

**From:** Scottish Aesthetics Safety and Standards

**Sent:** 03 December 2025 21:28

**To:** Health, Social Care and Sport

**Subject:** Concerns on the Enforcement Role of HIS under the Non-Surgical Procedures (Scotland) Bill

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Dear Members of the Health, Social Care and Sport Committee,

We are writing in relation to the Non-Surgical Procedures and Functions of Medical Reviewers (Scotland) Bill to highlight serious concerns regarding the proposed role of Healthcare Improvement Scotland (HIS) as the regulatory body for the sector.

In our recent submission to the Finance and Public Administration Committee, we have outlined a number of financial and practical risks associated with this approach — particularly the disproportionate costs for small businesses and the lack of clarity around how HIS would operationalise these new responsibilities.

We now wish to draw your attention to the issue of enforcement and proportionality. Despite repeated reports of unregistered services operating in Scotland, HIS has shown very limited enforcement activity.

Based on Freedom of Information data and sector experience, no unregistered aesthetic or other independent clinics have been referred to the Procurator Fiscal or successfully prosecuted in recent years. This demonstrates that HIS lacks the mechanisms, training, and expertise to effectively regulate or enforce compliance even within its current remit.

If enforcement has been weak in a relatively small, defined sector of existing registered providers, how can HIS reasonably be expected to regulate and police a much larger, more complex, and fast-growing field such as non-surgical aesthetics? Expanding their powers without first addressing these structural and capability issues risks creating a paper-based regulatory system that lacks credibility and practical impact.

Given the financial, operational, and workforce implications, we would urge the Committee to:

- Examine the track record of HIS enforcement before granting it wider powers.
- Consider whether a separate, proportionate licensing model (for example, via local authorities or a specialist unit within HIS) might provide a more effective framework.
- Ensure that any new regime recognises and works with competent, qualified practitioners who already operate safely under professional and insurance standards.

We would be grateful if the Committee could take these points into account during Stage 1 deliberations and evidence gathering.

Kind regards,

Scottish Aesthetics Safety and Standards

## **Annexe 1**

### **Health Social Care and Sports committee call for evidence meeting 2.12.25**

#### **Strengthening Regulation for Qualified Level 7 Aesthetic Practitioners**

##### **1. Safety, Risk and Public Awareness**

Public safety must be the central priority in Scotland's regulatory approach. The available evidence, limited though it is, consistently shows that the majority of complications within the aesthetics sector arise from unqualified and inadequately trained injectors, not from practitioners who hold nationally recognised qualifications. Qualified Level 7 practitioners should not continue to be categorised alongside untrained injectors.

While every aesthetic treatment carries an inherent level of risk, that risk is significantly reduced when the procedure is performed by a trained and competent practitioner. Clinical evidence from ACE indicates that the incidence of vascular occlusion is approximately 0.01% or 1 in 100,000 and the risk of anaphylaxis following the administration of hyaluronidase is 0.63%. By comparison, 17% of anaphylaxis cases occur in restaurants—yet there are no current proposals to regulate these environments to this extent.

The most serious harms arise from unqualified, unregulated injectors often operating with unlicensed products. This is not representative of non-healthcare practitioners who have invested in accredited qualifications, have collaborated safely with prescribers for years, and have built legitimate businesses and careers.

Since the Keogh Report (2013), no national system for recording aesthetic complications has been established. Our organisation submitted FOI requests to all Scottish Health Boards: none were able to provide data on non-surgical cosmetic procedure (NSCP) complications, as no coding system exists. For more than a decade, the sector has therefore grown without a robust regulatory or reporting framework. While SCIEG introduced regulatory routes for healthcare providers, qualified non-healthcare practitioners were left without any equivalent pathway.

The proposed requirement for all aesthetic clinics to be registered with Healthcare Improvement Scotland (HIS), and for clinics to be owned or operated exclusively by healthcare professionals, effectively excludes a predominately female-led sector. This approach is disproportionate and amounts to a de facto ban. Furthermore, the Scottish Government does not hold data on how many prescribers are trained in aesthetics, raising questions about the feasibility of the proposed model.

