26th October 2022

Dear Secretary of State

Re: National Licensing Scheme for Non-Surgical Cosmetic Procedures

First, may we congratulate you on your recent appointment as Secretary of State for Health and Social Care. As three national organisations, we have been working together to promote consumer safety and public protection for those members of the public who elect to receive non-surgical aesthetic procedures.

We were very pleased to see the Government’s decision to include a new Clause in the Health and Care Act (2022) that was passed in the last parliamentary session that gives the Secretary of State the power to introduce a new licencing scheme for non-surgical cosmetic procedures. Support for the inclusion of this Clause within the Act is a matter that has brought together Members of Parliament and Members of the House of Peers from all political parties. This legislation is of vital importance in protecting members of the public from receiving harmful treatments, but there is much more that still needs to be done. When performed badly, these procedures can cause infection, allergic reactions, disfigurement, psychological and emotional trauma and the need for hospitalisation and corrective treatment.

We would therefore like to seek assurance that the significant progress that has been made by the Government on this matter will continue at pace under your leadership and direction. We would highlight four key areas of focus that we believe the Government should now act as a priority:

1. The design and implementation of a national licensing scheme for all premises where licenced procedures are conducted as well as practitioners of non-surgical cosmetic procedures to ensure that all those who practise invasive procedures are competent and safe for members of the public (as proposed in Paragraph/Clause 180 of the Health and Care Act, 2022).

2. A requirement for all practitioners to hold adequate medical insurance in order to provide non-surgical cosmetic procedures.

3. The development of official guidance on the training and qualification expectations for all practitioners, including knowledge and application of infection controls and first aid training.

4. The development of a system for the effective recording of adverse incidents and public awareness raising to ensure that all cases that go wrong can be tracked and improvements to safety made as a result. Members of the public need better tools and knowledge in order to protect themselves.

We would like to see the Government move as soon as possible to consult on the design and implementation of a national licensing scheme that would simplify and strengthen the powers for local authorities to regulate this sector effectively. Our three organisations have identified considerable support for such a scheme for safer regulation from within the aesthetics sector.

Many cosmetic treatments provided to members of the public are largely unregulated because of the speed in which such treatments have come into public use, with existing legislation ill-equipped to effectively protect those who undertake them. Only treatments that fall directly under the definitions in the Local Government’s Miscellaneous Provisions Act 1982 can be registered in most areas in England. Newer treatments pop up all the time and often fall outside the scope of the original definition of regulated treatments, leaving many effectively unregulated.
There are currently several voluntary registers of accredited practitioners and approved education and training providers. However, these are not mandatory for practitioners to join, which means that there are many un-accredited practitioners providing treatments directly to members of the public without any checks. Furthermore, in the absence of regulation, awarding bodies are not being required to evidence that their qualification is compliant with an industry standard, leading to varying standards of competency and increased risk to the public.

We firmly believe that the development of official guidance on the training and qualification expectations for practitioners of different treatments is key to safer practices, including first aid and infection control training as a condition for obtaining a licence to practice.

All practitioners should also be required to have medical insurance cover for non-surgical cosmetic procedures that they provide to members of the public. However, at present there is no legal requirement in place for non-healthcare practitioners.

Finally, we would request the Department to consult with the professional regulatory bodies responsible for the regulation of prescribers in the United Kingdom with the aim of ending the unsafe practice of remote prescribing in the aesthetics sector. This would require a commitment from the professional regulatory bodies to publish guidance to prohibit the harmful practice of permitting prescribers to prescribe to third party practitioners without first ensuring that a face-to-face consultation has taken place between the prescriber and the patient. Again, this is a key step in ensuring public safety.

We would be delighted to discuss the points raised further with you and look forward to receiving confirmation that the design and implementation of licencing for the non-surgical cosmetic sector remains a priority for implementation within your portfolio.

Collectively, we stand by to support you and your colleagues to work together to design a better regulatory system to protect the public.

Yours sincerely,

[Signatures]

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