OFFICIAL REPORT
AITHISG OIFIGEIL

Delegated Powers and Law Reform Committee

Tuesday 9 December 2025

Session 6

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DELEGATED POWERS AND LAW REFORM COMMITTEE

35th Meeting 2025, Session 6

CONVENER

*Stuart McMillan (Greenock and Inverclyde) (SNP)

DEPUTY CONVENER

*Bill Kidd (Glasgow Anniesland) (SNP)

COMMITTEE MEMBERS

*Jeremy Balfour (Lothian) (Ind)
*Katy Clark (West Scotland) (Lab)
*Roz McCall (Mid Scotland and Fife) (Con)

*attended

THE FOLLOWING ALSO PARTICIPATED:

Owen Griffiths (Scottish Government)
Jenni Minto (Minister for Public Health and Women's Health)

CLERK TO THE COMMITTEE

Greg Black

LOCATION

The Adam Smith Room (CR5)

Scottish Parliament

Delegated Powers and Law Reform Committee

Tuesday 9 December 2025

[The Convener opened the meeting at 10:00]

Decision on Taking Business in Private

The Convener (Stuart McMillan): Good morning, and welcome to the 35th meeting in 2025 of the Delegated Powers and Law Reform Committee. I remind everyone to switch off, or put to silent, mobile phones and other electronic devices.

Agenda item 1 is a decision on taking business in private. Is the committee content to take in private items 6, 7 and 8?

Members *indicated agreement.*

Instrument subject to Affirmative Procedure

10:01

The Convener: Under agenda item 2, we are considering one instrument, on which no points have been raised.

Cross-border Placement of Children (Requirements, Effect and Enforcement) (Scotland) Regulations 2026 [Draft]

The Convener: Is the committee content that no reporting grounds are engaged?

Members *indicated agreement.*

Instruments subject to Negative Procedure

10:01

The Convener: Under agenda item 3, we are considering two instruments. Issues have been raised on the following instrument.

Burial and Cremation (Applications and Registers) (Miscellaneous Amendment) (Scotland) Regulations 2025 (SSI 2025/360)

The Convener: The purpose of the instrument is to update the burial and cremation application forms, including by making reference to disposal of human remains by hydrolysis; to improve the usability of the forms; and to amend the list of the information that cremation authorities must include in their registers.

In the new form BF4, there is no authorisation section, although such a section is included in all the other new forms. The committee asked about that, and the Scottish Government responded that it was not an intentional omission and that the regulations do not require the section to be completed, so it is currently completed only as an administrative step with no operative legal effect. It also said that the Government will set out in guidance that the step should still be undertaken, for the avoidance of any doubt. Nonetheless, the committee considers that, in the interests of consistency in the legislation, an authorisation section should have been included.

Does the committee wish to report the instrument on the general reporting ground?

Members *indicated agreement.*

The Convener: The committee also asked the Scottish Government a number of other questions about the forms that the instrument addresses. The questions and answers were published online with the papers for the committee's meeting.

Although the committee is not reporting those issues, the committee notes that the legislation is intended to improve the usability of the forms, which will often be completed by bereaved individuals.

Given that, does the committee wish to highlight to the lead committee its correspondence with the Scottish Government, in particular on questions 2 and 6?

Members *indicated agreement.*

The Convener: The instrument also addresses an issue that the committee identified in Scottish statutory instrument Burial (Applications and Register) (Scotland) Regulations 2024 (SSI

2024/334), on which the committee reported on 3 December 2024. The Scottish Government committed to correct that issue at "the next available opportunity".

Does the committee wish to welcome that SSI 2025/360 fulfils that commitment?

Members *indicated agreement.*

The Convener: Also under agenda item 3, no issues have been raised on the following instrument.

National Health Service (General Dental Services) (Scotland) Amendment Regulations 2025 (SSI 2025/380)

The Convener: Is the committee content that no reporting grounds are engaged?

Members *indicated agreement.*

Instruments not subject to Parliamentary Procedure

10:03

The Convener: Under agenda item 4, we are considering two instruments, on which no points have been raised.

Social Security (Amendment) (Scotland) Act 2025 (Commencement No 2) Regulations 2025 (SSI/2025 377 (C 28))

Children (Care and Justice) (Scotland) Act 2024 (Commencement No 3) Regulations 2025 (SSI 2025/379 (C 29))

The Convener: Is the committee content that no reporting grounds are engaged?

Members *indicated agreement.*

Non-surgical Procedures and Functions of Medical Reviewers (Scotland) Bill: Stage 1

10:04

The Convener: Under agenda item 5, we will take evidence on the Non-surgical Procedures and Functions of Medical Reviewers (Scotland) Bill from Jenni Minto, Minister for Public Health and Women's Health, who is accompanied by three Scottish Government officials: Owen Griffiths, legislation team leader; Rachel Coutts, lawyer; and Alison McLeod, also a lawyer. I welcome you all to the meeting. There is no need to worry about turning on your microphones, because they are controlled by broadcasting colleagues.

I invite the minister to make some opening remarks.