Qualified practitioners undertaking a Level 7 Diploma complete extensive training, including:

- Advanced facial anatomy and physiology
- Complication recognition and management
- Safe injection techniques
- Infection prevention and control
- Ethics and governance
- Level 3 First Aid and anaphylaxis, plus annual BLS CPD
- Pharmacology

The Level 7 Diploma sits on the RQF and is equivalent to SCQF Level 11 in Scotland. Although vocational, it provides the knowledge and competence required to safely deliver

aesthetic treatments. Organisations such as BABTAC and the British Beauty Council support the role of regulated qualifications for advanced beauty and aesthetic practice.

Safety concerns have been intensified by the proliferation of substandard short courses (1–2 days), which have contributed to poor practice and rising complications. Most available data suggests that complications arise from unqualified injectors with insufficient training. Safety begins with education and should be reflected in legislation. Responses to the Committee's Call for Views overwhelmingly support this direction.

Despite claims that complications are frequent, HIS data does not align with these reports. FOI responses show that HIS received only three “complication of dermal filler” notifications in 2023, two in 2024, and three in 2025. HIS does not produce summary reports, audits, or reviews relating to aesthetic complications or outcomes. This raises concerns about whether the current regulatory system enhances safety or simply increases administrative burden.

Strengthening regulation for qualified practitioners would increase public confidence and reduce avoidable harms. Scotland should introduce:

- A national mandatory complications reporting database
- A publicly accessible register of qualified aesthetic practitioners
- A public awareness campaign to support informed decision-making

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## **2. Regulatory Approaches – Scotland vs England**

Scotland's proposed model—requiring HIS-registered clinics operated only by healthcare professionals—may appear robust in theory but is unworkable in practice:

- The Scottish Government has no data on the number of aesthetic-trained prescribers available to support practitioners.
- Many prescribers do not work in aesthetics full-time and may be unable or unwilling to support additional clinics.
- Increased movement of prescribers into private aesthetics may negatively impact NHS staffing levels, potentially conflicting with the Health and Care (Staffing) (Scotland) Act 2019.
- Non-healthcare practitioners cannot register independently with HIS, creating dependency, bottlenecks, and significant geographical inequities.

By contrast, England is introducing a clear, regulated licensing pathway for both healthcare and non-healthcare injectors, using verified qualifications and national standards applied consistently across the sector.

Scotland should align with this model to avoid cross-border treatment tourism and to maintain parity across the UK. This could include:

- Mandatory complications reporting
- Licensing of qualified Level 7 practitioners
- Amendments to the National Health Service (Scotland) Act 1978 to allow both healthcare professionals and prescribers to work within licensed premises offering Group 1 and 2 treatments
- Reserving Group 3 procedures for qualified healthcare professionals

This approach distinguishes cosmetic from medical procedures, ensures clear clinical standards, and protects consumers, practitioners, and the wider economy.

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### 3. Mental Health and Advertising

Qualified practitioners already apply well-established standards, including:

- Comprehensive client screening
- Identification of psychological red flags
- Informed consent procedures
- Managing expectations ethically and realistically

The Level 7 curriculum equips practitioners to recognise potential indicators of conditions such as body dysmorphia—while not diagnosing, practitioners are able to signpost clients to appropriate support.

Advertising standards are also routinely observed by ethical practitioners. However, there are ongoing issues, including unlawful promotion of POMs by both healthcare and non-healthcare providers. The Bill should clearly incorporate ASA rules and introduce enforceable mechanisms for non-compliance.

If the Bill proceeds as currently drafted, many safe, qualified practitioners will be unable to continue providing services. Reduced availability and significantly increased costs could impact clients' mental wellbeing and drive some individuals toward unsafe, unlicensed alternatives, increasing the risk of complications.

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### 4. Training, Competency and Standards

The current HIS framework does not differentiate between Level 7-qualified practitioners and those with no regulated training. This is a significant safety gap.

A Level 7 qualification requires:

- Hundreds of hours of theoretical learning
- Supervised practical training
- Complications management
- Formal assessment and verification

This level of consistency and rigour exceeds that of the short courses often undertaken by both healthcare and non-healthcare practitioners. While many experienced practitioners with CPD-only training practise safely, inconsistency remains a problem. A clear, competency-based pathway is essential.

Aesthetics is not recognised as a medical specialty by the GMC or NMC, and neither regulator accredits sector-specific training. Therefore, a dedicated regulatory framework for aesthetics—covering all practitioners—should be established by the Scottish Government.

Scotland should formally recognise Level 7 as the minimum standard for independent practice. Under the UK Internal Market Act, professional qualifications should be mutually recognised across the UK. Excluding Level 7 practitioners when England formally accepts this qualification would contradict the Act's intent.

