COSMEDICHECK

TRUSTED COSMETIC & MEDICAL PROFESSIONALS

Government Responses to non-Surgical Cosmetic Procedures Licensing (England)

(CosmediCheck Easy Read)

Contents

***Please note the following information has been shortened to provide more focus on key points - To view the full information Click this Gov.uk link – The licensing of non-surgical cosmetic procedures in England: consultation response - GOV.UK*

What you need to know about: Section 180 — Licensing of Cosmetic Procedures

Summary of the Health and Care Act 2022 (England)

What This Law Does

Section 180 gives the Secretary of State for Health and Social Care the power to introduce mandatory licensing for certain non-surgical cosmetic procedures in England, to help protect public safety.

This means:

- Individuals may only carry out certain cosmetic procedures if they hold a valid personal licence.
- Clinics or premises offering these procedures may require a premises licence.
- Both types of licences will be issued and overseen by the local authority.

What Is a "Cosmetic Procedure" Under This Law?

The law defines cosmetic procedures as non-surgical, non-dental treatments carried out for aesthetic purposes. It includes:

1. Injecting a substance (e.g. Botox, fillers)
2. Applying a substance that penetrates the skin (e.g. chemical peels, mesotherapy)
3. Inserting needles (e.g. microneedling, microblading)
4. Placing threads under the skin (e.g. thread lifts)
5. Applying light, electricity, cold, or heat (e.g. laser, IPL, fat freezing, HIFU)

Who Will Issue Licences?

Licences will be granted by your local authority, which may be:

- County or district councils in England
- London borough councils
- Combined authorities (e.g. under Levelling-up and Regeneration Act 2023)
- City of London or the Council of the Isles of Scilly

What Will Be Required to Get a Licence?

Under the forthcoming licensing scheme, professionals and businesses will need to meet strict standards, including:

- Appropriate training, qualifications and education
- Safe and hygienic premises
- Insurance and indemnity cover
- Evidence of competence to carry out the procedures offered

The law allows for:

- Fees to be charged for licensing
- Criminal penalties or financial fines for working without a licence once the scheme is in force
- Inspections and enforcement by local authorities

Is This in Force Yet?

Not yet — the powers are active, but the specific regulations (secondary legislation) have not been introduced. Once they are, only licensed individuals and premises will be legally allowed to offer specified cosmetic procedures.

What To Start Thinking About Now

1. Review your treatments — If you offer anything listed above, you will likely fall under the new licensing rules.
2. Ensure qualifications are up to date — Training must be recent, relevant, and recognised (accredited qualifications to be confirmed, however accredited qualifications are recommended).
3. Prepare your premises — Hygiene, health and safety, and clinical standards will be essential.
4. Keep your insurance in order — Public liability and professional indemnity cover will be mandatory.

Click here to view the full Health and Care Act 2022 - Health and Care Act 2022

The Licensing of non-surgical cosmetic procedures (in England)

Updated on the gov.uk website 07/08/2025

Purpose:
To reduce risks to public health and safety by introducing **mandatory licensing** for certain **non-surgical cosmetic procedures**.

Key Points

- **Licensing Requirement:**
  - Individuals must hold a **personal licence** to perform specified cosmetic procedures.
  - Premises must hold a **premises licence** to offer those treatments.
  - Both licences will be issued and monitored by **local authorities**.
- **What Counts as a Cosmetic Procedure:**
  Any *non-surgical, non-dental* procedure done for aesthetic purposes, including:
  - Injections (e.g. Botox, fillers)
  - Substances that penetrate the skin (e.g. peels, mesotherapy)
  - Needling (e.g. microneedling, microblading)
  - Thread lifts
  - Treatments using light, heat, cold, or electricity (e.g. laser, HIFU, IPL)
- **Local Authorities Involved:**
  County and district councils, London boroughs, combined authorities, City of London, and Isles of Scilly.
- **Enforcement:**
  Local authorities will have powers to inspect, issue fines, and impose **criminal penalties** for unlicensed activity.

Aims of the Licensing Scheme

- Set **national standards** for practitioner training, qualifications, and insurance.
- Ensure **premises hygiene and safety** meet approved standards.
- Protect the public from **unsafe or unqualified providers**.

Proposed 3-Tier Risk System

Category	Risk	Who Can Perform
🟢 **Green**	Low	Any licensed practitioner meeting set standards
🟠 **Amber**	Medium	Licensed non-healthcare professionals under supervision of a qualified healthcare professional
🔴 **Red**	High	Only qualified healthcare professionals in CQC-regulated premises

Restrictions

- Procedures under the scheme **cannot be performed on under-18s**, except under medical supervision by a GMC-registered doctor.
- High-risk (red) procedures will fall under **CQC regulation** rather than local licensing.

Consultation Highlights

- **11,800+ responses** supported stronger regulation for public safety.
- Broad support for licensing and tiered risk categorisation.
- Mixed views on the amber category; some called for focus on **training and competency** instead of tiering.
- Local councils urged for inclusion of **tattooing, piercing, electrolysis, semi-permanent makeup, and acupuncture** under regulation (likely green tier).

Government Response

Overall Position - The government confirmed strong public and professional support for tighter regulation of cosmetic procedures.

It will introduce:

- A licensing scheme for lower- and medium-risk procedures, and
- Stricter CQC oversight for the highest-risk (surgical-level) procedures.

The goal is to protect public safety, ensure practitioner competence, and prevent unqualified individuals from performing invasive treatments.

Government Actions and Next Steps

1. **High-Risk Procedures (Red Tier):**
    - Legislation will ensure that procedures involving breast, buttock, or genital augmentation with fillers or fat can only be done by CQC-registered healthcare professionals.
    - Work with the Care Quality Commission (CQC) is underway to integrate these rules within existing laws.
    - A public consultation on these changes will be launched early next year.
2. **Lower and Medium-Risk Procedures (Green & Amber Tiers):**
    - Development continues for a local authority licensing scheme.
    - The aim is to regulate less invasive treatments (e.g. fillers, microneedling, peels, laser).
    - Officials will ensure the rules are proportionate and do not duplicate local licensing systems.

Classification & Tiering of Procedures

- The government supports a tiered risk model based on:
    - Level of invasiveness
    - Depth or strength of treatment (e.g. laser or peel intensity)
    - Complexity and potential for complications
- Procedures may shift across tiers depending on risk factors and technical application.
- Ongoing collaboration with experts will refine classifications and practitioner eligibility.

Stakeholder Collaboration

- Authorities will continue engaging with:
    - Local councils – to streamline fees and avoid overlapping regulations.
    - Professional bodies – to clarify training, insurance, and safety standards.
    - Industry stakeholders – to update rules as new techniques and products emerge.

What Won't Be Included (For Now)

- Tattooing, piercing, acupuncture, electrolysis, and semi-permanent makeup will remain under existing local registration (Local Government Act 1982).
- Licensing will focus only on procedures with little or no existing regulation.

Summary of Government Intent

Focus Area	Action
High-risk procedures	Restrict to qualified medical professionals in CQC-regulated premises
Medium & low-risk procedures	Introduce local authority licensing
New guidance	Clear rules on invasive procedures and practitioner qualifications
Future consultation	Public input on new legislation early next year
Ongoing review	Continuous assessment as new treatments and risks emerge

Age Restrictions for Cosmetic Procedures Government Response:

- The government will **mandate an age limit of 18+** for cosmetic procedures under the licensing scheme.
- It will consider **medical exceptions** and review which treatments might be safe for under-18s after further risk assessment.

Training, Qualifications & Education Standards

Key Themes from the Consultation:

- Broad agreement that **education and training** are the foundation of safe practice.
- Regulation should focus on **competence and standards**, not just **professional titles** (e.g. doctor, nurse, therapist).
- Many called for regulation of **training providers** due to poor-quality short courses and online certifications.

