



B E A U T Y ,
A E S T H E T I C S &
W E L L B E I N G

All-Party Parliamentary Group on Beauty, Aesthetics and Wellbeing

*Concluding report: Inquiry into advanced aesthetic
non-surgical cosmetic treatments*

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Executive summary

The All-Party Parliamentary Group (APPG) on Beauty, Aesthetics and Wellbeing has undertaken an important inquiry into advanced aesthetic non-surgical cosmetic treatments. Our aim was to investigate how standards for undertaking and advertising treatments such as botulinum toxins or similar anti-wrinkle injectables, dermal fillers, polydioxanone (PDO) threads and cogs, and the relating regulatory and legislative structures, should be improved to support the aesthetics industry and protect public safety.

This final report is based on evidence given in public inquiry sessions, closed meetings and in written submissions to the Group's Call for Evidence from stakeholders including organisations representing the aesthetics industry, industry operators and practitioners, health bodies, regulatory agencies and consumers themselves.

The backdrop to our inquiry is the rapid growth in the popularity of aesthetic non-surgical cosmetic treatments seen in recent years, with an increasing range of new treatments on the market. It is important to note that there is much good practice across the aesthetics industry, and despite media headlines, many thousands of consumers a day experience no problems at all. However, this explosion in treatments has also brought with it some cases of poor service outcomes for consumers.

The UK's licensing and regulatory landscape has not kept pace with these changes. The lack of a consistent legal framework of standards has left consumers at risk and undermined the industry's ability to develop, with negative connotations for the beauty sector as a whole.

Despite recognition from Government of the need to address this growing regulatory gap, and work such as the *Review of the Regulation of Cosmetic Interventions* led by Sir Bruce Keogh in 2013, little action has been taken and the Government has largely left the industry to self-regulate.

We were pleased to hear from the Minister for Patient Safety, Nadine Dorries MP, who is responsible for policy relating to aesthetic non-surgical cosmetic treatments, at our concluding public inquiry session. We welcome the Minister's confirmation that the Department for Health and Social Care is considering the issues related to the growing aesthetics industry and will be using this report and our recommendations as it reviews the legislative and regulatory landscape.

Early on in our inquiry it became clear that the current regulatory framework in the UK places very few restrictions on who may perform aesthetic non-surgical cosmetic treatments, and there was broad consensus that nationally regulated training and qualifications should be mandatory for new practitioners. The APPG recognises that both aesthetics practitioners in the beauty industry and registered medical practitioners should not be able to administer these treatments without proven specific competence and skills.

There is a need for the beauty industry and the medical professions to work together to seek solutions that raise standards and protect the safety and wellbeing of consumers.

The merits of mandatory and voluntary registration of practitioners, and a licensing scheme, were considered as potential options to regulate the administration of these treatments. While there was broad support for the principle of licensing, the various options for registration of practitioners did not produce a clear answer as to what would improve the current situation and deliver public safety.

In terms of the regulation of products, the APPG believes that dermal fillers present a serious risk to the public and their regulation must be brought into line with botox as a Prescription Only Medicine.

We recognise the serious and complex ethical and mental health implications tied up with aesthetic non-surgical cosmetic treatments. We are acutely aware that many consumers when entering a clinic or salon would assume that their practitioner is suitably qualified and that treatments are regulated and safe. It is also concerning that there are no required checks in place to screen potential consumers for psychological vulnerabilities.

The APPG was pleased to have the support of the APPG on Social Media as we looked at the issues around social media and advertising relating to aesthetic non-surgical cosmetic treatments. There is no doubt that the rise of social media has driven the societal pressures leading people to such treatments, and there is an increasingly complex web of influence at play when considering how treatments and products are marketed via these platforms. Despite restrictions and enforcement action from the Advertising Standards Authority (ASA) and social media platforms, in practice, many irresponsible advertising practices and posts are still slipping through the net.

We are very grateful to all those who have taken the time to participate in our inquiry, all of whom have added greatly to the knowledge of the group.

We look forward to working with the Minister for Patient Safety and the Department for Health and Social Care to improve the landscape surrounding aesthetic non-surgical cosmetic treatments for the benefit of the industry and public safety, and hope that these recommendations will be carefully considered and acted upon.

From the findings of our inquiry, in this report we recommend the following:

Recommendations

Legal definitions

1. We recommend that the Government defines in law what constitutes a 'medical-related' service, what is an elective aesthetic non-surgical cosmetic treatment based on the consumers mode of access: self-elected, medically diagnosed or ancillary/referred.
2. The Government should collect annual data on types of aesthetic treatments, numbers of practitioners, premises, training courses and complications. This will be crucial to making informed policy decisions regarding the industry to support practitioners and protect consumers.

Standards and qualifications

3. The Government must set national minimum standards for the training that all practitioners must be required to undertake to provide aesthetic non-surgical cosmetic treatments, based on the HEE and NOS standards. The aesthetics industry must work together to align and agree education and training frameworks. These frameworks must include annual CPD for all practitioners, medic and non-medic, to update their competencies and prove fitness to practice.
4. The Government must empower Ofqual to require regulated Awarding Organisations to evidence that their qualification curriculum is compliant with nationally set minimum standards, and all aesthetic practitioners should therefore be required to hold a regulated qualification in line with this. Ofqual must also ensure academic progression routes to regulated qualifications are available from a range of Awarding Organisations for all aesthetic practitioners.
5. On-site medical oversight must be mandatory for aesthetic non-surgical cosmetic treatments using Prescription Only Medicines, where the treatments are performed under the oversight of the prescriber who has gained the accredited qualifications to prescribe, supervise and provide remedial medicines if necessary. An initial face to face consultation with the person providing the medical oversight (the prescriber) must also be mandatory prior to any treatment.

Regulation and enforcement

6. The APPG recommends that the Government introduces a national licensing scheme to govern the oversight of advanced aesthetic non-surgical cosmetic treatments such as botox, dermal fillers, PDO cogs and threads. It should consider amending the Local Government (Miscellaneous Provisions) Act 1982, or introducing such a scheme via new primary legislation as the most appropriate avenue to do so.
7. A national licensing scheme must be supported by a clear framework mandating the national minimum standard of public safety, training and qualifications for all practitioners. This should be developed with industry based on the HEE framework and NOS standards.
8. The Government must work with industry to develop guidance to underpin a national licensing scheme for advanced aesthetic non-surgical cosmetic treatments, as has been done with special procedures such as tattooing and piercing.
9. The APPG recommends that dermal fillers be classified as a Prescription Only Medicine. In line with recommendation 5, on-site medical oversight must be mandatory for the administration of these products, and an initial face to face consultation with the person providing the medical oversight (the prescriber) prior to any treatment. Dermal fillers must be performed under the oversight of a prescriber who has gained the accredited qualifications to prescribe, supervise and provide remedial medicines if necessary.

Ethics and mental health

10. The Government must work with the aesthetics industry on the development of psychological pre-screening tests to cover a range of broader psychological vulnerabilities, and make these mandatory prior to a consumer undergoing an aesthetic non-surgical cosmetic treatment.
11. Education on spotting at risk individuals, covering a broad range of psychological vulnerabilities, must be included in national minimum standards for the training that practitioners must be required to undertake to be qualified to deliver aesthetic non-surgical cosmetic treatments.
12. The Government must extend the legal ban on under 18s receiving botox or fillers to other invasive advanced aesthetic non-surgical cosmetic treatments including PDO cogs and threads.

Insurance

13. The Government should require all practitioners to hold adequate and robust insurance cover and set an industry standard for the level of proven competence that is required to gain coverage. Any future national licensing scheme must also make this a requirement of holding a licence.
14. Practitioners must also be required to hold regulated qualifications for the aesthetic non-surgical cosmetic treatments they provide, alongside appropriate industry approved CPD training, to maintain and update their skills, knowledge and competence as part of annual insurance renewal, particularly as new treatments continue to emerge in the market.

Social media and advertising

15. Social media platforms must take more responsibility for curbing and censoring misleading advertisements and for the mental health impacts of promoting aesthetic non-surgical cosmetic treatments. As part of the Online Harms Bill, social media companies should be encouraged to publish specific policies on appropriate advertising of these treatments and act swiftly to take down any that breach those policies.
16. Advertising restrictions should be placed on dermal fillers and PDO cogs and threads in the same way as those imposed on botox as a Prescription Only Medicine.
17. We welcome the Government's commitment to consult on the Online Advertising Programme later this year and urge them to specifically consider the promotion and sale of aesthetic treatments and training courses as part of this.