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### 5. Access, Choice and Business Impact

Under the current HIS framework:

- Qualified non-healthcare practitioners cannot operate independently

- Availability of prescribers is insufficient to support the sector
- Many small, predominantly female-owned businesses face closure
- Prescriber costs—estimated at up to £70,000 per year—are unsustainable

As a result, members of the public may be driven to:

- Cheaper, unsafe, underground providers
- Travel significant distances
- Seek services in England

We surveyed 922 clients across Scotland; 81% had received treatments from non-healthcare practitioners, with 99% reporting satisfaction with both outcomes and clinical standards. These findings are included in our October 2025 report.

A workable regulatory pathway is essential to maintain safety, accessibility, and public confidence.

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## 6. Equality Considerations

The current proposals disproportionately disadvantage and have a negative impact on:

- Women, who make up the majority of the aesthetics workforce
- Small independent businesses
- Practitioners in rural areas with limited prescriber access

A fair regulatory framework must focus on competence, qualification and standards—not professional title. Qualified Level 7 practitioners should be afforded equal recognition and a legitimate route to registration.

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## 7. Enforcement and Compliance

HIS requirements are often disproportionate to the nature of non-surgical cosmetic procedures. Industry bodies such as Save Face have highlighted that standards intended for surgical settings are being misapplied, creating administrative and financial burdens without a clear improvement in safety.

Effective enforcement should focus on:

- Rogue injectors
- Unlicensed products
- Unsafe practice

A regulatory pathway that includes qualified non-healthcare practitioners will promote compliance, public safety, and sector-wide accountability.

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## Conclusion

Scotland has an opportunity to establish a modern, proportionate regulatory framework that protects the public while supporting a skilled and competent workforce.

To achieve this, the Committee should prioritise:

- **Formal recognition of Level 7 as a valid and high-level qualification (equivalent to SCQF Level 11)**
- **Legislative amendments—such as to the NHS (Scotland) Act 1978—to enable independent regulation of qualified aesthetic practitioners**
- **A regulatory system that strengthens safety without dismantling viable small businesses**
- **Alignment with England’s licensing model to maintain consistency, public safety, and economic stability**

The overarching goal is clear:

**Protect the public, regulate competency, and allow qualified professionals to practise safely and independently alongside prescribers.**

## Annexe 2

### Freedom of Information (Scotland) Act 2002

In your email of 10 October 2025, you asked:

*Please provide any data, records, or reports held by Healthcare Improvement Scotland (HIS) regarding complications or adverse events arising from the following non-surgical cosmetic procedures between 1 January 2022 and 10 October 2025:*

- 1. Dermal filler treatments*
- 2. Botulinum toxin (Botox) treatments*
- 3. Skin booster treatments*

*Specifically, I would like to request:*

- The number of reported complications for each treatment type, by year (2022, 2023, 2024, and 2025 to date).*
- A breakdown (where available) of the nature or severity of complications (e.g. infection, vascular occlusion, allergic reaction, etc.).*
- Whether the cases originated from HIS-registered premises or non-registered providers (if this information is recorded).*
- Any summary reports, audits, or reviews compiled by HIS regarding complications or safety outcomes in these procedures over the same period.*

### Our response:

Healthcare Improvement Scotland (HIS) have considered your request and do not hold the information in the format requested.

We may hold information regarding complications or adverse events arising from non-surgical cosmetic procedures within complaint cases. However, we do not hold the information in a way that is easily reportable and would require to manually check through each complaint to see whether any relevant information is recorded. Please see cost exemption<sup>1</sup> for this below.

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<sup>1</sup> [FeesandExcessiveCostofComplianceBriefing.pdf](#)

<b>Activity</b>	<b>Staff hours</b>	<b>Charge per hour</b>	<b>Subtotal</b>
<i>Complaints for 2022</i> 44 complaints x 10 minutes per complaint	7	15.00	£105.00
<i>Complaints for 2023</i> 67 complaints x 10 minutes per complaint	11	15.00	£165.00
<i>Complaints for 2024</i> 81 complaints x 10 minutes per complaint	13.5	15.00	£202.50
<i>Complaints for 2025 up to 10 October</i> 64 complaints x 10 minutes per complaint	11	15.00	£165.00
			<b>Total: £637.50</b>

In 2023 we introduced a new notification – ‘Complication of a dermal filler’. We received three of these notifications in 2023, two in 2024, and three in 2025 from HIS registered services.

