



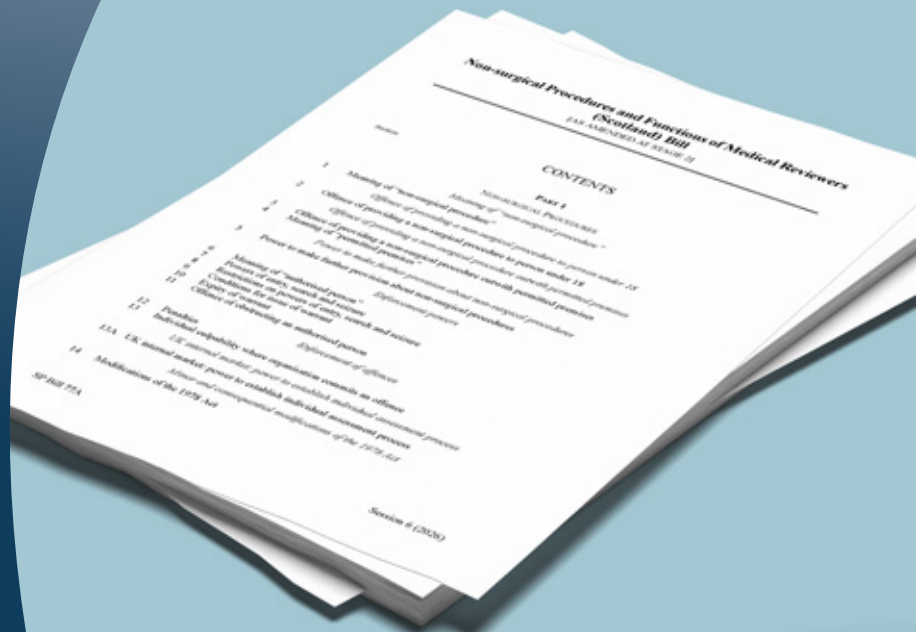
SPICe Briefing

Pàipear-ullachaidh SPICe

Non-surgical Procedures and Functions of Medical Reviewers (Scotland) Bill: Consideration prior to Stage 3

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This briefing supports Members in their consideration of the Non-surgical Procedures and Functions of Medical Reviewers (Scotland) Bill at Stage 3. The briefing summarises the main issues considered during Stages 1 and 2.



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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.

The Bill seeks to regulate the provision of certain non-surgical procedures, carried out by a range of practitioners for aesthetic and wellbeing purposes, and makes changes to the death certification process in Scotland. Cosmetic procedures carried out for health reasons are not covered by the Bill.

The Bill has 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 , explanatory notes , financial memorandum , delegated powers memorandum and statements on legislative competence accompanying the Bill are available on the Scottish Parliament website ¹ .

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

- ² Business and Regulatory Impact Assessment (BRIA): Licensing and further regulation of non-surgical procedures
- ³ Child Rights and Wellbeing Impact Assessment (CRWIA) for the regulation of non-surgical procedures
- Equality and Fairer Scotland Duty Impact Assessment for the regulation of non-surgical procedures ⁴
- Island Communities Impact Assessment ⁵ nt Consideration: Regulation of non-surgical procedures

What is in the Bill?

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 or treatments are usually sought for cosmetic or wellbeing reasons. The Bill is intended to improve safety for those using the services of cosmetic and wellbeing practitioners by ensuring that certain procedures must be supervised by certain professionals registered with one of the statutory regulators, and that the procedures are carried out in premises registered with, and inspected by, NHS Healthcare Improvement Scotland (HIS) ⁶.

The Bill's focus is on procedures that pierce or penetrate the skin to a certain depth and are deemed of higher risk than other procedures. These more risky procedures would have to be overseen by particular designations of registered health care professional. A licensing scheme for lower risk procedures, the Civic Government (Scotland) Act 1982 (Licensing of Non-surgical Procedures) Order 2026 ⁷, was laid in the Scottish Parliament on 10 December 2025, under the Civic Government (Scotland) Act 1982. It was subsequently re-laid in updated form on 9 January 2026. It is the intention that the Order and the Bill come into effect on the same date.

Two SPICe blogs were published explaining the differences between the Order ⁸ and the Bill ⁹.

