

# Evidence for the Women and Equalities Committee Inquiry into health impacts of breast implants and other cosmetic procedures

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## 1. About us

- 1.1. The Professional Standards Authority for Health and Social Care (PSA) is the UK's oversight body for the regulation of people working in health and social care. Our statutory remit, independence and expertise underpin our commitment to the safety of patients and service-users, and to the protection of the public.
- 1.2. There are 10 organisations that regulate health professionals in the UK and social workers in England by law. We audit their performance and review their decisions on practitioners' fitness to practise. We also accredit and set standards for organisations holding registers of health and care practitioners not regulated by law.
- 1.3. We collaborate with all of these organisations to improve standards. We share good practice, knowledge and our right-touch regulation expertise. We also conduct and promote research on regulation. We monitor policy developments in the UK and internationally, providing guidance to governments and stakeholders. Through our UK and international consultancy, we share our expertise and broaden our regulatory insights.
- 1.4. Our core values of integrity, transparency, respect, fairness, and teamwork, guide our work. We are accountable to the UK Parliament. More information about our activities and approach is available at [www.professionalstandards.org.uk](http://www.professionalstandards.org.uk)

## 2. Key points

- The PSA believes that urgent action needs to be taken to close the regulatory gap in relation to non-surgical cosmetic procedures. Members of the public seeking out such procedures are at risk of harm from underqualified or inexperienced practitioners.
- Whilst we await the introduction of licensing schemes for non-surgical cosmetics in England and Scotland (which we think should be brought in as soon as possible), we believe that further consideration should be given to strengthening and supporting existing means of assurance, for example the PSA's Accredited Registers programme which includes two registers of non-surgical cosmetic practitioners.

- It is important for the nature of the risks arising in this area to be at the centre of any decision making about changes to the regulatory framework and for the various areas of risk to be fully considered when developing appropriate solutions.
- It is important that a coordinated four-country approach is maintained as far as possible to avoid creating a cosmetic tourism market within the UK.
- A key focus alongside any regulatory change must be effective communication with the public about how to choose safely when looking for a practitioner to provide a treatment or procedure.
- The PSA would be pleased to provide any further information required by the Committee and to answer any questions to assist with this Inquiry to bring about the changes needed to protect the public.

### **3. Detailed comments**

#### **Risks, regulation and enforcement**

##### **How effective are existing regulations in a) ensuring the safety of products used in cosmetic procedures? And b) ensuring that people delivering cosmetic procedures are adequately qualified/trained?**

- 3.1. The PSA has sought to draw attention to the patient safety gap in relation to non-surgical cosmetic procedures for some time and we believe that the existing regulatory framework for non-surgical cosmetics is inadequate. Evidence continues to arise of harm being caused to members of the public receiving non-surgical cosmetic procedures across the UK. Data from Save Face, a register of accredited practitioners, highlights over 3,000 complaints they received in 2022 regarding inappropriate use of dermal fillers or Botox.<sup>1</sup>
- 3.2. The PSA has called for a risk-based approach to reducing these harms which would help to identify the nature of the risks (product, place or person related) and ensure that any further regulatory change is appropriately targeted. This approach has not been taken forward in full to date, however, there have been moves in parts of the UK to try to close some of these regulatory gaps.
- 3.3. We have not looked closely at outstanding risks arising in relation to surgical (as opposed to non-surgical) cosmetic procedures. This is because, the highest unmanaged risks appear to relate to the procedures that are not subject to the additional safeguards that are in place for surgical procedures i.e. that procedures must be carried out by a medical professional in Care Quality Commission regulated premises. The majority of our comments therefore relate to non-surgical cosmetic procedures as this is where our work in this area has mainly focussed. We have also focussed primarily on answering part b) of the question as this is where we have greater expertise.

##### **a) Ensuring the safety of products used in cosmetic procedures**

- 3.4. The Medicines and Healthcare products Regulatory Agency (MHRA) consulted in 2021 on changes to their regulatory framework including bringing further products

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<sup>1</sup> <https://www.gov.uk/government/news/consultation-launched-into-unregulated-cosmetic-procedures#:~:text=Save%20Face%20%2D%20a%20government%20approved,a%20quarter%20relating%20to%20Botox.>

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with a non-medical purpose within the scope of their regulatory oversight e.g. substances used in cosmetic procedures such as dermal fillers. Although the previous UK Government supported these proposed changes, at the time of writing, no regulations have yet been brought forward.

