ensure that government policy addresses the needs of communities and business in achieving and maintaining improvements to health and health protection.

For more information visit [www.cieh.org](http://www.cieh.org) and follow CIEH on Twitter @The\_CIEH.

Any enquiries about this response should be directed to:

Ellie Whitlock  
Policy and Public Affairs Executive  
Chartered Institute of Environmental Health  
Email: [e.whitlock@cieh.org](mailto:e.whitlock@cieh.org)

## **About this submission**

To inform this submission, we have drawn on the findings of a survey we carried out in partnership with the Institute of Licensing in September 2019. The survey was carried out in order to gather views of environmental health and licensing professionals on the current regulation of all cosmetic treatments in England and how this could be improved for better public protection. The survey received 258 responses. We have also heard from our members about their experiences specifically related to treatments within scope of this inquiry.

This submission focusses on the specified procedures in scope of this inquiry but will also address the wider problems with the existing powers and checks available to local authorities to regulate cosmetic procedures more generally. We are primarily concerned with those premises where local authorities are the enforcing authority for health and safety, namely where these procedures are carried out at the premises of a beauty therapist.

## **Key points**

- In order to address the full extent of the problems with the current regulation of this sector, we recommend that it would be helpful to consider the full range of treatments available to members of the public, rather than narrowly focussing on those specified in the terms of reference.
- We would like to see the introduction of an England-wide licensing scheme for all non-surgical cosmetic procedures. This legislation should be flexible to allow for new treatments to be easily added.
- The Government should collect and monitor data on prevalence of non-surgical cosmetic procedures, adverse events and the costs to the NHS as a result of these procedures.
- We would like to see a mandatory requirement for all practitioners carrying out treatments to hold a regulated qualification from an accredited training provider, in addition to a stand-alone Level 2 qualification in infection control as a licensing condition.
- A central mandatory register of all practitioners should be established to provide members of the public with one clear point to find a safe practitioner.
- Legal age limits should be introduced for all invasive non-surgical cosmetic procedures.
- While new legislation is required to introduce licensing in England and Northern Ireland, licensing schemes in Scotland and Wales could potentially be extended to cover treatments within scope of this inquiry.

## Overall comments

In England, the existing legislation to regulate cosmetic procedures is insufficient to adequately protect the public. At the moment, local authorities in England can adopt powers to register practitioners and premises providing a limited number of special procedures (including tattooing, piercing, acupuncture, electrolysis and semi-permanent make-up) under the Local Government (Miscellaneous Provisions) Act 1982. Under this legislation, essentially anyone can register to carry out these treatments as local authorities have few powers to refuse registration. Some local authorities have made byelaws to vary their local requirements but they cannot set conditions on competency, qualifications or training of practitioners. Throughout London, specific powers are available under the London Local Authorities Act 1991 for local authorities to licence premises and set local licensing conditions. Licensing has also been adopted by some other local authorities outside of London but these schemes are the exception rather than the rule across most of England.

A serious flaw with the existing legislation is that it does not cover many of the new emerging procedures available on the market, including those within scope of this inquiry. As they fall outside the scope of registration and licensing, premises offering these treatments are not subject to any initial intervention from local authorities. Local authorities can use powers under the Health and Safety at Work Act etc. 1974 to investigate treatments on receipt of intelligence. However, the Health and Safety Executive (HSE) does not consider cosmetic procedures to be national priority for local authority proactive interventions. Local authorities have even fewer powers to take action where they hear reports of peripatetic workers as HSE are the enforcing authority for mobile and home-based practitioners.

Our members tell us local authorities receive relatively few complaints about cosmetic procedures and many suspect the public do not know who to complain to. We are concerned that the combination of low levels of public awareness and largely reactive enforcement means it is possible that instances of malpractice are going unreported and unchecked.

