



SPICe Briefing

Pàipear-ullachaidh SPICe

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

Susan Brown

The Non-surgical Procedures and Functions of Medical Reviewers (Scotland) Bill is intended to regulate the provision of certain non-surgical procedures, and make changes to the death certification process in Scotland. This briefing provides an overview of the provisions made in the Bill and highlights some of the areas Members might wish to consider in scrutiny of the Bill at Stage 1.



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Summary

The Scottish Government introduced the [Non-surgical Procedures and Functions of Medical Reviewers \(Scotland\) Bill](#) ¹ in the Scottish Parliament on 8 October 2025.

The Bill comprises two parts, which are unrelated. Part 1 of the Bill is intended to regulate the provision of certain non-surgical procedures, while Part 2 of the Bill makes minor changes to the death certification process in Scotland.

The [policy memorandum](#) ², [explanatory notes](#) ³, [financial memorandum](#) ⁴, [delegated powers memorandum](#) ⁵ and [statements on legislative competence](#) ⁶ accompanying the Bill are available on the [Scottish Parliament website](#).

In addition, the Scottish Government has published a series of impact assessments related to the Bill:

- [Business and Regulatory Impact Assessment \(BRiA\) Licensing and Further Regulation of Non-Surgical Procedures](#) ⁷
- [Child Rights and Wellbeing Impact Assessment \(CRWIA\) for the regulation of non-surgical procedures](#) ⁸
- [Equality and Fairer Scotland Duty Impact Assessment for the regulation of non-surgical procedures](#) ⁹
- [Island Communities Impact Assessment Consideration: Regulation of non-surgical procedures](#) ¹⁰

Part 1: Non-surgical procedures

The primary purpose of Part 1 of the Bill is to regulate the provision of non-surgical procedures. These procedures are usually sought for cosmetic or wellbeing reasons by the person receiving the procedure and are generally referred to as cosmetic or wellbeing procedures/treatments. Procedures which are undertaken for health care treatment purposes are not covered by the Bill.

The Bill focuses on non-surgical procedures, that pierce or penetrate the skin, that it stipulates require to be undertaken in settings where an appropriate healthcare professional is available.

However, there are other cosmetic procedures that are either lower risk or do not require a healthcare professional, for example, some fruit acid peels and some laser and light treatments. This Bill will not regulate these procedures. The Scottish Government plans to introduce a separate licensing scheme for these procedures under the [Civic Government \(Scotland\) Act 1982](#) ¹¹. This scheme will be overseen by local authorities through licensing and inspections and will aim to ensure safety and standards in a similar way to the regime for tattooing and skin piercing under [The Civic Government \(Scotland\) Act 1982 \(Licensing of Skin Piercing and Tattooing\) Order 2006](#) ¹².

Part 2: Certification of death and authorisation of cremation

The secondary, and separate, purpose of the Bill (Part 2) is to amend the Certification of Death (Scotland) Act 2011—

- to extend the circumstances in which an interested person can request a review of a Medical Certificate of Cause of Death (MCCD) and to extend the power of medical reviewers to reject an application, and
- to remove the requirement for a medical reviewer to authorise cremation of a person's body in Scotland where that person has died outwith Scotland but within the United Kingdom.

Introduction

The Scottish Government introduced the [Non-surgical Procedures and Functions of Medical Reviewers \(Scotland\) Bill](#) ¹ in the Scottish Parliament on 8 October 2025.

Following introduction, [Jenni Minto, the Minister for Public Health and Women's Health](#), [said](#) ¹³ :

“ Our aim is to ensure there is robust and proportionate regulation in place so that anyone who chooses to have these procedures can do so safely. We have worked with a range of stakeholders including business owners, healthcare professionals, non-healthcare practitioners, environmental health officers and professional regulators to develop our proposals. Our priority is to address the public safety concerns that exist in this sector, whilst ensuring businesses that may be impacted are able to access support.”

The procedures being referred to include those commonly used in the aesthetics industry, such as anti-wrinkle injections and dermal fillers.

Scottish Parliament consideration of the Bill at Stage 1

The lead committee for this Bill is the [Health, Social Care, and Sport Committee](#)¹⁴. The Committee is conducting a call for views to gather written evidence to support its scrutiny of the Bill, which closes on 14 November 2025.

The Committee plans to take oral evidence on the Bill in December 2025. The Committee plans to produce its Stage 1 report in January 2026.

Part 1: Non-surgical procedures

This section provides an overview of non-surgical procedures provision and regulation in Scotland to provide background and context.

Overview and context

For many years, there have been [reports of people having suffered harm caused by 'botched' cosmetic procedures](#)¹⁵, with Scotland recently dubbed the 'worst in Europe' for such cases. These reports have been linked to concerns about lack of regulation. In a Scottish Government [press release in December 2024](#)¹⁶, the Minister for Public Health and Women's Health said that the Scottish Government has received reports of harm as a result of non-surgical cosmetic procedures going wrong. The policy memorandum² notes that "while the Scottish Government is not aware of any reported deaths in Scotland, in September 2024 media reported the death in England of a 33-year-old woman following complications after undergoing a liquid buttock augmentation procedure."

The Medical and Dental Defence Union of Scotland (MDDUS) conducted a survey in October 2024 which asked medical professionals about their experiences treating patients who had been injured by unregulated cosmetic procedures. [Reported widely in the media](#)¹⁷, the survey found that, for respondents working in a medical field in Scotland:

- 35% had treated patients who have needed care following complications from unregulated cosmetic procedures.
- 86% thought that the number of patients each year seeking care following complications in unregulated cosmetic treatments has increased.
- 1% had treated someone under the age of 16, and 16% had treated someone between the ages of 16 and 20 following complications from unregulated cosmetic procedures.

