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Convener
Health, Social Care and Sport Committee
The Scottish Parliament
Edinburgh
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31 May 2024

Dear Clare

Thank you for inviting me and for the opportunity to introduce the two SSIs relating to the regulation of independent healthcare to the Health, Social Care and Sport Committee on 21 May 2024.

During the meeting I committed to providing additional information on the Scottish Government's work on expanding the scope of regulation for procedures provided by individuals who are not healthcare professionals, specifically non-surgical cosmetic procedures.

As I said in Committee in response to Sandesh Gulhane, I share the concerns he raised around the regulation of non-surgical cosmetic procedures and we are currently considering what further regulation may be necessary for this.

This is something, as I indicated to Committee, that we are undertaking with valuable input from a number of stakeholders and I share the information below in the hope it will be helpful to the Committee.

As background, the Scottish Cosmetic Interventions Expert Group (SCIEG) was set up following the [Keogh Review](#) (Review of the Regulation of Cosmetic Interventions – published April 2013) to provide advice on options to assure safety, effectiveness and quality for users of cosmetic interventions in Scotland.

The expert group is comprised of healthcare professionals (including representatives from the British Association of Cosmetic Nurses and British College of Aesthetic Medicine), hair and beauty industry representatives, environmental health officers and Healthcare Improvement Scotland (HIS).

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The [SCIEG report](#) in July 2015 recommended a three-phase approach to the regulation of cosmetic procedures in Scotland.

The implementation of the first phase of SCIEG's recommendations saw independent healthcare clinics where services are provided by a doctor, dentist, nurse, midwife or dental care professional brought under HIS regulation from 1 April 2016. This included clinics that offer non-surgical cosmetic or aesthetic procedures.

Addressing SCIEG's Phase 2 recommendations has involved consideration of further regulation of non-surgical cosmetic procedures that pierce or penetrate the skin (such as dermal fillers and wrinkle treatments), carried out by individuals who are not qualified health professionals and who work from non-regulated premises, such as beauty salons and hairdressers.

A [public consultation](#) in 2020 on the regulation of non-surgical cosmetic procedures was the initial phase of work to progress with these recommendations. The [response](#) showed strong support (98%) for the further regulation of non-surgical cosmetic procedures that pierce or penetrate the skin.

The Scottish Government's response stated that the initial priority from a clinical safety perspective was to consider regulating the administration of dermal fillers, as we are aware, if they are administered incorrectly, they can cause long term damage that can only be reversed or limited by the urgent administration of specific prescription-only medication. We also committed to scope other procedures to consider any need for further regulation

Since that response in 2022, we have become aware that there are an increasing number of non-surgical cosmetics procedures available that have potential for harm. It is therefore essential that we consider the non-surgical cosmetics sector more broadly, and that any proposals we develop around potential future legislation are robust, flexible, and future-proof to maintain pace with the emergence of any new procedures in this changing landscape.

Therefore, it was decided to reconvene SCIEG in November 2023 to gather insight into the current non-surgical cosmetics landscape. This has been a critical step to help us ensure the details of any potential further regulation is right. The group now meets regularly, with the most recent meeting taking place on the 28th May 2024.

The expert group has been considering a number of areas, including classification of procedures based on associated risks and complication management, age restrictions, and the levels of training/qualifications/supervision required to perform these procedures safely.

Part of the SSI package that I introduced to the Committee relates to SCIEG's Phase 3 recommendations, to consider independent services provided by other healthcare professionals. This will allow HIS to regulate independent healthcare services provided by pharmacists and pharmacy technicians (from premises other than General Pharmaceutical Council (GPhC) registered pharmacies and/or outwith the terms of NHS contracts). This specific piece of legislation is another important step in the regulation of non-surgical cosmetics. My officials and HIS will continue to assess the independent healthcare sector and consider bringing forward regulation of other healthcare professionals in the future.

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I trust members of the Health, Social Care and Sport Committee will find my response helpful. I will respond to the Committee's separate request for further information on its inquiry into remote and rural healthcare in due course.

Yours sincerely



NEIL GRAY

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