

NMC response to Scottish Government consultation on the regulation of non-surgical cosmetic procedures

Closes 14 Feb 2025

Opened 20 Dec 2024

[Regulation and licensing of non-surgical cosmetic procedures: consultation background paper - gov.scot](#)

About the NMC

Our core role is to **regulate**. We set and promote high education and professional standards for nurses and midwives across the UK, and nursing associates in England and quality assure their education programmes. We maintain the integrity of the register of those eligible to practise. And we investigate concerns about professionals – something that affects very few people on our register every year.

To regulate well, we **support** nursing and midwifery professionals and the public. We create resources and guidance that are useful throughout professionals' careers, helping them to deliver our standards in practice and address challenges they face. We work collaboratively so everyone feels engaged and empowered to shape our work.

We work with our partners to address common concerns, share our data, insight and learning, to **influence** and inform decision-making and help drive improvement in health and social care for people and communities.

How we have responded to this consultation

We have responded to selected consultation questions which are directly related to our role as a professional regulator. Where we do not hold a position on a particular question or it is outside our remit to answer, we have marked it as 'Don't know' or have left it blank.

We would be happy to provide further information to Scottish Government as this work develops.

Questions about the grouping of procedures

These questions relate to specific procedures and the Scottish Government proposals for how these should be grouped. More information about this is contained in Annex A of the background paper.

1 Proposed Group 1 procedures

We propose that Group 1 will contain those procedures which carry the lowest level of risk, are the least invasive, and which we propose can be safely carried out by a trained and licensed practitioner who is not a healthcare professional.

We propose that Group 1 procedures can be undertaken in either a licensed premises or a HIS regulated setting. These questions invite you to consider procedures that we propose to include in group 1. For each procedure you are invited to consider which group you believe the procedure belongs to, and whether:

- the procedure can be carried out in a licensed premises or HIS regulated setting, (Group 1 - Our recommendation for these procedures)
- only in a HIS regulated setting, (Group 2) or
- in a HIS regulated setting and only by an appropriate healthcare professional. (Group 3)

Individual procedures are described in more detail in the glossary in Annex B of the background paper, but if you do not know what a procedure involves you may wish to select 'Don't know'.

Listed below are procedures which we propose belong in group 1. For each procedure please select which group you think is most appropriate.

	Should be undertaken in either a licensed premises or in a HIS regulated setting (Group 1)	Should only be undertaken in a HIS regulated setting (Group 2)	Should be undertaken in a HIS regulated setting by an appropriate healthcare professional (Group 3)	No regulation required for this procedure	Don't know
Microneedling					
Chemical peels that only affect the outermost level of skin					
IPL/LED therapy					
Use of lasers for tattoo removal					
Laser hair removal					

[We do not have a view on this question.](#)

2 Proposed Group 2 procedures

We propose that Group 2 will contain procedures which carry a higher level of risk and are more invasive than those in Group 1. We propose that Group 2 procedures should only be undertaken in a HIS regulated premises. We propose they can be safely carried out by a trained practitioner who is not a healthcare professional, but such practitioners should be supervised by an appropriate healthcare professional.

These questions invite you to consider procedures that we propose to include in group 2. For each procedure you are invited to consider which group you believe the procedure belongs to, and therefore whether:

- the procedure can be carried out in a licensed premises or HIS regulated setting,
- only in a HIS regulated setting, or

1 in a HIS regulated setting and only by an appropriate healthcare professional.

Individual procedures are described in more detail in the glossary in Annex B of the background paper but if you do not know what a procedure involves you may wish to select 'Don't know'.

Listed below are procedures which we propose belong in Group 2. For each procedure please select which group you think is most appropriate.

	Should be undertaken in either a licensed premises or in a HIS regulated setting (Group 1)	Should only be undertaken in a HIS regulated setting (Group 2)	Should be undertaken in a HIS regulated setting by an appropriate healthcare professional (Group 3)	No regulation required for this procedure	Don't know
Mesotherapy (injection of certain drugs, or other products into the middle layer of the skin)					
Injections of toxins (e.g. Botox®) for cosmetic purposes					
Injections of drugs for cosmetic purposes					
Injections of semi permanent dermal					

fillers in small quantities (<2ml - e.g. to reduce wrinkles, or plump lips)					
Any other injections of a product, even if it is not a drug or toxin, for lifestyle or cosmetic purposes. (not including tattooing which is already licenced)					
Medium depth peels (that penetrate and destroy the outer layer of skin fully and penetrate into the next layer or upper dermis)					
Photo rejuvenation					
Radiofrequency treatments					
HIFU (high frequency ultrasound)					
Cryolipolysis (the use of cold to destroy pockets of fat under the skin)					

[We do not have a view on this question.](#)

3 Proposed Group 3 Procedures

We propose that Group 3 will contain the procedures which carry the highest levels of risk and which are more invasive than Group 1 or 2 procedures. We propose that, as well as being undertaken in a HIS regulated premises, these procedures should always be undertaken by an appropriate healthcare professional.