Reviews of regulation across the UK

Concerns about the lack of regulation in the industry are not new and the development of greater regulation dates back to the commissioning of the Keogh [Review of the Regulation of Cosmetic Interventions](#)¹⁸ in 2013. The then UK Secretary of State for Health, Andrew Lansley, commissioned the review following the PIP breast implant scandalⁱ, which exposed serious weaknesses in the regulation of cosmetic procedures and products.

The review aimed to improve safety, quality, and accountability in the cosmetic interventions sector. In addition to making recommendations in relation to informing and empowering the public and ensuring accessible resolution and redress, its main overarching recommendation was to strengthen the regulation of cosmetic interventions. It recommended ensuring high-quality care through tighter control of products like dermal fillers, mandatory registration of practitioners, formal certification for surgeons, and accredited qualifications for non-surgical providers.

ⁱ Poly Implant Prothèse (PIP), a French company, manufactured breast implants using industrial-grade silicone instead of approved medical-grade silicone between 2001 and 2010.

The [Scottish Cosmetic Interventions Expert Group](#)¹⁹ (SCIEG) was formed in 2014 directly in response to the Keogh Review. SCIEG's role was to explore the need for introducing regulation to cosmetic procedures in Scotland. It brought together experts from healthcare, local government, education, and the beauty industry to advise the Scottish Government.

In 2015, SCIEG proposed a three-phase approach to regulation, starting with independent healthcare clinics, then high risk procedures, and finally a system of regulation for other groups of practitioners. SCIEG advised the Scottish Government on a risk-based classification system for procedures, which featured in the Scottish Government's [recent public consultation](#)²⁰ which ran from December 2024 to February 2025.

Across the UK, several further investigations have been conducted and reports published about regulation in the cosmetic procedure sector, including:

- [Health Education England's review of qualification requirements for non-surgical cosmetic procedures](#)²¹ (2013-2015)
- The Nuffield Council on Bioethics report, [Cosmetic procedures: ethical issues](#)²² (2017)
- The All-Party Parliamentary Group on Beauty, Aesthetics and Wellbeing, Concluding report: [Inquiry into advanced aesthetic non-surgical cosmetic treatments](#)²³, 2021

Each of these reviews recommend that the UK government take steps to introduce further regulation in the sector. The House of Commons Library published a research briefing on the [regulation of non-surgical cosmetic procedures in England](#)²⁴ in September 2025.

The [Health and Care Act 2022](#)²⁵ gave the Secretary of State for Health and Social Care the power to introduce a licensing regime for non-surgical cosmetic procedures in England. A [public consultation](#)²⁶ was conducted in 2023, with strong support for regulation. The [consultation response](#)²⁷ was published in August 2025. It states that the initial work in this area will prioritise the introduction of regulations for the highest-risk procedures, and the UK government will develop proposals which will be consulted on in 2026.

Regulation in Scotland

In Scotland there is currently no specific process of regulation for non-surgical procedures. Current regulation in the industry is complex, involving a mix of separate regulation of medicines and products, healthcare professionals and some of the settings in which non-surgical procedures take place.

The first phase of SCIEG's¹⁹ recommendations focused on introducing regulation for independent healthcare clinics offering non-surgical cosmetic procedures in Scotland. Following these recommendations, the definition of independent clinic was expanded beyond clinics where services were being provided by doctors and dentists to include reference to other health care professionals. When these provisions were first introduced in 2010, the definition of independent clinic included doctors and dentists. In 2016, this definition was amended to include reference to registered nurses, midwives and dental

care professionals. In 2024, registered pharmacists and pharmacy technicians were included.

Phase 1 of regulation was criticised for focusing only on already regulated professionals, leaving non-healthcare providers, for example, beauty therapists outside the scope. The limited scope of Phase 1 created a disparity in oversight, whereby the least qualified practitioners, often operating outside formal healthcare settings, were subject to the least regulation. This regulatory gap prompted calls for further action, forming the foundation for Phase 2 of SCIEG's work and ultimately leading to the development of this Bill.

The lack of regulation means that it can be difficult to know where procedures are undertaken, who is performing them, how safely they're conducted and if practitioners have the necessary skills and experience to manage complications should harm occur.

Certain products used in cosmetic procedures, such as botulinum toxin (Botox[®]), are classified as prescription-only medicines and therefore must be prescribed by a qualified prescriber. Guidance from healthcare regulators such as the General Medical Council, General Dental Council and the Nursing and Midwifery Council prohibit these products from being prescribed remotely, reinforcing the need for direct clinical involvement. In contrast, substances like dermal fillers are not prescription medications but in some cases are regulated as medical devices (although not all fillers are), and can be administered by individuals without formal medical qualifications. This highlights the complexity of the regulatory environment and an inconsistency in the oversight of non-surgical procedures.

Procedures

Non-surgical cosmetic procedures such as dermal fillers, thread lifts or chemical peels are defined as procedures that pierce or penetrate the skin by means of a needle, chemical, medicine, heat, cold, light, laser, sound or electricity. These treatments are often marketed as low risk. However, there have been reported complications from these procedures, including [vascular occlusion, infection, allergic reactions, nerve damage, and tissue necrosis](#)²⁸. These can sometimes, but not always, be due to the following factors:

- lack of training or experience
- inadequate hygiene standards
- use of low-quality or unregulated products.

There may also be common side effects such as swelling, bruising, and pain – or uneven outcomes, which may require attention. In cases such as vascular occlusionⁱⁱ, the enzyme used to dissolve fillers is a prescription-only medicine, meaning only practitioners with prescribing authority can legally prescribe it.

ii Vascular occlusion is when a blood vessel gets blocked and stops blood from flowing properly. In cosmetic procedures, especially when using dermal fillers, this can happen if the filler is accidentally injected into or presses against a blood vessel.

