

# A fragmented picture: regulation of cosmetic treatments in the UK

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## Chartered Institute of Environmental Health (CIEH)

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CIEH is the professional body for environmental health representing over 7,000 members in the public, private and third sectors. Building on its rich heritage, CIEH ensures the highest standards of professional competence in its members, in the belief that through environmental health people's health can be improved.

## Institute of Licensing (IoL)

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The IoL is the professional body for licensing practitioners across the UK. A registered charity (No. 4884548), the IoL membership comprises practitioners from regulatory, industry and legal fields. The IoL exists for its members in pursuit of its stated objectives and operates both regionally and nationally across the UK with established regions covering England, Wales and Northern Ireland, and members in Scotland.



## Introduction

This is the first of two reports on the regulation of cosmetic treatments. This report brings together information on the prevalence, public awareness and existing regulation of these treatments across the UK. Our second report, [The ugly side of beauty: improving the safety of cosmetic treatments in England](#), will reveal the findings of our survey of regulators in England, who are responsible for keeping the public safe, and the serious gaps they see in the protections. It will set out our recommendations for changes needed to ensure that these treatments operate in the safest way possible and so that regulators have adequate enforcement powers to protect public health.



## Summary

- Cosmetic treatments are growing in popularity and new treatments are rapidly emerging on the market. These treatments have the potential to cause serious injury or harm to members of the public who chose to undergo them. However, there is very little data available on which treatments are being carried out by whom or how often things go wrong
- The existing legislation available to most local authorities in England and Northern Ireland to regulate this sector is no longer fit for purpose. Most local authorities can adopt powers to register a limited number of cosmetic treatments. Some have also made local byelaws relating to the hygiene of staff and the safety and cleanliness of premises, furniture and equipment. However, this excludes many of the newer invasive treatments being offered on highstreets and in people's homes. Moreover, local authorities have no powers to refuse registration or to set conditions on practitioners' competence and qualifications
- In a few select areas of England, separate legislation is available to licence cosmetic treatments. In Wales, a mandatory licensing scheme is currently being developed and implemented. In Scotland, there is legislation available to licence some cosmetic treatments and the Scottish Government is consulting on whether to expand the scope of this legislation to cover a greater range of non-surgical cosmetic treatments
- Given the limitations of registration schemes, local authorities have utilised other legislation, for example powers under the Health and Safety at Work Act etc. 1974 or the Health and Safety at Work (Northern Ireland) Order 1978 to inspect premises and penalise those putting consumers at risk. However, local authorities cannot use health and safety powers to take action against mobile or home-based practitioners as the Health & Safety Executive (HSE) is the enforcing authority in these cases
- For most treatments, there are no mandatory education, qualification or training requirements to practice and training courses vary considerably in length, content and quality
- In the absence of statutory regulation, a number of independent bodies and associations have emerged to develop education and practice standards for some non-surgical cosmetic treatments. Voluntary regulatory bodies have also established registers for accredited practitioners and education and training providers. However, voluntary registration can only provide limited public protection, as practitioners who cannot meet the required standards can legally continue to practice



# Background

## What are cosmetic treatments?

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Cosmetic treatments are carried out for non-medical reasons, usually for aesthetic purposes. These 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 make up, piercings and tattoos.

## How often are cosmetic treatments performed?

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No official data is collected on how many members of the public choose to have cosmetic treatments. Most local authorities keep a register of practitioners offering certain treatments, but this data is not published.

Around 10% of the public have had a piercing on their body other than the ear lobe.<sup>1</sup> Around half of women aged 16-24 had a piercing on their body, suggesting that these treatments are more popular with younger people.<sup>2</sup> Tattoos have increased in popularity in recent

decades. Nearly one in five (19%) British adults has a tattoo and from 2004-2014, there was a 173% rise in the number of tattoo parlours in the UK.<sup>3,4</sup>

New treatments on the market can quickly grow in popularity, due to new fashion trends, celebrity endorsements and online influencers.

## How often do things go wrong?

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No official data is collected on how many treatments result in infections or damage to health.

Some of the more familiar treatments have been studied more often. Complications seem to be common for body piercings, with 31% having a complication and 15% seeking professional help.<sup>5</sup> Problems were most likely to be reported with tongue piercings (50%), followed by piercings of the genitals (45%) and nipple (38%).<sup>6</sup>

Save Face, a campaigning body for safer cosmetic treatments, collects reports from members of the public. However, these numbers are likely to be only a small fraction of those experiencing problems, concerns or complications as a result of their treatment. In 2018, Save Face received 934 reports about special treatments.<sup>7</sup> The most common complaints related to dermal fillers (66%) followed by 'Botox' or Botulinum Toxins (24%). Of these complaints, 41% resulted in corrective procedures and 4% in visits to GPs and A&E.

