

## QUESTIONS TO JENNI MINTO – 14 DECEMBER 2025

1. You keep repeating that this Bill is about “safety” and “public protection”, yet a lot of what you are proposing looks like handing a commercial monopoly to a small group of organisations, such as BAMAN, and rather than protecting people in Scotland; can you explain specifically why this is not the case, and what safeguards exist to prevent monopoly control?
2. Given that the NHS in Scotland is already under severe strain, how have you assessed the risk that your proposals will encourage nurses and doctors to leave NHS roles, retain registration, and move into private aesthetics, and what measures will you put in place to prevent adverse workforce impacts?
3. In the absence of verified complication figures for aesthetic treatments in Scotland, why are you continuing to rely on numbers from a handful of voluntary registers (BAMAN, JCCP, SMASG, BCAM & Save Face) and charities with obvious commercial interests (JCCP & BCAM), and please confirm that you will publish the evidential basis and verification method used for all statistics that have influenced policy?
4. You have not once meaningfully listened to thousands of independent aesthetic practitioners who report that they face losing their jobs, businesses, income, family homes and premises if this Bill proceeds in its current form; when, precisely, will you meet with a representative group of independent practitioners, such as the IAP members, and how will you demonstrate that their evidence has been reflected in policy decisions?
5. What assessment has been undertaken of the mental health impact of this Bill and the prolonged uncertainty surrounding it, particularly on a largely female workforce, and will you publish that assessment in full?
6. You know that Healthcare Improvement Scotland is already under strain; where is the published capacity plan that demonstrates HIS has the staffing, funding, systems and realistic timescales required to regulate a whole new sector of small clinics? Additionally, will there be tiered pricing, loans available, grants for small businesses?
7. You know that people in Scotland are already self-injecting botulinum toxin and fillers bought online; how have you assessed the likelihood that restricting or closing safe, insured clinics will increase self-injection, cosmetic tourism and underground provision, and what is your mitigation plan, bearing in mind that the MHRA is already under significant pressure dealing with online supply and misuse of slimming injections?
8. You have offered no serious answer to how perhaps 100,000 clients will access treatment if thousands of experienced practitioners are effectively

removed from the workforce overnight; what workforce modelling have you undertaken, and when will you publish the assumptions and figures?

9. Why are you still relying on advice from a very small group of organisations (BAMAN, JCCP, BCAM, Save Face) that have run a long campaign promoting their own commercial position, and when will you publish a full stakeholder map showing who influenced this Bill, what meetings took place, and what conflicts of interest were declared and managed? We have numerous dossiers relating to conflict of interest with all of the above organisations.

10. The NHS is running public health campaigns to vaccinate people in pubs and community venues, yet you plan to shut down hundreds of licensed, inspected home-based clinics run by women serving their local communities; how do you justify this inconsistency, what evidence supports closing home-based premises that meet hygiene and inspection standards, and how is this position compatible with the fact that care workers and healthcare professionals routinely deliver services in clients' home environments every day?

11. You have completely ignored tattooing and piercing. These procedures breach the skin, carry recognised infection risks, and are already carried out successfully under local authority licensing. Why have they not been addressed with the same intensity as injectables, and how can the Government claim to be delivering a comprehensive "safety" framework if higher-volume, lower-margin treatments are effectively outside scope? We therefore ask whether this omission exists because such treatments are not commercially attractive to doctors or nurses.

12. You talk about "evidence-based policy"; where is the transparent Equality Impact Assessment and Fairer Scotland Duty analysis that properly considers women, small businesses, carers, rural areas and disabled practitioners, and when will you publish it?

13. You say you support small businesses and local economies; what economic impact assessment has been conducted to quantify the loss of viable clinics from towns, villages and islands, and what replacement service or transition plan is being offered?

14. You say you care about women's economic independence; how do you justify targeting an overwhelmingly female workforce, including single parents and carers, and what specific protections are you putting in place to avoid disproportionate harm?

15. You state that you want to relieve pressure on the NHS; how have you assessed the risk that reducing access to community-based private services will drive complications, anxiety and complaints back into an already overloaded NHS, and will you publish that risk assessment? It should also be noted that NHS surgeries and hospitals do not routinely maintain a dedicated, standardised record of

complications arising from aesthetic procedures, so what data source is the Government relying on to quantify the current burden and predict future impact?

