

Proposal For the Regulation of Aesthetic Practitioners in the UK

By Emma Rogers

The UK government has called for regulation in the aesthetics industry. Consultations have begun, aiming to enhance the safety of non-surgical cosmetic procedures for the public. Currently, anyone can perform injectable treatments such as botulinum toxin and dermal fillers, with no legal requirement on training or insurance. This situation is unacceptable and poses a risk to individuals seeking these treatments. The industry has been likened to 'the wild west,' consisting of one day fast track to aesthetics courses, anyone able to open a training academy despite being inexperienced and under-skilled, no quality control of the training available, and delegates leaving their training days feeling unconfident or worse, dangerously lacking anatomical knowledge.

In the UK, thousands of businesses, both small and medium, offer aesthetic services. The industry consists of an almost equal mix of practitioners from medical and non-medical backgrounds. For public safety, some medical injectors advocate for prohibiting non-medical practitioners from performing these services. Whilst there is indeed a public risk associated with inadequate aesthetics training, the use of non-licensed products, lack of insurance, and poor complication management, these risks can apply to practitioners of any background.

However, unlike practitioners of a non-medical background, medical practitioners are registered professionals accountable for any actions that could cause public harm. They are governed by their professional bodies which provide a clear avenue for the public to raise any concerns regarding their practice or capabilities. These medical professionals must adhere to a stringent code of conduct, or face deregistration, rendering them unable to continue on as medical professionals. Unfortunately, non-medical practitioners are not held to the same standard, leading to industry contention.

Although aesthetic procedures themselves are not typically covered in medical degrees, medical practitioners acquire fundamental anatomical knowledge and understanding of proper infection control from their qualifications. Not all non-medical practitioners have this fundamental knowledge. Whilst many non-medics have government approved qualifications such as beauty, dental nursing, or other anatomical or science-based disciplines (including university degrees) providing a solid base to pursue further professional development in aesthetics procedures, those who have undergone fast-

track entry to the industry may lack any foundational qualification to build upon. This is an issue regulation needs to address.

Many practitioners wholeheartedly support the development of official qualifications for the aesthetics industry. Whether practitioners have entered the industry from a medical or non-medical background, aesthetic procedures are often a completely new concept and require detailed training from an experienced educator. The current standard of CPD courses on offer vary wildly due to a lack of standardisation and regulation, and the amount of practical experience obtained prior to certification can be limited. An official qualification will ensure that all practitioners are taught the same syllabus of information and obtain a set amount of practical experience prior to being signed off as competent.

When surveyed, the majority welcome regulation, aspiring to be recognised as safe, skilled professionals adhering to an ethical code of conduct. Both medical and non-medical practitioners express frustration at individuals who compromise the industry's integrity with unsafe practices, extremely low prices, and inadequate skills. These practitioners demand an improvement in training quality and more stringent regulation on training providers. There is currently very little to stop someone from completing a fast-track certificate and immediately set up a training academy. Under-trained individuals with little experience and knowledge are then teaching others, which is hugely impacting the quality of aesthetics treatments being offered to the public.

Many non-medical and non-prescribing practitioners, after years of training and experience, are extremely competent and knowledgeable in their field. These individuals fear that the proposed RAG system and accompanying clinical oversight will have a detrimental effect on their established business. While supportive of regulation, they seek acknowledgment as competent professionals based on their expertise. They urge for a voice in the regulation process, expressing concerns that the primary regulatory bodies might not represent their interests or be able to support them in the field of aesthetics. We therefore propose the following:

Mandatory Registration of all Aesthetic Practitioners

Developing a regulatory body with a mandatory register for all aesthetics professionals will ensure that all practitioners, regardless of background, will be expected to adhere to the same industry standards to keep the public safe. Including non-medical practitioners on this register will help align them with the standards expected of health care professionals. Medical professionals who are already registered with a professional body should also hold a separate registration for aesthetic procedures. This will ensure they are supported by a dedicated register when it comes to matters of aesthetics procedures that fall outside the scope of their original profession. Registration would demand minimum training standards, insurance proof, a suitable premise that fulfils licensing criteria, and adherence to a code of conduct. Such a register would also offer a direct route for the public to report unsafe practices, with negligent or unethical members facing potential removal, rendering them no longer able to continue in the industry.

An elected board of senior aesthetics professionals would handle complaints, ensuring fairness and transparency in respect of a practitioner's future on the register. These individuals must be able to demonstrate no bias towards a practitioner's background. Ensuring non-medical practitioners also feel supported by registration and regulation is crucial. Thus, it is recommended that a new register is formed, instead of now allowing them to join a register they have previously been excluded from.

Practitioners misrepresenting their registration status and offering treatments without registration should be held accountable, ensuring the public remains safeguarded from unscrupulous practitioners.