Main Points Raised:

- Regulation should:
  - Mandate **consistent national standards** for qualifications and CPD (Continuing Professional Development).
  - Require practitioners to demonstrate **ability to manage complications**.
- Many argued that **aesthetic practice is distinct** from healthcare — focused on artistry, symmetry, and aesthetic judgement.
- Others maintained that most aesthetic procedures are **medical in nature** and should be restricted to **regulated healthcare professionals** accountable to a professional body.
- Concern that **being a healthcare professional** alone doesn't always mean having **aesthetic-specific skills**, and vice versa.

Additional Feedback:

- Questions were raised about a possible **"grandfathering period"** to recognise existing qualifications and experience, so current practitioners wouldn't need to retrain immediately.
- Some requested **support or funding** to help practitioners meet any new qualification requirements.

Government Response:

- Training and qualification standards will form a **core part of the new licensing system**.
- Further work is planned to determine how **existing qualifications** will be recognised and **how to transition** fairly for current practitioners.

Supervision & the Amber Category

What Was Proposed:

Medium-risk ("amber") cosmetic procedures would require supervision or oversight from a regulated healthcare professional who is qualified to prescribe, administer, and supervise aesthetic treatments.

Main concerns included:

- Lack of clarity on what "supervision" means and who qualifies as a "regulated healthcare professional."
- Some healthcare professionals' prescribing powers don't apply to aesthetics.
- Requests for a tiered or flexible system based on practitioner experience and competence.
- Fears that supervision could:
    - Limit non-healthcare practitioners' ability to offer treatments
    - Increase business costs
    - Reduce profitability and client access
- Practical challenges: uncertainty about whether supervisors must be on-site and if there are enough qualified supervisors available.
- Workforce concerns: risk of NHS staff leaving for higher-paying aesthetic supervision roles.

Government Response

The government views oversight as a key safety measure, but recognises the sector's concerns around cost, practicality, and fairness.

Current position:

- "Oversight" is not yet defined — its meaning will be refined through further consultation.
- Requirements will depend on:
    - The risk level of each procedure
    - The competence and training of both practitioners and supervisors
    - Whether POMs are used (e.g. hyaluronidase for managing filler complications)
- Oversight will be developed alongside wider training and education standards, ensuring the approach remains proportionate, practical, and evidence-based.

Definitions, Descriptions & Bias in the Consultation

What Was Raised

Many respondents said it was difficult to fully agree with the consultation proposals because of unclear definitions around:

- Who qualifies as a “regulated healthcare professional.”
- What “supervision” would involve in practice.
- What training and educational standards practitioners would need to meet.

Feedback from the Sector

- Many felt that aesthetic practice falls outside the professional scope of many regulated healthcare professionals.
- Concern that healthcare professionals were being seen as automatically more skilled in aesthetics simply due to their status — not because of specific aesthetic experience or qualifications.
- Some questioned the accuracy of procedure descriptions in the consultation’s glossary and the sources of expert advice used.
- Divided opinions emerged:
    - Some said the proposals favoured healthcare professionals, limiting fair access for qualified aesthetic practitioners.
    - Others believed the consultation favoured non-healthcare professionals, risking public safety by allowing less regulation.

Government Response

- The government will continue to work with stakeholders and experts to refine:
    - Training and education requirements
    - Supervision standards
    - Eligibility criteria for regulated healthcare professionals acting as supervisors
- Further collaboration aims to ensure the final definitions, categories, and descriptions are accurate, fair, and technically sound.
- Work is ongoing to ensure that professional scope, competence, and risk, not job title — determine who can safely perform or supervise procedures.

Resources to Administer & Enforce the Scheme

What Was Raised

- Local authority capacity: Current resources are already stretched; licensing aesthetics would add significant workload outside existing remit.
- Skills & training needs: Councils would require substantial training and guidance to inspect/assess aesthetic procedures; similar concerns raised about CQC capacity for high-risk oversight.
- Enforcement strength: Calls for robust enforcement, with clear offences and penalties to deter circumvention.
- Fees & funding: Broad support for cost-recovery fees; mixed views on whether fees should be nationally set or locally determined.

Government Response

- Resourcing & upskilling: Government recognises added workload for local authorities and CQC and will engage to understand resourcing, training, and guidance requirements.
- Phased implementation: Will balance a lead-in/transition period (to build capacity) with the need to move quickly to protect public safety.
- Support for implementers: Commitment to support those introducing and operating the new regulatory oversight.

Duplication of Systems of Regulatory Oversight

What Was Raised

Many respondents, especially local authorities — warned that introducing a new licensing scheme alongside existing registration systems could create duplication, confusion, and bureaucracy.

Feedback from the Sector

- Overlap with existing laws:
  Local authorities currently regulate procedures such as tattooing, cosmetic piercing, semi-permanent skin colouring, electrolysis, and acupuncture under the *Local Government (Miscellaneous Provisions) Act 1982*.
    - Many councils argued these should be included in the new licensing scheme to ensure consistent standards and stronger enforcement powers.
- Two systems, one business:
  Clinics offering both registered and licensed procedures could be forced to operate under two separate frameworks, increasing administrative and cost burdens.
- Regional licensing overlap:
  Some areas, such as London, already have local licensing through acts like the *London Local Authorities Act 1991*.
    - Respondents said adding a national licensing system could duplicate oversight and confuse enforcement.
- Overlap with CQC and regulators:
    - Businesses offering both CQC-regulated (high-risk) and licensed (lower-risk) procedures questioned why they should need both forms of regulation.
    - Some suggested the CQC should oversee all procedures within such premises for simplicity and consistency.
- Professional regulation concerns:
    - Questions arose on how healthcare regulators, CQC, local authorities, and the Professional Standards Authority (PSA) accredited registers would coordinate responsibilities.
    - Respondents stressed the need to avoid gaps or overlaps in accountability for complaints, enforcement, and fitness-to-practise issues.

Government Response

- The government acknowledges the risk of duplication and the need to keep regulation streamlined and practical.
- Officials will continue to work with:
    - Local government
    - Statutory healthcare regulators
    - CQC, MHRA, and PSA-accredited registers

    to ensure regulatory roles are clear, complementary, and efficient.
- There is already a strong record of joint working in health regulation — this approach will be built upon to maintain public safety while minimising bureaucracy for practitioners and businesses.

National Register, Communications & Data Sharing

What Was Raised

Respondents stressed the importance of clear communication, accessible information, and data sharing to support the successful introduction of the new licensing scheme.

Feedback from the Sector

- Public and practitioner awareness:
    - Both practitioners and the public need clear, accessible information about:
        - What the new licensing system involves
        - How businesses can become compliant
        - How consumers can identify licensed, reputable practitioners
- Call for a national register:
    - Many organisations supported a publicly accessible national register of licensed practitioners.
    - This would help consumers verify providers and help local authorities share data more effectively.
    - Respondents recommended that the register be established at the same time as licensing begins, to avoid issues compiling it later.
- Register of training providers:
    - Several responses proposed a national register of approved training providers so authorities and clients can validate practitioner qualifications.
- Data and information sharing:
    - Calls for better coordination and data-sharing systems among regulatory bodies to:
        - Record complaints, adverse events, and complications
        - Identify emerging risks or trends
        - Enable faster, coordinated action across regulators and local authorities

Government Response

- The government recognises that regulation must be clear, navigable, and transparent for:
    - The public, seeking safe practitioners
    - Businesses, needing to comply with the law
    - Enforcement bodies, tracking compliance and emerging risks
- Next steps include:
    - Working with local authorities, the CQC, and other regulatory partners to create a comprehensive communications plan for rollout.
    - Establishing effective data collection and sharing systems to ensure real-time reporting and rapid response to sector issues.
    - Ensuring the regulatory system is responsive, evidence-driven, and easy to use for all involved.

