

Appendix 3

Clare Haughey MSP
Health, Social Care and Sport Committee
The Scottish Parliament
Horse Wynd
Edinburgh EH99 1SP

Date 8 January 2026
Our ref Jan.hscpc.msu.fhs
Your ref

Dear Ms Haughey

Call for views on the proposed Civic Government (Scotland) Act 1982 (Licensing of Non-surgical Procedures) Order 2026

I refer to your letter of 15 December on behalf of the Scottish Parliament Health, Social Care and Sport Committee seeking views from local authorities about the proposed Civic Government (Scotland) Act 1982 (Licensing of Non-surgical Procedures) Order 2026.

The following summary outlines the City of Edinburgh Council's views on the likely impacts of the proposals:

New regulatory responsibilities

Local authorities would be responsible for licencing and regulating designated lower-risk non-surgical aesthetic procedures under the Civic Government (Scotland) Act 1982. These responsibilities would fall primarily to the Council's Environmental Health and Licencing services and would sit alongside Healthcare Improvement Scotland's regulation of higher-risk procedures under the Non-surgical Procedures and Functions of Medical Reviewers (Scotland) bill.

Officers will need to interpret and apply technical thresholds to distinguish between locally regulated procedures and those subject to national healthcare regulation, increasing regulatory complexity.

Resources, workforce and training implications

The proposed scheme is likely to generate additional demand on the Council's Environmental Health and Licencing teams through licence processing, inspections, complaint handling and enforcement activity. Officers will require specialist training on non-surgical aesthetic procedures, emerging technologies, and the legal interface between civic licencing and healthcare regulation. While licencing fee income may offset some costs, it may not fully meet increased staffing, training and enforcement demands particularly for larger authorities with higher population density and business activity, such as in Edinburgh.



City of Edinburgh Council is currently operating with a high number of Environmental Health Officer vacancies, and this trend is reflected nationally. The Society of Chief Environmental Health Officer's Workforce Sustainability report-2025 highlighted the following, "The Environmental Health establishment for EHO, Food Safety Officer and Technical Officer posts has been declining over the last decade on average by 17.8 FTE per year, there are 27.3% less officers in post in 2025 compared to 2016 and almost 75 FTE vacant and funded posts on the national establishment." The resource issues must be taken into consideration in relation to funding, training and implementation.

Compliance, enforcement and rogue trading

Enforcement challenges are anticipated, particularly where operators seek to avoid regulation by operating from domestic premises, temporary or pop-up locations, across council boundaries, or by misclassifying higher-risk procedures as lower risk. Evidence gathering may be complex where compliance depends on technical thresholds. Effective enforcement is likely to require increased co-ordination with Healthcare Improvement Scotland and Police Scotland.

Public enquiries, complaints and expectations

From a public perspective, local authorities are likely to remain the first point of contact for concerns or complaints relating to cosmetic procedures, regardless of where statutory responsibility lies. Environmental Health services should therefore anticipate increased volumes of complaints and inquiries, including matters out with local authority enforcement powers. This will increase demand for complaint triage, referral, inter-agency liaison and management of public expectations.

Business engagement and information provision

Local authorities will be expected to provide clear advice to businesses on which procedures fall within local licencing, compliance requirements and the boundary with Healthcare Improvement Scotland regulation. There is a particular need for sufficient clarity regarding the required standard of training for aesthetic and beauty practitioners, and for a framework for accredited training providers, to avoid Environmental Health Officers spending considerable resources interpreting different certificates and assessing whether they meet acceptable standards. Equally, there is a need for consistent and readily available information on standards, both for practitioners and the public, to ensure awareness of licensing requirements and safe practice. Without clear national guidance and consistent messaging, there is a risk of confusion among practitioners, inconsistent interpretation within and across councils, and increased advisory and enforcement burdens.

Overall assessment

While the proposed scheme has the potential to improve public safety and raise standards within the non-surgical aesthetic sector, it represents a new but unknown regulatory burden for local authorities.

