



# **Venus Landing Organisation response to Government consultation: *The Licensing of non-surgical cosmetic procedures in England***

## **Introduction**

Non-Surgical cosmetic procedures (NSCP's) are growing in popularity in the UK, preferred for their quick results and little recovery time, however the sector is unregulated, allowing for unqualified, and non-medically trained practitioners delivering complex treatments, and thus putting lives at risk.

The government has proposed a licensing scheme which aims to address issues of public safety and build trust in the growing sector. The consultation asks for views on three points.

- **Types of procedure that should fall within the scope of the licensing scheme.**
- **Which practitioners should perform which procedures**
- **Proposed age restrictions for those undergoing such procedures.**

Venus landing Organisation (VLO) is a market leading Med Spa business which oversees multiple branches of Med spa, participates in industry wide innovation efforts; and directs specialist training activities. As such, we have a stake in the government's efforts to introduce a licensing scheme to cover non-surgical cosmetic procedures.

In this Consultation response, our position is that of agreement with the introduction of the licensing scheme, however, we believe it requires additional measures. This paper will provide reasoning behind our position on each of the proposed points, as well as engage in analysis of the further considerations. To this aim, this paper will first provide context to the state of affairs, highlighting the significance of a UK wide NSCP regulation. Next, it will highlight the fragmented regulatory landscape. The following section will detail VLO's response to the main points of the consultation. Finally, some recommendations and a conclusion of the paper.

## **Literature review**

This paper will rely principally on the authority of the consultation document ‘The licensing of non-surgical cosmetic procedures in England’.<sup>1</sup> In addition, it will make use of response documents such as the General Dentistry Council’s consultation document to evidence some arguments.<sup>2</sup> In addition, reports will be used to highlight statistical information, such as the Chartered Institute of Environmental Health (CIEH)’s report on fragmented regulation,<sup>3</sup> and a business gateway market report. The rest of the paper is supplemented with a range of legislation, websites, and blogs. The literature presented will supplement the analysis throughout the paper.

## Background

Non-surgical cosmetic procedures (NSCP’s) are distinguished from surgical procedures in that they do not require a surgical incision.<sup>4</sup> Recent years have seen rapid growth in the area of cosmetics surgery procedures, for example, as the British association of Aesthetic plastic Surgeons (BAAPS) has reported that from 2003 following a global trend, UK witnessed an increase in procedures, from 10,700 to 51,140 in 2015.<sup>5</sup> As a result of benefits such as minimal invasiveness, low down time recovery and more subtle results in comparison to surgical procedures, this class of treatments have become popular in the UK.<sup>6</sup> Other factors point to social media influence and celebrity culture.<sup>7</sup> For example, a procedure known as non-surgical Brazilian butt lifts (BBL’s) which involves an injection into areas such as the breasts and buttocks for aesthetic enhancement, gained popularity over social media.<sup>8</sup> It is recorded as the fastest growing type of non-surgical procedure, increasing by 20% every

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<sup>1</sup> Department Of Health and Social Care, ‘*The Licensing of Non-Surgical Cosmetic Procedures in England*’ (Consultation, 2 September 2023) < <https://www.gov.uk/government/consultations/licensing-of-non-surgical-cosmetic-procedures/the-licensing-of-non-surgical-cosmetic-procedures-in-england> > accessed 11 May 2023

<sup>2</sup> General Dental Council, ‘GDC Consultation Response’ (GDC, 30 October 2023) < [https://www.gdc-uk.org/docs/default-source/consultations-and-responses/dhsc-consultation-licensing-scheme-for-non-surgical-cosmetic-procedures.pdf?sfvrsn=86e81a7a\\_8/DHSC-consultation-licensing-scheme-for-non-surgical-cosmetic-procedures.pdf](https://www.gdc-uk.org/docs/default-source/consultations-and-responses/dhsc-consultation-licensing-scheme-for-non-surgical-cosmetic-procedures.pdf?sfvrsn=86e81a7a_8/DHSC-consultation-licensing-scheme-for-non-surgical-cosmetic-procedures.pdf) > accessed 11 May 2024)

<sup>3</sup> Chartered Institute of Environmental Health, ‘A Fragmented Picture: Regulation of cosmetic treatments in the UK’ (Chartered Institute of Environmental Health and Institute of licensing, September 2020) < <https://www.cieh.org/media/4409/r1-regulation-of-cosmetic-treatments-in-the-uk.pdf> >