1 Bone, A., Ncube, F., Nichols, T., & Noah, N. D. (2008). *Body piercing in England: a survey of piercing at sites other than earlobe*. BMJ (Clinical research ed.), 336(7658), 1426–1428.

2 Ibid.

3 YouGov. Survey results from July 2015. Available at [https://d25d2506sfb94s.cloudfront.net/cumulus\\_uploads/document/egt6ly4bkt/InternalResults\\_150710\\_tattoos-Website.pdf](https://d25d2506sfb94s.cloudfront.net/cumulus_uploads/document/egt6ly4bkt/InternalResults_150710_tattoos-Website.pdf)

4 Experian report in Wood, Z., and Butler, S. (2014). *How the rise of tattoo parlours shows changing face of Britain's high streets*. The Guardian, 7 October 2014.

5 Bone, A., Ncube, F., Nichols, T., & Noah, N. D. (2008). *Body piercing in England: a survey of piercing at sites other than earlobe*. BMJ (Clinical research ed.), 336(7658), 1426–1428.

6 Ibid.

7 Save Face (2019). *Consumer Complaints Audit Report 2017-18*

A reported 27 people had an infection and six had a blocked blood vessel as a result of the procedure.

What we know is that there is likely to be significant under-reporting, where members of the public and, in some instances, practitioners, are unsure of where to report problems.

## Public knowledge and awareness

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The findings of a 2019 Royal Society for Public Health (RSPH) survey of members of the public who had experienced at least one cosmetic procedure shows there is limited awareness of the existing registration and licensing schemes, with 41% saying they did not check whether their practitioner was registered or licensed with their local authority.<sup>8</sup> A third of respondents (30%) said they were unaware that they could report any concerns about cleanliness and hygiene to their local council.

Despite limited awareness, there is still an appetite among members of the public for tighter regulation of this sector. The survey found that 90% of people believe that there should be a legal requirement to hold an infection control qualification in order to perform cosmetic procedures.

The Save Face report makes clear that knowledge about what to ask practitioners is poor, with 31% of patients saying they did not know what qualifications or training their practitioner had undertaken.<sup>9</sup> Furthermore, 84% of patients did not know what products were being used in their treatment and how they were sourced.

The existence of several voluntary registers of practitioners and businesses are not well known and this is potentially confusing for members of the public.



<sup>8</sup> RSPH (2019). *Skins and Needles*.

<sup>9</sup> Save Face (2019). *Consumer Complaints Audit Report 2017-18*.

# How are cosmetic treatments regulated across the UK?

## Registration

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Local authorities in England, Wales and Northern Ireland, may by resolution adopt powers contained in the Local Government (Miscellaneous Provisions) Act 1982 or the Local Government (Miscellaneous Provisions) NI Order 1985. This allows the registration of practitioners and premises offering certain cosmetic treatments, including:

- cosmetic piercing
- electrolysis
- tattooing
- semi-permanent make up
- acupuncture

However, local authorities have few powers to refuse registration, essentially meaning that anyone can register, regardless of whether they are suitably qualified or competent. Some local authorities have made byelaws to vary their local requirements but the content of these is restricted to securing the cleanliness of premises, fittings, persons, instruments, materials and equipment. There are exemptions, such as for practices carried out by or under the supervision of a medical practitioner registered by the General Medical Council (GMC).

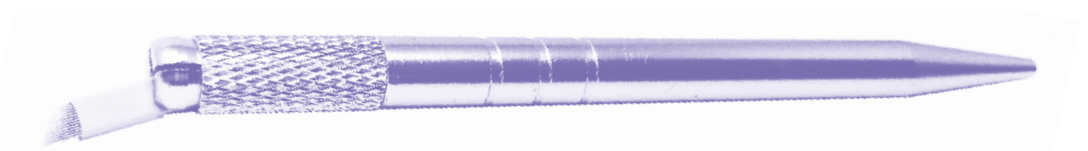
## Licensing schemes

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Some local authorities in England have introduced local licensing schemes for special treatments. Throughout London, specific powers are available under the London Local Authorities Act 1991 to licence premises offering special treatments. This legislation covers a wider range of treatments than registration, including massages, manicures, chiropody, bath and vapour treatments, electrolysis, laser, electric and light treatments. As with registration, certain premises offering special treatments are exempt, such as where the special treatment is carried out by or under the supervision of a medical practitioner registered by the GMC.

Local authorities have powers to apply licence conditions, for example specifying the practitioner's qualifications and level of competence, and the condition of the premises. However, each local authority sets its own licence conditions, so requirements vary between London boroughs. Local authority teams have powers to inspect premises before licences are granted and can refuse to grant, renew or transfer a licence if a business is deemed unfit to operate.