Devolved Governments, Prescribing & Product Oversight

What Was Raised

Some organisations highlighted that the proposed licensing scheme applies only to England, while Scotland, Wales, and Northern Ireland each have their own oversight systems for the aesthetics sector.

Feedback from the Sector

- Respondents noted the importance of cross-UK cooperation to avoid gaps in regulation and ensure consistent public safety standards.
- Media reports suggested that under-18s in England were bypassing the age restrictions set by the *Botulinum Toxin and Cosmetic Fillers (Children) Act 2021* by obtaining treatments in Wales.
- Stakeholders urged the government to coordinate with devolved administrations to align approaches and close cross-border loopholes.

Prescribing & Access to Medicines

- Concerns raised about prescribing practices for procedures requiring Prescription-Only Medicines (POMs):
    - Lack of face-to-face consultations between prescribers and clients.
    - Insufficient clinical assessment before treatment.
- Respondents highlighted that nurse independent prescribers in England cannot legally hold stock of POMs — creating delays in emergencies.
    - This restriction can limit access to critical medicines like adrenaline (for anaphylaxis) and hyaluronidase (for dissolving filler in vascular occlusion).
    - Some called for legislative changes to address this safety gap.

Product Quality & Supply Chains

- Concerns about the use of unregulated or unsafe products, including:
    - Importation of unlicensed injectables or fillers.
    - Weak oversight of product sourcing and distribution routes.
- Respondents urged the government to work with the MHRA and other regulators to strengthen product safety checks and ensure all products are traceable and reputable.

Government Response

- The government will continue working with devolved administrations to share information and align approaches to public safety in the non-surgical cosmetics sector across the UK.

Prescribing & Products

- The government acknowledges concerns about remote prescribing, restricted medicine access, and product safety.
- Officials will work with relevant regulatory bodies (including MHRA and professional regulators) to:
    - Review current prescribing laws and guidance.
    - Address risks from unsafe products and poor practice.
    - Strengthen oversight and collaboration to improve patient safety.

Safeguarding & Futureproofing

What Was Raised

Respondents highlighted the need for stronger safeguarding measures and for the new licensing system to be adaptable to innovation in the fast-evolving aesthetics sector.

Feedback from the Sector

Safeguarding

- Several responses expressed concern that the consultation did not include specific safeguarding provisions for:
    - Children accessing non-surgical cosmetic treatments.
    - Vulnerable adults who may be targeted or exploited.
- Stakeholders noted that the current lack of regulation allows individuals with no professional accountability or background checks to offer treatments, posing a risk to public safety.

Futureproofing the Licensing Scheme

- The sector agreed that the new licensing system must be flexible and future-ready.
- Respondents recognised that aesthetics is an innovative and rapidly changing field — new products and techniques regularly emerge.
- Key points raised:
    - Regulations should be regularly reviewed and updated.
    - Procedure classifications (green, amber, red) must remain proportionate to actual risk.
    - Clarity is needed on who will be responsible for reviewing and updating classifications as the sector evolves.

Government Response

Safeguarding

- The government acknowledges safeguarding as essential to public protection.
- Although it was not a focus of this consultation, the feedback received will help shape future requirements to ensure all practitioners are safe and suitable to perform procedures on the public.

Futureproofing

- The government recognises that innovation is continuous in the aesthetics industry.
- It will:
    - Continue to monitor emerging products and techniques with sector stakeholders.
    - Ensure the licensing framework can adapt to new developments and address potential risks promptly.
    - Keep procedure classifications under review to maintain safety and proportionality.

Conclusion Overview

This consultation marked the first stage in developing the licensing scheme and regulatory framework for non-surgical cosmetic procedures in England. It explored key issues around scope, standards, and oversight, engaging a broad range of stakeholders from across the sector.

Key Takeaways

- The consultation attracted diverse opinions on both the proposed measures and wider issues affecting the aesthetics industry.
- Responses revealed areas requiring further development, including:
    - Licensing scope and definitions
    - Practitioner qualifications and supervision
    - Safeguarding and public information
    - Data sharing, communication, and coordination with devolved nations
- The government acknowledges that designing a proportionate and effective regulatory system is complex but essential for public safety and sector accountability.

Next Steps

- The feedback from this consultation will guide ongoing policy work to refine the structure and standards of the licensing scheme.
- Further public consultations will be held to test new proposals and gather additional insight.
- A finalised framework will be developed and debated in Parliament before implementation.
- The aim remains to create a clear, fair, and futureproof system that protects the public while supporting a safe and professional aesthetics industry.

Methodology

Consultation Overview

- Duration: 2 September – 28 October 2023
- Platform: Online survey via GOV.UK, featuring both quantitative (closed) and qualitative (open-text) questions.
- Additional submissions: Several organisations submitted documents via the consultation portal and by email, which were reviewed alongside survey responses.

Quantitative Analysis

- Approach: Descriptive statistics used to summarise responses — no inferential testing or predictive modelling.
- Breakdowns provided by:
    - Type of respondent (public, organisation, workforce member)
    - Professional group (e.g. aesthetic practitioners, healthcare professionals)
    - Nation of work (England, Wales, Scotland, Northern Ireland, or elsewhere)
- Interpretation caution: Results represent only those who responded — not full population views.
    - Example phrasing like *"public respondents were most likely to say…"* refers only to survey participants.
    - No statistical significance testing; differences highlighted by expert judgement.

Aggregation rule: Positive and negative responses combined (e.g. 28% very unsupportive + 5% slightly unsupportive = 33% unsupportive).
Percentages calculated from respondents to each question, not total participants.

Supporting Data

- Accompanying data tables published alongside this consultation response.
    - Contain full quantitative breakdowns.
    - Apply statistical disclosure controls to preserve anonymity.
    - Include respondent counts by category.

Qualitative Analysis

- Free text: 14 open-ended questions generated ~50,000 responses (≈2.1 million words).
- Organisation responses:
    - 417 submitted via the survey (30 uploaded documents),
    - 4 via mailbox,
    - 2 PDF submissions.
    - Included aesthetics and beauty businesses, charities, professional bodies, training providers, local authorities, and universities.
    - Reviewed manually using iterative thematic coding by analysts and policy officials.
    - Treated collectively as “organisations,” “stakeholders,” or “stakeholder organisations.”

Note: Some organisations submitted multiple versions (e.g. identical responses sent by several members).

Analytical Techniques

- Topic modelling (machine learning): Used to identify common themes in large volumes of free text by clustering frequently co-occurring words.
- Manual thematic review: Conducted on samples across respondent types and demographics to deepen insights.
- Contextual analysis: Free-text answers linked to preceding quantitative responses (e.g. “please explain your answer”).

Interpretation Approach

- Qualitative results are indicative, not statistical.
- Terms such as *“many,” “some,” “a few,”* indicate relative weight of opinion.
- Quotes included where illustrative — unedited except for removal of identifying details.
- Assumption of good faith in all submissions (self-reported characteristics accepted as accurate).

Analysis of Responses

Overview

The consultation on licensing non-surgical cosmetic procedures received 11,848 total responses.

- 55% were from individuals sharing professional views.
- 41% were from individuals sharing personal experiences.
- The remainder were from organisations and stakeholder bodies. Demographic information (age, sex, region, nation) is available in the published data tables, with low values suppressed to protect anonymity.

Introductory Questions

Working in the Sector

- 6,431 responses
    - 82% (5,268) currently work as non-surgical cosmetic practitioners.
    - 18% (1,163) do not.

Relevant Qualifications

- 11,109 responses
    - 57% (6,354) hold qualifications specific to non-surgical cosmetics.
    - 43% (4,755) do not.
- 4,577 open-text responses listed a wide range of qualifications, showing significant diversity in practitioner training routes.