17. You insist that this has been a fair consultation; When will you publish a full account of consultation meetings, invitations, notice periods, attendee lists, and how submissions were weighted, and can you explain why independent practitioner voices were not included on an equal basis? This will be the subject of an FOI if necessary.

18. You regularly speak about the cost of living crisis; what analysis has been undertaken of the risk of debt, arrears and repossession for households whose only income is from aesthetics, and what mitigation or transition is planned?

19. You claim the Bill is about “standards”; where is the national training standards framework that recognises existing qualifications, competence and experience of independent practitioners rather than directing everyone into a single preferred route, when will it be published, and how will the Government take into account practitioners with extensive injecting experience, including those with nearly two decades of established, complication-managed practice?

20. You claim to value “rural access” and “community care”; how will your model avoid centralising provision into city-based, medically led clinics and leaving rural and island communities without lawful, affordable access, and what evidence supports your proposed access model?

21. You talk about human rights, proportionality and non-discrimination; how do you justify wiping out a diverse, mainly female micro-business workforce on the basis of patchy evidence and lobbying from a small circle of organisations, and what proportionality test has been applied?

22. You celebrate “women in enterprise” and “entrepreneurship”; how does this Bill align with Scottish Government commitments to women-led enterprise when it targets one of the sectors where women have built successful, flexible, independent careers, and will you publish the policy compatibility assessment?

23. Who do you believe this Bill will benefit?

Who do you believe the Bill will benefit, because it certainly will not be Independent Aesthetic Practitioners, and it will not be the public either. The public will face reduced availability, significantly higher prices, rushed treatments fitted in between NHS shifts, inflexible appointment times, and the practical burden of multiple separate appointments and journeys for each treatment. Many clients will be forced to travel long distances to cities and larger towns, with limited or no realistic availability for island communities. The only group we can clearly see benefiting is the membership base of BAMAN.

Further, how does the Government justify the implied safety narrative, given that hospitals and surgeries manage high volumes of complications and adverse events

daily across healthcare, whereas incidents in the insured aesthetics community are typically minor and managed within established aftercare and escalation pathways?

Further matters requiring direct answers:

23. Will the Scottish Government acknowledge that all responses and non-responses to these questions are being formally retained as evidence for a potential judicial review should the Bill result in thousands of practitioners losing their jobs?

24. Has any funding been set aside for the hundreds, if not thousands, of compensation claims that are likely to arise if the Bill removes the ability of existing lawful businesses to operate, including claims for:

- leased clinical and treatment equipment
- leased or mortgaged premises
- home-based clinic conversions
- professional stock and injectables
- refrigeration and specialist storage
- insurance policies and extended cover
- training costs and qualifications
- business loans and credit agreements
- loss of earnings and business goodwill
- redundancy and contractual liabilities
- fitting-out costs (plumbing, electrics, ventilation, cabinetry)
- deposits (premises, equipment leases, utilities)
- software subscriptions (booking systems, CRM, website, payment plans)
- marketing spend (branding, signage, websites, advertising)
- staff costs (training, notice pay, redundancy, contractor termination fees)
- professional fees (accountancy, legal, compliance consultancy)
- finance charges (early termination fees, interest, penalties)

25. Is the Government aware that affected practitioners are now engaging with a Trade Union that represents self-employed workers and small business owners, and can provide legal support in relation to employment loss, discrimination and state-led economic harm, and will you confirm whether you will engage with that Trade Union in relation to these impacts?

26. Why does the Government continue to rely on evidence from BAMAN, the JCCP and Save Face, given that Save Face's PSA Accredited Register status is subject to PSA conditions, that the JCCP has been subject to Charity Commission regulatory scrutiny, and given that we hold significant evidence indicating that the primary drivers behind this Bill include commercial monopoly interests rather than demonstrable improvements in client safety?

27. Why has Jill Best been permitted to influence a Member of the Scottish Parliament in relation to this Bill, when she was a leading member of a WhatsApp group alleged to be corrupt and was reported to the NMC for a breach of GDPR, and what due diligence has been undertaken by the Government in relation to her involvement, credibility and influence on policy development?

Questions on evidence submissions and ongoing information gathering

28. Will you confirm, in writing, that you will accept and consider our evidence submission by mid-January, including evidence from those impacted gathered through a Google Sheet form?