Training

There is no specific requirement for practitioners to undertake education or training before delivering non-surgical procedures. Practitioners can choose to adhere to voluntary regulatory mechanisms, such as the [Joint Council for Cosmetic Practitioners \(JCCP\)](#)²⁹, which require registrants to meet training, education, clinical and professional conduct standards.

This means that, currently, many of these procedures are performed by individuals without any formal medical training or relevant qualifications in performing cosmetic procedures, or oversight. It is argued that this creates a level of risk for the public who may not be aware of the practitioner's skill level, the premises' hygiene standards or the provision of support and care should a complication occur.

Settings

Non-surgical procedures are sometimes performed in clinical settings, such as independent hospitals and independent clinics, where services are managed or provided by certain healthcare professionals and which are registered with Healthcare Improvement Scotland (HIS). These settings are subject to regular inspection by HIS. However, there is currently nothing to prevent these procedures being conducted in non-regulated settings where healthcare professionals are not available, such as beauty salons or private residences, which are not subject to inspection or external scrutiny such as compliance with standards, verification or monitoring of cleanliness and safety.

The [policy memorandum](#)², states that the number of non-surgical procedures carried out has risen considerably over the years and continues to do so. It notes that HIS reports that most of the c. 550 independent clinics registered with them offer procedures that would be regulated by the Bill. However, it also sets out that the Scottish Government understands that the unregulated part of the sector may be much larger and has estimated this part of the industry to comprise in the region of 1,000-1,500 businesses.

Support for regulation

There are a number of campaign groups and professional organisations actively supporting stronger regulation of non-surgical cosmetic procedures, both in Scotland and across the UK. These include organisations such as Save Face, the British Association of Aesthetic Plastic Surgeons (BAAPS), the BAMAN (British Association of Medical Aesthetic Nurses), the British Beauty Council, the BABTAC (British Association of Beauty Therapy & Cosmetology) and the Joint Council for Cosmetic Practitioners (JCCP).

[Save Face](#)³⁰ is one of the leading UK campaigns advocating for safety and accountability in non-surgical cosmetic treatments. It currently maintains a register of accredited practitioners, assessing them and the premises from which they operate against its standards for accreditation. The organisation also has a patient safety ambassador.

The [Joint Council for Cosmetic Practitioners \(JCCP\)](#)²⁹ is a 'self-regulating' body for the non-surgical aesthetics and hair restoration sector across the United Kingdom and is a

registered UK Charity. It currently operates a practitioner register which is formally accredited by the Professional Standards Authority as part of its [Accredited Register Programme](#)³¹.

Previous Scottish Parliament consideration

This section provides an overview of previous consideration of non-surgical procedures within the Scottish Parliament.

Debate

On 2 October 2024, the Scottish Parliament held a [Members' debate](#)³² on motion [S6M-14436](#)³³, in the name of Stuart McMillan, on regulation of the medical aesthetics industry in Scotland. During the debate, Members from across the Parliament expressed support for regulating the non-surgical medical aesthetics industry. Issues raised included the risks posed by unregulated practitioners and lack of regulation, the burden placed on the NHS when treatments go wrong, the emotional and financial toll on individuals experiencing 'botched' treatments, misleading advertising in relation to procedures, and the psychological impact of unrealistic beauty standards.

Related petition

The Citizen Participation and Public Petitions Committee considered petition [PE2137: Fair regulation for non-medical aesthetic injectors](#)³⁴, created in January 2025.

This petition called on the Scottish Parliament to urge the Scottish Government to introduce robust regulations on non-surgical cosmetic procedures.

The Committee agreed to close the petition on 8 October 2025, due to the introduction of this Bill.

The Scottish Government consultations

Between January and June 2020, the Scottish Government undertook a [public consultation on the regulation of non-surgical cosmetic procedures that pierce or penetrate the skin](#)³⁵ and proposals to introduce a licensing scheme for these procedures.

The [Scottish Government response to the Analysis Report findings](#)³⁶ was published in July 2022. 98% of respondents agreed greater regulation was necessary and many supported licensing for non-healthcare professionals and regulation of pharmacists working outside NHS contracts.

The [2025-26 Programme for Government](#)³⁷ included a commitment that the Scottish Government would bring forward a Bill to regulate the delivery of non-surgical cosmetic procedures.

Between December 2024 and February 2025, the Scottish Government conducted a [consultation on a range of proposals relating to a licensing and regulation scheme for non-surgical cosmetic procedures](#)²⁰. The consultation asked for views on the proposed regulation scheme that is the subject of this Bill, and the proposed licensing scheme, which is proposed to be established by subordinate legislation. 2,207 responses were received, 94% of which came from individuals. 45% of all respondents stated a connection with the delivery of non-surgical procedures, as a practitioner themselves or the representative of an organisation providing these procedures.

The Scottish Government reported a high level of overall support for its proposal to regulate non-surgical procedures. In relation to the proposals covered by the Bill, the consultation asked about the following:

- Setting standards of training and insurance/indemnity for the provision of non-surgical procedures. The policy memorandum states that 73% and 81% of respondents respectively strongly agreed that these standards should be set;
- The role of a supervising healthcare professional in performing these procedures. The policy memorandum states that over 70% of respondents agreed with each suggestion, that the supervising healthcare professional should conduct initial consultations, prescribe any medication required during or after the procedure, remain available for the duration of the procedure, be responsible for ensuring the practitioner is suitably trained and that the practice will be undertaken safely, and be themselves suitably trained for the procedure; and
- Whether the list of healthcare professionals who can undertake non-surgical procedures should be limited. The policy memorandum states that 53% of respondents believed that these procedures should only be undertaken by specific healthcare professionals, with over 50% in each case suggesting this should be medical or dental practitioners or registered nurses.