We do not compile any summary reports, audits, or reviews regarding complications or safety outcomes in dermal filler treatments, Botulinum toxin (Botox) treatments, or skin booster treatments.

If you are dissatisfied with the way in which we have dealt with your request for information, you can ask us to review our actions and decisions. Your requirement for review must be submitted within forty working days of receiving this letter. If you request a review we will respond within twenty working days. If you require a review please contact:



If you remain dissatisfied with our review response you have a right of appeal to the Scottish Information Commissioner. You must contact the Commissioner within 6 months of receiving the letter with our review decision. You can contact the Commissioner by phone on 01334 464 610. An appeal can also be made using the Commissioner’s online form:

[www.itspublicknowledge.info/Appeal](http://www.itspublicknowledge.info/Appeal)

More information about appealing to the Commissioner is available at:

[www.itspublicknowledge.info/YourRights/UnhappyWithResponse.aspx](http://www.itspublicknowledge.info/YourRights/UnhappyWithResponse.aspx)

If you are dissatisfied with the findings of the Scottish Information Commissioner, you can appeal on a point of law to the Court of Session.



Yours sincerely

Senior Information Governance  
Officer Healthcare Improvement  
Scotland

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## SCOTTISH AESTHETICS SAFETY AND STANDARDS (SASS)

Non Surgical Cosmetic -Round Table Meeting – 24 Sep 2025



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## 1. Introduction and Context

1.1 The Scottish Government have released a consultation on the regulation and licensing of non-surgical cosmetic procedures in Dec 2024. This consultation builds on the previous one carried out in 2020 and details a proposal for new regulations.

1.2 The consultation process both in 2020 and in 2024 had been carried out with engagement from Aesthetics practitioners with a medical background.

1.3 Although it is estimated non-medical practitioners make up approximately eighty percent of the aesthetics industry in Scotland, there was a severe lack of engagement with non-medical practitioners in the pre-consultation phase which does not support good practice. New regulations have been proposed based on biased views and anecdotal evidence rather than reliable research and accurate data to inform decision making with involvement from all key stakeholder groups and representatives across the industry.

1.4 It has been portrayed and generalised in the media and other medical aesthetics groups that non-medical practitioners are 'lay injectors' without adequate training, working under unhygienic conditions and carrying out 'botched' procedures using black market products which result in a burden and cost to the NHS.

## 2. Background

2.1 In response to the consultation, a group has been formed, Scottish Aesthetics Safety and Standards (SASS). The group is made up of skilled and successful aesthetics practitioners to help gather data which will present a different picture to the one portrayed in the hope that they can have a voice and provide information to inform decision making to help achieve regulation that is appropriate and proportionate in line with the following statement from the Scottish Government.

*The Scottish Government "are seeking a model of regulation which protects the public while being proportionate and providing a framework where potential clients can undergo procedures with confidence, and responsible, safe providers can continue offering them."*

## 3. Data Gathering

### 3.1 Electronic Survey:

3.1.1 Two electronic surveys have been carried out between December 2024 and April 2025 across Aesthetics Practitioners predominantly with a non-medical background and Aesthetics Clients predominantly using non-medical practitioners. The purpose of these surveys is to demonstrate that the vast majority of non-medical practitioners are trained professionals, carrying out treatments from hygienic premises with insurance and safety protocols in place, using legitimate, CE marked products and authorised prescription only medicine (POM) where relevant with client safety at the forefront.

Raw data from the surveys can be provided on request.

### 3.2 Freedom of Information Requests:

3.2.1 FOI requests were made to all Scottish health boards to provide data on admissions to A&E where a non-surgical cosmetic procedure had gone wrong and emergency help from NHS was required. This was to ascertain whether there is significant costs and burden being placed on the NHS as portrayed in the media and by some medical aesthetics groups.

3.2.2 The questions asked are listed below.

Can you provide information for the last five years for the questions below?

1)Can you confirm the number of patients received at A&E or GP because of an aesthetics treatment gone wrong?

2)Can you confirm in each instance whether the aesthetics treatment had been carried out by a medic or non-medic practitioner?

3.2.3 Table 1 below shows the response from each health board stating that information is not held.

The response from Lothian health board can be discarded as the question has been misinterpreted as 'anaesthetic' instead of 'aesthetic'.

