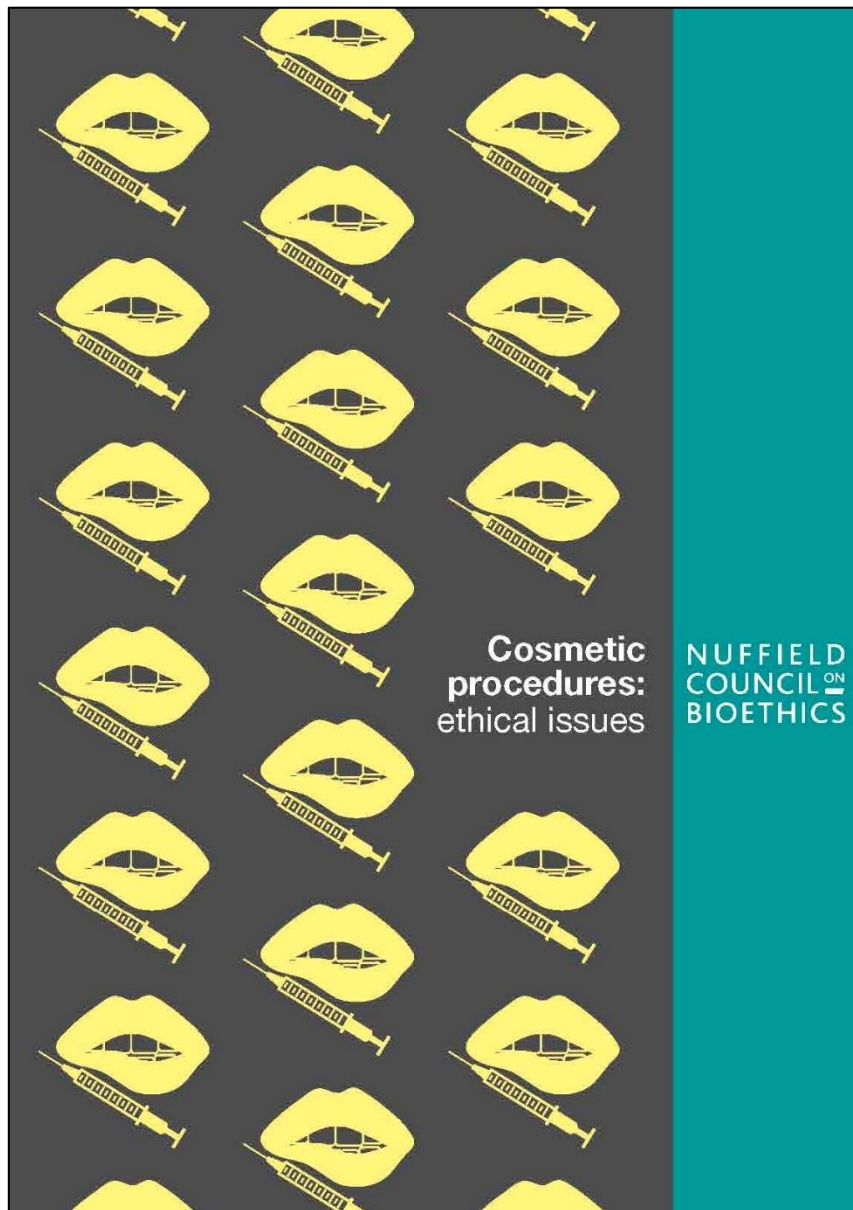


# NUFFIELD COUNCIL ON BIOETHICS

## Cosmetic procedures: ethical issues

One year on

August 2018



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## Highlights

In June 2017, the Nuffield Council on Bioethics published a report on [cosmetic procedures: ethical issues](#). Since its publication, we have been working to strengthen the impact of the report's findings and recommendations, including through:

- **Two meetings with Ministers to discuss the Conservative Party manifesto commitment** to improve regulation and registration of those performing cosmetic interventions.
- **Working with members of both the House of Commons and the House of Lords to raise key recommendations from the report in Parliament.**
- **Responding to eight major policy consultations** by Government departments, Parliamentary committees, and regulatory bodies concerning issues raised by our report.
- **Continuing to engage with regulatory bodies** in regard to future regulatory developments, including the General Medical Council, Royal College of Surgeons, ASA, and Ofcom, as well as with private sector providers.
- **Organising a roundtable meeting** that brought together a range of stakeholders to discuss promotion of quality across the surgical sector.
- **Contributing to national and international media stories**, including through blogging and providing news content on our website.
- **Presenting the report's findings** at a number of events and meetings throughout the year aimed at both practitioners and academics working in the field.

Alongside these activities, over the past year we have noticed the increased attention this topic has received among politicians, regulators, and the media; and more high-profile reiteration of the concerns raised in the report around body image, social media use, and advertising. We are encouraged by the work of other organisations in continuing to bring attention to this area.

## Introduction

In June 2017, the Nuffield Council on Bioethics published a report on [cosmetic procedures: ethical issues](#). This document, published just over a year since the report's launch, highlights specific developments in relation to its 27 recommendations. It also lists where the report has been noted in the media, or in academic journals; and where its findings have been presented as part of a conference or event.

## Developments relating to the report's recommendations

### Recommendation 1

We recommend that the Advertising Standards Authority and the Committee of Advertising Practice follow the example of Transport for London in prohibiting

advertising that is likely to create body confidence issues, or cause pressure to conform to an unrealistic or unhealthy body shape.

The ASA have not taken up this recommendation. However, on 17 May 2018, it published [online advice](#) which indicated that “all marketing communications should be prepared with a sense of responsibility to consumers and society... and advertisers should ensure that they don’t portray particular body types in an irresponsible manner.”

The ASA has made no indication that it plans to *prohibit* advertising that is likely to create body confidence issues, or cause pressure to conform to an unrealistic or unhealthy body shape, although following the publication of its [report on gender stereotyping](#), it drew attention in particular to the use of slim models in adverts. In a [news report](#) from August 2017 it notes: “make sure that models are not presented in a way that makes them appear underweight or unhealthy, as this could be considered irresponsible for promoting an unhealthy body image.”

In related developments, in July 2018, the Mayor of London published a report on ‘[The women we see](#)’, which found that Londoners want to see diverse body types in advertisements; that lack of body size diversity continues to be a concern; and that age diversity is not well-represented in London’s adverts. One contributor to the Mayor of London’s report noted, for example, “You really don’t see that many [older] women looking ‘cool’. It’s either ‘look at my wrinkles’ or putting face cream on.” In addition, a [study](#) published in July 2017 by the journal *Psychology of Popular Media Culture* found that “advertising for cosmetic surgery impacts women’s body image negatively.”

Adverts for cosmetic surgical procedures have been the subject of further recent debates following [criticism](#) of commercials aired during the ad breaks of the TV series ‘Love Island’, which was also discussed in a [blog](#) posted by the Nuffield Council in August 2018. The placement of the adverts received criticism from Simon Stevens (Chief Executive of the NHS), and the [British Association of Aesthetic Plastic Surgeons](#) (BAAPS). Following these criticisms, NHS England’s National Director of Mental Health [wrote to the ASA](#) to question whether it is doing enough to protect children from harm. The letter, which accords with the Nuffield Council’s recommendations, notes, “not only are there clear risks associated with cosmetic surgery, but placed alongside the body image pressures that can be inherent in many online and social media interactions, adverts such as these could pose a risk to mental health”. ASA’s response to the letter, quoted by the Telegraph, states “The protection of children sits at the heart of the advertising rules and the work of the ASA. We welcome the thoughts and input from NHS England on this important issue and look forward to meeting with them to discuss this further.”

## **Recommendation 2**

We recommend that the Advertising Standards Authority and the Committee of Advertising Practice revise their guidance to industry to make clear that the following practices are not acceptable in advertisements:

- claiming, or strongly implying, that there is a likely link between cosmetic procedures and emotional benefit;
- using post-production techniques in circumstances where they can potentially contribute to discriminatory attitudes, unrealistic appearance ideals, or appearance-related anxiety.

The ASA have not taken up this recommendation. However, there have been a number of developments in relation to the points the recommendation raises.

### ***The implications of emotional benefit***

In October 2017, a [ruling](#) by the ASA on an advert by cosmetic surgery provider Transform engaged with the issue of emotional benefit of cosmetic surgery.

