Allergan Aesthetics response to Advertising Standards Authority

Consultation on the placement and scheduling of ads for cosmetic interventions

https://www.asa.org.uk/resource/consultation-on-the-placement-and-scheduling-of-ads-for-cosmetic-interventions.html

Sent via email to: cosmeticinterventions@cap.org.uk

Introduction to Allergan Aesthetics

Allergan Aesthetics, an AbbVie company, develops, manufactures, and markets a portfolio of leading aesthetics brands and products. Our aesthetics portfolio includes facial injectables, body contouring, plastics, skin care, and more.

Allergan Aesthetics is clear that medical aesthetic injectable treatments (dermal fillers and toxin treatments) are medical procedures and should only be carried out by a trained and qualified healthcare professional, doctor, dentist or nurse, in an appropriate clinical environment.

As a responsible industry leader, Allergan Aesthetics supports the Advertising Standards Authority's (ASA) Committee of Advertising Practice (CAP) and Broadcast Committee of Advertising Practice's (BCAP) proposal for new rules proposals by the approach for introducing age-restrictions for the advertising or promotion of cosmetic interventions and restricting such advertisements from targeting under-18s or media in which 25% or more of the audience profile is under-18.

While the companies that we supply our products to may advertise the procedures that they offer, Allergan Aesthetics' Standard Operating Procedures ensure that we advertise in accordance with relevant regulations, such as existing ASA guidance. As a result, we do not participate in any form of promotion or influencer partnership that may result in cosmetic procedures being principally advertised to children or consumers under the age of 18. Our Procedures are regularly reviewed to ensure that they follow industry best practice.

We are also regulated by the Association of the British Pharmaceutical Industry's code of conduct and work to the Association of British HealthTech Industries' guidelines. As many of our products are prescription-only, they cannot be advertised.

Allergan Aesthetics has recently publicly supported Laura Trott MP's Private Member's Bill to ban under-18s from accessing certain cosmetic procedures such as botulinum toxins and dermal fillers, except for medical and prescription purposes.

While there is clearly a need to consider restrictions to the advertising of cosmetic interventions, it is important to note that there are clear and well-defined medicinal use for our products and it is essential that patients are still able to access these treatments.

Response to Questions

1. Whether the introduction of an age-specific placement restriction on non-broadcast advertising for cosmetic interventions in the CAP Code is necessary and proportionate? Please provide your rationale and any relevant evidence in support of your answer.

Yes, Allergan Aesthetics agrees that the introduction of an age-specific restriction on non-broadcasting advertising for cosmetic interventions is both necessary and proportionate.

2. If your answer to Question 1 is 'Yes', do you agree with CAP's proposed wording for a new rule in Section 12 Medicines, medical devices, health-related products and beauty products of the CAP Code? Please explain your reasons in your response.

Marketing communications for cosmetic interventions must not be directed at those aged below 18 years through the selection of media or context in which they appear. Cosmetic interventions mean any intervention, procedure or treatment carried out with the primary objective of changing an aspect of a patient's physical appearance. This includes surgical and non-surgical interventions, both invasive and non-invasive. This does not include cosmetic products as defined in Regulation (EC) No 1223/2009. See Advertising Guidance: Cosmetic Interventions.

While Allergan Aesthetics is supportive of the move toward age-specific placement restrictions on non-broadcast advertising for cosmetic interventions, we disagree with the current wording that is being proposed.

It is essential that any new regulation is clear and unambiguous for consumers and businesses alike. By introducing two separate rules for CAP and BCAP with a variance in wording, it risks creating confusion and uncertainty, leading to an undue administrative and compliance burden.

We would recommend alignment between both proposed rules in order to minimise any potential confusion or misinterpretation of the rules. We are supportive of the proposed wording of the BCAP rule as it is most clearly worded with little room for misinterpretation.

We therefore recommend updating the CAP's proposed wording, to align with the wording in the proposed BCAP Code. We have highlighted the recommended changes in below:

"Marketing communications for cosmetic interventions must not be <u>principally</u> directed at those or <u>likely to appeal particularly to audiences</u> below <u>the age of</u> 18 years through the selection of media or context in which they appear."

The recommended inclusion of the phrase 'principally directed' to the CAP wording will ensure that there is greater consistency between the CAP and BCAP rules. In addition, it will closer align the rule with its intended purpose and that of the explanatory notes within the consultation and the CAP Guidance on Children and age-restricted ads online, which state that 'cosmetic interventions advertising cannot be placed in media that are aimed at under-18s, and in media in which 25% or more of the audience profile is under 18'. This will also allow for future updates to the CAP Guidance on Children and age restricted ads online in isolation, without the need to consult on further updates to the CAP rule above.

3. Whether the introduction of an age-specific scheduling restriction broadcast advertising for cosmetic interventions in the BCAP Code is necessary and proportionate? Please provide your rationale and any relevant evidence in support of your answer.

Allergan Aesthetics does not currently use broadcast advertising for its products in the UK. However, we would agree that the introduction of an age-specific scheduling restriction on broadcast advertising for cosmetic interventions is both necessary and proportionate.

4. If your answer to Question 3 is 'Yes', do you agree with BCAP's proposed wording for a new rule in Section 32 Scheduling of the BCAP Code. Please explain your reasons in your response?

These may not be advertised in or adjacent to programmes commissioned for, principally directed at or likely to appeal particularly to audiences below the age of 18: ... Cosmetic interventions, procedures or treatments carried out with the primary objective of

changing an aspect of a patient's physical appearance. This includes surgical and non-surgical interventions, both invasive and non-invasive. This does not include cosmetic products as defined in Regulation (EC) No 1223/2009. See Advertising Guidance: Cosmetic Interventions

As stated in the answer to question 2, we believe that it is essential that there is alignment between the proposed rules for BCAP and CAP and that the new regulation is clear and unambiguous in order to avoid any potential confusion or misinterpretation while avoiding any undue administrative or compliance burden.

We believe that BCAP's proposed wording is more precise and unambiguous, providing clarity to businesses and consumers while preventing undue administrative and compliance burden. We therefore agree with BCAP's proposed wording and recommend that CAP use the same version in its own rules.





admin@bacn.org.uk

Introduction

The BACN welcomes the recommendations from the Committee for Advertising Practice (CAP) setting out proposals to introduce new rules prohibiting cosmetic interventions advertising from being directed at those under the age of 18 years.

The BACN is the largest association of medical aesthetic practitioners with nearly 1000 NMC registered nurses as members. The BACN has being campaigning for greater regulation of the non-surgical aesthetic sector for many years and sees this proposal as 'one' element of a range of interventions required to deliver 'patient safety' in an ever-expanding area of activity. It should be noted that BACN Nurses 'do not' carry out cosmetic surgery procedures.

It is important therefore to see these proposals from the CAP and the BCAP in the broader context of what is happening in the world of aesthetics:

- 1. The introduction of a Private Members' Bill Botulinum Toxin and Cosmetic Fillers (Children)' calling for tougher regulations on under 18's accessing Botulinum Toxin and Cosmetic Filler Treatments received second reading on 16 October 2020. During this debate the Health Minister Edward Argar said 'Alongside this bill, my department is also exploring a range of options for increased oversight of practitioners, including a system of registration or licensing'.
- 2. The actions of the All Party Parliamentary Group (APPG) on Beauty, Aesthetics and Wellbeing is currently taking evidence on whether to amend, update or introduce new rules around regulation of the aesthetics sector.
- 3. Pressure for medical regulators to review existing 'Codes of Conduct' to reflect public concern about patient safety in aesthetics.
- 4. The debate during COVID over what is in law deemed to be a 'medical' procedure as against a 'cosmetic' procedure.
- 5. Rising concern about **mental health issues** associated with 'appearance'. The BACN welcomes the action of the Committee of Advertising Practice (CAP) and the Broadcast Committee of Advertising Practice (BCAP) in undertaking further work 'to assess the potential harm relating to body image from advertising and the impact on consumers mental health'.

It is the view of the BACN that unless the 'major' issues surrounding the regulation of 'high risk' procedures (injectables and fillers) are dealt with then all other interventions although very welcome are unlikely to have 'major' impact.

Request from CAP/BCAP

CAP invites respondents' views on the following:

BCAP invites respondents' views on the following:

1. Whether the introduction of an age-specific placement restriction on non-broadcast advertising for cosmetic interventions in the CAP Code is necessary and proportionate? Please provide your rationale and any relevant evidence in support of your answer.

Yes

The BACN welcomes the Committees of Advertising Practice (CAP) and Broadcast Committee of Advertising Practice (BCAP) public consultation to introduce tighter restrictions regarding cosmetics interventions advertising aimed at under 18s across all media platforms. Our understanding is that this would introduce age based constraints on the targeting, scheduling and placement of advertising of any surgical or non-surgical cosmetic interventions.

At the time of writing, there is nothing prohibiting the context in where or when these adverts appear, and these age-based constraints would include appearing after TV programmes that could appeal or are directed particularly to audiences below the age of 18. The BACN is morally and ethically opposed to treating under 18s. Regardless of which insurer indemnifies your practice, you have no cover to treat those aged under 18 for cosmetic or aesthetic reasons. As a professional organisation, the BACN has responded to this call for response.

Dermal fillers are not approved for use in those under the age of 21, as there is no efficacy or safety data available. Performing aesthetic nonsurgical procedures on younger people has potential physical and psychological risks. The facial structure is still developing and fillers might impact this negatively or cause damage to underlying anatomy. Furthermore, adolescence or young adulthood can be a time of emotional instability, with vulnerabilities over self-esteem and body image developing, as well as the potential for appearance-related concerns coupled with bullying and idealised imagery from television, magazines and social media platforms compounding these psychological factors. Regardless of their ability to consent, and regardless of their parent's readiness to consent on their behalf, these treatments for aesthetic motivations should not be available to anyone aged under 18 years, and until there is legislation in place, this responsibility falls on the shoulders of the practitioner (Nuffield Council on Bioethics, 2017).

Medical aesthetics functions with the aesthetics industry, and therefore, as a sector, is dependent on a marketing approach. As nurses, we may feel uncomfortable with the idea that we are part of an industry that includes commercial enterprise, pharmaceutical manufacturing, research, development, supply and business acumen. This generates massive revenue. However, the need to be business savvy and profitable versus the need to be medically motivated does not have to be conflicting. Being committed to patient wellbeing highlights the need to consider the ethics and brings us back to the argument of 'clients' or 'patients'. Our patients are consumers; sometimes they shop around and make spontaneous choices based on price or special offers. They can be seduced because of images they see. Our patients have social media accounts, and are exposed to social influencers who, often, have several thousands to millions of followers. This can increase patient awareness regarding what aesthetic treatments are available, but, sometimes, this has little emphasis



on the journey from assessment to post treatment, which can result in patients having unrealistic expectations, and not being fully cognisant of the possible financial commitment, complications and the time it may take to achieve the results they want. Providing a medically evidenced-based treatment, with the end goal of achieving good patient outcomes, is paramount, and patient vulnerability should always be considered (Vlahos and Bove, 2016; Abelsson and Willman, 2020)

A recent survey, published by the Women and Equalities Committee as part of their Government-funded 'Changing the perfect picture: an inquiry into body image', had 7878 responses between 6 –19 July 2020, with a focus on how different groups felt about their body image and what influenced those feelings (House of Commons and Women and Equalities Committee, 2020). Some of the key findings are interesting and relevant. They found that six in every 10 women had negative feelings about their bodies. Transgender respondents also felt negatively about their body image, and this was impacted by gender, body dysmorphia, transphobia and the threat of being harassed. Black, Asian and minority ethnic (BAME) respondents also stated that representation in the media and advertising had a negative influence on their body image, because of the lack of plus size images, natural hair or people with darker skins, and this reinforced colourism and racism across all platforms. Men felt the pressure to conform to masculine stereotypes (i.e. being muscular) and were often targeted by advertising algorithms that encouraged them to gain muscle mass. Homosexual men felt this pressure to conform more so, as they face appearance-based discrimination via social media and dating apps. The study also found that lockdown made 55% of adults and 58% of those under 18 feel 'worse' or 'much worse' about their appearance, while 14% of adults and 16% of younger people reported feeling 'better' or 'much better' about their body image during lockdown.

2. If your answer to Question 1 is 'Yes', do you agree with CAP's proposed wording for a new rule in Section 12 Medicines, medical devices, health-related products and beauty products of the CAP Code? Please explain your reasons in your response.

Marketing communications for cosmetic interventions must not be directed at those aged below 18 years through the selection of media or context in which they appear.

Agreed. However we would counsel that there may be a need to include a statement that reflects the ability to treat under 18's for a 'specific medical condition' linked to appearance should it be determined by a 'multi-disciplinary medical team.

Cosmetic interventions mean any intervention, procedure or treatment carried out with the primary objective of changing an aspect of a patient's physical appearance. This includes surgical and non-surgical interventions, both invasive and non-invasive. This does not include cosmetic products as defined in Regulation (EC) No 1223/2009. See Advertising Guidance: Cosmetic Interventions.

3. Whether the introduction of an age-specific scheduling restriction broadcast advertising for cosmetic interventions in the BCAP Code is necessary and proportionate? Please provide your rationale and any relevant evidence in support of your answer.

Please see response to Q1 as it applies equally to this question.

4. If your answer to Question 3 is 'Yes', do you agree with BCAP's proposed wording for a new rule in Section 32 Scheduling of the BCAP Code. Please explain your reasons in your response?



These may not be advertised in or adjacent to programmes commissioned for, principally directed at or likely to appeal particularly to audiences below the age of 18:

Agreed.

Cosmetic interventions, procedures or treatments carried out with the primary objective of changing an aspect of a patient's physical appearance. This includes surgical and non-surgical interventions, both invasive and non-invasive. This does not include cosmetic products as defined in Regulation (EC) No 1223/2009. See Advertising Guidance: Cosmetic Interventions.

Critical Issues - Aesthetics Sector

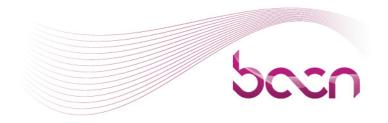
The BACN is at the forefront of the debate about 'patient safety' in the aesthetics sector and on a daily basis its members are dealing with patient concerns and in many cases are being approached by patients who have experienced complications after treatment from a 'non- medically trained' person. The key issues being raised are as follows:

- The lack of regulation in the sector with particular reference to 'high risk' procedures such as Botulinum Toxin and fillers.
- Non-medical people using 'unsafe' products.
- The proliferation of people administering these procedures with no 'medical training'.
- Non-medical people operating with no requirement to be insured.
- Lack of consumer awareness of the 'risks' associated with 'high risk' procedures.
- Lack of accountability by non-medical providers of non-surgical procedures.

There is 'not' substantial evidence from BACN Nurses of young people under 18 requesting the 'high risks' procedures and it is our belief that in many cases this cohort of 'patients' is more likely to approach non-medically trained people who do not operate under strict medical codes of practice and in many cases offer non-surgical procedures at much lower prices.

The Role and Accountability of the Aesthetic Nurse

All BACN members must be registered with the Nursing and Midwifery Council (NMC) and with this comes the rules, regulations and procedures under which a 'registered nurse' must operate. A 'registered nurse' must adhere to the NMC Code of Practice. In addition to this is the BACN Code of Practice that all members must adhere to. Any breach of the NMC Code of Practice can result in a 'Fitness to Practice' case being taken and removal of the right to practice. Any breach of the BACN Code of Practice can result in expulsion if found to be held.



Both the NMC and the BACN Code of Practice embody the key principle of not 'treating' any person under the age of 18 unless there can be demonstrated a 'medical reason' under a considered and recorded 'multi-disciplinary' approach.

Alongside this are the NHS rules associated with 'consent-to-treatment'. Young people (aged 16 or 17) are presumed to have sufficient capacity to decide on their own medical treatment, unless there's significant evidence to suggest otherwise. Children under the age of 16 can consent to their own treatment if they are believed to have enough intelligence, competence and understanding to fully appreciate what is involved in their treatment. This is known as being Gillick competent (tested in case law). These rules all link to the notion of a 'medical' treatment and as referenced earlier this is where the major debate in the sector is 'raging' about the difference between 'medical' and 'cosmetic' treatments in law.

BACN Nurses under our Code of Conduct must be insured by an approved and recognised insurer in aesthetics. These insurance policies state that the practitioner cannot treat a person under the age of 18 unless 'a specific need is presented'. It should be noted that non-medically registered aesthetic practitioners are not required to have such insurance.

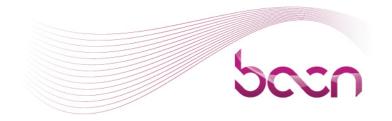
The Role of Regulators

Reference has already been made as to the issues surrounding the role of Government approved statutory medical regulators (GMC, NMC, GDC etc) where it is very clear as to the responsibilities of registrants to exercise 'duty of care and candour' and to be subject to 'Fitness to Practise' procedures.

In addition, there are also Professional Standards Authority (PSA) approved voluntary registers for the non-surgical sector — operated by the Joint Council for Cosmetic Practitioners (JCCP) and Save Face. Both bodies have strict entry requirements and Codes of Conduct for practitioners but joining to these bodies is only voluntary. Registrant numbers are also small in relation to the number of 'medical' practitioners in the sector. The rules set by the Voluntary Registers surrounding under 18's and treatments are referenced in the CAP and BCAP documentation.

The Role of Suppliers

It should be noted that that reputable Pharma companies that manufacture and distribute fillers state that approval for injectable fillers is in adults aged 22 years plus (Teoxane) and 21 years of age for some of the most commonly used fillers — Restylane and Juvederm. Restylane state that safety in patients under 18 years is not established and that safety and efficacy for lip augmentation in patients under 21 years is not established. Juvederm state that their HA's that target lip augmentation and the perioral area are for adults over 21.



It is clear that the major Pharma companies do not endorse treatments using their products for under 18's, so this then begs the question of who is doing these treatments and with what products. The conclusion must be that non-medically trained practitioners are buying unlicensed products off the internet with no checks or balances and providing this service to the under 18's. Once again, we come back to the core issue surrounding regulation of the sector, practitioners and the use of safe products.

Conclusion

The BACN is highly supportive of the CAP and BCAP proposals to set new rules on advertising interventions aimed at under 18's as part of a 'broader' and more proactive approach from Government to 'regulate' the sector. We are also very supportive of the proposal to look in more depth at the issue of 'appearance' and mental health issues across all age groups not just under 18's.

Underpinning all of these proposed interventions must be the underlying principles of 'raising patient awareness around issues of patient safety in 'high risk' treatment areas.

BACN Chair, Board and CEO



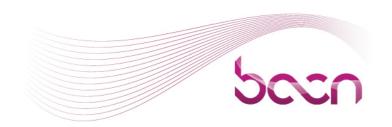
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Consultation on the placement and scheduling of cosmetic interventions advertising

BAPRAS Response

BAPRAS broadly supports the proposals and the rationale for them. This is a positive move and the Association considers it overdue. There are two points we would like to raise. Certain cosmetic procedures for under-18s that are not funded by the NHS but beneficial to patients (eg. prominent ear correction surgery, breast asymmetry or gynecomastia) might be encompassed in the proposed change and we would suggest this be considered further. We would welcome more detail and clarification on how the proposed changes would be implemented on social media channels eg. Instagram so that patient safety is supported without inhibiting innovation.



Changing Faces response to the consultation on the placement and scheduling of cosmetic interventions advertising

1. Whether the introduction of an age-specific placement restriction on non-broadcast advertising for cosmetic interventions in the CAP Code is necessary and proportionate? Please provide your rationale and any relevant evidence in support of your answer.

Changing Faces supports an age-specific placement restriction on non-broadcast advertising for cosmetic interventions in the CAP Code.

We believe that people with visible differences should have choice and control over their condition and any physical treatment or mental health support they may choose to access. This may include the use of invasive and non-invasive cosmetic interventions.

A child, young person or adult should be appropriately supported and empowered with the right, clear information when needed and we believe it is both necessary and proportionate that those under 18 should not be targeted with marketing communications promoting cosmetic interventions. We believe these advertisements can have a harmful impact on children and young people who are already dealing with comments, stares and bullying due to their appearance in a society that rarely celebrates or acknowledges difference as a positive. Advertisements promoting a stereotypical perception of beauty and offering to 'fix' perceived 'imperfections' can be damaging to a child or young person, particularly those with a visible difference.

One in five people in the UK today lives with a "visible difference". They tell us that they are more vulnerable to loneliness, social anxiety and low self-esteem. They experience lowered expectations in school, problems getting work and stereotyping in the media. This has a devastating, and lasting, impact on their mental health - we know one in three people with a visible difference today feel depressed, sad or anxious because of how they look².

<u>Changing Faces</u> has 27 years' experience as the UK's only charity for everyone with a visible difference. This includes people born with visible differences such as birthmarks and cranio-facial conditions, or those acquired during life, including scarring from accidents, skin conditions like psoriasis, vitiligo and acne, facial and skin cancer, and after a stroke or a Bell's palsy.

¹ Changing Faces #MyVisibleDifference Report (https://www.changingfaces.org.uk/wp-content/uploads/2019/05/CHANGING-FACES-Report-My-Visible-Difference.pdf) ComRes interviewed 1,037 people with a mark, scar or condition that makes them look different online between 7th and 16th March 2019. Data were weighted to be representative of those with a mark, scar or condition that makes them look different by age, gender and region. This weighting scheme was sourced from a nationally representative public omnibus survey run between the 22nd and 24th March 2019. ComRes is a member of the British Polling Council and abides by its rules.