Part 2: Certification of death and authorisation of cremation

Part 2 of the Bill would amend the Certification of Death (Scotland) Act 2011 ¹⁰ to extend the circumstances in which an interested person could request a review of a Medical Certificate of Cause of Death (MCCD), and to extend the power and discretion of medical reviewers to reject an application. It would also 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, or where cremation has been authorised within the United Kingdom.

Schedules

The Bill also contains two schedules, the first of which defines and describes the specified procedures to be covered by the legislation. The second makes minor modifications to the National Health (Scotland) Act 1978, Sections 10A and 10S, related to Healthcare Improvement Scotland's role and functions.

Stage 1 Scrutiny

The Health, Social Care and Sport Committee was the lead committee for the Bill. Stage 1 scrutiny was to be completed by 6 February 2026. A call for views was launched and was open between 10 October and 14 November 2025 using two complementary online platforms. A summary of responses was published¹¹ on 25 November 2025.

The Committee held four evidence sessions on 7 October, 2 December, 9 December and 16 December 2025¹. The Committee published its Stage 1 report on 27 January 2026¹. The Committee unanimously agreed to the Bill's general principles. The Minister for Public Health and Women's Health responded to the report by correspondence on 3 February 2026¹.

While the Committee was supportive of the Bill, they heard concerns, mainly from unregulated business owners who would be directly affected by the legislation and proposed regulatory regime.

The Committee and all of those who provided evidence [NH1] agreed however, that further regulation was required and that public safety should be the prime concern for any business or practitioner.

Part 1 - Permitted premises

The Bill defines premises deemed permissible for providing the specified procedures. None of these would include premises currently used by non-regulated practitioners. The premises where registered health professionals are carrying out non-surgical procedures are already registered, regulated and inspected by HIS. Further, permitted independent clinics would have to be supervised by a certain subset of regulated health professionals.

It was argued in submissions and during scrutiny that this would quickly mean that a large number of small, mainly single-handed, female businesses would not be able to continue operating, regardless of skill levels, standards of hygiene or safety observed by those practitioners in their premises. However, these practitioners would be able to continue operating, provided they did not carry out procedures listed in Schedule 1 and only those procedures covered by the The Civic Government (Scotland) Act 1982 (Licensing of Non-surgical Procedures) Order 2026⁷ and the Civic Government (Scotland) Act 1982¹².

The Committee acknowledged the concerns raised by business owners and recommended that appropriate support and guidance be put in place, but felt that safety considerations are the overriding priority. The Committee felt the two-tiered approach of the Bill and a licensing scheme was a proportionate approach.

Clinical oversight and training

The Bill, if passed, would require that within permitted premises, the higher risk procedures are supervised by at least one of certain registered health professionals.

Practitioners not already regulated argued that being a registered health professional did

not necessarily equate to being highly skilled or qualified to carry out the procedures, whereas others argued that in the event of an adverse reaction or complications, a healthcare professional is better qualified to respond. However, the level of supervision and the form it should take is not clearly covered by the Bill.

There was a consensus among those who provided evidence that robust training and national standards were required to ensure patient safety, and many thought they should be on the face of the Bill. The Bill only covers the professional status of those supervising the procedures, not the skills or qualifications of those they are supervising to carry out the procedures.

The Policy Memorandum explains that specific regulations about training and supervision are subject to the effect of the UK Internal Market Act 2020, which established a UK-wide system for recognising professional qualifications. However, there is provision in the Bill to make regulations on supervision and training.

The Committee, in its recommendations sought:

- **greater clarity on UK alignment,**
- **how training, safety and managing complications would be assured**
- **assurance regarding the expertise to undertake mental health screening for people seeking treatments**
- **means to prevent practitioners who don't meet required standards of training from practising.**

Age restriction

The Bill proposes a minimum age restriction of 18 years for any of the treatments covered, with an offence created for providing procedures to under 18s.

There was agreement from stakeholders and the Committee that this was appropriate, along with the requirement to prove that reasonable steps had been taken to verify age.