Experience as a Client

- 11,179 responses
    - 82% (9,137) had undergone a non-surgical cosmetic procedure.
    - 18% (2,042) had not.
- Female respondents were the majority, and were more likely (84%) to have had treatment than males (56%).

Most Common Procedures

From 7,856 open-text responses, over 90% of procedures were successfully categorised.

Top reported treatments:

Procedure	% of Respondents	Count
Dermal filler	70%	5,331
Botox	67%	5,095
Skin boosters	11%	847
Microneedling	11%	811
Chemical peels	9%	685
Anti-wrinkle treatment	9%	648

- Most common among ages 35–44, followed by 25–34 and 45–54.
- The vast majority of clients were female.
- Practitioners were the most likely group to have had procedures themselves.

Satisfaction with Procedure Outcome

- 9,032 responses:
    - 94% (8,481) satisfied
    - 6% (551) unsatisfied
- High satisfaction across all age groups and procedures, with slightly higher satisfaction for microneedling, skin boosters, peels, and anti-wrinkle treatments.

Positive themes:

- Clear pre- and post-treatment information
- Clean, professional environments
- Good communication and consultation

Concerns raised:

- Side effects (lumps, swelling, bruising, pain, filler migration, infection)
- Poor aftercare, rushed services, or unprofessional behaviour
- Difficulty obtaining refunds or complaint resolution

Satisfaction with Practitioners

- 9,024 responses:
    - 93% (8,424) satisfied
    - 7% (600) unsatisfied
- 4,125 open-text responses expanded on practitioner experiences.

Positive experiences included:

- Thorough consultations and consent procedures
- Visible qualifications and strong communication
- Good aftercare and follow-up support
- Practitioners trained to Level 5/6 or with anatomy-specific expertise

Negative experiences included:

- Poor communication or inadequate explanations
- Perceived commercial focus or "upselling"
- Negative outcomes linked to practitioner skill
- Emotional distress following poor results

Perceptions of practitioner type:

- Respondents used terms like *"medic"* vs *"non-medic."*
- Views were mixed: many reported good and bad experiences with both healthcare and aesthetic practitioners.
- Some believed non-medics had deeper aesthetic expertise, while others viewed medics as safer.

Information & Risks

- 9,033 responses:
    - 92% (8,307) felt adequately informed
    - 8% (726) did not
- Common complications identified by those dissatisfied included: lumpiness, bruising, swelling, filler migration, infection, scarring, vascular occlusion, and pain.
- Some had fillers dissolved with hyaluronidase to correct issues.

Restriction of High-Risk Procedures

Respondents were asked if high-risk cosmetic procedures should be restricted to qualified and regulated healthcare professionals.

- **11,753 responses:**
    - 53% strongly agree
    - 10% agree
    - 4% neither
    - 9% disagree
    - 24% strongly disagree

63% overall support for restricting *high-risk* procedures.

Defined “high-risk” procedures included:

- Genital augmentation (autologous fat or dermal fillers)
- Injectables to intimate areas (rectum, genitalia, breasts)
- Ultrasound with large-bore cannula (liposuction)

Key insights:

- Some respondents misunderstood the question, interpreting it as restricting all procedures to medics.
- Aesthetic practitioners largely opposed the restriction (62% disagreed).
- Healthcare professionals (92–94%) supported the restriction.
- Views were similar across England, Scotland, Wales, and Northern Ireland.
- 6,739 open-text responses provided detailed opinions on risk and regulation.

Restriction of cosmetic procedures

Restriction of cosmetic procedures - Aesthetic Practitioners

What Was Raised

Aesthetic practitioners and beauty therapists expressed strong concerns about fairness, professional recognition, and the impact of proposed licensing restrictions on their livelihoods and the wider aesthetics industry.

Feedback from the Sector

Support for restrictions (minority view):

- Some agreed high-risk procedures should be limited to regulated healthcare professionals, acknowledging serious complication risks.
- However, they insisted anti-wrinkle and dermal filler treatments should not be classed as high-risk.

Skills and experience:

- Many argued aesthetic practitioners are often more skilled and experienced than medical professionals in delivering cosmetic results.
- Several noted that public trust is often stronger toward aesthetic practitioners.
- Stressed that being “regulated” does not automatically equal competence or safety in aesthetics.

Training and qualification standards:

- Major focus on training quality and regulation of training providers.
- One-day and short courses widely criticised as unsafe.
- Broad calls for national qualification benchmarks (Levels 3–7).
- Emphasis on competence-based licensing, not professional background.
- Strong support for mandatory insurance for all practitioners.

Safety and emergency management:

- Many said non-medics can safely manage complications (e.g. filler dissolving, anaphylaxis) if properly trained.
- The consensus: training > title when determining who can practise.

Career and livelihood impacts:

- Widespread fear of financial loss and business closures if retraining or exclusion occurs.
- Described proposals as discriminatory or unfair toward small businesses.

Effect on the NHS:

- Warning that restricting practice to healthcare professionals could draw staff away from the NHS, worsening workforce pressures.

Key Themes

Theme	Summary
Skills vs. title	Competence and experience matter more than regulatory status
Training quality	Strong call to regulate providers and ban short/one-day courses
Licensing fairness	Concern over discrimination and loss of livelihoods
Safety & emergencies	Non-medics can act safely with adequate training
NHS impact	Risk of staff leaving NHS for aesthetics

Restriction of cosmetic procedures - Regulated Healthcare Professionals

What Was Raised

Healthcare professionals in the cosmetic field overwhelmingly supported restricting high-risk procedures to qualified and regulated clinicians, citing patient safety, clinical accountability, and NHS burden.

Feedback from the Sector

Support for restriction:

- Majority backed limiting high-risk treatments to regulated clinicians — many argued they should be medical-only (doctors, nurses, dentists).

Accountability and safety:

- Regulation ensures competence, governance, and ethical accountability.
- Quote: *"Only medical professionals are educated and equipped to recognise and deal with complications."*

Anatomy and clinical understanding:

- Deep anatomical knowledge deemed essential.
- Quote: *"Knowledge of anatomy and the risks are second nature to registered clinicians. Ignorance leads to overconfidence."*

Complication management:

- Non-regulated practitioners viewed as ill-equipped for emergencies or POM use.
- Concern over both physical and psychological complications, plus NHS costs from corrective care.

Training standards:

- Short or one-day courses criticised as unsafe.
- Some acknowledged competent non-medics with recognised qualifications could practise if meeting standards.
- Quote: *"If someone has had the relevant training…it shouldn't matter if they are medic or non-medic."*

Key Themes

Theme	Summary
High-risk procedures	Should be limited to regulated clinicians
Injectables & POMs	Only regulated professionals should administer
Safety & oversight	Regulation ensures accountability and patient protection
Training quality	One-day courses criticised; need robust standards
NHS impact	Over-restriction could divert staff from NHS to private practice

Restriction of cosmetic procedures - Regulated Healthcare Professionals Not in Cosmetics

What Was Raised

Healthcare professionals outside cosmetics largely supported medical-only restrictions, stressing public safety, clinical competence, and the risks of unqualified practice.

Feedback from the Sector

Support for restriction:

- Majority favoured limiting high-risk procedures to regulated or medical professionals.

- Linked regulation with safety, competence, and accountability.

Clinical knowledge:

- Only trained clinicians possess the anatomical and physiological understanding needed for invasive treatments.

Health & safety concerns:

- Highlighted complication risks and NHS costs from unqualified practice.
- Belief that non-regulated practitioners may not manage emergencies effectively.

Alternative views:

- Some open to qualified non-medics practising if competency proven.
- Warning that over-restriction could drive a black market.

Training & regulation improvements:

- Calls for:
    - Regulated training providers.
    - Qualification verification systems.
    - National practitioner register.
    - Mandatory insurance.

