

Introduction

[Consumer Scotland](#) is the statutory body for consumers in Scotland. Established by the Consumer Scotland Act 2020, we are accountable to the Scottish Parliament. We responded to the Health, Sport and Social Care Committee's [Call for Evidence](#) in November and gave evidence to the Committee on [2 December](#). We also [provided written evidence on the Civic Government \(Scotland\) Act 1982 \(Licensing of Non-surgical Procedures\) Order 2026](#) regarding the regulation of lower-risk procedures. Our comments are limited to Part 1 of this Bill.

Key points for the Stage 1 debate on 5 February

Consumer Scotland welcomes the intention to protect consumers who wish to access non-surgical procedures from harm and supports the Bill.

In this short briefing we highlight a number of areas where further work or amendment of the Bill can help to further improve outcomes for consumers. These areas include: :

- **Information:** Consumers need to be provided with clear and timely information to help them make informed decisions about if and where to have treatment. **We recommend that the Bill is amended at stage 2 to allow Scottish Ministers to specify the types of information that should be provided to consumers to promote informed choice.**
- **Accountability and Redress:** Consumers need to trust that their provider is insured and qualified, and they should be able to find out how to pursue redress if they are unhappy with their treatment. Secondary regulations should include such requirements. We recognise that many providers are small businesses and will need support to help them comply with regulations.
- **Enforcement:** Effective and appropriately resourced enforcement is necessary to reduce and prevent harm to consumers. We welcome the additional powers enabling Healthcare Improvement Scotland to proactively search premises, but seek assurances around how compliance will be monitored and how the most egregious breaches can be prevented in practice.

Information

- To maximise the benefits that the Bill can deliver for consumers, practitioners and clinics must be required to provide consumers timely with clear, accessible information around the nature and the short/medium/long-term risks of procedures, after care instructions, success rates, practitioner qualifications, premises registrations, and any other necessary information to enable consumers to make a well-considered decision. **We recommend**

amending the Bill to allow Scottish Ministers to specify by Regulations or Statutory Guidance what information should be provided to consumers. We welcome the Health Social Care and Sport Committee's recognition that more systematic data gathering, including monitoring of complication and success rates, is required. **We support the Committee's request that the Scottish Government should set out what additional data-gathering will be carried out, who will be responsible for this and how this will be resourced.**

- We welcome the Health Social Care and Sport Committee's recommendation that the Scottish Government should commit the necessary resources to implement public awareness work.
- We welcome the inclusion of conditions in the Licensing Order requiring that, for lower-risk procedures, *"information, in an easy to understand format, is provided to prospective clients to explain (i) the process for administering non-surgical procedures, (ii) the risks of each procedure, and (iii) the aftercare requirements of each procedure."*
- **We also recommend that there should be a requirement for all providers, whether regulated under the Bill or the Licensing Order, to inform consumers about their complaints process, signposting to advice, and redress options and we recommend that the Bill is amended to reflect this.**
- We agree with the Health Social Care and Sport Committee that it will be necessary for the Scottish Government to work with the Advertising Standards Authority and Committee for Advertising Practice to ensure that advertising procedures are accurate, do not mislead and do not make consumers feel pressured into making choices.

Accountability and Redress

- **We recommend that the requirements for professional registration, indemnity and insurance and signposting to professional regulatory and complaints bodies be specified in regulations.** We echo the Committee's call for clarity regarding the minimum training and qualification standards required to be demonstrated by practitioners and supervising practitioners within each discipline of the procedures covered by the Bill.
- If professional standards are adopted, members should be required to display their accreditation in communications and on physical premises.
- **We recommend that the Scottish Government ensures that clear plans are in place to signpost businesses to sources of support, accessible guidance, and potential funding** to help them meet the new regulations. We welcome the Health Social Care and Sport Committee's request for the Scottish Government to set out its plans in this area, including whether it plans to provide any financial support to businesses.

Enforcement

- If the new regulations are difficult to enforce in practice, this may lead to unintended consequences, such as procedures continuing to be provided outside of the regulations and therefore presenting a potentially higher level of risk for consumers.
- Having highlighted the need for enforcement bodies to be appropriately resourced, we welcome the Health Social Care and Sport Committee's call for the Scottish Government to put in place necessary additional short term funding to allow Health Improvement Scotland

to properly enforce the Bill. If needed, similar commitments could be made for local authorities regarding the enforcement for lower risk procedures to ensure consumer safety.

- We would welcome further information on how the Scottish Government and regulators intend to monitor compliance across settings and how they will address the risk of rogue operators, There is a need for clear reporting channels to allow consumers or professionals to report unsafe or illegal practices to the relevant authorities.

Considerations around the broader regulatory framework

The Bill and the Licensing Order are intended to take effect from 6 September 2027. There are a number of issues that will need to be addressed before this.

- **UK Government collaboration:**
 - Due to Part 3 of the UK Internal Market Act, the Scottish Government is not able to determine requirements around training, and what “supervision” by regulated healthcare professionals would entail. We highlight the importance of a consistent, safe approach throughout the UK to avoid cosmetic tourism. We welcome the Committee’s acknowledgement of such concerns and agree that a public information campaign will be helpful, but consider that the only way to address this risk is through consistent and timely regulation throughout the UK.
 - While this Bill regulates where non-cosmetic procedures can take place, regulation making powers around [who can supply or administer Prescription-Only Medicines](#) like Botox lies at a UK-level. To improve consumer safety, we recommend that the Scottish Government engages with the UK Government to ensure there are clear regulations around who can supply or administer Botox. We welcome the Committee’s calls for the Scottish Government to indicate what further action it will take to address concerns around the classification and regulation of certain substances, and recognise that this may require acting in coordination with the UK Government and the Medicines and Healthcare products Regulatory Agency.
- **Licensing Order for lower-risk procedures:** Consumers need a clear, streamlined journey between the two parts of the new regulatory system to enable them to make informed and considered, evidence based decisions. They must be easily able to understand how their desired procedure is regulated, and to find a compliant practitioner with success ratings they are comfortable with.
 - There are procedures that could fall within either category of regulation, depending on how deep the needle penetrates (i.e. in microneedling practices it can remain either under or cross the 1.5mm depth threshold). This emphasises the need to ensure clear treatment planning to reduce the risk of inadvertent administration by an unqualified practitioner. We would welcome further clarifications on the monitoring and enforcement of procedures that could fall under either the Licensing or Bill regimes, to ensure consumer safety for every procedure.

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