Chapter 1: Background

Legislative and regulatory landscape

In recent years there has been rapid growth in the popularity of aesthetic non-surgical cosmetic treatments, with an increasing range of new treatments on the market. There is much good practice across the aesthetics industry, and despite media headlines, every day many thousands of consumers experience no problems at all. However this explosion in treatments has also brought with it cases of poor service outcomes for consumers. The lack of a consistent legal framework of standards has left consumers at risk and undermined the industry's ability to react and develop, with negative connotations for the beauty sector as a whole.

The UK's licensing and regulatory landscape has not kept pace with these changes. Across the country, certain areas of aesthetics practice are touched upon under a range of statutes and regulations, however it is fragmented, obscure and out of date. Notably, there is no legal definition of a non-surgical cosmetic, aesthetic or advanced aesthetic treatment, or clarity as to whether treatments are regarded as a beauty, cosmetic or a medical treatment under law.

In England, the Local Government (Miscellaneous Provisions) Act 1982 gives powers to local authorities to adopt a registration scheme for four 'special treatments' (acupuncture, tattooing, ear piercing and electrolysis). In London, specific powers allow authorities to require licences and set licensing conditions for a slightly wider range of treatments. Separately, malpractice can be penalised under various health and safety laws. However, enforcement varies from area to area, is adoptive rather than prescriptive, and does not cover the wide range of treatments now on offer – notably those advanced aesthetics treatments in scope of this inquiry: botulinum toxin, dermal fillers and polydioxanone (PDO) cogs and threads.

The UK Government has largely left the industry to self-regulate despite numerous reviews into the state of the industry. The *Review of the Regulation of Cosmetic Interventions* led by Sir Bruce Keogh in 2013 (the *Keogh Review*), observed that:

*“Existing legislation in this area has developed in a piecemeal fashion, addressing certain aspects of the sector but not taking a systematic approach.”*¹

Following the *Keogh Review*, work was undertaken by Health Education England (HEE) to develop educational standards and frameworks and it published recommendations for Government in 2015. The findings from this report were well received and adopted by the industry, however no action has been taken by Government to mandate national standards.

In Wales as of April 2020, the Public Health Wales Act regulates the licensing of several non-surgical procedures such as tattooing, semi-permanent skin colouring, cosmetic piercing, acupuncture and electrolysis². However again, it does not cover advanced aesthetic non-surgical cosmetic treatments such as botox or dermal fillers.

¹ Department for Health, [Review of the Regulation of Cosmetic Interventions](#) (April 2013)

² [Public Health Wales Act \(2017\)](#), Part IV as outlined by Newport Council

In Scotland, the devolved Scottish Government has begun a consultation process into the regulation of non-surgical cosmetic procedures. This proposes introducing a requirement for practitioners to hold a licence to carry out such a procedure, including inspection of premises and an assessment of knowledge, skill, training and experience to determine whether they are a fit and proper person to hold a licence³.

Issues with the current landscape

The APPG heard from a member of the public who in 2018 suffered from a botched procedure having received botox and lip fillers from a practitioner with no insurance or training to administer the appropriate care when complications arose. The Group heard that the practitioner injected the substance in the artery which ran from the individual's top lip to eye area, which caused a vascular occlusion (blockage of a blood vessel) and led to necrosis (death of tissue) in the lip, requiring immediate medical attention. However the practitioner was not able to provide the remedial treatment, which can only be administered by a registered medical practitioner. While the person was fortunate to get the medical help required, the remedial treatment was not covered by the NHS and they said they had nowhere to turn to report the experience.

This story highlights a number of issues. Firstly, there are currently no nationally set minimum standards for the training and qualifications a practitioner must have in order to administer these treatments. Advanced aesthetic non-surgical cosmetic treatments can be administered by both registered medical professionals, such as doctors, nurses and dentists, as well as by trained non-medics including beauty therapists. However the lack of set standards has allowed a wide variety of training options to emerge on the market and anyone can set up a training course without accreditation.

Speaking at the concluding evidence session to this inquiry, the Minister for Patient Safety Nadine Dorries MP recognised that the issue is not limited to beauty therapists as registered medical professionals are also able to administer these treatments without proven specific experience or skills.

Secondly, there is no consistent licensing or regulation of the premises or conditions under which treatments can be carried out. This has led to the prevalence of 'mobile' treatments in office spaces, hotel rooms, 'pop-up' shops, homes or other unsuitable environments by both medical and non-medical practitioners, with no requirement to meet hygiene standards or have access to remedial treatments.

Thirdly, there is little accountability and no clear path for customers to report malpractice when it occurs. Complaints can be filed with several voluntary industry organisations and registers (some charitable or not-for-profit) or the General Medical Council (GMC) if the practitioner is registered with one of these bodies, but many practitioners fall through the gap. Given the lack of a national framework of oversight, there is no way to ensure enforcement action is taken.

³ Scottish Government, [Consultation on the Regulation of Non-Surgical Cosmetic Procedures in Scotland](#) (January 2020)

Fourthly, social media and advertising plays a significant part in encouraging people, particularly young people, to seek such treatments. All the practitioners and training providers the APPG heard from strongly advocated psychological assessments to be carried out pre-treatment to understand a consumers' motivation behind seeking a treatment. However, again, there is no national requirement or set standard for this.

And finally, when considering the growth of the industry online, other serious issues arise such as the prevalence of online platforms being used as a marketplace for training courses and treatments to be advertised and sold, often at a lower price, with little validation or oversight.

When seeking to make an assessment of the state of the aesthetics industry and the issues that need to be addressed, the lack of coherent data on practitioners, premises, training courses and complications presents a significant barrier. While different factions of the industry collect information, such as the General Medical Council's (GMC) register of practitioners, the Joint Council For Cosmetic Practitioners (JCCP) or Save Face's registers, the National Hair and Beauty Federation's (NHBF) aesthetic practitioner survey⁴ and others, there is no central data source on the matter.

The lack of clear definition of the aesthetics industry has meant that the data available to Government is patchy as it is incorrectly grouped with other industries, such as physical well-being activities, retail or hospitality. As a result, it is difficult to get an accurate picture of how many aesthetic non-surgical cosmetic treatments take place each year, whether in medical or non-medical settings, and the frequency of complications or complaints.

The absence of this legal clarity has led to uncertainty and to some exploitation of loopholes in the legislation. As this inquiry took place during the COVID-19 pandemic, the APPG received evidence of reports of botox and other aesthetics treatments taking place during lockdown to meet consumer demand, particularly by medical practitioners exploiting a loophole in the guidance that allowed medical services to reopen⁵.

Throughout its inquiry, the APPG noted the levels of division between different factions of the aesthetics industry. *There is a need for the beauty industry and the medical professions to work together to seek solutions that raise standards and protect the safety and wellbeing of consumers.*

Recommendations

- 1. We recommend that the Government defines in law what constitutes a 'medical-related' service, what is an elective aesthetic non-surgical cosmetic treatment based on the consumers mode of access: self-elected, medically diagnosed or ancillary/referred.***
- 2. The Government should collect annual data on types of aesthetic treatments, numbers of practitioners, premises, training courses and complications. This will be crucial to making informed policy decisions regarding the industry to support practitioners and protect consumers.***

⁴ National Hair and Beauty Federation (NHBF), [Aesthetic Practitioner Survey Findings](#), 2020

⁵ [APPG letter](#) to BEIS Secretary of State on 'Guidance on aesthetics treatments in medical practices', June 2020

Chapter 2: Standards and qualifications

The legal standards and qualifications landscape

The current regulatory framework in the UK places no restrictions on who may perform aesthetic non-surgical cosmetic treatments in the private sector. There is a complete lack of national statutory requirements or standards covering consumer safety, education, training or qualifications required for the administration of these treatments. There exists huge discrepancies in the standard and quality of training available, to the detriment of practitioners and consumers, and limited accountability should something go wrong.

Attempts to establish standards on the 'competency' of practitioners can be identified in local licensing laws (as discussed further in chapter 3) – such as in the London Local Authorities Act (1991), in Part IV of the Public Health Wales Act and provisionally in the Scottish Government's consultation on non-surgical cosmetic interventions.