These questions invite you to consider procedures that we propose to include in group 3. For each procedure you are invited to consider which group you believe the procedure belongs to, and therefore whether:

- the procedure can be carried out in a licensed premises or HIS regulated setting,
- only in a HIS regulated setting, or
- in a HIS regulated setting and only by an appropriate healthcare professional.

Individual procedures are described in more detail in the glossary in Annex B of the background paper, but if you do not know what a procedure involves you may wish to select 'Don't know'.

Listed below are procedures which we propose belong in Group 3. For each procedure please select which group you think is most appropriate.

	Should be undertaken in either a licensed premises or in a HIS regulated setting (Group 1)	Should only be undertaken in a HIS regulated setting (Group 2)	Should be undertaken in a HIS regulated setting by an appropriate healthcare professional (Group 3)	No regulation required for this procedure	Don't know
Platelet rich plasma, biotherapy or injections of any products derived from the patient's blood					
Injection microsclerotherapy (use of injections to treat visible spider veins)					
Injection lipolysis or injections of fat dissolving agents					
Dermal micro coring (removal of small amounts of skin to reduce visible signs of aging)					
Hay fever injections					
Any procedure involving					

intravenous fluids or drawing and processing bloods for cosmetic or lifestyle purposes, for instance provision of intravenous vitamins and minerals, or intravenous blood oxygenation.					
Use of dermal fillers for the purpose of augmentation of e.g. the breasts and buttocks					
Deeper chemical peels such as phenol peels					
All laser treatments not specified above, including lasers which target the deeper layers of the dermis.					
Carboxytherapy (the injection of CO2 under the skin to promote collagen production)					
Cellulite subcision (making small incisions to reduce appearance of cellulite)					
Electrocautery (removal of skin tags through electricity)					
Cryotherapy and cryocautery (use of extreme cold to remove e.g. skin tags)					

Thread lifting and cogs (placement of dissolvable material under skin to tighten appearance and promote collagen)					
All group 1 or 2 procedures where procedures are carried out in an intimate area (except hair removal and not including procedures such as tattooing and skin piercing which are already licenced)					

We do not have a view on this question.

4 Please provide any comments you have in relation to the grouping of procedures and the level of regulation required:

Please give us your views

Grouping of procedures and the level of regulation required

As a professional healthcare regulator, we do not have a position on what the grouping of procedures should be, and the level of regulation required. We consider this to be a matter for Government.

We support the principle of grouping procedures based on the level of risk; however, we think that there should be clear criteria for classifying the different groupings, how often they will be reviewed and by whom. This will help to ensure a consistent approach in how procedures are classified and for the classification of new and evolving procedures in the future. It is also important to help the public and those considering undergoing a non-surgical cosmetic procedure to easily understand the different level of risks involved for each procedure and to make informed choices about who they choose to seek cosmetic procedures from.

UK wide approach to licensing and regulation

We understand that the licensing and regulatory arrangements will operate in Scotland only. As noted in the background paper to support the consultation, in 2023 the Department of Health and Social Care (DHSC) consulted on proposals

for further regulation and licensing of non-surgical cosmetic procedures in England which included using a 3-tier system to classify the different categories for cosmetic procedures based on the risk they present to the public. As action in this area is a devolved matter there is potential for variation in approach across the UK. We think that any differences to other countries in the UK should be made clear and communicated to professionals and the public so that people understand how the regulation and licensing arrangements of non-surgical cosmetic procedures, if approved, will operate in Scotland. This is particularly important for professionals living along the border who reside in one country but deliver non-surgical cosmetic services in another country. Nursing and midwifery professionals are expected to operate within the laws of the country in which they are practising, so where a professional unwittingly or intentionally contravenes requirements and guidelines due to cross-border variations we may need to take appropriate action.