² Changing Faces #MyVisibleDifference Report

Changing Faces provides expert Mental Health and Wellbeing Services across the UK, including counselling sessions, a helpline, peer support group, an online forum, a CBT self-help programme and self-help factsheets. Across the UK we provide classroom resources and materials to support education professionals teaching children with visible differences and introducing others to the topic of appearance and disfigurement. We also offer Skin Camouflage consultations for those who want to try out skin camouflage products whilst receiving practical and emotional support. Last year, we were proud to support around 16,000 people with visible differences across the UK. They talk about the relief and dignity of finally being taken seriously and listened to, and the new confidence from having the skills to cope and thrive.

Alongside our services, we campaign for a society which values and respects people with visible differences, so they can live the lives they choose, free from bullying, staring, discrimination and exclusion.

Lack of positive representation

Every day we are bombarded with messages telling us we need to look a certain way. Adverts can portray a very narrow view of beauty and make those watching or reading feel under constant pressure to conform. This pressure can be difficult to deal with, whoever you are. But when you have a mark, scar or condition that means you look different, it is intensified.

People with visible differences are still largely absent from mainstream advertising and brand campaigns. They tell us that they never see anyone who looks like them. Two-thirds of people do not think visible differences are represented well in adverts, whilst over half say that people with visible differences are regularly ignored by brands³.

Growing up with a visible difference

Navigating adolescence is generally acknowledged as a challenging time, but for young people with a visible difference, feelings of anxiety and concerns around appearance, can start even earlier. With most mental health problems starting at a young age, early intervention work with young people with a visible difference and their families is more important than ever.

Changing Faces research⁴ with children and young people found that concerns about appearance begin to trouble children from just 7 years old.

Our recent research⁵ found that three-quarters (76%) of children aged 9-16 with a visible difference have felt worried or anxious, compared to 65% of those without a visible difference. Over half of children aged 9-16 with a visible difference say they feel they need to be perfect (56%), and almost 6 in 10 admit to feelings of not looking good enough.

We know that the lives of young people are both on and offline. The current Covid-19 pandemic means it is increasingly likely for a young person to view their digital time as

³ Changing Faces #MyVisibleDifference Report

 $^{^4 \} Changing \ Faces \ Looking \ Different \ Report, 2018. \ https://www.changingfaces.org.uk/wp-content/uploads/2018/05/2266_Changing_Faces_FaceEqualityDay_report_AW_single_page.pdf$

⁵ Childwise 2019

simply 'their life' - with education, leisure activities and connecting with friends and family increasingly navigated online. Our earlier research in 2018 already found that the majority of children and young people say that the world they inhabit influences how they feel about their appearance. Family and friends are the most significant influencers (74%), followed by celebrities (64%) and social media (61%)⁶.

Ensuring this online space is as safe as possible, without additional messaging through the medium of advertising about ways to change their appearance, or cosmetic interventions that could impact their condition, before they have finished growing or developed ways to manage their feelings around living life with a visible difference, is one proactive way we can support children and young people to live the life they want.

Changing Faces campaigner, Hannah, 25, was a teenager when she started to notice a patchwork of marks on her skin. It took 18 months to find out that the marks were caused by an autoimmune disorder called scleroderma. Hannah explains:

"Being a teenager, I was feeling self-conscious anyway about how I looked and then I developed these marks that were very noticeable. It had a huge impact on my life. I stopped looking in the mirror, I covered up my body and it was a really devastating time.

"As soon as my skin condition began, I started slathering scar removal creams and oils on myself every single day. I spent hundreds, if not thousands, of pounds on endless treatments, none of which made the slightest difference to the appearance of my scars.

"Everywhere I looked clear-skinned models told me the same thing. I never saw a public figure that looked like me and I felt totally alone. I spent hours researching various scar removal surgeries and extreme treatments and started saving for them.

"In the early days of social media, there were constantly adverts for different cosmetic procedures and I felt like everywhere I looked, someone was saying I was ugly and needed to be fixed.

"Young people, whether they have a visible difference or not, must be protected from advertising that promotes cosmetic interventions. How can young people be expected to craft a healthy body image when the world is telling them that they can be fixed? Online spaces are tricky to make safe for young people, but it is possible to minimise the impact that unrealistic body image has on their developing minds by limiting advertising."

2. If your answer to Question 1 is 'Yes', do you agree with CAP's proposed wording for a new rule in Section 12 Medicines, medical devices, health-related products and beauty products of the CAP Code? Please explain your reasons in your response.

Marketing communications for cosmetic interventions must not be directed at those aged below 18 years through the selection of media or context in which they appear.

Cosmetic interventions mean any intervention, procedure or treatment carried out with the primary objective of changing an aspect of a patient's physical appearance. This includes surgical and non-surgical interventions, both invasive and non-invasive. This does not include cosmetic

⁶ Changing Faces Looking Different Report, 2018

products as defined in Regulation (EC) No 1223/2009. See Advertising Guidance: Cosmetic Interventions.

Changing Faces agrees that CAP's proposed new wording should be included in Section 12 of the CAP Code. Independent research, as detailed in answer 1 above, shows the challenges children and young people with visible differences can face, and the impact that poor body image associated with looking different can have on the mental health and wellbeing of these young people.

Changing Faces supports the inclusion of both surgical and non-surgical, and invasive and non-invasive procedures and treatments in the wording, and agrees that the emphasis should be placed on ensuring that marketing communications for treatments or procedures with the primary objective of changing an aspect of an individual's physical appearance are not directed at those under 18. The use of the term 'patient' may potentially be misleading and infer there is a medical need for a treatment or procedure, we suggest the term is not used in this context preferring 'individual' or 'client'.

3. Whether the introduction of an age-specific scheduling restriction broadcast advertising for cosmetic interventions in the BCAP Code is necessary and proportionate? Please provide your rationale and any relevant evidence in support of your answer.

Changing Faces believes that the introduction of an age-specific scheduling restriction for broadcast advertisements for cosmetic interventions in the BCAP Code is necessary and proportionate.

All the points referenced in Q.1 support Changing Faces position for the introduction of agespecific placement restriction on non-broadcast advertising for cosmetic interventions in the CAP Code can also be referenced regarding our position for the introduction of an agespecific scheduling restriction for broadcast advertisements for cosmetic interventions in the BCAP Code. In addition, Changing Faces would like to add that there are also additional challenges surrounding cosmetic intervention advertisements, with reference to television.

There is a lack of positive representation of people with visible differences in film and on television. Films use scars and looking different as a short-hand for villainy or vulnerability far too often – nearly every 'baddie' in the Bond film franchise has a scar or facial disfigurement, whilst Disney's Lion King goes further, with the 'evil' character called 'Scar'. On television there is a lack of characters who have visible differences, with disfigurement largely ignored.

It can be incredibly damaging to people with visible differences because they become associated with the negative stereotype. Teenager Marcus, who was born with a facial cleft and cleft palate, has been bullied and taunted with the names 'scar face, two-face and Joker'. Around one in five children and young people say that people with a visible difference are regularly shown as 'baddies' in films and books (18%), they rarely feature in adverts (18%) and aren't shown as positive role models (17%)⁷.

Our campaign, <u>#IAmNotYourVillain</u> aims to tackle this use of tropes and stereotypes by highlighting the impact this has on the visible difference community. The British Film Institute

⁷ Changing Faces Looking Different Report, 2018. https://www.changingfaces.org.uk/wp-content/uploads/2018/05/2266_Changing_Faces_FaceEqualityDay_report_AW_single_page.pdf

has signed up to the campaign and committed to not having negative representations depicted through scars or facial difference in the films they fund.

Recently we have seen some positive representation receive acclaim. The great reviews for actress Vicky Knight, a burns survivor, in the powerful and moving 2019 film, Dirty God, shows that things can change. And earlier this year the CBBC adaption of Malory Towers features an actor, Beth Bradfield, who has a visible difference. Beth's character has a storyline that is not centred around her disfigurement. Beth's father, Robin says: "I think it is very important for people with a scar, mark or condition that makes them look different to appear on television. The more role models there are, the more opportunities there will be for others to be inspired by them. Hopefully, seeing Beth on TV will help other young people with visible differences."

Young people with visible differences are already living a life with a distinct lack of positive role models in the popular culture that surrounds them. In addition, if they are also subject to advertisements promoting cosmetic interventions that reinforce the stereotypical portrayals of beauty and offering methods to 'fix' differences or 'imperfections', the negative thoughts around difference pervade.

4. If your answer to Question 3 is 'Yes', do you agree with BCAP's proposed wording for a new rule in Section 32 Scheduling of the BCAP Code. Please explain your reasons in your response?

These may not be advertised in or adjacent to programmes commissioned for, principally directed at or likely to appeal particularly to audiences below the age of 18:

•••

Cosmetic interventions, procedures or treatments carried out with the primary objective of changing an aspect of a patient's physical appearance. This includes surgical and non-surgical interventions, both invasive and non-invasive. This does not include cosmetic products as defined in Regulation (EC) No 1223/2009. See Advertising Guidance: Cosmetic Interventions.

Changing Faces agrees that BCAP's proposed new wording should be included in Section 32 Scheduling of the BCAP Code. Independent research, as detailed in our answer to Q.1 above, demonstrates the challenges children and young people with visible differences face, and the impact that poor body image associated with looking different can have on the mental health and wellbeing of these young people.

Changing Faces supports the inclusion of both surgical and non-surgical, and invasive and non-invasive procedures and treatments in the wording, and agrees that the emphasis should be placed on ensuring that broadcast advertisements for treatments or procedures with the primary objective of changing an aspect of an individual's physical appearance are not directed at those under 18. The use of the term 'patient' may potentially be misleading and infer there is a medical need for a treatment or procedure, we suggest the term is not used in this context preferring 'individual' or 'client'.

Changing Faces, subject to the outcome of the consultation, would be supportive of the request from CAP and BCAP for further clarification to be made in the existing Advertising Guide on the marketing of surgical and non-surgical cosmetic procedures, on the types of treatments and procedures that are likely to fall within the scope of "cosmetic interventions"

to which the proposed restrictions the scope of the proposed rules.	would apply, and	"cosmetic products"	which fall outside



CPSA response to the consultation on the placement and scheduling of cosmetic interventions advertising

October 2020

About the CPSA

The Cosmetic Practice Standards Authority (CPSA) is an expert group of specialists with patient/public representation, committed to safeguarding people who undergo non-surgical cosmetic treatment (such as fillers, skin rejuvenation, lasers and botulinum toxin injections) and hair restoration surgery.

The CPSA set the Standards for anyone who wishes to perform these treatments must meet, whatever professional background they are from. We have produced clinical practice, educational, training and professional standards non-surgical cosmetics and hair restoration.

Within our standards we mandate the compliance with responsible advertising and promotion practice, following your codes of conduct.

We have grave concerns with advertising practices and believe some practitioners are not compliant with the code of practice; with misleading claims that are potentially predatory. These poor practices in the industry have the potential to put young and vulnerable people at risk, and cause serious and permanent harm.

We would welcome regulatory change to ensure that children and young people's exposure to ads for cosmetic interventions is appropriately limited.

We refer to this group collectively as younger people in this document.

CPSA Responses

 Whether the introduction of an age-specific placement restriction on non-broadcast advertising for cosmetic interventions in the CAP Code is necessary and proportionate?

The CPSA agree with CAP's proposal of wording for a new rule in Section 12 Medicines, medical devices, health-related products, and beauty products of the CAP Code, believing it is necessary and proportionate.

We are concerned that access to treatments in younger people have the potential result to cause physical harm to the skin and underlying anatomy with unpredictable changes into adulthood. We also express the risk of harm to psychological health and wellbeing if lasting, irreversible damage is caused.

There is a vast market of untested products with little or no evidence base. With seductive marketing techniques we are concerned with the risks these products may pose on the young people and the costs incurred.

We agree with CAP's proposed wording for a new rule in Section 12 Medicines, medical devices, health-related products and beauty products of the CAP Code.

• Whether the introduction of an age-specific scheduling restriction broadcast advertising for cosmetic interventions in the BCAP Code is necessary and proportionate?

The CPSA agrees with BCAP's proposed new rule in Section 32 Scheduling of the BCAP Code, being necessary and proportionate.

CPSA concerns

Social media access to the young

Particularly with immediate, unfiltered access to online platforms we are concerned that an unregulated system can distribute targeted adds to the young and vulnerable. With this, many adverts take an approach that downplay risk and sensationalise the effects of treatment. The targeted ads and flooding of the market with a scatter-gun approach will inevitably result in the ads reaching vulnerable, young and those who are unable to weigh up the risks and benefits of treatment.

We welcomed the requirements for influencers to declare that a post is promoted. We would further impress upon individuals and the wider industry to be socially responsible, balanced in their approach and fairly represent the benefits and risks that procedures carry.

Underplaying of risks

Cosmetic procedure risks has been diluted and likened to non-invasive beauty procedures. We advise that procedures such as fillers, botulinum toxin, LASER treatment, skin rejuvenation (micro-needling and chemical peels) are indeed, invasive and do carry risks. Severity of complication can range from minor skin reactions, burns, loss of tissue and deformity, blindness and transmission blood borne a viruses (Hepatitis B and C and HIV).

Spurious claims to have access to regulated medical professionals

Many adverts will claim medical professional access in clinics. However, we are concerned that these practices and connections are in name only and patients will not be examined by medical professional to ensure a treatment is suitable, safe and the patient is able to consent.

CPSA standards with refences to advertising

Below are extracts of the CPSA standards with reference to advertising.

Professional behaviours:

Practitioners must have strong moral principles and act with honesty and integrity. Patient safety and wellbeing must be put first. Practitioners must recognise vulnerable patients and guide them away from treatment if it is inappropriate

Photographs:

Enhanced before and after photos must not be used as advertising material

Content:

Advertising must not make false claims or be materially misleading. Nor should it be irresponsible. Practitioners must comply with The Advertising Standards Authority. Marketing must be prepared with a sense of responsibility to patients and society as a whole. The Codes contain specific rules that govern the provision of physically invasive treatments. Guidance has been developed to ensure that practitioners' advertising is compliant with the Codes.

Practitioners and providers must ensure:

- 1. Advertising and marketing must be legal, truthful and socially responsible.
- 2. Free consultation should not be used as a coercive marketing tool.
- 3. No models should be used either in advertising or marketing.
- 4. Media, web and blogs must be transparent and accurate. If this task is delegated to others, there must be credible oversight.
- 5. The status/qualification of the practitioner must be clearly stated.
- 6. Practitioner's qualifications must not be falsified and should not be misrepresented.
- 7. A commission based system for referring professionals of patients should not be used.
- 8. Patient testimonials must be verified, traceable and unpaid.

cosmetic interventions

From:

Sent: 20 October 2020 13:10 **To:** cosmetic interventions

Subject: GMC consultation response - cosmetic interventions advertising

Good afternoon

Thank you for inviting the GMC to contribute to the <u>Consultation on the placement and scheduling of cosmetic</u> interventions advertising.

The GMC is the regulator for the medical profession in the UK. As part of our role to promote and protect patient safety, we publish guidance for doctors setting out the principles of good practice and the standards expected of them in the course of their work. All doctors must be aware of and follow the guidance and we have powers to take action if those standards are not met.

The core professional standards expected of all doctors are set out in <u>Good medical practice (GMP)</u>, which covers fundamental aspects of a doctor's role, including working in partnership with patients and treating them with respect. We also provide specific guidance on a range of areas, including for <u>doctors who offer cosmetic</u> interventions.

The proposed regulatory change to introduce age-based targeting restrictions on adverts for cosmetic interventions to protect children and young people aligns with our guidance for doctors who offer cosmetic interventions. At <u>paragraph 35</u> of this guidance we explicitly state that a doctor's marketing activities must not target children or young people, through either their content or placement. As you note in your consultation document, our cosmetic intervention guidance does permit doctors to perform cosmetic procedures on patients aged under-18 only where the intervention is considered to be in the patient's best interests (paragraph 33).

More broadly GMP highlights the need for doctors to be honest, trustworthy and act in a way that maintains patient trust and public confidence in the profession. At <u>paragraph 70</u> we say when advertising services, doctors must make sure the information they publish is factual and can be checked, and does not exploit patients' vulnerability or lack of medical knowledge.

Kind regards



General Medical Council

3 Hardman Street, Manchester, M3 3AW

Email:

Website: www.gmc-uk.org



You can read all our guidance for doctors, including Good Medical Practice, in the Ethical Guidance section of our website. You can also find further resources and support in our Ethical hub and explore our learning materials, including case studies and more.

You can also join us on Twitter (twitter.com/gmcuk), Facebook (facebook.com/gmcuk), LinkedIn (linkd.in/gmcuk) and YouTube (youtube.com/gmcukty).

Working with doctors Working for patients

The General Medical Council helps to protect patients and improve medical education and practice in the UK by setting standards for students and doctors. We support them in achieving (and exceeding) those standards, and take action when they are not met.

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The GMC is a charity registered in England and Wales (1089278) and Scotland (SC037750)



Girlguiding's response to the consultation on the placement and scheduling of cosmetic interventions advertising

1. Overview

1.1. As the leading charity for girls and young women in the UK, our submission is focused on our research showing what girls think about cosmetic interventions being advertised and the impact that these advertisements have on their body image and wellbeing.

2. Relevant evidence

- 2.1. We reference data from our <u>Girls' Attitudes Survey</u>. This annual research project gives insight into the lives of girls and young women, aiming to build a comprehensive picture of the emerging needs, issues and priorities of girls and young women today. The survey provides a snapshot of the views of over 2,000 girls and young women from across the UK aged 7 to 21, within and outside Girlguiding. Since 2009, we have covered a range of issues affecting girls from education, wellbeing, aspirations, safety on- and off-line, and the impact of advertising and the media.
- 2.2. Future Girl is our girl-led manifesto created with 76,000 girls and young women. They told us what they care about most and how we can create a more equal society. One of their priorities is our topic, Self-believer's, which aims to improve girls' wellbeing. A core part of doing this is by addressing the pressures girls face around how they look.
- 2.3. Our response to the Women and Equalities Committee's inquiry into body image highlights the relentless and harmful pressures that girls and young women face around their appearance and how they should look.
- 2.4. Our research with girls during lockdown <u>'Early findings on the impact of Covid-19 on girls and young women'</u> revealed the crisis is having a significant impact on mental health including from appearance pressures online.
- 2.5. We reference quotes from our Advocate panel. Our panel gives girls a platform to use their voices and seek change at the highest levels. Advocates are a group of 18 Girlguiding members aged 14 to 25 who lead the direction of Girlguiding's advocacy and research. They act as media spokespeople for Girlguiding and speak at events. They are able to speak with decision makers including politicians about our evidence and what girls would like to see change.
- 2.6. We also reference quotes from our <u>British Youth Council (BYC) delegation</u>. Our BYC delegation comprises of 10 members including the Chair aged between 14 and 25 from across the UK. Delegates learn how power and politics work and how they can use their voices and connect their views with other young people to create positive change.

3. Introduction to our response

3.1. We welcome the proposals on the placement and scheduling of cosmetic interventions from the Committee of Advertising Practice and Broadcast Committee of Advertising Practice. We are happy to engage further as these rules are developed with support from our youth panel members.



- 3.2. We believe that adverts in general shown before the watershed, or in publications that children could reasonably be expected to have access to, should only include content appropriate for children. Therefore, we believe that an introduction of an age-specific placement restriction on non-broadcast and broadcast advertising for cosmetic interventions is necessary. Girlguiding wants to see all adverts for surgical and non-surgical cosmetic procedures be in line with the watershed and not visible to children (be this on TV, online or outdoors). We believe that this industry must be robustly regulated and a minimum age restriction of 18 implemented where this is not connected to medical reasons for procedures.
- 3.3. We also believe that children should not be exposed to adverts that are intended for adults on social media, and this includes ads for cosmetic procedures. It is especially important due to the nature of targeted and personalised ads online. By using data such as one's age and gender, these ads can make assumptions about one's interests, which may rely on stereotypes, and influence the content girls and young women see. And once an individual interacts with a particular topic or ad, similar ads will start to appear for that person across different online platforms. This is a particular problem for girls and young women who may be targeted with ads that show a narrow beauty ideal, a particular body type, or cosmetic interventions and weight-loss products for example. It must be accepted that children will access websites and social media channels and we believe advertisers have the responsibility to advertise bearing this in mind.

