

Response to DHSC Licensing of non-surgical cosmetic procedures in England

Consultation closes 28 October 2023

Link to consultation: [The licensing of non-surgical cosmetic procedures in England - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/the-licensing-of-non-surgical-cosmetic-procedures-in-england)

About you

1 **In what capacity are you responding to this survey?**

- An individual sharing my personal views and experiences
- An Individuals sharing my professional views
- On behalf of an organisation

On behalf of an organisation.

Where we do not hold a position on a particular question, we have responded with 'we have no comments'.

2 **Do you currently work in the cosmetic procedures sector as a practitioner who administers non-surgical cosmetic procedures? (optional)**

- Yes
- No

Not applicable

3 **Do you have relevant qualifications specific to working in the non-surgical cosmetics sector? (optional)**

- Yes
- No

Not applicable

4 **Please list your relevant qualifications (optional)**

Not applicable

5 **What is your age? (optional)**

- 16 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 74 or above
- Prefer not to say

Not applicable

6 **What is your sex? (optional)**

- Male
- Female
- Prefer not to say

Not applicable

7 **Is the gender you identify with the same as your sex registered at birth? (optional)**

- Yes
- No
- Prefer not to say

Not applicable

As part of this survey there are a few reasons we may require your email address:

- if you need to contact us about amending or deleting your response - the only way we can verify that it is your response is via your email address
- if you didn't have time to finish the survey, we can send you a reminder before it closes.

If you are responding on behalf of your organisation, please provide your organisational email address. Your email address will not be shared with anyone outside of the department.

8 **Are you happy to share your email address with the Department of Health and Social Care?**

- Yes
- No

Yes – policy@nmc-uk.org

9 **Have you undergone any non-surgical cosmetic procedures in England?**

- Yes
- No
- Prefer not to say

Not applicable

Restriction of cosmetic procedures

The government considers that there are certain non-surgical cosmetic procedures that are of sufficient complexity and invasiveness that they should only be performed by suitably qualified and regulated healthcare professionals. The lack of current restrictions to determine who is entitled to legally perform the more invasive procedures creates a significant risk to members of the public.

The restriction of cosmetic procedures would be a 2-part process through which:

- we would set out in regulations that specified high-risk procedures should be restricted to qualified and regulated healthcare professionals only. This would mean non-healthcare professionals would not be able to carry out these procedures.
- we would amend Care Quality Commission (CQC) regulations so that restricted high-risk procedures are classed as regulated activities by CQC.

To better protect individuals who choose to undergo high-risk non-surgical cosmetic procedures, we propose introducing regulations to ensure that these procedures may only be undertaken by qualified and regulated healthcare professionals.

10 **To what extent do you agree or disagree that we should set out in regulations that high-risk procedures should be restricted to qualified and regulated healthcare professionals only? (optional)**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

Please explain your answer (optional)

Strongly agree

Our overarching role as a regulator is to protect, promote and maintain the health, safety, and wellbeing of the public. We strongly support the aim of improving the safety of non-surgical cosmetic procedures across the UK and ensuring they are performed by appropriately qualified and regulated healthcare

professionals, who hold appropriate indemnity cover and work out of safe premises.

11 **To what extent do you agree or disagree with the proposal to amend CQC's regulations to bring the restricted high-risk procedures into CQC's scope of registration? (optional)**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

Please explain your answer (optional)

Don't know

It is difficult to reach a view on this question because we need more detail to understand the proposal being considered. We support in principle the proposal to apply a higher level of oversight of high-risk procedures and to restrict them to be performed by suitably qualified, skilled and experienced regulated healthcare professionals. The consultation proposes high-risk procedures should be classed as regulated activities by the CQC and healthcare professionals undertaking a high-risk procedure would have to register with the CQC. The CQC is responsible for regulating service providers in England rather than individual healthcare professions so clarity is needed on how the proposals will work within existing regulatory frameworks and what the role of system regulation and professional regulation will be. It is important that the regulation of cosmetic procedures is simple and avoids regulatory duplication.