To address these issues, we would like to see new legislation to create an England-wide mandatory licensing scheme covering all cosmetic treatments, which pose a risk to public health. This legislation should allow for new treatments to be easily added to keep up with the rapidly expanding range of treatments coming to market. Local authorities should be given powers to refuse and revoke licences, as well as stronger powers to immediately stop unsafe practices. 90% of respondents to our 2019 survey told us the introduction of an England-wide licensing scheme rather than registration could improve the regulatory system.

We recommend that if these higher risk treatments are carried out by non-medical professionals, they should be incorporated into a licensing scheme. This would provide significantly greater public protection as all practitioners would be required to meet a set of licence conditions to operate. We would support the introduction of a mandatory requirement for all practitioners to hold a regulated qualification from an accredited training provider in line with the framework developed by Health Education England (HEE) as a

licensing condition. In addition, we recommend that all beauty therapists should be required to hold a stand-alone Level 2 qualification in hygiene and infection control.

If licensing is introduced and local authorities become responsible for regulation of these procedures, enforcement officers will need clear guidance and training to equip them with knowledge of these procedures and the risks involved. Funding is also an important consideration. Fees would need to be set at a level to ensure local authorities have sufficient resources and capacity to sustain the scheme.

While new legislation is required to introduce licensing in England, licensing schemes in Scotland and Wales could potentially be extended to cover treatments within scope of this inquiry. This possibility is being explored by the Scottish Government, which is currently consulting on whether to extend licensing under the Civic Government (Scotland) Act 1982 (Licensing of Skin Piercing and Tattooing) Order 2006, to cover additional non-surgical cosmetic procedures, including dermal fillers and lip enhancements. In Wales, a mandatory licensing scheme is currently being developed and implemented under the Public Health (Wales) Act 2017, which contains provisions for Welsh Ministers to add or amend the designated special procedures to be included in the scheme. In Northern Ireland, new legislation is also required for licensing as currently only a limited range of treatments can be registered under the Local Government (Miscellaneous Provisions) NI Order 1985.

**The scope of this inquiry covers botulinum toxins or similar anti-wrinkle injectables, dermal fillers, polydioxanone (PDO) threads and PDO cogs.**

**Which of these non-surgical cosmetic procedures are being carried out, where, by whom, with what qualifications, and with what clinical oversight?**

We have heard a mixed picture from our members on the prevalence of beauty therapists offering these procedures. Some of the environmental health practitioners (EHPs) who contributed to this submission have not received any complaints or intelligence about these procedures and some are not aware of any beauty therapists offering these procedures in their areas. However, others tell us botulinum toxins and dermal fillers are being offered by beauty therapists, sometimes with limited training. One EHP told us *“We have received no complaints but from intelligence we believe some Level 3 beauticians are using injectables with hardly any training.”* In another example, a survey respondent described a complaint from a member of the public regarding *“blindness in one eye caused by incorrect administration of dermal filler by a beauty therapist with no medical training”*.

Our members seem to have come across PDO cogs and threads less often, though one respondent to our 2019 survey reported receiving a complaint regarding a thread face lift procedure carried out by a practitioner who had no evidence of training.

We have heard concerns that beauty therapists are obtaining prescription only medicines (POMs), such as botulinum toxins, without following the correct procedures. For example, one EHP reported undertaking an investigation of a beautician based in Staffordshire, who obtained botulinum toxins from a prescriber based in Manchester. We have also heard

reports that some beauty therapists have been using vets rather than regulated medical professionals to prescribe botulinum toxins.

While we know there is significant anecdotal evidence to suggest that there are problems with unqualified individuals offering these procedures, there is very limited data available on who is carrying out these procedures and how often they go wrong. We would like to see the Government collect and monitor data on prevalence of non-surgical cosmetic procedures, adverse events and the costs to the NHS as a result of these procedures. Whilst detailed data is being collected by Government agencies covering a range of areas and activities, the lack of even the most basic official information on cosmetic procedures is an anomaly, given the risks to the public.