Since 2012, approved National Occupational Standards (NOS) have been in place for advanced beauty practices and aesthetics treatments in the beauty sector. As new treatments entered the market, further advanced aesthetic standards including those for botulinum toxin and dermal filler were developed in March 2019⁶. The NOS are not a qualification, but are used by awarding organisations, higher education institutions and professional bodies as a benchmark to develop training programmes and qualifications.

For registered healthcare professionals, their activity is covered by regulatory bodies such as the General Medical Council which includes the 'duty of care' and demands 'ethical and appropriate clinical standards' for practitioners. As such, re-dress for claims of negligence can be sought through the judicial system.

In response to the 2013 *Keogh Review*, Health Education England (HEE) published a set of recommended standards in 2015⁷, covering five categories of non-surgical cosmetic treatments: toxins, rejuvenation, laser devices, fillers and hair restorations; encompassing training, practice, premises and the environments. It proposed a layered model of qualification ranging from Level 4 (foundation degree year one) to Level 7 (postgraduate level), and how individuals could upskill and progress through the levels.

In 2018, the Joint Council For Cosmetic Practitioners (JCCP) and Cosmetic Practice Standards Authority (CPSA) published an updated competency framework for practitioners based on these recommendations, which was made a requirement for entering onto the JCCP's register of practitioners. Despite the *Keogh Review's* recommendation for a framework that allowed existing practitioners, particularly beauty therapists, to gain the

⁶ National Occupational Standards, [Aesthetic standards \(Non-surgical Cosmetic Procedures\)](#)

⁷ Health Education England, [PART ONE: Qualification requirements for delivery of cosmetic procedures: Non-surgical cosmetic interventions and hair restoration surgery](#), [PART TWO: Report on implementation of qualification requirements for cosmetic procedures: Non-surgical cosmetic interventions and hair restoration surgery](#) (November 2015)

necessary qualifications to offer certain treatments, the JCCP suspended access for non-healthcare practitioners to 'Part B' of the register at 'L7 – Injectables and Fillers' for 3 years pending a review of patient safety and risk. This has been extended further to August 2022⁸. The JCCP's framework's Level 7 criteria for administering injectable treatments states:

“At present, the JCCP are not supporting entry to the register of practitioners not registered with a PSRB (Professional Statutory & Regulatory Body), such as beauty therapists, for a period of 3 years, when this will be reviewed. This is to allow relevant qualifications to be developed and delivered at level 4,5,6 to enable academic progression.”⁹

The rapid growth of the industry has resulted in an increase in new qualifications from levels 5 to 7 which have been approved by regulatory bodies, however most are restricted to medical professionals. While comparable higher qualifications for non-medics are offered or under development, they are not widely available. This creates a barrier to progression for non-medics seeking a vocational route from aesthetics at level 4/5 to advanced aesthetics at level 7 for injectables and fillers, restricting their entry to the JCCP's register.

There is much good practice in the beauty industry to remedy the lack of mandated national standards. In 2018 the NHBF produced a 'Guide to Qualifications and Age Restrictions', which details a recognised route into aesthetics and academic progression from beauty therapy Level 3¹⁰. The guide, which has been recently updated, has Primary Authority approval and is widely used by Environmental Health Officers as a national benchmark for qualifications and training within the beauty industry.

For beauty therapists entering the aesthetics industry, the APPG heard that there is an extensive period of training. A typical learner will spend 15-20 months working towards their Level 2 qualification, a Level 3 qualification requires a further 18-20 months of training, and should learners then wish to specialise in Level 4 and Level 5 aesthetics treatments, they are required to complete a further year of training. Progression into advanced aesthetics at level 6 and 7 requires a further year also. It is not acceptable for a learner to jump from a qualification at Level 2, for example, to undertake a qualification at Level 7.

However, despite consensus across the aesthetics industry of the need for an organisation to provide structure to training and qualification standards, there remains a lack of any nationally set framework for this. As a result, poor practice continues.

The prevalence of short courses

The most concerning consequence of this lack of standards for the training and qualification of practitioners is the growing prevalence of short 'self-accredited' training courses that claim to offer 'qualifications' to practitioners to offer aesthetic non-surgical cosmetic treatments. The risks of the growing commercial market for these short courses was an issue on which there was agreement by all those from whom the APPG sought evidence from.

⁸ JCCP, [Update Regarding the Review of the JCCP's 2018 Changes to the Practitioner Register](#)

⁹ JCCP, [Competency Framework for Cosmetic Practice](#) (September 2018)

¹⁰ National Hair and Beauty Federation, [Qualifications & Age Restrictions Fact Sheet](#)

The British Association of Beauty Therapy & Cosmetology (BABTAC) observed that organisations and insurance companies (an issue discussed further in chapter 5) are accepting one day course certifications as sufficient for individuals to practice advanced aesthetics. As a result, practitioners (both medics and non-medics) can perform treatments which they do not have enough training, knowledge or experience of, thus are potentially putting the public at risk.

It is not just the public who are negatively impacted, as many practitioners are led to believe that they are receiving ‘accredited’ training and are thus qualified to provide treatments, often at very high personal cost.

It was noted by BABTAC and NHBf that short courses do have an important place in the beauty industry. The ever-evolving nature of the industry requires practitioners to update their skills and undertake regular CPD (continued professional development). However, these should not be considered or advertised as a stand-alone qualification and they are not appropriate for progression into advanced aesthetics.

At the same time, the Group heard anecdotal evidence of bad practice from medical professionals, such as a doctor that offered ‘lifetime’ prescriptions of Botox for £50 a time online. The CPSA agreed that while at the top end of the spectrum there are high risk procedures that should only be performed by doctors, these should not be performed by all doctors, who equally need expertise in these aesthetics treatments and complication management.

Improving the standards and qualifications landscape

There was broad agreement that nationally regulated training and qualifications should be mandatory for new practitioners. The beauty sector argued that aesthetic practitioners in the beauty sector must have full access to gain the appropriate qualifications. The Chartered Institute of Environmental Health (CIEH), the Institute of Licensing, NHBf, Transform Hospital Group, among others, recommended establishing a licensing framework (discussed further in chapter 3), which can set national standards for the training of practitioners, which should include mandatory first aid training, including anaphylactic and medical complications, and CPD. CIEH and the Royal Society for Public Health (RSPH) called for all practitioners to hold a stand-alone Level 2 infection control qualification as a licence condition.

However, robust provision should also be in place for existing aesthetic practitioners from both medical and non-medical backgrounds who have not had access to or opportunity to gain the newly developed qualifications, but who have appropriate training and experience, to prove their competence to practice. Frameworks such as those proposed by HEE suggest accommodating previous experience through mechanisms such as a Recognition of Prior Learning (RPL) and/or an Accreditation of Prior Learning (APL). It has been suggested that this could be provided by a regulated Awarding Organisation via an independent one-day end point assessment of skills, competency and knowledge, underpinned by mandatory training in handling complications or emergencies at least once a year.

Ofqual has advised the JCCP that they are not empowered to require a regulated Awarding Organisation to evidence that their qualification curriculum and the associated assessment

strategy is compliant with an industry standard in the absence of this being mandated by the Government¹¹.

In speaking at the APPG's concluding inquiry session, Minister Nadine Dorries MP re-iterated that most practitioners operate responsibly regardless of their background and highlighted that having a healthcare or medical background does not necessarily lead to these practitioners being skilled at injecting botox and fillers. She recognised the absence of mandatory national standards of competence and appropriate qualifications, which can affect practitioners looking for appropriate training providers, and consumers who want to make an informed choice.

Medical oversight

When considering standards of training for those administering aesthetics treatments, there is debate over what levels of medical oversight should be mandated for the advanced aesthetic treatments in the scope of this inquiry.

Those from the medical profession, including the British College of Aesthetic Medicine (BCAM) and British Association of Cosmetic Nurses (BCAN), told the APPG that botox, dermal fillers and PDO cogs and threads should be restricted to registered medical practitioners due to the risk of complications which require urgent medical attention. BCAN argued that understanding the risks associated with underlying conditions can only be appropriately achieved by having a medical or nursing qualification, and cannot be taught in any vocational course.

It was also noted that remedial medical treatments (adrenaline and hyaluronidase) are prescription only and therefore can only be prescribed by a registered medical healthcare professional.