Although the ASA did not uphold the complaint in this case, it did indicate that examining the aspirational focus of a cosmetic surgery advert is part of its considerations in making its rulings: “The ASA considered that the ad presented, in a positive light, the lifestyle of a woman who has had breast enhancement. However, we did not consider the ad implied this aspirational lifestyle was due to breast enhancement or made any direct claims about the positive impact of surgery.”

On 17 May 2018, the ASA also published [online advice](#) that indicated “all marketing communications should be prepared with a sense of responsibility to consumers and society... and advertisers should ensure that they don’t portray particular body types in an irresponsible manner.”

### ***Post-production techniques***

An [ASA blog](#) from May 2018 engaged directly with the use of post-production techniques, but not to their effect in potentially contributing to discriminatory attitudes, unrealistic appearance ideals, or appearance-related anxiety. Rather, the blog notes ASA’s [online advice](#) on the use of production techniques for cosmetic products, which highlights that it will only uphold complaints about adverts that have been subject to a post-production technique that “misleadingly exaggerates the effect the products are capable of achieving”. The same advice further notes that “the aim is not to prevent the use of glamorous images in advertising for cosmetics, and consumers are likely to expect a degree of glamour in images for beauty products.”

[The women we see](#) report by the Mayor of London has also engaged with the issue of photoshopping, concluding that the use of photoshopping is regarded as unacceptable by its consultees. One contributor observed, “it saddens me that everybody feels that they’ve got to be this perfect figure all the time, and what is the perfect figure?”

Market research undertaken by Mintel, and reported by [Happiful.com](#) has also highlighted “the high level of pressure many women feel to look a certain way”, continuing that “[much] of this pressure comes from the advertising industry, with the continued emphasis on photoshopped models promoting unachievable aesthetic goals.”

One response to such criticism was announced by [Getty Images](#) in September 2017 when it stated its decision to change its rules on photoshopping models' bodies. Following the changes, anyone who submits images to Getty has to declare whether the model has had her body digitally altered. However, it stopped short of extending its policies to models' faces: "Please note that other changes made to models like a change of hair color, nose shape, retouching of skin or blemished, etc., are outside the scope of this new law [rule], and are therefore still acceptable."

Getty's policy change followed the introduction of a new law in France which means that any photograph of a model that has been photoshopped must have a warning on it saying "edited photograph". A UK poll by [YouGov](#) following the introduction of this new law asked if respondents would support or oppose introducing a similar law in the UK: 47% strongly supported the proposal; 33% 'tended to support' the proposal.

In research related to the question of using post-production techniques, a [paper](#) published last year also confirmed that disclaimer labels that stated 'warning: this image has been digitally altered' did not ameliorate the negative effect of viewing thin-ideal media images.

### **Recommendation 3**

We further recommend that the Advertising Standards Authority works proactively to monitor compliance with such standards, in line with its recent commitments to devote more resources to proactive review of advertisements and its ongoing work on body image.

The ASA's commitment to 'being more proactive' is an ongoing [strategic aim](#) for the organisation. No resources were identified to confirm that this proactive approach has been exercised in respect of advertisements for cosmetic procedures. However, a proactive approach has been employed to address other 'categories' of advertisements, including on [pay-per-bid auction websites](#).

The Nuffield Council's focus on the importance of the ASA taking a proactive approach in the context of cosmetic procedures was also highlighted in a news release from the [British Association of Aesthetic Plastic Surgeons](#) (BAAPS) in the light of reports that cosmetic procedures had been offered as a prize at a social event in London, contravening [GMC guidance](#). BAAPS note:

*"This is unethical and irresponsible advertising practice which therefore contravenes the Committee of Advertising Practice (CAP) guidelines too. BAAPS has always been a professional body to uphold standards in all aspects of surgery. The Nuffield Bioethics report on cosmetic procedures specifically highlighted how the ASA and CAP should be more proactive."*

In the context of online advertising, in August 2017 BBC Radio 4's [You and Yours](#) programme discussed YouTube's removal of two adverts for cosmetic surgery on its site following complaints from viewers who argued that they were being broadcast

ahead of videos aimed at young women (advertisers on YouTube are able to target specific audiences by their age and interests).

#### **Recommendation 4**

We recommend that the social media industry (including Facebook / Instagram, Snapchat, Twitter and YouTube) collaborate to establish and fund an independent programme of work, in order to understand better how social media contributes to appearance anxiety, and how this can be minimised; and to take action accordingly.

Social media companies are yet to respond directly to this recommendation.

In a [Parliamentary session](#) on children's and young people's mental health that took place on 6 February 2018, Jeremy Hunt – at the time the Secretary of State for Health – observed “a particular area of concern is the growth in mental health problems in young women between the ages of 18 and 24. We are looking carefully at whether that relates to social media use, which is an additional pressure that many of us did not face when we were that age.”

Since the launch of the Council's report, social media's contribution to appearance anxiety has also been noted by further projects, including the Children's Commissioner's '[life in likes](#)' report, published in January 2018. The Children's Commissioner's report considers the following points:

#### ***“Do I look okay?”***

*Despite talking about the importance of ‘staying true to yourself’ and being authentic on social media, girls were worried about looking ‘pretty’ and boys were more concerned with looking ‘cool’ and having the right clothing.*

#### ***Can we all look like celebrities?***

*When children started to follow celebrities and people outside their close family and friends, many became aware of how they looked compared to other people on social media, and felt that comparisons were unattainable.”*

A survey of 492 members of the [National Union of Teachers](#) (NUT) also concluded that “teachers felt that the media and social media made their lives more difficult in helping young people develop strong self-esteem and positive self-image.” One teacher who responded to this survey observed, “Social media is king at the moment and they [pupils] live their lives by what they see on it.” A news release from the [Headmasters' and Headmistress' Conference](#) in October 2017 also reported survey results from nearly 5,000 students at state and independent schools in England. The survey found that 63% of young people wouldn't mind if social media had never been invented; 52% stated that social media makes them feel less confident about how they look or how interesting their life is.

NHS data have also been reported by the [media](#) to illustrate “unprecedented levels of mental turmoil in young women” linked to fears about their body image, and pressures created by social media.”

More generally, the [Dove Global Girls Beauty and Confidence Report 2017](#) interviewed over 5,000 girls and reported that more than half do not have high body self-esteem; seven in 10 respondents felt that there is too much importance placed on beauty as a source of happiness. In the same month, the [NSPCC](#) reported that it had delivered over 2,000 body imaging counselling sessions in the last year.

A [report of an inquiry](#) on body image by the British Youth Council (BYC) in November 2017 also found that body dissatisfaction is the norm among young people in the UK, which, it suggests, is “the product of a culture which privileges a particular type of beauty and puts pressure on young people to conform to social expectations.” The report also called on the Government Equalities Office to commission research to address current gaps in the evidence base, including on poor body image in pre-adolescents, the link between poor body image and risky behaviours, and the long-term impact of poor image on young people’s education, relationship, and agency.

[The Nuffield Council](#) submitted evidence to the BYC’s inquiry, setting out its views on the responsibilities of social media platforms and internet companies in addressing concerns around young people’s body image.

There have, however, been some steps taken by individual social media companies to begin to address the issues raised by this recommendation. In particular, a blog posted by Facebook in December 2017 asserts that it has “[recently pledged](#) \$1 million toward research to better understand the relationship between media technologies, youth development and well-being. We’re teaming up with experts in the field to look at the impact of mobile technology and social media on kids and teens, as well as how to better support them as they transition through different stages of life.”

Linking through to this pledge, the questions they raise are:

- Is there a ‘right age’ to introduce kids to the digital world?
- Is technology good for kids, or is it having adverse effects on their social skills and health?
- “and perhaps most pressing of all: do we know the long-term effects of screen time?”

The role of social media around young people’s mental health has also been the subject of governmental and select committee consideration.

The [Youth Select Committee](#), for example, highlighted, “we must not lose sight of the extent to which social media can promote body positivity through allowing young people to connect with individuals with similar experiences and take control of their own image. The scale and speed with which social media has become an integral part of young people’s lives means too little is known about its impact. We recommend that the Department for Digital, Culture, Media and Sport, working with the Government Equalities Office, commissions research young people in the next six months examining the positive and negative impact of social media on young people’s body image.” In a [Government response](#) to the YSC’s report, it is noted that DHSC and



DCMS are “setting up a working group of social media and technology companies to consider what further specific action these companies can take to improve the mental health and wellbeing of young users.”

In December 2017, the Government published a [green paper](#) on transforming children’s and young people’s mental health provision. A [subsequent joint report](#) by the Education and Health and Social Care Committees raised a number of criticisms of the green paper. Similar to the Nuffield Council’s conclusions, the Committees observe that “[the] clear message that we heard in our inquiry was that we do not yet know the full impact of social media on children and young people’s mental health.”