In the consultation, it is proposed that specified high-risk procedures should be restricted to 'qualified and regulated healthcare professionals only'. It would be helpful to know whether all regulated healthcare professionals will be permitted to carry out any of the high-risk procedures or will this be limited to certain professionals, and will each procedure require a separate registration?. It is not necessarily the case that any regulated professional will be 'suitably qualified' by virtue of being regulated and cosmetic and/or aesthetic work is not considered within the scope of practice of some regulated professionals. Further clarification is needed on what, if any, restrictions will be put in place to limit certain professionals carrying out some or all of the high-risk procedures.

Clarity is also needed on the specific criteria, including the education and training requirements that regulated practitioners must meet to be eligible to be register with the CQC and perform high-risk procedures.

The NMC does not set specific standards for non-surgical cosmetic procedures, but we are clear that nursing and midwifery professionals choosing to carry out these procedures must have the knowledge and skills for safe and effective practice. Our register only records the qualifications that we set standards for and

regulate, therefore NMC register entries do not show which nursing and midwifery professionals have undertaken the appropriate additional education and training to perform non-surgical cosmetic procedures. Our register also does not record information about an individual's current practice and the scope of their role. This means we have limited information about who on our register performs non-surgical cosmetic procedures and the extent of their practice. The DHSC may therefore want to consider how members of the public could search for and check the status of a practitioner.

Procedures in scope of the licensing scheme

Due to concerns about the serious risks associated with certain non-surgical procedures, the consultation proposes a 3-tier system that uses green, amber and red ratings to categorise the procedure according to the risk of complication, green being those procedures deemed to have the lowest risk of complication and red the highest. Procedures in the red category would only be carried out by qualified and regulated healthcare professionals working out of CQC registered premises and would not be included within the licensing scheme.

The 3-tier system uses green, amber and red to categorise procedures depending on the risks (including level of complexity and degree of invasiveness) and potential complications associated with the procedure.

12 **To what extent do you agree or disagree with using the 3-tier system to classify the different categories for cosmetic procedures based on the risk they present to the public? (optional)**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

Please explain your answer (optional)

Neither agree or disagree

We can see the benefits of introducing a tiered system to account for the different level of risks of each non-surgical procedure. However, we think that there should be clear criteria for classifying the different categories, how often they will be reviewed and by who. This will help to ensure a consistent approach in how procedures are classified and for the classification of new and evolving procedures in the future.

It is also important to helping the public and those considering undergoing a non-surgical cosmetic procedure to easily understand the different level of risks involved for each procedure and to make informed choices about who they choose to seek cosmetic procedures from .

On the following pages we have set out the proposed classification for the types of procedures that we expect to be included in the licensing scheme. Please note that the procedures listed are indicative of the types of procedures that will be included in the licensing scheme – they are not a final or complete list and may change based on the outcome of this consultation.

We ask you to review each of the categories and to answer the questions below. You will be able to provide answers on:

- whether there are any other non-surgical cosmetic procedures that should be added to the licensing scheme
- whether any of the suggested procedures should be removed from the licensing scheme; and
- whether any of the suggested procedures should be moved to another category (green, amber or red)

A description of each procedure can be found at Annex A of the consultation document.

Green: procedures with the lowest risk of complications

All practitioners are eligible to perform licensed procedures where they meet agreed standards.