'On social media I rarely see a variety of different body types which makes me feel that there is something wrong with my body and the way that I look. I think that online ads are more invasive due to the nature of the relationship between young women and their phones. My social media is where I go for my role models, for inspiration and for empowerment so when it's infiltrated by damaging stereotypes or products such as weigh loss pills it leads me to doubt myself and feel bad about my body. As a generation we use our phones all the time so are more likely to be exposed to harmful ads' - Grace, BYC, 16

'Every day I scroll through Instagram and see adverts of the same bodies and shapes from brands. However, the worst are ones that influencers post, as they enforce a stereotype of the same ideal body for a specific brand or product. It's harder, sometimes impossible, to tell if these are adverts, making audiences more susceptible to what they are presenting. Each advert may not be 'outrageous' enough to be banned, yet it can enforce a negative view on your own body as you see the 'perfect' images constantly' - Hen, Advocate, 15

- 4. Appearance pressures and the impact of cosmetic intervention advertising on girls and young women
- 4.1. It's incredibly important to understand the impact that cosmetic intervention ads have on girls and young women, and how they contribute to the existing appearance pressures they already face. Girls aged 7-10 are happier with their looks and more positive in general, but girls continue to get unhappier with their appearance as they get older. Being unhappy with their looks can have a huge impact on girls' wellbeing, relationships and ability to enjoy themselves, whether it's disliking sports or feeling anxious in a job interview.
- 4.2. Our 2020 Girls' Attitudes Survey shows that 92% of girls and young women aged 11-21 agree that girls shouldn't feel pressured to change the way they look. Yet two of out five (39%) aged 11-21 are unhappy they can't look the way they do online and 80% have considered changing their appearance. Over half (54%) aged 11-21 say they've seen ads online that made them feel pressured to look different, and this is higher for girls who



identify as lesbian, gay, bisexual and questioning (67%). In our 2018 survey a third (30%) aged 11-21 said they would consider cosmetic procedures such as lip fillers and Botox, and a similar number (29%) said they would consider cosmetic surgery.

- 4.3. Our Girls' Attitudes Survey shows that girls believe the media reinforces the message that women and girls' value is correlated to their appearance and that it often relies on sexist and stereotypical images of women that reinforce the idea that women's bodies exist only to be looked at, to sell products and to entertain through sexualisation and objectification. And that they must look 'attractive' using stereotypical ideas of beauty.
 - 86% aged 11-21 agree that the media focuses too much on what women look like, instead of what they achieve (2018 survey)
 - 66% aged 11-21 compare themselves to celebrities (2016 survey)
 - 62% aged 11-21 believe boys think girls should look like the images they see in the media (2018 survey)
 - 53% aged 11-21 think bloggers and YouTubers create the idea of being perfect that is unrealistic and unachievable (2018)
 - 52% aged 11-21 have seen images in the media in the past week that made them feel pressured to look different (2017 survey)
 - 52% aged 11-21 said they sometimes feel ashamed of the way they look because they don't look like girls and women in the media (2018 survey)
 - 51% aged 11-21 said they'd like to look more like the pictures of girls and women they see in the media (2018 survey)
 - 47% aged 11-21 have seen stereotypical images of men and women in the media in the past week that made them feel less confident (2017 survey)
 - 44% aged 11-21 think that one of the main causes of stress among girls is the pressure to look like a celebrity (2018 survey)

'The media's idea of a 'perfect' body has never considered the daily struggles girls and young women face surrounding disability, race, sex and sexuality. No one girl is the same. For many years, those who consider themselves to be 'different' have tried to alter their appearance to fit this mediated image of what their body should look like' - Phoebe, Advocate, 19

- 4.4. The fear of being criticised for how they look leads girls and young women aged 11-21 to change their own behaviour this includes changing what they wear (46%), refusing to have their picture taken (44%) and not speaking up in class (31%). It's important to note that girls from Black, Asian and minority ethnic backgrounds are more likely than their White peers to not use social media (33% aged 11-21 compared with 24% with those who are White) and not go to certain places (32% aged 11-16 compared to 19% of girls who are White) due to fear of criticism of their bodies.
- 4.5. The immense pressures and scrutiny girls and young women face around how they look has a significant and detrimental effect on their health and wellbeing, and the opportunities they feel they have both now and in their futures. Not feeling positive about how they look prevents them from living freely. In 2016, almost half (47%) of girls aged 11-21 say the way they look holds them back most of the time.

'It got to the point where I didn't want to leave the house or meet anyone' - Girl, 11-16, Girls' Attitudes Survey



'It makes me less confident when it comes to meeting new people and enjoying myself' - Young woman, 17-21, Girls' Attitudes Survey

5. Our thoughts on the proposals

- 5.1.1. We mostly agree with the proposed wording for the new rule in Section 12 Medicines, medical devices, health-related products and beauty products of the CAP Code. However, as it stands, it is not clear how these rules would be effective in not advertising to children and those under the age of 18. We would like further information and clarity as to how advertisers will be supported to abide by this rule and avoid advertising to children and hence, prevent the harm such adverts cause. We would like to know how this rule would be applied and work in practice when in many cases it is difficult to ensure those under 18 are not directly advertised to (for example through social media, influencers online, billboards on school routes and public transport).
- 5.1.2. We mostly agree with the proposed wording for a new rule in Section 32 Scheduling of the BCAP Code. We are pleased to see that this rule includes the phrase 'likely to appeal particularly to audiences below the age of 18', to show that those under 18 watch content even when it's not directed towards them. However, we believe that this could go even further to say that cosmetic intervention ads should not be advertised in or adjacent to programmes commissioned for, directed at or likely to appeal to those who are young women. This is because in our 2019 Girls' Attitudes Survey, 55% of girls and young women aged 11-21 say there shouldn't ads for cosmetic surgery or diet pills during shows targeted at young women, reflecting that these ads can have a negative impact on young women above the age of 18 too. We also suggest that their accompanying guidance for this rule includes examples of content likely to appeal to audiences below the age of 18 or appeal to young women to ensure this is clear to advertisers.

6. Girlguiding's wider calls on advertisements

- 6.1. The following recommendations are outside the scope of this consultation. However, we are providing them here for your information, and for further context on our positions to related areas of work on advertisements and tackling the damaging pressures that girls and young women face.
- 6.2. More should be done to hold online advertisements to account so that they follow the ASA standards around gender stereotypes. We recently shared our audit of adverts with the ASA which showed that girls were viewing more harmful ads online than other media suggesting more action is needed to ensure they follow the rules set by the ASA. We are pleased to see that there's ongoing work to review and develop these rules further, and are happy to engage further on this issue.
- 6.3. Adverts for weight-loss clubs and diet products should not be advertised to those under 18. Our 2020 Girls' Attitudes Survey shows that 68% of girls and young women aged 11-21 say diet products and weight-loss clubs shouldn't be advertised to under 18s. We believe that these ads are harmful to girls and young women and are pleased to hear that CAP and BCAP are considering working more on this area, and we are keen to engage on this issue in the future.
- 6.4. Online advertising should not include content inappropriate to children on sites accessible to those under the age of 18. Considering that children as young as five are using the internet and are accessing a number of websites and social media platforms



despite age restrictions, it's important that online advertisers take this into account. We recommend that any developments within online advertising should reflect the ICO's age appropriate design code of practice, and ongoing online harms and media literacy work, to ensure that the internet is a safe and enjoyable place for all. In addition to this, we recommend that online advertisers consider new technological tools and methods of age-verification, for example, the British Board Film Classification are currently working on an age-rating tool for online video content which could also be applied to online advertisements. It must be considered that young people could pretend to be of an older age online than they really are. Therefore these young people could be exposed to advertising that is inappropriate for them to see, such as cosmetic intervention ads. We believe it is the responsibility of government, online platforms and the advertising industry to protect children from harm, including addressing accessible and open sites that are meant for adults through age-verification.

6.5. We recommend that there's a consistent way in which influencers advertise online, and for these advertisements to be labelled more explicitly, as at present they're not always distinguishable from other posts online.

7. Girlguiding activity

- 7.1. The Girlguiding <u>programme</u> gives girls and young women a space where they can be themselves, gain valuable skills, discover their full potential and have fun. Many of our activities encourage girls to be involved in STEM (such as our *Construction* and *Aviation* badges), and we also encourage girls to have adventures and be active (such as through our *Sports* and *Camp* badges). We also support girls to challenge gender stereotypes through our peer education resource <u>Breaking Free</u>, and our peer education resource <u>Free Being Me</u> supports girls to critically look at the beauty ideal they see and understand how these pressures may be affecting them in a supportive and inclusive environment.
- 7.2. In March 2020 we launched <u>Adventures At Home</u>, a range of activities online to help children, parents and carers find simple ways to create fun, adventure and boost wellbeing during the Covid-19 pandemic.

8. About us

8.1. Girlguiding is the leading charity for girls and young women in the UK, with almost 500,000 members. Thanks to the dedication and support of 100,000 amazing volunteers, we are active in every part of the UK, giving girls and young women a space where they can be themselves, have fun, build brilliant friendships, gain valuable life skills and make a positive difference to their lives and their communities. We build girls' confidence and raise their aspirations. We give them the chance to discover their full potential and encourage them to be a powerful force for good. We give them a space to have fun. We run *Rainbows* (4-7 years), *Brownies* (7-10 years), *Guides* (10-14 years) and *Rangers* (14-18 years). Registered Charity No. 306016.

9. Contact details





From: Nat Haswell

Sent:08 October 2020 21:43To:cosmetic interventionsSubject:Cosmetic ads restrictions

Hi,

I completely agree with this proposal but feel it should be 21 and below not 18 as the Minimum.

I personally feel they should be banned altogether in an ideal world along with all before and after photos.

I feel very strongly about this and recently wrote an article for the aesthetics journal.

Please see the publications section on my website as below.

Kind Regards

Natalie Haswell @ Haswell Aesthetics

http://www.saveface.co.uk/?p=11123 Www.Haswell-Aesthetics.co.uk

Fb: @Haswell Aesthetics Instagram: Haswell_aesthetics Twitter: @Haswellaesthet1



Mrs N Haswell-Independant Prescribing Aesthetics Nurse Specialist, RGN, NMC and INP. Owner Haswell Aesthetics Medical, Colchester, Essex.

Clinical trainer and mentor in Aesthetic Medicine @harleyacademy London. Inspected and registered with JCCP, Ace group, BACN, Glow day and Save Face.

Aesthetics MONTHLY JOURNAL FOR MEDICAL AESTHETIC PROFESSIONALS



Exploring Bone Ageing CPD

Mr James Olding details how facial bones change over time

Special Focus: Improving Diversity

Exclusive insight from the Black Aesthetics Advisory Board

CreatingPodcasts

Audio specialist Ben Anderson explores how to create podcasts for your clinic

Opening a New Clinic

Dr Anna Hemming shares advice on establishing your own aesthetic premises



Nurse prescriber Natalie Haswell explains why she no longer uses before and after photos for marketing

The Advertising Standards Authority (ASA) and the Committee of Advertising Practice (CAP) has always reminded practitioners that it is prohibited to use before and after images for prescriptiononly medicines (POMs) like botulinum toxin or 'Botox' in marketing.

In fact, as we know, it's prohibited in the UK to market POMs to the public at all, including vitamin and hay fever injections for example, unlike in the US.1 In January, this was reinforced after the CAP and the Medicines and Healthcare products Regulatory Agency (MHRA) issued an Enforcement Notice to the beauty and cosmetic service industry due to minimal compliance from injectors.^{2,3}

This reminder prompted me to revise my own marketing efforts, not just for toxin, but every message I was sending my patients. What I realised was that some of my own social media posts (notably the before and after images) did not actually give the right or appropriate messages that I believe in: safe, bespoke treatments. So, I decided to delete all my previous

before and after posts on my social media and website and not use ANY (including for filler and skin treatments) in future. This article will discuss the relevance, reliability and significance of before and after images in marketing for not only the consumer, but other injectors and the aesthetics industry as a whole.

Using before and after images in marketing

Personally, I have great concerns for the younger and vulnerable generation with regards to what message before and after photos are actually giving. Often, pictures are promoting certain products and specific individual results, which is not educational for the consumer. Importantly, the same results cannot be achieved for every patient; 1ml of product, three chemical peels or medical-grade skincare will not give the same results to everyone, and not every patient is suitable for every treatment. So how are one person's before and after photos of these treatments beneficial to anyone but the patient in question?

Mentioning certain products when sharing good before and after photos can also influence consumers to ask for them specifically, when they might not actually be suitable for them. This could be filler, skincare or skin treatments - in fact I once had a patient that said they wouldn't come to me unless I used a certain product! In my experience, often the only thing patients can tell me about the product/ treatment they think they want is the name, not actually what they need to know for their own health and safety and if it's actually of benefit to them.

This is concerning, and as medical professionals I feel it is our duty of care to educate the public that not one treatment, amount, product or procedure fits all. Ensuring patients are aware that it's not just about price, photos and results – but that their safety comes first – is paramount. It has been reported by Save Face that the public predominantly choose practitioners based on social media following and

I have great concerns for the younger and vulnerable generation with regards to what message before and after photos are actually giving







	Possible positives	Possible concerns
Training	Shows skill of a good treatment result.	The practitioner's training, skills and accountability to the patient are not evidenced in a photo. Was the practitioner reassuring and knowledgeable? How is this measured in a photo? Do they have official accredited training? Are they their photos?
Patient expectations	Can help guide expectations and show what outcome might be expected.	Photos usually only show treatment straight after at optimum results or after several weeks. Rarely they show or explain the downtime stages of treatment (such as bruising, & swelling). No evidence of pre-care given, a consultation completed, or aftercare advice supplied verbally and in written form. No explanation of consent process, cooling-off period, risks. Every patient is different and no two results will be the same.
Promotion	Allows for product and clinic/business promotion; before and after photos are very eye catching and noticeable to the consumer. Demonstrates and advertises what treatments you perform.	Same as above. In addition, they may not be the injector's photos and could have been sourced from another practitioner's work.
Products	Adds to scientific evidence for product manufacturers. Great for auditing, reports and statistics.	Photos of healing stages or final results months after treatment are rarely used to show the product quality and longevity. However this is individual and different for every patient.
Reviews	Shows a positive outcome. Comments on the before and after image may show the popularity of the practitioner and other's thoughts and feelings about them.	Missing review of the patient's actual experience. Did they experience common or rare side effects or complications? Did they experience pain? Did the patient like their results?
Education	If accompanied by explanation in the correct context with all information, can be educational for the consumer and other injectors of what can be achieved.	Educational content comes in many forms and we need to be careful not to give unqualified practitioners or patients the information they feel is enough to practice unsafely without official training and qualifications or go and self-inject.
Ethos	Shows patients a guide to the practitioner's clinical practice/ethos such as natural vs. accentuated/overfilled approach.	Depends on the clientele they treat, where they live and trends patients want to follow. Ethnicity is very important here; as are facial profiles, proportions and planes.
Authenticity	Social proof the practitioner is actively treating.	Could be sourced from someone else's marketing and copied. Could be edited digitally and not genuine. Could be old photos, not new or returning patients. Poor photo quality, lighting and angles can be shared, or they could be edited so that they do not show the full result, which could be misleading.
Insurance/legal	Provides evidence and proof of results, which are essential for insurance purposes and malpractice claims. Good practice for medical records, to reflect, review and improve practice.	

Table 1: Potential pros and cons/concerns of using before and after images

pictures of aesthetic treatments.4 The same report also suggests that the majority of the complaints received by Save Face came from patients who sought an aesthetician or injector on social media for their images and predominantly nothing else. So, actually, how reliable and safe is this kind of marketing? It's my opinion that as medical professionals we should focus on educating the public to source well trained, educated and experienced professionals with appropriate knowledge, qualifications and word-of-mouth reputation, not just simply posting a before and after photo. Encourage patients to find someone who can assess and consult them according to their holistic needs/ desires, not to simply administer the treatment they demand.

The possible concerns I have with the marketing of before and after photos are outlined in Table 1, as are the potential positives/benefits. I do feel that there are some positives of before and after imagery, however I feel they are dependent on the honesty of the practitioner. I also believe that the benefits are more valuable to the market and the injector, not really the patient. In my practice, the way I use before and after images is through the consultation to show potential patients some of my treatment results (with consent as per GDPR of course).

The solution

We know that patients like seeing before and after images. However, I believe practitioners should be actively promoting the consultation, assessment and the knowledge and expertise of the practitioner; not the drug, amount, brand, product or treatment. This, I believe, is more beneficial for the patient. I am not saying we should stop taking before and after images or ban them; they do absolutely have their place for tracking a patient's unique treatment journey, for insurance and legal purposes and for the further education of colleagues. But I do think we need to be more responsible in how we use them in marketing for the mental health of our current and future patients. Official guidance focuses specifically on POMs and advertising, and I believe a universal framework or guidelines on all aesthetic marketing would be useful for all to follow to ensure patient safety and continuity. Alternatively, looking at other ways to show aesthetic results digitally would be beneficial for patients and aesthetic injectors. Patients should be encouraged to

real-life results from friends and family, reputation, word of mouth, ethics, legal responsibility and accountability, safety and qualifications, not just their before and after images.



Natalie Haswell has been a registered general nurse since 2005. She started practising in aesthetics in 2017 while working as a prescribing matron

in the NHS. Haswell completed her Level 7 qualification at Harley Academy, where she now teaches as a clinical mentor two days per week. She practises at her clinic Haswell Aesthetics in Colchester, Essex.

Qual: INP RGN

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research a practitioner for their skill, visible

JCCP response to the Consultation on the placement and scheduling of cosmetic Interventions advertising

Introduction

The Joint Council for Cosmetic Practitioners (JCCP) is the guardian of the Department of Health's previously agreed standards for the sector which were produced by Health Education England (HEE) in 2016. These standards were transferred to the JCCP in 2018. The JCCP's view is that the JCCP Charity and the CPSA are therefore bodies that has Government support to set standards, to register those who meet them, and to oversee standards of conduct. The JCCP and the CPSA place public protection and patient safety as the focus of their activities. It believes professional associations need to come together to promote professionalism in the industry, to foster co-operation and to provide a single voice that influences the public and educates on industry matters. It is also a matter of concern to the JCCP that the rise of social media influencers and the increasing promotion/sale of products and procedures online is an example of negative impact on consumer safety.

The market itself is diverse and operates in the absence of a single regulatory framework or standard of practice. The JCCP operates within a burgeoning market for non-surgical cosmetic interventions that is largely promoted through digital channels and social media.

Questions posed

1. Whether the introduction of an age-specific placement restriction on non-broadcast advertising for cosmetic interventions in the CAP Code is necessary and proportionate?

'Yes' the JCCP agrees with CAP's proposed wording for a new rule in Section 12 Medicines, medical devices, health-related products, and beauty products of the CAP Code. Many appearance-altering procedures on juveniles still-developing skin and fat frequently have lasting effects that, when continued into adulthood, can be regretted later when they cannot be reversed. Particularly in the juvenile beauty market the use of imported unlicensed or untried substances is becoming common, bringing inappropriate risk to young people.

The wording being

Marketing communications for cosmetic interventions must not be directed at those aged below 18 years through the 'deliberate 'selection of media or context in which they appear. Deliberate is suggested to be inserted.

Cosmetic interventions mean any intervention, procedure or treatment carried out with the primary objective of changing an aspect of a patient's physical appearance. This includes surgical and non-surgical interventions, both invasive and non-invasive. JCCP notes this does not include cosmetic products as defined in Regulation (EC) No 1223/2009. See Advertising Guidance: Cosmetic Interventions. 3.

2. Whether the introduction of an age-specific scheduling restriction broadcast advertising for cosmetic interventions in the BCAP Code is necessary and proportionate?

Again, the answer is Yes and JCCP agrees with BCAP's proposed wording for a new rule in Section 32 Scheduling of the BCAP Code.

JCCP notes these **must** not be advertised in or adjacent to programmes commissioned for, principally directed at or likely to appeal particularly to audiences below the age of 18: ... Note must suggested rather than may

Further comments from the JCCP

The JCCP urges the Committee of Advertising Practice and the Broadcast Committee of Advertising when reviewing its Code, to encompass the whole industry and, in doing so, be aware that the non-surgical element of the industry at present habitually offers Unsafe practice and Unsafe products from Unsafe premises to any age of recipient.

JCCP wishes to draw your attention to the Advertising by Cosmetic Training companies. Many of these tend to target intrinsically unqualified people by promising qualifications that are not practically achievable and inflating their own training qualifications beyond verifiable limits. Giving cosmetic treatments is perceived as a high-earning, low investment option which attracts many gullible people in the younger age bands. Examples of The misleading wording that is being used that is not presently being challenged by ASA is "accredited", "equivalent of Level 7 regulated qualifications", "' Uni'" with implicating that the qualification is provided by a University, falsely promising that an Aesthetic Practitioner may be registered by the Health and Care Professional Council (HCPC). It is noted that 3 rulings against Training Companies which was excellent. However, 2 of these are repeating their bad practice alongside many others breaking all the rules and at the moment are unchallenged.

Putting it all into context, the JCCP has many frustrations stemming from the lack of safe, honest practice in this Wild West industry. We understand that not all are the concern of ASA and CAP, but together they discredit what should be a candid and professional industry. For instance, advertisers having no regard to the necessary clinical environment standards; a well-known Insurance company overlooking remote prescribing despite remote prescribing being banned by the professional regulators; absence of the client consent process now universally obligatory in similar industries; injectable products bought on the Internet without MHRA certification. Blatant avoidance of good lawful practice. Such statements as Medics and Non -Medics — are you considering a new career? If so you should consider this Multi-billion pound industry and Be your own boss! Are poisoned sweets for starving kids.

Changes to social media rules are required to stop appallingly misleading advertising that lures young people and children into believing they need to have unnecessary treatments. But it is not just the younger age group that is misled.

The JCCP is doing all it can to professionalise the industry and is delighted to support your intention to ensure that those eighteen and younger are protected. But we fear that this initiative will run into the sand unless more is done by ASA and CAP, and the other 27 authorities that bear upon this industry, to tighten up compliance with safety standards. Changing the rules will just be a paper exercise rather than the right way forward. We ask you to consider the recommendations of the Nuffield Council on Bioethics, stating that all with a responsibility for ensuring good practice should "put a stop to shrugging shoulders" in the sector.

