

Written evidence submitted by the Chartered Institute of Environmental Health to the House of Commons Women and Equalities Committee inquiry into the health impacts of breast implants and other cosmetic procedures

Introduction

The Chartered Institute of Environmental Health is the professional voice for environmental health representing over 7,000 members working in the public, private and non-profit sectors (including environmental health professionals regulating cosmetic treatments on behalf of local authorities). Building on our rich heritage, we ensure the highest standards of professional competence in our 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. We campaign to ensure that government policy addresses the needs of communities and business in achieving and maintaining improvements to our environment and our health.

Executive summary

- We support the implementation of the proposed new England-wide licensing scheme for non-surgical cosmetic procedures.
- We believe that the scope of the proposed new scheme should be extended to include tattooing, piercing and electrolysis.
- We believe that dermal fillers should be subject to the same regulatory controls as injectable botulinum toxins.

Is further regulation required for surgical and non-surgical cosmetic procedures? If so, what should such regulation look like?

1. We support the proposed new England-wide licensing scheme for non-surgical cosmetic procedures. We believe that implementation of this scheme is a crucial step towards ensuring that people who undergo non-surgical cosmetic procedures receive treatment from practitioners who are properly trained and qualified, have the necessary insurance cover and operate from premises that are safe and hygienic.

2. We published two reports on the regulation of cosmetic treatments along with the Institute of Licensing in 2020. One provided an overview of the prevalence, public awareness and existing regulation of these treatments across the UK.¹ The other revealed the findings from our survey of regulators in England, who are responsible for keeping the public safe, exposing the serious gaps in protection.² Notably, 90% of respondents agreed that an England-wide licensing scheme could improve the regulatory system.
3. Following our work on this issue with a coalition of 20 organisations, an amendment to the Health and Care Bill was passed by the House of Lords. As a result, the Secretary of State for Health and Social Care now has the power under the Health and Care Act 2022 to introduce a licensing regime for non-surgical cosmetic procedures in England.³
4. A consultation on the scope of the proposed licensing scheme was launched by the previous Government in September 2023. We are concerned by the delay in publication of the Government's response to this consultation, which attracted 11,800 responses, and are calling on the Government to publish its response now and to set a deadline of July 2027 for implementation of the scheme.
5. We are concerned about the amount of fragmentation and duplication that will be involved in the regulation of cosmetic procedures. Many businesses offer a range of procedures and will want to be regulated in an efficient way.
6. We therefore believe that the scope of the proposed new scheme should be extended to include all the non-surgical cosmetic procedures that are subject to registration under the Local Government (Miscellaneous Provisions) Act 1982, which would mean including tattooing, piercing and electrolysis, and that it is essential for the relevant part of that Act and all the current licensing legislation to be revoked in so far as they apply to procedures which are covered by the new scheme.
7. We believe that the licensing of these procedures would be justified by the evidence of public health risks associated with them. A study by Bone *et al*, for example, who looked at body piercings at anatomical sites other than the ear lobe, found that, in survey respondents aged 16-24, 31% of piercings had resulted in complications and 15% had resulted in complications for which professional help was sought.⁴
8. We believe that all the very high-risk cosmetic procedures should be regulated by the Care Quality Commission and carried out only by appropriately trained healthcare professionals. Some of them, for example the Brazilian butt-lift (BBL), should be

¹ Institute of Licensing and Chartered Institute of Environmental Health, [A fragmented picture: regulation of cosmetic treatments in the UK](#), September 2020.

² Institute of Licensing and Chartered Institute of Environmental Health, [The ugly side of beauty: improving the safety of cosmetic treatments in England](#), September 2020.

³ Chartered Institute of Environmental Health, [Passing of cosmetics amendment to Health and Care Bill is momentous, says CIEH](#), 8 March 2022.

⁴ A. Bone, F. Ncube, T. Nichols and N. D. Noah, "[Body piercing in England: a survey of piercing at sites other than earlobe](#)", *BMJ*, vol. 336(7658), June 2008, pp. 1426–1428.

designated as surgical and undertaken only by appropriately trained, regulated and experienced GMC-registered doctors.

9. There are several reasons why the current system of regulation for cosmetic procedures does not work.

- 1) Regulators have no grounds to refuse a registration and there are very few set standards or requirements businesses need to meet. There are also potential safeguarding issues, for example the possibility that someone who has a sexual offences conviction might be performing intimate piercings.
- 2) Once a business is registered, regulators have no grounds to go back to inspect the premises unless there is a complaint. The business may therefore bring in new practitioners and standards may drop over time without the local authority being aware of this. Members of the public often do not know where they can report their concerns.
- 3) Each local authority holds its own list of registered practitioners. This is not transparent or helpful for consumers looking to find out whether a business or practitioner is safe to use.
- 4) Many practitioners perform procedures from their home or at the client's home. Domestic premises are not necessarily included, however, and it is likely that some of these practitioners are poorly trained and operating in an unhygienic and/or unsafe manner under the radar.
- 5) There are very few enforcement powers and penalties for non-registration are very small. Prosecution is therefore rare and consequently relatively ineffective in providing a deterrent.

10. With these problems in mind, we would make the following points about the design of the new scheme.

- 1) A clear set of conditions that practitioners and premises will have to fulfil in order to be licensed will need to be developed in order to ensure that standards are maintained. The appropriate standards will have to be established nationally in order to ensure a level playing field across England.
- 2) A system of regulated training for practitioners will need to be developed to ensure that practitioners are competent and, in particular, have an up to date knowledge of infection prevention and control in relation to the procedures they are to perform. A system of accreditation for training courses and training providers will be needed to make sure the licensing scheme works well at protecting the public.
- 3) There will be a need for periodic inspections of premises to ensure that they continue to meet the standards for hygiene, safety and infection control and that practitioners working there are appropriately licensed. The frequency of inspections could reflect assessed levels of risk. A national reporting mechanism for bad practice could help to inform such assessments. The scheme must also tackle the problems associated with mobile working. We believe that practitioners should not work from their own homes unless in a specifically designated room or rooms and should not work in the homes of their clients.

- 4) A national list of licensed practitioners and premises is essential in order to provide greater transparency so that consumers can easily check who is licensed and which procedures they are licensed to perform. A national list of refusals and revocations of practitioner licences will also be needed so that, if a person has been deemed unsuitable to hold a licence by one local authority, they cannot simply apply to another local authority without the second local authority becoming aware of the position.
 - 5) The sanctions for practising without a licence need to be rigorous enough to provide a real deterrent. Also, the application fees and the fines for practising without a licence should be high enough to fund effective enforcement of the scheme by local authorities. Fees should be set nationally so that practitioners cannot apply to one local authority rather than another in order to pay a lower fee.
11. With regard to the safety of products, we support the view of the Joint Council for Cosmetic Practitioners and the British Beauty Council that, where dermal fillers are used for cosmetic purposes, they should be reclassified as prescription only devices and should be subject to the same regulatory controls as injectable botulinum toxins. The administration of dermal fillers is not currently overseen by the Medicines and Healthcare products Regulatory Agency even though it carries the same risks as the administration of injectable botulinum toxins.

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