

Response to Scottish Government consultation on licensing of non-surgical cosmetics in Scotland

February 2025

1. Introduction

- 1.1 The Professional Standards Authority for Health and Social Care (PSA) promotes the health, safety and wellbeing of patients, service users and the public by raising standards of regulation and registration of people working in health and care. We are an independent body, accountable to the UK Parliament. More information about our work and the approach we take is available at www.professionalstandards.org.uk
- 1.2 As part of our work we:
- Oversee the ten health and care professional regulators and report annually to Parliament on their performance
 - Accredit registers of healthcare practitioners working in occupations not regulated by law through the Accredited Registers programme
 - Conduct research and advise the four UK governments on improvements in regulation
 - Promote right-touch regulation and publish papers on regulatory policy and practice.

2. Answers to Questions

- 2.1 **Question 4 – Please provide any comments you have in relation to the grouping of procedures and the level of regulation required:**
- 2.2 We can see benefits in introducing a tiered system within the licensing scheme to account for the fact that certain procedures are higher risk than others and may require greater regulatory oversight. We support the risk-based approach taken by Scottish Government, which should help to ensure that regulatory measures are proportionate and targeted, in line with our *Right-touch Regulation* approach. We are not in the position to comment in detail on the risks of specific procedures but have based our response on our knowledge of the regulatory framework.
- 2.3 We note the proposals for an “Appropriate healthcare professional” to be required to supervise Group 2 procedures, and to be the only ones to carry out the highest risk Group 3 procedures. The consultation defines “Appropriate healthcare professional” as a “doctor, nurse, midwife, dentist, dental care practitioner, pharmacist, or pharmacy technician who is competent and suitably qualified to offer that procedure, and is operating within their scope of practice.” We assume that only these specified roles will be eligible to carry out such procedures, but think it will be important to make this clear,

particularly in view of roles more recently brought into regulation such as Physicians Associates.

- 2.4 As it stands, some regulators and professional bodies prevent or discourage registrants from using their prescribing rights for activities/employment outside their primary scope of practice. For example, the Health and Care Professions Council (HCPC) has clarified that prescribing rights are tied to professional registration, job description and indemnity cover, therefore anyone qualified as a non-medical prescriber in one role e.g. a paramedic, but working in a different role should not be prescribing. It will be important to consider how rules and approaches taken by the statutory professional regulators around prescribing fit with this model.
- 2.5 We think that the scheme should recognise and complement existing regulatory mechanisms such as the PSA's Accredited Registers programme which is already acting to raise standards in the area of non-surgical cosmetics. This scheme provides assurance to the public and employers that practitioners are subject to high standards of competence and are covered by robust complaints processes, helping to ensure that people receiving care are better protected.
- 2.6 The PSA has accredited two registers for non-surgical cosmetic practitioners, [Save Face](#) and the [Joint Council for Cosmetic Practice \(JCCP\)](#).
- 2.7 Accredited Registers add a further layer of assurance even for individuals who may be undertaking these types of procedures, such as doctors, who are subject to statutory regulation. Many statutorily regulated professionals are registered with Save Face or the JCCP in addition to a statutory regulator such as the GMC. Non-cosmetic surgery is not a current medical specialty, and so being part of an Accredited Register can have the benefit of providing additional assurance about skills and competencies specific to non-surgical cosmetics for regulated roles such as doctors. This could help fulfil the requirement to be 'competent and suitably qualified to offer that procedure, and is operating within their scope of practice'. We therefore think it is beneficial to promote registration with an Accredited Register as a way to fulfil this requirement for Groups 2 and 3.
- 2.8 We note the intention for Group 1 procedures to be permitted to be carried out by a trained practitioner who is not a healthcare professional (although noting the potential for procedures for under-18s to be restricted to being carried out by an appropriate healthcare professional), and for this to be enforced through a licensing scheme. Recognising that action in this area is a devolved matter, we were pleased to see similarities between these proposals and those that were consulted on in 2023 for England. It will be important to ensure alignment of approach across the UK as far as possible, to limit complexity, and avoid the unintended consequences that can arise when there is variation on who can access different procedures across the UK.

