

Health, Social Care, and Sport Committee

Civic Government (Scotland) Act 1982 (Licensing of Non-surgical Procedures) Order 2026 – Summary of evidence

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Introduction

The Scottish Government laid [The Civic Government \(Scotland\) Act 1982 \(Licensing of Non-surgical Procedures\) Order 2026](#) on 10 December 2026, which is subject to the affirmative procedure.

The Order is part of a larger plan by the Scottish Government to regulate the non-surgical cosmetic procedures industry. This [SPICe blog](#) gives background to the provisions in the Order.

The Order establishes a licensing scheme for the provision of certain non-surgical procedures which pierce or penetrate the skin, and do not require the input of a health care professional. These are the ‘lower risk procedures’ that are referred to in the [Non-surgical Procedures and Functions of Medical Reviewers \(Scotland\) Bill](#),

which the Committee is currently considering at Stage 1. The Bill focuses on higher risk procedures and sets out where and by whom they can be carried out.

This [SPICE blog](#) examines the difference between the Order and the provisions in the Non-surgical Procedures and Functions of Medical Reviewers (Scotland) Bill.

This analysis contains the following separate summaries:

- Responses to the Committee’s call for views on the Bill, where licensing was referred within a response. This was open for views between 10 October and 14 November 2025. The full [SPICE evidence summary for the Bill](#) is published online.
- Responses to the Committee’s call for views on the Order. This was sent to selected stakeholders and was open for views between 15 December 2025 and 9 January 2026.

Responses to the call for views on Bill (in relation to licensing)

A number of responses (69 responses) to the Committee’s call for views on the Non-surgical Procedures and Functions of Medical Reviewers (Scotland) Bill referred to a local authority licensing model in their submissions. This section provides a short summary of these views.

During scrutiny of the Bill at Stage 1, the Committee heard that most people agreed that regulation of non-surgical procedures was required to improve standards and patient safety. However, there were differences of opinion on how that regulation would work in practice. Some non-medical aesthetic businesses suggested a tiered system based on risk. They called for more procedures to be included under a local authority licensing scheme instead of limiting them to healthcare professionals under the provisions of the Bill.

On the whole, respondents agreed that licensing is necessary to protect the public and raise standards. Respondents saw licensing as a way to ensure hygiene, competence, and accountability across the sector.

It’s unclear whether respondents fully understood what a licensing scheme would involve. Many supported licensing in general but didn’t say if they thought it should cover both the practitioner and the premises, or just one. Some responses highlighted different priorities in regard to this:

- [One respondent](#) stated their view that “every practitioner should be working from a licensed premises”,
- [another](#) stated their view that “the government should be focusing on giving the individual a licence to make sure they practise up to standard, rather than focusing on the cleanliness of where they work from”, and

- [a third](#) stated their view that the “licensing of settings is a welcome step, but the true risk to patients lies in the hands of the person administering the treatment”.

When reflecting on the procedures specified in the Non-surgical Procedures and Functions of Medical Reviewers (Scotland) Bill, many respondents from non-medical aesthetic businesses thought that these procedures should be regulated through licensing rather than HIS regulation. [One respondent](#) argued:

“Previous consultations have shown that these treatments can be suitably regulated through a licensing scheme similar to the existing skin piercing license managed by local authority environmental health officers. This approach would allow for safe treatment delivery by qualified skin therapists while ensuring public safety.”

Others advocated for a tiered licensing model including both low and high-risk procedures which would address concerns around costs and practical considerations for small businesses to comply with regulation. One respondent argued that:

“A better balance would be:

- Tiered licensing proportional to treatment risk (e.g. low-, medium-, high-risk categories).
- Competency-based regulation, linked to qualification level (e.g. Level 7), rather than professional title alone.
- Local authority oversight, which can inspect and license safely without HIS-level financial burden.”

Many respondents advocated linking the licensing scheme to mandatory training standards, such as Level 7 qualifications, and proper sourcing of products. In its submission the [British Association of Medical Aesthetic Nurses](#) argued that “the most sterile room in the country is of no value if the person holding the syringe is unqualified, unregulated, appropriately trained and unaccountable.”

While most submissions that referred to licensing did so in passing or as part of a larger response on the Bill’s provisions, the [submission from the Joint Council for Cosmetic Practitioners \(JCCP\)](#) focused extensively on licensing.