A July 2018 [Government response](#) to the Committees’ report highlighted the mental health impacts of social media use, and “recognise[d] that some companies are taking steps towards addressing some of these important issues. However, we were disappointed with their overall ambition and are clear that there is further action they could take in this area.”

The [YSC](#) suggested that “pop up warnings indicating heavy usage are a simple measure which would make young people more aware their reliance on social media”. Subsequently, on 1 August 2018, [Facebook and Instagram](#) introduced a new tool to limit how much time people spend on the apps. According to the [BBC](#), the announcement “follows concerns that excessive social media usage can have a negative impact on mental health.”

A report by market research firm [Mintel](#) in March 2018 also found that “almost half of Brits agreed that social media has made getting non-surgical procedures more commonplace.” Mintel stated that “there can be no doubt that social media is also playing an important role in exacerbating many women’s self-image doubts. Indeed, while photo editing and filtering tools available on social media have allowed women to perfect their online appearance, for many, this has only made them more self-conscious of their unedited, real-life appearance.”

### **Recommendation 5**

We recommend that Ofcom review the available evidence and consider whether specific guidance to accompany its Broadcasting Code is warranted with respect to the tacit messages about body image and appearance ideals that may be conveyed by makeover shows involving invasive cosmetic procedures.

In September 2017, representatives of the Council met with Ofcom to discuss this recommendation. Following the meeting, the Council – with advice from Nichola Rumsey and Phillippa Diedrichs from the [Centre for Appearance Research](#) – provided Ofcom with a briefing note that set out the available evidence on harms associated with body image and broadcast media. The Council will continue to follow-up this recommendation with Ofcom.

Further debate around the effect that TV programmes which convey tacit messages about body image and appearance ideals has also been brought about this year by the content of ITV’s Love Island (see also Recommendation 1 above). Research

undertaken with over 2,000 British adults by [ComRes](#) for BBC Radio 5 Live examined the effect of shows such as Love Island and The Only Way is Essex on the likelihood of people considering undergoing cosmetic procedures or surgery. The research found that, for one-in-five 18-24 year olds, reality TV shows make them more likely to consider having a procedure, compared to only three per cent of 45-54 year olds. We hope that this evidence is taken into account by Ofcom in any future guidance to accompany its Broadcast Code.

### **Recommendation 6**

We recommend that the Equality and Human Rights Commission:

- develop and publish specific guidance on disfigurement and appearance-related discrimination, founded on the requirements of existing equality legislation; and
- take discrimination related to appearance into account when monitoring discrimination relating to areas such as age, race, gender and disability.

The Council has discussed this recommendation with the Commission, and has urged it to have, and keep, on its radar the subtle ways in which ‘appearance ideals’ can be discriminatory – particularly with age, race, and gender.

The [Youth Select Committee report](#) on ‘a body confident future’ also stated:

*“We commend the work carried out by the Be Real Campaign, Girlguiding, Sport England and others in promoting body confidence. However, many of the most visible campaigns are directed at women. While we accept that women are often particularly susceptible to body dissatisfaction, there is a danger that the distinctive challenges faced by young men, LGBT+ youth, ethnic minorities, and those with disabilities or serious illnesses are overlooked. The Government Equalities Office should work with the Be Real campaign and relevant interest groups to develop resources and support specific to these groups, alongside the more generic offering, within the next six months.”*

The same report also observed that “The influences on and impact of poor body image can only be understood by examining the specific context in which they occur. The social expectations and challenges associated with gender, gender identity, sexual orientation, ethnicity, disability, and socioeconomic background are all reflected in body image.” A [Government response](#) to this report, published in March 2018, recognised “that gaps remain in our understanding of the many complex factors that contribute to body dissatisfaction, including specific challenges faced by young men, LGBT youth, ethnic minorities, and those with disabilities or serious illnesses. We will therefore consider how we can develop our understanding of these specific groups as part of our broader endeavour to better understand the causes and impact of body dissatisfaction.”

The annual member survey of the [American Academy of Facial Plastic and Reconstructive Surgery](#) (AAFPRS) provided further information in relation to this recommendation, concluding that, in 2017, 57 per cent of respondents to its survey “reported patients’ desire to stay relevant and competitive at work as a major driver in the decision to have a cosmetic treatment.” Further, a US survey of 504 participants published by the [Journal of the American Medical Association](#) in September 2017 showed that women who had facial ‘rejuvenation’ surgery were rated as appearing significantly more youthful, attractive, successful, and healthy as compared with their preoperative counterparts.

### **Recommendation 7**

We recommend that the Department for Education act to ensure that all children and young people have access to evidence-based resources on body image, whether through PSHE (personal, social, health and economic education) lessons or through other (compulsory) elements of the curriculum.

The Council requested a meeting with the Department for Education following the publication of its report, but its request was declined.

However, support for body image resources to be made available in schools continued to be highlighted by other sources since the report’s launch.

For example, in Girlguiding’s annual [girls’ attitude survey](#) published in August 2017, 81% of girls aged 11-21 stated that the Government should ensure that PSHE is taught in all schools. Further, in a response to a Government green paper on *mental health: failing a generation*, the House of Commons Education and Health and Social Care Committees published a [joint report](#) which recommended that “PSHE should be compulsory in all maintained and academy schools. All schools should include education on social media as part of PSHE.”

Noting this recommendation, the [YSC report](#) on a ‘body confident future’ observed that “[although] we appreciate the Department for Education wishes to avoid being too prescriptive, the importance of body image to young people is such that the curriculum should make explicit reference to promoting positive body image.”

The [YSC report](#) also recommended that, within the next six months, the Government Equalities Office should commission research “to address current gaps in the evidence base, including on poor body image in pre-adolescents, the link between poor body image and risk behaviours, and the long term impact of poor body image on young people’s education, relationships and agency.” A [Government response](#) to the YSC report recognises that “young people, parents and teachers may not always know where to go to find quality resources on body image. To address this, we will conduct an audit of available resources, including on the gov.uk website.”

Concerns around appearance and body image anxiety among young people have been explored by a number of other reports and publications since the Council launched its report.

In June 2018, Ditch the Label's [2018 annual bullying survey](#) found that, of young people who had been bullied in the last 12 months, 57% stated that they thought the reason they were bullied was because of "attitudes towards my appearance". The charity's [2017 annual bullying survey](#) also indicated that 41% of respondents "want to be more attractive". When asked, "have you every changed your appearance after seeing a photo of someone you admire online?", 7% of respondents "wanted or got plastic surgery", and 5% "wanted or got a non-surgical procedure". The Children's Society's [Good Childhood Report](#) (published in August 2017) also found that children were least happy with their appearance and school when set against other measures such as friends, health, and home.

In addition, Changing Faces' [Face Equality Day report](#), which surveyed 1,500 young people from a cross-section of the population, found that two out of five felt confident about how they look; one in ten stated that they were depressed about the way they look. In addition, the [National Union of Teachers](#) (NUT) reported in July 2017 that in a survey of 492 of its members, 98% said that some of their pupils were affected by worries about how they look; more than a third of these survey participants stated that this was the case for nearly all of their pupils. As part of the same survey, the NUT also observed:

*"Teachers believe schools can help young people with issues around body image, but concerns are expressed that teachers' ability to do this is being hampered by a lack of time to deliver PSHE (Personal, Social and Health Education), a narrowing curriculum and excessive focus on particular subjects because of targets and accountability."*

Educational resources on body image developed since the launch of the Council's report include those issued by [Mentally Healthy Schools](#), and a [five-hour study day](#) organised by the Wellcome Collection. In addition, in September 2017, [Public Health England](#) launched a new schools programme to equip young people "with coping strategies for modern life", which includes resource on 'body image in a digital world'.

### **Recommendation 8**

We recommend to the European Commission that the 'common specifications' for the clinical assessment of cosmetic devices, to be developed under the Medical Devices Regulation 2017, should be based on the need proactively to demonstrate both safety and effectiveness with respect to their claimed benefits through clinical trial data and robust outcome measures. CE marking should also be dependent on commitments to collect and publish long-term outcome data.

The Council is in regular contact with the MHRA, and understands that it continues to engage with the Commission as the common specifications around cosmetic devices are developed.

In August 2017, the MHRA also launched an [interactive guide](#) to help manufacturers to navigate their obligations under the Medical Devices Regulation (MDR). This guide was summarised in a [blog entry](#) published via Lexology on 6 September 2017.

