

British Beauty Council Submission to the Health, Social Care and Sport Committee

The British Beauty Council is grateful to be able to provide written evidence following our oral evidence session on Tuesday 2 December to on the Non-surgical Procedures and Functions of Medical Reviewers (Scotland) Bill.

The Council represents the wider industry by supporting sector specific trade organisations, collaborating with Governments, and engaging with a diverse network of patrons and affiliates to raise the reputation of the beauty industry. We see greater checks and balances around aesthetic procedures as a key part of this and firmly support regulation.

When performed badly, these procedures can cause infection, allergic reactions, disfigurement, psychological and emotional trauma and the need for hospitalisation and corrective treatment, often at significant cost to the NHS.

The Council campaigned to achieve the ban on cosmetic fillers in England for under 18s in 2021, via the Botulinum Toxin and Cosmetic Fillers (Children) Act. Together with other stakeholders, the Council was also instrumental in pursuing a new clause in the UK Government's Health and Care Act (2022) which gives the Secretary of State the power to introduce a new licensing scheme for non-surgical cosmetic procedures.

Legislation such as this is of vital importance in protecting members of the public from receiving harmful treatments and we are therefore delighted to be able to contribute to the positive work the Scottish Government is also doing in this space.

The safety of the public and the professional standing of legitimate practitioners are paramount. Below, we outline our support for the Bill's core principles and highlight critical areas where we believe the legislation must go further to ensure effective public protection.

1. What We Welcome

We actively support the Bill's foundational aim to regulate invasive non-surgical procedures that pose a risk to public health. Specifically, we welcome:

- **The commitment to regulation:** We fully endorse the principle that procedures piercing or penetrating the skin require legal sanctions to determine who can provide them and from which premises. The risks of physical and psychological harm associated with these treatments merit action in this area.
- **Restricting high-risk procedures:** We support the Bill's intention to restrict higher-risk procedures (formerly categorised as Group 2 and 3) to regulated professionals and premises. Ensuring these procedures are permitted only by adequately trained and supervised individuals in regulated settings is a vital step for public safety.

2. Where the Bill Should Go Further

While the Bill establishes a necessary framework, we have concerns regarding the removal of specific safeguards that were present in the consultation phase but are absent from the primary legislation. To truly protect the public and professionalise the sector, we recommend the following enhancements:

A. Supervision Requirements

The Bill currently relies on restricting procedures to "permitted premises" (clinics registered with Healthcare Improvement Scotland (HIS)) rather than mandating a specific protocol for supervision. We believe this does not go far enough.

The legislation should mandate that supervision for non-surgical procedures is not just a "management" function but a clinical one. We advocate that a supervisor acting as a "Responsible Person" must be immediately available on-site at all times during the delivery of treatments.

This supervisor should be a designated, regulated prescriber with a minimum of three years of experience and must meet a "fit and proper person" test, including specific education and training in the modality to which they are providing oversight.

The Council also has concerns regarding the significant list of healthcare professionals defined in subsection (2) as "regulated health care professionals" permitted to run and therefore supervise as a "Responsible Person" within a Healthcare Improvement Scotland registered premises. This list currently includes a person who is regulated by any of the following:

- (a) the General Medical Council
- (b) the General Dental Council
- (c) the General Optical Council
- (d) the General Osteopathic Council
- (e) the General Chiropractic Council
- (f) the General Pharmaceutical Council
- (g) the Nursing and Midwifery Council
- (h) the Health and Care Professions Council.

The Council has been working with the UK Government Department of Health and Social Care as part of a designated expert working group and has agreed that this should be restricted to a person who is regulated by any the following:

- (a) the General Medical Council
- (b) the General Dental Council
- (c) the Nursing and Midwifery Council.

In addition, the Council maintains that any supervising regulated health care professional must also have sufficient education and training in the modality they are providing oversight for to ensure a sufficient level of public safety.