**Table 1**

Health Board	Reference	Response
Ayrshire & Arran	0968-2024	Exemption: Section 17 – Information not held.
Borders	668-2425	Exemption: Section 17 – Information not held.
Fife	6961	Exemption: Section 17 – Information not held.
Dumfries and Galloway		Exemption: Section 17 – Information not held.
Forth Valley	FOI/0008995	Exemption: Section 17 – Information not held.
Grampian	FOI/2024/1100	Exemption: Section 17 – Information not held.
Greater Glasgow & Clyde	FOI 2403345	Exemption: Section 17 – Information not held.
Lothian	9559	NHS Lothian uses the Datix risk management system to record incidents of patient harm. No incidents have been reported in the system under the category 'anaesthetic issues' and subcategory 'major anaesthetic problems' from the Emergency Department.
Tayside	IGTFOISA241081	Exemption: Section 17 – Information not held.
NHS24	20259	Exemption: Section 17 – Information not held.
Highland	23298	Exemption: Section 17 – Information not held.
Public Health Scotland	FOI 2024-002025	Exemption: Section 17 – Information not held.
Lanarkshire	FOI/0004751/AM	Exemption: Section 17 – Information not held.

## 4. Key Findings

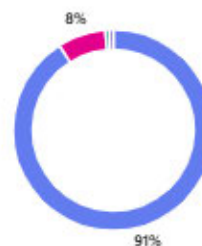
**4.1 Aesthetics Practitioner Questionnaire** returned **86 responses**, 83 responses are from non-medical aesthetics practitioners (97%). The survey results demonstrate that the vast majority of practitioners are trained professionals, operating from hygienic premises and fully insured with documented protocols in place to deal with adverse events.

**4.2** This is supported by the results from the **Aesthetic Client Questionnaire** which returned **922 responses**, of which, 26 responses were from clients who had not undertaken botox or dermal filler treatments. 81% have had treatments from a non-medical practitioner. Results to questions below in image 1 demonstrate clients were satisfied with their practitioner, treatments and results with 99% satisfied with the environment and level of cleanliness the treatment was carried out in.

### Image 1

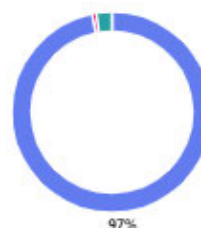
5. Were you satisfied with the outcome of your procedures?

Always	839
Very often	71
Seldom	6
Never	6



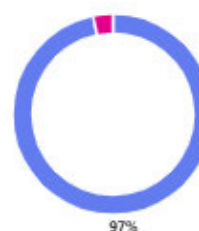
6. Were you satisfied with the expertise and approach of the practitioner who performed the procedures?

Yes	893
No	6
Some but not all	23



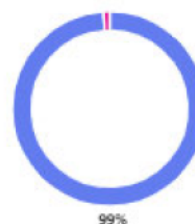
7. Do you feel you were adequately informed about what to expect and any potential risks before undergoing the procedures?

Yes	893
No	29



9. Were you satisfied with the environment your treatment was carried out (level of cleanliness)

● Yes 913  
● No 9



## 5. Points to Consider

5.1 Most non medic practitioners are operating as owners or lease holders of small aesthetics businesses in a predominately female led industry. These businesses contribute to Scotland's economy by using local suppliers for waste management and local aesthetics pharmacies. The proposed bill will have a major impact and with current proposals it is highly likely most of these businesses will not survive, resulting in many self-employed women being out of work and potentially requiring benefits.

5.2 Table 2 below shows the age range of the practitioners who responded. Based on this it can be assumed that many have children who are dependants. Factors like child poverty could also be affected and should be considered when proposing the Bill.

Table 2

Practitioner Age Range	
20-25	6
26-30	11
31-40	26
41-60	30
Not Provided	13
Grand Total	86

5.3 The proposal on requiring a prescriber to be physically present on site at all times would have a huge impact on small non-medic aesthetics businesses. The financial burden of retaining a prescriber would be unsustainable, forcing many small business owners to close or drastically increase prices, thereby reducing client access and affordability. This would disproportionately impact independent providers and limit client choice. **It would also undermine skilled non-medic practitioners, despite Level 7 qualifications and established safety protocols, while creating operational barriers such as treatment cancellations when prescribers are unavailable.** Given the limited number of aesthetics prescribers in Scotland, compliance would be impractical in practice and may drive some clients to seek underground treatments, ultimately reducing rather than improving public safety.