<sup>4</sup> Ashton Collins, ‘Laws and Regulations for the Non-Surgical Cosmetic Industry’ (Save Face) < <https://www.saveface.co.uk/en/blog/post/laws-and-regulations-for-the-non-surgical-cosmetic-industry> > accessed 11 May 2024

<sup>5</sup> Ibid

<sup>6</sup> Business Gateway ‘Market Report: Non-Surgical Procedures’ (Business Gateway, January 2024) < <https://www.bgateway.com/assets/market-reports/Market-Report-Non-Surgical-Procedures-January-2024.pdf> > accessed 11 May 2024

<sup>7</sup> Ben O’Brien, ‘Exploring the UK’s Booming Aesthetics Industry’ (Face Content, March 30 2023) < <https://facesconsent.com/blog/exploring-the-uks-booming-aesthetics-industry-an-in-depth-analysis/> >

<sup>8</sup> Sarah Marsh, ‘Complaints about non-surgical butt lifts ‘rising at alarming rate’ in UK’ (The Guardian, 2 June 2023) < <https://www.theguardian.com/society/2023/jun/02/complaints-about-non-surgical-butt-lifts-rising-at-alarming-rate-in-uk> > accessed 11 May 2024

year.<sup>9</sup> Other treatments induce more subtle results, such as laser hair removal. Evidence suggests that 43% of UK adults on a grooming scale, now consider non-surgical procedures as part of their grooming regimens.<sup>10</sup>

In addition to the popularity of procedures, the market growth and revenue potential is immense. The government records that the beauty and health industry is rapidly and outranking many other sectors, being worth £26.7billion by 2022.<sup>11</sup>

However, in contrast to the vibrant market and increasing demand, the industry faces equally high levels of safety risks as a result of a ‘Nightmare’<sup>12</sup> of a regulatory scape. Non-surgical procedures are routinely carried out by unregulated and unsafe practitioners. For example, UCL reported that 68% of cosmetic practitioners who deliver filler or ‘Botox’ injections are not medical doctors.<sup>13</sup> It carries a huge risk of complications and long-lasting effects where unqualified practitioners deliver an unregulated treatment. For example, Save Face reports that as of 2023, Brazilian butt lifts, a procedure utilising filler injection such as ‘Botox’ generated an ‘alarming increase’ in patient reported complaints,<sup>14</sup> over 50% of which amounted to life threatening cases of infections, sepsis, dying tissue (necrosis) and ‘botched’ or unsightly complications such as scarring and filler migration.<sup>15</sup>

The state of matters informs the governments motivation to pursuing the licencing scheme which seeks to promote the safety of the public and fostering confidence in the aesthetics sector.

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<sup>9</sup> Zoe Applegate and Helen Burchell, Brazilian butt-lift surgery: What are the risks and why is it so popular?(BBC NEWS, 16 September 2023) <<https://www.bbc.co.uk/news/uk-england-norfolk-66798236>> accessed 11 May 2024

<sup>10</sup> Ibid.

<sup>11</sup> Jodie John, ‘The Expansion of The Beauty Industry in the UK’ (Companies House, 31 Jan 2022)<<https://companieshouse.blog.gov.uk/2022/01/31/the-expansion-of-the-beauty-industry-in-the-uk/>> accessed 11 May 2024

<sup>12</sup> Linda Geddes, ‘Regulating cosmetic surgery in UK is a nightmare, says top surgeon’ (BBC NEWS, 30 Sep 2023) <<https://www.theguardian.com/lifeandstyle/2023/sep/30/regulating-cosmetic-surgery-uk-absolute-nightmare-top-surgeon#:~:text=Regulating%20cosmetic%20surgery%20in%20UK%20is%20a%20nightmare%2C%20says%20top%20surgeon,-This%20article%20is&text=Regulating%20invasive%20cosmetic%20procedures%20in,leading%20plastic%20surgeon%20has%20said>> accessed 11 May 2024

<sup>13</sup> University College London, ‘Two in three cosmetic surgery injections in the UK are not administered by doctors’ (UCL, 24 July 2023)<<https://www.ucl.ac.uk/news/2023/jul/two-three-cosmetic-surgery-injections-uk-are-not-administered-doctors>> accessed 11 May 2024