The policy memorandum accompanying the Bill notes that the Scottish Government hosted two engagement events in February 2025 for non-healthcare business owners. 71 people attended and the Scottish Government reports that they “voiced concerns about the impact on their businesses if healthcare professionals needed to supervise procedures, and the strongly held view that healthcare professionals had unfairly influenced Scottish Government proposals.”

The policy memorandum states that the Scottish Government has continued to engage with these businesses, “recognising their perception that the policy development has been led by healthcare professionals and that the two groups hold different views with regard to the level of regulation required for non-surgical procedures.”

The policy memorandum further notes that, as a result of stakeholder engagement, the Scottish Government has revised aspects of the proposals, such as the groupings of non-surgical procedures, its consideration of training and qualifications standards, and how the proposals will interact with existing professional regulation and standards.

The provisions of the Bill

This section examines the provisions of the Bill as introduced.

The main aim of Part 1 of the Bill is to regulate the provision of non-surgical procedures. Section 1 defines the meaning of a non-surgical procedure as a procedure that pierces or penetrates an individual's skin and which falls within a description in schedule 1 of the Bill ([see the procedures section below](#)).

However, section 1 also stipulates that the following are not considered non-surgical procedures under this definition:

Procedures provided by or on behalf of the health service.

1. Procedures conducted by a health care provider for medical purposes (e.g., prevention, diagnosis, or treatment of illness).
2. Procedures that require a licence under Part 1 of the [Civic Government \(Scotland\) Act 1982](#)¹¹, as designated by an official order.

Procedures

The procedures defined in the Bill are usually sought for cosmetic or wellbeing reasons by the person receiving the procedure. Procedures which are undertaken for health care treatment purposes are not included.

Schedule 1 sets out the specified procedures and provides definitions. Below is a list of these procedures detailed in the Bill alongside further information taken from the Bill's [explanatory notes](#)³ ;:

Specified procedure in the Bill **Further information taken from the Bill's explanatory notes, where available**

<p>Ablative laser treatment</p> <p>A procedure in which a laser is used to remove one or more layers of skin.</p>	<p>Lights and lasers can be used in a variety of other procedures. Non-ablative laser procedures (i.e., those that do not remove layers of skin would not be included under the Bill) and instead require a licence under the Scottish Government's proposals.</p>
<p>Cellulite subcision</p> <p>A procedure in which a needle is used to cut fibrous bands that connect skin to underlying tissue.</p>	<p>No further information provided.</p>
<p>Chemical peel</p> <p>A procedure—</p> <p>(a) in which a chemical is used to remove skins cells in the area of treatment, and</p> <p>(b) which penetrates deeper than the epidermis.</p>	<p>Chemical peels can reach varying depths depending on the substance used, their strength and application time. Chemical peels that penetrate the skin but do not go beyond the epidermis would not be included under the Bill and instead require a licence under the Scottish Government's proposals.</p>
<p>Dermal microcoring</p> <p>A procedure in which a needle is inserted into skin and is used to remove a small core of skin tissue.</p>	<p>The small cores of skin tissue that are removed by this procedure are typically less than half a millimetre in diameter.</p>
<p>Injectable procedure</p> <p>A procedure in which a substance is injected into or under skin.</p>	<p>These procedures include:</p> <ul style="list-style-type: none"> • Small-quantity dermal fillers used to reshape facial features or reduce wrinkles. • Large-quantity dermal fillers used for body enhancements like breast or buttock augmentation (e.g., non-surgical Brazilian butt lift). • Botulinum toxin (Botox) injections
<p>Intravenous procedure</p> <p>A procedure in which a substance is administered intravenously.</p>	<p>No further information provided.</p>
<p>Microneedling</p> <p>A procedure in which microneedles are used to puncture skin to a depth of 1.5 millimetres or more.</p>	<p>Microneedling can be undertaken at a variety of depths. Microneedling procedures that penetrate the skin less than 1.5 millimetres would not be included under the Bill and instead require a licence under the Scottish Government's proposals.</p>
<p>Thread lift</p> <p>A procedure in which threads (whether smooth or textured) are inserted under skin.</p>	<p>This can also be referred to as a thread and cog lift, particularly where the thread used is textured.</p>

Permitted premises

Under the Bill, these procedures will only be able to be provided within 'permitted premises', which are defined as:

Independent Hospitals that are registered with Healthcare Improvement Scotland (HIS).

- Independent Clinics that are registered with HIS, and where those services are

provided or managed by specific qualified individuals ([defined in section 4\(3\) of the Bill and listed here](#)).

- Certain NHS-related Premises (subject to conditions):
 - Dental surgeries providing general dental services under section 25 of the [National Health Service \(Scotland\) Act 1978](#)³⁸ (this does not include dwellings (for example private homes) or care homes).
 - GP practices listed in agreements under section 17C or contracts under section 17J of the 1978 Act, where primary or general medical services are provided (as above, this does not include dwellings or care homes).
 - Registered Pharmacies, defined under section 74 of the [Medicines Act 1968](#)³⁹.

Independent clinics

For an independent clinic to be considered a permitted premises it must be registered with HIS and its services must be provided or managed by one of the following qualified professionals:

- A registered medical practitioner.
- A registered dentist listed in the dentists register under the [Dentists Act 1984](#)⁴⁰.
- A registered nurse or midwife noted in the [Nursing and Midwifery Register](#)⁴¹ as being qualified to order drugs, medicines and appliances as a nurse independent prescriber.
- A registered pharmacist who is qualified to order drugs, medicines and appliances as a pharmacist independent prescriber.

Services must be 'provided or managed' by a profession on this list, but this could mean that an independent clinic managed by a registered professional could employ unregistered staff to conduct the procedures.