- 2.9 We support proposals in the consultation that children under the age of 18 seeking Group 1 and 2 NSCP would be required to have the procedure carried out by an appropriate healthcare professional. It is important to ensure that the child or young person has capacity, and/or that they have parental or guardian consent. The safety of the patient should remain the primary consideration when carrying out treatments.
- 2.10 Additionally, it would be useful to consider whether there is a risk of unintended consequences in exacerbating workforce pressures if regulated healthcare professionals move out of the NHS and into oversight roles for providers of non-surgical cosmetic procedures.
- 2.11 More broadly, we think that there should be clear criteria for classifying non-surgical procedures as high, medium and low risk (Groups 1, 2 and 3) to allow this approach to be future-proofed and flexible to incorporate new and evolving procedures. Clear communications will also be needed on what members of the public need to look for when seeking to access different kinds of treatments safely.
- 2.12 **Question 5 – Do you support or oppose the proposal that the practitioner of a Group 1 procedure operating in a licensed premises should also require a licence?**
- 2.13 Strongly support.
- 2.14 **Question 6 – Do you support or oppose the proposal that the practitioner of a Group 1 procedure operating in a HIS regulated setting should not require a licence?**
- 2.15 Strongly oppose.
- 2.16 **Question 7 – Please provide any comments about the answers you have given to questions 5 and 6 about the proposals for the establishment of licensing arrangements for Group 1 procedures**
- 2.17 We support the introduction of a licensing scheme to ensure that those who choose to undergo a non-surgical cosmetic procedure can be confident that the treatment they receive is safe and of a high standard.
- 2.18 Given the risks that can be associated with non-surgical cosmetic procedures, we would like to see a licensing scheme implemented as soon as possible. These risks include serious harm, and even death - as in the recent case of Alice Webb¹, who died in 2024 after an alleged non-surgical “liquid” Brazilian butt lift (BBL).
- 2.19 There are also psychological risks associated with non-surgical cosmetic treatments, and further risks including financial exploitation of people seeking to improve their appearance, and the use of unapproved or unregulated products that have not been appropriately sourced or prescribed.
- 2.20 We believe that anyone undertaking these procedures should have appropriate training and qualifications. Setting standards relating to this will

¹ [What is a liquid BBL? Non-surgical butt lift leads to first death in the UK | The Standard](#)

help to ensure consistency and reduce the risks linked to these procedures. Our Standards for Accredited Registers require that the organisation sets appropriate education standards for the role(s) registered and ensures that registrants can identify when referral to another health or social care professional may be required. We therefore suggest that engagement with our Accredited Registers, Save Face and the JCCP, will be beneficial in developing requirements for training and qualifications.

- 2.21 As we set out in our response to the Department of Health and Social Care's 2023 consultation on the introduction of a licensing scheme in England, we think it is important to consider how licensing would integrate with wider regulatory mechanisms. This includes our Accredited Registers programme. We suggest exemptions from licensing are considered for those who can demonstrate appropriate competencies and training, such as through their registration with a statutory regulator or Accredited Register. This could help achieve a targeted and proportionate approach and limit unintended adverse impacts, such as deterring practitioners from joining an Accredited Register due to concerns about the costs of additional measures such as licensing.
- 2.22 Given the assurances the Accredited Register scheme offers, ahead of the introduction of any schemes or regulation, we would urge all eligible non-surgical cosmetic practitioners to join an Accredited Register to demonstrate their competence and reduce risk to the public. The effectiveness of the scheme lies in awareness, and we are keen to work with the Scottish Government (as well as the other UK health departments) to increase visibility of the programme amongst members of the public, and practitioners.
- 2.23 There also needs to be proactive consideration of how licensing proposals might link with other regulatory arrangements to address the risks present in the non-surgical cosmetics sector, such as the Medicines and Healthcare products Regulatory Agency (MHRA). It will also be important that proposals for the licensing scheme are appropriately targeted at the different types of risks present within the sector.
- 2.24 **Question 8a – To what extent do you agree or disagree that the Scottish Government should establish standards of hygiene and health and safety for licensed premises?**
- 2.25 Agree.
- 2.26 **Question 8b – To what extent do you agree or disagree that the Scottish Government should establish standards training and qualification for licensed practitioners?**
- 2.27 Agree.
- 2.28 **Question 8c – To what extent do you agree or disagree that the Scottish Government should establish mandatory insurance and indemnity to compensate clients who suffer harm as a result of negligence or malpractice?**

- 2.29 Agree.
- 2.30 **Question 9a – To what extent do you agree or disagree that local authority officers should have powers of inspection and enforcement, including the removing of a licence from premises or practitioners who cannot demonstrate compliance with standards established by the Scottish Government?**
- 2.31 Agree.
- 2.32 **Question 9b – To what extent do you agree or disagree that local authority officers should have powers of inspection and enforcement, including barring individuals from holding a licence if they are associated with serious or repeated non-compliance with the standards established by the Scottish Governments?**
- 2.33 Agree.
- 2.34 **Question 11a – To what extent do you agree or disagree that the Scottish Government should establish standards of training and qualification for non-healthcare and healthcare professionals undertaking procedures in HIS regulated services?**
- 2.35 Agree.
- 2.36 **Question 11b – To what extent do you agree or disagree that the Scottish Government should establish mandatory insurance and indemnity to compensate clients who suffer harm as a result of negligence or malpractice?**
- 2.37 Agree.
- 2.38 **Question 12b – Do you agree or disagree that the healthcare professional supervising a group 2 procedure should prescribe any medications (e.g. Botox TM, lidocaine) required during the procedure, or required for the management of any complications that arise?**
- 2.39 Agree.
- 2.40 **Question 12c – Do you agree or disagree that the healthcare professional supervising a group 2 procedure should remain available for the duration of any procedure?**
- 2.41 Leave blank?
- 2.42 **Question 12d – Do you agree or disagree that the healthcare professional supervising a group 2 procedure should be responsible for ensuring the practitioner is suitably trained for the procedure?**
- 2.43 Agree.
- 2.44 **Question 12e – Do you agree or disagree that the healthcare professional supervising a group 2 procedure should be responsible for ensuring the procedure will be undertaken safely?**
- 2.45 Agree.

