



Cosmetic licensing: the need for better protection

Cosmetic and aesthetic treatments are proving increasingly popular, including with young people. Treatments carry varying risks of harm and we are hearing too many tragic stories of injury and death in the UK and internationally. These tend to be caused by unqualified people, unlawful use of regulated or fake medicines, and unsanitary conditions. We have welcomed the proposals to tighten up regulation in England and Scotland with licensing schemes and would like to see these introduced urgently to avoid further instances of harm.

We are awaiting the outcomes of a [2023 DHSC consultation](#) on licensing of non-surgical cosmetic procedures in England. Scotland has just closed a consultation on the [further regulation and licensing of non-surgical procedures](#), which we support. In Northern Ireland and Wales, non-surgical cosmetics are currently not subject to the kind of regulation or licensing proposed for England and Scotland, although in Wales there are now powers for the Minister to introduce stronger measures through secondary legislation.

We would like to see greater consistency across the four nations to reduce the risk of 'cosmetic tourism' across the UK.

The PSA was set up following the Inquiry into failings at Bristol Royal Infirmary to ensure that professional regulation remains focused on public protection and the public interest. We protect the public by promoting high standards of competence and conduct among health and social care professionals.

It is clear that the issues facing health and social care in all four nations of the UK require urgent attention. Secretary of State for Health and Social Care Wes Streeting has described the NHS in England as 'broken' and better access to safer care was at the top of the list of concerns for the public during the run up to the UK general election. The PSA's quarterly bulletin will highlight how we can work together to create a health and social care system that promotes safety for all. We hope you find the information useful.

By way of example, it is a criminal offence in England for anyone under the age of 18 to receive Botox and fillers except in some limited and medically necessary circumstances. However, it is not currently an offence for people under the age of 18 to receive these treatments in Scotland, Wales and Northern Ireland and there are [reports of young people crossing borders to seek treatments that are banned in England.](#)

We believe any scheme introduced should be simple and transparent. The requirements for different procedures must be clearly communicated with the public so they know what to look for and how to choose a practitioner.

Two organisations we have accredited, [Save Face](#) and the [JCCP \(Joint Council for Cosmetic Practitioners\)](#), hold registers of practitioners who are deemed competent to carry out a range of procedures and who are subject to clear complaints processes. One way to stay safe while we wait for stronger forms of regulation to be introduced is to check the practitioner is suitably trained and qualified for the services they are providing. Looking out for our accreditation Quality Mark is a simple way to do this.

Our impact

Patient Safety: Reducing risks to patients by appealing through the courts fitness to practise decisions which do not protect the public.

Public Confidence: Building trust in health and social care services by undertaking research into key areas such as sexual misconduct.

Professional Standards: Driving ongoing improvements in the regulators and Accredited Registers by monitoring and overseeing their key regulatory functions.



Regulating NHS Managers: balancing accountability and support

The call for regulation of NHS managers has accompanied multiple inquiries and reviews over several decades. But any action needs to be proportionate, targeted and based on a clear understanding of the problem they are meant to address. Crucially steps should be taken to enhance professional development as well as accountability. This is what CEO of the PSA, Alan Clamp outlined in his evidence to the [Thirlwall Inquiry](#) in January of this year.



Who?

When we refer to 'NHS managers', we are potentially covering everything from junior managers to non-executive board members, in hospitals, GP practices, independent providers working under NHS contracts, people in both clinical and non-clinical roles, and so on. Introducing regulation will involve deciding who is in and who is out – decisions which should be based on an understanding of the levels of unmanaged risk for these different roles.

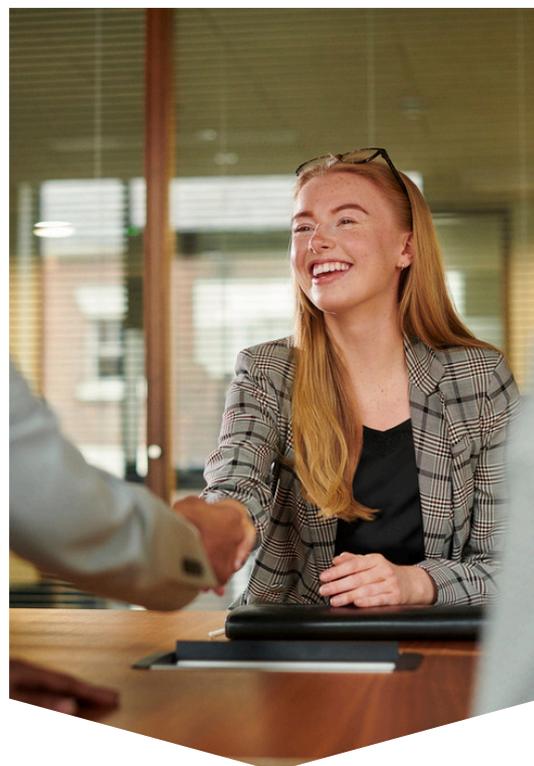
What's the problem?