There is so much frustration by those that are trying to professionalise the Aesthetic industry. The JCCP would like the ASA and CAP to note this and take immediate action.

The JCCP and the Mental health Foundation have identified many examples where the use of social media has resulted in exaggerated and false claims being presented to the public relating to the benefits/efficacy/outcomes of aesthetic treatments, some of which have resulted in psychological and emotional distress for consumers. This is a growing area of concern but also an aspect of the market that is now being openly discussed, which is a positive move forward.

The Joint Council for Cosmetic Practitioners (JCCP) has been active in highlighting issues around media promotion and the use of social media and works to instil confidence amongst members of the public that the JCCP will listen to concerns. Social Media has the special quality that it can be both open to the world; or to members-only lists. While notionally advertisers in this sector should abide by the Advertising Standards Authority (ASA) rulings, this is in fact an unregulated activity in the UK.

An example of the JCCP's activity in this area, was the ASA's Enforcement Notice in respect of advertising 'Botox™' and other Botulinum toxin injections.

The JCCP recommends that professionalism needs to be addressed and in parallel to promote the need for representative organisations to work together to promote patient safety and public protection and to have respect for each other rather than follow a tribal agenda that is professionally divisive and counterproductive to holding practitioners to account against one standard of practice proficiency. The present disarray results in duplication and confuses members of the public and hence presents a significant risk to public protection.

The JCCP is therefore of the firm opinion that nothing less than statutory registration for all practising Cosmetic Practitioners should become a legislative requirement in the UK in order to afford public protection and patient safety. The JCCP is unaware of any alternative to start with the registration and regulation that would afford the public with the assurance they require to confirm that their practitioners are ethically safe, knowledgeable, competent, accountable and capable professionals.

There is an urgent need to introduce statutory regulation within the aesthetics sector in order to create a 'fair and equitable' regulatory environment for all practitioners that is based on statutory regulation as core principle (this is a critical matter that exercises the JCCP and is a primary aim of the Council's strategic objectives).

The JCCP also considers that there is an urgent need for the Government to consider how best to address the fragmented nature of the aesthetics industry which is characterised by professional dissonance and antagonism and conflicts relating to commercial interest. The JCCP considers this situation to be untenable with regard to the need to introduce a robust and effective system of governance, regulation and control within the sector. The lack of a legitimately empowered co-ordinating body to oversee the sector and to represent its multiple interests has resulted in the proliferation of multiple Professional Associations and interest groups, some of whom are diametrically opposed to public safety and effective evidence-based practice. There is a need therefore for 'one voice' to represent the multiple

interests that exist in the sector focussed on the primary aims of patient safety and public protection.

Sally Taber, JCCP Trustee



Mental Health Foundation response to ASA consultation on the placement and scheduling of ads for cosmetic interventions,

22 October 2020

1. Whether the introduction of an age-specific placement restriction on non-broadcast advertising for cosmetic interventions in the CAP Code is necessary and proportionate? Please provide your rationale and any relevant evidence in support of your answer.

Yes, we believe that the introduction of an age-specific placement restriction on non-broadcast advertising for cosmetic interventions in the CAP Code is necessary and proportionate.

In May 2019, The Mental Health Foundation ran Mental Health Awareness Week around the theme of body image, for which we produced a research report and policy recommendations focusing on the relationship between body image and mental health.

From our review of the literature and our own polling, we found that there are significant concerns surrounding body image across society, but particularly among young people. Our survey of UK teenagers found that 37% felt upset and 31% felt ashamed in relation to their body image.

In young people, body dissatisfaction has been linked to risk-taking behaviours and mental health problems. One survey of UK adolescents by Be Real found that 36% agreed they would do 'whatever it took' to look good, with 57% saying they had considered going on a diet, and 10% saying they had considered cosmetic surgery. Among secondary school boys, 10% said they would consider taking steroids to achieve their goals.

Clearly, body image concerns put children in a vulnerable place and advertising for cosmetic procedures could prey on these vulnerabilities. This represents a social harm which could drive children and young people to attempt to have cosmetic procedures before they are equipped with the skills and experience to consider the full range of risks and future implications of these procedures. Concerningly, the charity Save Face discovered that 90% of practitioners in London and Essex are not asking children for their age before booking them in for lip fillers, and none required a child's ID for a consultation.

The risk of harm is not limited to these adverts pushing children and young people towards cosmetic procedures before they are ready; these adverts also perpetuate an idealised body image that is not achievable without cosmetic intervention, which contributes to poor body image and mental health problems. Thirty-one per cent of respondents to our survey of UK adults reported that adverts for cosmetic surgery had caused them to worry about their body image, demonstrating that advertising has the potential to fuel the negative body image which causes people to want to alter their image.

These concerns, and wider evidence gathered by the Scottish Government Advisory Group on Good Body Image, which MHF co-chaired, led to the group's recommendation for stricter regulation, including age restrictions, of advertising for all cosmetic surgery, dieting and slimming aids.

Sitting alongside any new restrictions should be clear enforcement. This includes the development and dissemination of clear and accessible public information on any new



restrictions, which must provide clarity on the process for how breaches of restrictions should be reported.

2. If your answer to Question 1 is 'Yes', do you agree with CAP's proposed wording for a new rule in Section 12 Medicines, medical devices, health-related products and beauty products of the CAP Code? Please explain your reasons in your response.

Marketing communications for cosmetic interventions must not be directed at those aged below 18 years through the selection of media or context in which they appear.

Cosmetic interventions mean any intervention, procedure or treatment carried out with the primary objective of changing an aspect of a patient's physical appearance. This includes surgical and non-surgical interventions, both invasive and non-invasive. This does not include cosmetic products as defined in Regulation (EC) No 1223/2009. See Advertising Guidance: Cosmetic Interventions.

Yes, we agree with CAP's proposed wording.

3. Whether the introduction of an age-specific scheduling restriction broadcast advertising for cosmetic interventions in the BCAP Code is necessary and proportionate? Please provide your rationale and any relevant evidence in support of your answer.

Yes, we believe that the introduction of an age-specific placement restriction on broadcast advertising for cosmetic interventions in the CAP Code is necessary and proportionate.

In addition to our answer above, we wish to note that in 2018 the ASA upheld the Mental Health Foundation's complaint about the airing of cosmetic surgery adverts during ITV's Love Island programme, which demonstrates the scale of the audience that broadcast advertising can reach. It also shows that cosmetic surgery adverts on television can be aired alongside programming which venerates unrealistic body images, therefore attracting an audience that is potentially particularly vulnerable to the mental health harms of cosmetic surgery advertising.

4. If your answer to Question 3 is 'Yes', do you agree with BCAP's proposed wording for a new rule in Section 32 Scheduling of the BCAP Code. Please explain your reasons in your response?

These may not be advertised in or adjacent to programmes commissioned for, principally directed at or likely to appeal particularly to audiences below the age of 18:

. . .

Cosmetic interventions, procedures or treatments carried out with the primary objective of changing an aspect of a patient's physical appearance. This includes surgical and non-surgical interventions, both invasive and non-invasive. This does not include cosmetic products as defined in Regulation (EC) No 1223/2009. See Advertising Guidance: Cosmetic Interventions.

Yes, we agree with BCAP's proposed wording.

If you would like any further information, please contact

MYA Cosmetic Surgery Response

To consultation on the placement and scheduling of cosmetic interventions advertising

Deadline: 5pm on Thursday 22nd October 2020



MYA Cosmetic Surgery welcome the proposal to introduce rules that would prohibit marketers from directing ads for cosmetic interventions to those under the age of 18. In 2019 we created an independent advertising code of practice for ourselves and our agencies – specifically relating to cosmetic surgery. It's an evolution of sorts of the BCAP code that tackles both creative content and placement restrictions. It has always been important for us to advertise responsibly and to the correct audience; increased rules to help aid this is a welcomed change to the industry.

MYA's response to the CAP and BCAP consultation on the placement and scheduling of ads will cover a range of topics we believe will help inform those involved in writing the new rules. Cosmetic surgery is often a misunderstood sector and therefore providing context behind what we do is an important step in this process.

It is worth clarifying that we have no desire to market to those under the age of 18 or to try and persuade those who have never considered cosmetic surgery that they should do so. Rather, we want to connect with those that have a need, would appreciate help, and would therefore welcome our support, care and empathy. We are well-placed to provide this, as a highly experienced specialist provider, and we would like people to know that.

2018 Restrictions

In October 2018, following the complaints that led to the ASA decision to remove our 'Ibiza' creative from circulation, we acknowledged the need for change. We underwent a rigorous internal review, starting a process to evolve our brand and how we advertise in the sector. We engaged with as many people as possible for their views, including the ASA who were involved from the initial creative concept point. Our new campaign and brand direction aim to change the attitude towards the industry by sharing the stories of real men and women who have had cosmetic surgery, overcome the stigma, and experienced positive and empowering changes in their lives.

The Importance of Understanding a Different Perspective on Cosmetic Surgery

We understand at MYA that cosmetic surgery is, to some, a controversial subject and certainly a misunderstood one. We believe that our services make a positive difference to peoples' lives. We carry out a range of mental and physical health and suitability checks and we do not operate on anyone under the age of 18. Of course, no surgery is without risk and we explain this in detail as well as giving cooling off periods for the patient to further reflect.

There is often a judgement associated with cosmetic surgery that it is purely for vanity or perhaps to please other people but in reality, most of the time, it is to remove a source of distress.



"I thought losing weight would be the end of my issues, but I was left with a load of excess skin around my stomach. I felt like it was a constant reminder of my previous weight – no matter how much I ran and ate healthily; I couldn't shift it. It held me back in so many aspects of my life – I wouldn't even take my 3 kids swimming because I couldn't face getting my stomach out. Since my tummy tuck, my self-confidence has grown and I have a new appreciation for my body and lifestyle, giving me a platform to build from with my healthy eating and exercise.





If you read some of the stories as to why patients have cosmetic surgery, you will better understand the role it plays and the many years that it often takes to make a decision to proceed. Some of the stories are truly heart breaking and the surgery can be genuinely life changing.



"I had disliked my nose for as long as I can remember. I have clear memories of feeling very self-conscious at school and I struggled a lot with self-esteem and a lack of confidence all through my teens. I think 'cosmetic surgery,' in general, is given a bad name. Immediately people think of vanity — I didn't have surgery to become a model or take better selfies. I had it to feel comfortable doing my food shopping and going to work without this dark cloud of low self-esteem hanging over me!"



Furthermore, we are seeing more and more patients coming to us with asymmetrical breasts, tubular breasts and for breast reductions. In the past, these women would have been treated by the NHS but are now finding that a much more difficult route.



What is really interesting is that there are a number of procedures that we carry out with materially enhanced Quality Adjusted Life scores. Many make assumptions about cosmetic surgery with little or no experience or evidence.



"From a young age, I always had big boobs. I first went to the GP at 16 and went through months of physiotherapy for my back as well as support for the psychological impact on my mental health and self-confidence. There was no support from the NHS for surgery, so I decided to look at private providers. Having the surgery changed my life for the better – I can't even put into words how much happier I am in day-to-day life and I am now pain free. I can finally get back into the sports that I used to love and I no longer feel uncomfortable seeking out a relationship and at 19 I now have my first boyfriend!"



Honey Lancaster-James, independent Psychologist and Psychotherapist says:

"From a psychological perspective, it's really interesting to see how we're still stuck in a world where there is far more acceptance and understanding of physical strain over emotional and mental strain; where people think that physical discomfort such as backache, neck pain etc. provides a more acceptable reason to have surgery than if someone is struggling with emotional pain or mental distress."

A responsible direction for the UK Market Leader

MYA puts patients' needs first and have been engaging with the Care Quality Commission, Advertising Standards Agency, ISCAS (Independent Complaints Adjudicating Service – where MYA sits on the governance committee), as well as mental health charities and other regulatory bodies to try and find a better way to represent the sector.

MYA has evolved to become more accessible, to promote our vast community of patients and to stand up for those who change their lives for the better with cosmetic surgery. This is receiving a positive response from not only patients but from regulators and compliance decision makers who appreciate the responsible direction that we are taking as market leaders. This is also helping our patients to communicate their needs to their parents, leading to greater empathy and support. Changing some of the stigma is important and here are some simple examples of a broader messaging, greater body diversity, and stories behind why they chose to have surgery and how it has changed their lives.

Considerations for the Proposed Rules

The biggest challenge in ensuring advertisements are not shown to under-18s is the profiling of the audience and the tools used to profile them accurately. Below we've talked through some of our current practices and considerations around how to target in the best way, given the available tools.

Television

The BARB 120 index is already a robust tool that allows advertisers and media buyers to understand the likely audience age for programming. The kids index is subject to change for short periods of time with seasonality (audience shift during school holidays) or long-term as general viewing habits evolve. Any additional age restrictions based on this metric would be a welcomed addition to the existing BCAP code.

Online Media Placement

While scheduling restrictions are relatively straight forward when it comes to linear broadcast activity, there are fewer rules for digital activity with minimal enforcement. This provides the greatest opportunity for tighter regulations to better protect the under-18s audience. Given the challenges associated with determining a user's age online, we've outlined some specific channel examples with our current approach.

Online Media Placement – YouTube

YouTube ads can't know or infer the demographics of everyone. 'Unknown' age refers to people whose age hasn't been identified because they aren't signed into a Google account. 'Unknown' for that reason will have a range of all ages, including an unknown number of under-18s.

Excluding the 'Unknown' demographic category will restrict the campaign to a narrow audience as 'Unknown' is the largest age group available as many people choose not to give up personal information.

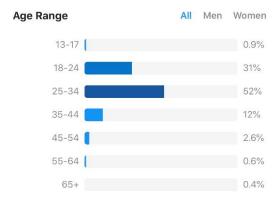
Our approach has been to target 18+ when known and to include the 'Unknown' category only with a hand-selected whitelist of YouTube channels. These channels have been carefully chosen, following our TV advertising experience and the BARB 120 index to avoid any interest-based cross appeal that may occur between our audience and under-18s. The combination of platform-led audience age data alongside a curated interest-based approach allows us to target an audience over the age of 18 to the best of our ability.

Online Media Placement – Social Media (Organic)

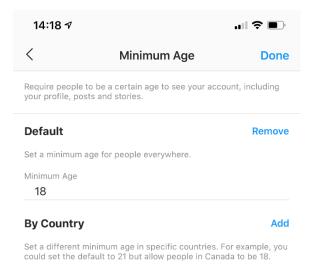
Many social channels have a minimum age for sign up but most of these are still under the age of 18. Instagram, for example, has a requirement for the user to be over the age of 13 to sign up. Our organic social page and content (non-paid) is aimed at 18+ users. We specify 18+ on our homepage bio to further reinforce this.



We know from our Instagram account's audience demographic data that only 0.9% of our followers are aged 13-17 years old, with the rest falling into older categories. Although we have tried, we are unable to identify these specific under-18 followers to remove them. If there was a mechanism available to remove these users, we would absolutely take advantage of it.



There is a setting within Instagram where we have set the page's default minimum age to 18 to prevent new users from seeing our account, including our profile, posts and stories. This feature was only made available in December 2019.



If we were to use Influencer Marketing, we would require view of the age range of their Instagram followers before progressing with them. Again, our approach would be to follow the principals of the BARB 120 index.

<u>Online Media Placement – Organic Search (SEO)</u>

Organic search result listings are dictated by a user's search behaviour and we therefore cannot control who our organic search listings show up for. We would be keen for confirmation that there is nothing more to be done in this area to be compliant. This is also an important area for those actively researching and finding help. We have a large support community and good educational resources that can assist in the decision-making process. It would be a mistake to prevent people from finding this support.

Responsible Advertising

We know advertisers must be prepared with a sense of responsibility to the audience and to society. We are aware that adverts with a false or unattainable picture of perfection can leave young adults feeling worried about their bodies. For this reason, we focus on projecting a fair representation of our average consumer base with positive body shape role models whose self-worth is not determined by their looks.

For people with genuine needs, who are medically and emotionally fit for surgery, cosmetic surgery can be a positive and life-changing experience. However, all cosmetic surgery is not created equal. With low-quality UK providers offering discount prices and overseas providers offering dangerous and unregulated surgery, it's important to distinguish a quality of service through advertising. We want to help educate and create a debate around what a good service should look like. If providers focused on a positive patient experience, careful patient selection, genuine fully verified medical reviews, and realistic expectation setting, then many of the issues reported by patients would be negated. Cosmetic surgery is not for everyone but for the right candidate, with the right physical and mental health status and with realistic expectations, it can have a positive life-changing effect. To put this into context, 90% of patients who enquire with MYA **do not** proceed onto surgery.

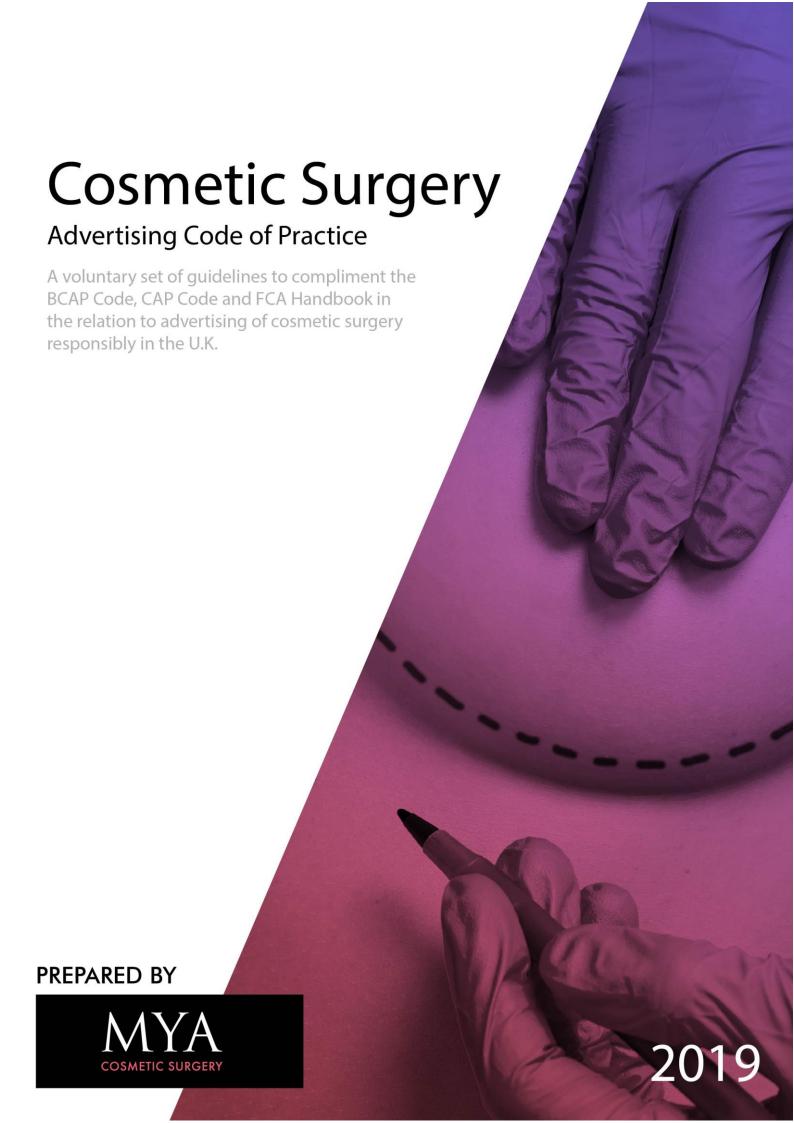
It is equally important to differentiate cosmetic surgery from other well-known "18+" industries. We have in the past been wrongly associated with gambling, alcohol, or tobacco products. This is an unfair comparison given there are no positive benefits to these products, while the cosmetic surgery procedures we carry out have materially enhanced Quality Adjusted Life Years scores. While communicating out the new rules around the advertising restrictions for cosmetic surgery, we request that there are no comparisons made between our industry and gambling, alcohol, or tobacco products. We are working hard to change the perception of cosmetic surgery and associating us with these industries will only further reinforce the negative perceptions.

A further point to consider is the definition and differentiation of 'cosmetic interventions' when discussing cosmetic surgery and non-surgical. Looking at the data and information available on the UK cosmetic interventions market, much of the growth is being drive by Botox, dermal fillers and other non-surgical treatments. These treatments can be administered by more junior medical staff and sometimes non-medical clinicians. Although some of these products and services are regulated, there are many that are not. Compare this to cosmetic surgery where the surgical component must be carried out in a CQC registered hospital setting, which will have the same responsibilities as any NHS or large private healthcare provider. A surgical cosmetic procedure will involve a team of senior

medical staff, including surgeons on the specialist register and consultant anaesthetists, all who have their own professional standards that they need to adhere to. Because non-surgical treatments can be handled as if they are advanced beauty products due to inconsistent regulation, there is a stark difference between our sector and theirs. Without doubt, the advertising of both surgical and non-surgical treatments should be restricted to over 18s, but it is worth considering whether the two sectors warrant separate pathways.

In closing, we believe the introduction of age-based targeting restrictions for cosmetic interventions is a necessary step to protect children and young people. The challenge lies with how to structure the guidance for online media placement as not to limit the potential advertising reach for those wanting to market their services responsibly. Hopefully this document helps outline some of the specific areas that require consideration following the consultation period.

To assist further, we have attached a copy of our own independent code of practice.