A particular challenge is the current absence of reliable data on the number, distribution and nature of non-surgical aesthetic procedures being carried out within individual council areas. As a result, the potential volume of licence applications, inspections, complaints and enforcement activity is unknown. This uncertainty makes it difficult to accurately assess future workload, staffing requirements and resource implications, particularly for authorities with large populations or high levels of commercial activity, such as Edinburgh, where demand is likely to be greatest.

There is therefore a risk that local authorities may be required to absorb a substantial and unquantified increase in regulatory activity at short notice following implementation.

Early engagement with the Scottish Government would help ensure that resource implications, training needs and importance of clear national guidance are fully considered as the proposals are developed.

I hope the above points are helpful. If you require any further information, please do not hesitate to contact me.

Yours sincerely



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Publication - Minutes

Scottish Cosmetic Interventions Expert Group minutes: March 2024

Published: 21 January 2025
Directorate: [Chief Operating Officer, NHS Scotland Directorate](#)
Topic: [Health and social care](#)
Date of meeting: 25 March 2024
Date of next meeting: 28 May 2024

Minutes from the meeting of the group on 25 March 2024

Part of

[Scottish Cosmetic Interventions Expert Group](#)

Attendees and apologies



Apologies



Items and actions

Welcome and introductions

AM welcomed everyone to the meeting and reminded those attendees, who have yet to do so, to email their completed declaration of interests forms to SCIEG secretariat. The completed forms must contain membership of any other groups linked to the work of this group.

Action Point

Any attendee who has not yet done so to return their completed declaration of interest form to SCIEG secretariat before the next meeting.

Action Point

Members must include membership of other groups on the declaration of interest form.

Agreement and publication of minutes

JP noted that the spelling of her business was incorrect.

LA advised that for transparency, the minutes of these meetings will now be published on the Scottish Government website. These will include the minutes from previous meetings on 8.11.23 and 29.1.24. Anyone who does not wish their details to be published should let SCIEG secretariat know so that their details can be redacted before publication.

Action Point

SG Official requested that any further corrections to the minutes of the meeting on 29 January be emailed to him by the next meeting.

Action Point

Members and attendees should let SCIEG secretariat know by the next meeting if they wish their details to be considered for redaction from the minutes before it is published on the Scottish Government website.

Terms of Reference (TOR)

As the TOR for the Scottish Cosmetics Interventions Expert Group (SCIEG) was last considered nine years ago, the following aim of the group was proposed and agreed:

"To ensure that all non-surgical cosmetic procedures carried out in Scotland are delivered safely from hygienic premises by appropriately trained practitioners, applying recognised standards and using regulated products. SCIEG will engage with all stakeholders, assess the available evidence and produce recommendations to the Scottish Government to help achieve this aim."

Further details will be determined and added to this going forward.

Non-surgical cosmetics provider travelling from England

MS joined this meeting to advise the group that City of Edinburgh and other councils had been alerted to concerns related to an unregulated non-surgical cosmetics provider from England travelling to Scotland and throughout the UK to provide certain procedures. This provider, the subject of an ITV report, also offers training courses to providers.

Various SCIEG members expressed concern at what MS reported, were grateful for his input and agreed broadly to keep in touch.

Training and qualifications

There was discussion as to what training and qualifications should be required for the proposed green and red list of procedures discussed at the previous meeting. The following points were raised:

Proposed Red List Procedures

- there are healthcare professionals with only their basic professional training but no training in aesthetics and this led to discussion and some agreement that consideration should be given

to healthcare professionals fulfilling two years' experience in their profession (following their degree) before moving into aesthetics

- there should be a clear academic framework and pathway in place for non-surgical cosmetics so that healthcare professionals are able to undertake training should they wish to practice in aesthetics. Everyone should be clear on the requirement for practitioners before performing such procedures
- there are many courses, including one-day courses, that claim to be accredited however 'accredited' is not a protected term. However courses offered by Scottish Qualifications Authority (SQA) or OfQual accredited bodies are protected and recognised. Whilst SQA developed some aesthetic courses, uptake had been limited due to a perception that there is no requirement for these currently in an unregulated marketplace

Discussions around the level of qualification that should be required to perform red-list aesthetic procedures included