The JCCP describe licensing as the cornerstone of effective regulation, ensuring that both premises and practitioners meet rigorous, enforceable criteria. They argued that every practitioner performing procedures listed in the Bill should be required to hold a licence and operate from licensed premises. The submission sets out proposals for a dual licensing system that includes:

- Premises licence: Non-transferable, covering hygiene, infection control, sharps disposal, emergency kit availability, and compliance with safety protocols.

- Practitioner licence: Portable, specifying permitted treatments, insurance, safeguarding checks, and evidence of competence.

The submission supports a risk-tiered licensing model, where higher-risk procedures require stricter conditions, including on-site supervision by a regulated prescriber. Lower-risk treatments could have proportionate requirements. They call for a national public register of licensed premises and practitioners to improve transparency and consumer confidence, as well as a requirement for all licensed practitioners to possess relevant business and malpractice indemnity insurance.

The JCCP agrees that licensing should be tied to nationally agreed education and training standards. JCCP recommends that practitioners demonstrate competence through recognised qualifications aligned with UK frameworks, covering anatomy, complication management, infection control, and psychosocial assessment. They also call for mandatory CPD and annual updates to maintain standards.

They also argue that licensing should include requirements for traceability of medicines and devices, compliance with Medicines and Healthcare products Regulatory Agency (MHRA) standards, and proper storage. Practitioners must demonstrate sourcing from legal suppliers and maintain records for inspection. They also advocate for all licensed practitioners to be required to record and report all complications that might arise from their treatments to the MHRA via the national Yellow Card Scheme.

Responses to the call for views on the Order

The Committee wrote to selected stakeholders on 15 December to request written views in relation to the Order, this correspondence is included at **Annexe A**.

The Committee received 20 responses which are published on the [Committee's webpage](#). These included submissions from 12 local authorities, Consumer Scotland, David Buchanan (Environmental Health Officer, responding as an individual), East Ayrshire HSCP, the Federation of Small Businesses, Healthcare Improvement Scotland, the Society of Local Authority Lawyers and Administrators in Scotland (SOLAR) Licensing Group, the Royal Environmental Health Institute of Scotland (REHIS), and a supplementary submission from members of the REHIS Health and Safety Co-ordinating Group - Skin Piercing Working Group. This section provides a short summary of these views.

Across responses to the Committee's call for views, there was broad support for the introduction of the Licensing of Non-Surgical Procedures Order.

Most organisations agree that licensing is necessary to improve public safety and raise standards within the sector. Organisations generally welcome the proposals and view them as a positive step toward better regulation. However, respondents had concerns about practical implementation, particularly around resourcing, training, and clarity of guidance. These are explored below:

New responsibilities and duties

Some stakeholders noted that the Society of Chief Officers of Environmental Health in Scotland does not expect a large number of new licensing applications under the Order but acknowledged that it will introduce new duties for local authorities, including licensing, inspections, and enforcement of nonsurgical procedures.

Respondents argued that these responsibilities differ from existing regulatory frameworks and the [SOLAR Licensing Group](#) raised concerns about placing medical issues, and potentially medical negligence, within the remit of local authority officers, many of whom do not have specialist experience in medical matters. While only lower risk procedures are proposed for local authority regulation, some respondents noted that complaints of a medical nature are still likely to be directed to councils.

Local authorities also highlighted difficulties in interpreting technical thresholds to distinguish between procedures regulated locally and those overseen by Healthcare Improvement Scotland under the Nonsurgical Procedures and Functions of Medical Reviewers (Scotland) Bill. [The City of Edinburgh Council](#) observed that officers will require specialist training on nonsurgical aesthetic procedures, emerging technologies, and the legal interface between civic licensing and healthcare regulation.

Respondents also emphasised the need for clear procedural boundaries and a defined implementation timetable.

Scope of Procedures

Respondents were concerned that there was ambiguity around which procedures fall under the Order versus the Bill. In their submissions, local authorities are seeking clarity on technical thresholds, such as penetration depth for microneedling or chemical peels, and how emerging treatments will be categorised. Without this, respondents argued that enforcement would be inconsistent and businesses may misapply for licences. [David Buchanan](#), an Environmental Health Officer said:

“Clarification is required on this matter in terms of what assurance would be required that a chemical peel would not penetrate deeper than the epidermis, microneedling would not penetrate deeper than 1.5 millimetres into the skin.”