Cosmetic Surgery

Advertising Code of Practice 2019

This document covers a voluntary set of rules to ensure more responsible advertising of cosmetic surgery products. This includes the marketing of surgical interventions like breast augmentation / lift / reduction / complex, rhinoplasty, abdominoplasty, liposuction, blepharoplasty, etc. Current rules are covered by the BCAP code for broadcast and CAP code for non-broadcast marketing communications and set by the UK Code of Advertising. While the BCAP code does provide a comprehensive code of practice, it is open for interpretation. This document covers an additional set of parameters to provide clarity and clear direction on potential pitfalls in relation to the following rules:

The BCAP Code states:

- 1.2 Advertisements must be prepared with a sense of responsibility to the audience and to society
- 4.1 Advertisements must contain nothing that could cause physical, mental, moral or social harm to persons under the age of 18

The CAP Code states:

4. Harm and Offence

4.1. Marketing communications must not contain anything that is likely to cause serious or widespread offence. Particular care must be taken to avoid causing offence on the grounds of race, religion, gender, sexual orientation, disability or age. Compliance will be judged on the context, medium, audience, product and prevailing standards.

Marketing communications may be distasteful without necessarily breaching this rule. Marketers are urged to consider public sensitivities before using potentially offensive material.

The fact that a product is offensive to some people is not grounds for finding a marketing communication in breach of the Code.

1. Content Restrictions

1.1. Patient selection

- 1.1.1. Advertisements must only use real patients who have undergone a procedure with the provider
- 1.1.2. Advertisements must show patients who are or look over the age of 25 as not to appeal to persons under the age of 18
- 1.1.3. Advertisements must not show women (and men) with an unhealthy BMI below 18 and above 29 as these are the limitations for surgery

1.2. Positive body image

Advertisers must be aware that there is an increased risk of mental health problems that accompany poor body image. Body image concerns can be caused by repeated exposure to images of idealised bodies and the 'pressure' to look a certain way or to match an 'ideal' body type.

An 'ideal' body is typically young, thin and symmetrical enough to conform closely to conventional western beauty ideals. Women (and men) come in all shapes and sizes and although one body shape is designated 'ideal', it mustn't be excluded completely. Advertisements must be representative of the average consumer.

- 1.2.1. Advertisements should not paint a false or unattainable picture of perfection
- 1.2.2. Advertisements should not intentionally exacerbate people's insecurities
- 1.2.3. Advertisements should be a fair representative of the average consumer base
- 1.2.4. Advertisements should not digitally retouch imagery
- 1.2.5. Advertisements should portray women (and men) across different ethnicities, body shapes and hair types

1.3. Misleading advertisements

- 1.3.1. Advertisements must not trivialise cosmetic surgery
- 1.3.2. Advertisements must not understate the risks or side effects of surgery
- 1.3.3. Advertisements must never reference cosmetic surgery as 'easy' or 'simple'
- 1.3.4. Advertisements should not use humour to make light of the seriousness of surgery
- 1.3.5. Advertisements must not imply that the decision to have cosmetic surgery is taken lightly
- 1.3.6. Advertisements must mislead or use unsubstantiated content:
 - i.e. "The UK's premier / most trusted provider"
 - i.e. "World renowned surgeons"
 - i.e. "Leading the way in cosmetic surgery"
 - i.e. "Highest clinical standard"

1.4. Emotional depth

- 1.4.1. Advertisements should not to focus solely on the body or breasts
 - NB see 1.7.3 for exception
- 1.4.2. Advertisements should try to equally weight the reasons for wanting surgery with a visual representation of the surgery.
 - i.e. An image of a patient should be accompanied by a testimonial

- 1.4.3. Advertisements should not state or imply that women (and men) have surgery to impress the opposite sex or for sexual reasons
- 1.4.4. Advertisements should not state or imply that cosmetic surgery has been undertaken for vanity reasons

1.5. Aspirational marketing

- 1.5.1. Advertisements can be aspirational if the it is perceived as achievable
- 1.5.2. Advertisements should not use an aspirational lifestyle to imply that happiness can only be achieved through cosmetic surgery
- 1.5.3. Advertisements should not use aspirational clothing to imply that happiness can only be achieved through cosmetic surgery
- 1.5.4. Advertisements must have a quality execution

1.6. Objectification of women (and men)

We believe breasts and nipples are not sexual objects and we therefore do not regard them as such. Any censorship on this matter is imposed based on existing regulations.

Showing a woman (or man) in a state of undress is not automatically objectification. Patients are allowed to practice body acceptance and self-love however they want. It is the advertiser's role to responsibly communicate this, as not to cause harm or offence.

- 1.6.1. Advertisements should portray women without the unifying characteristic being their breasts
- 1.6.2. Advertisements should not objectify or demean women (and men) by focusing only on their hodies
- 1.6.3. Advertisements should not imply that a woman's worth is determined by her looks
- 1.6.4. Advertisements may focus solely on the product when discussing topics directly related to surgery or the product:
 - i.e. Before and after results, scarring, implant size, implant shape, bra size, incisions, recovery, healing, etc..
- 1.6.5. Advertisements should balance the amount of skin shown based on situational circumstances
 - i.e. Bikini on the beach would be appropriate
 - i.e. Bikini on the street would not be appropriate
- 1.6.6. Advertisements should not contain sexually suggestive poses
 - i.e. Arched back, legs spread open or hands on covered genitalia, focus on image of covered genitalia or breasts

1.7. Finance and Promotions

The Financial Conduct Authority's Handbook of rules and guidance should be used as a basis for advertising credit. https://www.handbook.fca.org.uk/handbook/CONC/

- 1.7.1. Advertisers must not use time limited offers as not to pressurise the consumer to enquire i.e. "Save 50% if you enquire by May 31st"
- 1.7.2. Advertisers must not use inducements as not to pressurise the consumer i.e. "Save 50% on breast surgery"
- 1.7.3. Advertisers should not lead on price

- i.e. "Breast enlargement only £3495"
- 1.7.4. Advertisers must not lead with a cost per month with finance [refer to FCA guidelines on advertising credit with standard information]
 - i.e. "From just £93 a month"

2. Scheduling & Placement

Scheduling restrictions are automatically implemented on linear broadcast activity to ensure the advert is not transmitted before, during or immediately after children's programmes. Additionally, advertisements are not to be transmitted during or before programmes commissioned for, directed at or likely to appeal to audiences below the age of 18.

There are fewer rules for digital activity and minimal enforcement, hence these additional scheduling and placement restrictions.

2.1. Digital Space

- 2.1.1. Advertisers must buy audiences that are 18+ only
- 2.1.2. Advertisers should not rely solely on digital advertising software's age demographic data
- 2.1.3. Advertisers must not target sites or content that are likely to appeal to u-18s
- 2.1.4. Advertisers should implement a Whitelist strategy for programmatic prospecting activity
- 2.1.5. Advertisers should implement a Blacklist strategy for programmatic remarketing activity

2.2. Content specific

- 2.2.1. Advertisers should not transmit advertisements before, during or immediately following programming when that programme placement is known to cause harm and offence i.e. Love Island
- 2.2.2. Advertisers should not transmit advertisements on BVOD when that programme placement is known to cause harm and offence
 - i.e. Love Island
- 2.2.3. Advertisers should not transmit advertisements on content directly related to a programme where placement thereon is known to cause harm and offence
 - i.e. Love Island after show



NHBF Response 22 September 2020

CAP invites respondents' views on the following: BCAP invites respondents' views on the following:

1. Whether the introduction of an age-specific placement restriction on non-broadcast advertising for cosmetic interventions in the CAP Code is necessary and proportionate? Please provide your rationale and any relevant evidence in support of your answer.

The NHBF feel that CAP/ BCAP are justified to limit children and young people's exposure to advertising for cosmetic interventions by introducing restrictions on the placement and scheduling of those adverts.

2. If your answer to Question 1 is 'Yes', do you agree with CAP's proposed wording for a new rule in Section 12 Medicines, medical devices, health-related products and beauty products of the CAP Code? Please explain your reasons in your response.

Marketing communications for cosmetic interventions must not be directed at those aged below 18 years through the selection of media or context in which they appear

Cosmetic interventions mean any intervention, procedure or treatment carried out with the primary objective of changing an aspect of a patient's physical appearance. This includes surgical and non-surgical interventions, both invasive and non-invasive. This does not include cosmetic products as defined in Regulation (EC) No 1223/2009. See Advertising Guidance: Cosmetic Interventions.

The NHBF agree with this wording, please see the evidence provided.

BCAP invites respondents' views on the following:

3. Whether the introduction of an age-specific scheduling restriction broadcast advertising for cosmetic interventions in the BCAP Code is necessary and proportionate? Please provide your rationale and any relevant evidence in support of your answer.

The NHBF agree that an age-specific scheduling restriction broadcast advertising for cosmetic interventions in the BCAP Code is necessary and proportionate.

4. If your answer to Question 3 is 'Yes', do you agree with BCAP's proposed wording for a new rule in Section 32 Scheduling of the BCAP Code. Please explain your reasons in your response.

These may not be advertised in or adjacent to programmes commissioned for, principally directed at or likely to appeal particularly to audiences below the age of 18: ... Cosmetic interventions, procedures or treatments carried out with the primary objective of changing an aspect of a patient's physical appearance. This includes surgical and non-surgical interventions, both invasive and non-invasive. This does not include cosmetic products as defined in Regulation (EC) No 1223/2009. See Advertising Guidance: Cosmetic Interventions.

The NHBF agree with this wording, please see the evidence provided.



NHBF Evidence

The NHBF agrees the introduction of an age-specific placement restriction on non-broadcast advertising for cosmetic interventions.

The NHBF have continually stated (as detailed in the links below) that we believe that certain aesthetic (non-surgical cosmetic interventions) treatments should not be delivered or provided to under 18's. These are listed below:

- Botulinum toxins or similar anti-wrinkle treatments
- Dermal fillers
- UV tanning
- Intimate waxing
- IPL (intense pulsed light) treatment
- Micro-pigmentation
- Microblading
- Body piercings

We provide specifc guidence for both practioners and consumers relating to age restictions relating to the promotion and selling of services and treaments.

In addtion all NHBF Members are expected to comply with our professional code of conduct for <u>salon owners</u> and the <u>self-employed</u>, with the further option of meeting the Trust my Salon Codes of Practice: https://www.nhbf.co.uk/documents/salons-and-barbershops-code-of-practice/, Independent Contractors - Code of Practice

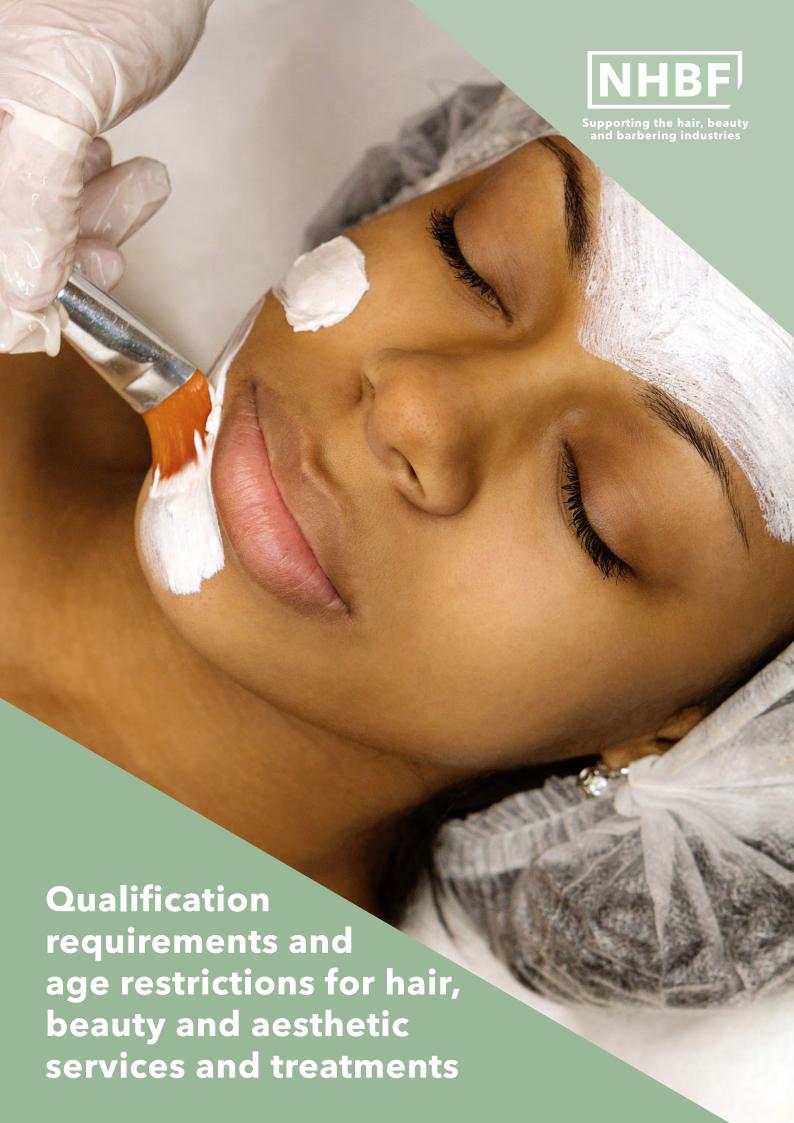
Further examples can be found below:

https://www.nhbf.co.uk/nhf-shop/217334246-qualifications-age-restrictions-factsheet/

https://www.nhbf.co.uk/news-and-blogs/news/welsh-ban-on-intimate-piercings-for-the-under-18s-is-welcomed/

https://www.nhbf.co.uk/news-and-blogs/news/crackdown-on-advertising-botox-warns-nhbf/

https://www.nhbf.co.uk/news-and-blogs/blog/health-and-safety-in-your-beauty-salon/





Qualification requirements and age restrictions guidance for hair, beauty and aesthetics

The following tables show the qualifications required for anyone providing the hairdressing, barbering, beauty therapy, nail services, beauty therapy advanced practices and aesthetic services and treatments listed below.

The information below is a guide.

The NHBF would always endorse completing a nationally recognised qualification from a centre approved by an awarding organisation accredited by a UK regulatory organisation.

The recommended route has been detailed in WHITE text. However, nationally recognised qualifications are not available in some aesthetics modalities/ treatments due to their rapid popularity/growth. Alternative training/ qualifications are grouped and listed as 'manufacturer's training' and is detailed in the same COLOUR as the text.

Employers must ensure that the hair and beauty practitioners employed within their salon hold the right qualifications for the treatment they will be providing for clients. The salon owner also has a duty of care as the business owner to ensure all chair/space/room renters meet the requirements. However, it is ultimately the chair/space/room renter's responsibility as an independent business to ensure they hold the right qualifications, otherwise their insurance will not cover them

If hair and beauty practitioners are studying more advanced treatments, the right-hand column of the table shows which qualifications they must already hold while they are working under supervision towards qualifications for advanced treatments

You will not be covered by your insurance for anyone who performs hair, beauty, aesthetic services and treatments if they are not properly qualified, if they are underage or if they provide a service and treatment to a client who is underage.

Check that your public liability insurance covers your salon for all the treatments you offer



Publication date: 11/08/2020

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YOU MUST HAVE A NATIONALLY RECOGNISED QUALIFICATION AT THE SPECIFIED LEVEL TO OFFER THESE TREATMENTS

Level 7 qualification* in botulinum toxins or equivalent aesthetic practitioner qualification



Manufacturer's training at the equivalent level in botulinum toxins

Suggested CPD

A minimum of 12 months' experience delivering a minimum of 40 per modality/treatments Updated every 12 months

- First Aid at Work qualification or equivalent
- Anaphylaxis management
- Complications and medical emergencies training

MODALITY/TREATMENTS

• Injectables: botulinum toxins to the face and neck or similar anti-wrinkle injectables

REQUIREMENTS AND ANY QUALIFICATIONS YOU MUST ALREADY HAVE TO START TRAINING (PREREQUISITES)

Oversight from a PSRB*** registered prescriber is required for prescription medicines.

Level 5 or above qualification* in aesthetics or equivalent qualification



Manufacturer's training at the equivalent level in botulinum toxins

NB you must have completed a level 3 and 4 equivalent qualification and hold the relevant prerequisites before training at level 5/6 and then progressing to level 7



YOU MUST HAVE A NATIONALLY RECOGNISED QUALIFICATION AT THE SPECIFIED LEVEL TO OFFER THESE TREATMENTS

Level 7 qualification* in temporary dermal fillers or equivalent aesthetic practitioner qualification



Manufacturer's training at the equivalent level in dermal fillers

Suggested CPD

A minimum of 12 months' experience delivering a minimum of 40 per modality/treatments Updated every 12 months

- First Aid at Work qualification or equivalent
- Anaphylaxis management
- Complications and medical emergencies training

MODALITY/TREATMENTS

- Dermal fillers (cannula technique for the jaw, cheeks, lips, tear trough, temple, needle technique for the lower areas of the face and neck)
- Dermal fillers (temporary fillers for treatment of the lower facial areas nose to mouth, marionettes, lips, smokers, fine lines)
- Temporary fillers only

REQUIREMENTS AND ANY QUALIFICATIONS YOU MUST ALREADY HAVE TO START TRAINING (PREREQUISITES)

The NHBF does not support the use of non-autologous permanent fillers

Level 5 or above qualification* in aesthetics or equivalent qualification



Manufacturer's training at the equivalent level in dermal fillers (temporary fillers only)

NB you must have completed a level 3 and 4 equivalent qualification and hold the relevant prerequisites before training at level 5/6 and then progressing to level 7



MODALITY/TREATMENTS

There are several orphan/modality treatments which have yet to be allocated an agreed level including:

- PRP (platelet rich plasma) for face/neck rejuvenation
- Micro sclerotherapy
- PDO threads
- PDO cogs
- Intravenous (IV) infusion therapy
- Cryolipolysis (fat freezing)
- Mesotherapy
- Dermaplaning

You must have completed a level 3 and 4 equivalent qualification and hold the relevant prerequisites before training in an orphan/modality treatment at level 5 or 6 or 7

Suggested CPD

A minimum of 12 months' experience delivering a minimum of 40 per modality/ treatments

- Updated every 12 months
- First Aid at Work qualification or equivalent
- Anaphylaxis management
- Complications and medical emergencies training







YOU MUST HAVE AN NVQ OR EQUIVALENT QUALIFICATION AT THE SPECIFIED LEVEL TO OFFER THESE TREATMENTS

Level 4 laser and IPL treatments/LIPLED qualification

OR

NVQ Level 3 beauty therapy*/L3 beauty bridging qualification** from a recognised awarding organisation and core of knowledge (one-day laser safety course) and manufacturer's training equivalent to treatments at Level 4 in LIPLED

MODALITY/TREATMENTS

- Lasers and IPL for hair removal/ reduction
- Non-ablative lasers, IPL and LED for photo rejuvenation including sun induced benign dyschromia
- LED for clinically diagnosed acne vulgaris

Excludes treatments within periorbital rim

REQUIREMENTS & ANY QUALIFICATIONS YOU MUST ALREADY HAVE TO START TRAINING (PREREQUISITES)

NVQ level 3 beauty therapy*

OR

Level 3 beauty bridging qualification** from a recognised awarding organisation and core of knowledge (one-day laser safety course)

LEVEL 5

YOU MUST HAVE AN NVQ OR EQUIVALENT QUALIFICATION AT THE SPECIFIED LEVEL TO OFFER THESE TREATMENTS

Level 5 laser and IPL treatments/LIPLED qualification

OR

NVQ Level 3 beauty therapy*/L3 beauty bridging qualification** from a recognised awarding organisation **and** core of knowledge (one-day laser safety course) and manufacturer's training equivalent to treatments at level 5 in LIPLED

MODALITY/TREATMENTS

- Laser treatments for tattoo removal
- Laser and IPL treatments for benign vascular lesions

Excludes treatments within periorbital rim

REQUIREMENTS & ANY QUALIFICATIONS YOU MUST ALREADY HAVE TO START TRAINING (PREREQUISITES)

Level 4 laser and IPL treatments/ LIPLED or equivalent qualification* (a level 4 qualification in hair removal* and/ or skin rejuvenation qualification* is recommended)

OR

Manufacturer's training equivalent to treatments at level 4 in LIPLED

NB you must have completed a level 3 and 4 equivalent qualification/manufacturer's training and hold the relevant prerequisites before progressing to training at level 5





YOU MUST HAVE AN NVQ OR EQUIVALENT QUALIFICATION AT THE SPECIFIED LEVEL TO OFFER THESE TREATMENTS

Level 6 laser and IPL treatments/LIPLED qualification*

OR

NVQ level 3 beauty therapy*/L3 beauty bridging qualification** from a recognised awarding organisation **and** core of knowledge (one-day laser safety course) and manufacturer's training equivalent to treatments at level 6 in LIPLED

MODALITY/TREATMENTS

- Laser and IPL treatments for generalised and discrete pigmented lesions
- Ablative fractional laser treatments Excludes treatments within periorbital rim

REQUIREMENTS & ANY QUALIFICATIONS YOU MUST ALREADY HAVE TO START TRAINING (PREREQUISITES)