Our [response](#) to the DHSC consultation on the Licensing of non-surgical cosmetic procedures in England, which might be of interest to you.

Standards and training

We set the high-level standards for registered nurses and midwives in the UK and nursing associates in England which people on our register are expected to uphold. We don't specify what will be within the scope of individual nursing, midwifery and nursing associates or which procedures they may be qualified to undertake.

While we do not set specific standards for nursing and midwives wanting to perform non-surgical cosmetic procedures, the [Code](#) which presents the professional standards that nurses, midwives and nursing associates must uphold in order to be registered to practise in the UK, specifies that professionals must have the knowledge, skills and competence for safe practice and be able to demonstrate this through our revalidation process. We expect nursing and midwifery professionals to use their professional judgement to apply our standards to their individual practice.

We support the setting of standards and qualifications required for regulated and non-regulated professional undertaking non-surgical cosmetic procedures by the Scottish Government and we agree that premises should meet agreed standards of hygiene and health and safety. We would be pleased to input into future work to develop education and training standards for healthcare professionals.

Differences in training and scope of practice amongst healthcare professionals

There is broad variation in the training and scope of practice amongst different healthcare professionals, so it is not necessarily the case that any regulated healthcare professional will be capable of carrying out or supervising non-surgical cosmetic procedures and cosmetic work is not considered within the scope of practice of some.

There is a range of varied skills, knowledge and abilities of the professionals we regulate. For example, only a registered nurse (level 1), midwife or SCPHN

(Specialist Community Public Health Nurse) who have completed an approved independent prescribing programme and have an annotation next to their name on our register may prescribe any medicines for any medical condition within their competence (with the exception of certain controlled drugs).

In accordance with our Code, nursing and midwifery professionals must work within the limits of their competence, knowledge, skills and education and training. This may mean some nursing and midwifery professionals would need to complete additional education and training in order to be able to practice safely and effectively in non-surgical cosmetics and to provide the appropriate level of oversight and supervision to another healthcare professional or non-healthcare professional. We think further clarification is needed on what, if any, restrictions will be put in place to limit certain professionals carrying out some or all of the high-risk procedures.

Under the consultation proposals, the delivery of procedures which carry the highest levels of risk (group 3), and which are the most invasive will be restricted to an appropriate healthcare professional. The procedures which carry a higher level of risk (group 2) could be carried out by a trained non-healthcare professional with supervision by an appropriate healthcare professional.

We support highest risk non-surgical cosmetic procedures being restricted to appropriately qualified and regulated healthcare professionals who are competent and indemnified to undertake these procedures.

Face to face consultations

We welcome the intention that an appropriate healthcare professional must undertake an initial face to face consultation for each procedure listed in Groups 2 and 3, including prescribing any prescription only medicines for the procedure. Face to face consultations ensure prescribers can initially assess a person's suitability for the requested procedure and quantity of medicines to be prescribed, in line with regulatory standards. We have recently reviewed our position on remote prescribing of medicines for non-surgical cosmetic medicines and we agree that requiring face to face consultations help to mitigate some risks and poor prescribing practices in non-surgical cosmetics.

Questions about the proposed licensing regime

These questions refer to the proposed licensing regime in Section 3 of the background paper.

Our proposal is that Group 1 NSCPs should be carried in a licensed premises by a licensed practitioner or in a HIS regulated setting by a suitably trained practitioner or healthcare professional. However the future licensing scheme operates, there will be the opportunity for the Scottish Government to establish standards to reduce risk and improve the safety of procedures. Licences will be issued by a local authority, and officers of the local authority will have powers of enforcement.

Local Authorities will agree the form of licenses, fees for licences and arrangements for applications. We propose to give local authorities flexibility about how they treat vehicles/mobile premises.

- 5 Do you support or oppose the proposal that the practitioner of a Group 1 procedure operating in a licensed premises should also require a licence?**
- ☒ Strongly support
 - ☐ Somewhat support
 - ☐ Neutral
 - ☐ Somewhat oppose
 - ☐ Strongly oppose
- 6 Do you support or oppose the proposal that the practitioner of a Group 1 procedure operating in a HIS regulated setting should not require a licence?**
- ☐ Strongly support
 - ☐ Somewhat support
 - ☒ Neutral
 - ☐ Somewhat oppose
 - ☐ Strongly oppose
- 7 Please provide any comments about the answers you have given to questions 5 and 6 about the proposals for the establishment of licensing arrangements for Group 1 procedures:**

Please give us your views

The consultation states the procedures in group 1 are less invasive and lower risk than some procedures in the other two groups and will not require the use of prescription only medicines. We think in general requiring practitioners of a group 1 procedure to be licensed would be a step toward reducing variation and improving safety as adherence to standards will be a condition of obtaining and maintaining a licence. This will give the public and users of procedures in group 1 greater assurance that anyone performing a procedure has met the agreed standards of education and training and qualifications.