<sup>14</sup> Save Face, ‘Non-Surgical BBL & Breast Augmentation Complaints and Complications Report’ December 2023 <<https://www.saveface.co.uk/en/blog/post/non-surgical-bbl-breast-augmentation-complaints-and-complications-report#:~:text=Over%2050%25%20of%20the%20cases,hard%20lumps%2C%20and%20filler%20migration.>>> accessed 10 May 2024

<sup>15</sup> Ibid

## Fragmented regulatory landscape

The regulatory landscape of the UK covering NSCP's covers both regulated healthcare professionals (doctors, nurses etc) and aesthetic practitioners such as beauty therapists and is split between the two.<sup>16</sup> The controls specific to NSCP's are said to be fragmented because while health professionals are required to be competent e.g. trained, they are only licensed to an extent to perform the treatments. Nonregulated providers and aesthetic practitioners on the other hand do not have set standards. The issue is that there is no unified framework covering NSCP's as a class of treatments. This section will present this view in detail, identifying the relevant regulations/bodies throughout.

On the one hand, healthcare professionals that provide cosmetic procedures in the UK are regulated by a web of bodies. They are required to be trained to competency and are liable to enforcement action in case of trespass. For example, medical doctors are required to be registered with the General Medical Council (GMC), acquire a licence, and follow their code of conduct.<sup>17</sup> They are also liable to enforcement such as the revocation of their licence. While this is a cohesive regulatory framework, being trained as a medical doctor or nurse does not mean to be trained to deliver particular treatments, such as injectables.

Further, the Professional Standards Authority (PSA) is a body that independently assesses organisations which register practitioners who are not regulated by law. Currently, Save Face and the Joint Council for Cosmetic Practitioners (JCCP) are accredited by PSA to operate registers for cosmetic practitioners. Save Face runs a voluntary register for regulated health professionals only.<sup>18</sup> Dentists, pharmacists, doctors who provide NSCP's fall within this scope. The JCCP also operates a voluntary register, but this is open to all who work in cosmetic treatments.<sup>19</sup> While these are notable as industry efforts at regulation, the disadvantage of these bodies is that they are voluntary and so, not all practitioners across the UK are covered.<sup>20</sup>

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<sup>16</sup> n-1

<sup>17</sup> General Medical Council, 'Guidance for doctors who offer cosmetic Interventions' (General Medical Council 1 June 2016) < [https://www.gmc-uk.org/-/media/documents/Guidance\\_for\\_doctors\\_who\\_offer\\_cosmetic\\_interventions\\_210316.pdf\\_65254111.pdf](https://www.gmc-uk.org/-/media/documents/Guidance_for_doctors_who_offer_cosmetic_interventions_210316.pdf_65254111.pdf)> accessed 11 May 2024

<sup>18</sup> N-3

<sup>19</sup> Ibid

<sup>20</sup> N-4

Next, the Care Quality Commission (CQC) is another independent body that registers and regulates practitioners who engage in activities under schedule 1 of the Health and Social Care Act.<sup>21</sup> As such, they differ from the others in that they have a legal basis. Their scope covers surgical procedures and the monitoring of premises where they take place. In addition, they have the power of enforcement, ranging from serving notices to prosecution in cases of danger or harm.<sup>22</sup>

On the other hand, aesthetics practitioners have far less entrenched controls. There exists the National Occupational Standards (NOS) in beauty aesthetics, which is a training course for beauty practitioners aimed at standardising treatments and training. In addition, there are voluntary associations such as the British Association of Beauty Therapy and Cosmetology (BABTC), National Hairdressing and Beauty Federation (NHBF), and the UK Spa Association (UKSPA). These associations have codes of conduct that they use to hold their members to account, which indicates a level of enforcement. However, they are also voluntary. The NOS also, which intends to standardise treatments and training, only began in 2020,<sup>23</sup> which indicates that the majority of risky practitioners in operation before that period, fall out of its scope. Nonetheless, it is regulated by the Office of Qualifications and Exams Regulation (Ofqual) which points to a serious effort to a centralised training scheme.<sup>24</sup>