As botulinum toxins are a Prescription Only Medicine, legally a prescriber must be involved in the consumer's journey at some point¹². However oversight can include either a 'medic on site' at the premises, a 'medic on call' or 'remote medical oversight'. In a survey of aesthetic practitioners commissioned by NHBF in 2020, 61% have a medic on site, 28% have a medic on call, while the 11% have a remote medic¹³.

Concerningly, Save Face found that more than two thirds of people whose botox had gone wrong did not have a face-to-face consultation with a prescriber, while nearly four in ten had no consultation at all¹⁴.

In receiving evidence to this inquiry, there was consensus among respondents that remote medical oversight is not sufficient and 'medic on site' oversight at the premises should always be available where such aesthetic treatments are carried out. NHBF also recommended that a client always have a face to face consultation at the treatment location with the nominated prescriber prior to any treatment. Having prescribed the treatment, the prescriber may then delegate the administration to an aesthetic practitioner.

¹¹ JCCP, [JCCP 10-Point Plan for Safer Regulation in the Aesthetic Sector](#)

¹² General Medical Council, [Good practice in prescribing and managing medicines and devices](#), April 2021

¹³ National Hair and Beauty Federation (NHBF), [Aesthetic Practitioner Survey Findings](#), 2020

¹⁴ [Save Face Work With BBC Three to Expose Rogue Beauticians Providing Illegal Botox Treatments by Flouting Prescribing Rules](#)

Recommendations

- 3. The Government must set national minimum standards for the training that all practitioners must be required to undertake to provide aesthetic non-surgical cosmetic treatments, based on the HEE and NOS standards. The aesthetics industry must work together to align and agree education and training frameworks. These frameworks must include annual CPD for all practitioners, medic and non-medic, to update their competencies and prove fitness to practice.**
- 4. The Government must empower Ofqual to require regulated Awarding Organisations to evidence that their qualification curriculum is compliant with nationally set minimum standards, and all aesthetic practitioners should therefore be required to hold a regulated qualification in line with this. Ofqual must also ensure academic progression routes to regulated qualifications are available from a range of Awarding Organisations for all aesthetic practitioners.**
- 5. On-site medical oversight must be mandatory for aesthetic non-surgical cosmetic treatments using Prescription Only Medicines, where the treatments are performed under the oversight of the prescriber who has gained the accredited qualifications to prescribe, supervise and provide remedial medicines if necessary. An initial face to face consultation with the person providing the medical oversight (the prescriber) must also be mandatory prior to any treatment.**

Chapter 3: Regulation and enforcement: Registration of practitioners

When considering the administration of aesthetic non-surgical cosmetic treatments various aspects can be subject to regulation, including the practitioner, the premises, and the product. During its inquiry, the APPG heard varying views on which of these aspects should be regulated, and at what level, in order to drive up standards and protect the public.

The case for voluntary registration of practitioners

Turning first to the practitioner, the 2013 *Keogh Review* and aforementioned HEE report recommended an accredited voluntary register of practitioners. There are several voluntary industry registers for practitioners who carry out aesthetic non-surgical cosmetic treatments, two which are accredited by the Professional Standards Authority (PSA): the JCCP's register is intended to cover registered medical and non-medical practitioners, whereas the Save Face register is only open to medical professionals.

On the merits of a voluntary registration, the Group heard that such a system ensures fair commercial competition in the market, value for money for users, and comes at no cost to the taxpayer. It was also noted that many using the voluntary registers report them to be openly accessible, focused on public need and that their voluntary nature does not mean that the thoroughness of the registration process is compromised. However, concerns were raised about the number of registers that exist in the market, with varying criteria for entry, some of which exclude non-medical practitioners (as discussed in Chapter 2), and that registration fees vary from free to £100's as do the benefits they offer. It was questioned whether practitioners should have to bear the cost of registration on top of the cost of their training and qualifications.

The case for mandatory registration

Those that advocated mandatory registration made the case that this would ensure higher and consistent standards if put into place as part of the system, but that without this being mandatory there would be no incentive for people to join. There were differing views on whether this should be a single Government-run register or run by industry and registered with the PSA. The merits of the former would be that the register would be easily accessible by one central portal on the Government's website and come at no cost to the practitioner to ensure fairness and encourage uptake. The merits of an industry register would be that there could still be fair commercial competition and no cost to HM Treasury or the taxpayer.

Critics of a mandatory register argued that it would be expensive to implement, bureaucratic to administer and, in isolation, of limited benefit. If an individual could gain a qualification from an awarding organisation regulated by Ofqual, it was questioned whether there would be added value or incentive to join a register if they already hold a certificate proving competence via a qualification.

Following the *Keogh Review* in 2013, in 2015 HEE took recommendations for mandatory registration to the Department of Health making the case that such a system must be based on ensuring appropriate education and training of those in the industry. However, the JCCP – who sat on the HEE panel – told the APPG that the Department was not convinced of the affordability and enforceability of a Government-run mandatory register and had reservations about the potential financial cost to the industry.

Registration standards and requirements

Central to the debate around registration of practitioners is the question of education and training covered in chapter 2. During its inquiry, the APPG found the question of what level of qualifications are required for a practitioner to be able to join a voluntary or mandatory register to be one of those which caused most dissent within the aesthetics industry.

It is clear that any system of registration – voluntary, mandatory, industry-run or Government-run – must cover training, qualifications, and continuing professional development and demonstration of competence of both medical and non-medical practitioners.

As stated by the JCCP in evidence, the first gateway to improved practice and outcomes is to make minimum levels of education and training mandated and enforceable, regulated by organisations like Ofqual. NHBF and others agreed that any register must cover qualifications, training, public safety and continuing professional development.

At this stage the APPG is not minded to recommend a mandatory register of practitioners, and sees the priority for Government action to be putting in place nationally set standards and a framework for the required public safety, training and qualification of practitioners, which can be enforced via other avenues.

Regulation and enforcement: Licensing

Those who were not convinced about the merits of a register of practitioners alone advocated for a licensing system governed by local authorities as the best option to drive up industry standards, which could exist alongside a system of voluntary practitioner registration.

Issues with the current legal framework

As outlined at the beginning of this report, the legal framework covering these treatments is fragmented and out of date.

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. In London, specific powers are available to local authorities under the London Local Authorities Act 1991 to licence premises and set licensing conditions. Some authorities have gone further to vary local requirements or adopt licensing, but their powers to do so are limited and these schemes are the exception rather than the rule. Local authorities can also use powers under the Health and Safety at Work Act etc. 1974 to investigate complaints.

Under the current regime, local authorities do not have powers to cover mobile or at-home treatments. While the aforementioned health and safety laws give powers to the Health and Safety Executive (HSE) to enforce in this sphere, anecdotally the APPG heard that local HSE officers do not consider aesthetic non-surgical cosmetic treatments to be priority for interventions.

This is of particular concern as peripatetic practice is increasingly common in the industry and this is not limited to non-medical practitioners. The *Keogh Report* recorded that in a survey conducted by the Royal College of Nursing, 36% of nurses performed non-surgical cosmetic treatments either from their own home or the home of the client.

Most concerningly of all, the limited nature of the legislation means it is not future-proofed and newer treatments emerging on the market are left out of the current regime all together, including those in the scope of this inquiry.

Even when powers are available to local authorities, the *Keogh Report* in 2013 recognised that local authorities don't have adequate funding to complete a proper enforcement role. Anecdotal evidence given during this inquiry argued that this remains the case.

Many responses to the APPG's Call for Evidence also cited the complex legal landscape as a source of confusion for both the public and practitioners. The group was told that as a result, local authorities receive relatively few complaints about poor practice as the public may not know who to complain to. CIEH in particular raised concerns that the combination of low levels

of public awareness and largely reactive enforcement mean that instances of malpractice may be going unreported and unchecked.

Respondents highlighted the lack of data about how many people have aesthetic non-surgical cosmetic treatments, how many people for whom it goes wrong, or how many people are hospitalised or need to see a doctor, as part of the problem.

Taking all this together, due to the lack of oversight and enforcement there is no guarantee that the location in which an aesthetic treatment is being carried out meets safety protocols. The APPG notes this issue had particular pertinence during the COVID-19 lockdowns and the anecdotal evidence of ‘underground’ treatments taking place.