We think nursing and midwifery professionals performing any of the procedures in group 1 which are not part their substantive role but something they take on as a supplementary source of income, and not in an HIS regulated setting will be expected to obtain a licence but would welcome if this could be clarified. Where any of the procedures are considered within the scope of a regulated healthcare professional's role and they are performed within an HIS regulated setting, there may be a case for exempting them from licensing. This is because they are regulated professionals working from regulated premises which are already compliant with relevant standards for the delivery of cosmetic procedures without a licence. We think licensing these individuals is unlikely to confer any additional public protection or safety benefit.

8 To what extent do you agree or disagree that the Scottish Government should establish:

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't know
Standards of hygiene and health and safety for licensed premises?	•					
Standards of training and qualification for licensed practitioners?	•					
Mandatory insurance and indemnity to compensate clients who suffer harm as a result of negligence or malpractice?	•					

9 To what extent do you agree or disagree that local authority officers should have powers of inspection and enforcement, including:

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't know
The removing of a licence from premises or practitioners who cannot demonstrate compliance with standards established by the Scottish Government?	•					

Barring individuals from holding a licence if they are associated with serious or repeated non-compliance with the standards established by the Scottish Government?	<input checked="" type="radio"/>					
--	----------------------------------	--	--	--	--	--

10 Which of the following statements do you agree with in relation to whether a vehicle can receive a licence as a premises? (Pick one)

- ☐ Local authorities should have discretion to decide whether a vehicle can receive a licence as a premises
- ☐ Vehicles should be eligible for a licence in all local authorities
- ☐ Vehicles should not be eligible for a licence in any local authority
- ☒ I don't know

Questions about the restriction of procedures to a HIS regulated setting

These questions refer to the proposed arrangements for restricting certain procedures to a HIS regulated setting, as described in Section 3 of the background paper. As well as relying on existing HIS practice, our proposal is that additional standards would be established.

We propose that in a HIS regulated setting Group 2 procedures may be undertaken by a trained practitioner, and that the procedure must be supervised by an appropriately trained and qualified healthcare professional.

We propose that Group 3 procedures should be restricted so that as well as taking place in a HIS regulated setting, they should also be undertaken by an appropriate healthcare professional. We have not currently defined 'appropriate' in terms of the type of healthcare professional that should be included; we are seeking views in this consultation on whether only specific healthcare professionals should be able to carry out Group 3 procedures, or whether the procedures should be undertaken by any healthcare professional who is suitably trained or qualified, and working within their scope of practice.

Not all GP practices, dental practices or community pharmacies where private services are offered currently have to register with HIS. We propose that any setting offering NSCPs will be required to register with HIS, even if they wouldn't otherwise be required to.

11 To what extent do you agree or disagree that the Scottish Government should establish:

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't know
Standards of training and qualification for non-healthcare and healthcare professionals undertaking procedures in HIS regulated services?	•					
Mandatory insurance and indemnity to compensate clients who suffer harm as a result of negligence or malpractice?	•					

12 Do you agree or disagree that the healthcare professional supervising a group 2 procedure should:

	Agree	Disagree	Don't know
Conduct the / any initial consultation(s) with the client?	•		
Mandatory insurance and indemnity to compensate clients who suffer harm as a result of negligence or malpractice?	•		
Remain available on site for the duration of any procedure?	•		
Be responsible for ensuring the practitioner is suitably trained for the procedure?	•		

Be responsible for ensuring the procedure will be undertaken safely?	<input checked="" type="radio"/>		
Be themselves suitably trained and qualified in the procedure being undertaken?	<input checked="" type="radio"/>		

13 Thinking about the healthcare professional undertaking a group 3 procedure, which statement below do you agree with:

- ☒ These procedures should be undertaken by a suitably trained and qualified healthcare professional working within their scope of practice, but not otherwise be limited.
- ☐ These procedures should only be undertaken by certain healthcare professionals please see list in next question and tick all that apply;

14 If your answer to the last question was that these procedures should only be undertaken by certain healthcare professionals, please tick all the healthcare professionals to which they should apply:

- ☐ Medical practitioners (Doctors)
- ☐ Dental practitioners
- ☐ Dental care professionals
- ☐ Registered nurses
- ☐ Registered midwives
- ☐ Registered pharmacists
- ☐ Registered pharmacy technicians

15 Do you agree or disagree that the following settings should be required to register with Healthcare Improvement Scotland if they are offering non-surgical cosmetic procedures?