- following two years' experience in their healthcare profession, there should be a basic requirement, such as a prescriber qualification for injectables, to perform the procedures to allow entry as a trainee for red-list aesthetics
- certificate course – In addition to point 1, supervision by a qualified aesthetics practitioner and completion of one-year certificate course should be the minimum required to perform these procedures
- diploma course – this additional one-year diploma, along with a recognised training qualification, should be the minimum required to become a qualified trainer in aesthetics
- masters – this would be for those wanting to be an academic in this field

Proposed Green List Procedures

- LB said that training is already in place in the beauty sector to deliver training for the proposed 'green' procedures and everyone should achieve a required level of qualification for these, including practitioners who are able to carry out the proposed red procedures but who also wish to perform green procedures
- there should be consideration of crossover training for healthcare professionals who also wish to carry out procedures from the green list
- infection control training should be a requirement for proposed green procedures
- once qualifications are agreed for proposed green procedures, this should be clearly laid out

Action Point

LB to send forward National Occupational Standards Framework for green-list procedures.

AOB

EHO Leaflet

AMac shared a leaflet, produced by the EHO Short-life Working Group, for comment and asked for the Scottish Government's and SCIEG's endorsement. LA advised that the Scottish Government is unable to endorse the leaflet but happy to provide feedback on the content. LA offered to share the leaflet with Scottish Government medicines policy colleagues to ask if the leaflet is in line with their understanding of the references made to medicines.

Action point

LA to share EHO leaflet with Scottish Government medicines policy colleagues and feedback to AMac.

Edinburgh Napier University Evidence Course

JP shared details of the above course, which has no entry requirement. There was no time for further discussion on this.

Close

AM thanked everyone for joining the meeting and advised that the date for the next meeting, which will possibly be in person at the end of May, will be circulated.

Action point

SCIEG secretariat to issue calendar invitation for next meeting.

List of action points

1. Any attendee who has not yet done so to return their completed declaration of interest form to SCIEG secretariat before the next meeting.
2. Members must include membership of other groups on the declaration of interest form.
3. SG Official requested that any further corrections to the minutes of the meeting on 29 January be emailed to him by the next meeting.
4. Members and attendees should let SCIEG secretariat know by the next meeting if they wish their details to be considered for redaction from the minutes before it is published on the Scottish Government website.
5. LB to send forward National Occupational Standards Framework for green-list procedures.
6. LA to share EHO leaflet with Scottish Government medicines policy colleagues and feedback to AMac.
7. SCIEG secretariat to issue calendar invitation for next meeting.

Contact

contactus@gov.scot

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- ☐ Yes
- ☐ No
- ☐ Yes, but

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Regulation of non-surgical cosmetic procedures

Response 653482136

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☐ Include unanswered questions

Questions about the grouping of procedures

1. Proposed Group 1 procedures

Microneedling

Please select one item

- ☒ 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

Please select one item

- ☐ 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

Please select one item

☐ 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

Please select one item

☒ 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

Please select one item

☒ 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

2. Proposed Group 2 procedures

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

Please select one item

- ☐ 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

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

Please select one item

- ☐ 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

Injectons of drugs for cosmetic purposes

Please select one item

- ☐ 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

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

Please select one item

- ☐ 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)

Please select one item

- ☐ 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)

Please select one item

- ☐ 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

Please select one item

- ☐ 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

Please select one item

- ☐ 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)

Please select one item

- ☐ 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)

Please select one item

- ☐ 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

3. Proposed Group 3 Procedures

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

Please select one item

- ☐ 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)

Please select one item

☐ 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

Please select one item

☐ 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)

Please select one item

☐ 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

Please select one item

- ☐ 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.

Please select one item

- ☐ 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

Please select one item

- ☐ 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

Please select one item

☐ 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.