The case for a national licensing framework

Many that the APPG heard from during its inquiry advocated for a national licensing framework building on the existing local authority treatment licenses. Examples of other licensing regimes were given as ways of controlling activities that have “impact on the public”, such as the alcohol, animal, gambling and taxi licensing regimes, which are covered by premises or operators’ licences, vehicle licences and individual licences in some cases.

Representatives from the Institute of Licensing indicated how a future-proofed licensing system could work for aesthetics. Broad definitions of the licensable activities could be set in a way to ensure new treatments coming to market fall under one of these predefined activities. For example, for aesthetics the activities could include piercing the skin, changing cell structure through light, changing cell structure through heat, and chemical intervention.

Similarly, CIEH recommended that an England-wide licensing scheme could cover all treatments and be future-proofed if defined in the right way. They made the case that it could cover salon, clinic, mobile and home-working practitioners, and cover both competency standards and treatment conditions, which a practitioner registration regime alone would not.

NHBF further made the case that a licensing scheme would provide a means for checking standards on a wide range of issues, and should cover as a minimum: premises inspection, mandatory infection control and first aid training, anaphylaxis management and handling complications and medical emergencies training, medical oversight arrangements, regulated qualification and training checks for practitioners, insurance, right to work checks to combat modern slavery, and requirements to report complications to Environmental Health Officers.

Minister Nadine Dorries MP told the APPG that she would be happy to look at increasing the powers of local authorities but she wished to see local authorities using their “tough new powers” provided by the Botulinum Toxin and Cosmetic Fillers (Children) Act 2021. However, this new Act does not provide new powers to local authorities, rather it makes the administration of botox and fillers to under 18s an offence and confirms that local authorities can use existing powers under the Consumers Protection Act 2015 to conduct investigations.

Evidence from NHBF, Transform Hospital Group, Cosmetic Couture, and others recommended that the oversight of such procedures be brought in line with legislation governing tattooing and body piercings, under the Local Government (Miscellaneous

Provisions) Act 1982, as amended by the Local Government Act 2003. However, CIEH and the Institute of Licensing whose members work directly with this piece of legislation expressed the view that the Act does not work well in practice due to the changing landscape of aesthetic non-surgical cosmetic treatments and the loopholes contained in this historic legislation. Instead, they recommended introducing a new licensing regime for these treatments via a new piece of legislation, modelled upon the Licensing Act 2003 or the Animal Welfare (Licensing of Activities Involving Animals) (England) Regulations 2018.

The APPG heard that a premises licensing scheme for aesthetic non-surgical cosmetic treatments (special procedures) would ensure that minimum standards of public safety are met and would be a step towards ensuring comprehensive and clear reporting and enforcement paths are in place.

Another advantage of a national licensing framework is that responsibility would be placed at business level, with the onus on the business for meeting the licensing requirements and being held accountable for any infractions. This could give greater confidence to the public that when they approach premises or practitioners, they meet and maintain safety protocols.

CIEH noted that if licensing is introduced and local authorities become responsible for oversight of these procedures, enforcement officers will need clear guidance and training to equip them with knowledge of these procedures and the risks involved. For other areas of licensing, industry guidelines have been developed to help guide this such as the CIEH's toolkit on tattooing and body piercing¹⁵.

The APPG notes that funding is also an important consideration and licensing fees would need to be set at a level to ensure local authorities have sufficient resources and capacity to sustain the scheme.

Recommendations

- 6. The APPG recommends that the Government introduces a national licensing scheme to govern the oversight of advanced aesthetic non-surgical cosmetic treatments such as botox, dermal fillers, PDO cogs and threads. It should consider amending the Local Government (Miscellaneous Provisions) Act 1982, or introducing such a scheme via new primary legislation as the most appropriate avenue to do so.**
- 7. A national licensing scheme must be supported by a clear framework mandating the national minimum standard of public safety, training and qualifications for all practitioners. This should be developed with industry based on the HEE framework and NOS standards.**
- 8. The Government must work with industry to develop guidance to underpin a national licensing scheme for advanced aesthetic non-surgical cosmetic treatments, as has been done with special procedures such as tattooing and piercing.**

¹⁵ CIEH, [Tattooing and body piercing guidance: Toolkit](#), July 2013

Regulation and enforcement: Products

As discussed in Chapter 2, Botox is legally a Prescription Only Medicine and therefore a prescriber must follow the General Medical Council good practice guide in prescribing and managing medical devices¹⁶.

However, while dermal fillers have been classified as a medical device since May 2020 as recommended by the *Keogh Review* and therefore require some manufacturing safety checks, they are not prescription only. As a result, anyone can buy them over the counter or online and administer treatments with no medical oversight.

NHBF also made the case that there should be tighter controls over products which are available for sale online, for example products intended for professional use only, being made available to consumers for home use.

In speaking to this inquiry, Minister Nadine Dorries MP confirmed that the Government is working with the Medicines and Healthcare Products Regulatory Agency (MHRA) to consider how the Government's regulatory framework for medical devices could be widened, which includes provisions to make all dermal fillers medical devices.

The APPG received evidence from the JCCP, CPSA, BABTAC and others recommending that fillers be made prescription only. They stated that the risks of fillers are significant and arguably even greater than those posed by botulinum.

Fillers being a Prescription Only Medicine would remove a significant danger to the general public.

Recommendations

- 9. The APPG recommends that dermal fillers be classified as a Prescription Only Medicine. In line with recommendation 5, on-site medical oversight must be mandatory for the administration of these products, and an initial face to face consultation with the person providing the medical oversight (the prescriber) must take place prior to any treatment. Dermal fillers must be performed under the oversight of a prescriber who has gained the accredited qualifications to prescribe, supervise and provide remedial medicines if necessary.***

¹⁶ General Medical Council, [Good practice in prescribing and managing medicines and devices](#), April 2021

Chapter 4: Ethics and mental health

When considering the landscape around advanced aesthetic non-surgical cosmetic treatments is it important to consider the ethical and the mental health implications that arise from the explosion in the market for these treatments in recent years.

Minister Nadine Dorries MP linked the increase in the market to the findings of the Women and Equalities Select Committee's public survey that 61% of adults and 66% of children feel negatively about their body image most of the time, and that these people are more likely to be exploited by this¹⁷.

Previous inquiries and reports in this area have all called for extra, urgent measures to safeguard potentially vulnerable consumers from these unrealistic expectations. The *Keogh Review* in 2013 found significant gaps in regulation which compromise the physical and psychological safety of people choosing to undergo aesthetic non-surgical cosmetic treatments. At present, there is no regulation to mandate psychological screening of consumers, and no incentive for practitioners to safeguard their customers' mental health. Consumers are often unaware that there are no regulations in the industry and users tend to assume that treatments are regulated and safe.

Psychological screening

The APPG took evidence from the Centre for Appearance Research at UWE Bristol who highlighted the variety of forces at play which may motivate a person to seek an aesthetic treatment. Social media, celebrities and influencers, image-editing phone apps and the internet all contributed to a dissatisfaction about one's looks, and advanced aesthetic non-surgical cosmetic treatments are increasingly seen as a quick fix to achieve both the 'right' look or trend, but also to better self-esteem, social success, or greater happiness.

While reports of the psychological characteristics of people seeking these treatments are lacking, research has found a higher prevalence of psychiatric disorders and psychological vulnerabilities in people seeking cosmetic surgery when compared with the general population, ranging from body image and eating disorders, mood disorders such as anxiety, depression, and suicidal ideation as well as disordered sleep and high levels of alcohol and drug abuse¹⁸. However, the APPG was told that the majority of aesthetic practitioners do not have the necessary knowledge and skills to carry out psychological assessments, which are a crucial aspect of consumer care. Despite industry efforts to develop psychological assessment measures, these have been hampered by the lack of data and funding to develop them.

The *Safety in Beauty* campaign which lobbies for better psychological screening of consumers outlined two problems. Firstly, some procedures are rushed into on an ill-thought out basis by the consumer due to external pressures. Secondly the practitioner is fearful of doing too much screening for fear of losing demand. It was also suggested that some practitioners find it

¹⁷ Women and Equalities Select Committee, [Body Image Survey Results](#), (September 2020)

¹⁸ Crerand, MacGee & Sawyer (2012), Brunton et al's review (2014), Rumsey & Diedrichs, 2018

difficult to ask necessary questions with fear of suggesting there is something ‘wrong’ with the consumer. The campaign’s research found that 9 out of 10 consumers currently do not receive a psychological assessment.