Beyond these controls, local authorities in England, Wales and Northern Ireland may adopt aspects of Government legislation to address the registration of aesthetic practitioners and premises. These include, (Miscellaneous Provisions) Act 1982<sup>25</sup> or the Local Government (Miscellaneous provisions) NI Order 1985,<sup>26</sup> which offer the registration of practitioner and premises that offer cosmetic treatments such as: cosmetic piercing, electrolysis, tattooing, semi-permanent makeup, acupuncture. As noted by the Chartered Institute of environmental health, these authorities have little power to refuse registration, leading to the registration of practitioners, regardless of actual competency.<sup>27</sup> In addition, Local authorities have a degree of licensing power under the London Local Authorities Act 1991,<sup>28</sup> this means that they can apply licensing conditions to a degree by specifying the practitioners' qualifications, competence, and condition of the premise.

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<sup>21</sup> Health and Care Act 2022

<sup>22</sup> Care Quality Commission, 'Enforcement Policy' (Care Quality Commission, 22 February 2024) < <https://www.cqc.org.uk/guidance-regulation/providers/enforcement/enforcement-policy/holding-providers-and-individuals-account>> accessed 11 May 2024

<sup>23</sup> N-14

<sup>24</sup> N-1

<sup>25</sup> (Miscellaneous Provisions) Act 1982

<sup>26</sup> the Local Government (Miscellaneous provisions) NI Order 1985

<sup>27</sup> N-4

<sup>28</sup> London Local Authorities Act 1991

To summarise, the regulatory framework covering NSCP's is rightly described as fragmented, as seen in the overview given. Based on the analysis, it is clear that there is no cohesive framework covering the class of treatments or ensuring the competence of practitioners. The next section will detail the frame and rationale for the government's proposed licensing scheme.

### **Overview of Government proposal**

In response to the fragmented regulatory landscape, the government has proposed a blanket regulatory scheme for the licensing of practitioners and premises. This was made possible by an amendment to the Health and Care Act 2022 which granted powers to develop a licensing scheme specific to England, for non-surgical cosmetic procedures. The act also defines the scope of the non-surgical cosmetic procedures risk:

A procedure

other than a surgical or dental procedure, that is or may be carried out for cosmetic purposes; and the reference to a procedure includes—

(a)

the injection of a substance.

(b)

the application of a substance that is capable of penetrating into or through the epidermis.

(c)

the insertion of needles into the skin.

(d)

the placing of threads under the skin.

(e)

the application of light, electricity, cold or heat.<sup>29</sup>

As highlighted by the consultation, the significance of this regime is to ensure the competency of personnel and the safety for members of the public that seek non-surgical cosmetic procedures (NSCP's).<sup>30</sup> The proposal is divided into licensing requirements, objectives and implications and the categorisation of procedures. This section aims to give an overview of the proposal.

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<sup>29</sup> N-21

<sup>30</sup> N-1

- i. **Licensing requirements** – the scheme will focus on regulating two aspects of NSCP’s- licensing practitioners and licensing premises. This will be done in order to ensure the competency and qualification of the practitioner, and ensuring the environment meets particular hygiene standards as well. The scheme allows for enhanced enforcement through the collaboration of trading standards officers, environmental officers and the health and safety executive.<sup>31</sup> In addition, the CQC’s powers will be amended to incorporate high risk procedures under its regulatory scope. It will become an offence to carry out NSCP’s without a license.<sup>32</sup>
- ii. **Objectives and Implications** – The aim of the scheme, is to limit procedures of ‘sufficient complexity and invasiveness’.<sup>33</sup> With a focus on public health, the scheme is a measure to limit particular procedures to operation by qualified healthcare professionals. In addition, the scheme proposes to place an age limit (18+) on the procedures to be licensed. This is done, following the trend of the Botulinum Toxin and Children Act<sup>34</sup> aimed at protecting children from the risks associated with the procedure.
- iii. **Categorisation of procedures based on risk-** the scheme will use a tiered system of colours to determine the levels of risk associated with procedures: Green, Amber, and Red, on a scale of lowest to highest risk in regards to complications, complexity and degree of invasiveness.<sup>35</sup> The rationale given behind this is to ensure that procedures with the highest risk are performed by the most qualified and regulated healthcare professionals.