Mandatory Insurance

All aesthetics practitioners should have continuous cover to provide the public with reassurance should the need for a claim arise. This will be a mandatory requirement of registration. All products and procedures offered by practitioners must be permitted by their insurance in order for them to be acting within their code of conduct. Failure to provide annual proof of insurance to the regulatory body will result in being suspended from the register temporarily until the issue has been resolved. Practitioners must not practice treatments classed as aesthetic procedures when they are not active on the register.

Licensed and Inspected Premises

All premises should meet the standards set out by Environmental health for skin breaking procedures and should meet the requirements for license set out by the Health and Care Act 2022. Proof of this license is mandatory for registration. Practitioners must work out of the licensed premises and must not provide mobile treatments. In the event of relocation, provisions should allow the licence to be transferred to the new location for a nominal fee, provided the new location meets the criteria. Practitioners who have multiple locations should hold licenses for each premises. Practitioners should also be mandated to provide annual proof of their sharps management contracts to maintain their licenses.

Minimum Training Standards

All practitioners should have a relevant base qualification. Initial training in each area they wish to practise is essential. Fast-track entry to the industry will be prohibited, and the approved entry route should begin from Ofqual level 3 Anatomy and Physiology, Level 3 Beauty, a healthcare qualification or a government-approved equivalent. It is proposed that these base qualifications extend up to level 7 (covering injectable treatments like botulinum toxin and dermal filler). The current Level 5/7 available to non-medical practitioners are the Qualifi courses. VTCT offers a Level 7 course, currently exclusive to medical practitioners. The VTCT course is more comprehensive and carries more credits than the Qualifi course, suggesting deeper learning. Therefore, VTCT qualifications, or

equivalent, should be accessible to non-medical practitioners who meet prior learning criteria (having obtained Level 5 or Level 6, if introduced). If a non-medical practitioner can pass these courses, they should be allowed to practise without prejudice.

Practitioners who've achieved their Level 5/7 with Qualifi should have the option to transfer credits towards the VTCT. If VTCT remains exclusive, the Qualifi (or any new qualifications introduced) should match VTCT's standards, and those who've completed the original courses should have the option to 'top up' with additional material.

Practitioners with CPD certification and verifiable hours of practice should be eligible for RPL for required case study hours when enrolling in these official courses.

Academies granting these government qualifications should adhere to minimum standards, such as providing a set number of supervised hours for students before qualification, a specific number of models for each treatment, and educators with at least 5 years of experience in the treatments they teach, coupled with a minimum Level 5 diploma in education and training (DET). Academies meeting the criteria for Ofqual-regulated training can be listed as approved on the practitioner register but might be delisted following numerous complaints about their educational standards. The practitioner regulator and register website should feature a section for reporting subpar educational standards.

Non-medical and non-prescribing practitioners seek assurance that, upon obtaining an official qualification in the treatments they are providing, they are deemed competent to continue their careers without fearing sudden obstructions. Supervised practice should be provided by the training academies offering these government-approved qualifications in the form of case studies and essential practical hours. Practitioners should only be certified when the training academy is confident in their competency. Therefore, once practitioners are deemed competent and qualified, they should not require further oversight within their businesses. As is the current standard, a prescriber must still approve prescription-only medications, and some of these may require a face-to-face initial assessment, though they need not be physically present during the treatment once the prescription is approved.

For practitioners to join the register, they must possess the correct official qualifications. The register will reflect member practitioners as level 4, 5, 6, or 7, clarifying the treatments they are permitted to offer. A grace period (suggested 2026-2028) should be given to practitioners to acquire these qualifications before registration becomes mandatory in the UK. Individuals joining the industry after this time, will not be permitted to practice unsupervised until they have qualified and joined the register.

Upon mastering the foundational elements of a treatment through an official government qualification, practitioners might opt for additional CPD courses to enhance their skills. CPD is vital in the industry, ensuring practitioners stay updated with safety measures, new techniques, and relevant scientific breakthroughs. Practitioners must achieve a specific number of CPD points annually to maintain their registration. Those offering CPD training should be active on the register, qualified to the appropriate level, possess at least an AET Level 3 Ofqual, and have a minimum of 3 years' experience in the techniques they are teaching.

For practitioners choosing to seek additional shadowing/supervision post-qualification, a list of approved supervisors on the register should be accessible. All practitioners (both medical and non-medical) who meet the education criteria for supervision (DET level 5, 5 years minimum experience in the treatments they are offering supervision in) can apply to be listed as an approved supervisor on the register. However, their name will be removed as a supervisor, and they will be blacklisted should complaints about poor standards and unethical practice be made and upheld. This will not affect their own place as a member of the register unless they are found to be in breach of their code of conduct in their general practice.

To maintain registration, practitioners must evidence an annual CPD accredited first aid certificate update (covering BLS and anaphylaxis), and every 3 years must ensure this course is completed as a face to face practical. Practitioners must also supply evidence of an annual handwashing certificate. Training relating to sharps handling and disposal, handwashing and infection control, complications management, and mental health in aesthetics, such as body dysmorphia, should also form part of the annual CPD requirement. Medical practitioners belonging to two registers should be permitted to submit the same certificates for both registrations and should not be required to undertake extra CPD.