The Body Dysmorphic Disorder (BDD) Foundation told the APPG that the accepted opinion is that people with BDD are dissatisfied after receiving an advanced aesthetic non-surgical cosmetic treatment which does not cure BDD, but that it is a little understood issue due to the lack of data on how many people there are with BDD that seek these treatments.

The BDD Foundation have been developing screening questionnaires and assessments and many made the case for these to be made mandatory. However it was noted that there is no definitive screening tool to cover a range of broader psychological vulnerabilities, partly due to a lack of evidence.

The Mental Health Foundation (MHF) made the case that a line needs to be found between educating consumers, particularly young people, and appropriate regulation. It was noted that the JCCP is currently working with the MHF to develop a range of public and practitioner facing toolkits to assist in raising awareness of the significant impact that advanced aesthetic non-surgical cosmetic treatments can have on the mental health and psychological wellbeing of consumers.

The Nuffield Council on Bioethics made the case that invasive non-surgical procedures should only be provided by regulated practitioners who have the right qualifications and skills, who can then receive support and guidance from regulatory bodies to provide them with ethical codes and training they need to preform procedures.

Nuffield highlighted that the decision to undergo an advanced aesthetic non-surgical cosmetic treatments is made within a social context that emphasises appearance and normalises the use of invasive techniques. This social context includes traditional and social media, which are increasingly being found to play a significant role in influencing people’s desire to seek these treatments. They argued that there is an ethical responsibility on the industry to promote its products and services in ways that do not contribute to the creation and promotion of damaging appearance ideals and the pressures on young people to meet these ideals.

Representations from all sides of the industry and patient safety organisations called for extra training for practitioners and better methods of assessment that can be rolled out across the industry. The NHBF went further in recommending a mandatory 48-hour cooling-off period for advanced aesthetic non-surgical cosmetic treatments after the initial consultation to protect the most vulnerable consumers.

Age limits

The APPG is pleased that during the course of its inquiry, the Government passed the Botulinum Toxin and Cosmetic Fillers (Children) Act 2021 and welcomed the opportunity to support the progression of the new law through Parliament. Analysis by the Department for Health estimated that as many as 41,000 Botulinum toxin procedures may have been carried out on under-18s in 2020 and more than 29,300 dermal filler procedures may have been undertaken on under-18s since 2017.

The *Safety in Beauty* Campaign conducted a survey of 230 female under-14 to 18-year-olds, 170 of whom said they would lie to get a treatment that their parents would not allow them, 68% of those girls said they had already lied to get a cosmetic (aesthetic) treatment which spanned from waxing to fillers. 228 girls said there was no education about self-esteem or body image and 220 girls said there should be more education at school.

Those that gave evidence to the inquiry did point to recent improvements to the school curriculum including to add body image education and deliver more evidence-led teaching.

There are legal age limits for having tattoos or using sunbeds and it is right that invasive aesthetic non-surgical cosmetic treatments should be regulated in a similar way. In addition to botox and fillers, NHBF, the British College of Aesthetic Medicine (BCAM), the British Association of Cosmetic Nurses (BCAN) and others highlighted that other invasive advanced aesthetic non-surgical cosmetic treatments such as PDO cogs and threads may also come with a risk of complications which require urgent medical attention.

Recommendations

- 10. The Government must work with the aesthetics industry on the development of psychological pre-screening tests to cover a range of broader psychological vulnerabilities, and make these mandatory prior to a consumer undergoing an aesthetic non-surgical cosmetic treatment.***
- 11. Education on spotting at risk individuals, covering a broad range of psychological vulnerabilities, must be included in national minimum standards for the training that practitioners must be required to undertake to be qualified to deliver aesthetic non-surgical cosmetic treatments.***
- 12. The Government must extend the legal ban on under 18s receiving botox or fillers to other invasive advanced aesthetic non-surgical cosmetic treatments including PDO cogs and threads.***

Chapter 5: Insurance

As discussed so far in this report, the UK's current regulatory framework places no restrictions on who may perform aesthetic non-surgical cosmetic treatments in the private sector. Similarly, there is no requirement on those who perform these treatments to be covered by an appropriate level of insurance, if any at all.

Members of the APPG were particularly concerned that many consumers when entering a clinic or salon would assume that their practitioner holds the suitable qualifications to deliver that treatment as well as the correct insurance.

In evidence the APPG heard that different insurers take different approaches to risk, and that some require as little as a CPD (continued professional development) certificate from a practitioner to grant them cover. As explored in Chapter 2, while the ever-evolving nature of the industry requires practitioners to update their skills via regular CPD, it is concerning that short 'self-accredited' training courses claim to offer 'qualifications' to practitioners to enable them to perform aesthetic non-surgical cosmetic treatments.

The CPD Certification Service told the APPG that a CPD certificate is not enough to warrant insurance and that the appropriate training should be required in order for practitioners to seek insurance cover.

Others raised concerns that some insurers do not validate practitioner qualifications at the source, allowing practitioners to print their own insurance certifications with no quality checks.

BABTAC told the APPG that improved industry standards are the most critical thing to uphold and highlighted the need for an industry wide standard. With no nationally set standard, there is ambiguity about what is considered the right level of skill an individual should have to deliver these treatments, and as such what should be required to gain insurance cover.

BABTAC confirmed to the Group that they use specialist personnel for accrediting certifications in-house, as did insurance provider Hamilton Fraser who said they turn down around 20% of all applications on the basis that they do not have the correct form of qualification or certificate. However, it was highlighted that most insurers do not understand the treatments, training or qualifications they are covering. In addition, as businesses increasingly transact online, insurance can be bought with little to no checks and balances.

Even those insurance providers that do verify evidence of a qualification such as Hamilton Fraser said it was not possible for them to analyse the quality of all the training courses that are available. As such, Hamilton Fraser urged that training courses need to be accredited.

While some industry bodies, such as the NHBF's Code of Conduct¹⁹, ask that all practitioners have the relevant insurance, training and qualifications required to perform their respective treatments, there remains no legal requirement for them to do so.

¹⁹ NHBF, [Professional Code Of Conduct For Salon Owners](#), April 2021

Recommendations

- 13. The Government should require all practitioners to hold adequate and robust insurance cover and set an industry standard for the level of proven competence that is required to gain coverage. Any future national licensing scheme must also make this a requirement of holding a licence.**

- 14. Practitioners must also be required to hold regulated qualifications for the aesthetic non-surgical cosmetic treatments they provide, alongside appropriate industry approved CPD training, to maintain and update their skills, knowledge and competence as part of annual insurance renewal, particularly as new treatments continue to emerge in the market.**

Chapter 6: Social media and advertising

The APPG was pleased to partner with the APPG on Social Media in this inquiry to consider the important issues around social media and advertising relating to aesthetic non-surgical cosmetic treatments.

There is no doubt that the rise of social media has driven the societal pressures leading people to seek aesthetic non-surgical cosmetic treatments. It is well known that the ever-growing aesthetics market is largely promoted via these platforms, and social media influencers are increasingly used as a marketing tool for the industry.

The Mental Health Foundation (MHF) highlighted eye-opening research it commissioned in 2019, which found that 1 in 3 teenagers felt shame because of how they look, 1 in 5 adults felt disgust, and 1 in 8 experienced suicidal thoughts because of their body image. More specifically, 8% of adults (4% men and 13% women) said they had considered cosmetic surgery, fillers or botox in the last year because of their body image, and 21% of respondents (12% of men and 30% of women) said that images used in advertising had caused them to worry about their body image, (72% cited adverts for fashion brands, 46% adverts for weight-loss products/programmes, and 31% adverts for cosmetic surgery)²⁰. MHF expressed the view that advertising weaponizes mental health, presenting a narrative that people will feel better after undergoing certain treatments.

Save Face also expressed concern about the role of social media in influencing unachievable expectations of how young people should look, driving demand for aesthetic treatments. They also highlighted the risks of exploitation as young people are exposed to unethical and sometimes illegal advertising promotions on social media. A complex interplay of influence arises when considering how influencers promote themselves to build a follower base using aesthetics treatments such as fillers (often received for free as noted by Save Face), and how they subsequently post paid-for content.