Key Themes

Theme	Summary
High-risk procedures	Should be limited to regulated or medical professionals
Safety & accountability	Regulation equated with safe clinical practice
Training standards	Strong oversight needed for providers and short courses
Competence vs. title	Regulation ≠ automatic competence
System improvements	Central register, insurance, qualification checks
Risks	Over-restriction could fuel unregulated markets

Restriction of cosmetic procedures - Members of the Public

(Not Working in Cosmetics)

What Was Raised

Public responses reflected both safety priorities and concerns about fairness, revealing divided views on who should perform aesthetic procedures.

Feedback from the Public

Support for medical oversight:

- Majority favoured regulated or medical professionals for high-risk procedures.
- Quote: *"There's nerves and muscles on the face… only prescribers should be able to use these medications."*

Risks & complications:

- Highlighted permanent damage risks and NHS burden from unregulated practice.

Equal standards approach:

- Many supported competence-based equality — anyone meeting the same training standards should be allowed to practise.
- Some viewed full restriction as unfair or "nanny-state" regulation.

Experience & trust:

- Recognition that experienced beauticians often have deep practical expertise.
- Regulation alone doesn't guarantee safety.
- Concern over NHS staff migration to aesthetics.

Training & product regulation:

- Calls for mandatory training standards and product safety regulation.
- Quote: *"Recognised qualifications should be mandatory so experienced beauticians can carry out targeted procedures."*

Key Themes

Theme	Summary
Safety & risk	Broad support for medical oversight of high-risk procedures
Equal opportunity	Competence-based licensing preferred
Training quality	National standards and provider regulation essential
Public trust	Experienced beauticians seen as capable and trusted
Regulation impact	Concerns over fairness and NHS workforce drain
Product safety	Stronger oversight of aesthetic products needed

Restriction of cosmetic procedures - Training Providers & Business Owners

What Was Raised

Mixed opinions centred on training quality, fairness, and business impact, with widespread calls for higher standards and equal opportunity.

Feedback from the Sector

Competence over regulation:

- Many insisted skill and experience matter more than regulatory title.
- Quote: *"Non-medics are more caring, careful, and often more knowledgeable on facial anatomy."*

Support for restriction (minority view):

- Some endorsed medical-only practice, citing inability of non-medics to handle emergencies.

Training standards:

- One-day courses heavily criticised.
- Demands for consistent national qualification levels (3–7).

Fairness & business impact:

- Concern over career loss, retraining costs, and small business closures.

NHS impact:

- Some warned tighter rules could push NHS staff into private aesthetics, worsening shortages.

Key Themes

Theme	Summary
Competence vs. regulation	Skill should determine eligibility, not title
Training quality	Regulate providers and ban short courses
Qualification levels	Levels 3–7 cited as safe practice benchmarks
Safety & NHS cost	Complications burden public healthcare
Business fairness	Fear of career loss and retraining expense
Artistic expertise	Non-medics valued for symmetry and aesthetic judgment

Restriction of cosmetic procedures - Licensing Professionals

What Was Raised

Local authority officers and licensing experts emphasised public protection, infection control, and consistency, with broad support for medical-led oversight.

Feedback from the Sector

Support for restriction:

- Majority favoured regulated or medical professionals only for high-risk work.
- Strong focus on infection control and clinical safety.

Fairness & experience:

- Some advocated inclusion of experienced non-medics if competency is proven.
- Quote: *"It is ludicrous to penalise skilled practitioners just because they lack a medical background."*

Training & product oversight:

- Common call to regulate poor-quality training and cheap or unsafe products.

Consumer safety & futureproofing:

- Belief that licensing will empower safer consumer choices.
- Urged for regularly updated statutory guidance to stay aligned with industry innovation.

Key Themes

Theme	Summary
High-risk procedures	Support for restriction to regulated professionals
Infection control	Medical staff seen as best equipped for safety
Competence recognition	Calls to include proven non-medics
Training regulation	Oversight of courses and providers essential
Product safety	Clamp down on unsafe or counterfeit products
Futureproofing	Licensing must evolve with new technologies
Public protection	Seen as a vital public-safety step

Restriction of cosmetic procedures - Organisation Response

What Was Raised

Healthcare, aesthetics, education, and local-government organisations broadly supported restrictions but demanded clarity, fair implementation, and strong training standards.

Feedback from Organisations

General agreement:

- High-risk procedure restrictions viewed as proportionate for public safety.
- Emphasis on reducing NHS burden from complications.

Definition of "high risk":

- Many called for clear criteria and transparent classification of treatments.
- Ambiguity over whether "medical" refers to doctors only or all clinically trained professionals.

Training & competence:

- Repeated message: Safety depends on training, not title.
- Aesthetic professionals often train healthcare workers themselves.
- Recognition of wide quality variation in current training courses.

Definition clarity:

- Requests for precise definitions of *“regulated healthcare professional”* and *“high-risk procedure.”*

Business impact:

- Concerns that restrictions could harm independent practitioners.
- Support for tiered supervision models to reflect training and experience.

Medical-only advocacy (minority):

- Some argued all aesthetics are inherently medical and should be performed only by doctors or nurses, given their duty of care and accountability.

Key Themes

Theme	Summary
Support for restriction	Broad support for limiting high-risk procedures
Definition clarity	Need to define “high-risk” and “regulated HCP”
Training standards	Wide variation; need for consistency
Competence vs. title	Skill and experience outweigh professional label
Business impact	Concern for livelihood and access to clients
Supervision models	Support for flexible, tiered oversight
Medical-only stance	Minority argue all aesthetics are medical acts

CQC Regulation of Cosmetic Procedures

Question Asked

Should restricted high-risk procedures be brought within the Care Quality Commission (CQC) scope of registration?

Responses (n = 11,414):

- Strongly agree: 5,102 (45%)
- Agree: 1,687 (15%)
- Neither: 1,221 (11%)
- Disagree: 1,303 (11%)
- Strongly disagree: 2,101 (18%)

Overall agreement: 60% (Public 63%, Professionals 57%).
By nation: Majority support in all UK nations (lowest England 56%, highest Scotland 65%).

Views by Group

Aesthetic Practitioners

- Mixed overall; 35% agree, 49% disagree.
- Concern that capable non-medics would be unfairly restricted; impact on business viability.
- Skepticism about CQC capacity and fees.

“CQC has enough to do without diverting attention from suitably qualified professionals.”

Regulated HCPs (Working in Cosmetics)

- 71% support; see CQC as necessary for invasive/high-risk work and complication management.

“Bringing these high-risk medical procedures under CQC protects patients.”

- Note regulatory gap: CQC oversight doesn’t reach non-regulated practitioners.
- Cite Nuffield 2017 suggestion to extend CQC to invasive non-surgical settings; recommend managing complications under TDDI.
- Some say CQC adds little where HCPs are already professionally regulated; call for training access equity for all.

Regulated HCPs (Not in Cosmetics)

- Very strong agreement (≈89%).
- Value CQC's inspection, minimum standards and governance.

Inspectors should have aesthetic expertise to be effective.

Public (Not in Cosmetics)

- Many support CQC for public safety; some see it as unnecessary bureaucracy.
- Emphasise consistent training standards; acknowledge experienced non-medics.

"Newly qualified nurse vs. therapist with decades of experience — I know who I'd choose."

Training Providers & Business Owners

- Generally supportive: CQC boosts public confidence and hygiene standards.

"CQC-registered status helps the public make informed choices."

- Counter-view: if training standards are robust, CQC may be unnecessary; CQC seen as healthcare-focused, not beauty.
- Concern over limits on non-medics and business impact.

Licensing Professionals

- Broad agreement: CQC well placed to regulate high-risk procedures; familiar with medical assessments.
- Concerns: CQC doesn't cover non-HCPs, enforcement capacity, short inspection duration.