Enforcement

Along with the age restriction, the other main offence would be to operate outwith permitted premises, not registered with HIS. HIS would have new powers of entry, search and seizure for investigation of potential offences. The capacity and resources of HIS to carry out its new inspection, registration and enforcement duties was queried by some. It was argued that the number and form of businesses operating was very much an unknown, so the impact on HIS was also unknown. Brett Collins from Save Face said:

“ There are potentially hundreds of healthcare practitioners in Scotland who should be registered with HIS, but there appears to be no clear evidence of a policing, proactive approach to ensuring that the current legislation is followed ... This is a completely different landscape ... there are operators on social media, ghost practitioners and people using products that they should not be using and which come into the UK illegally. There are unquantified elements of enforcement costs ... I think that it is disturbing that we are not getting a true feel for what those costs might look like as part of the bill process.”

Concerns were also raised by HIS about operational challenges such as the overlap between HIS and local authority inspection, enforcement in unregistered settings, detection of unregistered services and new requirements around surveillance and expertise in the treatment and storage of evidence.

Regarding the additional work and duties placed on HIS, the Bill's Financial Memorandum states that:

“ “The Scottish Government does not consider that the Bill will lead to additional costs that need to be met by the Scottish Administration, as these costs will be met from within existing resources or through increased fee income – with the increased number of registrations leading to an increase in both expenditure on regulatory activity and fee income””

It is anticipated then that businesses would bear additional inspection costs through registration fees as well as any costs of adaptations to premises or business model required.

Offences and penalties

All offences within the Bill would 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. The Committee heard from several stakeholders that this penalty may not be strong enough to act as a deterrent for practitioners, especially for those clinics whose turnover is very high, where any fines at that level would not incentivise compliance.

Also, the offences would not be recordable, meaning that rogue operators could, in theory, serially offend.

Compliance with regulatory requirements

Concerns were raised about inadvertent non-compliance being an issue, if practitioners were unaware of some of the detail of the legislation and some of the small differences and requirements, when compared with the complementary licensing scheme for lower risk procedures to be administered by local authorities.

Clear guidance on compliance, requirements and standards were sought. HIS currently adopts a supportive, improvement-based approach to compliance for independent clinics.

Non-medical practitioners asked for a time-frame and support for implementation that would allow their businesses time and opportunity to adapt.

In her evidence, the Minister for Public Health and Women's Health told the Committee that, should the Bill be passed, the Scottish Government plan to bring the Act fully into force by 6 September 2027 (the same date that the related licensing scheme under the Civic Government (Scotland) Act 1982 will become operable). The Minister said that a route map to full implementation would be published to support businesses and others with the changes and that she would consider whether an education campaign for businesses and a phased approach might be necessary.

The Committee made a number of recommendations about offences and compliance. The Committee called for:

- **stronger penalties for offences**
- **punishment for repeat offenders**
- **for the government to set out its plans with respect to implementation and support for businesses (and financial support)**
- **a staged approach to enforcement**
- **additional funding for HIS to ensure proper enforcement**
- **publication of an implementation route map.**

Data gathering

Because of the nature of the industry, which is disparate and largely unregulated, there is little data available on the numbers of practitioners and businesses and, more crucially, the number of adverse events that occur which are related to aesthetic procedures.

Tina McCaffery from Skin Religion Aesthetics highlighted to the Committee the need for better data reporting to inform policy decisions:

“ “At present, Scotland has no centralised adverse event reporting system, national register, minimum training or qualification standards or data on the real scale of complications or illegal practitioners. That means that we are trying to regulate without a really accurate picture of the risk, which is unsafe for the public.” ”

HIS highlighted that additional resources would be required and training needed to establish and run a reporting system for adverse events. Resources would also be required to collect and collate data from the industry.

The Committee called for further resource to establish a systematic data gathering function, noting that HIS would be well-placed to fulfil such a function, but would require adequate resource and support to do so.

Public awareness

When the Bill was introduced, the Financial Memorandum stated that no decision had been made about whether a public information campaign would be appropriate. Business owners, industry organisations and Consumer Scotland argued that public awareness should be increased around procedures, risks as well as the legislation and licensing scheme through a campaign or campaigns. **The Committee called for such a campaign and for the Financial Memorandum to reflect this.**

Wider issues

Advertising and the regulation of substances was covered in evidence sessions, with the acknowledgement that much of the related legislation is reserved to the UK Parliament. There was discussion around misinformation and bad faith advertising that exploited insecurities around body image for example. The Advertising Standards Authority sought greater clarity about how the Bill would impact the ability to advertise, for example, by those operating outwith permitted premises.