**Are standards regarding product quality and premises hygiene standards robust enough? Are current checks and enforcement actions adequate and consistent across the UK?**

We do not believe the current checks and enforcement actions are adequate and consistent across the UK. Premises offering procedures within scope of this inquiry are not registered or licenced by local authorities so these premises are not subject to any initial intervention from EHPs to check their suitability and cleanliness.

Our 2019 survey (which covered a broader range of treatments than those within scope of this inquiry) found considerable evidence that EHPs are concerned about premise hygiene standards in this sector. Respondents reported concerns regarding premises which are structurally unsuitable or lack the appropriate facilities for treatments to be carried out safely, such as adequate handwashing facilities. Inadequate cleaning procedures and a general lack of hygiene and infection control knowledge among practitioners were also frequently mentioned as causes for concern.

We have also heard specific examples relating to procedures within scope of this inquiry. For example, one respondent describes a complaint received about a premise offering botulinum toxins and fillers: *“The complainant detailed the sharps bin was overflowing, needles were left lying around and put in general waste.”* We also heard about a case involving botulinum toxins administered by a beauty therapist *“who reused single use needles between two clients attending premises at the same time.”* In another example, an EHP describes investigating a premise offering botulinum toxins, which would *“not have met the structural requirements if they were registering for a skin piercing activity”*.

To ensure high premise hygiene standards are consistently implemented and enforced, these procedures could be brought within the scope of a mandatory licensing scheme. Within this scheme, we would like to see the development of standard licence conditions, covering the hygiene of premises, persons, equipment and products. A licensing scheme should also include a risk-based inspection programme so local authority regulators can continue to monitor compliance.

**Are current training standards and qualifications adequate for practitioners who carry out specified non-surgical cosmetic procedures? Are appropriate training opportunities and qualifications available to all?**

We have serious concerns regarding the lack of mandatory education, training or qualification requirements to administer these procedures and the huge discrepancies in the standard and quality of training available. We are particularly concerned about reports from our members that some beauty therapists are offering dermal fillers and botulinum toxins to members of the public, having only completed a very short course with an unregulated training provider.

To provide greater public protection and ensure consistent standards, we believe that non-medical practitioners who carry out these procedures should be required to meet the same qualification requirements as medical practitioners. All practitioners should therefore be required to hold a regulated qualification in line with the framework of qualifications developed by HEE. This could be made mandatory through a national licensing scheme. 81% of respondents to our 2019 survey told us that a minimum accredited education standard for all practitioners could improve the regulatory system.

In addition, to address our broad concerns about hygiene and infection control practices in this sector, all practitioners should be required to hold a stand-alone Level 2 infection control qualification as a licence condition. 86% of respondents to our 2019 survey told us this could improve the regulatory system.

**Should there be voluntary or mandatory registration of beauty therapists and medical professionals carrying out such procedures? Are there effective alternatives or additions to registration?**

Registration of beauty therapists and medical professionals carrying out these treatments should be mandatory. Voluntary registration can only provide limited public protection, as practitioners who cannot meet the required standards can legally continue to practice. A statutory register should be established to provide members of the public with one clear point where they can access information in order to find a practitioner who is suitably regulated and qualified. We recommend that such a register is coordinated by one central government body or organisation, in cooperation with local authorities.

**Should there be a legal age limit for undertaking specified non-surgical cosmetic procedures?**

Yes – there should be a legal age limit for undertaking all non-surgical cosmetic treatments. In the absence of legislation, there are few protections for young people undergoing these procedures, who are dependent on practitioners to assess whether their client is able to provide informed consent. If new age limits are introduced, serious consideration must be given to how this legislation would be enforced. We suggest that if these treatments become licenced by local authorities, EHPs could be well-placed to enforce legal age limits as part of a wider regulatory regime of inspection and enforcement. Our survey found that local authorities have also found issues with underage piercings and 80% of respondents strongly agreed that England should follow Wales by making it an offence to perform or make arrangements to perform an intimate piercing on a child (under the age of 18 years old).