

Position statement:

Radiographers and non-surgical cosmetic aesthetic procedures

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207 Providence Square
Mill Street, London
SE1 2EW, UK

020 7740 7200
info@sor.org

www.sor.org

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Society of Radiographers' position

This position statement sets out the Society of Radiographers' (SoR) position on radiographer involvement in non-surgical cosmetic aesthetic procedures carried out for purely cosmetic purposes.

1. Non-surgical cosmetic aesthetic procedures fall outside the recognised scope of radiographic practice.
2. SoR professional indemnity insurance (PII) does not cover aesthetic work.
3. The SoR cannot provide advice, regulation, training or representation relating to cosmetic aesthetic practice.
4. Radiographic professional identity must remain clearly and explicitly separate from cosmetic aesthetic activities.
5. Radiographers undertaking aesthetic practice do so under separate legal and professional frameworks.

Purpose of this position statement

This position statement responds to increasing enquiries from SoR members. It aims to ensure that:

- Members understand that cosmetic aesthetic procedures sit outside the radiographic scope of practice.
- The professional, legal and regulatory risks are clear.
- Members understand the relevant expectations of both the Health and Care Professions Council (HCPC) and the SoR.

Summary of the SoR position

In accordance with the SoR's constitutional remit¹, the College of Radiographers (CoR) *Education and Career Framework*² and the *SoR Scope of Practice 2025*^{3,4}:

- Cosmetic aesthetic procedures fall outside radiographic practice.

Cosmetic aesthetic procedures are **not endorsed, taught, supported, regulated or indemnified** by the SoR or the CoR.

- This applies to all non-surgical cosmetic procedures, including but not limited to:
 - injectable treatments (e.g. botulinum toxin, dermal fillers)
 - chemical peels and micro-needling
 - cosmetic laser and light-based therapies

Radiographers who choose to undertake such work must do so outside the recognised scope of radiographic practice, under the regulatory frameworks governing the aesthetics sector.

Why aesthetic procedures are outside radiographic practice

1. Constitutional and professional purpose

The SoR and CoR exist to advance medical imaging, radiotherapy and safe patient care^{5,6}. Cosmetic aesthetic services do not fall within clinical imaging or radiotherapy practice and therefore lie outside both the profession's remit and organisational responsibilities.

*The SoR Scope of Practice 2025*³ defines radiography as work undertaken “within the fields of clinical imaging and oncology”. While the SoR recognises that some advanced or consultant practitioners may take on **other regulated health and care roles**, these roles draw directly on professional registration and established clinical frameworks in healthcare^{4,7,8,9,10}.

Non-surgical cosmetic aesthetic procedures fall outside radiographic scope of practice as they are not part of the recognised domains of imaging, radiotherapy, diagnosis, screening or associated professional practice in healthcare. However, the SoR recognises that radiographers remain regulated healthcare professionals through HCPC registration and may be eligible to practise within other legal and regulatory frameworks that apply outside radiography.

The distinction is therefore between:

- radiographic scope of practice, within which cosmetic aesthetic procedures are not recognised professional activities; and
- eligibility as a regulated healthcare professional, which may permit participation in separate sectors, subject to the governance, legislation and professional requirements applicable to those sectors.

For this reason, aesthetic procedures cannot be considered part of the “other health and care roles” recognised within radiographic scope of practice⁴.

2. HCPC registration and aesthetic practice

a) Standards

To continue to meet HCPC standards, radiographers must only undertake procedures which are within their scope of practice. Working within their scope of practice means undertaking tasks that are within their knowledge, skills and experience, and which are part of the generally accepted scope of the profession^{11,12,13}.

b) Use of protected title

The HCPC standards of conduct, performance and ethics require registrants to be honest about their professional experience, qualifications and skills, to ensure service users have the information needed to make informed decisions about their care. Using a protected title to suggest that HCPC registration validates aesthetic practice may constitute dishonesty^{14,15}.

c) Fitness to practise risks

Undertaking aesthetic procedures without appropriate training, governance or clarity of role may lead to fitness to practise concerns, such as:

- misuse or misrepresentation of the protected title 'radiographer'
- unsafe or unregulated practice
- failure to demonstrate ongoing radiographic competence

3. Professional indemnity and SoR support

The Society of Radiographers **cannot**:

- provide PII¹⁶ for aesthetic work
- offer representation in HCPC fitness to practise cases arising from aesthetic activity

The College of Radiographers **cannot**:

- approve education or training in cosmetic aesthetics¹⁷
- accredit aesthetic practitioners or providers

4. Medicines, prescribing and governance

Radiographers must comply with the Human Medicines Regulations 2012¹⁸ and the Misuse of Drugs Act 1971¹⁹.

- Radiographer prescribing rights were developed to support clinical imaging, radiotherapy and associated healthcare pathways in line with the Society of Radiographers' guidance^{3,4}.
- Independent or supplementary prescribing annotations should only be used **within a recognised radiographic role and scope of practice**.
- The Society of Radiographers does not regard cosmetic prescribing as falling within radiographic scope of practice and therefore cannot support its use for cosmetic aesthetic purposes.