Some local authorities noted that officers will need training to understand the risks linked to the procedures requiring a licence. Others highlighted the current lack of data on the number and type of nonsurgical aesthetic procedures carried out in their areas, which creates uncertainty about workload, staffing, and resources, especially in larger or commercially active regions. A number of local authorities also stressed that the system should be reviewed regularly, stating that novel procedures will emerge and escape the definitions provided. It was argued that these should be monitored to ensure the scheme remains relevant and effective. [Highland Council](#) similarly asked in relation to new treatments:

“Will there be an expert panel arranged or supported by Scottish Government for authorised officers to contact for opinions on whether new treatments fall within the Group 1,2 or 3?”

In their submission, [Healthcare Improvement Scotland](#) recommend “a mechanism to amend or update the defined procedures in schedule 1 should be considered to avoid the need for future legislative changes and to ensure that inspection, offence and enforcement provisions remain relevant.”

Specific procedures of concern

The supplementary submission from Members of [REHIS HASCOG Skin Piercing Working Group](#) raised concerns about the procedures within the Order. They noted that several higher risk treatments, such as cryotherapy, electrocautery, cryolipolysis, HIFU and radiofrequency, are listed in Schedule 1 as procedures that could be carried out under a local authority licence. They argued that these treatments had previously been discussed as part of the Scottish Government Intervention Expert Group (SCIEG) as requiring to be undertaken within Healthcare Improvement Scotland regulated premises because of their risks and the lack of a formal competence framework. They also raised serious concerns about cryotherapy and electrocautery being used by nonmedical practitioners to remove skin lesions or blemishes. They highlighted the risk that unqualified individuals might treat conditions that could in fact be cancerous, which they may not recognise, and argued that allowing nonmedical practitioners to carry out such treatments would introduce an unacceptable level of risk. This issue was also discussed as part of the Committee’s Stage 1 scrutiny of the Bill.

In addition, the [Federation of Small Businesses \(FSB\)](#) asked for clarification on the definition of “skin lesions or blemishes” in Schedule 1. Section 9 lists acne, blisters, cysts, freckles, moles, skin tags, scarring, rashes and warts. FSB members questioned whether only these conditions would be permitted for removal, noting that advanced electrolysis can currently be used for around 20 different types of lesions. They suggested widening the wording to cover a broader range of lesions rather than limiting it to the prescribed list and expressed an interest in working with the Scottish Government to ensure that safe practice is reflected in legislation that aligns with real scenarios.

The Federation of Small Businesses also highlighted in their submission that treatments classed as “electrolysis” are currently licensed under the 2006 Skin Piercing and Tattooing Order. Under the new licensing scheme created by this Order, advanced electrolysis (electrocautery) would also need its own licence. This means many practitioners would have to hold two separate licences, creating extra cost and duplication. They call on the Scottish Government to consider the financial impact of this on small businesses and explore an alternative approach. One suggestion from an FSB member was a subsidised “add-on” licence for practitioners offering advanced electrolysis.

Resource implications

Respondents highlight concerns about resource pressures. Many state that there could be an increased number of premises that require licensing and this would create additional workload, including application processing, inspections, complaint handling, and enforcement, would require increased staffing and financial support. Staff would also require further training in the specific area of non-surgical procedures.

Many local authorities reported existing capacity constraints and high vacancy rates, raising questions about the feasibility of implementation without dedicated funding.

[West Dunbartonshire Council](#) said:

“Local authority EH resources are at capacity. Whilst we fully agree that licensing is required there are significant concerns on how our small Service will implement and enforce these additional duties. Will additional funding/resourcing be made available for LAs to carry out this work?”

[The City of Edinburgh Council](#) said:

“City of Edinburgh Council is currently operating with a high number of Environmental Health Officer vacancies, and this trend is reflected nationally.”

While respondents thought licensing fees may offset some costs, they argued that these are unlikely to cover the full burden, particularly during the initial phase.

There was a strong call for clear national standards on training and competence for both practitioners to be licensed and for enforcement officers. Stakeholders argued that without defined standards, there is a risk of inconsistent interpretation and enforcement across Scotland. Many local authorities noted that clarity on qualifications and skills of those applying for a license would be required. [West Dunbartonshire Council](#) said:

“Is it likely that a system similar to the Licensing (Scotland) Act 2005 [is required]. This creates a mandatory requirement for personal licence holders to have undergone and passed a relevant training qualification; and that this must be refreshed every 5 years.”