With regard to the regulation of substances, the Bill was seen as an opportunity to address concerns about the use of illegal, substances not requiring a prescription and the use of unlicensed substances in non-surgical procedures.

The prospect of cosmetic tourism was raised, with the possibility of the Bill increasing costs for people and reducing access if businesses cease trading. It was argued this was more likely within the UK if regulatory infrastructure was not aligned across the UK.

The Committee called for the Scottish Government to set out how it will further collaborate with the UK government on these matters. The Committee also called for a public information campaign to support informed decision making for individuals.

Part 2 - Certification of death and authorisation of cremation

The Committee expressed its support for the provisions covered by Part 2 of the Bill.

Government response to Stage 1 report

In her response to the Committee's Stage 1 Report¹, the Minister for Public Health and Women's Health provided further information and assurance to the Committee. The letter covers:

- work to support the creation of guidance for businesses
- ongoing discussions with the UK government regarding alignment of qualification and training
- a reconsideration of penalties
- HIS resources – regulation of independent healthcare should be self-sustaining through fees charged to providers (rather than met by taxpayers)
- public information campaigns.

The Minister also refers to the Delegated Powers and Legislative Reform Committee's Stage 1 report¹, which raised concerns about the breadth of power in Section 5 (1) of the Bill, which would allow that:

“The Scottish Ministers may by regulations impose further restrictions and requirements in relation to the provision of non-surgical procedures.”

The Minister felt this was required, but would consider consultation requirements or guiding principles to be set as per the Committee's recommendations.

Stage 1 debate

The Stage 1 debate was held on 5 February 2026.¹³ The topics covered during scrutiny were also covered in the debate. The Minister held that:

- safety was the main reason for the Bill
- it is not about restricting access or damaging business
- these procedures should not be carried out on under 18s
- guidance, support and time for transition would be provided
- she was open to collaboration on amendments ahead of Stages 2 and 3.

Other speakers raised concerns about:

- HIS resources
- the harms done by ‘medical-grade’ procedures, carried out by non-medics, and the cost to the NHS when complications arose
- the level of penalties
- enforcement assurances
- training and qualifications consistency
- public information and the need for fully-informed consent
- cosmetic tourism and ‘rogue operators’
- the impact on skilled, qualified but unregistered practitioners and their businesses
- involvement of practitioners in shaping regulations
- the challenge of the UK Internal Market Act in aligning training and qualifications
- proportionate improvement-focused regulation, recognising good practice.

The Motion was agreed to and the Bill passed Stage 1.

Financial Resolution

Under Rule 9.12 of Standing Orders ¹⁴, the Presiding Officer must determine whether a Financial Resolution is required when a Bill is introduced. According to the Guidance on Public Bills ¹⁵, if a Bill is expected to incur costs for the Scottish Consolidated Fund in excess of £500,000 in any given year, then a Financial Resolution is required.

The financial memorandum ¹ accompanying the Bill provided a range of information to inform likely costs, but did not provide a summary of total costs, although additional information about the costs of the Bill was provided to the committee on 15 December 2025 ¹⁶. However, the Presiding Officer determined that a Financial Resolution was not required on introduction of the Bill.

The Finance and Public Administration Committee considered the financial memorandum ¹⁷ and forwarded on the 46 submissions it had received to the lead committee. The Committee agreed to take no further action.

Ahead of Stage 2 proceedings, the Presiding Officer determined under Rule 9.12.6C of Standing Orders that certain amendments that had been lodged were cost-bearing. If amendments would individually or cumulatively push the costs of the Bill over the threshold for a Financial Resolution, then no question on those amendments can be put at Stage 2.

A large number of amendments were lodged ahead of Stage 2 proceedings, including a number which were determined to be cost-bearing. However, only one of these was deemed (whether alone or in combination with other amendments) by the Presiding Officer as likely to trigger the requirement for a financial resolution. Amendment 105, in the name of Sandesh Gulhane, MSP, proposed that a transition support fund be established to provide financial assistance, advice and support to businesses which would be affected by Part 1 of the Bill.