A few local authorities outside London have adopted their own version of this legislation. For example, in Essex and Nottingham, where the Essex Act 1987 and the Nottingham County Council Act 1985 have provisions for licensing special treatments premises. However, licensing schemes seem to be the exception rather than the rule across much of England.





## Wales

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In 2017, the Public Health (Wales) Act received Royal Assent. The Act creates a mandatory licensing scheme for practitioners carrying out special procedures in Wales and establishments will have to be approved. The four special procedures specified in the Act are acupuncture, body piercing, electrolysis, and tattooing. It will be an offence for a practitioner to carry out any of these special procedures without a licence, or to perform any procedure from premises or vehicles that are not approved. The overall purpose is to ensure that where special procedures are carried out, this is done so in a manner which is not potentially harmful to health. There is provision to add to the list of special procedures (or to remove procedures) via regulations, to take account of new practices and changing trends, and any emerging evidence of public health risk.

When the provisions come into force, licensed practitioners will be able to operate anywhere in Wales. There will be one central register of licensed practitioners and mandatory conditions will apply, including a condition that practitioners must be trained in infection control. A level 2 qualification, *Infection Control and Prevention for Special Procedures*, has been developed in association with the RSPH. Licences will be granted for three years and seven-day licences will also be available for short-term work.

## Scotland

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In Scotland, the Civic Government (Scotland) Act 1982 (Licensing of Skin Piercing and Tattooing) Order 2006 requires individuals who own businesses that offer acupuncture, cosmetic piercing, electrolysis, semi-permanent make-up and tattooing services to obtain a licence to operate. Before obtaining a licence, these premises must be visited by an authorised local authority officer to assess them against specified conditions, which include the knowledge, skill, training and experience of the practitioners. Licence conditions have been developed by the Scottish Skin Piercing and Tattooing Working Group which have been adopted in full by most of Scotland's 32 local authorities.

Earlier this year, the Scottish Government launched a consultation 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. This would mean non-healthcare professionals who provide these non-surgical cosmetic treatments in non-healthcare settings would require a licence to practice.



# Gaps in regulation and enforcement

## Other treatments

New cosmetic treatments are constantly being developed, which present challenges for regulators. Not only do they have to familiarise themselves with the new treatments but they are difficult to regulate. They often fall outside the scope of licensing and registration requirements and consequently will not be subject to an initial intervention.

Local authorities may investigate treatments not covered by registration or licensing on receipt of complaints or other intelligence information. But they are not generally included in proactive intervention programmes as cosmetic treatments are not included in the list of priorities for proactive interventions set by HSE for England, Wales and Scotland in the LAC 67-2.<sup>10</sup>

Whilst local authorities try to use existing legislation to keep track of some of the newer treatments, the powers are not adequate to deal with the new risks and complexities some of these present. An example of this are skin rejuvenation treatments, which are diverse and fast-changing. This also results in variations between which treatments local authorities in different areas choose to register. For example, some areas are registering micro-needling under the definition of acupuncture or cosmetic piercing whilst others are not.

## List of unregulated treatments

Only the treatments that fall under the definitions of those listed in the Local Government (Miscellaneous Provisions) Act 1982 or the Local Government (Miscellaneous Provisions) NI Order 1985 can be registered in England, Wales and Northern Ireland.

The following treatments fall outside of this legislation and therefore are not currently regulated by most local authorities:

- Botulinum toxins
- Fillers
- Tanning beds<sup>\*,\*\*</sup>
- Spas
- Nail bars
- Laser tattoo removal
- Laser, LED and IPL skin treatments (hair removal, skin rejuvenation, weight loss)
- Microneedling
- Skin peels
- Micro dermabrasion
- Dermarolling
- Dermaplaning
- Cupping
- Plasma Lift
- Mesotherapy
- Thermage
- Ultrasound
- Infrared
- PDO threads and cogs
- Vitamin drips and injections
- Vampire facials/platelet-rich plasma (PRP)
- Cavitation (weight loss treatment)
- Whole body cryotherapy
- Scarification
- Branding

\* Age restricted legislation does apply.

\*\* In Wales, all tanning salons have to be supervised and display information about health effects.

<sup>10</sup> HSE. LAC 67-2 (Revision 9): Setting Local Authority Priorities and Targeting Interventions.

## Enforcement

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In the absence of specific legislation designed to deal with risks posed by cosmetic treatments, local authorities can use other legislation to penalise harmful practices. For example, an Improvement Notice may be served under the Health and Safety at Work Act etc 1974 or the Health and Safety at Work (Northern Ireland) Order 1978 to secure improvements, or if in the opinion of the officer there is a risk of serious personal injury, a Prohibition Notice may be served.

Some local authorities have also utilised Part 2(A) Orders under the Health Protection Regulations 2010 to seize equipment from unregistered domestic premises with poor infection control practices.

