

Clare Haughey MSP
Convener
Health, Social Care and Sport Committee
Scottish Parliament
EH99 1SP

Via email to: hscs.committee@parliament.scot

22nd January 2026

Dear Convener and Committee Members,

Non-Surgical Procedures and Functions of Medical Reviewers (Scotland) Bill

We are writing to raise our concerns and confirm our position regarding the suggestion made at the committee hearing (16th December 2025) to exclude the General Chiropractic Council (GCC) and General Osteopathic Council (GOsC) from the list of health care regulators listed in the Bill.

The Royal College of Chiropractors (RCC) is an apolitical professional membership body. It promotes and supports high standards of education, practice and research, enabling chiropractors to provide, and to be recognised for providing, high quality care for patients. We represent c. 2000 chiropractors across the UK and work closely with colleagues across the profession including the regulator, the GCC.

We are keen to challenge the comments made during oral evidence suggesting that chiropractors and osteopaths were not medically trained, do not prescribe pharmaceuticals, and their inclusion could create a “loophole” or public confusion. Chiropractors are statutorily regulated healthcare professionals with accredited education at masters level and enforceable professional standards. They practise under the statutory regulation and oversight of the GCC, including fitness-to-practise processes, continuing professional development requirements, and clear accountability mechanisms.

The absence of independent prescribing rights does not negate healthcare professional status, nor does it diminish clinical competence in relation to procedures for which

chiropractors are appropriately trained. Many regulated healthcare professions do not prescribe medicines, yet are rightly recognised and regulated on the basis of risk, competence, and governance. Framing chiropractic regulation as a potential “loophole” conflates scope of practice with regulatory legitimacy and overlooks the safeguards already in place.

Excluding chiropractors and osteopaths from the healthcare provider exemption would risk undermining coherent and proportionate regulation by replacing evidence-based assessment of risk, competence and statutory oversight with assumptions about professional title. Rather than preventing public confusion, such exclusion is more likely to create it, by arbitrarily reclassifying established, regulated clinical practice without reference to training, scope, or accountability.

On a separate issue, we note that the definition of microneedling provided in Schedule 1 of the Bill is, “a procedure in which microneedles are used to puncture skin to a depth of 1.5 millimetres or more”. No additional definition of “microneedles” is provided. Whether intended or not, this wording could reasonably be interpreted as encompassing acupuncture, a modality used by many healthcare professionals, including chiropractors. More precise and accepted definitions of microneedling are available, and adoption of such definitions would remove this ambiguity.

We support the overarching aim of the Bill to protect the public from harm arising from non-surgical cosmetic procedures. We respectfully submit that retaining a consistent definition of healthcare provider, grounded in statutory regulation, will best serve patient safety, regulatory clarity, and public confidence.

Finally, and importantly, the RCC fully supports the intent of the Bill to strengthen public protection in relation to high-risk cosmetic interventions. We agree that these procedures carry material risks, and that regulation must be clear, proportionate, and enforceable. Our concern is not with the substance or purpose of the Bill, but with the unintended consequences that may arise from redefining “health care provider” by the exclusion of certain regulators, rather than by reference to training, competence, scope of practice and statutory oversight.

Should chiropractors and osteopaths be removed from the health care provider exemption, the outcome would not be a tightening of cosmetic regulation, but an incoherent and inconsistent regulatory landscape in which established healthcare professionals providing legitimate clinical care are treated in law as if they were

unregulated. This would neither enhance patient safety nor reduce confusion. It would instead risk restricting access to appropriate musculoskeletal care, particularly for patients with chronic or complex conditions who routinely receive multi-modal interventions as part of evidence-based treatment.

We therefore ask the Committee to retain the inclusion of the GCC and GOsC within the list of statutory regulators for the purposes of the Bill, maintaining consistency with existing UK and Scottish legislative frameworks. We would also welcome clarification of Schedule 1 regarding microneedling, to ensure that acupuncture, dry needling and other recognised therapeutic modalities are not inadvertently captured.

The RCC stands ready to assist the Committee and Scottish Government in this matter.

Yours sincerely,



Mark Gurden, President



Stuart Smellie, President-Elect