Regulation of staff

Healthcare professionals undertaking non-surgical procedures, already working in permitted premises, such as in independent hospitals, independent clinics, GP surgeries, or pharmacies, are currently regulated by other laws and professional bodies — for example:

- Doctors by the General Medical Council
- Dentists by the General Dental Council
- Nurses and Midwives by the Nursing and Midwifery Council
- Pharmacies by the General Pharmaceutical Council.

The Bill provisions do not have an impact on the existing regulation of healthcare professionals. If a professional is already regulated and works in a permitted premises, the Bill does not impose further regulation.

Offences

Sections 2, 3 and 11 of the Bill creates offences for:

- a person to provide a procedure to someone under the age of 18
- a person to provide a procedure outwith permitted premises
- a person to deliberately obstruct, fail to comply with a direction from or fail to provide information or assistance to a person authorised by HIS while they are investigating an offence.

It may be a valid defence for the accused to demonstrate that they took reasonable steps to verify the client's age and genuinely believed the client was 18 or over, or that they reasonably believed the non-surgical procedure was being carried out on permitted premises.

In relation to the offence of providing a procedure outwith a permitted premises, the [explanatory notes](#)³ suggest that this could potentially also apply to a person in the broader sense of supplying the procedure, including, but not limited to:

- Providing the premises where the procedure is carried out.
- Procuring or supplying materials or substances used in the procedure.
- Arranging for the recruitment or training of staff involved in delivering the procedure.

Both a relevant organisation and any responsible individual within it may be held liable for offences under sections 2, 3, or 11 of the Bill, if it is proven that the individual consented to, connived in, or was negligent regarding the offence.

All offences within the Bill will be liable on summary conviction to a fine not exceeding level 5 on the standard scale (currently £5,000). This scale is set out in section 225 of the [Criminal Procedure \(Scotland\) Act 1995](#)⁴².

Inspection powers

Sections 6-11 of the Bill provide new inspection powers for Healthcare Improvement Scotland (HIS) under enforcement, to investigate unregistered settings suspected of breaching the law. These powers include:

- Entering Premises - A person authorised by HIS can enter places where they suspect non-surgical procedures are being provided illegally, for example, in an unregistered salon.
- Searching and Seizing Evidence - A person authorised by HIS can search the

premises and take items (like equipment or records) if they believe the law is being broken, to gather evidence to help with legal action or prosecution.

Section 7 sets out the following conditions related to an authorised person entering and searching premises. The authorised person:

- must have reasonable grounds to believe that an offence under section 2 or 3 of the Bill has been or is being committed at the premises or that the premises have been or are being used in connection with such an offence
- can enter and search a premises if entry is authorised by the occupier's consent, or by a warrant, or in the case of non-dwelling premises if they consider that a delay would frustrate the purpose of the visit
- may seize any item if there is reasonable cause to believe it may provide evidence of an offence under section 2 or 3 of the Bill
- may bring other individuals or equipment necessary to assist, for example, a locksmith.

The occupier must comply with any reasonable direction or request for information or assistance. Failure to comply may constitute an offence under section 11.

These powers do not apply to premises used for providing independent health care services, as defined in the [National Health Service \(Scotland\) Act 1978](#)³⁸, to avoid overlap with existing enforcement powers.

Section 8 refers to the following restrictions on powers of entry, search and seizure:

- Entry and search must be carried out at a reasonable time, unless doing so would frustrate the purpose of the visit.
- If the premises are unoccupied or the occupier is temporarily absent, they must be left as securely as they were found.
- Items seized must be returned, unless they are perishable and no longer have value, when no longer needed for:
 - Use as evidence in proceedings under section 2 or 3; or
 - Forfeiture under the [Proceeds of Crime \(Scotland\) Act 1995](#)⁴³.

Section 9 of the Bill allows an authorised person to apply for a warrant from a sheriff or justice of the peace to enter and search premises if they suspect an offence under section 2 or 3 has happened or is happening. Section 10 explains that the warrant will expire once it is no longer needed for that specific investigation.

Section 14 introduces Schedule 2 of the Bill, which makes amendments to the [National Health Service \(Scotland\) Act 1978](#)³⁸. These changes clarify that Healthcare Improvement Scotland (HIS) has responsibilities under the Bill, including helping to improve how non-surgical procedures are provided. If a service registered with HIS does not meet the required standards, HIS can treat this as a breach under the 1978 Act and may propose to cancel its registration if it does not improve within the time given in an improvement notice.

Further regulations

Section 5 of the Bill gives Scottish Ministers the power to make regulations that set rules, qualifications, and enforcement measures for non-surgical procedures, tailored to different risk levels and subject to parliamentary approval.

Through these regulations Scottish Ministers can:

- apply different rules to non-surgical procedures based on their risk level, including setting hygiene standards or restricting certain treatments for people with certain health conditions
- set rules on who can perform or supervise non-surgical procedures, and what qualifications or training they must have, while ensuring these rules align with existing UK medicines legislation
- assign responsibility for enforcing the rules on non-surgical procedures to specific relevant bodies
- create offences, such as performing procedures without proper qualifications, with penalties capped at a level 5 fine.

Any changes made through these regulations must follow the affirmative procedure, meaning they require parliamentary approval. The regulations may also modify existing laws, including the Bill itself.

Interaction with the UK Internal Market Act 2020

The Scottish Government has stated that it wishes to restrict who can undertake certain procedures but has not done so in the Bill because it has not yet reached a settled view on the effect of the [United Kingdom Internal Market Act 2020 \(UKIMA\)](#) ⁴⁴.