While not in scope of this inquiry, there was discussion around the use of social media filters and how to improve transparency of when a body image has been edited or altered, such as was proposed by Luke Evans MP's Ten Minute Rule Bill on Digitally Altered Body Images.

The Group heard from the Advertising Standards Authority who confirmed the organisation's role and remit in relation to the promotion and sale of aesthetic non-surgical cosmetic treatments and practitioner training online. They confirmed that the advertising of these procedures in the UK media is subject to the broadcasting and non-broadcasting advertising and marketing codes (CAP and BCAP codes) which provide guidance on general protections for all audiences, covering misleading issues such as the use of exaggerated or unrealistic claims, including the use of before and after images, and issues of responsibility, including the

²⁰ Mental Health Foundation, [Body image: How we think and feel about our bodies](#), May 2019

trivialisation of such treatments and the targeting of ads for aesthetic non-surgical cosmetic treatments²¹.

The ASA also outlines the circumstances under which it is acceptable for doctors to refer to themselves as “surgeons” and “cosmetic surgeons”, as well as the use of other terms, including “qualified”, “skilled”, “consultant”, “specialist” and comparative claims such as “leading” and “highest calibre”. The ASA place a particular emphasis on protecting children as well as young and vulnerable people, and have specific guidance covering issues of misleading advertisement to ensure the content of ads are appropriate for the audience, and guidance includes warnings around advertising that plays on consumers insecurities. The ASA are responsible for investigating complaints and carry out proactive monitoring using technology to discover problem ads on social media and flagging those posts for removal, and enforcement work, in partnership with other regulators such as the MHRA.

In the case where advertisers fail to comply, there are a range of sanctions the ASA can enforce, including: issuing alerts to members (including media owners such as Instagram or Facebook) advising them to withhold services; asking internet search websites to remove paid for search ads if they contain material that breaks the rules; the ASA has a dedicated website section to name problem advertisers which will turn up in search engines results. Advertisers who continue to break rules risk being referred by the ASA to MHRA or their professional regulatory body, and in cases of serious or repeated non-compliance as a result of misleading claims, the ASA have the ability to refer advertisers to trading standards under consumer protection law which effectively can result in criminal prosecution.

As botox is a Prescription Only Medicine, it cannot be advertised legally, and in 2020 the ASA took action to ensure advertisers reviewed and if necessary made immediate changes to their advertisements. The ASA confirmed they had issued around 130,000 enforcement notices across beauty and aesthetic non-surgical cosmetic treatments for botox ads, due to the trend of ads appearing in social media and organic Instagram posts.

However, despite the risks associated with dermal fillers, their sale and promotion online is not controlled under legislation as is the case for botox. As the prohibition on botox ads is already in place under medicines law, it was suggested that this could be extended to a wider range of advanced aesthetic non-surgical cosmetic treatments such as dermal fillers and PDO cogs and threads.

Despite the ASA’s restrictions, the APPG heard from many that harmful advertising and marketing still slips through the net. The JCCP told the APPG that the organisation received 20 to 30 reports per week of exaggerated or false claims regarding product training or services advertised on social media. Concerningly, they highlighted that social media platforms allow any practitioner or training programme to promote and sell their services as ‘accredited’ with competence base qualifications.

The APPG received evidence of the plethora of concerning social media posts for these treatments, including promotional discounts, time limits, competitions and prizes. Facebook posts were shared with the APPG advertising “Host a Botox party! Get youre (sic) treatment

²¹ Advertising Standards Authority, [BCAP and CAP codes](#)

free”, “Now taking appointments dm for more info x inductory (sic) offer! 1 area £100 2 Areas £125 3 Areas £150”, “I can travel to your home or you can come to me... Please share”, and practitioners giving themselves the titles of “Advanced Aesthetic Practitioner” and “Master Aesthetic Educator”. Research from Professional Beauty in April 2019 suggested that the main priority for people seeking non-surgical aesthetics treatments is to pay as little as possible and few are aware of the potentially life-changing risks in the unlikely event of an aesthetics treatment going wrong²².

Such practices often breach the ASA guidance on responsible advertising as well as the MHRA guidance on advertising Prescription Only Medicines. CPSA highlighted that while the ASA issues guidance, enforcement of advertising rules is largely reactive and only after a complaint has been received will the advert be investigated and withdrawn, but at this stage it has already been in the public domain.

In practice, many irresponsible advertising practices go under the radar with cases of individuals making claim to their expertise in social media posts, resulting in a continuous risk of online harm. The MHF highlighted that although there are codes of conduct in place, these say influencers and apps should not create any risks to physical health, but do not mention harms to mental health and wellbeing.

Save Face told the APPG that over 70% of the complaints reported are from consumers who found their practitioner on social media, arguing that social media can be “a hotbed for unscrupulous practitioners who offer cheap deals to lure people in and then block all contact with the patients when issues occur”.

The JCCP also raised concerns that social media posts can promote elective non-medically related procedures to people under the age of 18, which from October will be illegal once the new Botulinum Toxin and Cosmetic Fillers (Children) Act 2021 comes into force.

The Group requested that Facebook (which also owns Instagram) give oral evidence as part of this inquiry, however the invitation was declined. The Group subsequently wrote to Facebook’s UK Public Policy Manager to request evidence on: the safeguards on Facebook and Instagram regulating advertising treatments by so-called ‘accredited’ practitioners or ‘accredited’ aesthetics training courses; the procedures in place if a post or advertisement is misleading or breaches the platform’s policies; and how the platforms ensure related products or treatments are not promoted to under-18s.

In their letter of response, Facebook confirmed that their “Advertising Policies state that ads must not promote the sale or use of illegal, prescription or recreational drugs. This would include promoting the sale or use of Botox”. In addition the Community Standards “restrict potentially dangerous cosmetic procedures, and restrict content to over 18s if it: attempts to buy, sell, trade, donate or gift potentially dangerous cosmetic procedures; speaks positively, coordinates or encourages the use of these procedures; admits to or depicts using a potentially dangerous cosmetic procedure, unless in condemnation; or provides instructions to use or perform a potentially dangerous cosmetic procedure”. In regards to this policy, it was confirmed that cosmetic procedures cover “Face Changing (including lip injections, facelift,

²² Professional Beauty, [‘Price more important than safety for clients undertaking aesthetic treatments’](#), April 2019

botox or similar facial injections)”. They further highlighted that Facebook and Instagram “also do not allow the sale of services in general, which also includes aesthetic courses including non-surgical cosmetic procedures”.

To deal with non-compliance, a series of escalating sanctions are in place “up to and including removal of account”. To verify user-stated ages, Facebook says they continue to develop and refine AI tools to identify users under 18... allowing us to provide age-appropriate experiences... We’re committed to making progress with this technology, but it will take time to get this right”.

The APPG heard from the JCCP and Save Face that they had similarly engaged with Facebook on these issues as they believed there remained a failure of the organisation to recognise hidden challenges behind inappropriate and illegal advertising of products. Despite constructive conversations, the JCCP said “there is only a false assurance to be offered” from Facebook, which reflects the APPG’s engagement with the organisation.

The APPG notes the Government will be launching the Online Advertising Programme (OAP) and will consult on this later in the year which “will explore how to address harms in the content and placement of advertising online, and to ensure the regulatory regime for the online advertising ecosystem is coherent, clear and effective. As part of this work, the government will be considering whether any additional measures should be brought forward to address body image concerns”²³.

Recommendations

- 15. Social media platforms must take more responsibility for curbing and censoring misleading advertisements and for the mental health impacts of promoting aesthetic non-surgical cosmetic treatments. As part of the Online Harms Bill, social media companies should be encouraged to publish specific policies on appropriate advertising of these treatments and act swiftly to take down any that breach those policies.**
- 16. Advertising restrictions should be placed on dermal fillers and PDO cogs and threads in the same way they are imposed on botox as a Prescription Only Medicine.**
- 17. We welcome the Government’s commitment to consult on the Online Advertising Programme later this year and urge them to specifically consider the promotion and sale of aesthetic treatments and training courses as part of this.**

²³ Women and Equalities Select Committee, [Changing the perfect picture: an inquiry into body image: Government Response to the Committee’s Sixth Report of Session 2019–21](#), June 2021

Conclusions

The evidence that we have received during this inquiry and our findings clearly demonstrate that maintaining the status quo is not an option.