5.4 Table 3 below details qualification levels on the Regulated Qualifications Framework (RQF) and equivalent Scottish Credit and Qualification Framework (SCQF). It



demonstrates that non medic practitioners who are qualified at level 6 RQF are aligned to SCQF level 10 (BSc Hons Nursing). Practitioners who are qualified at level 7 RQF are aligned to SCQF level 11 Master Degree/Post Graduate Diploma/Post Graduate Certificate.

5.5 An important factor to consider is the level 7 in Aesthetic Practice is an advanced, degree-level qualification for individuals in the beauty and medical fields who wish to gain national recognition and demonstrate a high standard of competence in aesthetic treatments, particularly with injectables like dermal fillers and botulinum toxin treatments. It provides in-depth knowledge of patient psychology, facial anatomy, complications management, and clinical procedures, along with ethical and regulatory standards.

5.6 Introducing regulation without first defining training requirements creates legal uncertainty and increases risks for practitioners, insurers and members of the public. Practitioners would not know what standards they must meet to comply. The financial cost and time to complete a regulated qualification such as Aesthetic Practice Level 7 should be considered as part of the Bill. Specific career pathways for Aesthetics should be made available and not be routed via completing a nursing degree where minimal content is related to aesthetics practice and students with an interest in aesthetics typically would not be interested in a nursing degree.

Table 3

Framework for higher education qualifications (FHEQ) in England, Wales and Northern Ireland		Regulated Qualifications Framework (RQF) for England and Northern Ireland		Credit and Qualifications Framework for Wales (CQFW)		Scottish Credit and Qualifications Framework (SCQF)	
Level	Qualifications include:	Level	Qualifications include:	Level	Qualifications include:	Level	Qualifications include:
8	Doctoral Degrees	8	Technical / Vocational Qualifications Level 8	8	Doctoral Degrees	12	Doctoral Degrees
7	Master's degrees Postgraduate Diplomas Postgraduate Certificates	7	Technical / Vocational Qualifications Level 7	7	Master's degrees	11	Master's degree Postgraduate Diplomas Postgraduate Certificates
6	Bachelor (Honours) degrees Bachelor degrees	6	Technical / Vocational Qualifications Level 6	6	Honours degrees	10	Bachelor's degrees with Honours
5	Foundation degrees Diplomas of Higher Education Higher National Diplomas	5	Technical / Vocational Qualifications Level 5 Higher National Diplomas	5	Foundation degrees Higher National Diplomas	9	Bachelor's Ordinary degrees
4	Higher National Certificates Certificates of Higher Education	4	Technical / Vocational Qualifications Level 4 Higher National Certificates	4	Higher National Certificates Certificates of Higher Education	8	Higher National Diplomas Diplomas of Higher Education Advanced Diploma
		3	Technical / Vocational Qualifications Level 3 GCE AS and A Levels	3	AS and A Level Welsh Baccalaureate Advanced	7	Higher National Certificates Certificates of Higher Education Advanced Certificate
		2	Technical / Vocational Qualifications Level 2 GCSEs at grade A*-C (Grades 4-9 in England)	2	GCSEs at grades A*-C Welsh Baccalaureate National	6	Higher
		1	Technical / Vocational Qualifications Level 1 GCSEs at grade D-G (Grades 3-1 in England)	1	GCSEs at grade D-G Welsh Baccalaureate Foundation	5	National 5
		Entry Level	Entry Level Certificates	Entry Level	Entry Level Qualifications	4	National 4
						3	National 3
						2	National 2
						1	National 1

## 6. Recommendations

- SAAS have proposed changes to the grouping of treatments in group 1 and 2 with justification provided to support the request to change. These are detailed at Appendix A and to further support these recommendations, it should be noted the UK Government's aesthetics proposal introduces a tiered, risk-based national



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licensing scheme for non-surgical cosmetic procedures in England, with high-risk procedures like non-surgical Brazilian butt lifts restricted to qualified healthcare professionals in CQC-registered premises, while lower-risk treatments (e.g., dermal fillers, Botox) will also require practitioners to meet strict safety, training, and insurance standards, overseen by local authorities, and will include new age restrictions to protect minors. The UK model is a safe and workable solution based on level of risk.