5. Public protection, safety and reputation

a) Public understanding

Using HCPC registration or SoR membership in aesthetic marketing may imply regulatory endorsement that does not exist.

b) Regulatory risk

Practising outside scope without suitable governance may breach HCPC standards¹² and prompt fitness to practise action.

c) Professional reputation

Association with a predominantly cosmetic sector operating under separate governance and regulatory arrangements may undermine public understanding of the radiographer role.

What members must do

If you provide, or are considering providing, non-surgical aesthetic services, you must:



Be explicit that you are not acting as a radiographer

Do not imply that HCPC registration validates aesthetic practice.



Maintain radiographic competence

Aesthetic work **cannot** be used to demonstrate radiographic proficiency. You must continue to meet the HCPC standards relevant to your scope of practice¹² at every renewal cycle.



Ensure independent governance, training and insurance

- Obtain separate PII for aesthetic work.
- Undertake appropriate education and supervision.
- Follow governance requirements relevant to the aesthetics sector.
- Consider joining a Professional Standards Authority (PSA) accredited voluntary register (e.g. Joint Council for Cosmetic Practitioners (JCCP) Part A)^{20,21}.



Avoid referencing SoR membership or HCPC status in aesthetic advertising

This safeguards the public, the profession and individual practitioners.

In summary

SoR members choosing to practise in the cosmetic aesthetics sector must recognise:

- **Cosmetic aesthetic work is not recognised as part of radiographic practice.**
- **Independent training, governance and insurance are essential.**
- **Practice must align with the regulation and guidance applicable to the aesthetics sector.**
- **SoR PII does not apply to aesthetic work.**

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FAQ: Radiographers and non-surgical cosmetic aesthetic procedures

Q1. Are non-surgical cosmetic aesthetic procedures part of radiographic practice?

A. No. Non-surgical cosmetic aesthetic procedures — such as Botox, dermal fillers, chemical peels, micro-needling, and cosmetic laser/light-based treatments — **fall outside the scope of radiographic practice**. Radiography is defined around medical imaging, radiotherapy, diagnosis, screening and related clinical, educational, leadership and research functions. Cosmetic aesthetic work does not fall within these professional domains or the SoR's constitutional remit.

Q2. Does the SoR provide education and training, regulation or guidance for aesthetic practice?

A. No. The Society and College of Radiographers **cannot endorse, train, regulate or advise** on aesthetic practice because it sits outside the scope of the radiographic profession and the organisation's objectives.

Q3. Is aesthetic work covered by SoR professional indemnity insurance (PII)?

A. No. Aesthetic procedures are **not covered** by the SoR's professional indemnity insurance. Members undertaking these activities must secure **separate insurance and ensure robust governance arrangements** are in place outside the SoR.

Q4. Can I refer to my HCPC registration when advertising aesthetic services?

A. Radiographers may refer to their HCPC registration, but this should not be presented as evidence that cosmetic aesthetic procedures form part of HCPC-regulated radiographic practice or are regarded by the SoR as falling within the scope of radiographic practice. Using HCPC status in a misleading way risks breaching public protection standards.

Q5. Does aesthetic practice count towards maintaining my HCPC registration?

A. No. Aesthetic work cannot demonstrate radiographic competence. Radiographers must make a professional declaration¹¹ once every two years to stay registered, confirming that they have continued to meet the HCPC's standards of proficiency¹³ for the safe and effective practice of their profession.

Radiographers must meet all HCPC standards at renewal.

Q6. Can I prescribe medicines for cosmetic aesthetic treatments as a radiographer?

A. Prescribing rights **should only be used within a radiographic role and scope of practice.**

Using a prescribing annotation must meet the lawful requirements of the Human Medicines Regulations 2012 and Misuse of Drugs Act 197. SoR members must ensure compliance with both employer governance and HCPC standards.

Q7. What are the risks of carrying out aesthetic procedures as a radiographer?

A. Radiographers who perform aesthetic procedures face several risks:

- **Public misunderstanding:** HCPC registration may be misinterpreted as regulation of aesthetic practice.
- **Fitness to practise action:** Working outside the radiographic scope without appropriate governance may breach HCPC standards.
- **Professional reputation:** Association with unregulated cosmetic aesthetic work may undermine trust in the radiography profession.

Q8. What does the SoR expect from members who choose to work in aesthetics?

A. Members must:

- **Be clear that they are not acting in the capacity of a radiographer** when carrying out aesthetic procedures.
- **Avoid suggesting** that HCPC registration validates or governs their aesthetic practice.
- **Maintain radiographic practice** to meet HCPC proficiency standards.
- **Secure independent education and training, supervision, robust governance, and insurance** outside the SoR.

Q9. Does the SoR support dual practice (radiography and aesthetics)?

A. Radiographers may undertake aesthetic work in their own capacity, but the SoR:

- **provides no support, indemnity, governance or guidance** for aesthetic practice.
- **cannot support members** in HCPC fitness to practise issues arising from aesthetic activity.
- requires that radiographic professional identity remains **clearly separated** from cosmetic work.

Q10. Where can I find official SoR information on constitution, code of conduct and scope of practice?

A. Members should refer to the SoR's:

- [Scope of Practice 2025](#)
- [Code of Professional Conduct 2025](#)
- [Articles of Association](#)
- [Memorandum of Association](#)