Please select one item

☐ 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)

Please select one item

☐ 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)

Please select one item

☐ 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)

Please select one item

☐ 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)

Please select one item

☐ 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)

Please select one item

- ☐ 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)

Please select one item

- ☐ 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

Grouping 1 - Regarding chemical peels that only affect the outermost level of skin
PL/LED therapy - the City of Edinburgh Council believes these products carry a very low risk to clients. Both the substances involved in chemical peels at this level and equipment used for PL/LED therapy have been widely available for purchase in main stream retail outlets for many years, and consumers have had access to them, for home

use. Given the history of safe consumer use and the minimal risks associated with these treatments, we consider that including these procedures in a licensing scheme would not be a proportionate response to the actual level of risk posed to clients. Also, should The Civic Government (Scotland) Act 1982 (Licensing of Skin Piercing and Tattooing) Order 2006 be used to implement the new regulatory framework, the council raises the question of whether the addition of Grouping 1 procedures and the requirement for practitioner training in those procedures will impact the existing training requirements for skin piercers and tattooists, as the Order itself does not currently specify any training requirements.

Regarding Grouping 2, the term "injections of drugs for cosmetic purposes", is not clearly defined in the accompanying Background Paper. As a result, the Council finds it challenging to respond to this part of the question. However, in the interest of safeguarding client safety, we have taken a cautious approach and recommend that this procedure be restricted to qualified healthcare professionals and carried out in a HIS regulated setting.

Regarding Grouping 3. Weight loss injections are mentioned in Group 3 in the background paper. However, they have been excluded from the consultation questions. The council believes that they should be assigned to Grouping 3. Also, no upper limit for the amount of filler that can be injected into a site for group 3 has been specified. The council believes that the medical information available on maximum upper limits of dermal fillers should be specified in the regulatory framework or in any statutory guidance published to accompany this.

The City of Edinburgh Council has responded to the consultation questions above regarding the groupings based on the information provided in the Background Paper and our interpretation of the procedures described. However, the council believes that further clarification is necessary concerning these procedures and the equipment or substances involved. For example, while we agree in principle that procedures involving lasers for tattoo and hair removal should fall under Grouping 1, and lasers used for deeper dermal treatments should be classified under Grouping 3, the current information accompanying the consultation does not clearly define the specific classifications of lasers involved. This lack of clarity is not limited to lasers alone, but may apply to other procedures as well, potentially leading to inconsistencies in classification, enforcement and practice. We appreciate that this point may be addressed by the publication of accompanying regulatory guidance on standards to help to mitigate these issues. However, the Council feels it is important to raise this now to ensure that these potential gaps are considered during the consultation phase. We recommend that all procedures be more clearly defined to ensure consistency and effective regulation:

The council believes that providing a definition for each grouping would help future-

proof the regulatory framework. We suggest that the factors used to define the group should include:

- a) the injection of a substance
- (b) the application of a substance that is capable of penetrating into or through the epidermis
- (c) the insertion of needles into the skin
- (d) the placing of threads under the skin
- (e) the application of light, electricity, cold or heat

The council suggests that the Scottish Government considers that using "no needle fillers" to inject a substance during cosmetic treatment is prohibited, given the lack of control of the substance in the injection site.

Questions about the proposed licensing regime

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?

Please select one item

- ☒ Strongly support
- ☐ Somewhat support
- ☐ Neutral
- ☐ Somewhat oppose
- ☐ Strongly oppose

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?

Please select one item

- ☐ Strongly support
- ☐ Somewhat support
- ☒ Neutral

☐ Somewhat oppose

☐ Strongly oppose

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

The opinion expressed to Answer 5 relates to the three procedures the Council believes should be licensed (see our answer to Question 1).

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?

Please select one item

☒ Strongly Agree

☐ Agree

☐ Neither Agree nor Disagree

☐ Disagree

☐ Strongly Disagree

☐ Don't know

Standards of training and qualification for licensed practitioners?

Please select one item

☒ Strongly Agree

☐ Agree

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

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

Please select one item

- ☒ Strongly Agree
- ☐ Agree
- ☐ Neither Agree nor Disagree
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ Don't know

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?

Please select one item

- ☒ Strongly Agree
- ☐ Agree
- ☐ Neither Agree nor Disagree
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ Don't know

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

Please select one item

- ☒ Strongly Agree
- ☐ Agree
- ☐ Neither Agree nor Disagree
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ Don't know

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)

Please select one item

- ☐ 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

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?