## 7. Conclusion

**7.1 Summary:** The evidence gathered through practitioner and client surveys, alongside FOI responses, demonstrates that the vast majority of non-medical aesthetics practitioners in Scotland are highly trained, professional, and committed to safe practice. The proposed Bill, in its current form, risks undermining this sector by imposing disproportionate and impractical requirements that would devastate small, predominantly female-led businesses, reduce client choice, and potentially drive treatments underground—ultimately compromising public safety rather than enhancing it. A balanced, risk-based model of regulation, aligned with clear training and qualification pathways, is essential to protect clients, support legitimate practitioners, and ensure the long-term sustainability of Scotland’s aesthetics industry.

**7.2 Call to Action:** We urge the Scottish Government to reconsider the current proposals and work collaboratively with all stakeholders, including non-medical practitioners, when shaping new regulations. By adopting a proportionate, evidence-based approach similar to the risk-based tiered model being introduced in England, Scotland has the opportunity to deliver regulation that genuinely protects the public, safeguards the future of small businesses, and maintains high professional standards across the aesthetics industry.

## 8. Appendices

- **Proposal on Grouping** Detail on proposed changes on treatment Grouping used in the consultation is provided at Appendix A with justification for the proposed changes.

## Appendix A - Proposal on Grouping

No	Treatment	Proposed Bill Grouping	SAAS Grouping Proposal	Justification
1	Mesotherapy	Group 2 (HIS-regulated clinic)	Group 1 (Licensed Premises)	<p>Mesotherapy involves superficial microinjections of vitamins, minerals, and hyaluronic acid into the epidermis or upper dermis.</p> <p>The penetration depth is minimal, making it comparable to microneedling (which is already in Group 1). Additionally, Ofqual regulated Level 4 and Level 5 courses cover Mesotherapy, ensuring practitioner competency. There is no justifiable reason for it to require HIS/oversight when microneedling does not.</p>
2	Botulinum Toxin Injections	Group 2 (HIS-regulated clinic)	Group 1 (Licensed Premises)	<p>Botulinum toxin is used for both medical and cosmetic purposes, yet its regulation currently treats all uses the same. A two-tiered approach would allow cosmetic Botox to be classified under Group 1 (Licensed Premises) when performed by qualified non-medical practitioners, while medical Botox (e.g., for migraines, hyperhidrosis) remains under Group 2 (HIS-regulated clinics). This distinction recognises the different risk levels and treatment goals while ensuring public safety through structured regulation.</p> <p>Cosmetic use of botox is not a medical treatment and should not require HIS regulation. Botox for aesthetic purposes is not a medical treatment; it is an elective cosmetic procedure. Medical Botox treatments, such as for chronic migraines, dystonia, or hyperhidrosis, require medical oversight due to diagnostic and therapeutic considerations and should remain under Group 2. Aesthetic Botox, however, is a controlled cosmetic procedure that does not require a medical diagnosis it should be regulated based on training and competency rather than profession.</p>

3	Dermal Fillers and Other Cosmetic Injections	Group 2 (HIS-regulated clinic)	Group 1 (Licensed Premises)	<p>Dermal filler treatments can be carried out safely when performed by a Level 7 trained practitioner in a venue licensed by the local authority. A local authority licence ensures that the treatment environment meets strict hygiene, safety, and clinical standards, reducing the risk of complications such as infection or poor practice. Meanwhile, a Level 7 qualification, as outlined by Health Education England (HEE), guarantees that the practitioner has received advanced training in facial anatomy, injection techniques, and complication management. This combination of practitioner expertise and a properly regulated setting significantly enhances client safety. To further ensure safety, the practitioner should also hold a Level 3 qualification in First Aid and Anaphylaxis training, enabling them to respond effectively to medical emergencies, including severe allergic reactions. Additionally, a local prescriber should be available for consultation in the rare event of an adverse reaction, such as vascular occlusion or severe swelling. Local pharmacies and prescribers can also hold stock of hyaluronidase, the enzyme used to dissolve hyaluronic acid fillers in emergency situations, ensuring it can be accessed and administered quickly if required. Having these safeguards in place, along with a licensed venue and a highly trained professional, ensures that dermal filler treatments are carried out to the highest standards, prioritising both safety and effective results.</p>
4	Medium-Depth Chemical Peels	Group 3 (Doctor/Nurse in HIS Clinic)	Group 1 (Licensed Premises)	<p>Phenol peels, when used in controlled strengths for aesthetic purposes, can be safely administered by trained practitioners following appropriate protocols. While full-strength phenol peels used in medical procedures have systemic risks, lower strength aesthetic formulations are used for deep exfoliation and collagen remodelling without significant systemic absorption risks. It is important to note that not all phenol peels are the same. The VI Peel, for example, is a blended peel that contains phenol along with TCA, salicylic acid, retinoic acid, and vitamin C. It is not a deep phenol peel and is instead a medium-depth peel that is already performed in non-medical aesthetic settings. Traditional deep phenol peels (e.g., Baker Gordon Phenol Peel) require medical oversight and should only be carried out by a medical professional, but aesthetic-strength phenol peels have been safely incorporated into aesthetic practice and are covered in Level 5 training.</p>
5	IPL and Laser Treatments (Photo Rejuvenation)	Group 2 (HIS-regulated clinic)	Group 1 (Licensed Premises)	<p>: IPL and Laser treatments are regulated under Level 4 and 5 qualifications, which include safety protocols, contraindications, and practical application. These treatments are non-invasive and non-ablative when used appropriately. The Core of Knowledge qualification, now a regulated requirement for laser/IPL practitioners, ensures that operators are trained in safety, physics, and clinical protocols, mitigating risks. There is no justification for HIS oversight when regulated qualifications already ensure competency.</p>