In November 2017, the European Commission's [Medical Device Coordination Group](#) (MDCG) met for the first time. MDCG provides advice and assistance to the Commission in the implementation of the MDR. [Minutes](#) of this meeting note an earlier discussion by the Committee on Medical Devices (COM) on 5 October 2017, where draft common specifications for products without an intended medical purpose were presented. The Council will continue to follow up developments on the MDR and its common specifications, including the conclusions of the MDCG's [July 2018 meeting](#).

In associated developments, in October 2017, the [British Medical Association](#) (BMA) issued a briefing on Brexit and its implications for medicines and medical devices regulation. The BMA suggested that the Government should agree mutual recognition and ongoing participation in the CE-mark scheme.

### **Recommendation 9**

We recommend that the Department of Health and the Medicines and Healthcare products Regulatory Agency, in the lead up to Brexit, develop a UK approach to the regulation of cosmetic devices based on the need proactively to demonstrate both safety and effectiveness with respect to their claimed benefits through clinical trial data and robust outcome measures. Marketing authorisation should be dependent on commitments to collect and publish long-term outcome data.

The MHRA is currently addressing the implications of the MDR and Brexit. The Council will monitor and continue to follow-up on developments in relation to this recommendation.

### **Recommendation 10**

We recommend that the Department of Health bring forward stand-alone legislation to make all dermal fillers prescription-only.

The Department of Health and Social Care has given no indication that it intends to bring forward legislation to make all dermal fillers prescription-only.

A [Parliamentary question](#) from Bambos Charalambous MP (see section on Parliamentary questions [below](#) for further information) on 17 October 2017 also asked whether the Secretary of State for Health planned “to bring forward legislation to make all dermal fillers prescription-only products.” Steve Brine responded:

*“Currently, the Medicines and Healthcare products Regulatory Agency only regulates dermal fillers that are placed on the United Kingdom market as medical devices, as defined in the Medical Devices Regulations 2002. The majority of these products are intended to be used in reconstructive surgery, and thus they are considered to be medical devices, although some manufacturers also indicate their products for aesthetic use as well.”*

*Cosmetic dermal fillers placed on the market without any medical purpose being attributed to them by the manufacturer fall outside the scope of the Medical Devices Regulations, although in practice the majority of the products on the UK market are CE marked as medical devices.*

*Under new European Union legislation concerning medical devices, published earlier this year, all dermal fillers will be regulated as medical devices, irrespective of whether or not the manufacturer ascribes a medical purpose to the product.*

*Medical devices cannot be designated as “prescription only”, as this term only applies to medicinal products. The Government currently has no plans to introduce such a category for medical devices.”*

In the popular press, stories of complications arising following filler injections continue to be reported, including in pieces by [Vice](#), [Heart](#), and [This Morning](#). [The Guardian](#) has also reported data issued by Save Face that indicate that “the number of problems related to treatments such as lip fillers and Botox has almost trebled, jumping from 378 in 2016 to 931 in the space of 12 months”.

In the same Guardian piece, a spokesperson for the Department of Health and Social Care states:

*“Since Sir Bruce Keogh’s comprehensive review, we’ve improved the safety of cosmetic procedures through stronger regulations, better training, robust qualifications for practitioners and better information – including giving the Care Quality Commission new powers to rate cosmetic surgery clinics – all of which will allow people to make informed decisions about their care.”*

The Nuffield Council responded to the article in a [letter](#) published by the Guardian on 21 February 2018 that challenges DHSC’s claim that stronger regulations have been introduced to the sector. The recommendation relating to ‘prescription-only’ status was also raised by members of the Council’s executive in a meeting with the Health minister, Jackie Doyle-Price MP, in May 2018 as a matter of ongoing concern.

In academic publications, in December 2017 [JAMA Facial Plastic Surgery](#) published a cross-sectional review of injectable fillers that are FDA-approved. The review indicated that there were 1,748 adverse incidents were analysed, common among which were swelling (755 cases) and infection (725 cases). Blindness was significantly associated with dorsal nasal injections. The review concluded that although specific complication profiles vary by material and injection site, common adverse events include swelling and infection. More serious events include vascular compromise, resulting in necrosis and blindness. In addition, members of the [American Academy of Dermatology](#) have also observed that “more and more patients come to their offices experiencing complications from cosmetic procedures performed by unqualified providers.”

### **Recommendation 11**

We recommend that, until new standards relating to safety and effectiveness of cosmetic devices are in place, insurers of cosmetic practitioners (including the medical and dental defence organisations who provide indemnity cover as a benefit of membership) should, as a matter of good practice, restrict indemnity to procedures using dermal fillers approved under the US regulatory system by the FDA.

This review has not identified restrictions of indemnity, as set out by this recommendation although, as the Council's report notes, this approach is already in place at the Medical Defence Union.

In related developments, in October 2017, a [petition](#) brought to the UK Government / Parliament sought to make performing a cosmetic surgical procedure without relevant insurance illegal. The petition – which was supported by [BAAPS](#) in a press release issued on 30 October 2017 – received just over 1,000 signatures and was closed on 25 April 2018.

### **Recommendation 12**

We recommend that the Royal College of Obstetricians and Gynaecologists should review its guidance to its members on female genital cosmetic surgery and emphasise the need for evidence, demonstrating safety and effectiveness with respect to claimed outcomes, before procedures are offered outside a research setting.

The Royal College of Obstetricians and Gynaecologists has not responded directly to this recommendation. However, in March 2018, it and the British Society for Paediatric and Adolescent Gynaecology published a [new resource](#) aimed at educating young people on normal female anatomy.

The growth of FGCS has been further emphasised in statistics released by [The American Society for Aesthetic Plastic Surgery](#) in March 2018. ASAPS indicated that labiaplasty has “increased by 217.3% over the past five years but saw an overall decrease in the number of procedures performed in 2017 of 10.7%. It remains to be seen if this particular procedure is a passing trend or a permanent one.” Anecdotal accounts from [Canada](#) reported in July 2017 also suggest a rise in the number of FGCS procedures undertaken. Further media reports that highlight the experiences of women who have had FGCS have also been published, including by [The Sun](#).

### **Recommendation 13**

We recommend that the Home Office should clarify the circumstances in which procedures offered as ‘FGCS’ do, or do not, fall within the ambit of the FGM Act, in the light of ongoing concerns as to their legality.

The Council received a response from the Ministry of Justice – which has responsibility for the Female Genital Mutilation Act 2003 – on this recommendation. The response set out the provisions of the act, including the note that “FGCS may be an offence under the FGM Act, but the statutory defence is that it is necessary for the mental or physical health of the girl. There will also need to be consideration of the extent to which surgeons carry out proper checks and balances before cosmetic procedures are undertaken. In cases where there is sufficient evidence to prosecute, prosecutors must then go on to consider whether a prosecution is in the public interest. Ultimately, it would be for a court to decide if purely cosmetic surgery cosmetic mutilation and is therefore illegal.”

In related developments, an opinion piece published by [The Conversation](#) in November 2017 argued that the FGM Act should be scrapped. It observed: “Doctors in the UK are faced with two discriminatory conundrums: a consenting adult female with normal genitalia can have major genital modification, yet a new mother who had FGM as a child cannot be re-infibulated; girls cannot undergo genital modification as unconsenting children, but boys can.”

The prospect of prosecution for FGCS made a brief appearance in media reports in November 2016, when the [Evening Standard](#) reported that two doctors were the subject of a criminal investigation by Scotland Yard, owing to a “potential breach of legislation outlawing female genital mutilation.” No follow-up reports of further action in this case have been identified.

#### **Recommendation 14**

We recommend that the Royal College of Surgeons require, and enable, all members of the College who practise cosmetic surgery to participate in its certification scheme.

The Royal College of Surgeons (RCS) enables its members to participate in its certification scheme, but, at present, it does not require its members who practise cosmetic surgery to take part in the scheme.

According to the [RCS’ website](#), 22 surgeons have been certified so far. In July 2017, Gary Ross, the first surgeon to be certified by the RCS, [blogged](#) about the process. Further details about the mandatory masterclass that forms part of the certification process are also available on the [RCS’ website](#).

#### **Recommendation 15**

We recommend that the Royal College of Surgeons work with the other surgical Royal Colleges, the major private providers of cosmetic surgery, and professional



bodies representing surgeons working in the cosmetic sector, to ensure that those wishing to specialise in cosmetic surgery are able to access the training that they need to achieve the necessary standards.