The Minister for Public Health and Women's Health (Jenni Minto): I thank the committee for giving me the opportunity to speak about the Non-surgical Procedures and Functions of Medical Reviewers (Scotland) Bill.

Part 1 of the bill was developed in response to rising concerns about the potential harm to members of the public who are seeking non-surgical procedures for cosmetic and wellbeing purposes. Its aim is to ensure that robust and proportionate regulation is in place so that anyone who chooses such procedures can do so safely. The legislation will regulate non-surgical procedures, such as procedures that pierce or penetrate the skin and which might require input from a healthcare professional, whether that is through a face-to-face consultation, the issuing of prescription medications or a medical intervention in the event of complications.

The bill contains the substantive provisions that will make the public safer by making it an offence, first, to provide such procedures to people who are under the age of 18 and, secondly, to provide procedures outwith permitted premises. Permitted premises will be safer settings by virtue of many of them being subject to oversight by Healthcare Improvement Scotland, and by being settings from which healthcare professionals provide or manage services. The involvement of healthcare professionals also supports safe and appropriate prescribing, and the bill will enable healthcare professionals to intervene in the event of complications. The settings will be hygienic and adequately staffed.

The provisions are key to protecting the public, especially young people, and they will give clients confidence in the services that they are receiving.

However, the bill must not simply capture a snapshot in time. It is vital that it can respond quickly to changes in what is a constantly evolving sector. That was a key piece of feedback from those who work in the sector. As introduced, the bill takes account of the fact that new procedures, new technologies and changes to the way in which procedures are performed will continue to occur in the sector, and they will need to be addressed in a timely manner to continue to assure safety.

Although I understand that the committee has questions about the powers that the bill takes, I would like to assure the committee today, as I have done in my letter, that those questions have been considered carefully. The Scottish Government set out its full policy intent in its recent public consultation and in the documents and impact assessments that accompanied the publication of the bill.

The regulation-making power in section 5 will enable ministers to keep provisions up to date in the future, as well as fulfilling those aspects of our intentions that we are not able to address in the bill because of our consideration of the effects of the United Kingdom Internal Market Act 2020.

I assure the committee that, where regulation-making powers are taken, they will be supported by engagement with relevant stakeholders and consultation where necessary to ensure that they remain proportionate and appropriate.

I welcome any questions that the committee might have.

The Convener: Thank you, minister. I should say for the record that the minister and her colleagues will be aware of my interest in the issue, as a constituent raised it with me as far back as 2018.

I turn to our questions. The committee has done much work on the bill, but we are seeking further information about a couple of points in the bill, one of which relates to section 5 and the situation with UKIMA. We are keen to understand where the Scottish Government's discussions with the UK Government stand on application of the 2020 act to training and qualification requirements for non-surgical procedures.

Jenni Minto: On your first point, convener, it is fair to say that conversations about the bill that I have had with members from across the chamber show clear support for ensuring that we get this right from a public health perspective. I therefore appreciate the scrutiny that this committee and the Health, Social Care and Sport Committee have been giving to the bill.

As you correctly pointed out, part of the situation with UKIMA relates to the fact that the Scottish Parliament and Scottish Government are unable to

set training and supervision standards for Scotland in this area. We consider that part 3 of UKIMA would be engaged by legislation that sets training standards for practitioners or prevents practitioners who do not hold certain qualifications or are not existing professionals from providing certain procedures. That was a clear concern for us when we were drafting the bill.

As soon as we recognised that, we engaged with the UK Government, and I am pleased that that engagement has been very positive. It is on-going, but we are engaging across the issue because there is a recognition that we need to get it right. As you know, the UK Government is also looking at bringing in legislation in this area of public health concern. We need to get it right for people in both Scotland and the rest of the UK.

The Convener: You said "on-going". Is it a monthly dialogue, or is it more regular? The aspect that we are discussing is really important for the legislation.

Jenni Minto: I absolutely agree. I will pass to Owen Griffiths, who has been leading the discussions from the Scottish Government's perspective.

Owen Griffiths (Scottish Government): We have met several times. We met more frequently than monthly over the summer so that we could work with the UK Government to understand how, respectively, we understood the legislation, in order to satisfy ourselves that part 3 of UKIMA was indeed engaged.

We are engaging with the Department for Business and Trade, which leads on UKIMA, and with colleagues in the Department of Health and Social Care, which is leading for England on the legislation in this area but will also face some of the challenges that we have identified if they are to fulfil the policy intent. Conversations with the DHSC are more frequent than monthly. Conversations with colleagues from the Department for Business and Trade were certainly more frequent than monthly over the summer, but we have not met them in the past month, simply because we were focusing on the introduction of the bill and we had the information that we needed from them at that time. However, those conversations will certainly be picked up both as the bill progresses and as our plans and their understanding of the work progress.

The Convener: It sounds as if engagement has been fairly extensive.

Jenni Minto: Yes; it had to be so. As Owen Griffiths pointed out, engagement has happened not just from a health perspective, with the Department of Health and Social Care, but from a business perspective.

The Convener: That is helpful.

Roz McCall (Mid Scotland and Fife) (Con): Good morning. Minister, I state for reasons of clarity that we have met a few times on this issue. It is pertinent not only in my area but to me.