**b) Ensuring that people delivering cosmetic procedures are adequately qualified/trained.**

- 3.5. To address some of the outstanding gaps in coverage of existing assurance, consultations have been held in England and Scotland on the introduction of licensing schemes for non-surgical cosmetics. No legislation has yet been brought forward, however the Scottish Government has recently **confirmed** its intention to proceed with implementation of a scheme following consultation.
- 3.6. Although the Committee’s Call for Evidence did not explicitly reference the PSA, information about our Accredited Registers programme may be useful in understanding one of the existing mechanisms in place to help ensure that those delivering non-surgical cosmetic interventions are properly qualified/trained.
- 3.7. The Professional Standards Authority (PSA) has powers from the **National Health Service Reform and Health Care Professions Act 2002** to accredit voluntary registers of health and social care practitioners. We only accredit registers that are able to meet our **Standards for Accredited Registers**. The programme operates as follows:
- The Standards for Accredited Registers require an Accredited Register to undertake the same four functions as a statutory regulator (such as General Medical Council (GMC), or Nursing and Midwifery Council (NMC)):
    - setting standards
    - quality assuring professional education and training
    - registering qualified, competent and indemnified practitioners
    - considering complaints.
  - In addition, we consider some further functions, such as communications and engagement and organisational governance, to help ensure that the register operates in the interests of patients and service users.
  - We conduct initial assessments to grant accreditation and then undertake annual assessments to check that our Standards continue to be met, with a full re-assessment every three years.
  - We award our Trademarked “Quality Mark” to Accredited Registers and their practitioners so that they may display it and so that members of the public can “look for the mark” when making decisions about their care.
- 3.8. The PSA accredits two registers for non-surgical cosmetic practitioners. You can see our most recent assessment reports at the links below:
- **Save Face**, which has 788 registrants as of 1 February 2025 and only registers practitioners who are already regulated by statute (such as doctors) but practice in the field of non-surgical cosmetics.
  - **The Joint Council for Cosmetic Practitioners (JCCP)**, which has 1048 registrants as of 1 February 2025 and registers both practitioners already regulated by statute and those who are not, such as Beauty Therapists and Aesthetic Practitioners.

- 3.9. Although we believe that Accredited Registration provides assurance for members of the public when seeking a practitioner to provide non-surgical procedures, the greatest limitation on the effectiveness of accreditation is that so few practitioners, compared to total number of practitioners working in non-surgical cosmetics, have made the decision to register with Save Face or the JCCP.

### How effective are existing bodies (e.g., CQC, MHRA, GMC) in monitoring and enforcing standards?

- 3.10. We are only able to comment on the effectiveness of the work of bodies which come under our oversight – this includes the General Medical Council (GMC) which regulates doctors, some of whom carry out cosmetic surgery and/or non-surgical cosmetic interventions and the Accredited Registers (Save Face and the JCCP) which register non-surgical cosmetic practitioners.

#### General Medical Council

- 3.11. In our last **periodic review** of the GMC they met all 18 of our Standards of Good Regulation. We did not identify any specific concerns about the GMC's work in relation to doctors' involvement in provision of surgical or non-surgical cosmetic procedures. However, this is not an area we have looked closely at and therefore cannot comment in detail on the effectiveness of the GMC's approach.
- 3.12. The GMC has produced **guidance** for doctors on cosmetic surgery. The guidance covers:
- recognising and working within the limits of your competence
  - making sure that you get consent from your patient yourself
  - having a clear discussion with your patient about outcome, benefits and risks
  - giving your patients time to reflect so they can make an informed decision
  - taking into account your patients' vulnerabilities and psychological needs
  - marketing your services responsibly.
- 3.13. The GMC also did some work on credentialing<sup>2</sup> and identified a few areas this approach could apply to, including cosmetic surgery. In December 2023 it was **decided** the cosmetic surgery credential would not be taken any further, with the GMC stating that the approach would not address the key patient safety risks and noting their commitment to: 'collaborate with relevant stakeholders to help deliver a joined-up approach which would better serve patient interests'.

#### Accredited Registers

- 3.14. Our Standards for Accredited Registers include several expectations which have an effect on the safety of products and adequate training. Our Standards require that Accredited Registers:
- Identify and manage risks related to the practice of registrants (Standard One and Standard Seven)

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<sup>2</sup> 'GMC credentials bring assured training and regulatory oversight to areas where consistent clinical standards, recognised across the UK, are necessary for better patient care, or where patients are at risk due to workforce gaps, limited clinical governance or other factors that cannot safely be addressed in other ways.' Further information available at: **[What is a credential - GMC](#)**