The Presiding Officer determined that this amendment in itself, if agreed to, would change the Bill in a way that would increase the potential costs of the Bill beyond the 'significant' threshold of £500,000 or more in any single financial year, therefore requiring a Financial Resolution. However, no Financial Resolution was lodged and, as a result, the amendment could be debated during Stage 2 proceedings, but there could be no question put on the amendment in the absence of a Financial Resolution.

More information on this can be found in the relevant section of the guidance on public Bills (starting at para 2.115) ¹⁸.

Stage 2 Consideration

Stage 2 consideration comprised one Committee Meeting of the Health, Social Care and Sport Committee on Tuesday 24 February¹⁹.

Along with the Committee, the following Members also participated.

Jeremy Balfour (Lothian) (Ind)

Maurice Golden (North East Scotland) (Con)

Fulton MacGregor (Coatbridge and Chryston) (SNP)

Stuart McMillan (Greenock and Inverclyde) (SNP)

As well as

Jenni Minto (Minister for Public Health and Women's Health) accompanied by Scottish Government officials.

121 amendments were considered and grouped under the following headings:

UKIMA: power to establish individual assessment process 5, 28, 30, 34

Meaning of “non-surgical procedure” 6, 7, 8, 64, 65, 36, 37, 10, 38, 11, 12, 13, 14, 15, 16, 17, 39, 18, 19, 20, 21

Meaning of “permitted premises” 9, 22, 22A, 22B, 22C, 22D, 40, 23, 68, 69, 24, 41, 71, 25, 42, 43, 73, 44, 31, 112, 113, 60, 61

Age verification 1, 2, 3, 4

Standards, guidance and requirements for providers 75, 79, 100, 106, 118

Costs to, and support for, providers 76, 51, 105, 110, 117, 119

Risk-based approach and risk management 77, 78, 80, 81, 83, 46, 47, 84, 87, 88, 89, 91, 92, 95, 97, 98, 99, 103, 58, 115, 120

Power to make further provision about non-surgical procedures 45, 48, 49, 50, 52, 90, 53, 54, 93, 94, 96, 55, 35

Enforcement 26, 56, 102, 57, 27, 104

Minor and technical 29, 32, 33

Review of Part 1 59, 107, 108, 109, 111

Commencement 62, 63, 121

UKIMA – UK Internal Market Act

The Minister highlighted that UKIMA presented issues for the Bill, and that a remedy for

the alignment of qualifications in non-surgical procedures is required. She seeks a common frameworks approach to address this, but had not had a response from UK ministers. The amendments in this group were all agreed to. A new section was inserted (13A) providing more detail on regulation-making powers that relate to Sections 24 and 26²⁰ of UKIMA, that allows recognition of qualification and assessment on a case by case basis:

“ **Individual assessment process** Alongside this, section 26 in Part 3 also provides for a process which can disapply automatic recognition, which is referred to as an ‘individual assessment’ in the UKIMA, and in this guidance. An individual assessment process, which complies with the requirements set out in section 26 of the UKIMA, will disapply the principle of automatic recognition. Such a process allows you to assess the professional’s qualifications or experience on a case-by-case basis. Once you have done this and concluded that the qualifications or experience held do not meet the relevant standards in the part of the UK where recognition is being sought, you can require the professional to undertake a separate test or assessment. This assessment or test can then be used to determine if the professional has the required knowledge and skills to practise in the relevant part of the UK, before you decide to grant recognition.”

Meaning of 'non-surgical procedure'

Amendments agreed to in this group included a new subsection to include clinical trials in excluded procedures. A number were technical, clarifying references to other legislation. To introduce new procedures via regulation to Schedule 1, would require Scottish Ministers to publish evidence and consult with relevant stakeholders. Regulations would also be subject to the affirmative procedure. More detail was added to Schedule 1 for clarity around procedures. The Minister agreed to discuss concerns with Members who tabled amendments in this group ahead of Stage 3. All Government amendments were agreed to.

Meaning of ‘permitted premises’

The Government amendments in this group provided more detail on the permitted premises, including the addresses to be entered on the Healthcare Improvement Scotland’s register. Amendment 22 also inserted the inclusion of a vehicle being considered an independent clinic.