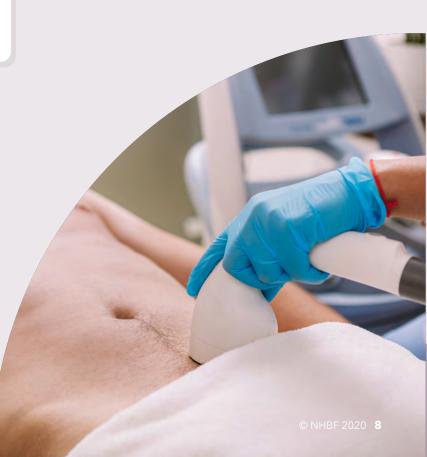
Level 5 laser and IPL treatments for generalised and discrete pigmented lesions/LIPLED qualification* (level 5 tattoo removal is not mandatory)

OF

Manufacturer's training equivalent to treatments at level 5 in LIPLED

NB you must have completed level 4 and 5 equivalent qualification/manufacturer's training and hold the relevant prerequisites before progressing to training at level 6

The NHBF does not support the use of laser treatments of any sort within the periorbital rim







YOU MUST HAVE AN NVQ OR EQUIVALENT QUALIFICATION AT THE SPECIFIED LEVEL TO OFFER THESE TREATMENTS

Level 4 skin rejuvenation qualification (chemical peels)

OR

NVQ level 3 beauty therapy* and level 4 manufacturer's training in skin rejuvenation (chemical peels)

MODALITY/TREATMENTS

 Very superficial chemical peels to stratum corneum

REQUIREMENTS & ANY QUALIFICATIONS YOU MUST ALREADY HAVE TO START TRAINING (PREREQUISITES)

NVQ level 3 beauty therapy*

OR

Level 3 beauty bridging qualification** from a recognised awarding organisation

LEVEL 5

YOU MUST HAVE AN NVQ OR EQUIVALENT QUALIFICATION AT THE SPECIFIED LEVEL TO OFFER THESE TREATMENTS

Level 5 skin rejuvenation qualification (chemical peels)

OR

NVQ level 3 beauty therapy* and level 5 manufacturer's training in skin rejuvenation (chemical peels)

MODALITY/TREATMENTS

 Superficial chemical peels to the midepidermis in skin types 1 and 2

REQUIREMENTS AND ANY
QUALIFICATIONS YOU MUST
ALREADY HAVE TO START TRAINING
(PREREQUISITES)

Level 4 skin rejuvenation (chemical peels)
* qualification or equivalent qualification

OR

NVQ level 3 beauty therapy* and level 4 manufacturer's training in skin rejuvenation(chemical peels)



SKIN REJUVENATION chemical peels



LEVEL 6

YOU MUST HAVE AN NVQ OR EQUIVALENT QUALIFICATION AT THE SPECIFIED LEVEL TO OFFER THESE TREATMENTS

Level 6 skin rejuvenation qualification (chemical peels)

OR

NVQ level 3 beauty therapy* and level 6 manufacturer's training in skin rejuvenation (chemical peels)

MODALITY/TREATMENTS

- Superficial chemical peels to grenz zone in all skin types
- Mesotherapy with/without homeopathic topical treatment

REQUIREMENTS & ANY QUALIFICATIONS YOU MUST ALREADY HAVE TO START TRAINING (PREREQUISITES)

Level 5 Skin rejuvenation (chemical peels)
* or equivalent qualification

OR

NVQ level 3 beauty therapy* and level 5 manufacturer's training in skin rejuvenation (chemical peels)

NB you must have completed level 4 and 5 equivalent qualification/manufacturer's training and hold the relevant prerequisites before progressing to training at level 6

The NHBF
does not support
the use of full face
phenol peels





YOU MUST HAVE AN NVQ OR EQUIVALENT QUALIFICATION AT THE SPECIFIED LEVEL TO OFFER THESE TREATMENTS

Level 4 skin rejuvenation qualification* (microneedling)

OR

NVQ level 3 beauty therapy* and level 4 manufacturer's training in skin rejuvenation (microneedling)

MODALITY/TREATMENTS

0.5mm microneedling

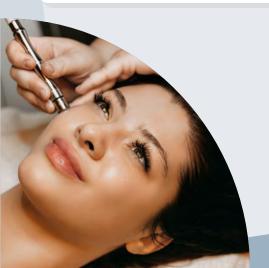
REQUIREMENTS & ANY QUALIFICATIONS YOU MUST ALREADY HAVE TO START TRAINING (PREREQUISITES)

Mesotherapy to only be delivered with agents licensed as suitable for intravenous use in the British National Formulary (BNF) guidance

NVQ level 3 beauty therapy* or equivalent qualification

OR

- Level 3 beauty bridging qualification** from a recognised awarding organisation



LEVEL 5

YOU MUST HAVE AN NVQ OR EQUIVALENT QUALIFICATION AT THE SPECIFIED LEVEL TO OFFER THESE TREATMENTS

Level 5 skin rejuvenation qualification* (microneedling)

OR

NVQ level 3 beauty therapy* and level 5 manufacturer's training in skin rejuvenation (microneedling)

MODALITY/TREATMENTS

• 0.5-1.0mm microneedling

REQUIREMENTS & ANY QUALIFICATIONS YOU MUST ALREADY HAVE TO START TRAINING (PREREQUISITES)

Mesotherapy to only be delivered with agents licensed as suitable for intravenous use in the British National Formulary (BNF) guidance Level 4 skin rejuvenation (microneedling)* or equivalent qualification

OR

NVQ level 3 beauty therapy* and level 4 manufacturer's training in skin rejuvenation (microneedling)

NB you must have completed level 4 equivalent qualification/manufacturer's training and hold the relevant prerequisites before progressing to training at level 5





YOU MUST HAVE AN NVQ OR EQUIVALENT QUALIFICATION AT THE SPECIFIED LEVEL TO OFFER THESE TREATMENTS

Level 6 skin rejuvenation qualification* (microneedling)

OR

NVQ level 3 beauty therapy* and level 6 manufacturer's training in skin rejuvenation (Microneedling)

MODALITY/TREATMENTS

- Up to 1.5mm microneedling to the face
- Up to 2mm microneedling for nonfacial areas

REQUIREMENTS & ANY QUALIFICATIONS YOU MUST ALREADY HAVE TO START TRAINING (PREREQUISITES)

Mesotherapy to only be delivered with agents licensed as suitable for intravenous use in the British National Formulary (BNF) guidance

Level 5 skin rejuvenation (microneedling)* or equivalent qualification

OR

NVQ level 3 beauty therapy* and level 5 manufacturer's training in skin rejuvenation (microneedling)

NB you must have completed a level 4 and 5 equivalent qualification/manufacturer's training and hold the relevant prerequisites before progressing to training at level 6







YOU MUST HAVE AN NVQ OR EQUIVALENT QUALIFICATION AT THE SPECIFIED LEVEL TO OFFER THESE TREATMENTS

Level 4 micro-pigmentation* qualification or equivalent

OR)

NVQ level 3 beauty therapy* **and** level 4 manufacturer's training in skin micropigmentation

MODALITY/TREATMENTS

Micro-pigmentation

REQUIREMENTS & ANY QUALIFICATIONS YOU MUST ALREADY HAVE TO START TRAINING (PREREQUISITES)

NVQ level 3 beauty therapy* or equivalent qualification

LEVEL 5

YOU MUST HAVE AN NVQ OR EQUIVALENT QUALIFICATION AT THE SPECIFIED LEVEL TO OFFER THESE TREATMENTS

Level 5 micro-pigmentation* qualification or equivalent

OR

NVQ level 3 beauty therapy* and level 5 manufacturer's training in skin micropigmentation

MODALITY/TREATMENTS

 Advanced micro-pigmentation and skin rejuvenation techniques

REQUIREMENTS & ANY QUALIFICATIONS YOU MUST ALREADY HAVE TO START TRAINING (PREREQUISITES)

Level 4 micro-pigmentation qualification* or equivalent qualification

OR

NVQ level 3 beauty therapy* and level 4 manufacturer's training in skin micropigmentation





YOU MUST HAVE AN NVQ OR EQUIVALENT QUALIFICATION AT THE SPECIFIED LEVEL TO OFFER THESE TREATMENTS

Level 4 microblading qualification*

OR

NVQ level 3 beauty therapy* and level 4 manufacturer's training in microblading

MODALITY/TREATMENTS

Microblading

REQUIREMENTS & ANY QUALIFICATIONS YOU MUST ALREADY HAVE TO START TRAINING (PREREQUISITES)

NVQ level 3 beauty therapy* or equivalent qualification







YOU MUST HAVE AN NVQ OR EQUIVALENT QUALIFICATION AT THE SPECIFIED LEVEL TO OFFER THESE TREATMENTS

Level 4 skin blemish removal or equivalent qualification

OR

NVQ level 3 beauty therapy* including electrical epilation **and** level 4 manufacturer's training in skin blemish removal

MODALITY/TREATMENTS

Skin blemish removal

REQUIREMENTS & ANY QUALIFICATIONS YOU MUST ALREADY HAVE TO START TRAINING (PREREQUISITES)

Level 3 beauty therapy* including electrical epilation or equivalent qualification

LEVEL 5

YOU MUST HAVE AN NVQ OR EQUIVALENT QUALIFICATION AT THE SPECIFIED LEVEL TO OFFER THESE TREATMENTS

Level 5 advanced skin blemish removal or equivalent qualification

OR

NVQ level 3 beauty therapy* including electrical epilation and level 4 manufacturer's training in electrical epilation

MODALITY/TREATMENTS

Advanced blemish removal.

REQUIREMENTS & ANY QUALIFICATIONS YOU MUST ALREADY HAVE TO START TRAINING (PREREQUISITES)

Level 4 electrical epilation or equivalent qualification

OR

NVQ level 3 beauty therapy* including electrical epilation **and** level 4 manufacturer's training in skin blemish removal







YOU MUST HAVE AN NVQ OR EQUIVALENT QUALIFICATION AT THE SPECIFIED LEVEL TO OFFER THESE TREATMENTS

Level 3 beauty therapy* including electrical epilation or equivalent qualification

MODALITY/TREATMENTS

Electrolysis

REQUIREMENTS & ANY QUALIFICATIONS YOU MUST ALREADY HAVE TO START TRAINING (PREREQUISITES)

NVQ level 2 beauty therapy or equivalent qualification

LEVEL 4

YOU MUST HAVE AN NVQ OR EQUIVALENT QUALIFICATION AT THE SPECIFIED LEVEL TO OFFER THESE TREATMENTS

Level 4 advanced electrical epilation or equivalent qualification

OR

NVQ level 3 beauty therapy* including electrical epilation and level 4 manufacturer's training in advanced electrical epilation

MODALITY/TREATMENTS

Advanced electrolysis

REQUIREMENTS & ANY QUALIFICATIONS YOU MUST ALREADY HAVE TO START TRAINING (PREREQUISITES)

NVQ level 3 beauty therapy* including electrical epilation or equivalent qualification





NVQ level 3 beauty therapy* and level 4 manufacturer's training in massage

MODALITY/TREATMENTS

Massage (sports, complementary, holistic, wellbeing

REQUIREMENTS & ANY QUALIFICATIONS YOU MUST ALREADY HAVE TO START TRAINING (PREREQUISITES)

NVQ level 3 in beauty therapy* including massage or equivalent qualification





YOU MUST HAVE AN NVQ OR EQUIVALENT QUALIFICATION AT THE SPECIFIED LEVEL TO OFFER THESE TREATMENTS AND SERVICES

Level 2 qualification in the specific treatment or equivalent

MODALITY/TREATMENTS

- Self-tanning
- Make-up
- Threading
- Eyebrow shaping
- Eyebrow or eyelash tinting
- Waxing (not intimate)
- Manicures
- Pedicures
- Basic massage

REQUIREMENTS & ANY QUALIFICATIONS YOU MUST ALREADY HAVE TO START TRAINING (PREREQUISITES)

NVQ Level 2 in hairdressing, beauty therapy or nail services*
Eyebrow/eyelash tinting - an allergy alert test must be completed on the client at least 48 hours before application as detailed in the NHBF protocols and manufacturer's instructions

LEVEL 3

YOU MUST HAVE AN NVQ OR EQUIVALENT QUALIFICATION AT THE SPECIFIED LEVEL TO OFFER THESE TREATMENTS AND SERVICES

Level 3 qualification in the specific treatment or equivalent

MODALITY/TREATMENTS

- Faradic treatments
- Advanced make-up
- Micro current
- Ultrasound
- Vacuum suction
- Indian head massage
- Microdermabrasion
- Radio frequency
- Advanced manicure/pedicure treatments
- Eyelash perming
- Intimate waxing
- Semi-permanent/single lashes
- Airbrushing
- Camouflage make-up
- Thermal auricular

REQUIREMENTS & ANY QUALIFICATIONS YOU MUST ALREADY HAVE TO START TRAINING (PREREQUISITES)

NVQ level 2 in beauty therapy* or equivalent qualification

Under 18s are not allowed within a UV tanning area



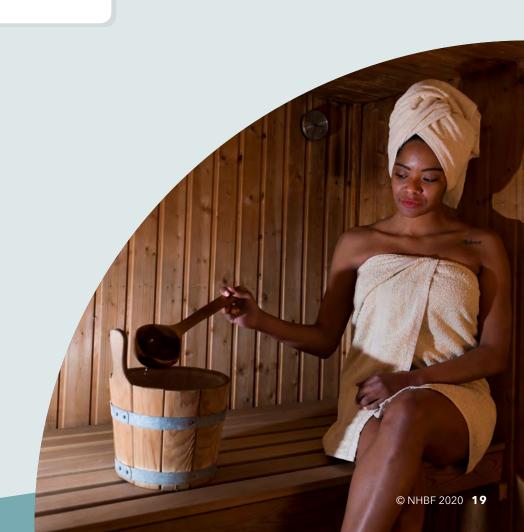
PLEASE REFER TO THE TREATMENT AND OR SERVICE FOR SPECIFIC GUIDANCE FOR WORKING IN A SPA ENVIRONMENT

MODALITY/TREATMENTS

• Spas and saunas

REQUIREMENTS & ANY QUALIFICATIONS YOU MUST ALREADY HAVE TO START TRAINING (PREREQUISITES)

You can assist with spa operations with a qualification at level 2 under supervision by a therapist qualified to level 3 or a senior member of staff.





YOU MUST HAVE AN NVQ OR EQUIVALENT QUALIFICATION AT THE SPECIFIED LEVEL TO OFFER THESE TREATMENTS

Level 2 qualification in hair and/or beauty including ear piercing

OR

Level 2 manufacturer's training equivalent in ear piercing

MODALITY/TREATMENTS

• Earlobe piercing with stud and gun

REQUIREMENTS & ANY QUALIFICATIONS YOU MUST ALREADY HAVE TO START TRAINING (PREREQUISITES)

NVQ level 2 in hair and/or beauty*



YOU MUST HAVE AN NVQ OR EQUIVALENT QUALIFICATION AT THE SPECIFIED LEVEL TO OFFER THESE SERVICES

Level 4 qualification in barbering

SERVICES

Advanced techniques and/or management practice in barbering

REQUIREMENTS & ANY QUALIFICATIONS YOU MUST ALREADY HAVE TO START TRAINING (PREREQUISITES)

NVQ Level 3 qualification in barbering*

LEVEL 3

YOU MUST HAVE AN NVQ OR EQUIVALENT QUALIFICATION AT THE SPECIFIED LEVEL TO OFFER THESE SERVICES

NVQ Level 3 qualification in barbering* Additional services/skills may be included in the apprenticeship standard

SERVICES

- Provide client consultation services
- Provide shaving services
- Design and create a range of facial hair shapes
- Creatively cut hair using a combination of barbering techniques

REQUIREMENTS & ANY QUALIFICATIONS YOU MUST ALREADY HAVE TO START TRAINING (PREREQUISITES)

NVQ Level 2 in barbering*

NB Hair colour - an allergy alert test must be completed on the client at least 48 hours before application as detailed in the NHBF protocols and manufacturer's instructions

LEVEL 2

YOU MUST HAVE AN NVQ OR EQUIVALENT QUALIFICATION AT THE SPECIFIED LEVEL TO OFFER THESE SERVICES

NVQ Level 2 qualification in barbering* Additional services/skills may be included in the apprenticeship standard

SERVICES

- Advise and consult with clients
- Shampoo, condition and treat the hair and scalp
- Create basic outlines and detailing in hair
- Cut men's hair using basic techniques
- Cut facial hair to shape using basic techniques
- Dry and finish men's hair

REQUIREMENTS & ANY QUALIFICATIONS YOU MUST ALREADY HAVE TO START TRAINING (PREREQUISITES)

No prerequisite required, however, a level 1 introductory qualification in barbering or hair and beauty may have been completed



YOU MUST HAVE AN NVQ OR EQUIVALENT QUALIFICATION AT THE SPECIFIED LEVEL TO OFFER THESE SERVICES

Level 4 qualification in hairdressing

SERVICES

 Advanced techniques and/or management practice in hairdressing

REQUIREMENTS & ANY QUALIFICATIONS YOU MUST ALREADY HAVE TO START TRAINING (PREREQUISITES)

NVQ Level 3 qualification in hairdressing*

LEVEL 3

YOU MUST HAVE AN NVQ OR EQUIVALENT QUALIFICATION AT THE SPECIFIED LEVEL TO OFFER THESE SERVICES

NVQ Level 3 qualification in hairdressing* Additional services/skills may be included in the apprenticeship standard

MODALITY/TREATMENTS

- Provide client consultation services
- Creatively style and dress hair
- Creatively cut hair using a combination of techniques
- Advanced colour conversion (creatively colour and lighten hair)

REQUIREMENTS & ANY QUALIFICATIONS YOU MUST ALREADY HAVE TO START TRAINING (PREREQUISITES)

NVQ Level 2 in hairdressing*

NB Hair colour - an allergy alert test must be completed on the client at least 48 hours before application as detailed in the NHBF protocols and manufacturer's instructions

LEVEL 2

YOU MUST HAVE AN NVQ OR EQUIVALENT QUALIFICATION AT THE SPECIFIED LEVEL TO OFFER THESE SERVICES

NVQ Level 2 qualification in hairdressing* Additional services/skills may be included in the apprenticeship standard

SERVICES

- Advise and consult with clients
- Shampoo, condition and treat the hair and scalp
- Style and finish hair
- Set and dress hair
- Cut hair using basic techniques
- Colour conversion (colour and lighten hair)

REQUIREMENTS & ANY QUALIFICATIONS YOU MUST ALREADY HAVE TO START TRAINING (PREREQUISITES)

No prerequisite required, however, a level 1 introductory qualification in hairdressing or hair and beauty may have been completed





* QUALIFICATIONS

It is highly recommended that a hair, beauty and aesthetic practitioner completes a diploma sized (37 or more credits) qualification where available in order to have received a sufficient amount of training to demonstrate the skills and knowledge to achieve occupational competence.

Apprenticeship certificates from an end point assessment organisations (EPAO) and T Levels accredited by a UK regulatory organisations are classed as an equivalent qualification.

Qualifications currently under development or not widely available

- Where an NVQ is specified, acceptable alternative qualifications must be an equivalent, and competency-based eg SVQ or an apprenticeship.
- Where an NVQ is not specified, other nationally recognised qualifications/training by an accredited and regulated awarding organisation are acceptable.
- Where a level 3 NVQ beauty therapy qualification has been undertaken a general route or massage option must have been completed to ensure underpinning anatomy and physiology knowledge. If a make-up route has been completed further underpinning knowledge must be undertaken as detailed in Level 3 bridging qualification**.

The regulatory organisations within the UK are:

- Office of Qualifications and Examinations Regulation (Ofqual).
- The Scottish Qualifications Authority (SQA).
- Qualifications Wales.
- Council for the Curriculum, Examinations and Assessment (CCEA).
- The European Qualifications Framework (EQF).
- United Kingdom Accreditation Service (UKAS).

National Occupational Standards (NOS) which outline the knowledge and skills required are available for:

- African Type Hair Hairdressing / African Type Hair Barbering
- Barbering
- Beauty Aesthetics / Beauty Advanced practices
- Beauty Therapy
- Hairdressing
- Non-surgical cosmetic procedures

The NOS can be found via the search function on the UK Standards website.

<u>Apprenticeship standards</u> which outline the knowledge and skills required are also available in hair, beauty and aesthetics



**LEVEL 3 BRIDGING QUALIFICATION

These are specific qualifications developed by awarding organisations to ensure practitioners have sufficient underpinning beauty therapy knowledge and understanding, particularly anatomy and physiology, before progressing to advanced beauty therapy practices and aesthetics.

Further information can be found by searching the **Ofqual register of regulated qualifications**.

The information in this document is subject to change as modalities, treatments and qualifications are further developed and defined.

***MEDICAL OVERSIGHT

Medical oversight must be provided for all prescription-only Medicines (POMs).

Medical oversight is the term used to describe the relationship between a non-medically trained beauty aesthetic professional and medical professional providing the prescription (the prescriber). This must be a nurse, doctor, pharmacist or dentist who is registered with a Professional Statutory Regulatory Body (PSRB)¹ who has the knowledge of dealing with adverse effects that could be caused by aesthetic treatments.

For most non-surgical aesthetics treatments medical oversight is available:

- 'medic on site' at the premises where aesthetic treatments are carried out;
- on call: or
- remote medical oversight.

The NHBF believes that for non-surgical treatments using prescription-only medicines remote medical oversight is not sufficient. Where possible 'medic on-site' medical oversight should be available at the premises where aesthetic treatments are carried out. Where this is not possible, an arrangement must have been agreed for 'medic on-call' medical oversight.