- 2.46 **Question 12f – Do you agree or disagree that the healthcare professional supervising a group 2 procedure should be themselves suitably trained and qualified in the procedure being undertaken?**
- 2.47 Agree.
- 2.48 **Question 13 – Thinking about the healthcare professional undertaking a group 3 procedure, which statement below do you agree with?**
- 2.49 Don't know
- 2.50 **Question 15a – Do you agree or disagree that the following settings should be required to register with Healthcare Improvement Scotland if they are offering non-surgical cosmetic procedures? – GP practices**
- 2.51 Agree.
- 2.52 **Question 15b – Do you agree or disagree that the following settings should be required to register with Healthcare Improvement Scotland if they are offering non-surgical cosmetic procedures? – Dental practices**
- 2.53 Agree.
- 2.54 **Question 15c – Do you agree or disagree that the following settings should be required to register with Healthcare Improvement Scotland if they are offering non-surgical cosmetic procedures? – Community pharmacies**
- 2.55 Agree.
- 2.56 **Question 16– Do you agree or disagree that Healthcare Improvement Scotland should have powers of inspection, including powers of entry and inspection of unregistered settings where there is reason to believe registration is required?**
- 2.57 Agree.
- 2.58 **Question 17– Which of the following statements is closest to your view? (please select only one option)**
- 2.59 There should be a lower age limit under which clients should not be allowed to undertake an NSCPs (different ages are considered in Question 18).
- 2.60 **Question 18 – Regardless of your answer to question 17, if an age limit is to be put in place please indicate for each procedure group what you think is the appropriate age to be set for the procedures in that group.**
- 2.61 For procedure group 3 we believe that it should be limited to clients aged 18 and over on the basis of known risks Botulinium Toxin and fillers, both in Group 3, are both banned for under 18s in England and so this is likely to promote a consistent approach.
- 2.62 **Question 19 – Do you agree or disagree that procedures on intimate areas should only be available to clients of 18 years of age and over?**
- 2.63 Agree.

- 2.64 **Question 27 – Further information about your organisation’s response. Organisations may use this space to provide additional context for their response. This could be information about, for example: any research your organisation undertook to inform the response; any engagement with your members or audience undertaken to inform the response.**
- 2.65 We think it is important that the licensing scheme is simple and transparent to allow the public to easily understand requirements when choosing who to receive non-surgical cosmetic treatments from. We think further clarity is needed on how such requirements will be communicated to the public. For example, how will the public know that the procedure they wish to undergo should only be carried out by a qualified and regulated professional as opposed to procedures that fall within other categories of the tiered system?
- 2.66 It would also be helpful to understand how these requirements will be enforced, i.e. will professional regulators be expected to ensure that their registrants are only carrying out such procedures if they have the appropriate qualifications, and how will this work in practice.

3. Further information

- 3.1 Please get in touch if you would like to discuss any aspect of this response in further detail. You can contact us at:

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Questions from the consultation

Questions about the grouping of procedures

These questions relate to specific procedures and the Scottish Government proposals for how these should be grouped. More information about this is contained in Annex A of the background paper.

1. Proposed Group 1 procedures

We propose that Group 1 will contain those procedures which carry the lowest level of risk, are the least invasive, and which we propose can be safely carried out by a trained and licensed practitioner who is not a healthcare professional.

We propose that Group 1 procedures can be undertaken in either a licensed premises or a HIS regulated setting. These questions invite you to consider procedures that we propose to include in group 1. For each procedure you are invited to consider which group you believe the procedure belongs to, and whether:

- the procedure can be carried out in a licensed premises or HIS regulated setting, (Group 1 - Our recommendation for these procedures)
- only in a HIS regulated setting, (Group 2) or
- in a HIS regulated setting and only by an appropriate healthcare professional. (Group 3)

Individual procedures are described in more detail in the glossary in Annex B of the background paper, but if you do not know what a procedure involves you may wish to select 'Don't know'.

1. Listed below are procedures which we propose belong in group 1. For each procedure please select which group you think is most appropriate.

Microneedling

Options:

- Should be undertaken in either a licensed premises or in a HIS regulated setting (Group 1)
- Should only be undertaken in a HIS regulated setting (Group 2)
- Should be undertaken in a HIS regulated setting by an appropriate healthcare professional (Group 3)
- No regulation required for this procedure
- Don't know

Chemical peels that only affect the outermost level of skin

Options:

- Should be undertaken in either a licensed premises or in a HIS regulated setting (Group 1)
- Should only be undertaken in a HIS regulated setting (Group 2)
- Should be undertaken in a HIS regulated setting by an appropriate healthcare professional (Group 3)

- No regulation required for this procedure
- Don't know

IPL/LED therapy

Options:

- Should be undertaken in either a licensed premises or in a HIS regulated setting (Group 1)
- Should only be undertaken in a HIS regulated setting (Group 2)
- Should be undertaken in a HIS regulated setting by an appropriate healthcare professional (Group 3)
- No regulation required for this procedure
- Don't know

Use of lasers for tattoo removal

Options:

- Should be undertaken in either a licensed premises or in a HIS regulated setting (Group 1)
- Should only be undertaken in a HIS regulated setting (Group 2)
- Should be undertaken in a HIS regulated setting by an appropriate healthcare professional (Group 3)
- No regulation required for this procedure
- Don't know

Laser hair removal

Options:

- Should be undertaken in either a licensed premises or in a HIS regulated setting (Group 1)
- Should only be undertaken in a HIS regulated setting (Group 2)
- Should be undertaken in a HIS regulated setting by an appropriate healthcare professional (Group 3)
- No regulation required for this procedure
- Don't know

Proposed Group 2 procedures

We propose that Group 2 will contain procedures which carry a higher level of risk, and are more invasive than those in Group 1. We propose that Group 2 procedures should only be undertaken in a HIS regulated premises. We propose they can be safely carried out by a trained practitioner who is not a healthcare professional, but such practitioners should be supervised by an appropriate healthcare professional. These questions invite you to consider procedures that we propose to include in group 2. For each procedure you are invited to consider which group you believe the procedure belongs to, and therefore whether:

- the procedure can be carried out in a licensed premises or HIS regulated setting,
 - only in a HIS regulated setting, or
 - in a HIS regulated setting and only by an appropriate healthcare professional.
- Individual procedures are described in more detail in the glossary in Annex B of the background paper but if you do not know what a procedure involves you may wish to select 'Don't know'.

2. Listed below are procedures which we propose belong in Group 2. For each procedure please select which group you think is most appropriate.

Mesotherapy (injection of certain drugs, or other products into the middle layer of the skin)

- Should be undertaken in either a licensed premises or in a HIS regulated setting (Group 1)
- Should only be undertaken in a HIS regulated setting (Group 2)
- Should be undertaken in a HIS regulated setting by an appropriate healthcare professional (Group 3)
- No regulation required for this procedure
- Don't know

Injections of toxins (e.g. Botox®) for cosmetic purposes

- Should be undertaken in either a licensed premises or in a HIS regulated setting (Group 1)
- Should only be undertaken in a HIS regulated setting (Group 2)
- Should be undertaken in a HIS regulated setting by an appropriate healthcare professional (Group 3)
- No regulation required for this procedure
- Don't know

Injections of drugs for cosmetic purposes

- Should be undertaken in either a licensed premises or in a HIS regulated setting (Group 1)
- Should only be undertaken in a HIS regulated setting (Group 2)
- Should be undertaken in a HIS regulated setting by an appropriate healthcare professional (Group 3)
- No regulation required for this procedure

- Don't know

Injections of semi permanent dermal fillers in small quantities (<2ml - e.g. to reduce wrinkles, or plump lips)

- Should be undertaken in either a licensed premises or in a HIS regulated setting (Group 1)
- Should only be undertaken in a HIS regulated setting (Group 2)
- Should be undertaken in a HIS regulated setting by an appropriate healthcare professional (Group 3)
- No regulation required for this procedure

- Don't know

Any other injections of a product, even if it is not a drug or toxin, for lifestyle or cosmetic purposes. (not including tattooing which is already licenced)

- Should be undertaken in either a licensed premises or in a HIS regulated setting (Group 1)
- Should only be undertaken in a HIS regulated setting (Group 2)
- Should be undertaken in a HIS regulated setting by an appropriate healthcare professional (Group 3)
- No regulation required for this procedure

- Don't know

Medium depth peels (that penetrate and destroy the outer layer of skin fully and penetrate into the next layer or upper dermis)

- Should be undertaken in either a licensed premises or in a HIS regulated setting (Group 1)
- Should only be undertaken in a HIS regulated setting (Group 2)
- Should be undertaken in a HIS regulated setting by an appropriate healthcare professional (Group 3)
- No regulation required for this procedure

- Don't know

Photo rejuvenation

- Should be undertaken in either a licensed premises or in a HIS regulated setting (Group 1)
- Should only be undertaken in a HIS regulated setting (Group 2)
- Should be undertaken in a HIS regulated setting by an appropriate healthcare professional (Group 3)
- No regulation required for this procedure

- Don't know

Radiofrequency treatments

- Should be undertaken in either a licensed premises or in a HIS regulated setting (Group 1)
- Should only be undertaken in a HIS regulated setting (Group 2)
- Should be undertaken in a HIS regulated setting by an appropriate healthcare professional (Group 3)
- No regulation required for this procedure
- Don't know

HIFU (high frequency ultrasound)

- Should be undertaken in either a licensed premises or in a HIS regulated setting (Group 1)
- Should only be undertaken in a HIS regulated setting (Group 2)
- Should be undertaken in a HIS regulated setting by an appropriate healthcare professional (Group 3)
- No regulation required for this procedure
- Don't know

Cryolipolysis (the use of cold to destroy pockets of fat under the skin)

- Should be undertaken in either a licensed premises or in a HIS regulated setting (Group 1)
- Should only be undertaken in a HIS regulated setting (Group 2)
- Should be undertaken in a HIS regulated setting by an appropriate healthcare professional (Group 3)
- No regulation required for this procedure
- Don't know

Proposed Group 3 Procedures

We propose that Group 3 will contain the procedures which carry the highest levels of risk and which are more invasive than Group 1 or 2 procedures. We propose that, as well as being undertaken in a HIS regulated premises, these procedures should always be undertaken by an appropriate healthcare professional.