Part 3 of UKIMA establishes a UK-wide system for recognising professional qualifications – referred to as the automatic recognition principle. The automatic recognition principle means that if a person is authorised to practise a regulated profession in one part of the UK, they are entitled to practise that profession in any other part without needing to requalify.

If the Bill were to include qualification requirements or restrictions on who can undertake certain procedures, for example by requiring certain training or limiting procedures to specific healthcare professionals, it may engage Part 3 of UKIMA.

The way UKIMA operates means that an Act of the Scottish Parliament or a Scottish Statutory Instrument can contain provision which runs contrary to it, but that the provision will be disapplied where relevant. In this case, if a Bill were to be passed which restricted who could undertake procedures, those restrictions would only be enforceable against Scottish-based providers.

The Scottish Government has indicated that it is continuing to consider the matter, including engaging with the UK Government.

Equality considerations

It is anticipated that scrutiny of the Bill will need to consider a range of equalities issues, particularly its potential impact on groups with protected characteristics under the Equality Act 2010 and those experiencing socio-economic disadvantage, as outlined in the Fairer Scotland Duty. [This document sets out the range of impact assessments](#)⁴⁵ the Scottish Government undertakes in relation to introduced Bills.

In this case, in relation to Part 1 of the Bill, the Scottish Government published the following:

- [Business and Regulatory Impact Assessment \(BRIA\) Licensing and Further Regulation of Non-Surgical Procedures](#)⁷
- [Child Rights and Wellbeing Impact Assessment \(CRWIA\) for the regulation of non-surgical procedures](#)⁸
- [Equality and Fairer Scotland Duty Impact Assessment for the regulation of non-surgical procedures](#)⁹
- [Island Communities Impact Assessment Consideration: Regulation of non-surgical procedures](#)¹⁰

Gender

While there are no specific published statistics for female-led businesses in the non-surgical cosmetic sector in Scotland, there appears to be strong female representation among those accessing and providing non-surgical procedures. Online sources suggest that women are more likely to agree that invasive and non-invasive cosmetic procedures are acceptable compared with men. Advertising is also disproportionately aimed at women, with these factors driving uptake amongst women. The [UK Attitudes towards Cosmetic Procedures Consumer Report 2024](#)⁴⁶, detailed that 7% of cosmetic procedures were performed on men, marking a rise of 121% compared with 2020/21.

The [Business and Regulatory Impact Assessment](#)⁷ undertaken by the Scottish Government outlines mixed impacts of the Bill on businesses offering non-surgical cosmetic procedures. While some regulated providers anticipate small costs offset by improved safety and consumer trust, many unregulated providers foresee significant negative effects including potential business closures, financial hardship, and reduced accessibility of services. Stakeholders also raised concerns about disproportionate impacts on female-led businesses and livelihoods.

[Online sources suggest](#)⁴⁷ that transgender individuals may seek non-surgical cosmetic procedures to support gender affirmation. [This article from John Hopkins University](#)⁴⁸ outlines several non-surgical procedures commonly used for gender affirmation. Denying cosmetic procedures or making them harder to access could undermine a transgender person's gender affirmation process. Conversely, there are also arguments that the lack of regulation in the industry has led to unsafe practices, which disproportionately affect vulnerable groups such as transgender people.

The [Equality and Fairer Scotland Duty Impact Assessment](#)⁹ undertaken by the Scottish Government outlines that the Bill may disproportionately affect certain groups, including women and transgender people.

Children and young people

There are no specific published statistics on people under the age of 18 accessing these procedures. However, anecdotal evidence suggests that young people do access non-surgical procedures. In February 2025, [the Scotsman newspaper reported](#)⁴⁹ that a 16-year-old was the youngest reported case treated for complications from cosmetic procedures in Scotland.

The [Child Rights and Wellbeing Impact Assessment](#)⁸ undertaken by the Scottish Government states that the Bill supports children's rights by banning non-surgical cosmetic procedures for under-18s unless medically necessary, aiming to protect their health, wellbeing, and emotional development. It reflects expert advice and public support for age restrictions, though acknowledges that direct engagement with children was limited. The impact assessment states that the Scottish Government has no evidence that any children and/or young people responded directly to its public consultation and they were unable to procure the services of a third-party organisation to lead an engagement with children and young people to seek their views directly.

Socio-economic status

Cost can be a barrier to accessing regulated cosmetic procedures for lower-income groups. Individual respondents to the Scottish Government's 2024 [consultation](#)³⁵ suggested that costs increase as regulation increases, which may be passed on to consumers.

[Social Europe](#)⁵⁰ also reports that rising inequality has been linked to an increase in cosmetic procedures, with individuals seeking non-surgical enhancements to improve social mobility, job prospects, and self-esteem arguing that physical attractiveness correlates with higher earnings, more lucrative contracts, success in job interviews, and other career advantages. This can disproportionately pressure lower-income individuals to invest in cosmetic procedures.

Increased regulation could also potentially widen inequality, as wealthier individuals access safe, regulated treatments, while lower-income individuals may turn to unregulated or underground providers, increasing health risks. Lower-income individuals may face higher risks if forced to seek cheaper, unregulated alternatives.

[Petition PE2137: Fair regulation for non-medical aesthetic injectors](#)⁵¹ called on the Scottish Parliament to urge the Scottish Government to introduce robust regulations on non-surgical cosmetic procedures. However, submissions from the petitioner caution against banning professionals from offering these treatments as this may result in loss of livelihoods and could risk driving treatments underground.

The [Equality and Fairer Scotland Duty Impact Assessment](#)⁹ undertaken by the Scottish

Government outlines that the Bill may disproportionately affect certain groups, including those on lower incomes, due to increased costs and reduced access.