A client must always have the first and initial face-to-face consultation (within the location) with the person providing the medical oversight (the prescriber) prior to any treatment. Having prescribed the treatment, the prescriber may then delegate the administration to an aesthetic practitioner. The person providing medical oversight is accountable for the safe use and storage of medicines prescribed. An additional face-to-face consultation must be completed if the treatment changes.

The oversight provided (medic on site, medic on call, remote medic) should be prominently displayed in the salon.

Furthermore, a thorough consultation, a personalised medical questionnaire and if applicable Patient Specific Directions (PSD) (find out more about PSD) and a treatment plan or contract must be completed and recorded, including any contraindications or contra-actions. It is recommended that the person providing medical oversight and aesthetic practitioner regularly reviews the client treatment plan.

Advertising should conform to the Advertising Standards Authority guidelines, including the level of medical oversight provided and what this entails.

¹The Professional Statutory Regulatory Bodies regulate healthcare professionals (e.g. General Medical Council, General Dental Council, Nursing and Midwifery Council, Health and Care Professional Council, General Pharmaceutical Council etc).

If you have any feedback, comments or suggestions about this fact sheet please email

us

Age requirements

TREATMENT/SERVICE	MINIMUM AGE OF CLIENT	MINIMUM AGE OF THERAPIST
Botulinum toxins or similar anti-wrinkle treatments	18	18 - but note qualifications required
Dermal fillers	18	18 - but note qualifications required
UV tanning	18	18
Intimate waxing	18	18
IPL (intense pulsed light) treatments	18	18
Hair colour (tints) treatments and services: head, body including eyebrow/eyelash	16	16
Micro-pigmentation	18	18
Microblading	18	18
Piercing earlobes, nose, navel, lip, tongue or the top of the cartilaginous portion of the ear	16	16

CARRYING OUT ANY BEAUTY TREATMENT ON UNDER-16s IS NOT RECOMMENDED.

Some treatments are permitted for under-16s, but you must ensure you have written permission from a parent or legal guardian before going ahead. A parent or responsible adult (eg carer) must be present during the treatment.

The permitted treatments are:

- Earlobe piercing.
- Waxing (not intimate waxing).
- Facials.
- Manicures.
- Pedicures.

Hair and Beauty practitioners must protect and promote the welfare of under-16s and vulnerable adults. You must ensure treatments are safe and appropriate and that the individual wants to have the treatment and/or services. You should always follow the manufacturer's instructions, protocols and guidelines.

RESTRICTIONS ON PRE-16 LEARNING WITHIN HAIR AND BEAUTY QUALIFICATIONS

In line with the EU Directive and to offer the safest training environment for pre-16 learners, the following restrictions for each of the industries have been agreed. All awarding organisations have built in and advise these restrictions within their qualifications that are aimed at pre-16 learners

INDUSTRY	RESTRICTIONS
Hairdressing/ barbering/African-type hair	 Cutting hair with implements such as scissors, clippers and attachments Shaving skin with implements such as blades and razors Using chemicals such as quasi, permanent hair colouring, permanent waving, bleach, lighteners, relaxing and chemical straightening Completing skin tests
Nail services	 Sharp implements such as knives, blades and nail cutters Nail enhancements such as acrylics, powders, acetone, glues and resins
Beauty therapy and spa therapy	 Aromatherapy oils Chemicals such as eyelash tint, eyelash perm lotion and individual lash adhesives Instruments such as eyelash curlers, automatic tweezers, microlances and ear piercing equipment Epilation - laser, needles Depilatories such as waxing, bleaching and cream Completing skin tests Thermal auricular candles Facial and body electrotherapy equipment Water purification chemicals

FURTHER DEFINITIONS SURROUNDING RESTRICTIONS

Client contact

Learners are restricted regarding 'touching' certain areas of the body. Suitable areas include:

- Head, neck and shoulders to the clavicle and scapula
- Lower arms and hands
- Lower legs and feet

Training and assessments may be carried out on live models and/or artificial body parts designed for professional use as specified by the awarding organisation for the particular treatment being undertaken.





Consultation on the placement and scheduling of cosmetic interventions advertising: response

16 October 2020

Summary

- 1. The Nuffield Council on Bioethics welcomes CAP's and BCAP's consultation on this issue and supports a stronger regulatory approach to ensure under 18s' exposure to advertisements for cosmetic procedures is appropriately limited.
- 2. Our response addresses the four questions posed by the <u>consultation document</u>, with reference to our 2017 report <u>Cosmetic procedures: ethical issues</u>. Although we are broadly supportive of the rule changes proposed by CAP and BCAP, we raise two concerns:
 - that the concerns applied to under 18s also extend to a degree to adults; and
 - that the language of 'non-invasive' is not an appropriate description of the procedures covered by the new rules.

Response

Question 1

Whether the introduction of an age-specific placement restriction on non-broadcast advertising for cosmetic interventions in the CAP Code is necessary and proportionate? Please provide your rationale and any relevant evidence in support of your answer.

3. The consultation document notes that concerns have been raised surrounding the insecurities and body image pressures that children and young people may experience and the "potential detrimental impact of those ads on children and young people when placed alongside body image pressures that could be prevalent through online and social media interactions, posing a risk to their mental health." Such concerns might also include susceptibility of adolescents to peer and social pressures, and the fact that they are at a stage of their lives when their sense of identity might be tentative and malleable. CAP – in its role in setting the rules for UK non-broadcast advertising – has an important protective role to play in ensuring that these potential vulnerabilities are not exacerbated by advertisements that are focused at – and made accessible to – under 18s. We therefore suggest that the introduction of age-specific placement

restrictions on non-broadcast advertising is both necessary and proportionate.

- 4. The <u>Botulinum Toxin and Cosmetic Fillers (Children) Bill</u>, which is being read for a second time on 16 October, restricts under 18s' access to specific non-surgical procedures (i.e., those involving botox and dermal fillers) for cosmetic purposes. CAP's proposed new rule complements the aims of this Bill. If both changes are realised, they could lead to much stronger regulatory protection for under 18s in both the practice and promotion of cosmetic procedures.
- 5. The consultation document states:

"Under the proposed rules, non-broadcast ads for cosmetic interventions would be prohibited from being directed at under-18s through the selection of media or context in which they appear, including online media, social media platforms, and influencer marketing on social media. This would mean cosmetic interventions advertising cannot be placed in media that are aimed at under-18s, and in media in which 25% or more of the audience profile is under-18s."

6. However, it is also important to recognise that concerns about body image do not stop when a person turns 18. We therefore suggest that CAP explores further ways to take a more proactive approach to responsible advertising of cosmetic procedures to audiences of any age.

Question 2

If your answer to Question 1 is 'Yes', do you agree with CAP's proposed wording for a new rule in Section 12 Medicines, medical devices, health-related products and beauty products of the CAP Code? Please explain your reasons in your response.

Marketing communications for cosmetic interventions must not be directed at those aged below 18 years through the selection of media or context in which they appear.

Cosmetic interventions mean any intervention, procedure or treatment carried out with the primary objective of changing an aspect of a patient's physical appearance. This includes surgical and non-surgical interventions, both invasive and non-invasive. This does not include cosmetic products as defined in Regulation (EC) No 1223/2009. See Advertising Guidance: Cosmetic Interventions.

7. We urge caution over the use of the term 'non-invasive' to describe cosmetic procedures. All the cosmetic procedures listed on page 19 of the consultation document are invasive. We suggest that describing procedures as 'surgical and non-surgical' defines them accurately. 'Non-invasive' might suggest triviality and downplay physical risks that may be involved. Such perceptions must be avoided.

Question 3

Whether the introduction of an age-specific scheduling restriction broadcast advertising for cosmetic interventions in the BCAP Code is necessary and proportionate? Please provide your rationale and any relevant evidence in support of your answer.

8. As we highlight in our response to Question 1, body image concerns do not stop as soon as a person reaches the age of 18. Watching a programme which discusses or portrays people who have had cosmetic procedures might have an influence on someone who is over 18 in ways similar to its influence of those under 18. We raised some of these issues in a blog post on how advertisements had been placed during the broadcast of Love Island.

Question 4

If your answer to Question 3 is 'Yes', do you agree with BCAP's proposed wording for a new rule in Section 32 Scheduling of the BCAP Code. Please explain your reasons in your response.

These may not be advertised in or adjacent to programmes commissioned for, principally directed at or likely to appeal particularly to audiences below the age of 18:

. . .

Cosmetic interventions, procedures or treatments carried out with the primary objective of changing an aspect of a patient's physical appearance. This includes surgical and non-surgical interventions, both invasive and non-invasive. This does not include cosmetic products as defined in Regulation (EC) No 1223/2009. See Advertising Guidance: Cosmetic Interventions.

9. Again, we urge caution for the use of the term 'non-invasive'. See our comments above at paragraph 7.

Conclusion

10. We support the increased protection for under 18s that the proposed rules changes could bring about. However, we urge caution in describing any cosmetic procedure as 'non-invasive'; and suggest that there may be future work for CAP and BCAP to explore further ways in which it can promote more responsible advertising of cosmetic procedures to audiences of all ages.

Contact



The Royal College of Physicians and Surgeons of Glasgow

response to

CAP and BCAP consultation on the placement and scheduling of advertisements for cosmetic interventions

The Royal College of Physicians and Surgeons of Glasgow was founded in 1599 to improve quality and practice of Medicine.

Based in Glasgow, we have 15,000 Fellows and Members who work as senior clinicians throughout the United Kingdom and across the world. Unlike our sister Royal Colleges, we have a multidisciplinary membership, which we believe gives us a unique viewpoint of the health environment and the needs of patients and medical professionals.

The College supports this important initiative. Whilst much of cosmetic surgery regulation is voluntary (except when directly applied to medical practitioners), this initiative would be a clear signal that unethical advertising practices are wrong and in particular may do harm to this group of children and young people.

The College recognises that body image issues are common in children and young people. Advertising in general and particularly that related to social media and TV / on-line streaming should be limited. For those young patients with a need to consider corrective cosmetic surgery for clear medical indications such as genetic or traumatic causes, there is impartial advice from the relevant specialties via general practitioner and child and adolescent mental health services.

Dr Richard Hull, FRCP Glasgow Honorary Secretary Royal College of Physicians and Surgeons of Glasgow

16 September 2020



Royal College of Psychiatrists response to ASA / CAP consultation on cosmetic interventions

"The proposals seek to introduce specific scheduling restrictions that would prevent cosmetic interventions from being advertised in or adjacent to programmes commissioned for, principally directed at or likely to appeal particularly to audiences below the age of 18, which would strengthen the existing protections provided to children and young children by the BCAP Code.

The proposed new rules would apply across media, including online, and introduce age-based restrictions on the targeting, scheduling and placement of cosmetic interventions advertising. This would prohibit ads from being directed at those aged below 18 years through the selection of media or context in which they appear including in or adjacent to TV programmes commissioned for, principally directed at or likely to appeal particularly to audiences below the age of 18. The aim of these proposals is to better protect children by introducing age-based targeting restrictions while ensuring that cosmetic interventions can still be legitimately advertised to those aged 18 or above."

CAP invites respondents' views on the following:

1. Whether the introduction of an age-specific placement restriction on non-broadcast advertising for cosmetic interventions in the CAP Code is necessary and proportionate? Please provide your rationale and any relevant evidence in support of your answer.

Under the proposed rules, non-broadcast ads for cosmetic interventions would be prohibited from being directed at under-18s through the selection of media or context in which they appear, including online media, social media platforms, and influencer marketing on social media. This

would mean cosmetic interventions advertising cannot be placed in media that are aimed at under-18s, and in media in which 25% or more of the audience profile is under 18 (see CAP guidance on Children and age-restricted ads online).

There are numerous studies and reviews that assess children's and young people's body image perceptions and pressures, including the impact of social media usage which has increased rapidly in recent years, particularly amongst the adolescent population. Half of ten-year-olds now own their own smartphone and between the ages of nine and ten, smartphone ownership doubles. 5- to 15-year-olds are more likely to pick YouTube as their platform of choice over on-demand services such as Netflix, or TV channels including the BBC and ITV (Ofcom report, 2019). This means that now more than ever, advertising on social media platforms may influence adolescents' views on the perfect body and interventions that can help them achieve this. Research suggests that several factors contribute to body image attitudes and behaviours that may be harmful, but exposure to and desire to resemble media ideals are significant factors that must be considered.

There is already a growing level of concern related to cosmetic advertisements across all media, as it is felt that content and placement of some adverts (for example placement alongside programmes aimed at adolescents or using role models / influencers that appeal to an adolescent population) are 'deemed inappropriate and irresponsible, trivialising what is a serious and life-changing process.' These concerns were highlighted by the British Association of Aesthetic Plastic Surgeons (www.baaps.org.uk), in 2008. Specific concern has been expressed with regards to adolescents, a "young impressionable audience...already self conscious about their body image" (ASPS, 2004), who "are being targeted heavily" (BBC News, 19 September, 2008).

Risks of undergoing cosmetic interventions (as defined in the consultation document), are substantial. The two most popular cosmetic procedures for adolescent girls in recent years have been breast augmentation and liposuction (Zuckerman & Abraham, 2008). Risks associated with these procedures include the general risks of surgery, higher short- and long-term complication rates in adolescents whose bodies are still developing, and financial risks.

A Department of Health research document prepared for discussion around the regulation of cosmetic interventions (DoH, 2013) indicated that adolescent girls report pressure regarding their appearance that they feel day to day (perceiving the judgement of peers). They compare themselves (and others) with the ideal images presented in the media by celebrities / influencers. The pressure to compete with peers as well as an envy of celebrities' appearance and the accompanying lifestyle, combines with increasing awareness of the potential to change the way you look, and the solutions available to do so, such as teeth whitening and breast augmentation. Advertising where adolescents are likely to view it is therefore likely to increase this knowledge. Many social media influencers / reality TV stars discuss cosmetic interventions explicitly on social media in addition to directly advertising them in some cases.

Several recent well regarded literature reviews have focussed on the relationship between body image and media use among adolescents. For example Borzekowski and Bayer (2005) argue that the media has a direct influence on the public by altering the perception of what is considered 'normal' in terms of body shape and appearance. Tiggemann and Slater (2013) conducted a study to examine the relationship between internet exposure and concerns regarding body image in a large group of adolescent girls, aged between 13 and 15 years. The results showed that internet exposure was significantly correlated with internalisation of the thin ideal, body surveillance and drive for thinness. The study suggests that there is a role for responsible social media education aimed at helping adolescents become 'more critically aware of the idealised images that are presented to them online, as well as the potential appearance and other pressures involved in participation in social networking sites.' Advertising within social media, with its inevitable emphasis on the positives of cosmetic interventions as presented by influencers etc, is unlikely to contribute to this aim – surely it is actually doing the opposite?.

Holland and Tiggemann (2016) systematically reviewed 20 publications looking at the impact of social networking sites on body image and disordered eating; in total, 3025 young people were included within this age range. Overall, the studies provided evidence that use of social networking sites was associated with increased body dissatisfaction and disordered eating. The authors highlight the need to consider the potential consequences of social media use aimed at or consumed by adolescents, particularly in relation to 'the pressures associated with the uploading and viewing of images.'

Lunde (2013) examined adolescents' attitudes towards cosmetic surgery, as well as the relationships between these attitudes, body appreciation, body ideal internalization, and fashion blog reading. The results indicated that younger adolescents (who may be deemed therefore more vulnerable to advertising) seem somewhat more accepting of cosmetic surgery. Girls', and to a limited extent boys', internalization of the thin ideal was related to more favourable cosmetic surgery attitudes. Finally, girls who frequently read fashion blogs reported higher thin ideal internalization, and also demonstrated a slight tendency towards more cosmetic surgery consideration.

There is no difference between children's belief in the truthfulness of TV and online advertising. In 2018, over three-quarters of 8-15s who have seen adverts both on TV and online felt that they mostly or sometimes tell the truth - displaying a relative ability to make critical judgements about whether the information they see in adverts is likely to be true (Ofcom report, 2019). Children in higher socioeconomic households (AB) are more likely to be able to make critical judgements about online advertising – 83% think that online ads mostly or sometimes tell the truth, compared to 74% of DE households. There were no differences between socio-economic groups with regards to TV advertising. A majority of children are unable to recognise advertising on search engines, however, meaning that some aspects of online media are more difficult for children to make sense of and apply judgements to. This may make them more vulnerable to either positive or negative images or messages.

In summary there is a body of evidence which supports the view that exposure to positive representations of cosmetic interventions on non—broadcast media is harmful to adolescent body image and body satisfaction, particularly in younger or more vulnerable young people. There also seems to be a dose / response effect i.e. increased exposure leading to more body dissatisfaction, harmful behaviours around eating, and higher acceptance of cosmetic procedures. As expert clinicians assessing and managing young people with mental health difficulties, including eating disorder, we know that young people report susceptibility to the influence of social media on their body image and self esteem. We would therefore support the proposition that exposure is limited for these groups by placing restrictions on types and context of media that advertising is allowed to appear within.

2. If your answer to Question 1 is 'Yes', do you agree with CAP's proposed wording for a new rule in Section 12 Medicines, medical devices, health-related products and beauty products of the CAP Code? Please explain your reasons in your response.

"Marketing communications for cosmetic interventions must not be directed at those aged below 18 years through the selection of media or context in which they appear. Cosmetic interventions mean any intervention, procedure or treatment carried out with the primary objective of changing an aspect of a patient's physical appearance. This includes surgical and non-surgical interventions, both invasive and non-invasive. This does not include cosmetic products as defined in Regulation (EC) No 1223/2009. See Advertising Guidance: Cosmetic Interventions. "

Yes, for the reasons explained above we think this is reasonable wording

2. Whether the introduction of an age-specific scheduling restriction broadcast advertising for cosmetic interventions in the BCAP Code is necessary and proportionate? Please provide your rationale and any relevant evidence in support of your answer.

Broadcast ads for cosmetic interventions would be prohibited from being scheduled to appear during or adjacent to television and radio programmes commissioned for, principally directed at or likely to appeal to audiences below the age of 18 (for TV advertising, see BCAP guidance on Identifying TV programmes likely to appeal to children). The proposed rules would allow CAP and BCAP to provide protection to children and young people by appropriately limiting under-18s' exposure to cosmetic interventions advertising, whilst ensuring that those interventions can still continue to be advertised to those aged 18 or over. The proposed rules would also complement guidance published by the GMC, JCCP and Save Face, and apply to practitioners who are not members of those organisations.

Similarly to the evidence and argument cited above, we would again argue that limitations on children and adolescents exposure to broadcast advertising in terms of programme context and timing is reasonable.

Pearl and Weston (2003) USA survey of adolescents found that 'the most common source of information about plastic surgery among the students was teen magazines and television.' One third of the students who took part said they would have cosmetic surgery, particularly liposuction, rhinoplasty and breast augmentation. Dohnt and Tiggemann (2006) conducted a study to examine the contribution of media and peer influences to the development of body dissatisfaction and self-esteem in girls aged between 5 and 8 years, over a one-year period. Alarmingly, 40% of girls reported a desire for thinness at time 1 and 43% at time 2. The study found that girls who watched television shows with an 'appearance emphasis' were less satisfied with their appearance and exposure to such television shows predicted a decrease in appearance satisfaction over the one-year period.

Abraham and Zuckerman (2011) argue that a surge in cosmetic-surgery based TV shows and unrealistic advertisements has changed the public's perception of a normal body. This has led to an increase in adolescents in Western countries opting for cosmetic interventions.

A recent study (Ashikali et al 2014) used an experimental design to investigate girls responses to cosmetic surgery based reality shows. Girls (N 99) aged 15 to 18 (M 16.6) years were randomly allocated to one of three conditions: a cosmetic surgery TV show, which (1) mentioned risks associated with surgery, (2) did not mention risks, or (3) to the control condition, a home makeover show. Results showed that simple exposure to cosmetic surgery shows overall, resulted in girls reporting more dissatisfaction with their weight and appearance. Girls' responses to cosmetic surgery shows were mediated according to their own materialistic values and the extent that they derived self-worth from their appearance, suggesting that more vulnerable adolescents are more likely to respond favourably to the idea of plastic surgery. Results suggest that cosmetic surgery reality TV can be damaging to adolescent girls' body image. Indirectly one may therefore argue that increased exposure to cosmetic advertising (through it being present at times or around shows which adolescent girls are likely to watch) particularly in the context of for example reality television focussing on appearance, is likely to be harmful.

Faridoon and Iqbal (2018) conducted a study to investigate the effect of advertisements on materialism and body image among adolescents using a sample of 400 participants, aged 14 to 20 years. Their findings were that exposure to advertisements led to an increase in body dissatisfaction and higher materialism. This in turn can lead to engaging in behaviours to achieve the desired body image. Interestingly, the findings were equal across both male and female participants.

Qualitative studies in addition, for example Ashikali et al 2016, suggest that media

plays an important role by normalising surgery and under-representing the risks associated with it. Cosmetic surgery in their focus groups of adolescents was perceived as being widely available in all types of media, leading to its normalisation, as well as setting a 'benchmark' for an acceptable appearance. In terms of actual media coverage, girls thought CS was mostly presented in a glamorised way, with a strong emphasis on the psychological benefits of undergoing it, whereas the risks associated with it were almost entirely disregarded. Cosmetic surgery was therefore perceived to be marketed as a consumer product rather than a serious medical intervention.