These questions invite you to consider procedures that we propose to include in group 3. For each procedure you are invited to consider which group you believe the procedure belongs to, and therefore whether:

- the procedure can be carried out in a licensed premises or HIS regulated setting,
- only in a HIS regulated setting, or
- in a HIS regulated setting and only by an appropriate healthcare professional.

Individual procedures are described in more detail in the glossary in Annex B of the background paper, but if you do not know what a procedure involves you may wish to select 'Don't know'.

3. Listed below are procedures which we propose belong in Group 3. For each procedure please select which group you think is most appropriate.

Platelet rich plasma, biotherapy or injections of any products derived from the patient's blood

- Should be undertaken in either a licensed premises or in a HIS regulated setting (Group 1)
- Should only be undertaken in a HIS regulated setting (Group 2)
- Should be undertaken in a HIS regulated setting by an appropriate healthcare professional (Group 3)
- No regulation required for this procedure
- Don't know

Injection microsclerotherapy (use of injections to treat visible spider veins)

- Should be undertaken in either a licensed premises or in a HIS regulated setting (Group 1)
- Should only be undertaken in a HIS regulated setting (Group 2)
- Should be undertaken in a HIS regulated setting by an appropriate healthcare professional (Group 3)
- No regulation required for this procedure
- Don't know

Injection lipolysis or injections of fat dissolving agents

- Should be undertaken in either a licensed premises or in a HIS regulated setting (Group 1)
- Should only be undertaken in a HIS regulated setting (Group 2)

- Should be undertaken in a HIS regulated setting by an appropriate healthcare professional (Group 3)
- No regulation required for this procedure
- Don't know

Dermal micro coring (removal of small amounts of skin to reduce visible signs of aging)

- Should be undertaken in either a licensed premises or in a HIS regulated setting (Group 1)
- Should only be undertaken in a HIS regulated setting (Group 2)
- Should be undertaken in a HIS regulated setting by an appropriate healthcare professional (Group 3)
- No regulation required for this procedure
- Don't know

Hay fever injections

- Should be undertaken in either a licensed premises or in a HIS regulated setting (Group 1)
- Should only be undertaken in a HIS regulated setting (Group 2)
- Should be undertaken in a HIS regulated setting by an appropriate healthcare professional (Group 3)
- No regulation required for this procedure
- Don't know

Any procedure involving intravenous fluids or drawing and processing bloods for cosmetic or lifestyle purposes, for instance provision of intra venous vitamins and minerals, or intra venous blood oxygenation.

- Should be undertaken in either a licensed premises or in a HIS regulated setting (Group 1)
- Should only be undertaken in a HIS regulated setting (Group 2)
- Should be undertaken in a HIS regulated setting by an appropriate healthcare professional (Group 3)
- No regulation required for this procedure
- Don't know

Use of dermal fillers for the purpose of augmentation of e.g. the breasts and buttocks

- Should be undertaken in either a licensed premises or in a HIS regulated setting (Group 1)
- Should only be undertaken in a HIS regulated setting (Group 2)
- Should be undertaken in a HIS regulated setting by an appropriate healthcare professional (Group 3)
- No regulation required for this procedure
- Don't know

Deeper chemical peels such as phenol peels

- Should be undertaken in either a licensed premises or in a HIS regulated setting (Group 1)
- Should only be undertaken in a HIS regulated setting (Group 2)
- Should be undertaken in a HIS regulated setting by an appropriate healthcare professional (Group 3)
- No regulation required for this procedure
- Don't know

All laser treatments not specified above, including lasers which target the deeper layers of the dermis.

- Should be undertaken in either a licensed premises or in a HIS regulated setting (Group 1)
- Should only be undertaken in a HIS regulated setting (Group 2)
- Should be undertaken in a HIS regulated setting by an appropriate healthcare professional (Group 3)
- No regulation required for this procedure
- Don't know

Carboxytherapy (the injection of CO2 under the skin to promote collagen production)

- Should be undertaken in either a licensed premises or in a HIS regulated setting (Group 1)
- Should only be undertaken in a HIS regulated setting (Group 2)
- Should be undertaken in a HIS regulated setting by an appropriate healthcare professional (Group 3)
- No regulation required for this procedure
- Don't know

Cellulite subcision (making small incisions to reduce appearance of cellulite)

- Should be undertaken in either a licensed premises or in a HIS regulated setting (Group 1)
- Should only be undertaken in a HIS regulated setting (Group 2)
- Should be undertaken in a HIS regulated setting by an appropriate healthcare professional (Group 3)
- No regulation required for this procedure
- Don't know