We propose this includes, but is not limited to, the following procedures:

- microneedling
- mesotherapy
- intense pulsed light (IPL) and light emitting diode (LED) therapies
- chemical peels that involve destruction only into viable epidermis (the outermost layer of the skin)
- ‘no-needle’ fillers including pneumatic devices that use intense pressure to pass substances through the epidermis
- micropigmentation (semi-permanent make up), including microblading and nanoblading
- non-ablative laser hair removal
- photo rejuvenation (the use of a laser to treat skin conditions including wrinkles, acne scarring, sun damage)

13 To what extent do you agree or disagree with the categorisation of the procedures listed in the green category? (optional)

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

Please explain your answer (optional)

Don't know

As above, we think there should be clear criteria for the categorisation of non-surgical surgical procedures as low risk (green), medium risk (amber) and high risk (red), how often they will be reviewed and by who.

14 **Do you think any changes should be made to the listed procedures? (optional)**

You can select more than one option.

- Procedures should be added
- Procedures should be removed
- Moved to another category (amber or red)

Please explain your answer (optional)

We have no comments.

Amber: procedures with medium risk of complications

Licensed aesthetic practitioners must have relevant oversight by a named regulated healthcare professional (who has gained an accredited qualification to prescribe, administer and supervise aesthetic procedures). Qualified and regulated healthcare professionals are eligible to perform these procedures without oversight where they meet agreed standards. We propose this includes, but is not limited to, the following procedures:

- botulinum toxin injections
- semi-permanent dermal fillers injected into the face only
- biorevitalization injections and/or any injection of hyaluronic acid
- vitamin and mineral injection procedures
- platelet rich plasma (PRP) therapy for cosmetic purposes and Biofiller
- injection microsclerotherapy (spider vein treatment)
- weight loss injections
- carboxytherapy and/or the infusion of gases under the skin
- cellulite subcision
- injection lipolysis with a prescription only medicine (POM)
- cryolipolysis
- high intensity focused ultrasound (HIFU), including intimate use
- radiofrequency treatments
- plasma ablation or plasma fibroblast
- non-ablative lasers (excluding photo rejuvenation and laser hair removal)
- medium depth peels that involve full thickness destruction of entire epidermis into upper dermis (the inner layer of the 2 main layers of the skin)
- POM treatments applied topically for cosmetic purposes, such as prescription strength vitamin A and hydroquinone for the treatment of pigmentation problems or for skin whitening
- electrocautery

- the combination of 2 or more technologies to create a hybrid device. For example, the combination of radiofrequency and microneedling to treat lines, wrinkles, sagging skin, acne scars and stretch marks
- cryotherapy and/or any cryocautery procedure that freezes the skin in order to remove skin lesions such as skin tags, age spots and warts

15 **To what extent do you agree or disagree with the categorisation of the procedures listed in the amber category? (optional)**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

Please explain your answer (optional)

Don't know

The consultation proposes that non-healthcare professionals performing any of the procedures must be licensed and have relevant oversight by a named regulated healthcare professionals who has gained an accredited qualification to prescribe, administer and supervise aesthetics procedures. Our role in prescribing includes setting the [Standards for prescribing programmes](#) and approving post-registration prescribing education programmes that student nurse and midwife prescribers in the UK must meet to gain an additional prescribing qualification and have it recorded on the NMC register.

Through our quality assurance processes we check that education programmes meet all our standards. Our register shows which professionals can prescribe and through our fitness to practice process we can investigate and act if concerns are raised about an individual nurse or midwife's practice. It is important to clarify that the purpose of our standards is to prepare prescribers for safe prescribing practice rather than preparing them to prescribe, administer and supervise specific medicines and treatments.

In accordance with our Code, nursing and midwifery professionals must work within the limits of their competence, knowledge, skills and education and training. Therefore, some nurse and midwifery prescribers will need to complete additional education and training in order to be able to practice safely and effectively in cosmetics/aesthetics and provide the appropriate level of oversight and supervision.

Further clarification is needed in relation to the criteria that named regulated healthcare professionals must meet to be eligible to provide clinical oversight and how this this will be enforced.

16 **Do you think any changes should be made to the listed procedures? (optional)**

You can select more than one option.