In February 2018, the Nuffield Council convened a roundtable discussion in order to address the promotion of quality across the cosmetic sector, and discuss how the certification scheme might apply within the commercial 'group' sector where surgeons may not necessarily be on the Specialist Register unless they also practise in the NHS. Attendees included representatives from major providers of cosmetic surgical procedures, the GMC, the Royal College of Surgeons, Private Healthcare Information Network, Association of Independent Healthcare Organisations, as well as the former Health Secretary Lord Lansley. In July 2017, Lord Lansley also introduced a Private Member's Bill: the [Cosmetic Surgery \(Standards\) Bill](#), which aims to "make provision to include medical practitioners specialising in cosmetic surgery in the Specialist Register for medical practitioners". In November 2017, representatives of the Nuffield Council met with Lord Lansley to discuss the Bill.

During the February 2018 roundtable, the issue of training for cosmetic surgeons was also discussed extensively, and the Royal College of Surgeons indicated its intention to continue to raise awareness of its certification scheme, both with surgeons and in the public domain, and to work with the GMC over the feasibility of a cosmetic surgery 'credential'. The RCS will also consider how future surgeons can be supported in order to obtain that credential. The GMC also signalled that it will examine the question of how training outside the NHS might be better facilitated and recognised.

In a related development, Nichola Rumsey, a member of the Working Party has, since the project report was published, started work on an EU-funded project on 'Cutting edge training'. This project will develop training for healthcare professionals to promote understanding of psychological factors that may contribute to the risk of poor outcomes in prospective patients seeking reconstructive or aesthetic surgery, or non-surgical procedures. The project is funded as part of the Horizon 2020 scheme and is running from 2017-19.

### **Recommendation 16**

We recommend that the General Medical Council and the medical defence associations work together to ensure that surgeons who are performing cosmetic surgery must meet these requirements in order to be indemnified when performing such surgery. One possible approach would be through the proposed 'credentialing' scheme currently being developed by the General Medical Council.

No meetings between the GMC and medical defence associations have been publicly reported / identified. However, the [GMC reported](#) in March 2018 that it is "now piloting an approval model for credentialing with the Royal College of Surgeons in cosmetic surgery. Currently there is no regulatory oversight in this area." In its [2018 business plan](#), the GMC also stated that "one of aims of the pilot will be to provide further assurance to patients that doctors are working safely in cosmetic surgery." A [report](#) by

the GMC's chief operating officer notes that the credentialing project is "on target for completion in March 2019."

### **Recommendation 17**

We recommend that other regulatory bodies whose registrants provide cosmetic procedures, in particular the General Dental Council and the Nursing and Midwifery Council, develop specific guidance on cosmetic practice for their own registrants, to complement the guidance issued by the General Medical Council and the Royal College of Surgeons.

Although no specific guidance on cosmetic practice by the GDC or NMC has been published since the launch of the Council's report, some discussion on cosmetic procedures has been identified.

On 28 March 2018, the [Nursing and Midwifery Council](#) (NMC) reported the outcome of its Council meeting, and its intention "to work alongside key stakeholder partner organisations to develop inter-professional guidance on key areas of prescribing practice relevant to all prescribing professionals. For example, remote prescribing and prescribing in the aesthetic / cosmetic context." This aim is supported by responses to a [consultation on education standards](#) held by the NMC in which "91% of respondents felt that there were certain key areas of prescribing practice where further guidance would also be required." Among others, the areas most often mentioned in accompanying comments were cosmetic prescribing, private sector prescribing, and remote prescribing.

In a [letter](#) to the General Pharmaceutical Council on 18 May 2018, the NMC's Director of Education and Standards also highlighted, more generally, the organisation's intention to develop and roll-out a strategic programme of change with regard to its education and practice standards and guidance for nurses and midwives.

In July 2017, the General Dental Council (GDC) [reported](#) on key items considered by its [Policy and Research Board](#) at its June 2017 meeting. It includes a note that the Board held a workshop "to discuss the early development of a patient strategy, which would build patient engagement into GDC initiatives." One of the associated points made on the development of a patient strategy noted "patients were not a homogenous group... patients took different views, depending on whether... they were receiving cosmetic or non-cosmetic treatments". The Council will continue to monitor the GDC's work in this area, and how its future patient strategy incorporates the perspectives of people who have cosmetic dentistry procedures.

The GDC has also noted that the number of illegal teeth-whitening treatments have risen, in response to a [BBC](#) report in February 2018 on the 'excruciating pain' caused by using high concentrations of hydrogen peroxide in the procedures.

### **Recommendation 18**

We recommend that, once the Joint Council for Cosmetic Practitioners has achieved accreditation with the Professional Standards Authority, Public Health England and its counterparts in the other countries of the UK should initiate a public awareness campaign to publicise the existence of the quality mark, alongside other sources of user advice, once available. Such a campaign should also draw attention to the lack of regulatory controls on practitioners not covered by the quality mark.

The JCCP was accredited by the [Professional Standards Authority](#) (PSA) on 9 April 2018. The Nuffield Council [welcomed](#) the opening of applications to the JCCP, but noted that “as the JCCP register gains momentum, it will be important that the public is aware of its existence, and to ensure that it is simple for consumers to check that the person given them a cosmetic procedure is registered with the JCCP.” A blog published via [Lexology](#) in October also noted the importance of public information around cosmetic procedures. However, there has, as yet, been no awareness campaign launch by Public Health England since the JCCP’s accreditation. The importance of public awareness was also raised by members of the Council’s executive in their meeting in May 2018 with the Health Minister, Jackie Doyle-Price MP.

The relationship between the Joint Council for Cosmetic Practitioners (JCCP) and the [Cosmetic Procedures Standards Authority](#) (CPSA) is key to this recommendation: any practitioner who meets the standards set by the CPSA is able to join the JCCP’s register. Therefore, in October 2017, the Nuffield Council [submitted comments](#) on the CPSA’s [draft clinical practice standards](#). In its response, the Council stated:

*“While the standards set out by the CPSA in this consultation are a positive contribution to improving the consistency and safety of cosmetic procedures in the UK, members of the public who wish to access cosmetic procedures must be made aware of these standards, and ‘what they mean’. For the CPSA, and also for the JCCP, it is therefore imperative that an awareness exercise is undertaken so that members of the public can easily recognise the quality mark logo attached to those practitioners who meet the CPSA’s standards.”*

On 5 August 2018, the JCCP announced that it was changing a key aspect of its function which had been subject to criticism, including as part of a debate on BBC Radio 4’s [You and Yours](#) programme in March 2018. It announced: “the JCCP Board of Trustees has now agreed to restrict entry to its Register for those who inject or insert dermal fillers. In the future only qualified healthcare clinicians will be permitted entry to the JCCP register with regard to these ‘higher risk’ procedures.” The news was subsequently reported by the [BBC](#). The restrictions for non-healthcare practitioners will be in effect for a period of three years in the first instance.

## Recommendation 19

We recommend that the Department of Health act to extend the role of the Care Quality Commission (CQC) to all premises where invasive non-surgical procedures are provided.

The Department of Health and Social Care has not extended the CQC's role to include all premises where invasive non-surgical procedures are provided. The Council's concerns about the lack of regulation over such premises were emphasised in a meeting with the Minister, Jackie Doyle-Price MP, in May 2018.

However, on 12 September 2017, the [Department of Health](#) stated that it would like the CQC to undertake performance assessments and the publication of ratings to cosmetic *surgery* services. The Department of Health defined 'cosmetic surgery services' as "surgical procedures for cosmetic purposes where the procedure requires intravenous sedation, general anaesthesia or the insertion of an implant." In January 2018, the CQC subsequently published a [consultation](#) on its plans to evolve its approach to regulating independent healthcare services, including providers of cosmetic surgery services. CQC will respond to feedback on this consultation later this year.

In a note to accompany the announcement of the consultation, the CQC stated: "the Department of Health and Social Care has confirmed that ratings should be the default way that CQC presents the judgements from its inspections. There will be a few services regulated by CQC, which will be exempt from this", including 'minor cosmetic surgery'. The [Department of Health](#) gives examples of 'minor cosmetic surgery' as those including skin tag, wart and skin blemish removal.