Please select one item

- ☒ Strongly Agree
- ☐ Agree
- ☐ Neither Agree nor Disagree
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ Don't know

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

Please select one item

- ☒ 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?

Please select one item

- ☒ 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?

Please select one item

☒ Agree

☐ Disagree

☐ I don't know

Remain available on site for the duration of any procedure?

Please select one item

☒ Agree

☐ Disagree

☐ I don't know

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

Please select one item

☒ Agree

☐ Disagree

☐ I don't know

Be responsible for ensuring the procedure will be undertaken safely?

Please select one item

☒ Agree

☐ Disagree

☐ I don't know

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

Please select one item

☒ Agree

☐ Disagree

☐ I don't know

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

Please select one item

- ☒ 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;

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

Please select one item

- ☒ Agree
- ☐ Disagree
- ☐ I don't know

Dental practices

Please select one item

- ☒ Agree
- ☐ Disagree
- ☐ I don't know

Community pharmacies

Please select one item

- ☒ Agree
- ☐ Disagree
- ☐ I don't know

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?

Please select one item

- ☒ Agree
- ☐ Disagree
- ☐ I don't know

Questions about age restrictions

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

Please select one item

- ☐ 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.

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

Please select one item

- ☒ Agree
- ☐ Disagree
- ☐ I don't know

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?

Please give us your views.

The City of Edinburgh Council believes that the introduction of an improved regulatory framework on non-surgical cosmetic procedures would be positive in ensuring that vulnerable people are not exploited or at risk of putting themselves in harm through current unregulated services. The framework should focus on ensuring safe, ethical and non-discriminatory practices, providing equal access while minimising harm from unqualified persons or unsafe practices. We believe that the following should be included to achieve these aims:

- Whilst many people from protected characteristic groups would be able to make safe and informed decisions regarding their use of cosmetics, some may be unable to do this due to their lower communication skills or inability to understand the risks. Additionally, many people from protected groups have more complex mental health conditions and lower self-esteem which may heighten their want to have procedures done, and/or impact their ability to understand the risks of using unregulated services. It is therefore crucial that clients, particularly vulnerable groups, fully understand the risks and benefits associated with NSCPs. The framework should ensure that practitioners are communicate these risks in a clear and accessible way. This is important to protect the health of clients and allow them to make informed choices about their treatments.
- A public health goal of this framework should include protecting young individuals from potential harm. The Council recommends that Group 1 (lower-risk) procedures be available to 16- and 17-year-olds with parental consent, while Group 2 and 3 (higher-risk) treatments should be restricted to those 18 years and older. This ensures that younger individuals are not exposed to unnecessary risks from more invasive or complex procedures, while still providing access to lower-risk treatments under appropriate safeguards.
- People with learning disabilities may face challenges in understanding the potential risks associated with cosmetic procedures. The framework should ensure that these individuals are not excluded from safe treatments due to communication barriers or lack of appropriate support. Clear, accessible information should be provided, especially during consultations, procedures, and aftercare, to help them make informed decisions and avoid unsafe or inappropriate treatments.
- Expectant or new mothers must be protected from treatments that may pose risks to their health or the health of their child. The Framework should ensure that these groups

are fully informed of any potential risks and are not subjected to unsafe procedures. This will help protect maternal and foetal health as a public health priority.

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?

Please give us your views.

Many people from protected groups or socioeconomic backgrounds face increased financial challenges from poverty but also from challenges with money management due to support needs (i.e. learning disability) or mental health.

At present unregulated services tend to be more cost-effective, and therefore seem affordable – despite the risks and potential hidden costs of having to get things rectified should they go wrong. However, regulated services may be more expensive at the outset for people in the future and may heighten the risk of them spending money that they don't have or heighten their risk of debt to cover procedures.

The risk of exploitation of unregulated/regulated services could be mitigated by more inclusive communication about the risk to people.

About you

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

Please select one item

(Required)

- ☐ Individual
- ☒ Organisation

26. What is your organisation?

City of Edinburgh Council