JCCP's Response to GMC's latest guidance: 'Good practice in prescribing and managing medicines and devices'.

Considerations for cosmetic practice.

The Joint Council of Cosmetic Practitioners welcomes the GMC guidance for the management of medicines and devices, which comes into effect on 5th April 2021. This guidance provides a robust framework of practice for all regulated professionals working with medicines and devices in the cosmetic sector and serves to help ensure patient safety and promote ethical, credible practice. In addressing issues of medicines and devices management, the guidance extends beyond the confines of prescribing activity, but nevertheless serves to support and enhance the JCCP prescribing guidelines, 2019. The JCCP prescribing guidelines, which are supported across a range professional statutory regulators, provide a benchmark for all practitioners in the sector. This JCCP statement should be read in conjunction with both the JCCP Guidelines for Responsible Prescribing and this latest GMC Guidance Statement.

This JCCP statement draws your attention to several guiding principles contained within the GMC guidance, outlining the implications for cosmetic specific prescribing and practice. Whilst JCCP understands that GMC guidance can only mandate GMC registered doctors, we would encourage its application by all regulated professionals with a responsibility towards patient safety and the use of medicines and medical devices. Further, we understand that the prescribing competency framework provided by the Royal Pharmaceutical Society for application by all prescribing professionals is currently under review. JCCP will review both the RPS competency framework and this statement in the light of any changes to the framework and will advise accordingly.

Beyond Medicines

The remit of this GMC advice extends beyond the prescribing of prescription medicines, through the supply of medicines, and onto considerations for medical devices and the provision of advice and information.

JCCP understands that medical devices such as dermal fillers are often prescribed and the activity frequently delegated. The provision and delegation of dermal fillers is often also the result of advice given to the end user or recipient. In all eventualities, the GMC guidance is a reminder that the same standards apply to the supply of dermal fillers as that of prescription medicines, including the requirement to assess competence when delegating, to take overarching and ongoing responsibility for the patient and for treatment outcomes, and to prescribe or supply in the best interests of the patient. JCCP also considers that practitioners advertising dermal fillers should demonstrate constraint by not permitting commercial interests to supersede ethical principles. Practitioners should also be aware of the licensed indications for the dermal fillers they supply, following the same guidance for off-label prescribing if deviating from these indications.

Adverse incident reporting

The GMC's guidance supports the JCCP position which requires practitioners to report adverse incidents to the MHRA using the yellow card scheme and to other relevant organisations. Further, the guidance is explicit in directing practitioners to advise patients how they may do the same. It is clear from the guidance that practitioners must also report incidents relating to medical devices, even if the incident is due to human error. JCCP further advise that this responsibility continues when a treatment is delegated, and you should ensure that all relevant adverse incidents have been appropriately reported. JCCP reminds practitioners of their responsibility for the safe and ethical sourcing of products, including the use of dermal fillers which have achieved medical device status and as such can be effectively traced and managed as a consequence of reporting.

This guidance also compliments recent efforts by MHRA to highlight the need to improve adverse incident reporting and to communicate these requirements across the sector. JCCP would encourage practitioners and patients to be familiar with the MHRA 'app' to facilitate adverse incident reporting.

Advertising

JCCP and professional regulatory guidance provides that, as the prescriber, you maintain overarching responsibility for the patient and your prescribing decisions and that this extends to the assessment of competence of any person to whom you delegate administration. The GMC guidance enforces our current understanding of the wider sphere of responsibility which, in this case, can extend to advertising. When the prescriber delegates administration, assessment of competence should extend to an understanding of the legal and ethical principles, including those that relate to advertising. To avoid the accusation of collusion, prescribers must be particularly aware of the problem areas within the cosmetic sector, most notably social media, and not permit inappropriate advertising (or supply) of the medicines which they have prescribed and delegated and for which they are, to this extent, responsible. Advertising complaints are frequently referred to the relevant regulators and the prescriber may be called upon to demonstrate their assessment of competence. This may be especially true where you have delegated to an unregulated practitioner and, by so doing, bear an additional burden of responsibility.

Competence

JCCP prescribing guidance is explicit in the requirement to assess the competence of the person to whom a treatment is delegated, and that this assessment extends beyond the competence required to simply administer the treatment. Further, for some prescription medicines such as botulinum toxins, for which treatment is to be delegated, JCCP guidance also states the requirement for a Patient Specific Direction as the only mechanism to prescribe a specified dose to an individual patient. Inherent in this process is the activity of 'dispensing' and JCCP welcomes GMC guidance on this subject. The GMC guidance extends the responsibility of assessment of competence to include proficiency in dispensing, using GPhC guidance as a benchmark. JCCP further advises caution when dispensing activity is delegated to an unregulated person and we remind practitioners of the additional burden of responsibility undertaken in this situation. Regulated healthcare professionals

should be mindful that whilst they may delegate an *activity* to an unregulated practitioner, they cannot delegate responsibility or accountability.

Unlicensed medicines

JCCP welcome GMC's clarification on the prescribing of unlicensed medicines, including the factors to consider when making these prescribing decisions. With regard to the prescribing of botulinum toxin type A within the cosmetic sector, JCCP are aware of instances where versions of this medicine that have not obtained a UK license are prescribed. JCCP believe that, given the number and availability of licensed alternatives, there is no room for this practice and no evidence to support it. The use of unlicensed medicines, whilst appropriate in the instances outlined in the GMC guidance and where the benefits outweigh the risks, can otherwise remove a layer of safety designed for public protection. This is inappropriate where the benefit is largely commercial, including to obtain products at preferential rates.

31st March 2021