### **Recommendation 20**

We recommend that the CQC review its registration and inspection criteria for providers of cosmetic procedures so that, as a minimum providers are held responsible for:

- ensuring that surgeons providing services under contract to them are certified under the Royal College of Surgeons' scheme, once fully in force;
- ensuring that any practitioners providing non-surgical procedures under their name are registered with a body accredited by the Professional Standards Authority (when non-surgical procedures are brought within the CQC's remit); and
- taking the lead in responding to any complaints and litigation in connection with care provided under their name, regardless of the employment status of the practitioner concerned.

No review of the CQC's registration and inspection criteria for providers of cosmetic procedures on these specific points has been identified.

### **Recommendation 21**

We recommend that the UK departments of health should work with the Royal College of Surgeons, the Joint Council for Cosmetic Practitioners, the Private Healthcare Information Network, and the Care Quality Commission to find ways to close the significant gaps in data collection that currently remain.

On 12 June 2018, the [Private Healthcare Information Network](#) (PHIN) announced that, from July 2018, it will aim to publish information on 1,000 consultants who work in private healthcare.

According to a [news release](#) published by PHIN, consultants who admit private patients will be able to preview and approve their performance through PHIN's online portal. The release states that "PHIN is aiming for 1,000 consultants to approve their data for an initial launch when it is anticipated at the end of July." The [Royal College of Surgeons](#) has also highlighted PHIN's work to its members.

However, one earlier initiative to gather data about cosmetic procedures – the Breast Implant Registry – has been called into question, including in a [BBC](#) report from March 2018. The report states that one-in-three NHS clinics and one-in-four private clinics offering breast augmentation have not submitted any patient data to the breast implant registry. The report comments that, "it is not clear if patients treated by certain providers refused consent or were simply not asked."

The role of the JCCP in contributing to the knowledge base surrounding the provision of cosmetic procedures has also been noted by the PSA as part of its panel report on the JCCP's performance. JCCP, as a registrant of the PSA, is required to meet its [standards for accredited registers](#). One of the PSA's standards (standard 6) concerns knowledge bases. In minutes of a report held on 22 March 2018, the PSA notes:

*"The JCCP recognised a need to develop the evidence base for the effectiveness and use of non-surgical cosmetic treatments. The JCCP has partnered with an external organisation, Northgate Public Services UK Ltd, to develop a coordinated framework to collect patient-related activity data, to collect adverse incident data, and to undertake the thematic analysis of these data. The data collected will help to build a body of evidence relating to patient risk for non-surgical cosmetic procedures with a view to improving patient safety."*

BAAPS, one of the few UK organisations in this area to publish its data on the number of procedures undertaken each year on a regular basis, [reported](#) in October 2017 that four out of five surgeons recorded a rise in revisions for 'botched' procedures during the last five years. In October 2017, the [Dental Review](#) reported on survey data obtained by the 2017 CCR Expo – which organises a large conference on medical aesthetics each year – from 102 cosmetic procedure practitioners, and concluded that almost three-quarters reported having had to perform a corrective treatment in the past year. [The Times](#) has also reported that Scotland is "heading for a health disaster similar to the PIP breast implants scandal because regulations introduced last year are failing to protect patients from botched cosmetic procedures performed by unqualified practitioners." The same article also states that Hamilton Fraser, "a specialist provider of insurance to the aesthetic industry, said that the number of claims from UK patients scarred by treatment rose from 187 to 256 between 2014 and 2016."

[Data from the US](#) have also indicated that over 150,000 women with silicone gel breast implants are unaware that they have ‘silent rupture’, according to the American Society of Plastic Surgeons (ASPS) and the American Society for Aesthetic Plastic Surgery (ASAPS).

### **Recommendation 22**

We further recommend that the clinical codes used by the NHS to record and classify patient information should be adjusted to enable the NHS to record accurate information about any complications of cosmetic practice that require follow-up treatment in the NHS .

The NHS’s approach to recording patient findings and procedures is going through a period of change. [Read codes](#), which have been used in the NHS since 1985, are being replaced by a new system called SNOMED CT, following a 2014 report by the National Information Board on [Personalised health and care 2020](#).

SNOMED CT’s taxonomy includes the following terms that relate to complications following cosmetic procedures:

- [Capsular breast contracture of breast implant \(disorder\)](#)
- [Filler causing toxic effect \(disorder\)](#)
- [Skin and subcutaneous tissue complication following insertion of filling material under skin \(disorder\)](#)
- [Necrosis of skin due to and following injection of filler \(disorder\)](#)
- [Ochronosis caused by hydroquinone \(disorder\)](#) (i.e., as a result of using skin lightening substances)

SNOMED CT is being [implemented](#) in primary care settings from April 2018. NHS secondary care, mental health, community systems, and dentistry must use SNOMED CT for clinical terminology before 1 April 2020. According to [NHS Digital](#), SNOMED CT will support “effective detailed analysis of care information to support care of individuals and populations”.

A series of Parliamentary questions by Kevan Jones MP in the summer of 2018 has also sought to obtain further information about the rate of complications for cosmetic surgical procedures.

A [Parliamentary question](#) by Mr Jones on 3 July 2018 asked the Secretary of State for Health and Social Care “how many patients admitted to hospital A&E departments were admitted as a result of aesthetic surgery complications in each of the last two years.” Stephen Barclay, the Minister of State for Health, responded, “the requested data is not centrally collected.”

Mr Jones submitted another [question](#) that asked “how many ultrasound scans associated with complications as a result of breast augmentation were performed in each of the last three years.” Mr Barclay responded, “Data on the volume of ultrasound scans associated with complications of breast augmentation is not collected centrally.”

A further [series of questions](#) from Mr Jones that included asking the Minister the amount the NHS has spent on corrective surgery, the most common 'botched' procedures, and the costs the NHS has incurred as a result of correcting those procedures received the response "neither the Department nor its arm's length bodies hold the information requested." (See [Parliamentary mentions section](#) below for further information.)

### **Recommendation 23**

We recommend that the UK departments of health work with the relevant health regulators, Royal Colleges, professional associations, and major provider organisations to ensure that children and young people under the age of 18 are not able to access cosmetic procedures, other than in the context of multidisciplinary healthcare.

Members of the Council's Executive met with the Health Minister, Jackie Doyle-Price in May 2018 to discuss how the Government might address under 18s' access to cosmetic procedures. Any potential updates on this recommendation will be communicated via the Council's social media channels.

A [Parliamentary question](#) raised by Bambos Charalambous MP also asked whether the Government planned to "bring forward legislative proposals to ban people under the age of 18 from accessing cosmetic procedures, other than those required by multidisciplinary healthcare." Philip Dunne (Minister, Department of Health) answered on 26 October 2017:

*"The Government is committed to improving the safety of cosmetic procedures through better training, robust qualifications for practitioners, and better information so that people can make informed decisions about their care. We are currently exploring options to support this commitment further.*

Young people's access to cosmetic procedures has also been noted in a [guide](#) published by the MDU in November 2017. The guide states:

*"Take particular care with young patients and encourage them to involve their parents, even if they have capacity. If a young patient lacks capacity, someone with parental responsibility can consent on their behalf. However, you should involve the patient as much as possible and must not proceed if you do not believe the treatment is in their best interests or they are reluctant."*

There remain no statistics published openly from UK sources on the number of young people who have undergone cosmetic procedures. However, from the US, [ASAPS](#) published statistics in March 2018 that indicate, for example, that its members reported 2,948 breast augmentations and 22,378 non-surgical procedures for under 18s.

The availability of cosmetic procedures to under 18s has also been subject to debate in the media, including on the BBC's [Victoria Derbyshire show](#) in July 2017, which

discussed how “girls as young as nine are seeking surgery on their genitals because they are distressed but its appearance”.

Outside of the UK, there have also been media reports of under 18s accessing cosmetic procedures in other countries, including in [South Africa](#).

#### **Recommendation 24**

We recommend that the major providers of cosmetic procedures collaborate with both the relevant professional bodies, and users of cosmetic procedures, to fund the independent development, regular updating, and wide dissemination of detailed information for users about both surgical and non-surgical procedures.

Collaboration between major providers of cosmetic surgical procedures and the relevant professional bodies was encouraged through a roundtable discussion organised by the Council, which took place in February 2018. The meeting brought together a range of stakeholders with an interest in promoting high standards in cosmetic surgery, and ensuring that these standards can be readily recognised by potential participants.

#### **Recommendation 25**

We recommend that the major providers of cosmetic procedures jointly develop a code of best practice to which they, and all practitioners working in their name, should adhere. Such a code should include:

- Recognition of the importance of clear distinctions between sales staff and practitioners, with ‘consultations’ and ‘advice’ only offered by appropriately qualified staff.
- Commitment to shared decision-making and a two-part consent process, with no financial commitments asked of users before the end of this process.
- Recognition of the limits of one’s experience as a practitioner, and commitment to multidisciplinary practice.
- Commitment to obtaining information where necessary from the user’s GP, as a default position.