- Procedures should be added
- Procedures should be removed
- Moved to another category (green or red)

Please explain your answer (optional)

We have no comments

Red: procedures with the highest risk of complications

Can only be carried out by qualified and regulated healthcare professionals working out of CQC registered premises. Such procedures would not be included within the local authority licensing scheme.

We propose this includes, but is not limited to, the following procedures:

- all thread lifting procedures, including PDO thread and cog lifts
- hair restoration surgery
- procedures aimed at augmenting any part of the body, in particular the breast, buttocks and genitals, typically using autologous fat or dermal fillers
- dermal micro-coring
- hay fever injections for reducing redness or blotches on the skin
- the combination of ultrasound and large bore cannula for the purposes of liposuction
- deeper chemical peels such as phenol peels
- lasers which target the deeper layers of the dermis. For example, CO2 lasers, where used for extensive fully ablative resurfacing
- the provision of any green or amber procedure where the circumstances of the provision meet the criteria for the procedure to be classed as the CQC-regulated activity of treatment of disease, disorder or injury (TDDI)
- all intravenous injectables and infusions

17 **To what extent do you agree or disagree with the categorisation of the procedures listed in the red category? (optional)**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

Please explain your answer (optional)

Don't know

As above, we think there should be clear criteria for the categorisation of non-surgical surgical procedures as low risk (green), medium risk (amber) and high risk (red), how often they will be reviewed and by who.

18 **Do you think any changes should be made to the listed procedures? (optional)**

You can select more than one option.

- Procedures should be added
- Procedures should be removed
- Moved to another category (green or amber)

Please explain your answer (optional)

We have no comments.

Minimum age of client

The consultation proposes that the licensing scheme requirements or conditions will prohibit practitioners from performing any procedures included within the scheme on people under the age of 18 unless the procedure has been approved for use on a person under 18 by a General Medical Council registered doctor and is carried out by a specified healthcare professional. This licensing requirement will prevent such procedures being made routinely available to under 18s in line with age restrictions on botulinum toxin injections, cosmetic fillers, tattoos, teeth whitening and sunbed use. Our intention is that licensed procedures should be restricted to those above the age of 18 unless approved by a doctor and carried out by a healthcare professional.

19 **To what extent do you think that these procedures should be age-restricted? (optional)**

- All of the procedures should be age-restricted
- Some of the procedures should be age-restricted
- None of the procedures should be age-restricted

Please explain your answer (optional)

Introducing a minimum age of 18 for accessing non-surgical cosmetic procedures would be in line with the restrictions introduced by the Government in the Botulinum Toxin and Cosmetic Fillers (Children) Act 2021.

In this consultation, it is proposed that non-surgical cosmetic procedures should be restricted to those above 18 unless a procedure has been approved for use on a person under 18 by a GMC registered medical practitioner and performed by a specified healthcare professional. Should the DHSC wish to extend this we see no regulatory reason preventing suitably qualified and experienced nurses and midwives from using their knowledge and professional judgement to conduct

an assessment and, where appropriate, give approval for non-cosmetic procedures to be performed on a person under 18.

Our standards equip professionals with a wide range of professional knowledge and skills, including assessing individual needs and planning care, and many nurses and midwives practise in highly complex and specialized roles. Nurses (level 1) and midwives who have obtained a nurse independent prescriber qualification are able to prescribe any medicine within their scope of knowledge, scope of competence and scope of practice. Nurse independent prescribers, who have completed the appropriate additional education and training in cosmetics/aesthetics, can use their prescribing qualification for cosmetic/aesthetic practice and could provide relevant oversight and supervision of cosmetic/aesthetic care of people undergoing procedures in line with the expected standards set out in the NMC's [Code](#).

Currently the Botulinum Toxin and Cosmetic Fillers (Children) Act 2021 lists registered nurses, dentists and pharmacists as the regulated healthcare professionals who can administer Botox injections and cosmetic fillers to people under the age of 18 when they're acting under the direction of a doctor. The consultation doesn't make it clear whether the list will be expanded to allow other regulated healthcare professionals, such as midwives and nursing associates (an England only role), to perform some of the procedures within the licensing scheme on people under 18. We therefore think greater clarity here would be helpful.