Electrocautery (removal of skin tags through electricity)

- Should be undertaken in either a licensed premises or in a HIS regulated setting (Group 1)
- Should only be undertaken in a HIS regulated setting (Group 2)

- Should be undertaken in a HIS regulated setting by an appropriate healthcare professional (Group 3)
- No regulation required for this procedure
- Don't know

Cryotherapy and cryocautery (use of extreme cold to remove e.g. skin tags)

- Should be undertaken in either a licensed premises or in a HIS regulated setting (Group 1)
- Should only be undertaken in a HIS regulated setting (Group 2)
- Should be undertaken in a HIS regulated setting by an appropriate healthcare professional (Group 3)
- No regulation required for this procedure
- Don't know

Thread lifting and cogs (placement of dissolvable material under skin to tighten appearance and promote collagen)

- Should be undertaken in either a licensed premises or in a HIS regulated setting (Group 1)
- Should only be undertaken in a HIS regulated setting (Group 2)
- Should be undertaken in a HIS regulated setting by an appropriate healthcare professional (Group 3)
- No regulation required for this procedure
- Don't know

All group 1 or 2 procedures where procedures are carried out in an intimate area (except hair removal and not including procedures such as tattooing and skin piercing which are already licenced)

- Should be undertaken in either a licensed premises or in a HIS regulated setting (Group 1)
- Should only be undertaken in a HIS regulated setting (Group 2)
- Should be undertaken in a HIS regulated setting by an appropriate healthcare professional (Group 3)
- No regulation required for this procedure
- Don't know

4. Please provide any comments you have in relation to the grouping of procedures and the level of regulation required:

Please give us your views (free text box)

Questions about the proposed licensing regime

These questions refer to the proposed licensing regime in Section 3 of the background paper.

Our proposal is that Group 1 NSCPs should be carried in a licensed premises by a licensed practitioner or in a HIS regulated setting by a suitably trained practitioner or healthcare professional. However the future licensing scheme operates, there will be the opportunity for the Scottish Government to establish standards to reduce risk and improve the safety of procedures. Licences will be issued by a local authority, and officers of the local authority will have powers of enforcement.

Local Authorities will agree the form of licenses, fees for licences and arrangements for applications. We propose to give local authorities flexibility about how they treat vehicles/mobile premises.

5. Do you support or oppose the proposal that the practitioner of a Group 1 procedure operating in a licensed premises should also require a licence?

- Strongly support
- Somewhat support
- Neutral
- Somewhat oppose
- Strongly oppose

Commented [SM1]: Questions greyed out like this are the ones we are responding to directly in our written response.

Blue highlighted comments are our answers.

See our general comments – we support the proposals for a licensing scheme and the tiered approach.

6. Do you support or oppose the proposal that the practitioner of a Group 1 procedure operating in a HIS regulated setting should not require a licence?

- Strongly support
- Somewhat support
- Neutral
- Somewhat oppose
- Strongly oppose

See our general comments – we support the proposals for a licensing scheme and the tiered approach.

7. Please provide any comments about the answers you have given to questions 5 and 6 about the proposals for the establishment of licensing arrangements for Group 1 procedures:

Please give us your views (free text box)

8. To what extent do you agree or disagree that the Scottish Government should establish:

Standards of hygiene and health and safety for licensed premises?

- Strongly agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree
- Don't know

Standards of training and qualification for licensed practitioners?

- Strongly agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree
- Don't know

Use of practitioners who are on an Accredited Register would be one way of achieving this.

Mandatory insurance and indemnity to compensate clients who suffer harm as a result of negligence or malpractice?

- Strongly agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree
- Don't know

Use of practitioners who are on an Accredited Register would be one way of achieving this.

9. To what extent do you agree or disagree that local authority officers should have powers of inspection and enforcement, including:

The removing of a licence from premises or practitioners who cannot demonstrate compliance with standards established by the Scottish Government?

- Strongly agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree
- Don't know

For licensing to be effective, it would seem important for local authority officers to have these powers.

Barring individuals from holding a licence if they are associated with serious or repeated non-compliance with the standards established by the Scottish Government?

- Strongly agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree
- Don't know

For licensing to be effective, it would seem important that individuals who flout the requirements should be able to barred from holding a licence.

10. Which of the following statements do you agree with in relation to whether a vehicle can receive a licence as a premises? (Pick one)

- Local authorities should have discretion to decide whether a vehicle can receive a licence as a premises
- Vehicles should be eligible for a licence in all local authorities
- Vehicles should not be eligible for a licence in any local authority
- I don't know

Questions about the restriction of procedures to a HIS regulated setting

These questions refer to the proposed arrangements for restricting certain procedures to a HIS regulated setting, as described in Section 3 of the background paper. As well as relying on existing HIS practice, our proposal is that additional standards would be established.

We propose that in a HIS regulated setting Group 2 procedures may be undertaken by a trained practitioner, and that the procedure must be supervised by an appropriately trained and qualified healthcare professional.