29. Will you confirm that you will accept and consider evidence collated by Faces regarding the percentage of nurses who state they only do aesthetics as extra income and have no actual interest or passion for it, and will you explain how workforce motivation and retention risks are being considered?

30. Will you confirm that you will accept and consider dossiers regarding the commercial nature of the JCCP and commercial links to Hamilton Fraser, and will you address the relevance of the fact that BAMAN were funded to create the JCCP, particularly given the substantial reliance on evidence from BAMAN throughout this process?

31. Will you confirm that you will accept and consider a dossier regarding conflicts of interest involving Environmental Health Officers sitting on the Board of the JCCP and using their influence in the process of regulation, and will you explain what safeguards exist to prevent regulatory capture?

32. Will you confirm that you will accept and consider evidence regarding the unethical raiding of salons in Glasgow and Edinburgh by Environmental Health Officers acting on information supplied by BAMAN and SMASG, and will you commit to investigating whether any enforcement activity has been influenced by lobbying bodies rather than objective evidence?

33. Will you confirm that you will accept and consider our FOI-based evidence, including FOIs concerning all of the above matters, and will you commit to publishing the Government's responses and underlying records as part of transparent policy-making?

34. Given that no Scotland-specific complication data has been collected by the Scottish Government, why has this not been undertaken before progressing

the Bill, and will you now commit to collecting and publishing Scotland-specific baseline data?

35. Given that we understand Save Face data is unverified, including confirmation by the NMC in an FOI, will you confirm whether Save Face data has been used in any way to shape policy, and if so, will you identify exactly where it was used and what verification was applied?

36. As the IAP grows and will soon represent thousands of members, why have the majority of practitioners in Scotland been omitted, excluded and not listened to, and what immediate steps will you take to correct that exclusion?

37. Will you confirm that it is incorrect to suggest that BABTAC represents independent injectors in Scotland, given that Lesley has confirmed in writing multiple times that she is against therapists performing injectables, and will you clarify which bodies you consider to be legitimate representatives of independent aesthetic practitioners?

38. Will you confirm that the Scottish Government has considered public preference and access issues, including the fact that many members of the public do not wish to attend hospital environments and do not wish to have treatments from doctors and nurses who approach aesthetics through a medicalised lens, and will you explain how you will protect patient choice and access to client-centred care?

39. Who do you believe this Bill will benefit?

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Further, how does the Government justify its implied safety narrative, given that hospitals and GP surgeries manage large volumes of complications and adverse events every day across healthcare, while incidents arising within the insured aesthetics community are typically minor and managed through established aftercare and escalation arrangements?

## HIS RELATED STATEMENT AND QUESTIONS FOR JENNI MINTO

### STATEMENT

At present, there is no publicly available evidence that Healthcare Improvement Scotland has the staffing, inspection capacity, or funding required to regulate a sudden and substantial increase in clinic numbers. HIS currently regulates

approximately 550–600 services, with registration processes that already take several months. Proposals that could add around 1,000 additional clinics represent more than a doubling of the existing regulatory workload.

Without a published resourcing and delivery plan, there is a serious risk that regulation will be delayed, inconsistently enforced, or financially unsustainable. That would affect compliant practitioners and could undermine public protection rather than strengthen it.

#### QUESTIONS FOR JENNI MINTO

1. What evidence does the Scottish Government have that Healthcare Improvement Scotland has sufficient staffing and inspection capacity to regulate an additional 1,000 non-surgical aesthetic clinics?
2. Has any formal modelling been undertaken on the number of inspectors, administrative staff, and enforcement resources required for this expansion, and will this be published?
3. What additional funding, if any, has been allocated to HIS specifically to support regulation of non-surgical aesthetic clinics?
4. If additional funding has not been allocated, does the Government expect higher registration and annual fees to be passed on to practitioners, including small independent clinics?
5. How does the Government intend to prevent long registration delays that could force otherwise compliant clinics to cease operating due to regulatory backlogs?
6. What assessment has been made of the impact this expansion will have on inspection frequency and oversight of existing regulated healthcare services?
7. Will the Government commit to publishing a clear implementation plan, including staffing numbers, costs, and timescales, before any new regulatory regime is brought into force?