Members of the Council’s Executive had the opportunity to present the report’s findings, and this recommendation, to the cosmetic surgery forum of the Association of Independent Healthcare Organisations in November 2017. No joint code of practice between major providers of cosmetic procedures has, as yet, been drawn up.

Examples of poor practice in this field, such as offering loans for cosmetic procedures, have continued to be [reported](#).

#### **Recommendation 26**



We recommend that the UK Research Councils and other major research funders should actively encourage high quality interdisciplinary research proposals that aim to fill the significant gaps in the evidence base identified in this report with respect to the provision and use of cosmetic procedures. Such research is essential in order to promote more ethical practice in the sector. In addition to the recommendations already made with respect to much improved data collection, we highlight the need for research:

- to improve understanding of the factors associated with poor outcomes after cosmetic procedures, and the development of practical tools to help practitioners identify and support prospective users who are more likely to have such outcomes; and
- to improve the evidence base with respect to the long-term physical and psychological outcomes, both positive and negative, of different cosmetic procedures.

We are not as yet aware of any steps by the UK Research Councils to actively research proposals to fill gaps in the evidence base around cosmetic procedures.

However, funding from other sources is to be welcomed, including the University of the West of England's internal funding commitment to conduct a study on 'non-invasive cosmetic procedures: understanding motivations, expectations, risk perceptions and outcomes from consumer, public and provider perspectives'. This research, which will be undertaken by Phillippa Diedrichs, Mandy Kidd, and Helena Lewis-Smith from the Centre for Appearance Research and the University's Social Science Research Group, will commence in August 2018 for a one-year period.

Evidence on the physical risks associated with having cosmetic procedures have also featured in several reports in the last year, including the [MHRA's encouragement](#) of healthcare professionals to continue to report occurrences of breast implant-associated anaplastic large cell lymphoma (BIA-ALCL), published in July 2018. According to [The Times](#), the MHRA received 25 reports of BIA-ALCL up to July 2017.

### **Recommendation 27**

We recommend that the Care Quality Commission should require all providers within its remit to guarantee access to an independent arbitration service, in cases where complaints cannot be resolved to patients' / users' satisfaction at provider level.

There are no developments to indicate that this guarantee has been secured.

### **Media coverage of the report**

#### ***Print / text***

Coverage of the report in print / online text publications included:

- [Independent](#) (21 June 2017) Britain's unregulated plastic surgery 'targeting children and causing mental health problems'
- [BBC News](#) (22 June 2017) Social media pressure is linked to cosmetic procedure boom
- [BMJ](#) (22 June 2017) Controls on cosmetic treatments "completely inadequate," report warns
- [Financial Times](#) (22 June 2017) News round-up
- [Grazia](#) (22 June 2017) Social media pressure is to blame for the rise in cosmetic procedures
- [Guardian](#) (22 June 2017) Protect children from online cosmetic surgery apps, say campaigners
- [Harper's Bazaar](#) (22 June 2017) Social media is to blame for the rise in under-18s going under the knife
- [MailOnline](#) (22 June 2017) Are mobile games telling your child to get a 'buttock lift'? Shocking apps that encourage youngsters to have cosmetic surgery are slammed by experts
- [MailOnline](#) (22 June 2017) Don't let plastic surgeons prey on vulnerable teens: experts demand a ban on treatments for under-18s after Daily Mail exposé
- [Manchester Evening News](#) (23 June 2017) Plastic surgery apps aimed at girls as young as nine are telling them operations can stop them being 'ugly'
- [Mirror](#) (22 June 2017) Calls to outlaw plastic surgery games that are aimed at children as long as nine
- [New Scientist](#) (22 June 2017) Don't blame Instagram for the rise of botox and lip fillers
- [Planet Genius Magazine](#) (22 June 2017) Social media pressure is linked to cosmetic procedure boom
- [The National Student](#) (22 June 2017) 'Shocking' plastic surgery games for children must go from internet, experts say
- [The Pool](#) (22 June 2017) These cosmetic surgery "games" are profiting from young girls' insecurities
- [The Sun](#) (22 June 2017) Op apps for kids: girls as young as nine targeted by online games about plastic surgery, say experts
- [The Telegraph](#) (22 June 2017) Girls as young as eight being groomed by cosmetic surgery games
- [The Telegraph](#) (22 June 2017) 'Don't be self-obsessed': Helen Mirren on staying sane in the Kardashian era
- [The Telegraph](#) (22 June 2017) Cosmetic surgery checks so patients can check if doctors are trained
- [BMJ](#) (26 June 2017) Cosmetic industry regulation is only skin deep
- [Independent](#) (24 March 2018) These are the terrifying plastic surgery apps aimed at young girls (the same piece was also distributed by [Yahoo! News](#))
- [The Verge](#) (6 April 2018) Inside the surreal, probably inevitable world of plastic surgery apps
- [Popular Mechanics](#) (7 April 2018) These plastic surgery apps are stirring up serious controversy
- [The Washington Post](#) (17 April 2018) Controversial apps for kids make cosmetic surgery into a game

- [iNews](#) (15 August 2018) Love Island fuelled people’s insecurities, and now its sponsor Superdrug is cashing in with Botox

### **Broadcast**

In the past year, representatives of the working party and the Council’s executive were interviewed for radio programmes hosted by BBC Radio 4 (The Today Programme; You and Yours), BBC Radio 5 Live (Morning Reports; and a full discussion later that day), BBC Radio 1, BBC World Service, BBC Radio Scotland (Good Morning Scotland), BBC Radio Wales (Good Morning Wales), and TalkRadio.

Representatives have also discussed the report for TV interviews, including for BBC World and Sky News.

### **News stories and blogs published on the Council’s website**

The Nuffield Council has also published news stories and blogposts on the project since its launch.

#### **News stories**

- [28 February 2018](#): New research on appearance-based bullying in young people highlights the need for action
- [6 March 2018](#): New voluntary register for non-surgical cosmetic procedures
- [15 August 2018](#): Superdrug to offer in-store Botox and filler treatments

#### **Blogs**

- [19 July 2017](#): Regulation and cosmetic procedures: counselling caution (Harry Cayton)
- [11 September 2017](#): “You don’t put a bad picture on Instagram” (Kate Harvey)
- [3 August 2018](#): Love Island and cosmetic surgery ads: time to decouple? (Kate Harvey)

### **Citations in academic books / articles**

Chambers C (2018) [Reasonable disagreement and the neutralist dilemma: abortion and circumcision in Matthew Kramer’s \*Liberalism with excellence\*](#) *The American Journal of Jurisprudence* **63(1)**: 9-32

Mair C (2018) [The psychology of fashion](#) (London: Routledge)

Elias AS, and Gill R (2017) [Beauty surveillance: the digital self-monitoring cultures of neoliberalism](#) *European Journal of Cultural Studies* **21(1)**: 59-77

Harvey K (2017) [Being participatory](#), in Coyne I and Carter B (eds) *Being participatory: researching with children and young people: co-constructing knowledge using creative techniques* (Cham, Switzerland: Springer)

Holden ACL and Spallek H (2017) [How compliant are dental Facebook pages with Australian health care advertising regulations? A Netnographic review](#) *Australian Dental Journal* **63**: 109-17

Taber S (2017) [Nuffield Council on Bioethics has raised a range of ethical issues in its recent report](#) *Journal of Aesthetic Nursing* **Published online:** 12 September

Widdows H (2017) [The neglected harms of beauty: beyond engaging individuals](#) *Journal of Practical Ethics* **5(2)**

## Presentations

**17 October 2017:** Clare Chambers presented the report to delegates of the Royal Society of Medicine's event on '[changing the image of cosmetic surgery: patients before profit](#)'.

**23 November 2017:** Katharine Wright presented to [AIHO's cosmetic forum members](#) issues around raising ethical standards in cosmetic surgery, asking 'what role can the independent sector play?'

**24 January 2018:** Jeanette Edwards presented the report to delegates at the 7<sup>th</sup> National Aesthetic Nursing Conference in Manchester.

**28 February 2018:** Michael Thomson presented the report to students working towards a [master's degree in business and management](#) in the fragrance and cosmetic industry. The course is run from the Faculty of Business and Economics at the University of Padua.

