



## Conservative Health event: Safety of non-surgical aesthetic treatments

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I represent the environmental health profession, who already work in this area to make certain procedures safer for the public. I have therefore been asked to set out how we believe the new licensing regime should be designed so that it can work well in practice from an enforcement and regulatory perspective.

However, before I do, I would like to tell you a bit about why we have become so closely involved in this policy area and the reasons why we have strongly supported the amendment to the Health and Care Act, which gives Secretary of State for Health and Social Care the power to introduce a new licensing scheme for cosmetic procedures.

Across England, local authorities (LAs) can register procedures such as tattooing, semi-permanent make-up, piercing, electrolysis and acupuncture. Four out of five of these are considered high risk, due to the fact that they penetrate the skin and can carry a risk of blood borne virus transmission. Some of these also have a well-documented history of outbreaks of infections, which require hospital treatment and can lead to permanent disfigurement and scarring.

Of course, this list of five procedures misses out most of the newer non-surgical beauty procedures which you will have heard about today and this is the first problem with registration. It is based on some seriously outdated legislation, which has not been updated since it was introduced in 1982. [Local Government (Miscellaneous Provisions) Act 1982]

### There are several key reasons why the current system does not work even for those five registrable procedures

- Regulators have no grounds to refuse a registration – once the fee is paid and 30 days passes, the business is allowed to legally trade. There are no set standards or requirements they need to meet and a court order is required to take a practitioner off the register.
- There are also some potential safeguarding issues – for example, it might be relevant to check whether someone has a sexual offences conviction if they intend to perform intimate piercings. As there is no legal minimum age limit for those wishing to get piercings, the practitioner could very well be dealing with minors when performing this procedure.
- Once the business is registered, regulators have no grounds to go back in again to inspect the premises unless there is a complaint. The business can therefore bring in new practitioners and standards may drop over time but the LA would not necessarily be aware of this. Members of the public often also don't know where they can report their concerns.
- At the moment, each LA holds its own list of registered practitioners. This is not transparent or helpful for consumers looking to find out whether a business or practitioner is safe to use.

- Many practitioners also perform procedures from their home or at the client's home. However, domestic premises are not necessarily be included as part of current powers and, arguably, some of these practitioners are likely to have the least training and be operating under the radar.
- With registration, there are no enforcement powers, such as Improvement Notices. And penalties for non-registration are very small, so unsurprisingly, prosecution is rare under current legislation.

So, what do we need from the new licensing regime to ensure it delivers on its key objectives of making the cosmetic non-surgical procedures safer for the public? And how could it work well on the ground for both the businesses and regulators?

### **We will need a system of licensing both premises and practitioners**

There will need to be one clear set of standards and requirements for every type procedure. These standards should be set nationally, so that there is a level playing field across England and all practitioners as well as regulators are clear on what conditions would need to be met to obtain a licence. Of course, the standards would need to be set relative to the level of risk involved and the skills required to perform the procedure safely.

A significant issue to be resolved before a licensing scheme can be set up is how to ensure the training and qualifications that practitioners are getting are of a good standard. Unfortunately, training courses vary greatly in quality and in length – some are as short as one day – and most training courses are not accredited. A system of accreditation for training courses and training providers will be needed to make the licensing scheme works well at protecting the public.

There will need to be periodic inspections of the premises to ensure that these continue meet the standards for infection control and the practitioners working there are all appropriately licensed. It is vital that the new licensing regime includes a way of regulating practitioners working from home – not necessarily mobile practitioners – but those who are working from a dedicated space which is set up appropriately to perform these treatments safely.

One national list of licensed practitioners and premises is essential to provide greater transparency for consumers so they can easily check who is licensed and which procedures they are licensed to perform. This register can also act as an important hub, giving members of the public accurate information about the risks of procedures and where they can log a complaint about a practitioner.

The new licensing regime should also provide a real deterrent for practicing without a licence and fines need to be significant enough to help fund local authorities' regulatory activities in this area.

### **My final plea to the Department of Health and Social Care is that current registration powers should be revoked, and the five registrable treatments should be brought into scope of the new licensing regime**

Failing to do so would lead to two very different regulatory systems operating side by side. Many businesses offer a range of procedures and will want to be regulated in an efficient way.

There would also be a danger of some procedures falling into the grey area between the two regulatory regimes – treatments such as derma-rolling, micro needling, advanced electrolysis, vampire facials, and scarification could fall outside of scope of either regime.

In the context of diminished resources at a local level, it will be seriously counterproductive to have two parallel and different regimes running at the same time.

This is a complex area and the challenge is to help to simplify it for consumers and regulators as well as creating a level playing field for businesses.