

Further to the request of 15 December 2025 for views in relation to The Civic Government (Scotland) Act 1982 (Licensing of Non-surgical Procedures) Order 2026, please find below my comments on the proposal (please note, I am an environmental health officer working in business regulation; these comments are my own and do not represent the opinion of my employer):

### **Clarification of Licensable Procedures**

It is noted that both Chemical Peel and Microneedling appear in both the Bill and the Order. Communication from Scottish Government states that,

*“Scottish Government has grouped procedures into those which require the input of a health care professional, whether for initial consultation and the prescribing of medicines or to treat any complications which might arise, and those which do not. The former category are the subject of the Non-surgical Procedures and Functions of Medical Reviewers (Scotland) Bill and the latter are to be subject to a licensing regime run by local authorities put in place by this Order”.*

Clarification is required on this matter in terms of what assurance would be required that a chemical peel would not penetrate deeper than the epidermis, microneedling would not penetrate deeper than 1.5 millimetres into the skin, and the evidence which would be required to satisfy a licensing authority that the activity falls under the Order and not the Bill.

Furthermore, where any procedure which is included in schedule 1 to the Bill is being undertaken on premises, does this preclude activities listed in the schedule to the Order being licensed? If not, what criteria would apply when determining the suitability (e.g. separate rooms within a business premises, etc.)?

### **New responsibilities and duties**

While the administration of a licensing regime will bring additional burden, the current requirement to react on receipt of complaints/enquiries is equally burdensome and does not enable the Local Authority to proactively take steps to protect public health nor assist local businesses to meet their obligations.

### **Resources Required**

There is a need for training of authorised officers, and for clarification on subtleties/nuance of the licensable procedures (see comment above regarding radio frequency treatments).

A guidance document would be required to drive standardisation across licensing authorities and should also include a benchmark on the level of training required by a practitioner in order for them to be deemed competent. It is noted that the draft Bill (for non-licensable activities) includes powers to make Regulations which may specify training or qualifications required by persons performing or supervising a non-surgical procedure. Any such Regulations which impact upon the training/competence requirements for practitioners would require to be in place prior to the commencement of any licensing regime.

### **Public Awareness and Information**

It is apparent that many practitioners involved in the delivery of non-surgical procedures are not aware of impending regulatory changes. Therefore, it is highly unlikely that the public will largely be aware of this proposed change.

There is a need for a campaign to raise public awareness such that those who will require to apply for a licence are aware of the incoming licencing regime, and so that the general public are aware of the regulatory regime such that they are able to make an informed choice if considering undergoing a non-surgical procedure.

### **Provision of Information for Businesses**

While the Order defines both the structural requirements of premises and the procedures to be included in the proposed licensing regime, there is a need for greater clarity and for an awareness campaign.

If enforcing authorities are unclear on the status of certain procedures (i.e. not requiring a licence, or not permitted), it is unreasonable to expect a potential duty holder to have a clear understanding of this.

Furthermore, if the training/qualification requirements are to be defined by Regulations, this must be set out in good time to allow those wishing to apply for a licence to undertake any necessary training ahead of the proposed September 2027 commencement date of the licensing regime. Full transparency on this requirement is required in order for a practitioner to be reasonably expected to be aware of the duty.

### **Specific non-surgical aesthetic procedures allowed under the scheme.**

While the Order defines a clear list of procedures, it would be beneficial if a companion guidance document gave greater detail on the finer details of precisely which treatments are covered by those headings. As the field of non-surgical procedures is relatively new, and is evolving, there is a likelihood of treatments similar to, or developing from, those currently listed to become available in the future. A Scottish Government guidance

document on the application of the licensing regime would be more easily revised and updated than a statutory instrument.

### **Effect of the Order on rogue traders.**

Evidence from across the UK suggests that there are currently many rogue practitioners who are not adhering to the basic precepts of infection prevention and control, and who are failing to implement adequate aftercare procedures resulting in adverse outcomes for their patients. Similarly, there are indications of misuse of prescription-only medications, and widespread general failings to consider the risk to clients before carrying out non-surgical procedures.

It is unlikely that the behaviours those who are flouting existing legislation and regulatory controls will be significantly altered by the Order.

However, the introduction of a licensing regime and raised public awareness (both in terms of potential clients and operators of the types of venues from which rogue practitioners have previously operated) may reduce the availability of premises and clients for unlicensed operators. Considerations on enforcement are covered below.

### **Compliance and enforcement.**

The Order provides transparency for all stakeholders on both the structural requirements for premises in which non-surgical procedures may be carried out, and the documentation which is acceptable as proof of age; this transparency should result in consistency in the enforcement of these aspects and simplify compliance for duty holders.

The clarification of qualitative aspects (such as training and competence) is required to provide the same degree of transparency for all aspects to be considered when determining the suitability of an application.

Thank you for your consideration.