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- Prepare and disseminate standards for registrants including what they can do and must not do within scope of practice, guidance for registrants on the use of products, equipment, that registrants can and cannot use, and guidance or special requirements for premises to ensure the health, safety and wellbeing of users (Standard Three)
  - Set and quality assure against requirements for education and training (Standard Four).
- 3.15. We also require that the register of qualified, competent and indemnified registrants is published. This is to facilitate services users in identifying safe practitioners before receiving treatment and so that there is a route to raise a concern if one arises.
- 3.16. Our most recent assessments of both of the registers for non-surgical cosmetic practitioners within the programme (Save Face and the JCCP) found that they continue to meet our Standards for Accredited Registers – accreditation renewal reports are available [here](#) and [here](#). However, as we flagged in our answer to the previous question, the biggest limitation on the effectiveness of the AR programme is that so few practitioners, compared to the total number of practitioners working in non-surgical cosmetics, have made the decision to register with Save Face or the JCCP as registration with these bodies remains voluntary.
- 3.17. The PSA has previously **called on** all eligible practitioners to join a relevant Accredited Register to help close the public safety gap until further regulatory change (e.g. such as a licensing scheme) is introduced.

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

- 3.18. The PSA has been clear that it thinks that further regulation is needed to close the gap in relation to non-surgical cosmetics. Although such action would need to be pursued individually within the different countries of the UK as powers are devolved, we strongly believe that approaches across the UK should be aligned as far as possible. This would help to ensure a consistent level of public protection, make it easier for members of the public to navigate requirements and avoid creating an internal cosmetic tourism market within the UK.
- 3.19. In our **response** to the UK Government's 2023 **consultation** on licensing of non-surgical cosmetics we supported the introduction of a licensing scheme for non-surgical cosmetics. The proposals within the consultation would require those providing non-surgical cosmetic treatments to hold a licence in order to provide the lowest risk procedures, for medium risk procedures to only be provided by a licensed practitioner under the supervision of a regulated healthcare professional and for the highest risk procedures to be reclassified as regulated activities and to only be delivered by regulated professionals in CQC regulated premises. We supported the proposals to set a minimum age of 18 for access to non-surgical cosmetic procedures.
- 3.20. We also supported Scottish Government's similar proposals in **response** to their **consultation** on licensing earlier this year. We were pleased to see broad alignment between proposals put out for consultation for a licensing scheme in England and the Scottish Government proposals consulted upon early last year.
- 3.21. Given the potential complexity of the introduction of licensing schemes, we

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highlighted the importance of clear communication with members of the public about what to look for when seeking access to different kinds of treatments.

- 3.22. The three key areas where we believe action is needed to strengthen the regulatory framework for non-surgical cosmetics are:
- Proceed at pace to introduce the licensing schemes consulted upon for England and Scotland and introduce similar schemes within Wales and Northern Ireland.
  - Support greater uptake of the Accredited Registers programme for both statutory regulated and unregulated practitioners and promotion of the Quality Mark to increase the probability that members of the public seek services from registered professionals and make informed choices about their care.
  - Introduce consistent approaches to the provision of non-surgical cosmetic interventions to under 18s across the whole of the UK to prevent the current practice of crossing borders to seek interventions.

## Education

### **How effective are current public education efforts in helping individuals make informed decisions about cosmetic procedures, and what improvements could be made to ensure people fully understand the risks?**

- 3.23. The evidence suggests that the public struggle to navigate the relevant information about how to access safe care in relation non-surgical cosmetic procedures and as a consequence some are choosing services delivered by under-qualified or inexperienced practitioners and in some cases coming to harm.<sup>3</sup>
- 3.24. Although the introduction of licensing schemes would be a step forward in closing the safety gaps, we raised concerns in response to the consultations in both England and Scotland that the complexity of proposals could still make it difficult for the public to understand how to choose safe care. Clear communications will be needed alongside the introduction of any such scheme to mitigate this risk.
- 3.25. The PSA has made efforts to inform the public of the importance of seeking safe services and for the last 18 months have been running a campaign on social media to promote use of the Quality Mark amongst registered practitioners and members of the public.
- 3.26. However, we are working with a limited budget, which is insufficient to penetrate across all the available channels for the extremely diverse group of service users. For the programme to be as effective as possible in support of Government aims, greater investment would be needed by stakeholders to raise awareness among service user groups.
- 3.27. Whatever changes are introduced to the regulatory framework; it will be essential that public information efforts are pursued in parallel. It will be important to make sure the public are able to understand the safeguards in place and to make informed decisions about the treatments they receive and who provides them.

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<sup>3</sup> All-Party Parliamentary Group on Beauty, Aesthetics and Wellbeing 2021, *Concluding report: Inquiry into advanced aesthetic non-surgical cosmetic treatments*. Available at: <https://www.jccp.org.uk/NewsEvent/all-party-parliamentary-group-on-beauty-aesthetics-and-wellbeing>