The grouping also included a number of technical drafting amendments. The primary concern was again safety and clarity of requirements in ensuring the safe practice of non-surgical procedures.

Other amendments sought to allow businesses to operate without healthcare professional involvement, and to be assessed according to the risk level and infection control, for example. Maurice Golden MSP also put probing amendments about prescribers being on premises, arguing that presence on premises alone did not confer or equate to safe practices without, in addition, robust governance and accountability measures also being in place.

Prescribing was debated as an area of risk, with a concern that ‘blank’ prescriptions could

be given for toxic substances, like botulinum toxin, where the prescriber would not know how it is being used or on whom. The Minister noted the concerns and reassured Members that discussions were being held with the Medicines and Healthcare products Regulatory Agency (MHRA), and that it was a reserved matter. The Minister expressed a further offer to discuss mitigations to the impact on businesses ahead of Stage 3. Government amendments were agreed to without division and the other amendments were not moved.

Age verification

Amendments sought to future-proof the Bill to allow for digital forms of age verification to be considered along with more traditional forms of identification and age verification, to be provided in secondary legislation (regulations). These amendments were agreed to and reference to explicit forms of identification were removed from the face of the Bill.

Standards, guidance and requirements for providers

This group of amendments sought to avoid unnecessarily burdensome barriers, through proportionate standards according to risk level. Guidelines for a complaints procedure were also suggested, as was specific national guidance on mental health screening of people seeking the procedures, such as an understanding of body dysmorphia. The Minister accepted the arguments, and stated that complaints procedures were already a requirement for providers of independent health care. She expressed the wish to work with Members on a single amendment ahead of Stage 3 to address the matter of guidance. There was a division on amendment 79 about complaints and independent advice following a procedure, but it was disagreed to after the convener exercised her casting vote.

Costs to, and support for, providers

Amendments in this group sought to mitigate the impact on non-medical aesthetic practitioners through various forms of support – through guidance, advice and financial support. Amendment 51 sought to have HIS fees set out in secondary legislation to ensure transparency and scrutiny. The Minister assured Members that the setting of fees was already covered by existing regulations, that it was not appropriate to subsidise some businesses because many offering the procedures already meet the cost of HIS registration. She reiterated that the need for guidance and advice was covered. Review of the types and levels of support provided was also mooted in an amendment from Carol Mochan MSP.

Risk-based approach and risk management

This was another large group of amendments covering:

- insurance and indemnity
- informed consent
- supervision and how it is defined
- treatment of higher risk patients, and additional requirements
- assessment of risk in the absence of data.

The Minister responded, stating that procedures were already differentiated by risk, and that lower risk procedures were covered by the local government licensing scheme. She argued that the Bill provides key safety protections relating to age, setting and the right healthcare professionals. She reassured Members that supervision was being considered in relation to training standards, which, in turn will require input from the UK government. Some of the amendments, relating to medicines, fall into reserved matters. Other amendments would undermine the intent of the Bill in Ministers' ability to regulate and to address the risk presented by the non-surgical procedures covered by the Bill. However, she did support two amendments put forward by Gillian Mackay MSP, about assessments and medical histories of those people at higher risk from certain non-surgical procedures. She expressed her willingness to work with Members ahead of Stage 3 on remaining concerns.

Power to make further provision about non-surgical procedures

These amendments relate largely to section 5 of the Bill, and the powers available to make further provision on non-surgical procedures.

Maurice Golden MSP put a number of amendments forward relating to training, timing for compliance and phased implementation. Jeremy Balfour MSP sought to establish an accreditation scheme to enable trained non-medical practitioners to supervise non-surgical procedures, in recognition of the levels of highly skilled but unregistered practitioners operating with advanced qualifications. Members returned to arguments made during the debates of earlier groupings, seeking consultation and scrutiny prior to regulations being laid including consultation with relevant, clinically experienced representatives, patient representatives and appropriate regulatory bodies and the laying of draft regulations.

The Minister spoke to her amendment covering these concerns and argued that consultation requirements would vary depending on the changes required, so that blanket requirements on consultees would not be appropriate, if for example, changes were technical in nature.

