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 non-profit sectors. Building on its rich heritage, CIEH 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 our environment and our health.

If you require any further information, please email Ellie Whitlock, Policy and Public Affairs Executive at e.whitlock@cieh.org.
Background

Cosmetic treatments can include anything from the more extreme and rarer cases of body modification techniques to common beauty treatments being offered on the high street, such as lip fillers, semi-permanent makeup, piercings and tattoos.

Environmental health and licensing professionals working at the local authority level inspect, register and licence premises where cosmetic treatments are carried out. They also take enforcement action where hygiene and infection control provisions are deficient or inadequate.

We carried out a survey with environmental health and licensing professionals, to find out more about the challenges for regulating this sector, what problems they see on the ground and how regulation could be improved for better public protection. Our findings revealed significant support for legislative change among regulators.

We have published two reports on the regulation of cosmetic treatments. Our first report, A fragmented picture: regulation of cosmetic treatments in the UK, sets out the legislative context for the regulation of cosmetic treatments. Our second report, The ugly side of beauty: improving the safety of cosmetic treatments in England, reveals the findings of our survey of regulators. This briefing summarises these reports and sets out what needs to change to make cosmetic treatments safe.

How dangerous are these treatments?

Cosmetic treatments can cause serious harm to clients if they are not carried out correctly in a safe environment. For example, treatments that puncture the skin can lead to the transmission of blood-borne viruses if practitioners do not take appropriate infection control measures.

Our survey of regulators revealed numerous examples of clients suffering infections, injuries, scarring, burns and allergic reactions as a result of a range of procedures, including:

- Outbreaks of infection* at body piercing premises, resulting in individuals being hospitalised and, in some cases, disfiguration and partial removal of the ear
- Clients suffering second and third degree burns from lasers and sunbeds
- Allergic reactions due to failures to carry out patch tests or medical assessments, leading to hospitalisation
- Blindness in one eye caused by the incorrect administration of dermal filler

What are the problems with the existing legislation to regulate cosmetic treatments?

Safety of practitioners delivering treatments

Local authorities in England can adopt powers to register a limited number of treatments, including acupuncture, electrolysis, piercing and tattooing, under the Local Government Miscellaneous Provisions Act 1982. However, they have few powers to refuse registration
and they cannot set conditions on the competency or level of training of the practitioners carrying out beauty treatments. This means that essentially anyone can register to carry out special treatments, regardless of whether they are qualified or competent.

Regulators tell us that in the absence of mandatory requirements and checks, individuals are offering treatments with limited or no training. Some commercial courses can be completed in as little as one day and not all courses include training in infection control and prevention.

We have heard many examples of poor infection control practices from regulators, including individuals operating from unhygienic premises, reusing equipment between clients and failing to conduct patch tests or medical assessments. As a result, many regulators report receiving complaints from members of the public who have suffered injuries, allergic reactions and infections as a result of a cosmetic procedure, sometimes resulting in hospitalisation or surgery.

**Inconsistency**

The existing patchwork of legislation to regulate cosmetic treatments in England is not fit for purpose. Requirements are inconsistent across the country, as different areas are choosing to register different treatments and local authorities can also create byelaws to vary their local requirements. In a few parts of the England, notably London, there are local licensing schemes for a wider range of cosmetic treatments.

**Outdated**

Registration schemes do not cover many of the treatments that are now readily available to consumers, such as dermal fillers, microneedling, laser and intense pulsed light (IPL) treatments, which means that often no one is enforcing the safety of these treatments and the practitioners providing the service. Local authorities will generally only investigate treatments not covered by registration or licensing on receipt of intelligence, under the Health and Safety at Work etc Act 1974.

**Reactive**

Enforcement is largely reactive because the beauty sector is not included in the list of priorities for proactive local authority interventions, set by the Health and Safety Executive (HSE). Local authorities have even fewer powers to enforce or investigate problems with practitioners operating from their home or on a mobile basis, as HSE is the enforcing authority in these cases.

**Underreporting**

Low levels of public awareness about where to complain to, further exacerbates these problems. Regulators tell us that local authorities receive relatively few complaints from members of the public. But we suspect this is a sign the public do not know who to complain to, rather than a lack of issues to complain about. This dangerous combination of underreporting and largely reactive enforcement means that instances of malpractice may go unchecked.

These treatments have the potential to cause serious harm to those who choose to undergo them but we know relatively little about how often they go wrong. No official data is collected on how many treatments are carried out or the number of adverse health complications associated with these procedures.

**Underage clients**

At the moment, age-restricted legislation only covers tattooing and sunbeds, meaning there are few legal protections for young people undergoing other treatments. This means young people are dependent on practitioners to assess the risks and whether they can provide informed consent. Regulators tell us there are problems with practitioners carrying out treatments on underage clients but without specific legislation, it can be difficult to take action.
How could the regulation of cosmetic treatments be improved?