	Agree	Disagree	Don't know
GP practices			<input checked="" type="radio"/>
Dental practices			<input checked="" type="radio"/>
Community pharmacies			<input checked="" type="radio"/>

16 Do you agree or disagree that Healthcare Improvement Scotland should have powers of inspection, including powers of entry and inspection of unregistered settings where there is reason to believe registration is required?

- ☒ Agree
- ☐ Disagree
- ☐ I don't know

Questions about age restrictions

We are seeking views on what measure or restrictions, if any, to put in place to protect children and young people from the risks posed by NSCPs. Options being considered are:

- for an absolute age limit to be put in place - children under a certain age would not be able to receive NSCPs
- for Group 1 and Group 2 NSCPs for under-18s to be restricted to being carried out by an appropriate healthcare professional, making it the responsibility of the healthcare professional to ensure that the child or young person can safely undertake the procedure and is capable of giving informed consent
- under our proposals, Group 3 NSCPs will already be restricted to being carried out only by an appropriate healthcare professional

We can also provide for intimate procedures to be restricted separately. By intimate we would mean any procedure undertaken to the genitals, anus, and perineum.

Age limits would not apply to NHS care or any procedure that was medically indicated. Further discussion of age limits is included in Section 3 of the Background paper.

17 Which of the following statements is closest to your view? (please select only one option)

- ☐ There should be a lower age limit under which clients should not be allowed to undertake an NSCPs (different ages are considered in Question 18)
- ☐ There should be no lower age limit under which clients should not be allowed to undertake an NSCPs, but all procedures for under 18s should be treated as a group 3 procedure and be required to be carried out by an appropriate healthcare professional
- ☒ I don't know

18 Regardless of your answer to question 17, if an age limit is to be put in place please indicate for each procedure group what you think is the appropriate age to be set for the procedures in that group.

Please note that this question was revised on 6 January 2025 to correct an error in the formatting that affected the interpretation of responses. This will be reflected in the final analysis of responses.

	Limited to clients aged 18 and over	Limited to clients aged 16 and over	Limited to clients aged 16 and 17 who have parental / guardian's consent, or otherwise to clients aged 18 and over	No age limitations
Procedure Group 1				
Procedure Group 2				
Procedure Group 3				

19 Do you agree or disagree that procedures on intimate areas should only be available to clients of 18 years of age and over?

- ☐ Agree
- ☐ Disagree
- ☐ I don't know

Questions about equalities, Fairer Scotland duty, impact on island communities and UNCRC

20 What are your views on how, if at all, the introduction of licensing and regulation of the non-surgical cosmetics sector in Scotland might affect anyone based on their protected characteristics?

Protected characteristics include: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sex, (Please provide any information in support to your answer)

Limited and inconsistent regulation within the non-surgical cosmetic sector is a risk to public protection and safety. We agree that appropriate regulation can help to mitigate some of these risks and improve client safety.

Strengthening regulation may reduce the ease of obtaining procedures and increase the cost. Certain groups (e.g. women and people with specific mental health issues) are more likely to access cosmetic procedure and thus are more likely to be negatively affected by the proposals. However, we consider that the

public interest in protecting all users of non-surgical cosmetic procedures justifies this change.

- 21 What are your views on how the introduction of licensing and regulation of the non-surgical cosmetics sector in Scotland might affect people differently based on their financial situation?**

The Fairer Scotland Duty places a legal responsibility on certain public bodies in Scotland to actively consider how they can reduce inequalities caused mainly by people's financial situation. (Please provide any information in support to your answer)

Introducing licensing and regulation may increase the cost of obtaining procedures, which would have the greatest impact on people in lower socioeconomic groups. As stated above, we consider the public interest in protecting all users of non-surgical cosmetic procedures justifies this change.