Enforcement

Gillian Mackay MSP sought to increase the penalty that could be imposed on a person found guilty of an offence under the bill from a maximum of £5,000 to a maximum of £20,000, by allowing offences to be tried under summary procedure²¹ or on indictment²²

. Other Members sought to ensure that enforcement was proportionate, fair and targeted at wilful non-compliance.

The Minister urged support for the amendments raising the maximum fines, but said that other amendments duplicated the existing requirements of HIS in their investigative and enforcement duties. The amendments to raise the level of fine were agreed to.

Minor and technical, and Review of Part 1

There was debate about a number of amendments relating to the review (and even the expiry) of Part 1 of the Bill. The Minister urged support for Stuart McMillan MPS's amendment for review within 5 years, which was agreed to. He argued that the Parliament had not conducted much post-legislative scrutiny, and including a timescale for review would ensure that this was carried out for this legislation.

Some minor amendments were made to Part 2 of the Bill 'Certification of death and authorisation of cremation'.

Amendments to include consultation requirements by the Scottish Ministers ahead of regulations being made under sections 1(5), section 4 (4), section 5 (1), and first regulations under section 13A(1) were agreed to.

Commencement

Some Members sought a delay to commencement to allow businesses to adjust and to be in a position to comply over a reasonable timescale. The Minister argued that undue delay would inhibit progress on a scheme under section 26 of UKIMA, and training standards in advance of the main provisions coming into force.

Overview of main changes at Stage 2

Section 1

- Activities that are carried out in relation to a clinical trial are not included in the definition of a 'non-surgical procedure' for the purposes of the Bill.
- Activities for which a licence is required under Part 2 of the Act, and covered by the Civic Government (Scotland) Act 1982 are not included.

Section 4

- More detail on the meaning of 'permitted premises', and the inclusion of addresses on the HIS register.
- Inclusion of vehicles as potential permitted premises, providing the vehicle is not also a dwelling of the person receiving a procedure.

Section 5

- Addition of further provisions to regulation making powers in relation to assessment of people at higher risk.
- An increase in the maximum penalties allowed under regulation-making powers.
- A requirement to lay a draft of regulations specifying requirements about the training or qualifications required within 3 years of section 3 coming into force. However if this is not practicable, the Scottish Ministers must lay a report before the end of 3 years explaining why.

New section 13A – UK Internal Market: power to establish individual assessment process.

This section sets out that Scottish Ministers may by regulations establish processes whereby an individual may apply for approval to provide or supervise the provision of non-surgical procedures in Scotland, to which section 26 of the 2020 UKIMA Act applies.

New section 15A

Scottish Ministers must, within 5 years of section 3 coming into force, review the operation of Part 1, and then publish a report on the findings.

New section 19A

Scottish Ministers must consult before laying a draft of regulations under a number of sections

Stage 3 amendments

A number of relatively minor Government amendments have been proposed. The Minister is seeking to specify that regulations under section 20 (2) do not come into force prior to 6 September 2027.

Jeremy Balfour MSP is seeking again to allow for non-medical practitioners, qualified to a high level (Masters level – level 11 of the Scottish credit and qualifications framework - SCQF).

Sandesh Gulhane MSP is again seeking to exclude the General Osteopathic Council from the list of regulated healthcare professionals in section 1(3). He is also seeking a transitional or saving provision to allow a period to ensure compliance more specifically on the provision of resources available to businesses. He is also seeking to insert provisions to review the capacity of HIS to effectively carry out its enforcement functions, prior to the commencement of offences. In relation to consultation on draft regulations, he seeks to specify who and what bodies should be consulted.

Ash Regan MSP is seeking through a number of amendments to allow for non-healthcare professionals to register with HIS and run a practice, provided they are qualified to level 11 of the SCQF or equivalent. She is also seeking recognition for established aesthetics qualifications.

Carol Mochan MSP is seeking to add more detail to what a review under section 15A must cover in terms of support, training, guidance and financial support, with a separate focus on providers in rural and remote areas.

Stuart McMillan MSP proposes a more detailed and specific alternative section 15A.

The ¹ Grouped and Marshalled Lists of amendments for Stage 3 are available on the Bill pages on the Scottish Parliament website

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