

Press Release 47

Joint Council for Cosmetic Practitioners (JCCP) Reaffirms its Position on Safe Prescribing in the Aesthetics Sector

The JCCP is very aware of the prescribing issues raised by the Sunday Times investigatory report that was published this weekend. The published article has drawn public attention to the fact that some Doctors and some named Independent Nurse Prescribers have issued prescriptions for injectable toxins (which are of course prescription only medicines) to third party beauty therapists and non-prescriber health care practitioners without having first undertaken a face-to-face consultation with the patient for whom the injectable was intended. The article also raises concern regarding the supply, stock control and subsequent use of these prescription only medicines. The JCCP has long held the position that remote prescribing is not only unacceptable but represents a matter of failure on the part of the Prescriber to uphold their duty of care to the patient regarding both public protection and patient safety.

In July, 2019 both the JCCP and the Cosmetic Practice Standards Authority (the CPSA) set down their decision not to endorse or permit the remote prescribing of any injectable prescription medicine when used for cosmetic treatments. This decision arises as a direct consequence of the expected standards required for all prescribers and is therefore relevant to those prescribers from all regulatory backgrounds and irrespective of any affiliation with JCCP. When a prescriber delegates treatment to other practitioners, then the JCCP advises the prescriber that the patient remains under the care and oversight of the prescriber, requiring that the prescriber must be familiar with the patient through an initial face to face consultation and diagnostic assessment of the patient's suitability for treatment and also requiring the prescriber to be available to deal with any complications or adverse events that might occur to the patient as the result of the application of the medicine/product/procedure. This applies not only to the use of botulinum toxins, but to all medicines prescribed for aesthetic purposes, including local anaesthetics, hyaluronidase and parenteral vitamins.

Anytime that a designated Prescriber prescribes medicines or treatments for use with aesthetic patients, they must exercise their professional and clinical judgement, have adequate knowledge of the patient's physical, emotional and psychological health and be satisfied the medication serves the person's needs. This applies to all medicines that are 'Prescription Only Medicines' (POMs) whether they be injectable, topical or oral. The JCCP considers that remote prescribing of these medicines should occur only in exceptional circumstances where a lack of, or delay in intervention could result in patient harm or 'failure to rescue'. Further, the JCCP advises the need for prescribers to record a Patient Specific Direction for each treatment/patient, thus ensuring that supply is limited only to the assessed needs of the individual patient. The prescriber remains responsible for such supply and to advocate or contribute to the provision of a 'stock' of prescription medicines is, in these circumstances, contrary to medicines legislation.

The JCCP does not therefore endorse or permit the use of remote prescribing of injectable, topical or oral prescription medication for cosmetic treatments. The JCCP reminds all prescribers of the need to carry out a physical and psychological examination of patients before prescribing injectable cosmetic medicines. Prescribers are advised therefore that they must not therefore prescribe these medicines by telephone, video link, online or at the request of others for patients whom they have not examined face-to-face.

The JCCP set out its position regarding ethical and safe prescribing in a document entitled 'JCCP Guidance Statement – Responsible Prescribing for Cosmetic Procedures'.

<https://www.jccp.org.uk/ckfinder/userfiles/files/JCCP%20prescribing%20statement%20Final.pdf>

Both the GMC and the GPhC have produced guidance in the last 18 months to confirm that they will not support remote prescribing and more specifically have advised that they will not accept their registrants prescribing remotely for cosmetic treatments (e.g., as set out in the GMC Guidance on Good Practice in Prescribing and Managing Medicines and Devices, 2021). The GPhC advises at Section 4.3 of their guidance for Pharmacist Prescribers (November, 2019) that 'Pharmacist prescribers who prescribe, supply and administer non-surgical cosmetic products must have the appropriate training relevant to these products and the experience to prescribe safely. They must prescribe and administer non- surgical cosmetic products in line with good practice guidelines, and only after there has been a physical examination of the person. For this reason, it is not appropriate to carry out a remote consultation for non-surgical cosmetic products'.

Relevant to these matters is the recent publication of the All-Party Parliamentary Group on Beauty, Aesthetics Well-being report on the Cosmetic sector (July, 2021). In that report two specific recommendations were made that pertain to the matters raised in this letter:

3. 'On-site medical oversight must be mandatory for aesthetic non-surgical cosmetic treatments using Prescription Only Medicines, where the treatments are performed under the oversight of the prescriber who has gained the accredited qualifications to prescribe, supervise and provide remedial medicines if necessary. An initial face to face consultation with the person providing the medical oversight (the prescriber) must also be mandatory prior to any treatment.

6. The APPG recommends that dermal fillers be classified as a Prescription Only Medicine. In line with recommendation 5, on-site medical oversight must be mandatory for the administration of these products, and an initial face to face consultation with the person providing the medical oversight (the prescriber) prior to any treatment. Dermal fillers must be performed under the oversight of a prescriber who has gained the accredited qualifications to prescribe, supervise and provide remedial medicines if necessary'.

Unfortunately, there has been a significant increase in the number of reports that we are receiving regarding unacceptable prescribing practice undertaken by registered doctors and nurses with particular regard to remote prescribing to third-party beauty therapists. We consider this to be a significant challenge to patient safety and public protection. We have also noted that a number of remote prescribing practices have been motivated by commercial gain on the part of the prescriber without first having assessed the suitability of patients to receive injectable toxins.

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The JCCP advises also that it has been in active dialogue with the Professional Statutory Regulatory Bodies (e.g. the NMC, the GMC, the GDC and the GPhC) for several years now with the aim of seeking their agreement to publish explicit guidance on the need to require prescribers to undertake face-to-face consultations/assessments of each and every aesthetic patient for whom they issue prescriptions.

In conclusion, we wish to remind all prescribers of their duty to ensure that they cease to undertake remote prescribing for the aesthetic sector in order to maintain the safety of members of the public.

Professor David Sines CBE FRCN

Executive Chair and Registrar – JCCP

1st November 2021

-Ends-

Notes to Editors:

For general information and enquiries on the JCCP and a full version of the JCCP Guidelines on use of Social Media go to: www.jccp.org.uk

For further information on standards for non-surgical aesthetic treatments and hair restoration surgery please go to: www.cosmeticstandards.org.uk

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