We propose that Group 3 procedures should be restricted so that as well as taking place in a HIS regulated setting, they should also be undertaken by an appropriate healthcare professional. We have not currently defined 'appropriate' in terms of the type of healthcare professional that should be included; we are seeking views in this consultation on whether only specific healthcare professionals should be able to carry out Group 3 procedures, or whether the procedures should be undertaken by any healthcare professional who is suitably trained or qualified, and working within their scope of practice.

Not all GP practices, dental practices or community pharmacies where private services are offered currently have to register with HIS. We propose that any setting offering NSCPs will be required to register with HIS, even if they wouldn't otherwise be required to.

11. To what extent do you agree or disagree that the Scottish Government should establish:

Standards of training and qualification for non-healthcare and healthcare professionals undertaking procedures in HIS regulated services?

- Strongly agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree
- Don't know

Anyone undertaking these procedures should have appropriate training and qualifications – setting standards relating to this will help to ensure consistency and reduce the risks linked to these procedures. We suggest that consideration is given to how these standards might sit alongside the requirements for registration with Save Face and the JCCP.

Mandatory insurance and indemnity to compensate clients who suffer harm as a result of negligence or malpractice?

- Strongly agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree
- Don't know

12. Do you agree or disagree that the healthcare professional supervising a group 2 procedure should:

Conduct the / any initial consultation(s) with the client?

- Agree
- Disagree
- I don't know

Prescribe any medications (e.g. Botox TM, lidocaine) required during the procedure, or required for the management of any complications that arise?

- Agree
- Disagree
- I don't know

Remain available on site for the duration of any procedure?

- Agree
- Disagree
- I don't know

Be responsible for ensuring the practitioner is suitably trained for the procedure?

- Agree
- Disagree

Commented [SM2]: To answer?

Commented [DG3R2]: Some of this seems common sense, but draws us into detail I'm not totally happy to comment on. I've highlighted in blue where I think we can potentially express a common sense view. We can put the question to Mel.

- I don't know

Be responsible for ensuring the procedure will be undertaken safely?

- Agree
- Disagree
- I don't know

Be themselves suitably trained and qualified in the procedure being undertaken?

- Agree
- Disagree
- I don't know

We have expressed a view above on the aspects that we believe form a core part of supervision.

13. Thinking about the healthcare professional undertaking a group 3 procedure, which statement below do you agree with:

- These procedures should be undertaken by a suitably trained and qualified healthcare professional working within their scope of practice, but not otherwise be limited.
- These procedures should only be undertaken by certain healthcare professionals please see list in next question and tick all that apply;

These two options provide different types of safeguards – the first one would provide the safeguards that come with statutory professional registration – and in particular the expectations that a professional would stay within their scope of practice, seek all relevant training and qualifications, and ensure that they remained up to date and fit to practise. It also provides a means of raising concerns through the fitness to practise process. Setting out what constitutes suitable training and qualifications would provide an additional layer of assurance under this option, particularly if equivalent standards are set for group 2 procedures. The second option suggests that in addition to the generic safeguards set out above, there are specific competencies and expertise that these different professions have that would mean they were better equipped to carry out group 3 procedures. We are not in a position to comment on this specifically, but recommend that the Scottish Government clarifies its own position about the purpose for which it is wanting to make use of statutory regulation, in order to determine which of the two options is most fit for purpose.

14. If your answer to the last question was that these procedures should only be undertaken by certain healthcare professionals, please tick all the healthcare professionals to which they should apply:

- Medical practitioners (Doctors)
- Dental practitioners
- Dental care professionals
- Registered nurses
- Registered midwives

- Registered pharmacists
- Registered pharmacy technicians

15. Do you agree or disagree that the following settings should be required to register with Healthcare Improvement Scotland if they are offering non-surgical cosmetic procedures?

GP practices

- Agree
- Disagree
- I don't know

Dental practices

- Agree
- Disagree
- I don't know

Community pharmacies

- Agree
- Disagree
- I don't know

In order for the scheme to be effective, all settings should be covered by the appropriate levels of regulation.

16. Do you agree or disagree that Healthcare Improvement Scotland should have powers of inspection, including powers of entry and inspection of unregistered settings where there is reason to believe registration is required?

- Agree
- Disagree
- I don't know

For licensing to be effective, it would seem important for HIS to have these powers.

-----NEXT SECTION-----

Questions about age restrictions

We are seeking views on what measure or restrictions, if any, to put in place to protect children and young people from the risks posed by NSCPs. Options being considered are:

- for an absolute age limit to be put in place - children under a certain age would not be able to receive NSCPs
- for Group 1 and Group 2 NSCPs for under-18s to be restricted to being carried out by an appropriate healthcare professional, making it the responsibility of the healthcare professional to ensure that the child or young person can safely undertake the procedure and is capable of giving informed consent
- under our proposals, Group 3 NSCPs will already be restricted to being carried out only by an appropriate healthcare professional

We can also provide for intimate procedures to be restricted separately. By intimate we would mean any procedure undertaken to the genitals, anus, and perineum. Age limits would not apply to NHS care or any procedure that was medically indicated. Further discussion of age limits is included in Section 3 of the Background paper.