"Cosmetic vs medical" remit questioned by a minority.

Organisations

- Good overall support: proportionate given risk of harm; CQC brings legal powers, audit/data systems, and clinical expertise.
- Issues flagged:
    - Resourcing/workload (recall pre-2010 laser/IPL experience).
    - Duplication with local licensing; proposals that CQC should oversee entire premises where any CQC-regulated activity occurs (no duplicate local licence).

- Consider expanding TDDI to cover aesthetic complications; some propose including medium-risk or all aesthetics.
- Need clarity on “high risk” and “regulated healthcare professional”.
- Some advocate a supervision matrix for non-medics.

Key Themes

Theme	Summary
Overall support	60% agree to bring high-risk procedures under CQC; strongest among HCPs, weakest among aesthetic practitioners
Public safety & standards	CQC seen to enhance inspection, governance, data, and accountability
Regulatory gaps	CQC oversight does not extend to non-regulated practitioners performing similar procedures
Capacity & cost	Concerns about CQC resources, fees, enforcement frequency, and inspector expertise
Overlap with local licensing	Risk of duplication; proposals for single-regulator coverage (CQC) where any high-risk work is done
Definitions	Call for precise definitions of “high risk” and “regulated healthcare professional”
Scope options	Suggestions to include TDDI for complications, consider medium-risk procedures, or broader coverage
Training equity	Safety improvements tied to consistent training standards and access for all practitioner types

Procedures in Scope (3-Tier System)

Overview

Question: Do you agree with using a 3-tier system (red/amber/green) to classify cosmetic procedures by risk?
Total responses: 11,588

- Agree: 61% (Public 63%, Professionals 58%)
- Disagree: 29%
- Neutral: 11%
  Support was highest among healthcare professionals (74–81%) and lowest among aesthetic practitioners (38%).

Key Findings by Group

Aesthetic Practitioners

- Many opposed the system as *too simplistic*—arguing all procedures carry risk.
- Strong criticism of the amber category and unclear definitions of "oversight."
- Calls for regulated, high-quality training (Levels 3–7) for all practitioners.
- Concern that tiering would discriminate against non-medics.

Regulated HCPs (Cosmetics)

- General support if the system is updated regularly and future-proofed.
- Some felt all procedures are medical, not cosmetic.
- Desire for clearer definitions of oversight, invasive, and high-risk.

Regulated HCPs (Not in Cosmetics)

- Strong support, seeing tiers as protective for the public.
- Suggested tighter controls for amber and red procedures and for injectables.
- Urged improved training provider regulation.

Public (Not in Cosmetics)

- Most supported the principle for clarity and risk awareness.
- Some argued all procedures should be regulated equally or medic-only.
- Repeated calls for clearer definitions and restrictions on injectables.

Training Providers & Business Owners

- Mixed views: support for structure but concern about fairness and economic impact.
- Feared restrictions could drive a black market and harm women-led businesses.
- Strong demand for consistent national training standards.

Licensing Professionals

- Broad support for improved public safety.
- Requested clear guidance, futureproofing, and clarity for multi-tier premises.
- Some suggested Level 7 qualifications for all practitioners.

Organisations

- Supported risk-based approach but warned 3 tiers oversimplify real risk.
- Stressed classification must use robust data and include psychological and equipment-related factors.
- Advocated supervision matrices based on experience and unified regulation to avoid local duplication.
- Highlighted prescriber restrictions on emergency medicines as a safety issue.

Key Themes

Theme	Summary
Overall Support	Majority back risk-based tiering; strongest among HCPs
Amber & Oversight	Most contested; needs clear definition and feasibility review
Training Standards	Universal call to regulate providers and end short courses
Clarity & Definitions	Terms like “high-risk” and “invasive” require precision
Futureproofing	Must adapt to new procedures and technologies
Public Understanding	Avoid implying “green = safe”; communicate residual risk
System Coherence	Align local licensing and CQC to avoid overlap
Equity & Impact	Prevent discrimination and unintended business losses

Green Category — Lowest-Risk Procedures

Overview

Question: Do you agree with the proposed procedures in the *green* category (lowest risk)?
Proposed procedures: microneedling, mesotherapy, IPL/LED therapies, light chemical peels, “no-needle” fillers, micropigmentation (micro/nanoblading), non-ablative laser hair removal, and photo rejuvenation.

Total responses: 11,533

- Agree: 69% (Strongly 35%, Agree 34%)
- Disagree: 22%
- Neutral: 9%
  Support was broadly consistent across respondent groups (≈68–73%), lowest in Northern Ireland (63%), highest in England (69%).

Key Feedback by Group

Aesthetic Practitioners

- Majority agreed these are *low risk* if training standards are upheld.
- Some suggested reclassifying procedures — e.g., moving *Botox/fillers* to green or *lasers* to amber.
- Opponents said all treatments carry risk and the focus should be on qualifications, not colour codes.
- Concern over fairness: tiering seen as *discriminatory* toward skilled non-medics.

Regulated HCPs (Cosmetics)

- Agreed broadly with the list if minimum training standards are defined.
- Several warned some “green” treatments — especially no-needle fillers, lasers, deep microneedling — pose real risks and should move higher.
- Calls for clearer, evidence-based categorisation.

Regulated HCPs (Non-Cosmetics)

- Supported overall but warned that calling procedures “green” may imply zero risk.
- Highlighted infection and radiation exposure as ongoing hazards.
- Suggested no-needle fillers and lasers be reclassified upward.

Public (Not in Cosmetics)

- General support, accepting trained practitioners (not only medics) can perform them.
- Some insisted that any procedure breaking the skin should be amber or red.
- Concern about lasers, chemical peels, and injection treatments being understated in risk.

Training Providers & Business Owners

- Agreed with classification *if* practitioners are properly trained.
- Mixed opinions: some felt non-medics can be competent, others said only medics understand anatomy deeply enough.
- Strong concern over no-needle fillers and laser procedures, with several suggesting bans or reclassification.

Licensing Professionals

- Supported the list assuming qualified practitioners deliver treatments.
- Suggested microneedling, microblading, and lasers may warrant amber categorisation.
- Advocated inclusion of locally licensed beauty procedures (tattooing, piercing) under the green tier.

Organisations

- Broad support but urged further analysis by risk type and procedure depth.
- Common reclassification proposals:
    - Microneedling split by needle depth.
    - Mesotherapy separated into injectable/non-injectable.
    - Lasers and photo rejuvenation → amber.
    - No-needle fillers → amber/red or banned.
- Some called for industry input and device review to validate risk placement.
- Local authorities favoured including procedures already under 1982 local registration laws in the green tier.

Adjustments Suggested

Question: Should any procedures be moved, added, or removed?

- Moved (30%) – often to amber/red (e.g., lasers, peels, microneedling).
- Added (54%) – e.g., Botox, fillers, radiofrequency, vitamin injections.
- Removed (25%) – or clarified as non-cosmetic (e.g., hay-fever or therapeutic skin treatments).

Analysis challenges: respondents often didn't specify destination category or were unclear about "removal" meaning exclusion vs re-tiering.

Key Themes

Theme	Summary
Majority Support	69% agree these are broadly low-risk procedures
Training Essential	Strong consensus: *"Low risk only if training and standards are enforced."*
No-Needle Fillers	Most frequently flagged for *reclassification or ban*
Laser & Microneedling	Calls to split or move depending on device depth/power
Terminology Risk	"Green" may wrongly imply *risk-free* to consumers
Evidence & Oversight	Need for *data-driven, continually reviewed classification*
Integration	Local authority procedures (tattooing, piercing, electrolysis) proposed for green inclusion
Fairness	Equal standards urged across medics and non-medics; competence over title

Amber Category — Medium-Risk Procedures

Overview

Question: Do you agree with the proposed *amber* category (medium risk)?
Proposed procedures: botulinum toxin, dermal fillers (face only), PRP/biofiller, hyaluronic acid and vitamin injections, weight loss injections, cryolipolysis, HIFU, radiofrequency, electrocautery, medium-depth peels, POM-based topicals, hybrid devices, plasma fibroblast, and similar technologies.