A recent European study (Barcaccia et al 2018) looking at the influence of television on adolescents body image suggested that the main factors contributing to females' eating-disordered behaviours were their own desires to be similar to role models (favoured TV characters), the amount of reality and entertainment TV they watched, and the discrepancy between their perceptions of their bodies and those of the models. Friends' desire to be similar to TV characters contributed most to depression, anxiety, body uneasiness, and eating disorders for both males and females. Thus there is evidence that there is a dose / response effect of these type of messages on groups of adolescents i.e. that increased exposure increases risks of harms, and indirect evidence that exposure to advertising which complements or exacerbates messages / content of these types of TV shows and which is aimed at adolescents would be likely to contribute to disturbances in body image and harmful behaviour around eating.

4. If your answer to Question 3 is 'Yes', do you agree with BCAP's proposed wording for a new rule in Section 32 Scheduling of the BCAP Code. Please explain your reasons in your response?

These may not be advertised in or adjacent to programmes commissioned for, principally directed at or likely to appeal particularly to audiences below the age of 18: ... Cosmetic interventions, procedures or treatments carried out with the primary objective of changing an aspect of a patient's physical appearance. This includes surgical and non-surgical interventions, both invasive and non-invasive. This does not include cosmetic products as defined in Regulation (EC) No 1223/2009. See Advertising Guidance: Cosmetic Interventions Regulation (EC) No 1223/2009 defines cosmetic products

Yes, for the reasons explained above, we think this is reasonable wording

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Save Face Response - Consultation on the placement and scheduling of ads for cosmetic interventions

Save Face welcomes the proposed changes to restrict the placement of advertising which would either promote or further influence young people to want or have these procedures.

Whilst it is our impression that the majority of responsible services do not knowingly treat those under 18, we recognize the growing pressure from social media, peers and influencers to look a certain way, and this plays on the common insecurities of young people about the way they look.

Whilst the majority of complaints and concerns raised directly to Save Face are concerning adults, we have received over 50 complaints relating to treatments carried out on under 18s whose lives have been seriously impacted upon because of a cosmetic procedure gone wrong.

We have seen first-hand, the devastating mental and physical impact that young people have had to suffer because of a cosmetic procedure gone wrong.

Since 2014 we have been campaigning for a change in the law to prevent anyone under the age of 18 being able to access dermal fillers and botulinum toxin treatments. To affect that change we have been working alongside MP for Sevenoaks Laura Trott on her Botulinum Toxin and Cosmetic Fillers (Children) Bill 2019-21. The Bill was debated at second reading on Friday 16 October 2020 and has now been sent to a Public Bill Committee.

Alongside any changes in the law which prevent treatments from being carried out on children, we also recognise the need to restrict the ways in which those under 18 are able to access adverts and social media posts which promote such procedures.

97% of those under 18 who contacted us found their practitioner on social media and cited that the following posts were the key reasons for making the appointment:

- Posts advertising cheap deals & time limited offers
- Posts promoting treatment packages using celebrity images and hashtags
- Posts promoting before & after pictures
- Posts using celebrity Images and reality tv programmes used to promote treatments using hashtags such as #loveislandlips #loveislandlips

These figures illustrate the very real risk that young and impressionable teenagers are exposed to via social media platforms. They are more at risk from cheap and unscrupulous providers, who do not check for age and are often untrained and uninsured. Young people are also less likely to report, therefore we envisage that there are many more who have fallen victim to bad practice. We have been contacted by schools who are concerned that a growing number of girls are having dermal fillers to enhance their lips for prom and end of school events and we don't doubt there will be providers exploiting this trend.

We would like to add a further suggestion if this is possible. The way images and selfies can be altered and filtered sets up unrealistic expectations. These altered images are being used as a major tool to drive the market for these procedures.





We would suggest some additional measure to require advertisers and influencers to declare when images have been altered or filtered using a simple hashtag such as #filteredImage. We feel this will go some way to reset unrealistic expectations and aspirations.



Consultation on the placement and scheduling of cosmetic interventions advertising

Response from Transform Hospital Group

This document sets out Transform Hospital Group's response to the Committee of Advertising Practice (CAP) and Broadcast Committee of Advertising Practice's (BCAP) proposal for new regulations governing the placement and scheduling of cosmetic interventions advertising.

The document first provides background on Transform Hospital Group and its relevant clinical, operational and marketing activities, before addressing in turn each area under consultation by CAP and BCAP.

About Transform Hospital Group: what we do and the values that define us

Transform Hospital Group is a wellbeing and healthcare services organisation and the UK's leading provider of cosmetic interventions – both surgical and non-surgical – and weight-loss solutions. The company operates two state-of-the-art hospitals – Burcot Hall in Birmingham and The Pines in Manchester – in addition to a nationwide network of 25 clinics which cover most major towns and cities across the UK.

An absolute commitment to patient safety, clinical excellence and corporate responsibility underpins everything we do and is core to our identity as a healthcare services provider. Indeed, as a healthcare organisation, Transform Hospital Group has been proud to support the NHS during the COVID-19 pandemic, supporting the delivery of elective care for NHS patients during the initial peak of infections. In so doing, we made our hospitals in Birmingham and Manchester available to local NHS trusts, playing our part in supporting the nation's health at a critical time for public health services and our local communities.

Transform Hospital Group believes that this consultation comes at a timely moment for the cosmetic interventions industry and welcomes its proposals in the context of a rapidly evolving, globalised and technology-led consumer culture. It is this culture that defines the cosmetic interventions sector to the same extent as the beauty, fashion and cosmetics industries more generally, meaning that there is an ever-increasing and pertinent need for regulatory change.

Transform Hospital Group functions with a clear-minded awareness of the responsibilities of cosmetic interventions providers at a time when questions and debates surrounding body image, mental health, gender normativity and identity are high on the public agenda. As a market leader in the sector, we recognise our responsibility to adopt an extremely thoughtful, considered and nuanced approach to the way in which we engage patients — through our marketing activity, our patient interaction, the surgeon and nurse-led consultation processes and in the delivery of aftercare. We recognise and embrace the imperative to remain forensically aware of the external dynamics that may condition the motivations of our patients, and thus adopt a holistic and compassionate approach to patient safety and wellbeing throughout the patient journey.

This outlook, and the values that underpin our perspective on what we do and why we do it, defines Transform Hospital Group, our culture and our people.

Ensuring effective and patient-focused regulation of the cosmetic interventions sector

Transform Hospital Group is a healthcare provider first and foremost, committed to clinical best practice, governance and serving as a prominent advocate for patient safety and wellbeing. We work closely with regulators, industry bodies, government and parliamentarians to ensure that the regulatory environment that structures the cosmetic interventions sector is wholly aligned to that of



the wider healthcare sector. We are recognised as a thought leader in this domain and are frequently called upon by policymakers to provide insight, expertise and input to the development of regulation and industry guidelines.

In line with our progressive and robust approach to advocating for an appropriate regulatory framework for the sector, Transform Hospital Group fully supports and is compliant with all regulations pertaining to the delivery of cosmetic interventions procedures on children (up to the age of 16) and young people (those aged between 16 and 17). In fact, the company adopts stricter age-restriction measures than it is required to by law, and does not offer non-surgical cosmetic interventions to anyone below the age of 18 unless there is a condition-led clinical reason to do so and only in consultation with the patient's GP and with the authority of the patient's legal guardian.

To this end, Transform Hospital Group has directly advised the All-Party Parliamentary Group on Beauty, Aesthetics and Wellbeing on the regulatory issues surrounding non-surgical cosmetic procedures, calling for legislation to be implemented which would make it illegal for providers and practitioners to deliver non-surgical cosmetic interventions to under-18s. The company also supports the passage of the *Botulinum Toxin and Cosmetic Fillers (Children) Bill*¹ – which at the time of writing is currently being debated in the Houses of Parliament, and seeks to ban the provision of botulinum toxin and cosmetic fillers for people under the age of 18.

The company has also advocated for a number of other measures aimed at improving patient safety, including calling for the introduction of regulation to ensure that non-surgical cosmetic interventions are effectively regulated at a clinical level and brought into line with the regulatory frameworks governing surgical cosmetic interventions, to the extent that the health, safety and wellbeing of patients is safeguarded effectively. In addition to this, Transform Hospital Group also recognises the need for the clarification and stricter introduction of regulations effecting the marketing procedures of cosmetic interventions providers, which must not act to unduly influence the perceptions of body image for children and young people.

This progressive and proactive approach to regulation conditions our wider commitment to engaging all stakeholders in and around the sectors in which we operate; and we look forward to continuing dialogue with the Advertising Standards Authority (ASA), CAP and BCAP in the wider context of this consultation process.

Note on reference to The Hospital Group in Consultation Document

Transform Hospital Group notes the reference to The Hospital Group brand – and specifically its operating company at the time, The Hospital Group Healthcare Limited - on page 13 of CAP and BCAP's consultation paper² with regards to an advertisement commissioned by the operating company in 2014.

In 2016, The Hospital Group Healthcare Limited was acquired by Aurelius, a private equity investor. As a result of Aurelius' acquisition, The Hospital Group Limited's former owners and management no longer retained any interest in, or responsibility for, the operations or running of The Hospital Group. Following its acquisition of The Hospital Group Limited, Aurelius changed the operating structure of the business and put in place a new management team – led by a new CEO, Tony Veverka, with over 30-years' experience in running healthcare organisations – with the objective of overhauling the

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¹ Botulinum Toxin and Cosmetic Fillers (Children) Bill

² Consultation on the placement and scheduling of cosmetic interventions advertising



previous culture of the organisation and ensuring the highest standards of corporate governance and responsibility at all levels of the company.

In 2019, The Hospital Group brand was merged with its sister brand, Transform – another market leading cosmetic interventions and weight loss services provider – to form Transform Hospital Group Limited ("THGL"), t/a Transform Hospital Group. While both The Hospital Group and Transform brands remain active and patient-facing, the corporate entity – THGL – is responsible for all patient interaction and continuity of care, and is registered, accountable to and regulated by all relevant regulatory bodies, such as the Care Quality Commission and the ASA.

Therefore, while THGL continues to operate The Hospital Group brand, it must be noted that the 2014 advert referenced in the consultation document is not connected to THGL and does not in any way represent or reflect the marketing practices or values of the company under its current ownership and management.

Transform Hospital Group's industry-leading approach to responsible marketing

As a regulated healthcare provider, Transform Hospital Group is committed to operating the highest standards of responsible marketing across all communications channels and in line with all current ASA guidance specific to cosmetic interventions providers.

Transform Hospital Group has recently altered its approach to its marketing activity, such that the company has not engaged in broadcast advertising methods (television and radio) over the last twelve months. The dominant advertising channels therefore now exist online, where the company utilises social media channels and paid digital advertising (both on third party websites and social media platforms), in addition to the appropriate and responsible use of influencer marketing, which is carried out with substantial and robust levels of due diligence.

It should be noted that Transform Hospital Group is currently updating its internal guidelines to instruct the company's use of online advertising, with particular reference to the use of social media influencers, so as to remain responsible and in line with our brand values. We believe this work is unique and sets us apart from our competitors and we would be happy to share our guidelines with the ASA once they have been finalised. Ahead of the publication of the guidelines, Transform Hospital Group will continue to carry out robust due diligence procedures, which take particular care in considering the age of the audience that our marketing is likely to engage and the impact it might have on body image and mental health for people of all ages.

With specific regards to the use of social media influencers, this process takes into account the background, follower base, tone and content of all influencers, ensuring they reflect the company's values and its responsibility to protect young people. These procedures have already resulted in the company turning down influencers that have expressed interest in promoting our products based on the age demographic that is likely to view or engage with the posts. In addition, Transform Hospital Group operates its own websites and social media channels, which serve as clinically oriented information hubs for patients.

Transform Hospital Group's marketing activities fully comply with guidance set out by the General Medical Council³ (GMC), the Joint Council for Cosmetic Practitioners⁴ (JCCP) and Save Face⁵, all of which make clear that marketing should not be directed towards children or young people, through

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³ Guidance for doctors who offer cosmetic interventions

⁴ J<u>CCP Policies & Procedures</u>

⁵ Save Face Standards



either content or placement. It should be noted that Transform Hospital Group has been a leading and active member of the JCCP since its inception and was the first major cosmetic interventions provider to join the organisation.

As a socially engaged and responsible provider, Transform Hospital Group is keenly aware that young people are often disproportionately influenced by societal and cultural norms relating to body image. We are also aware that the increasing prominence of cosmetic interventions within consumer culture at large may result in some under-18s perceiving that such procedures are necessary to achieve a form of beauty ideal, with resulting impact on their self-esteem and mental health.

As such, Transform Hospital Group ensures that the procedures we provide are marketed thoughtfully, responsibly and targeted at an adult-only audience whilst emphasising a clinically led approach. While we believe it right to celebrate the authentic and empowered decisions that our patients make prior to undergoing a procedure, at no point does our marketing activity glamorise a cosmetic intervention, nor do we trivialise the importance of arriving at the decision to undergo a cosmetic intervention following education and full consideration of the risks and spectrum of outcomes of an intervention; whether it be surgical or non-surgical.⁶

Transform Hospital Group therefore agrees with the underlying principle that advertising for cosmetic surgery procedures should not be directed towards or targeted at young people and we therefore welcome the proposals set out by CAP and BCAP, which stand to protect children and young people from irresponsible operators. If measures are introduced to this effect, they will ensure more effective compliance with responsible marketing guidelines than the present system, which too often relies on operators acting in good faith and according to voluntary codes of conduct.

The following sections respond to each element of the consultation as outlined on page 18 of the consultation paper.

CAP consultation

1. Whether the introduction of an age-specific placement restriction on non-broadcast advertising for cosmetic interventions in the CAP Code is necessary and proportionate? Please provide your rationale and any relevant evidence in support of your answer.

While Transform Hospital Group's marketing is focused solely on engaging adult audiences – and therefore the company undertakes due diligence to ensure that it does not target children or young people with its marketing activity – the company acknowledges that audiences under the age of 18 could be exposed to marketing activity by providers of cosmetic interventions *indirectly* in non-broadcast advertising, particularly through digital and social media platforms.

As such, Transform Hospital Group believes that search engine platforms, social media platforms and cosmetic interventions providers carry a collective responsibility to review age restriction regulations in order to ensure effective levels of safeguarding are in place for under-18s, where possible. The onus

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⁶ We evidenced this position when contesting the January 2018 ASA decision against a Transform broadcast advert, which focused on a patient's personal journey to undergo breast surgery after the birth of her daughter. We would be happy to revisit this matter and provide further perspectives within the context of further discussions with the ASA, following submission of this consultation response.



is not only on cosmetic interventions providers in this regard and we would welcome an ASA-convened forum that would promote collaboration between relevant stakeholders to achieve this objective.

As with other sectors subject to age restricted advertising regulations, there will of course be practical limits to providers' ability to guarantee categorically that any non-broadcast advertising activity does not reach children and young people — including but not limited to the fact that some under-18s may have inaccurately reported their birth date on digital platforms in order to gain access to adult content. We believe, however, that industry operators should seek to ensure, where possible, that they support their choice of demographic data with behavioural data that similarly biases the target audience.

One area of particular sensitivity applies to influencer marketing on social media platforms, where the highly dynamic nature of an influencer's follower-base is such that any content partnerships that the provider in question engages in with the influencer may indirectly reach under-18 audiences, in spite of the provider's best efforts and intentions.

As such, an additional measure that should be placed under consideration by CAP in order to further protect children and young people from undue exposure to cosmetic interventions advertising is introducing clear age-restriction messages that are visibly evident in influencer marketing posts.

It would be excessively punitive if cosmetic interventions companies were prevented from making use of social media influencers outright on the basis that the influencer's audience included even a small proportion of under-18s, as this is out of the company's control, may be subject to frequent change and relies on technology being put in place by social media platforms to effectively filter content.

We would however be supportive of measures that would, for example, put in place reasonable policies to guide the interaction between a cosmetic interventions provider and a social media influencer, such that providers are not restricted from working with influencers, but that checks and balances are put in place. This would ensure that the nature of the content is appropriate to the influencer's follower-base, and that guidelines are put in place that require providers to take reasonable steps to determine whether an influencer's audience is likely to include a disproportionate number of under-18s. This would require the collaboration of social media platforms to make user data openly available to providers, without which such guidelines or requirements would be unworkable in practice and subject to unhelpfully broad interpretation. We would welcome the opportunity to participate in further discussions on this topic.

- 2. If your answer to Question 1 is 'Yes', do you agree with CAP's proposed wording for a new rule in Section 12 Medicines, medical devices, health-related products and beauty products of the CAP Code? Please explain your reasons in your response.
 - a. Marketing communications for cosmetic interventions must not be directed at those aged below 18 years through the selection of media or context in which they appear. Cosmetic interventions mean any intervention, procedure or treatment carried out with the primary objective of changing an aspect of a patient's physical appearance. This includes surgical and non-surgical interventions, both invasive and non-invasive. This does not include cosmetic products as defined in Regulation (EC) No 1223/2009. See Advertising Guidance: Cosmetic Interventions.

Transform Hospital Group agrees with the proposed wording for a new rule in Section 12 of the CAP Code, on the basis that it would bring the marketing regulations for cosmetic interventions into line with operational industry regulations – some of which are likely to be imminently implemented – meaning that no children or young people should be exposed to cosmetic interventions advertising – whether that be for non-surgical or surgical procedures.



Of note in the proposed wording is the emphasis on the imperative for providers to ensure that their advertising is not "directed" at under-18s via the "selection of media or contexts in which they appear". This phrasing rightly emphasises that the intentionality of marketing activity should not be focused (strategically or tactically) at an under-18 audience, such that this guides media buying activity, for example.

BCAP consultation

3. Whether the introduction of an age-specific scheduling restriction broadcast advertising for cosmetic interventions in the BCAP Code is necessary and proportionate? Please provide your rationale and any relevant evidence in support of your answer.

Although broadcast advertising is not currently part of Transform Hospital Group's marketing strategy, the company agrees that as with non-broadcast advertising, there should be age-specific scheduling restrictions for broadcast advertising for cosmetic interventions. Therefore, no cosmetic interventions advertising should be broadcast in or adjacent to programmes commissioned for or principally directed at audiences below the age of 18.

4. If your answer to Question 3 is 'Yes', do you agree with BCAP's proposed wording for a new rule in Section 32 Scheduling of the BCAP Code. Please explain your reasons in your response? These may not be advertised in or adjacent to programmes commissioned for, principally directed at or likely to appeal particularly to audiences below the age of 18. Cosmetic interventions, procedures or treatments carried out with the primary objective of changing an aspect of a patient's physical appearance. This includes surgical and non-surgical interventions, both invasive and non-invasive. This does not include cosmetic products as defined in Regulation (EC) No 1223/2009. See Advertising Guidance: Cosmetic Interventions.

Transform Hospital Group agrees with BCAP's proposed wording preventing industry operators from "advertising in" or "adjacent to" programmes "commissioned for and principally directed at" audiences below the age of 18. While judgments can of course be made independently and in good faith by marketeers, we would welcome the ASA's guidance on measures that can be put in place to ensure absolute clarity on whether a programme has been "commissioned for and principally directed at" this audience, to guide marketing activity accordingly.

Transform Hospital Group however holds concerns relating to the qualification that cosmetic interventions advertising be banned from airing around programmes that are "likely to appeal particularly" to audiences under 18. We are concerned that this is a highly subjective turn of phrase that does not provide a substantive definition and is potentially open to wide interpretation from regulators, external observers and cosmetic interventions providers.

The question of whether or not a programme is "likely to appeal" to a specific age group, particularly under-18s, is subject to cultural forces beyond the control or perhaps even the predictability of regulators or marketeers; whether a programme "appeals" to an under-18 audience may change series-to-series, for example, and is conditional on broader, unpredictable media consumption trends, to the extent that marketing activity may not be reasonably planned. We would therefore welcome further discussion on this point particularly before providing our support for the proposed wording in its entirety.

cosmetic interventions

From:

Sent: 18 September 2020 22:03 **To:** cosmetic interventions

Subject: Public consultation on cosmetic surgery ads aimed at under 18s

Importance: High

Dear CAP,

Thank you for launching this important consultation – it is well overdue.

My I suggest adding a quicker, easier public input system that could be filled in online rather than emailed? I think there'd be more feedback that way.

As a parent I have seen, not just my own daughter, but other dedicated, supportive parents' children suffer from unrealistic expectations as they have grown up.

These are often the children you wouldn't expect: do well at school, supportive but not pushy parents, loving backgrounds. So many of this generation seem to be having breakdowns! At 17, not a mid-life crisis!

Catching up with other parents, expecting to hear their child's success, I keep hearing of the (both boys as well as girls) who need to take time out, rest at home, see counsellors and start with a quiet job in the local library before attempting to carry on with their original life plans. It seems to be happening to so many youngsters at the beginning of their lives. I think they feel they don't have a fighting chance?

At 43 I realise that some of the issues I had myself were because digital reprocessing of images had started to become mainstream without people's knowledge. I can remember looking at magazines and feeling hopelessly inadequate as a result. Today's teenagers have this multiplied on TV, all social media with filters etc, everyone selling a ridiculous dream.

I do believe cosmetic surgery can be life-enhancing but certainly believe there is a great problem now being recognised – thank you for this. Under 18s (in fact, most humans!) need protecting from unrealistic images and expectations all over media. I'm glad you are taking the lead.

Wishing you every success in your efforts,