We note the intent to consider, as part of the development of education and training requirements for the scheme following this consultation, whether licensed practitioners should also be aged 18 and over to perform any of the procedures. We think this is sensible, but it is unlikely that anyone on the NMC register would be under 18. Typically, applicants for nursing or midwifery degrees will need qualifications at level 3 (A level or equivalent) which are most often taken by students aged between 16 and 19. Full-time nursing or midwifery degree programmes normally take a minimum of 3 years. Entry onto a nursing associate foundation degree in England is at level 2 (e.g. GCSE grade 4 or above) and some education providers will also ask for a level 3 qualification. Full time nursing associate programmes are normally a minimum of 2 years.

Next steps

From the date the consultation closes, work will continue with expert groups on the elements that will underpin the licensing scheme, including education and training standards, insurance, infection control and hygiene qualifications and a fees model. This will inform future public consultations on specific elements of the licensing scheme, which will include assessments on the economic and equality impacts of the proposed changes.

20 Do you have any other comments on the issues raised in this consultation?

- Yes
- No

Yes

An issue that isn't covered in the consultation is the role of remote consultation and prescribing of medicines online, via video-link or by telephone for cosmetic/aesthetic purposes. The consultation proposes that any procedure that requires a prescription-only medicines (POM) must be overseen by a qualified and regulated healthcare professional, but it is not clear what is meant by 'overseen'. Will every provider and clinic be required to always have an appropriately qualified regulated healthcare professional on site?

The NMC's current position is that we recommend face-to-face consultations, and nursing and midwifery prescribers must adhere to the standards set out in the [Code](#). The Code makes it clear that professionals must only provide medicines or treatment if they have enough knowledge of the person's health and are satisfied that the medicine or treatment serve the person's health needs (paragraph 18.1). Paragraph 18.3 requires professionals to make sure that the treatment they administer is compatible with any other care or treatment they are receiving. If a regulated professional is not able to make an adequate assessment and obtain fully informed consent for any prescriptions provided via remote means this should prompt the need for a face-to-face consultation with the person.

Prescribers must exercise professional judgement when making prescribing decisions and are accountable for their work. They are responsible for providing clinical oversight for the medicines they prescribe and their subsequent use, including where they delegate medicines administration to another regulated healthcare professional or non-healthcare professional. We have published [supporting information for prescribers](#) and co-authored [High level principles for good practice in remote consultations and prescribing](#) to support nurses and midwives with prescribing responsibilities.

We think a review of remote prescribing including how people are followed up when the prescriber isn't carrying out the procedure would be helpful to include as part of the proposals to strengthen the safety of cosmetic procedures.

About the NMC

Our vision is safe, effective and kind nursing and midwifery practice that improves everyone's health and wellbeing. As the independent regulator of more than 788,000 nursing and midwifery professionals, we have an important role to play in making this a reality.

Our core role is to **regulate**. First, we promote high education and professional standards for nurses and midwives across the UK, and nursing associates in England. Second, we maintain the register of professionals eligible to practise. Third, we investigate concerns about nurses, midwives and nursing associates – something that affects a tiny minority of professionals each year. We believe in giving professionals the chance to address concerns, but we'll always take action when needed.

To regulate well, we **support** our professions and the public. We create resources and guidance that are useful throughout people's careers, helping them to deliver our standards in practice and address new challenges. We also support people involved in our investigations, and we're increasing our visibility so people feel engaged and empowered to shape our work.

Regulating and supporting our professions allows us to **influence** health and social care. We share intelligence from our regulatory activities and work with our partners to support workforce planning and sector-wide decision making. We use our voice to speak up for a healthy and inclusive working environment for our professions.