Remote and rural communities

There is limited research on the impact of the regulation of non-surgical procedures on remote and rural areas in Scotland. However, it is anticipated that reducing the number of providers through regulation will impact on availability in these areas and people may need to travel to urban centres for regulated procedures. Small, independent practitioners in rural areas may also struggle and this could lead to a loss of local livelihoods. There is also a risk that people in rural locations could seek to access unregulated or underground alternatives.

The [Island Communities Impact Assessment Consideration](#)¹⁰ undertaken by the Scottish Government outlines that service provision for non-surgical procedures in island communities is currently limited. The requirement to undertake the procedures covered by the Bill in permitted premises may make it harder for small businesses to operate due to costs and lack of access to healthcare professionals. The full extent of current service availability in these areas is unknown.

The [Equality and Fairer Scotland Duty Impact Assessment](#)⁹ undertaken by the Scottish Government outlines that the Bill may disproportionately affect certain groups, including rural communities.

Part 2: Certification of death and authorisation of cremation

This section provides an overview of death certification and authorisation of cremation in Scotland to provide background and context.

Overview and context

The [Certification of Death \(Scotland\) Act 2011](#)⁵² was introduced to improve the quality and accuracy of death certification in Scotland.

The 2011 Act creates functions for medical reviewers who are employed by HIS (working in the [Death Certification Review Service \(DCRS\)](#)⁵³) and who carry out the key functions under the 2011 Act.

Review of death certificates

In Scotland, every death must be certified by a doctor using a Medical Certificate of Cause of Death (MCCD). Some of these certificates are chosen at random to be reviewed by the Death Certification Review Service (DCRS) to improve accuracy, public health data, and clinical governance.

The reviews make sure that the certificate accurately reflects the cause of death and maintains an accurate sequence of events that directly led to the person's death. Healthcare Improvement Scotland lists the two main standard types of review on the [Death Certification Review Service \(DCRS\) website](#)⁵³:

- Level 1: The medical reviewer checks the content of the MCCD and speaks with the certifying doctor, with the review typically completed within one working day.
- Level 2: The medical reviewer checks the MCCD content, the patient's medical records, and speaks with the certifying doctor, with the review completed within up to three working days.

A hybrid review can also be used in exceptional circumstances.

National Records of Scotland randomly selects around 12% of MCCDs for review each year, resulting in approximately 6,000 reviews annually, with 10% undergoing Level 1 review and 2% Level 2. This does not include sudden or suspicious deaths, both of which need to be reported to the Procurator Fiscal. It also does not include stillbirths.

In addition to these random checks, section 4 of the 2011 Act allows for interested person reviews where someone, for example a carer, can request a review of a specific MCCD. Guidance on this is available on the [DCRS website](#)⁵³. The main purpose of this is to offer extra reassurance by allowing concerns about the certificate's content to be investigated more thoroughly than through random selection alone.

Currently, if a MCCD is randomly selected for review by the DCRS, it cannot also be reviewed at the request of an interested person. The Senior Medical Reviewer identified

this as an issue, arguing that interested persons should still be able to request a review even if a random one has already occurred.

As a result, the Scottish Government is proposing changes in the Bill to allow interested person reviews, even when a random review has already taken place, to enable a more thorough investigation when needed. This is covered by Section 16 (2)(c) in the Bill, the repealing of paragraphs (b) and(c), under subsection 6 of the 2011 Act.

Death certification and registration processes

Death certification and registration processes vary across the UK, particularly when a coroner is involved. In September 2024, a new medical examiner system came into force in England and Wales, as set out in the [Cremation, Coroners and Notification of Deaths \(England and Wales\) \(Amendment\) Regulations 2024](#)⁵⁴. These changes highlighted inconsistencies in legislation between Scotland and the rest of the UK, particularly when a body is repatriated to Scotland from elsewhere in the UK.

Currently, Scotland requires extra authorisation for cremation if the death occurred outside its borders, even within the UK. This creates unnecessary duplication since other UK nations already have their own certification systems. To address this, the Scottish Government is proposing amendments to the 2011 Act to streamline the process and reduce variation between Scotland and England and Wales.

The provisions of the Bill

Part 2 of the Bill focuses on updating the processes on how death certificates are handled in Scotland.

The main aims of this part of the Bill are to:

1. allow more death certificates to be reviewed, by expanding the types of death certificates that can be checked by a medical reviewer, and
2. simplify cremation rules, by removing the need for a medical reviewer to authorise cremation if the person died elsewhere in the UK but outside Scotland.

Reviewing Medical Certificates and Cause of Death (MCCD)

Section 16 of the Bill updates the rules set out in the [Certification of Death \(Scotland\) Act 2011](#)⁵² about when an interested person, for example, a carer, can ask for a review of a death certificate.

The Bill extends the circumstances in which an interested person can request a review of an MCCD. This makes it possible for more than one review to be conducted under section 4 of the 2011 Act, for example, where new evidence has come to light.

It also expands the grounds on which a reviewer may decide to reject an application (rather than solely on the basis that it is deemed 'vexatious'). A medical reviewer can now reject a request for review if:

- it is vexatious
- it is identical or very similar to one already being reviewed
- the reviewer thinks it's not appropriate for other reasons.

If a request is rejected, the reviewer must explain why to the person who applied.

Authorising cremation for deaths outside Scotland

Section 17 of the Bill updates cremation rules set out in the [Certification of Death \(Scotland\) Act 2011](#)⁵². Under the 2011 Act, medical reviewers have the function of ensuring that it is safe to cremate the body of anyone who dies overseas, or in the rest of the UK, and who is to be cremated in Scotland. For example, the medical reviewer will check medical records to see if the person has any implants or a pacemaker that would need to be removed prior to cremation.