Our survey of 258 local regulators identified the following solutions to improving the current regulatory system in order to protect the safety of consumers:

- **90%** – an England-wide licensing scheme for special treatments rather than registration
- **82%** – flexibility for more treatments to be added to the regulatory regime
- **82%** – the development of effective standards to help regulators working at the local authority level
- **86%** – a requirement to complete a set infection control and hygiene training course for all practitioners
- **81%** – minimum accredited education standard for all practitioners
- **71%** – the inclusion of mobile practitioners within the regulatory regime

A national mandatory licensing scheme

We are calling for new legislation to introduce a national mandatory licensing scheme for all practitioners and premises providing non-surgical cosmetic treatments that pose a risk to public health. We believe this would be a significant step towards ensuring that non-surgical cosmetic treatments are carried out safely by qualified practitioners, in suitable and clean premises.

Under this scheme, all practitioners and premises would be required to meet a set of minimum standards to obtain a licence to operate, covering, for example, hygiene and cleanliness, qualifications and competency of practitioners.

Introducing a licensing scheme would bring England in line with other nations in the UK, as there is already licensing for special treatments in Scotland, and a national licensing scheme is being designed and implemented in Wales.

Flexibility

New legislation must be ‘future proof’. Legislation should allow for new treatments to be easily added to the scheme to keep up with the rapidly expanding range of treatments emerging on the market.

National standard conditions

Whereas currently requirements vary between local authorities, a national licensing scheme would ensure standards are consistent nationally. Set national standards would be fairer for businesses and easier for regulators to enforce.

Guidance and training

Standard conditions should be accompanied by clear guidance and practical training for local authority enforcement officers on the different treatments included in the scheme. Regulating cosmetic treatments is just one of the many responsibilities for regulators.
working in local authorities and they can struggle to keep up with all the new emerging treatments and the risks and complexities these present. Clear accurate advice would help both practitioners looking to provide new treatments and regulators with effective enforcement.

**Inspections**

At the moment, most local authorities only inspect premises on initial registration or receipt of complaints or other intelligence information. A licensing scheme would mean that all premises would be inspected before they can open to the public. To enable regulators to continue to monitor compliance, a licensing scheme should include a regular inspection programme, based on risk or a hygiene rating.

**Enforcement powers**

Local authorities should also have a stronger range of enforcement powers, directly linked to the legislation, including powers to refuse and revoke licences, as well as powers to immediately stop unsafe practices. The scheme should also include powers for regulators to take action on mobile and home-based practitioners who pose some of the biggest risks to public safety.

**Qualifications and training**

Training requirements should be set nationally and all practitioners should be required to hold a regulated qualification as a licence condition. In addition, like in Wales, all practitioners should be required to complete an approved hygiene and infection control qualification.

**Age restrictions**

All invasive treatments should be subject to age restrictions to protect potentially vulnerable children from the health risks of these procedures. Introducing age restricted legislation would bring all procedures in line with the restrictions for tattooing and sunbeds. These age restrictions could be enforced by local authority regulators as part of a licensing scheme.

**Raising public awareness**

Alongside legislative change, more needs to be done to tackle underreporting and raise public awareness and understanding of cosmetic treatments and how they are regulated. A new integrated national awareness campaign should aim to improve public knowledge of the risks associated with cosmetic treatments, what to look out for to stay safe and where to make a complaint if things go wrong.

**Data collection**

Action needs to be taken to address the concerning lack of reliable data on these procedures and the associated complications. To assist policy makers and shed light on the scale and costs of the problems, the Government should collect and monitor data on the prevalence of treatments, adverse events and costs to the NHS as a result of cosmetic treatments.

**What we would like to see**

- The Department of Health and Social Care (DHSC) should introduce new legislation to require mandatory licensing of all cosmetic treatments, which pose a risk to public health. This legislation should allow for new treatments to be easily added to ensure that the legislation keeps up with new treatments coming onto the market
- DHSC should commission the development of a standard set of licence conditions for all treatments. These standard conditions should be developed by an independent central Government appointed body, incorporating best practice and expertise, and adopted by local authorities
What action can you take?

We strongly believe that introducing a national licensing scheme in England would go a long way towards ensuring that cosmetic treatments are safe for members of the public. As such, we are very keen the issues and proposals highlighted in this briefing are raised with the Government.

We would be delighted if you might consider tabling some written questions on these key issues, or if you would support us in writing to Nadine Dorries MP, Minister of State responsible for cosmetic regulations. We would of course be very happy to draft any material for your consideration, so please do let us know.

- DHSC should introduce a new requirement for all practitioners to have completed a stand-alone Level 2 hygiene and infection control course as a licence condition
- DHSC should work together with Health Education England (HEE) to develop official guidance to outline the training requirements for different treatments. This guidance should work together with a national licensing scheme and should be enforceable
- DHSC should bring in new legislation to enable local authorities to take action on mobile practitioners of cosmetic treatments
- DHSC should introduce legal age limits for all invasive cosmetic procedures
- DHSC should carry out an integrated public awareness campaign, including the development of clear resources and information, to ensure that members of the public are equipped with the knowledge they need to keep themselves safe
- DHSC should collect and monitor data on the prevalence of treatments, adverse events and costs to the NHS as a result of cosmetic treatments