Responses (n = 11,464):

- Agree: 51% (Strongly 28%, Agree 23%)
- Disagree: 42% (Strongly 25%, Disagree 17%)
- Neutral: 8%
  Support was higher among healthcare professionals (65–68%) than aesthetic practitioners (30%).
  Regional support: Scotland lowest (46%), Northern Ireland highest (55%).

Key Feedback by Group

Aesthetic Practitioners

- Majority disagreed, saying practitioners already have advanced skills and should not need supervision.
- Saw proposals as unworkable, financially damaging, and unfair to non-medics.
- Called for focus on regulated training and standardised qualifications, not oversight.
- Suggested radiofrequency and Botox/fillers → green, while others said all injectables → red.

Regulated HCPs (Cosmetics)

- Mixed views; many felt amber procedures should be restricted to HCPs only.
- Flagged skin cancer recognition (cryotherapy/wart removal) requires medical training.
- Some said Botox, fillers, and weight loss injections → red.
- Repeated concern over prescribing without face-to-face review.

Regulated HCPs (Non-Cosmetics)

- Strong consensus: amber treatments should be HCP-only, preferably in CQC-registered premises.
- Many said supervision insufficient; prefer direct medical oversight.
- Proposed injectables → red due to complication risks.

Public (Not in Cosmetics)

- Split views: some supported the proposals; many said only medical professionals should perform amber procedures.
- Others defended experienced non-medics as equally capable with proper training.
- Oversight requirements viewed as either unnecessary or too weak to guarantee safety.

Training Providers & Business Owners

- Broad disagreement with amber categorisation.
- Claimed full-time supervision is impractical and unnecessary if insured and qualified.
- Some said Botox/fillers → red, radiofrequency/electrocautery/HIFU → green.
- Emphasised equal training access and competence assessment across all practitioner types.

Licensing Professionals

- Divided views; many want Level 7 minimum qualifications for amber treatments.
- Requested clear definition of oversight (remote vs onsite).
- Concerned about weak prescribing practices and lack of enforcement.
- Warned against discrediting competent non-medics under new supervision rules.

Organisations

- Generally supportive, but oversight concept widely criticised as vague and impractical.
- Called for a supervision matrix based on practitioner experience.
- Warned of illegal practice risks if supervision too burdensome.

- Local authorities said they need training and resources to enforce amber-tier rules.
- Manufacturers noted Botox/fillers' product licences require HCPs — implying conflict with amber status.
- Suggested dermal fillers (high-risk areas) → red, and more clarity on vitamin injections and lipolysis distinctions.

Suggested Revisions

Question: Should any amber procedures be moved, added, or removed?
Responses (n = 6,566):

- Move category: 56%
- Add procedures: 20%
- Remove: 36%
  Common reclassifications:
- Move to Red: Botox, dermal fillers (esp. tear trough/nasal), PRP/biofiller, weight-loss and vitamin injections, lipolysis with POMs.
- Move to Green: Radiofrequency, electrocautery, cryotherapy, HIFU (non-intimate), hybrid techs.
- Split procedures: e.g., HIFU → amber except intimate use → red.
- New additions: tattooing, piercing, ozone therapy, teeth whitening, cupping, and minor body modifications.

Key Themes

Theme	Summary
Divided Support	51% overall agreement; aesthetic sector least supportive
Oversight Issues	Unclear, impractical; calls for tiered or competence-based supervision
Training Priority	Universal demand for national standards and qualification parity
Injectables Debate	Botox/fillers central controversy — product licence vs proposed amber status
Public Safety	Calls for on-site prescribers, improved inspection capacity, and CQC coordination
Reclassification Trends	Push for *RF, cryo, electrocautery → green*; *injectables, PRP → red*
Economic & Workforce Impact	Fear of job loss, black-market growth, and harm to small aesthetics businesses

Red Category — Highest-Risk Procedures

What's in scope (examples)

Thread lifting (PDO/COG), hair restoration surgery, body augmentation with fat or fillers (breast, buttocks, genitals), dermal micro-coring, hay-fever injections used cosmetically, ultrasound + large-bore cannula liposuction, deep chemical peels (e.g., phenol), fully ablative lasers (e.g., CO_2 resurfacing), any green/amber procedure delivered as CQC TDDI, and all IV injectables/infusions.

Headline results (n = 11,399)

- Agree: 71% (Strongly 45% + Agree 26%)
- Disagree: 20% (Disagree 9% + Strongly disagree 11%)
- Neutral: 8%
- By group: HCPs in cosmetics 85%, HCPs not in cosmetics 90%, aesthetic practitioners 57%.
- Broadly consistent support across the UK.

Feedback by Group

Aesthetic Practitioners

- Split views: some accept red-tier restrictions due to risk; many argue competence-based access (e.g., Level 7 for all) should replace medic-only rules.
- Thread lifts: calls to differentiate (COG vs mono threads; many say mono threads should be amber/green).

Regulated HCPs (Cosmetics)

- Strong support: red procedures should be HCP-only in CQC-registered premises.
- Concern with wording that sweeps green/amber → red when classed as TDDI; ask for scope that still allows delegation to trained team members under governance.
- Several want Botox/fillers → red (not necessarily CQC).

Regulated HCPs (Non-Cosmetics)

- Back tighter controls; some say list doesn't go far enough or should be medic-only.
- Mixed on CQC: valued for complex procedures, but a few question necessity/effectiveness for non-surgical settings.
- Ask for defined qualification standards.

Public (Not in Cosmetics)

- Many agree due to risk; others argue training/qualification should determine access, not title.
- Suggested moves: IV therapies → amber, PDO (non-COG) threads → amber, hay-fever injections → amber / pharmacy-led.

Training Providers & Business Owners

- Generally accept higher risk; argue trained non-medics can deliver safely.
- Specific reclassifications mooted: CO_2 lasers under supervision; hay-fever injections → amber/green (some: hospital-only).

Licensing Professionals

- Strong support; highlight complexity, infection risk, and need for medical expertise.
- Prefer CQC oversight, noting local authority limits.
- Minority view: focus on education/standards rather than tiering; competent non-medics could perform some tasks.

Organisations

- Broad agreement: invasive/complex red procedures should be HCP-only in CQC settings.
- Note oversight coordination needed between CQC & local authorities (avoid dual regulation).
- Ask for clearer definitions: which laser techniques, peel depth/% actives; distinguish mono vs lifting threads.
- Some argue certain items are surgical (not "non-surgical"): hair restoration surgery, ultrasound + cannula liposuction, large-volume augmentation.

Proposed Changes (Move/Add/Remove)

Change question responses (n = 4,588):

- Add: 43% Move: 34% Remove: 31%

Frequent proposals

- Move down (to Amber/Green):
    - IV therapies/infusions; hay-fever injections (some: out of scope entirely).
    - Thread lifts: mono threads → amber/green.
    - Some CO_2/ablative lasers under tighter parameters/supervision.
- **Move up / Add to Red:**
    - Dermal fillers (esp. high-risk facial areas) and Botox (minority want all injectables red).
    - Weight-loss injections, vitamin/mineral injections, fat-dissolving (POM).
    - “Any procedure using a POM without onsite prescriber.”
- **Remove as out of scope / surgical:**
    - Hair restoration surgery, ultrasound + large-bore cannula liposuction, dermal micro-coring, large-volume augmentation (seen by some as surgery).