The Bill updates this rule so that medical reviewers only undertake this review if a person dies outwith the United Kingdom and cremation is intended in Scotland. The policy memorandum states that this is because when a death occurs in another part of the UK the MCCD would already have gone through the requisite review processes and further review in Scotland would not be required. The amendment to the 2011 Act is intended to recognise the reciprocal checks within the UK, avoiding unnecessary duplication.

The Scottish Government's review

The Scottish Government has not undertaken a consultation in relation to Part 2 of the Bill.

The policy memorandum states that the Scottish Government does not consider the proposed changes will have any impact on equal opportunities or sustainable development. They will apply uniformly across Scotland, including no specific effects on island communities.

Part 3: General provisions

Section 18 grants power to Scottish Ministers to make any appropriate changes to the Act by regulations. Section 19 makes further provision about the regulation-making powers given to the Scottish Ministers under this Bill. Further information can be found in the [delegated powers memorandum](#)⁵ for the Bill.

Section 20 outlines when the provisions of the Act would come into force and confirms that the Bill applies to the Crown in the same way as it applies to everyone else. Section 21 shares the short title of the Act.

Financial memorandum

The [financial memorandum](#)⁴ accompanying the Bill sets out estimates of the costs associated with the measures introduced by the Bill.

Part 1

The Scottish Government does not expect any direct costs for the Scottish Government from Part 1 of the Bill, apart from administrative work involved, which includes staff time for supporting implementation, creating secondary legislation, and drafting guidance if needed.

The financial memorandum states that the Scottish Government may consider a public information campaign to raise awareness about the new licensing and regulatory regime. It further states lower and upper cost estimates. The financial memorandum also notes that no decision has been made yet about whether a public information campaign is appropriate. Scottish Ministers will determine this during the implementation phase of the legislation.

The Scottish Government anticipates that Healthcare Improvement Scotland, tasked with enforcing the provisions of the Bill, will see an increase in businesses seeking registration as independent health care services. The financial memorandum assumes that there may be around 500 new registrations over a few years, though actual numbers may be lower due to barriers, such as access to healthcare professionals. It further sets out that any additional costs are unlikely to exceed the income generated from new registrations. The current average cost of initial registration and inspection with Healthcare Improvement Scotland (HIS) is approximately £7,000 per service. The financial memorandum estimates the additional fee income from new registrations to be between £8,000 and £18,000 per registration over a five-year period. It further states that the Government will continue working with HIS to assess the impact of additional registrations.

The financial memorandum states that prosecutions may be necessary in some cases if HIS needs to enforce the Bill. HIS might need support from Police Scotland to gather evidence and this could lead to costs for the Crown Office and Procurator Fiscal Service, and the Scottish Courts and Tribunal Service. The Scottish Government has not estimated costs for this activity, as it expects police involvement to be rare.

Annex C of the financial memorandum provides average costs for criminal procedures. It estimates that prosecuting offences under the Bill would cost around £1,008 per case. However, prosecutions are expected to be a last resort, with very few cases anticipated (likely no more than five annually) resulting in an estimated total cost of £5,040 per year.

Costs for Local Authorities are expected to arise mainly through the licensing scheme, which will increase demand on licensing functions and inspections. Local Authorities will be responsible for setting fees under the scheme to offset these costs. The financial memorandum states that no direct costs are anticipated under the Bill itself.

However, the financial memorandum states that businesses will bear the costs of complying with the legislation. The level of cost will depend on how each business chooses to adapt its model to meet the requirements. The Scottish Government identifies three main ways it foresees businesses could adapt (although this is not exhaustive) and

indicative costs:

Options	Initial costs	Ongoing costs
Option 1: Deliver procedures that are proposed as licensable activities so that the business can operate under Local Authority licence and stop delivering procedures regulated by the Bill.	Training and equipment costs ranging from £2,000 to £15,000 and additional marketing expenses for new services. Potential loss of earnings from discontinued procedures.	Cost of participation in Local Authority licensing scheme, set by local authorities. This is estimated to be under £500.
Option 2: Register with HIS and operate from a permitted premises, working with a healthcare professional to continue offering regulated procedures.	Initial HIS registration fees of £3,745 (for Independent Clinics). Costs to adapt premises to meet HIS requirements and accommodate new staff, estimates range from £4,000 to £15,000.	Annual HIS continuation fees of between £1,286 - £3,681 (for Independent Clinics carrying out non-surgical procedures)

The third option would be for businesses to close their current premises and practitioners move to work within an existing independent healthcare settings. The Scottish Government notes that costs under Option 3 will vary based on how the business winds down and the terms under which practitioners join existing settings. Indirect costs may also arise from lost business as operating models change.

The powers set out in [Section 5 of the Bill](#) would also allow for further potential future regulation. Potential costs could include additional training to meet new standards, hiring healthcare professionals for certain procedures, and complying with any new requirements or restrictions.

The financial memorandum states that there is potential for increased costs for businesses to be passed on to consumers, and that procedures may become more expensive due to the reduced competition for businesses offering them.

The Scottish Government also states in the financial memorandum that it is still assessing the costs and impacts of the Bill. It sets out that further work is needed to model scenarios for additional HIS registrations, enforcement costs, and administrative burdens. The financial memorandum notes that further information will be provided to Parliament when available.

Part 2

According to the financial memorandum, the Scottish Government does not expect that there will be any significant financial impact expected as a result to the amendments to the Certification of Death (Scotland) Act 2011 in Part 2 of the Bill

The Scottish Government estimates that amending the [Certification of Death \(Scotland\) Act 2011](#)⁵² to allow medical reviewers to authorise cremation would deliver annual savings of £752,000, compared to maintaining the current legislation. It further states that while additional administrative costs are required, these are expected to be minimal and covered by the HIS budget.

The Parliament's Finance and Public Administration Committee is responsible for conducting scrutiny of the financial memorandum accompanying the Bill.

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