**13 June 2018:** Katharine Wright presented the Council's report, and Heather Widdows presented arguments from her recently-published book [Perfect me](#) to delegates of 'Appearance Matters', a conference organised by the [Centre for Appearance Research](#).

## Parliamentary and Ministerial meetings

**2 October 2017 and 15 February 2018:** members of the Council's Executive met with Bambos Charalambous MP to discuss how the Council's concerns over the regulation of cosmetic procedures might be raised most effectively in Parliament.

**21 November 2018:** members of the Council's Executive met Lord Lansley to discuss the implications of the report for his Private Member's Bill on the regulation of cosmetic surgery.

**16 May 2018:** members of the Council's Executive met with Jackie Doyle-Price, Minister for Mental Health and Inequalities to discuss the opportunities to make improvements to the regulatory framework around cosmetic procedures.

**3 July 2018:** Katharine Wright represented the Council at a roundtable meeting with Jackie Doyle-Price and representatives from the Department of Health and Social Care, MHRA, and Human Tissue Authority, to discuss further how the Government may approach cosmetic procedures regulation in the future with a particular focus on the products used in cosmetic procedures.

## Parliamentary questions

Since its launch, several questions have been raised in Parliament that engage directly and specifically with the Council's recommendations.

### **12 September 2017: Clive Lewis MP**

"To ask the Secretary of State for Health, if his Department will take steps to implement the recommendations of the Nuffield Council bioethics report, Cosmetic procedures: ethical issues, published in June 2017."

*Philip Dunne, Minister, Department of Health:*

"The Government is committed to ensuring that individuals make informed and safe choices about cosmetic interventions. Since publication of Sir Bruce Keogh's Review of the Regulation of Cosmetic Interventions, in 2013, we have implemented a number of important changes to that end. A copy of the report is available at the following link:

<https://www.gov.uk/government/publications/review-of-the-regulation-of-cosmetic-interventions>

We are considering options for the effective registration and regulation of those performing cosmetic interventions, and the Nuffield Council's thorough and thoughtful report will help to inform our thinking about how to take this forward."

In addition, the Council has liaised with other MPs to highlight issues raised by the report. The following questions were subsequently raised in Parliament:

### **12 October 2017: Bambos Charalambous MP**

To ask the Secretary of State for Health, what assessment his Department has made of the effectiveness of voluntary schemes for the registration and certification of practitioners offering cosmetic procedures to patients on the safety of such treatments.

*Philip Dunne, Minister, Department of Health:*

"The General Medical Council has introduced new guidance which sets out the standards for doctors carrying out cosmetic procedures. The guidance applies to all doctors who carry out both surgical and non-surgical procedures. The guidance says doctors must advertise and market services responsibly; give patients time for reflection; seek a patient's consent themselves, not delegate it; provide continuity of care and support patient safety by making full and accurate records of consultations and contributing to programmes to monitor quality and outcomes, including registers for devices such as breast implants.

The Government recommends that anyone considering accessing cosmetic interventions, chooses a registered health professional or someone who is registered with an accredited voluntary register (AVR). A number of AVRs for practitioners performing cosmetic interventions are already established. Using a practitioner registered with an AVR provides assurance that the practitioner is appropriately qualified, registered and insured.

On 13 September 2017 I laid new regulations in parliament to impose a duty on the Care Quality Commission to rate and assess the performance of providers of surgical procedures for cosmetic purposes where the procedure requires intravenous sedation, general anaesthesia or the insertion of an implant. These regulations are due to come into force on 31 October.”

**12 October 2017: Bambos Charalambous MP**

To ask the Secretary of State for Health, what steps his Department is taking to (a) protect the safety of patients seeking invasive non-surgical cosmetic procedures and (b) ensure that all practitioners offering such procedures are appropriately qualified.

*Philip Dunne, Minister, Department of Health:*

“The General Medical Council has introduced new guidance which sets out the standards for doctors carrying out cosmetic procedures. The guidance applies to all doctors who carry out both surgical and non-surgical procedures. The guidance says doctors must advertise and market services responsibly; give patients time for reflection; seek a patient’s consent themselves, not delegate it; provide continuity of care and support patient safety by making full and accurate records of consultations and contributing to programmes to monitor quality and outcomes, including registers for devices such as breast implants.

The Government recommends that anyone considering accessing cosmetic interventions, chooses a registered health professional or someone who is registered with an accredited voluntary register (AVR). A number of AVRs for practitioners performing cosmetic interventions are already established. Using a practitioner registered with an AVR provides assurance that the practitioner is appropriately qualified, registered and insured.

On 13 September 2017 I laid new regulations in parliament to impose a duty on the Care Quality Commission to rate and assess the performance of providers of surgical procedures for cosmetic purposes where the procedure requires intravenous sedation, general anaesthesia or the insertion of an implant. These regulations are due to come into force on 31 October.”

**17 October 2017: Bambos Charalambous MP**

“To ask the Secretary of State for Health, what steps his Department is taking to ensure that all surgeons offering cosmetic procedures in the private sector are certified by the Royal College of Surgeons.”

*Philip Dunne, Minister, Department of Health:*

“The Government is committed to the effective regulation of those performing cosmetic procedures. Following Sir Bruce Keogh’s review of the regulation of cosmetic interventions, the Royal College of Surgeons has published a set of professional standards for cosmetic surgery and has launched a new certification scheme. This allows patients to search for a surgeon, including those in the private sector, who has appropriate training, qualifications and experience to perform the procedure they are considering.”

## **27 November 2017: Baroness Gould**

“To ask Her Majesty's Government what plans they have to issue guidance for all healthcare providers clarifying the circumstances under which procedures marketed as "female genital cosmetic surgery" may be necessary for a woman's physical or mental health and therefore not banned under the Female Genital Mutilation Act 2003.”

*Lord O'Shaughnessy, Parliamentary Under-Secretary of State for Health*

“The Female Genital Mutilation Act 2003, which makes female genital mutilation (FGM) a criminal offence, clearly sets out the medical circumstances in which it is not an offence to carry out a surgical operation on the labia majora, labia minora or clitoris: these circumstances are where the operation is carried out by an approved person (such as a medical professional) and is necessary for a woman or girl's physical or mental health or is for purposes connected with labour or birth. This surgery should not be undertaken within the National Health Service unless it is medically indicated.

The Royal College of Obstetricians and Gynaecologists (RCOG) are clear in their guidelines, *Female Genital Mutilation and its Management*, published in July 2015, that “Female genital cosmetic surgery (FGCS) may be prohibited unless it is necessary for the patient's physical or mental health. All surgeons who undertake FGCS must take appropriate measures to ensure compliance with the FGM Acts.” A copy of the guidelines is attached. The RCOG also published an ethical opinion paper in relation to female genital cosmetic surgery in 2013, which provides background briefing on FGM and explores the ethical considerations in relation to FGCS around consent, minors and clinical evidence.”

## **Other events**

**19 February 2018:** A panel was chaired by Hugh Whittall following a performance of [B\\*east](#)s, a play which addressed issues of “the pornification of our culture and the sexualisation of our children.” Other panel members were working party members Nichola Rumsey and Mark Henley; Erin Dicks, a member of the Young Persons' Group based in Aberdeen; and Monica Dolan, the actor who wrote and performed ‘B\*easts’.

**22 February 2018:** members of the Council's Executive attended the launch of the JCCP and CPSA at the House of Lords.

## **Consultation responses**

Since the report launch, the Council has responded to the following consultations:

**June 2017:** [Youth Select Committee](#): inquiry on body image

- Council's response available [here](#)

**October 2017:** [Health Committee](#): inquiry on Brexit, medicines, medical devices, and substances of human origin

- Council's response available [here](#)

**October 2017:** [Cosmetic Practice Standards Authority](#): consultation on draft standards

- *Council's response available [here](#)*

**January 2018:** [Department of Health and Social Care](#): consultation on promoting professionalism, reforming regulation

- *Council's response available [here](#)*

**February 2018:** [Department of Health and Social Care / Department for Education](#): a green paper on transforming children and young people's mental health provision.

- *Council's response available [here](#)*

**February 2018:** [Department for Education](#): consultation on changes to the teaching of sex and relationship education and PSHE

- *Council's response available [here](#)*

**March 2018:** [Science and Technology Committee](#): inquiry on the impact of social media and screen-use on young people's health

- *Council's response available [here](#)*

**July 2018:** [Advertising Standards Authority](#): tackling harmful gender stereotypes in advertising

- *Council's response available [here](#)*