

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

February 2025

### 1. Introduction

1.1 The Professional Standards Authority for Health and Social Care (PSA) promotes the health, safety and wellbeing of patients, service users and the public by raising standards of regulation and registration of people working in health and care. We are an independent body, accountable to the UK Parliament. More information about our work and the approach we take is available at [www.professionalstandards.org.uk](http://www.professionalstandards.org.uk)

1.2 As part of our work we:

- Oversee the ten health and care professional regulators and report annually to Parliament on their performance
- Accredit registers of healthcare practitioners working in occupations not regulated by law through the Accredited Registers programme
- Conduct research and advise the four UK governments on improvements in regulation
- Promote right-touch regulation and publish papers on regulatory policy and practice.

### 2. Answers to Questions<sup>1</sup>

2.1 **Question 4 – Please provide any comments you have in relation to the grouping of procedures and the level of regulation required:**

2.2 We can see benefits in introducing a tiered system within the licensing scheme to account for the fact that certain procedures are higher risk than others and may require greater regulatory oversight. We support the risk-based approach taken by Scottish Government, which should help to ensure that regulatory measures are proportionate and targeted, in line with our *Right-touch regulation* approach. We are not in the position to comment in detail on the risks of specific procedures but have based our response on our knowledge of the regulatory framework.

2.3 We note the proposals for an “Appropriate healthcare professional” to be required to supervise Group 2 procedures, and to be the only ones to carry out the highest risk Group 3 procedures. The consultation defines “Appropriate healthcare professional” as a “doctor, nurse, midwife, dentist, dental care practitioner, pharmacist, or pharmacy technician who is competent and

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<sup>1</sup> Please note that we submitted our response to the consultation in the dedicated online survey. We are publishing this PDF version for transparency.

suitably qualified to offer that procedure, and is operating within their scope of practice.” We assume that only these specified roles will be eligible to carry out such procedures, but think it will be important to make this clear, particularly in view of roles more recently brought into regulation such as Physicians Associates.

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

the unintended consequences that can arise when there is variation on who can access different procedures across the UK.

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

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<sup>2</sup> [What is a liquid BBL? Non-surgical butt lift leads to first death in the UK | The Standard](#)

- 2.20 We believe that anyone undertaking these procedures should have appropriate training and qualifications. Setting standards relating to this will help to ensure consistency and reduce the risks linked to these procedures. Our Standards for Accredited Registers require that the organisation sets appropriate education standards for the role(s) registered and ensures that registrants can identify when referral to another health or social care professional may be required. We therefore suggest that engagement with our Accredited Registers, Save Face and the JCCP, will be beneficial in developing requirements for training and qualifications.
- 2.21 As we set out in our response to the Department of Health and Social Care's 2023 consultation on the introduction of a licensing scheme in England, we think it is important to consider how licensing would integrate with wider regulatory mechanisms. This includes our Accredited Registers programme. We suggest exemptions from licensing are considered for those who can demonstrate appropriate competencies and training, such as through their registration with a statutory regulator or Accredited Register. This could help achieve a targeted and proportionate approach and limit unintended adverse impacts, such as deterring practitioners from joining an Accredited Register due to concerns about the costs of additional measures such as licensing.
- 2.22 Given the assurances the Accredited Register scheme offers, ahead of the introduction of any schemes or regulation, we would urge all eligible non-surgical cosmetic practitioners to join an Accredited Register to demonstrate their competence and reduce risk to the public. The effectiveness of the scheme lies in awareness, and we are keen to work with the Scottish Government (as well as the other UK health departments) to increase visibility of the programme amongst members of the public, and practitioners.
- 2.23 There also needs to be proactive consideration of how licensing proposals might link with other regulatory arrangements to address the risks present in the non-surgical cosmetics sector, such as the Medicines and Healthcare products Regulatory Agency (MHRA). It will also be important that proposals for the licensing scheme are appropriately targeted at the different types of risks present within the sector.
- 2.24 **Question 8a – To what extent do you agree or disagree that the Scottish Government should establish standards of hygiene and health and safety for licensed premises?**
- 2.25 Agree.
- 2.26 **Question 8b – To what extent do you agree or disagree that the Scottish Government should establish standards training and qualification for licensed practitioners?**
- 2.27 Agree.
- 2.28 **Question 8c – To what extent do you agree or disagree that the Scottish Government should establish mandatory insurance and indemnity to**

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

- 2.45 Agree.
- 2.46 **Question 15a – Do you agree or disagree that the following settings should be required to register with Healthcare Improvement Scotland if they are offering non-surgical cosmetic procedures? – GP practices**
- 2.47 Agree.
- 2.48 **Question 15b – Do you agree or disagree that the following settings should be required to register with Healthcare Improvement Scotland if they are offering non-surgical cosmetic procedures? – Dental practices**
- 2.49 Agree.
- 2.50 **Question 15c – Do you agree or disagree that the following settings should be required to register with Healthcare Improvement Scotland if they are offering non-surgical cosmetic procedures? – Community pharmacies**
- 2.51 Agree.
- 2.52 **Question 16– Do you agree or disagree that Healthcare Improvement Scotland should have powers of inspection, including powers of entry and inspection of unregistered settings where there is reason to believe registration is required?**
- 2.53 Agree.
- 2.54 **Question 17– Which of the following statements is closest to your view? (please select only one option)**
- 2.55 There should be a lower age limit under which clients should not be allowed to undertake an NSCPs (different ages are considered in Question 18).
- 2.56 **Question 18 – Regardless of your answer to question 17, if an age limit is to be put in place please indicate for each procedure group what you think is the appropriate age to be set for the procedures in that group.**
- 2.57 For procedure group 3 we believe that it should be limited to clients aged 18 and over on the basis of known risks. Botulinium Toxin and fillers, both in Group 3, are banned for under 18s in England and so this is likely to promote a consistent approach.
- 2.58 **Question 19 – Do you agree or disagree that procedures on intimate areas should only be available to clients of 18 years of age and over?**
- 2.59 Agree.
- 2.60 **Question 27 – Further information about your organisation’s response. Organisations may use this space to provide additional context for their response. This could be information about, for example: any research yr organisation undertook to inform the response; any engagement with your members or audience undertaken to inform the response.**
- 2.61 We think it is important that the licensing scheme is simple and transparent to allow the public to easily understand requirements when choosing who to receive non-surgical cosmetic treatments from. We think further clarity is

needed on how such requirements will be communicated to the public. For example, how will the public know that the procedure they wish to undergo should only be carried out by a qualified and regulated professional as opposed to procedures that fall within other categories of the tiered system?

- 2.62 It would also be helpful to understand how these requirements will be enforced, i.e. will professional regulators be expected to ensure that their registrants are only carrying out such procedures if they have the appropriate qualifications, and how will this work in practice.

### **3. Further information**

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

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