

The British Association of Beauty Therapy & Cosmetology (BABTAC) is grateful to be able to provide written evidence following our oral evidence session on Tuesday 2 December to the Health, Social Care and Sport Committee on the Non-surgical Procedures and Functions of Medical Reviewers (Scotland) Bill.

BABTAC together with our educational arm, The Confederation of Beauty Therapy and Cosmetology (CIBTAC - an OFQUAL regulated International Awarding Organisation) form our not-for-profit organisation. BABTAC was established in 1977 with the main objective of raising the level of professionalism in the beauty industry and ensuring the standardisation of fit for purpose qualifications.

We are also one of the UK's premier membership association and insurance providers for aesthetic, beauty, hair, and wellbeing therapies. We are a self-regulating body dedicated to upholding a rigorous ethical code and professional practice standards in order to maintain the welfare of our members, regulation of the industry and promoting public awareness of the importance of choosing an appropriately qualified, verified and insured therapist.

We have campaigned tirelessly to achieve further regulation within the sector to support and promote responsible therapists and businesses through collaboration with Government, likeminded industry organisations and a diverse network of patrons and affiliates.

Historically this has included (but not limited to):

- As a decade long contributor to the Cosmetics Informed and Empowered Public Sub-Group, part of the Scottish Government's Interventions Expert Group, Lesley Blair MBE, CEO of BABTAC, has been a long term advisory to the Scottish Government on this campaign.
- Non-surgical Cosmetic Interventions: BABTAC gave extensive contribution to the consultation led by Sir Bruce Keogh, including submission of regulatory frameworks. Formal recommendation was for mandatory regulation; ultimate adoption was voluntary regulation.
- Consumer awareness campaigning including our 'Qualified, Verified and Insured' campaign to encourage consumers to use a reputable therapist / salon.
- Launched our Make Beauty Safe Petition Campaign in 2021
- More recently launched our T.I.M.E campaign – a further initiative to help consumers signpost their way to salon safety was launched at Parliament on January 26th 2023
- Representation on key industry committees including BSI, the Sector Skills Councils & JCCP
- On the back of all the contributions, correspondence and collaborations during COVID our alliance secured a newly-formed, sector-specific team within government dedicated to supporting Personal Care.
- Representation in Parliament through the Hair & Cosmetology APPG and the Beauty, Aesthetics & Wellness APPG
- we campaigned with other stakeholders to ban cosmetic fillers for under 18's in England in 2021 and were instrumental in pursuing an achieving inclusion of Section 180 in the Health and Care Act 2022 which gives the State the power to introduce a new licensing scheme for non-surgical cosmetic procedures in England.

## **Where we agree with the amended proposed Bill**

**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.

## **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 the high risk (those formerly categorised as level 2 & 3) 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.

BABTAC 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.

BABTAC 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, BABTAC 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.

We strongly recommend that these procedures are included in the legislation BUT proportionate to the risk level so Group 1 procedures should be permitted to be performed in a licensed premises by a licensed practitioner **but not solely in an HIS registered premises and without the further requirement of medical prescriber oversight.**

These 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
- Microneedling to a depth of 1.5mm
- Laser hair and tattoo removal
- Laser treatments for acne scarring, sun damage and treatment of skin lesions (but only non-ablative treatments)
- IPL and LED therapies

**Other procedures that should be included in Schedule 1 (those requiring medical oversight- originally Group 2 & 3)**

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 **(Please note we did previously advise that this needs further clarification on the depth as those up to 1.5 were confirmed as Group 1 procedures NOT requiring medical oversight)**

BABTAC would also 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**

BABTAC 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**

BABTAC 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 **proportionate** 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. BABTAC will remain at the disposal of the Committee and Scottish Government to assist in refining these standards to ensure the highest levels of public protection.