To keep up with the dynamic market of cosmetic treatments, where technologies, applications and classifications can change,<sup>36</sup> the government groups particular treatments per colour using red as the highest indicator of risk:

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<sup>31</sup> Ibid

<sup>32</sup> Ibid

<sup>33</sup> Ibid

<sup>34</sup> Botulinum Toxin and Children Act 2021

<sup>35</sup> N-1

<sup>36</sup> Classifications are prone to revision, changing, mixing or otherwise becoming unclear as to whether i.e.. A particular treatment is invasive or not.

- a. **Green-** allowed to all practitioners, where qualified. This includes semipermanent makeup, chemical peels that involve only the outer layers of skin, micro needling etc.
- b. **Amber-** licensed aesthetic practitioners may only practice under supervision of a (qualified) regulated healthcare professional. Qualified regulated healthcare professionals may deliver the treatments without oversight. They include vitamin and mineral injections, dermal fillers injected to the face only, cryotherapy etc.
- c. **Red-** May only be performed by qualified and regulated healthcare professionals, operating out of a CQC licensed premises. They include all intravenous injectables and infusions, hair restoration technology, body augmentation procedures.

## Analysis of proposal

Following the overview of the proposed scheme, this paper will now explore VLO's views on the proposal. The Government invited responses on three points; types of procedures to be covered by the regime, the proposed restrictions on which practitioners can perform which procedures, and the plan to restrict certain procedures by age. On the whole, VLO agrees with the government's plan, yet advocates further consideration to be given. This section responds to the main portion of the government's call for views, presenting on the three points as follows:

- i. **Procedure classification is robust-** Regarding the types of procedures that should be regulated within the regime, VLO agrees with the government's robust classification system and believes it to be competent for regulation. This is because the rationale of classification, degree of *complications, complexity, and invasiveness*,<sup>37</sup> the basis for the tiered way of calculating risk, limits the highest risk operations to qualified and regulated healthcare professionals. In our view, this sufficiently captures the flexible market of non-surgical cosmetic procedures which is known to be rapidly growing and very commercial.<sup>38</sup> Thus, it is liable to dynamic change and innovation across the market, making strict classification less sustainable for regulation. As such, the government's rationale creates a flexible base that will ensure regulation reaches as far as possible.

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<sup>37</sup> N-1

<sup>38</sup> Joint Council for Cosmetic Practitioners, 'What Constitutes A Medical, Medically Related Or Cosmetic Procedure?' (JCCP, May 2021) <  
<https://www.jccp.org.uk/ckfinder/userfiles/files/Medical%20cosmetic%20definitions%20paper%20may%202021.pdf>> accessed 11 May 2024



Therefore, as has been shown, VLO agrees with the government's method of classification, concluding the first point of analysis.

- ii. **Specific practitioners must match specific qualifications-** Next, this section analyses our view on the restrictions proposed by the scheme on which practitioners may perform which procedures. The scheme determines, using the tiered colour system, a distinction between procedures carried out by aesthetic practitioners, qualified health professionals, and cases for oversight (green for all practitioners, amber for aesthetic practitioners e=with professional oversight, and red, exclusive to professional healthcare professionals). These personnel will be ensured by the regime to be knowledgeable, hold insurance coverage, and meet environment standards.

While VLO agrees with this direction, notably, on the point of ensuring practitioners hold appropriate qualifications, as highlighted by organisations like the General Dentistry Council (GDC), the proposed scheme does not distinguish the particular kind of health professionals that may undertake particular treatment.<sup>39</sup> The issue with this is that within the scheme, there are a range of practitioners who may be registered as regulated health professionals, but their scope of practice does not match the skillset for particular cosmetic procedures. Where this happens, it poses a great risk to the public as it masks incompetency, and in a nationwide licensing scheme, promotes a false sense of uniform standards. The GDC give the example of the dentistry profession, which is made up of a range of professionals, some of which may not be qualified to carry out amber procedures, and red procedures, but may do so anyway under the guise of being a regulated health professional according to licensing requirements.<sup>40</sup>

Nonetheless, the practitioners as a whole are subject to a market where treatments change dynamically, and innovation renders them difficult to categorise. Therefore, the governments choice of vagueness regarding specific practitioners, can be considered a sensible approach. for example, what falls within the reach of dentists, surgeons, nurses etc. An example of this occurrence is seen in Ireland where the dental council has

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<sup>39</sup> n-2

<sup>40</sup> Ibid

amended its code of conduct to include non-surgical cosmetic procedures into their scope of practice.<sup>41</sup>