[Moray Council](#) said:

“It would be helpful if further guidance could be provided on how competence is intended to be determined under the proposed Order.”

[Highland Council](#) went further, in line with Stage 1 evidence the Committee heard on the Bill, arguing that “there requires to be early engagement with training providers and colleges in this industry so as to align and develop suitable and accredited training courses that would fulfil all the necessary training requirements prescribed in the licence conditions.” The response further states:

“Appreciate some work may already have taken place in this regard and so be useful if a list of training providers and/or recognised training qualifications could be included within the guidance when it becomes available.”

Environmental Health Officer, [David Buchanan](#), noted that the draft Bill includes powers to set training or qualification requirements for anyone performing or supervising nonsurgical procedures. He argues in his submission that any regulations affecting practitioner competence would need to be in place before the licensing regime begins.

Local authorities also stressed that officers would need specialist knowledge of procedures, associated risks, and enforcement powers. [West Dunbartonshire Council](#) said:

“Officers carrying out checks on premises will be expected to have some knowledge of the relevant NSCPs and perhaps their own qualifications to be able to perform this task. Who is going to pay for that training? Who is going to deliver that training?”

Other practical issues raised included dual licensing for premises offering multiple treatments, temporary licences with limited consultation, and uncertainty over licence duration and fees. Local authorities called for a streamlined approach to reduce administrative burdens and avoid confusion for businesses. The [Royal Environmental Health Institute of Scotland](#) said:

“This will result in two separate visits by Environmental Health Officers to process the licences and will effectively double the cost for affected businesses.”

The [SOLAR Licensing Group](#) were concerned about temporary licences, arguing that the Order as set out would mean that temporary licences would be treated differently and could be granted by a licensing authority without “consultation/inquiries” from environmental health officers, unlike a full licence application. It also stated that temporary licences “could potentially operate for over a year under [paragraph 7\(6\) of schedule 1 to the Civic Government \(Scotland\) Act 1982](#).”

‘Rogue operators’ and enforcement

While respondents thought that licensing would deter many ‘rogue operators’, they noted that enforcement could be challenging without adequate resources. [South Ayrshire Council](#) argued there would be a need for additional resources to effectively monitor and ensure compliance within this sector and Dumfries and Galloway Council noted that enforcement would be key:

“Licensing will help reduce rogue operators, but enforcement will be key. There is a risk that unlicensed practitioners will operate covertly.”

Some noted that ‘rogue operators’ may operate covertly, move across council boundaries, operate from temporary or pop-up locations or misclassify procedures. Respondents call for clear enforcement protocols, intelligence-sharing mechanisms, and powers such as fixed penalties to tackle non-compliance effectively. [The City of Edinburgh Council](#) highlighted the need for co-ordination across the two regulatory regimes:

“Effective enforcement is likely to require increased co-ordination with Healthcare Improvement Scotland and Police Scotland.”

The Submission from [East Dunbartonshire Council](#) argued that Police Scotland awareness regarding the change to the legislation was also required as unlicensed premises would fall to the Police to enforce. They further commented that the Police would also see additional work in the likelihood of being consulted on applications.

[Dumfries and Galloway Council](#) argued in their submission that the issue of unqualified individuals administering injectables in domestic settings needs further attention and may require additional support from other agencies.

Public awareness and information

Stakeholders agree that public awareness is critical to the success of the licensing scheme. Many consumers remain unaware of the risks associated with non-surgical procedures, and without clear messaging, respondents were concerned that ‘rogue operators’ may continue to perform procedures. [North Ayrshire Council](#) commented in their submission that the licensing regime may cause an increase in treatment prices. This could have the unintended consequence of making unlicensed operators attractive to clients wishing to pay less without understanding the risks involved.

Respondents were also concerned around how consumers would navigate the Bill and the Order. Many recommended a nationally coordinated campaign to explain which procedures require a licence, how to verify licensing status, and the risks of unlicensed provision – as well as to explain the differences between the licensing system and the provisions under the Non-surgical Procedures and Functions of Medical Reviewers (Scotland) Bill and what is required for each.