## Home-based and mobile practitioners

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Practitioners who do not operate from a permanent work premise can be registered under the Local Government (Miscellaneous Provisions) Act 1982 and the Local Government (Miscellaneous Provisions) NI Order 1985 if practitioners are registered at a permanent address. However, HSE is the health and safety enforcing authority for home and mobile practitioners, unless the work is carried out in a dedicated area, with separate access/ egress from house.

This means that local authorities have limited powers to investigate and take action on practitioners operating from their home or on a mobile basis. The largest proportion of treatments, which go wrong, take place in domestic settings (33%), yet we are not aware of HSE taking any enforcement action against those providing cosmetic treatments performed in the home.<sup>11</sup>



<sup>11</sup> Save Face (2019). *Consumer Complaints Audit Report 2017-18*.

# Qualifications and standard setting

## Training and competency

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For most treatments, there are no minimum education, qualification or experience requirements to practice, yet the practitioners with the least training are often the ones posing the greatest risks. Commercially-run training courses vary significantly in length and content. Some of these allow practitioners to complete a course in as little as one day before they begin offering treatments with little or no practical observations. HSE recommends that basic first aid training and infection control guidance be provided as part of any cosmetic piercing training course, but most local authority regulators are not able to enforce this.<sup>12</sup>

Anyone can set up as a commercial trainer as there are no mandatory training, competency or knowledge requirements for trainers themselves. This means that many trainers have little or no practical experience in the field and are providing inaccurate knowledge and information to trainees. In response to this issue, initiatives have been set up in the West Midlands to 'train the trainers' in the correct procedures of infection control and patient safety.

Health Education England (HEE) has completed a review of qualifications required for non-surgical cosmetic procedures.<sup>13, 14</sup> This was one of the outcomes

of the Keogh review.<sup>15</sup> This is aimed at improving and standardising the training available to practitioners who carry out non-surgical cosmetic procedures, such as botulinum toxins and chemical peels. However, these standards have not been formally adopted and remain guidelines only.

## Prescription only medicines (POMs)

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Botulinum toxins can only be prescribed by a designated medical/healthcare prescriber to a named patient, but prescribers can delegate the administration of the procedure to non-medical professionals whom they consider to be competent, knowledgeable and capable to administer such treatments. There is also an obligation to ensure that the premises that the procedures are carried out in are assessed to ensure that they meet the required standards. Whilst there are no national educational requirements regarding the training, competence or knowledge of the practitioner administering these treatments, the prescriber is required to assure themselves that the person to whom they have issued the prescription to is safe to administer the toxin.

There are concerns from the medical community about non-medical professionals delivering these treatments, particularly when complications arise, which require fast specialist medical knowledge and attention. The Joint Council for Cosmetic Practitioners (JCCP) published a guidance statement on Responsible Prescribing for Cosmetic Procedures in 2018.<sup>16</sup> The guidance, which is approved by the GMC, General Dentistry Council and

12 HSE (2002). [Blood-borne viruses in the workplace - Guidance for employers and employees.](#)

13 HEE (2015). [PART ONE: Qualification requirements for delivery of cosmetic procedures: Non-surgical cosmetic interventions and hair restoration.](#)

14 HEE (2015). [PART TWO: Report on implementation of qualification requirements for cosmetic procedures: Non-surgical cosmetic interventions and hair restoration surgery.](#)

15 Keogh, B. (2013). [Review of the Regulation of Cosmetic Interventions.](#)

16 JCCP (2018). [JCCP Guidance Statement – Responsible Prescribing for Cosmetic Procedures.](#)

Royal Pharmaceutical Society, states that the JCCP does not endorse or permit the use of remote prescribing of injectable, topical or oral prescription medication for non-surgical cosmetic treatments in any circumstances.

However, the available standards are not designed to assist local authorities in the effective regulation and enforcement of this sector. There is a lack of detailed and practical guidance for enforcement officers and it is often not clear which professional body they should approach for advice.

## Standard setting

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In the absence of statutory regulation for some non-surgical cosmetic treatments, voluntary registers of practitioners have emerged to help members of the public find a safe practitioner. The JCCP and Save Face have developed registers of accredited practitioners and approved education and training providers. However, as registration is not mandatory, practitioners who cannot meet the required standards can legally continue to practice.

The development of standards for cosmetic treatments is split between several different bodies. The Cosmetic Treatments Standard Agency (CPSA) has developed standards for skin fillers, botulinum toxins, hair restoration surgery, skin rejuvenation treatments and the use of lasers. The Hair and Beauty Industry Authority (HABIA) has also developed a set of National Occupational Standards (NOS) for treatments including microblading, skin rejuvenation using microneedling and skin peeling treatments, electrocautery (removing skin imperfections), micropigmentation, radio frequency, removing or fading tattoos using energy or laser based systems, photo-rejuvenation-of-the-skin-and-hair-growth-reduction, skin fillers and botulinum toxins.