Thank you very much for the answer that you have just given the convener. You say that engagement has been extensive, so why did you introduce the bill before the UKIMA position was resolved, given the extent to which the unresolved issues affect the core policy framework?

Jenni Minto: UKIMA is one area that relates to the bill, but I felt that it was important that we brought in legislation, given the level of consultation that we have carried out over several years on the safety of cosmetic procedures. It is about not simply the training but, from a healthcare perspective, ensuring that we have the right premises and proper regulation so that clients are assured of the hygiene and safety levels and the professionalism of the people who work in those premises.

We also think that it is very important to bring in legislation to ensure that young people under the age of 18 cannot legally get such treatment. That is a key driver of the bill. We have therefore focused very much on the age-related elements and the premises, while recognising that, ideally, we want to bring in training and professional qualifications—which we will do once we have achieved the discussions with the UK Government.

Roz McCall: That is very helpful.

10:15

Katy Clark (West Scotland) (Lab): I appreciate that there has already been a consultation, so you will be keen to get legislation through before the election and the end of the parliamentary session. Would it not have been preferable to delay the bill or introduce a further bill once the implications of the internal market act were clear, so that the significant policy choices could be set out in primary legislation?

Jenni Minto: That was considered. We do an options appraisal as we gain more information. However, section 5 is not purely focused on the UKIMA situation; it also takes into account that the industry is very fast moving and that procedures can change. We might need the requirement to amend schedule 1 but, from a safety perspective, there is also a need to provide for innovation in new techniques to perform the various procedures, so the bill needs to respond to a fast-changing environment.

I go back to my response to Roz McCall, which was that the bill can makes changes in key areas,

such as age restrictions and the premises that are used, that are incredibly important from a public health perspective.

Katy Clark: That is very helpful. Thank you.

Bill Kidd (Glasgow Anniesland) (SNP): Thank you for being here, minister. Section 5 confers a wide power that permits the amendment of primary legislation and the creation of criminal offences. How will the Parliament be assured that substantial policy changes that may be made under section 5 will receive adequate scrutiny, given the breadth of the power and the limited detail in the bill as it stands?

Jenni Minto: I recognise the work that the committee has done on framework legislation, but I underline that I do not believe that this is framework legislation. It has substantive powers that are focused on ensuring that we get the right public health outcomes when it comes to non-surgical procedures.

As I said in my response to Katy Clark, it is important that the legislation is able to respond to changes in the sector in order to remain relevant and to protect the public from potential harms. I understand your point about scrutiny, which is very important. We have worked very closely with cosmetic clinicians and I have met businesses. To ensure that we get the legislation right and in order to make changes that are currently not included in the bill, we need to continue that close engagement. The people with whom my team and I have worked closely want to ensure that this area of work is as safe as possible.

Bill Kidd: I understand that, because it is very important that the bill is properly worked through and developed as much as possible. However, will it have an educational side that makes the public aware of the dangers that can arise if procedures are not properly conducted?

Jenni Minto: That is a good question that has come out in a lot of the conversations that I have had with stakeholders who have fed in their thoughts. Education is really important in some respects. While I was driving to my constituency yesterday, I listened to a Radio Scotland piece on cosmetic procedures and the evidence that the Health, Social Care and Sport Committee is currently taking. Such pieces of work in the media are very helpful in ensuring that we get the right message across. I am content to take the issue away and consider what more we could do in that space.

Bill Kidd: That is very helpful. Thank you for that.

Jeremy Balfour (Lothian) (Ind): Good morning. Would the Government consider placing additional statutory constraints, such as guiding principles or limits on the purpose of the power, in the bill?

Jenni Minto: We have had a discussion about that. The bill as it stands provides the right controls around the powers that we are looking to introduce, because, as I have said, it is a very fast-changing environment. I will take your question away and look at the issue further, but as it stands, the bill contains the right safeguards, controls and flexibility so that we can respond quickly to any changes that are needed.

Jeremy Balfour: If you have any further reflections, I would be grateful if you could write to the committee.

Jenni Minto: Of course.

The Convener: What consideration was given to including statutory consultation requirements to ensure that there is transparency and stakeholder input before regulations are made under section 5?

Before you answer, I was thinking about what you said about the need to have flexibility and act quickly because the industry is so fast moving. However, taking the opportunity to have that level of consultation would, in the grand scheme of things, not take up a vast amount of time.

Jenni Minto: That is a very good question, and it is one that we have also discussed. As you know better than I do, there are affirmative and negative procedures. If we were adding a new procedure, it would follow the affirmative process in the Parliament, which would allow this committee to consider it and there would be a parliamentary vote. However, the provision that requires people to provide documents to prove their age, for example, is not a policy change but a procedural change. Therefore, that falls into the negative procedure area. It is important that we get this right, which is why we have been quite clear about which procedures follow the negative or affirmative processes.

The Convener: Thank you for that, minister. There are no further questions, so I thank you and your team for your evidence this morning. It has been very helpful.

That concludes the public part of the meeting.

10:23

Meeting continued in private until 10:48.

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