[Highland Council](#) call for development of a resource pack could be provided to Local Authorities to ensure a consistent response is provided across Councils to enquiries about new licensing provisions. They argue this should contain the following:

- Overview of legislation
- Key guidance on mandatory licence conditions
- Pre-requisite qualifications and (accredited) training providers
- FAQs
- Key Fact sheets on each of the licensable procedures

- Implementation timeline
- Media pack to use on Councils own social media platforms etc

[South Ayrshire Council](#) also call for a public explainer or distinction to make it clear which procedures would fall under the Bill, and which would require a licence:

“A general public awareness campaign should be carried out to show which procedures require to be licensed and which are and will come under the remit of HIS.”

[The City of Edinburgh Council](#) submission argued that, from a public perspective, local authorities are likely to remain the first point of contact for concerns or complaints relating to cosmetic procedures, regardless of where statutory responsibility lies. They anticipate an increased volumes of complaints and inquiries, including matters outwith local authority enforcement powers, stating that “this will increase demand for complaint triage, referral, inter-agency liaison and management of public expectations.” Highland Council noted that there may be more requests for licence refunds where applicants misunderstand the licensing requirements. They suggested that providing a resource pack, FAQs, and clear guidance well before implementation would help prevent these errors.

[Consumer Scotland](#) state in their submission their view that consumers need clear and accessible information before choosing nonsurgical cosmetic procedures. They argue that, whether a procedure is regulated under the Bill or through the Licensing Order, consumers should be able to access information about provider quality in the same straightforward way, without having to understand in advance which regulatory system applies. They call for a “clear, streamlined journey between the two parts of the regulatory system, to enable them to make well-considered, fact- based decisions”, potentially with a shared web portal.

Consumer Scotland also suggest adding further licensing conditions, under the provisions in [schedule 2](#), to help consumers make informed decisions about providers. Examples include, requirements to display information regarding membership of professional bodies and dispute resolution schemes, or other information materials that comply with Statutory Guidance - as a minimum requirement for licensing. They also call for follow up inspections in relation to this.

They also encouraged the Scottish Government to work with the Advertising Standards Authority to ensure advertising is accurate and consistent – in line with their Stage 1 evidence on the Bill, and highlighted the need for providers to have insurance and to give consumers clear guidance on what to do if something goes wrong.

[East Ayrshire Health and Social Care Partnership](#) called for communications to be “accessible, targeted at higher-risk groups including young people, and delivered through channels commonly used to market non-surgical aesthetic services.”

Information for businesses on compliance

Respondents felt that clear, consistent guidance for businesses would be essential to ensure compliance and reduce confusion among providers. [The City of Edinburgh Council](#) said:

“Without clear national guidance and consistent messaging, there is a risk of confusion among practitioners, inconsistent interpretation within and across councils.”

Respondents call for nationally produced resources, including FAQs, templates, and implementation guides, to help businesses and practitioners understand licensing requirements, hygiene standards, enforcement processes and licensing costs. [Dumfries and Galloway Council](#) said:

“Clear, accessible guidance for practitioners is needed to: Outline licensing requirements; Detail hygiene and safety standards; Explain enforcement processes and penalties for non-compliance.”

Without this, local authorities had concerns there would be inconsistent interpretation and an increased burden on them to advise businesses.

In its submission, [Consumer Scotland](#) notes that the Order proposes extending the period for local authorities to determine licensing applications from six to twelve months. They argue that, while this may support small businesses and local authorities to transition, consumers must still be protected from extended exposure to unlicensed and potentially unsafe practices during the transition.

The [Federation of Small Businesses](#) raised concerns about how the Order will affect small businesses. They noted that, according to their Q3 2025 Small Business Index, 89.4% of Scottish businesses had seen their operating costs increase from the previous quarter. They warned that without targeted support and proportionate implementation; the new requirements could put pressure on small businesses and reduce consumer choice.

Licence conditions

The supplementary submission from Members of [REHIS HASCOG Skin Piercing Working Group](#) included several suggested changes to the mandatory conditions set out in Schedule 2 for obtaining a licence. These included:

- Handwashing facilities: Amend the requirement for “a wash hand basin with hot and cold running water supplied by taps not operated by hand” to allow “hot and cold running water *or* warm water at a controlled temperature,” to reflect the use of local water heaters.
- Hand sanitiser: Replace the requirement for “a dispenser containing alcohol solution” with “a dispenser containing hand sanitiser,” noting that many effective non-alcohol products are available.