Key Themes

Theme	What we heard	Implications
Strong overall support	71% back the red list	Mandate HCP-only with CQC for truly highest-risk items
Definition precision	Lasers, peels (depth/%), threads (mono vs COG)	Publish granular technical criteria per procedure
TDDI wording	Risk of sweeping too much into red	Clarify when green/amber becomes TDDI and delegation rules
Scope alignment	Some “red” items viewed as surgical	Consider reclassifying to surgical regimes / CQC pathways
Injectables debate	Calls to add fillers/Botox to red	At minimum, consider high-risk facial zones → red
Hay-fever injections	Often seen as non-cosmetic	Remove from scheme or amber with pharmacy-led guardrails
Workforce & competence	Competence vs title tension	Tie access to qualifications (e.g., Level 7) + insurance, with CQC for settings

Minimum Age of Client

What Was Asked

Should licensed procedures be restricted to people 18+, unless approved by a doctor and performed by a healthcare professional?

Headline Results (n = 11,708)

- All procedures age-restricted: 80%
- Some procedures age-restricted: 19%
- None age-restricted: 1%
- Support consistent across the UK and respondent types (HCPs outside cosmetics highest at 88%).

Procedures most referenced in comments (n=884 mentioning at least one): acne, dermal filler, Botox, chemical peels, lasers (incl. hair removal), microneedling.

Feedback by Group

Aesthetic Practitioners

- Broad support for 18+; some urged 21+.
- Rationale: protect minors; social-media pressure; consent capacity concerns.
- Exceptions suggested (often with parent/guardian consent and/or doctor approval):
    - "Green-tier" style skin treatments for acne/blemishes, excess facial hair (incl. PCOS), skin tags.
    - Commonly cited: microneedling, lasers, LED therapy, light chemical peels.
- Medical-need cases should require doctor sign-off.

Regulated HCPs in Cosmetics

- Strong view: no procedures under 18, with some calling for 21+ or extra screening for 18–20s.
- Willingness to allow limited green-type skin treatments for minors (acne/skin health) with clinical justification and consent.

Regulated HCPs not in Cosmetics

- Majority: 18+ minimum (some proposed 25).
- Concerns: susceptibility to social media, body-image issues, informed consent.
- Support clinically indicated treatments for acne/hirsutism (e.g., laser hair reduction) when appropriate.

Members of the Public (Not in Cosmetics)

- Mostly support 18+; a subset favors 21+.
- Minority opposed age limits (body autonomy), suggesting low-impact/green treatments could be allowed <18.
- Many support doctor approval for medical-need cases; some open to licensed non-HCP delivery under medical plan.

Training Providers & Business Owners

- Largely support 18+ (some: 21+).
- Argue minors should access green-tier therapies for acne/scarring, eczema-related issues, benign lesions with parental consent.
- Note NHS/GP capacity limits—private access may be needed.

Licensing Professionals

- Support 18+ to avoid long-term harms decided in youth.
- Back doctor approval (often HCP delivery) for any <18 cases.
- Some want certain locally registered procedures (e.g., piercing) considered separately or allowed with consent.
- A few suggest 18 may be too low for some treatments, but fine for others.

Organisations

- View 18+ as proportionate and aligned with Botulinum Toxin & Fillers (Children) Act 2021, sunbed and tattoo age rules.
- Some propose 21+ for invasive treatments (Botox/fillers; breast/buttock/intimate treatments).
- Mixed on who can approve (<18): many say doctor-only; some say other HCPs competent to assess.
- If Local Government Act procedures are brought in, many propose ear piercing be exempt for minors (with consent).

- Broad support for allowing skin-health treatments for minors (acne, excess hair, hyperhidrosis) with safeguards.

Key Themes

Theme	What we heard	Implication
Strong support for age limits	80% want all procedures 18+	Make 18+ the baseline across licensed procedures
Higher thresholds for invasive work	Calls for 21+ for injectables/intimate/body procedures	Consider 21+ for selected higher-risk categories
Medical-need exceptions	Acne, scarring, hirsutism, benign lesions	Allow clinically justified exceptions with doctor approval, documented indication
Safeguarding & consent	Social-media pressure; consent capacity under 18	Require parent/guardian consent, cool-off periods, psychosocial screening where appropriate
Procedure granularity	“Green” skin treatments vs invasive aesthetics	Define a clear list of permissible <18 treatments (parameters, depths, energies)
Delivery & approval	Who approves and who performs	Specify approver (doctor vs HCP) and permitted deliverer, with care pathways and record-keeping
Alignment with existing law	2021 Act, sunbeds, tattoos	Ensure consistency and clear public messaging

Any Other Comments

Cross-Cutting Messages

- Training & standards first: Widespread view that core problems stem from non-standardised training and short/one-day courses. Strong call to regulate providers, set national curricula/levels, verify qualifications, and require CPD.
- Competence over title: Many argue professional background alone ≠ competence; standards must apply to all. Others insist amber/red procedures should be HCP-only (doctors, dentists, pharmacists, nurses/midwives).
- Products & prescribing: Concerns about unlicensed/grey-market products and remote prescribing without face-to-face. Recurrent ask to enable independent nurse prescribers to hold emergency stock (e.g., adrenaline, hyaluronidase).
- Safeguarding gaps: Calls for DBS-style checks, clearer safeguarding duties, psychological screening where appropriate, and explicit safeguarding language in the framework.
- System design & duplication: Avoid dual oversight; clarify interfaces between local authorities, CQC, professional regulators and accredited registers. Desire for a single, coherent system.
- Resourcing & capability: Local authorities warn of workload and skills gaps; request funding, training, and guidance.
- Comms & transparency: Need for a national comms campaign and public-facing registers (licensed practitioners, approved training providers). Better complaints/adverse event reporting and data sharing.
- Equality & access: Ask for impact assessments to prevent disproportionate effects on groups and ensure equitable access/outcomes.
- Futureproofing: Mechanisms to update classifications, admit new techniques/devices, and review evidence regularly.

By Respondent Group

Aesthetic Practitioners

- Priorities: Regulate training, recognise experienced non-medics, apply standards uniformly.
- Concerns: Business viability, perceived bias toward HCPs, cost of retraining/supervision, possible NHS staff drain if restrictions steer clinicians into aesthetics.

Regulated HCPs in Cosmetics

- Many: Amber/Red = HCP-only; highlight product safety and unlicensed supply risks.
- A minority acknowledge excellent non-HCP practice; still want training regulation tightened.
- Stronger focus requested on safeguarding and enforcement against unsafe practice.

Regulated HCPs not in Cosmetics

- View current landscape as under-regulated; prefer clear medical/clinical boundary for higher-risk procedures.
- Still recognise that good non-HCP practice exists; warn against over-restriction that pushes activity underground.
- Emphasise penalties, consistent education standards.

Public (Not in Cosmetics)

- Mixed: Support regulation; some defend skilled non-medics and oppose exclusion viewed as discriminatory.
- Strong call to standardise training and end “2-day” courses.

Training Providers & Business Owners

- Want proportionate regulation focused on training quality, not blanket exclusions.
- Concerns about economic impact, uneven insurance requirements, and insufficient sector engagement in policy design.

Licensing Professionals

- Prefer unified licensing that absorbs Local Government Act 1982 activities to avoid dual systems.
- Need funding, guidance, medical input for inspections; worry about running registration + licensing in parallel.

Organisations

- Reiterate: robust standards, clear definitions for “oversight” and “regulated HCP”, accurate procedure glossary.
- Seek clarity on roles/responsibilities across CQC, local authorities, professional regulators (incl. fitness-to-practise triggers and info-sharing).
- Propose national registers, stronger monitoring/reporting, ASA-aligned advertising guidance, and explicit futureproofing.

To view the full information, full summaries and all of the full context including the latest government response Click this Gov.uk link –

The licensing of non-surgical cosmetic procedures in England: consultation response - GOV.UK