Access to a Local Prescriber

All registered practitioners, if unable to prescribe themselves, must have a nominated prescriber who is local to them and can attend to prescribe face to face in case of aesthetic complication. The prescriber must be no more than 30 minutes away (considerations given in rural areas). Details of this prescriber (name, pin, proof of address) must be given when registering. This is to ensure practitioners are not using a remote prescriber who is hours away from them and cannot help in an emergency or provide aftercare when emergency medications have been prescribed. Prescribers used must act in accordance with their code of practice (including face to face prescribing for treatments) indicated by the regulatory body that governs their prescribing ability.

Product Procurement from UK licensed Pharmacies and Approved Wholesalers

To avoid being struck from the register, practitioners must only use UK licensed pharmacies and approved wholesalers. All products used within their practice must be insurable for the purpose they are being used for.

Upon being approved for registration, all practitioners, both medical and non-medical, will be provided with a unique pin. To ensure public safety, aesthetic pharmacies and wholesalers should require this Pin to order products. Use of PINs to purchase injectable products will prevent the public and unregistered individuals from being able to access products that could cause harm in the wrong hands. Businesses selling these products can verify the provided PIN on the aesthetics register website's search function.

If practitioners are reported for using non licensed or counterfeit products in their practice, they will be investigated and brought before the board to be struck off if found to be purposely putting the public at risk for financial gain. The aesthetics practitioner register website will provide a list of UK licensed pharmacies and approved wholesalers for clarity.

Responsible Advertising in Line with UK Law

In accordance with advertising laws, prescription only medications are not to be advertised by practitioners. This will be a reportable offence to the regulatory register and result in a warning. Repeated offences may result in being struck off. This also applies to advertising to under 18s, trivialising injectable procedures by holding raffles (which is also against gambling laws) and making untrue statements/representations about the outcomes of a treatment (e.g. photoshop, unfounded medical claims, inaccurate and misleading information etc.)

Practitioners must also respect minimum pricing guidelines for procedures and not promote offers on prescription only medications. This will ensure that the public are not tempted into procedures they do not need by cheap offers and protects the industry from black market products driving prices down. Practitioners may be reported to the regulator for unfair pricing indicating unlicensed, imported product use.

Responsibility to the Public

Practitioners should not treat anyone under the age of 18 in accordance with the law. Practitioners should be transparent with the products they are using and provide their customers with the lot numbers and expiry dates of the products used. If a product is being used 'off license' (e.g. using toxin for lower face treatments) this should be indicated, and additional consent should be sought.

Appointments for invasive procedures should not be scheduled on the same day as consultations. This means that customers should have a 'cooling off period' to consider their options between consultation and treatment to decide if the treatment is right for them. Evidence of consultations should be kept on record (although they may be done online) and should demonstrate that the risks of treatment have been appropriately discussed and understood prior to attending an appointment for treatment.

Maintain Strict Standard for Code of Conduct

Practitioners online and in person conduct should be always professional. A code of conduct should be developed to bring the regulation of non-medical aesthetics practitioners in line with that of a registered health care professional. The code will include but not be limited to; behavioural standards, training standards, ethical standards, conduct standards, hygiene standards, adequate record keeping, adverse

event reporting, insurance requirements, working within limits of competence, treatment of others, communication standards, confidentiality, and reporting of misconduct.

Reporting of Adverse Events

Mandatory reporting of complications (and management of these complications) will facilitate monitoring of public risk. Practitioners should be required to report any complications, and an online form should be created for them to do this with ease on the register website. The collection of data surrounding these complications is not to chastise the practitioner but to monitor risks (e.g., certain treatments resulting in a high complication rate), ensure the practitioner is adequately supported, suggest training updates if necessary, provide a detailed record of the complication for the safety of the person affected, and to provide opportunities for future learning and research.

Mandatory complication reporting will also enable us to monitor product contaminations, which should be reported using the appropriate yellow carding system. The online form for complication reporting should feature a ranking system, from no harm/near miss to catastrophic harm. The form will include whether the complication required prescriber intervention, and if so, the prescriber will be invited to fill out a report to document and share their opinions regarding the handling of the case and cause of the complication.

Maintain GDPR

Practitioners must maintain GDPR by registering with ICO, maintaining client confidentiality, obtaining consent to store data, keeping adequate and up to date records for a minimum of 7 years after last treatment, ensuring all data is kept safe, ensuring all kept data is relevant and only used for the purpose it was intended, and providing access to data upon subject access request.

Summary

If these conditions are met, the aesthetics profession should become a highly regulated, safer industry. Meeting these guidelines will ensure the safety and wellbeing of the public while upholding the highest standards under the guidance of a well-formed and specific regulatory body and register.