The inquiries and reviews that have identified problems with NHS management have variously found issues with the standards of management, and the fact that there were limited ways of holding people in these roles accountable and preventing them from moving to other jobs in the NHS. Not all options for regulation will address both these issues or do so to the same extent.

What are the options for regulation?

The recent UK Government consultation set out three options for regulation of NHS managers, each has merits and drawbacks. A statutory register could raise standards and provide a way of excluding people who have fallen far short, but can be relatively inflexible, and would take time to introduce. A barring model offers flexibility but would also require legislation and not contribute significantly to raising standards. Voluntary registration could quickly improve standards and protect patients but would not have the same statutory powers to exclude people from the workforce. That said, if registration became an NHS requirement for holding specific posts, assurance would be bolstered. We would also suggest that any voluntary register was also accredited by the PSA for independent assurance this provides. An accredited voluntary register could also be a staging post on the way to statutory regulation.

The consultation on the regulation of NHS managers is a very useful first step on the way to finding the right solution. We agree with the Government that our Right-touch regulation principles should guide the selection of the most appropriate regulatory model. This approach should help to establish the nature and scale of unmanaged risks to identify effective regulatory measures. What is also clear is that any approach should be developed in partnership with the sector, managers, healthcare professionals, and patient groups.



Standards Review: staying fit for the future

Regulation plays a vital role in safeguarding the public and ensuring high standards across health and social care. That is why we're undertaking a comprehensive review of our core standards. Our standards are the tools we use to assess the performance of the organisations we oversee. This includes both our [Standards of Good Regulation](#), which underpin our scrutiny of statutory regulators, and our [Standards for Accredited Registers](#), which are used to assess the quality and accountability of non-statutory registers.

Recognising the evolving landscape of health and social care, we are committed to ensuring our Standards remain fit for the future. We want to make sure that the next version of the Standards look at the right things and can flex to meet current and future challenges. We have held initial discussions with stakeholders – Accredited Registers, regulators, patient groups, government bodies, and the public – to identify areas for strengthening and closer alignment of the two sets of Standards. We have also put out a call for any published evidence that points to ways in which regulators and registers could strengthen their preventative functions. Through this, we will be able to identify ways in which our Standards can support the organisations we oversee to regulate more effectively to prevent harm, and consequently reduce the load on the fitness to practise function, which deals with problems after they have arisen.

Our [12-week public consultation](#) and [call for evidence](#) are now live until 8 May 2025 inviting input to shape the future of our Standards. Your feedback will be crucial in determining the scope of any changes which will take effect from April 2026.

“ *It is essential that the Standards focus our attention on the right things so that we can assess performance and drive improvement in regulation and registration of practitioners for the benefit of the public. All views on our Standards are welcome.*

- Alan Clamp, PSA Chief Executive

”

Event: Partnership for Patient Safety



The Professional Standards Authority (PSA) and the Patient and Client Council Northern Ireland (PCC) are hosting a joint event, 'Professionals and the Public: In Partnership for Patient Safety' at the MAC in Belfast, on 28 March 2025.

The PSA and PCC have complementary organisational objectives of public protection and representing the interests of the public in health and social care. The event will focus on how we can improve patient safety by embracing the public as partners to help fix the safety gaps in the health and care system. It will also consider how we can improve workplace culture in health and care by listening and involving all healthcare professionals, staff and the public.

The discussions will have relevance for a number of key focus areas across health and social care in Northern Ireland, including the Department of Health's openness work, the duty of candour and emerging issues from public inquiries. The event will feature presentations and panel discussions, aimed at health and social care leaders, regulators, voluntary sectors, and the public.

Contact Information

If you have questions, comments, or would like to meet with a member of our team, please email engagement@professionalstandards.org.uk.

 [@prof_standards](#)

 [Professional Standards Authority](#)

 [Professional Standards Authority | London | Facebook](#)