As the market for advanced aesthetic non-surgical cosmetic treatments has continued to grow exponentially, it is inconceivable that there remains a complete absence of a legal framework for their administration. In short, anyone can carry out any treatment with minimal restrictions, and even where restrictions are in place, there is little oversight or enforcement. This cannot continue.

The situation not only puts the general public at risk, but undermines the ability for responsible practitioners and operators in this ever-expanding industry to develop.

In particular, the rise of social media and its particular role in both driving demand for these treatments and as a platform for their promotion and sale must be closely considered if we are to address a number of the issues discussed in this report.

Despite recognition from the Government of the need to intervene to tackle these challenges and the significant amount of work that has been done by the industry to formulate and propose solutions, only piecemeal changes have been made.

We urge the Government to consider the recommendations made in this report and take action to improve the landscape surrounding aesthetic non-surgical cosmetic treatments for the benefit of the industry and public safety, and look forward to working with them as part of that process.

Annex 1: Witnesses at public inquiry sessions

Session 1: What is the concern?

23rd June 2020

- Rachel Knappier, consumer and industry campaigner
- Dawn Knight, consumer and industry campaigner
- Dr Michael Aicken, Founder of Visage Aesthetics
- Helen McGuinness, Centre Principal, Helen McGuinness Health and Beauty Training International
- Chris Wade, Aesthetic Practitioner, Hair and Beauty Industry Authority Advisory Board Member
- Fiona Macrae, NHS Anaesthetist and part-time Aesthetic Doctor

Session 2: Standards and qualifications

7th July 2020

- Alexander Woollard, Chair of the CPSA
- Caroline Larissey, Director of Quality and Standards, NHBF
- Diane Hey, Chair of the National Occupational Standards Steering Group on Aesthetic Treatments for HABIA
- Dr John Curran, Former President at the BCAN
- Lesley Blair, Chair of the BABTAC and CIBTAC
- Sharon Bennett, Chair of the BACN

Session 3: Regulation and enforcement, Part 1, Registration of practitioners

16th September 2020

- Christine Braithwaite, Director of Standards and Policy, Professional Standards Authority
- Emma Davies, Clinical Director, Save Face
- Maxine Hopley, Trustee, Association of Cosmetic Practitioners Britain
- Caroline Larissey, Director Quality and Standards, NHBF
- Christine Mozzamdar, Hospital Director, Transform Hospital Group
- David Sines, Chair, JCCP

Session 4: Regulation and enforcement, Part 2, Licensing

21st October 2020

- Sarah Clover, Trustee of the Institute of Licensing and Barrister at Kings Chambers
- Charlotte Rose, Senior Environmental Health Officer, Wolverhampton Council
- Tamara Sandoul, Policy Manager, Chartered Institute for Environmental Health

Session 5: Ethics and mental health

24th November 2020

- Dr Nichola Rumsey OBE, Centre for Appearance Research, UWE Bristol
- Dr Antonis Kousoulis, Director for England and Wales, Mental Health Foundation
- Professor Clare Chambers, Council Member, Nuffield Council on Bioethics
- Professor David Veale, Trustee, Body Dysmorphic Disorder Foundation

Session 6: Aesthetic insurance

22nd February 2021

- Mark Moloney, Managing Director, Professional Beauty
- Martin Rowe, Head of Operations, CPD
- Eddie Hooker, CEO, Hamilton Fraser
- Caroline Larissey, Director Quality and Standards, NHBF
- Lesley Blair, Chair of the BABTAC and CIBTAC

Session 7: Advertising and social media (Joint with the APPG on Social Media)

20th April 2021

- Malcolm Phillips, Regulatory Policy Manager, Committee of Advertising Practice, ASA
- Dr Sam Robson, Chair of Advisory Board, Save Face
- Professor David Sines, Chair, JCCP
- Dr Antonis Kousoulis, Director for England and Wales, Mental Health Foundation

Session 8: Concluding session

9th June 2021

- Nadine Dorries MP, Minister for Patient Safety, Suicide Prevention and Mental Health, Department for Health and Social Care

Annex 2: Written submissions received

Advertising Standards Authority (ASA)

Alison Taylor, Alison Taylor Medical Cosmetics Ltd

Allergan Aesthetics

Amanda Edwards RGN, Nurse practitioner prescriber, Director Dermatox Aesthetics

Anna Kumiega, Kumiega Skin Care Clinic

Association of Registered Physiotherapists in Aesthetic Medicine (ARPAM)

British Association of Beauty Therapy & Cosmetology (BABTAC)

British Association of Cosmetic Nurses (BACN)

British College Of Aesthetic Medicine (BACM)

Charlotte Thompson, GDC Registered Dental Hygienists and Therapists Group

Chartered Institute of Environmental Health (CIEH)

Christina Newson

Christina Newson BSCHons RGN NMP

City of Wolverhampton Council

Claire Newman

Cosmetic Practice Standards Authority (CPSA)

Cosmetica Training

Deborah Reed, Independent Registered Nurse Prescriber

Dr Ayanna Knight - Cosmetic Skin Care, Health & Wellbeing

Dr Bayad Nozad, Consultant in Health Protection

Dr James Olding, Director of Aesthetic Training Academy "Interface Aesthetics"

Dr Lisa Godfrey

Dr Rashpal Singh, D.R.S Medical Skincare Clinic

Dr Selena Langdon, Berkshire Aesthetics

Dr Steven Land MBBS, MRCEM

Dr. Eithne Deignan

Dr. Julian De Silva

Facebook

Facethetics Training Ltd

General Medical Council (GMC)

Hannah Callam, RGN, Medical Aesthetics Practitioner

Harley Academy

Health and Care Professions Council (HCPC)

Helena Collier, Skintalks Medical Aesthetics

Institute of Licensing

Jane Laferla, Welsh Aesthetic and Cosmetic Society

Jasmin Holly Finch

Joint Council For Cosmetic Practitioners (JCCP)

Kellie Baines

Megan Foster, Independent Nurse Prescriber

Mental Health Foundation (MHF)

Moira Grobicki, Independent Prescriber

National Hair and Beauty Federation (NHBF)

Nuffield Council of Bioethics

Pamie Dhanoa

Professor Nichola Rumsey and Dr. Alex Clarke

Royal Society of Public Health (RSPH)

Save Face

Susan Pieri-Davies

Tracy Meharg

Transform Hospital Group

Annex 3: About the APPG on Beauty, Aesthetics and Wellbeing

The All-Party Parliamentary Group on Beauty, Aesthetics and Wellbeing was first set up in May 2019 to provide a forum for parliamentary discussions on issues relating to the industry. It aims to support the industry, celebrate its economic contribution and discuss the challenges it faces.

Officers of the Group

- Carolyn Harris MP – Co-Chair
- Judith Cummins MP – Co-Chair
- Jessica Morden MP – Vice-Chair
- Jackie Doyle-Price MP – Vice-Chair
- Peter Dowd MP – Treasurer
- Nick Smith MP – Secretary
- Caroline Nokes MP – Member
- Sarah Champion MP – Member
- Alex Davies-Jones MP – Member
- Kate Osamor MP – Member
- John McNally MP – Member
- Kevan Jones MP – Member

The Secretariat for this APPG is Interel Consulting UK with support from the National Hair and Beauty Federation, Urban app, the Federation of Holistic Therapists and the Cosmetic, Toiletry & Perfumery Association. The Group has partnered with the charity Beauty Banks to support their vital work in addressing hygiene poverty in the UK.

An All-Party Parliamentary Group is a politically neutral cross-party group of Parliamentarians concerned about a particular issue – in this case the beauty, aesthetics and wellbeing industry. Though they are run by and for Members of the Commons and Lords, many choose to involve outside organisations for advice and administration.

For more information, please contact the office of Carolyn Harris MP, Co-Chair of the All-Party Parliamentary Group on Beauty, Aesthetics and Wellbeing, or the Group's secretariat at baw-appg@interelgroup.com.

This is not an official publication of the House of Commons or the House of Lords. It has not been approved by either House or its committees. All-Party Parliamentary Groups are informal groups of Members of both Houses with a common interest in particular issues. The views expressed in this report are those of the group. This report was researched by Interel UK and funded by the National Hair and Beauty Federation, Urban app, the Federation of Holistic Therapists and the Cosmetic, Toiletry & Perfumery Association.