- Ventilation and lighting: Provide guidance on what “well ventilated and illuminated” means, as different procedures and settings need specific airflow and lighting levels. Clear guidance would support consistent enforcement.
- Interior finishes: Add a requirement that “floors, walls and surfaces should be smooth, washable and durable.”
- Cleaning of reusable equipment: Update the condition so it specifies that reusable equipment must be “cleaned and disinfected,” making clear the need for a two stage process, rather than simply “cleaned with fresh disinfectant.”

Guidance

Across these themes, many submissions emphasised a need for national guidance to be prepared to accompany the new legislative provisions, to both assure consistency and allow local authorities to liaise on any interpretive or enforcement issues that may follow implementation. The submission from [South Lanarkshire Council](#) recommends:

“The Scottish Government may also wish to consider the creation of a Short Life Working Group, including representatives from local government, Scottish Government, Public Health Scotland, SOLAR and service providers, to help support the introduction of this regime, and drafting of the guidance.”

Other issues

[Healthcare Improvement Scotland](#) raised an issue around parity in their submission. HIS supports the proposal that all procedures listed in Schedule 1 should be carried out by trained practitioners in licensed premises, stressing that defined standards for qualifications, training and supervision are essential for improving patient safety and ensuring consistent regulation. However, they note that nonhealthcare professionals will be able to obtain a local authority licence to provide these procedures, but that healthcare professionals cannot currently use this route. Allowing healthcare professionals to be licensed in the same way could create a more consistent system, though this would require changes to existing definitions of independent healthcare services and may be too complex to resolve within the current proposals.

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The Scottish Parliament, Edinburgh, EH99 1SP www.parliament.scot

Annexe A: Correspondence to stakeholders seeking views on the Civic Government (Scotland) Act 1982 (Licensing of Non-surgical Procedures) Order 2026

15 December 2025

Good afternoon,

I am writing to you on behalf of the Scottish Parliament Health, Social Care and Sport Committee. The following Order, that will establish a new licensing scheme for some aesthetic and beauty practitioners, was laid by the Scottish Government on 10 December 2025:

[The Civic Government \(Scotland\) Act 1982 \(Licensing of Non-surgical Procedures\) Order 2026](#)

To aid the Health, Social Care and Sport Committee's scrutiny, we are writing to selected stakeholders to request any written views you may have in relation to this Order. You might wish to present your views on a number of issues related to the impact on local authorities and environmental health officers. These might include:

- New responsibilities and duties
- Any resources required
- Public awareness and information
- Provision of information for businesses on compliance
- Specific non-surgical aesthetic procedures allowed under the scheme
- Effect of the Order on rogue traders seeking to operate outwith the scheme or the NSP Bill provisions
- Compliance and enforcement

As you will be aware, this Order is related to primary legislation, namely the [Non-surgical Procedures and Functions of Medical Reviewers \(Scotland\) Bill](#), which establishes a number of new offences and is currently being scrutinised by the Health, Social Care and Sport Committee. From the evidence heard to date on the Bill, we anticipate that there might be some uncertainty among the public, practitioners and businesses about the provisions in the primary legislation and the changes presented in this subordinate legislation on a related licensing scheme.

The policy note published with this Order clarifies that "the Scottish Government has grouped procedures into those which require the input of a health care professional, whether for initial consultation and the prescribing of medicines or to treat any complications which might arise, and those which do not. The former category are the subject of the Non-surgical Procedures and Functions of Medical Reviewers (Scotland) Bill and the latter are to be subject to a licensing regime run by

local authorities put in place by this Order. This Order and primary legislation form a suite of legislation which will regulate non-surgical procedures, ensuring they take place in appropriate settings where standards of hygiene and safety can be met.”

Deadline for response

To assist scheduling of formal consideration of these instruments in its forthcoming work programme, the Committee would be grateful to receive any written views in Word format no later than **midday on Friday, 9 January 2025**.

The Committee may publish your submission, please indicate in your email if you are content for us to do this. Our [privacy notice](#) on correspondence explains how we deal with your correspondence and personal information.

If you have any questions regarding your response to this letter, please contact the Clerks to the Committee at HSCS.committee@Parliament.Scot.

I look forward to hearing from you.

Yours sincerely,

A handwritten signature in black ink, reading 'CHaughey', is displayed within a light gray rectangular box.

Clare Haughey MSP
Convener, Health, Social Care and Sport Committee