B. Education and Training Standards

The Bill functions as framework legislation, leaving specific education and training qualifications to future regulations. To avoid unwarranted variation in public safety, we urge the Committee to ensure the following are embedded in the legislative roadmap:

- **UK-Wide alignment:** We strongly recommend that the Scottish Government agrees on a UK-wide minimum standard for education and training – designating approved regulated qualifications as well as awarding bodies to prevent unscrupulous and poor quality course providers from operating.
- **Infection control:** All licensed practitioners should be required to demonstrate they hold the equivalence of a Royal Society of Public Health (RSPH) Level 3 qualification in Health Protection/Infection Control.
- **Broad competency scope:** Assessments must go beyond anatomy and technique to include patient mental health screening (psychological risk), informed consent, and complication management.

C. Scope of Regulated Procedures

The need for licensing of other 'lower risk' procedures –

The Bill currently excludes "Group 1" (lower risk) procedures, intending to cover them later via secondary legislation under the Civic Government (Scotland) Act 1982. We are concerned this creates a temporary

regulatory gap and would implore the Committee to push for a clear schedule for future licensing regulation of the remaining nonsurgical cosmetic procedures. These were outlined in the previous Scottish Government consultation as Group 1 (although the Council also maintained that some Group 2 procedures should also be permitted to be performed under supervision in a licensed premises and not solely in an HIS registered premises), and include:

- Medium depth peels (that penetrate and destroy the outer layer of skin fully and penetrate into the next layer or upper dermis)
- Photo rejuvenation
- Radiofrequency treatments
- HIFU (high frequency ultrasound)
- Chemical peels that only affect the outermost level of skin
- IPL/LED therapy
- Use of lasers for tattoo removal
- Laser hair removal

Other procedures that should be included in Schedule 1 -

Furthermore, we believe the list of regulated procedures in Schedule 1 should be expanded to reflect additional treatments that carry a higher level of risk.

At present, the Bill introduces restrictions in respect of the following procedures:

- Ablative laser treatment
- Cellulite subcision
- Chemical peel which penetrates deeper than the epidermis.
- Dermal microcoring
- Injectable procedure
- Intravenous procedure
- Microneedling

The Council would advocate for further procedures to be included within the scope of restriction:

- all thread lifting procedures, including PDO thread and cog lifts
- hair restoration surgery, including platelet rich plasma (PRP) therapy
- procedures aimed at augmenting any part of the body, in particular the breast, buttocks and genitals, typically using autologous fat or dermal fillers
- the combination of ultrasound and large bore cannula for the purposes of liposuction
- tooth whitening treatments

D. Public Engagement and Reporting

The Council strongly advocates for the development of a system for the effective recording of adverse incidents and public awareness raising to ensure that all cases that go wrong can be tracked and improvements to safety made as a result. Members of the public need the tools and knowledge to protect themselves.

Conclusion

The British Beauty Council supports the Non-surgical Procedures Bill as a critical step toward a safer, more transparent aesthetics industry. Both Government and industry have a responsibility to protect the public from the harm of infection, allergic reactions, disfigurement, psychological and emotional trauma, hospitalisation and corrective treatment caused by poorly performed procedures. Regulation is of vital importance to reducing the risk of this.

We urge the Committee to recommend strengthening the Bill by adopting the following recommendations:

- **Mandate clinical supervision:** The current reliance on "permitted premises" is insufficient. We call for a requirement for immediate, on-site supervision by designated, experienced prescribers to ensure patient safety is not compromised.
- **Close the regulatory gap:** We request a definitive timeline for the regulation of Group 1 & 2 (lower risk) procedures not currently listed in (or proposed to be added to) the Bill to prevent a legislative void, and the immediate expansion of Schedule 1 to include high-risk modalities such as thread lifts and hair restoration.
- **Refine professional definitions:** To ensure competence aligns with the risks involved, the list of "regulated health care professionals" permitted to supervise must be narrowed to the GMC, GDC, and NMC, mirroring the work currently being undertaken by the UK Government.
- **Enforce UK-wide standards:** Implementing a consistent standard for education and training is essential to protect the public from unwarranted variation and harm.

We believe these amendments are vital to delivering a robust, future-proof regulatory scheme. The British Beauty Council remains at the disposal of the Committee and Scottish Government to assist in refining these standards to ensure the highest levels of public protection.