6	Radiofrequency Treatments	Group 2 (HIS-regulated clinic)	Group 1 (Licensed Premises)	<p>: Radiofrequency (RF) skin tightening is non-invasive, non-ablative, and has a low-risk profile. The treatment is widely performed without medical oversight globally and requires no injectable or prescription-only products.</p>
7	High-Intensity Focused Ultrasound (HIFU)	Group 2 (HIS-regulated clinic)	Group 1 (Licensed Premises)	<p>: HIFU targets deep tissues but is completely non-invasive. There is no skin penetration, and its safety profile is well-documented.</p> <p>Class IIa medical devices are considered “low to medium risks” and require some regulatory controls but do not need strict medical supervision.</p> <p>Devices in this category can be operated by trained professionals outside of a medical setting.</p> <p>Other Class IIa aesthetic treatments (IPL) are already in Group 1, so there is no justification for keeping HIFU in Group 2.</p> <p>European and UK regulations allow Class IIa devices to be used in aesthetic clinics without medical supervision, meaning HIFU does not require HIS oversight.</p>
8	Platelet-Rich Plasma (PRP) and Other Blood-Derived Injections	Group 3 (Doctor/Nurse in HIS Clinic)	Group 1 (Licensed Premises)	<p>PRP involves drawing a clients own blood, processing it in a centrifuge, and reinjecting the plasma into the skin. As an autologous treatment, PRP does not introduce foreign substances into the body, eliminating the risk of allergic reactions or rejection. The risk profile of PRP is no higher than microneedling, or even permanent makeup.</p> <p>Comparable to Microneedling &amp; Mesotherapy: PRP is often combined with microneedling, a Group 1 treatment, as part of skin rejuvenation procedures. Both involve superficial skin penetration, mild trauma, and similar aftercare considerations, yet only PRP remains in Group 3.</p> <p>Lower Risk than Permanent Makeup &amp; Piercing: Permanent makeup and skin piercings are classified in the same group as Group 1 treatments despite introducing foreign pigments or jewellery into the skin, which carry risks of allergic reactions and foreign body responses. PRP, by contrast, is a natural, biological procedure with no foreign material involved.</p> <p>Low Risk of Complications: PRP has a low rate of adverse effects, with mild redness, swelling, and bruising being the most common temporary side effects identical to those seen with mesotherapy and microneedling, which are already in Group 1.</p> <p>Regulated Training Ensures Competency: Level 5 and Level 7 aesthetic qualifications, covering infection control, handling of blood products, and safe injection techniques. This ensures that trained practitioners can safely perform PRP without the need for a HIS registered medical setting. Given the low-risk nature of PRP, available regulated training pathways, and its similarities to Group 1 treatments, it should be reclassified to Group 1 (Licensed Premises), allowing qualified practitioners to perform it without unnecessary medical oversight.</p>

9	Electrocautery (Advanced Electrolysis)	Group 3 (Doctor/Nurse in HIS Clinic)	Group 1 (Licensed Premises)	Electrocautery for skin lesions is taught at HNC and HND levels in Scottish colleges (SCQF Level 8) and is already part of advanced electrolysis training. There is no logical reason to classify it in Group 3 when it is an established part of college-level training.
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