- 22 What are your views on how the introduction of licensing and regulation of the nonsurgical cosmetics sector in Scotland might affect access to safe, high quality services in island communities?**

Please provide any information in support to your answer

- 23 What are your views on how the introduction of licensing and regulation of the non-surgical cosmetics sector in Scotland and the potential of age restrictions might affect respecting, protecting and fulfilling the rights of children and young people as set out in the UN Convention on the Rights of the Child?**

Please provide any information in support to your answer

About you

Please indicate how you wish your response to be handled and, in particular, whether you are content for your response to be published. If you ask for your response not to be published, we will still take account of your views in our analysis but we will not publish your response, quote anything that you have said or list your name. We will regard your response as confidential, and we will treat it accordingly.

To find out how we handle your personal data, please see our [privacy policy](#). By clicking submit you agree to our privacy policy.

- 24 What is your name?** [Policy Team \(UK and International\)](#)

- 25 Are you responding as an individual or an organisation?**
(required)

- ☐ Individual
- ☐ [Organisation](#)

- 26 What is your organisation?**

If responding on behalf of an organisation, please enter the organisation's name:
[Nursing and Midwifery Council](#)

27 Further information about your organisation's response

Organisations may use this space to provide additional context for their response. This could be information about, for example:

- any research your organisation undertook to inform the response
- any engagement with your members or audience undertaken to inform the response

This is optional.

With reference to questions 8 and 11 relating to whether the Scottish Government should establish mandatory insurance and indemnity to compensate clients who suffer harm, it is already a requirement, by law, for professionals registered with the NMC to ensure that appropriate indemnity cover is in place for their whole scope of practice including any activities undertaken in addition to their substantive role by virtue of being a registered nursing or midwifery professional. We support it being a requirement for anyone performing a non-surgical cosmetic procedure to have an indemnity agreement appropriate for their role and the risks associated with their scope of the practice.

With reference to question 9 relating to whether local authority officers should have powers to remove a licence from practitioners who cannot demonstrate compliance with standards established by the Scottish Government and to bar individuals if they are associated with serious or repeated non-compliance, we think further clarity is needed on how the proposals will fit within existing regulatory requirements and frameworks. Any NMC registered nursing and midwifery professionals performing any non-surgical cosmetic procedure is required to act in accordance with the NMC Code. We would expect to be notified if any concerns were raised involving an individual on our register including where a licence is removed. Our Employers Link Service (ELS) provides advice to employers and can help with effectively responding to concerns locally related to nurses, midwives and nursing associates, and to ensure that where these relate to fitness to practice, appropriate and timely referrals are made to the NMC. Where appropriate, we can investigate and take regulatory action through our fitness to practice process if a registered professional presents a risk to the public.

We note in Annex A, under the heading 'Group 3: Procedures requiring delivery by a healthcare professional', reference is made to doctors and nurse prescribers following the guidance of professional regulators, including any indication that procedures on the list should be considered surgical and undertaken accordingly. It's important to note that we do not provide guidance on which types of procedure are surgical (or non-surgical) and consider this to be beyond our remit as a professional regulator. The Code requires professionals on our register to keep to the laws of the country in which an individual is practising and local guidance and working practices.

28 Further information about your connection to the non-surgical cosmetic procedures sector

Whether you are responding as an individual or an organisation we would like information about whether you are part of the non-surgical cosmetic procedures sector, and if so which part of the sector you work in or which your organisation represents.

Please select one answer

- 2 I undertake or am an employee or representative of an organisation that undertakes non-surgical cosmetic procedures in a setting which is regulated by HIS, or another medical setting.
- 3 I undertake or am an employee or representative of an organisation that undertakes non-surgical cosmetic procedures in an unregulated setting such as a beauty salon.
- ☐ I am not involved in the non-surgical cosmetics sector

29 The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference: (required)

- ☐ Publish response with name
- ☐ Publish response only (without name)
- ☐ Do not publish response

Information for organisations only:

The option '*Publish response only (without name)*' refers only to your name, not your organisation's name. If this option is selected, the organisation name will still be published.

If you choose the option '*Do not publish response*', your organisation name may still be listed as having responded to the consultation in, for example, the analysis report.

30 Do you consent to Scottish Government contacting you again in relation to this consultation exercise? (required)

- ☐ Yes
- ☐ No

31 What is your email address?

If you would like to be contacted again in future about this consultation please enter your email address here. You will also need to give permission to be contacted in the question above.

Your email address will never be published.

policy@nmc-uk.org