17. Which of the following statements is closest to your view? (please select only one option)

- There should be a lower age limit under which clients should not be allowed to undertake an NSCPs (different ages are considered in Question 18)
- There should be no lower age limit under which clients should not be allowed to undertake an NSCPs, but all procedures for under 18s should be treated as a group 3 procedure and be required to be carried out by an appropriate healthcare professional
- I don't know.

We support the introduction of a lower age limit, and recommend that this is aligned with other UK nations.

18. Regardless of your answer to question 17, if an age limit is to be put in place please indicate for each procedure group what you think is the appropriate age to be set for the procedures in that group.

Please note that this question was revised on 6 January 2025 to correct an error in the formatting that affected the interpretation of responses. This will be reflected in the final analysis of responses.

Procedure Group 1

- Limited to clients aged 18 and over
- Limited to clients aged 16 and over

- Limited to clients aged 16 and 17 who have parental/guardian's consent, or otherwise to clients aged 18 and over
- No age limitations

Procedure Group 2

- Limited to clients aged 18 and over
- Limited to clients aged 16 and over
- Limited to clients aged 16 and 17 who have parental/guardian's consent, or otherwise to clients aged 18 and over
- No age limitations

Procedure Group 3

- Limited to clients aged 18 and over
- Limited to clients aged 16 and over
- Limited to clients aged 16 and 17 who have parental/guardian's consent, or otherwise to clients aged 18 and over
- No age limitations

19. Do you agree or disagree that procedures on intimate areas should only be available to clients of 18 years of age and over?

- Agree
- Disagree
- I don't know

-----NEXT SECTION-----

Questions about equalities, Fairer Scotland duty, impact on island communities and UNCRC

20. What are your views on how, if at all, the introduction of licensing and regulation of the non-surgical cosmetics sector in Scotland might affect anyone based on their protected characteristics?

Protected characteristics include: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sex,
(Please provide any information in support to your answer in the box below)
Please give us your views. (free text box)

21. What are your views on how the introduction of licensing and regulation of the non-surgical cosmetics sector in Scotland might affect people differently based on their financial situation?

The Fairer Scotland Duty places a legal responsibility on certain public bodies in Scotland to actively consider how they can reduce inequalities caused mainly by people's financial situation.
(Please provide any information in support to your answer in the box below)
Please give us your views. (free text box)

22. What are your views on how the introduction of licensing and regulation of the non-surgical cosmetics sector in Scotland might affect access to safe, high-quality services in island communities?

Please provide any information in support to your answer in the box below
Please give us your views. (free text box)

23. What are your views on how the introduction of licensing and regulation of the non-surgical cosmetics sector in Scotland and the potential of age restrictions might affect respecting, protecting and fulfilling the rights of children and young people as set out in the UN Convention on the Rights of the Child?

Please provide any information in support to your answer in the box below
Please give us your views. (free text box)

-----NEXT SECTION-----

About you

Please indicate how you wish your response to be handled and, in particular, whether you are content for your response to be published. If you ask for your response not to be published, we will still take account of your views in our analysis but we will not publish your response, quote anything that you have said or list your name. We will regard your response as confidential, and we will treat it accordingly.

To find out how we handle your personal data, please see our [privacy policy](#). By clicking submit you agree to our privacy policy.

24. What is your name?

25. Are you responding as an individual or an organisation?

26. What is your organisation?

If responding on behalf of an organisation, please enter the organisation's name here.

If you are responding as an individual you can leave this blank.

27. Further information about your organisation's response

Organisations may use this space to provide additional context for their response.

This could be information about, for example:

- any research your organisation undertook to inform the response
- any engagement with your members or audience undertaken to inform the response

This is optional.

28. Further information about your connection to the non-surgical cosmetic procedures sector

Whether you are responding as an individual or an organisation we would like information about whether you are part of the non-surgical cosmetic procedures sector, and if so which part of the sector you work in or which your organisation represents.

Please select one answer

- I undertake, or am an employee or representative of an organisation that undertakes non-surgical cosmetic procedures in a setting which is regulated by HIS, or another medical setting.
- I undertake, or am an employee or representative of an organisation that undertakes non-surgical cosmetic procedures in an unregulated setting such as a beauty salon.
- I am not involved in the non-surgical cosmetics sector

29. The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference:

- Publish response with name

- Publish response only (without name)
- Do not publish response

Information for organisations only:

The option '*Publish response only (without name)*' refers only to your name, not your organisation's name. If this option is selected, the organisation name will still be published.

If you choose the option '*Do not publish response*', your organisation name may still be listed as having responded to the consultation in, for example, the analysis report.

30. Do you consent to Scottish Government contacting you again in relation to this consultation exercise?

Yes/no

31. What is your email address?

If you would like to be contacted again in future about this consultation please enter your email address here. You will also need to give permission to be contacted in the question above.

Your email address will never be published.

2. I confirm that I have read the privacy policy and consent to the data I provide being used as set out in the policy.