Therefore, while VLO agrees with the plan to limit risky procedures to health professionals, we urge the government to be specific in determining which regulated health care professionals have appropriate license to administer certain treatments. This is to avoid, for example, the incident of dental professionals carrying out treatments that fall out of their scope of practice i.e. Filler injections.<sup>42</sup>

- iii. **Exceptions to Age Restrictions ‘Grooming’** – The government asks input regarding limiting certain procedures by age. VLO agrees with the government’s plan to follow this pattern within the licensing scheme, however we consider that an exception should be made, as, it is our view that some classes of procedures which fall under the scheme may be considered lifestyle ‘grooming. within the classes of procedures to be regulated by a license (red and amber), these fall under the amber coded.<sup>43</sup> examples include laser hair removal and vitamin and mineral injections, which are quickly becoming standard grooming routine.<sup>44</sup> The proposed scheme aims to follow the example of the Botulinum Act, which limits particular treatments in the case of young people, to be administered by qualified healthcare professionals only.<sup>45</sup> Additionally, young people may not access them unless with explicit medical direction.<sup>46</sup>

As such, excess steps to limit treatments may retract from the goal of the licensing scheme, which is focused on public safety, rather than limiting consumer options for lifestyle services, which a ban suggests. Nonetheless, we recognise the government’s rationale, given the recent concern of mental health issues amongst young people

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<sup>41</sup> Emilia Burke, Danielle Sumner, ‘Three New Codes of Practice introduced by the Dental Council’ (field fisher, 08 September 2023) <<https://www.fieldfisher.com/en-ie/locations/ireland/ireland-blog/three-new-codes-of-practice-introduced-by-the-dent>> accessed 11 May 2024

<sup>42</sup> Dental Tribune, ‘Dentists Providing Cosmetic Injectable Procedures Urged to protect Themselves’ (Dental Tribune 27 July 2021) < <https://uk.dental-tribune.com/news/dentists-providing-cosmetic-injectable-procedures-urged-to-protect-themselves/> > accessed 11 May 2024

<sup>43</sup> Sufficiently complex that, for aesthetic practitioners it will require oversight of a qualified regulated healthcare professional.

<sup>44</sup> Anne-Mette Hermans, ‘Lifting, sculpting, and contouring: Implications of the blurred boundary between cosmetic procedures and ‘other’ beauty products/services’ (2022) 90 Poetics 101610 < <https://www.sciencedirect.com/science/article/pii/S0304422X21001066>> accessed 11 May 2024

<sup>45</sup> n-14

<sup>46</sup> Ibid

regarding body image,<sup>47</sup> which in fact led to advertising bans on a range of cosmetic procedures.<sup>48</sup>

Therefore, concerning the potential provision of the scheme to ban cosmetic procedures to under 18's, VLO advocates for a partial ban that may cover the range of procedures that fall outside or routine grooming, such as hair removal and vitamin injections.

Nonetheless, we appreciate the government's concern for the mental wellbeing of young people, and corresponding steps, such as advertising bans, to address it.

## **Recommendations**

- i. Specific and updated qualifications specifying competent practioners per treatment /group.
- ii. Age restriction exceptions to be included in scheme.

## **Conclusion**

In conclusion, NSCP' s are a class of cosmetic treatment in need of cohesive regulation in the UK. To this end, the government has proposed a licensing scheme aimed at regulating personnel and premises, so as to ensure public safety and trust in the aesthetics sector. This paper is a response to a consultation regarding the scheme, asking input on three points: procedures, practitioners, and age limitations. To address this, the paper begins by contextualising the issue. Next, it analyses the fragmented regulations of current. Finally, in response to the questions of the consultation, this paper agrees with the general direction of the scheme, however, urges the government to consider specifying which practitioner can perform what treatments, and including an exception to its proposed age limits, so as to respect consumer choice in grooming routines.

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<sup>47</sup> Health and Social Care Committee, 'The Impact of Body Image om Mental and Physical Health'(Report, 2 August 2022) para 22

<sup>48</sup> Chris Lunn, 'Adverts Promoting Cosmetic Interventions Banned for Under-18s' (Smart group, May 27 2022) < <https://www.the-smartgroup.co.uk/adverts-promoting-cosmetic-interventions-banned-for-under-18s>> accessed 11 may 2024

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