



## JCCP Guidance Statement – Responsible Prescribing for Cosmetic Procedures.

### Remote Prescribing

In line with several Professional Statutory Regulators (the General Medical Council and the General Dental Council and in accordance with guidance set down by the Royal Pharmaceutical Society) the JCCP and the CPSA have set down their decision not to endorse or permit the remote prescribing of any prescription medicine when used specifically for non-surgical cosmetic treatments. When the prescriber delegates treatment to other practitioners, then the JCCP reminds the prescriber that the patient remains under the 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. This applies to the routine/planned administration of medicines that are used specifically for cosmetic purposes, such as botulinum toxins, injected local anaesthetic or topical adrenaline, and the emergency use of medicines such as hyaluronidase.

Anytime that a designated Prescriber prescribes medicines or treatments, they must exercise their professional and clinical judgement, have adequate knowledge of the patient's physical and psychological health status and be satisfied the medication serves the person's needs. This applies to all medicines used specifically for cosmetic purposes that are 'Prescription Only Medicines' (POM) whether they be injectable, topical or oral.

The JCCP does not therefore endorse or permit the use of remote prescribing of injectable, topical or oral prescription medication for non-surgical cosmetic treatments in any circumstances. Examples of this include the off-label use of adrenaline when applied topically, to enhance pain control and limit bleeding. The JCCP reminds all prescribers of the need to carry out a physical examination of patients before prescribing injectable prescription only cosmetic medicines. Prescribers must not therefore prescribe such medicines by telephone, video link, online or at the request of others for patients whom they have not examined personally.

The JCCP recognises the important role that technology will play increasingly in the effective and efficient delivery of effective and productive prescribing and is cognisant of the need to ensure that the JCCP and the Professional Statutory Healthcare Regulators work together (wherever possible) to make sure that our approaches to regulation do not become barriers to innovation.

The JCCP has shared this statement with the General Medical Council and the General Dental Council who have both reviewed this Guidance Statement and advised that it is consistent with their own guidance. The Royal Pharmaceutical Society has also advised that '*In our view as the professional body*

*for pharmacy, the JCCP statement is consistent with the approach of the professional regulators and will be useful for the RPS to signpost to”.*

## Delegation

Having prescribed the treatment, the prescriber may then delegate the administration to a responsible and competent person. When delegating, the JCCP supports the GMC position which recommends that wherever possible non-surgical cosmetic treatments are delegated to a PSA regulated practitioner but recognises also that prescribers may delegate the use of prescription only medicines for use by non-PSA registered practitioners. We would remind prescribing practitioners that, if they do delegate, they retain an overarching and ongoing responsibility to the patient, including assessment of outcomes and intervention in and reporting of adverse incidents. Further, they must be satisfied that the person to whom they delegate is both competent and proficient to administer the medication prior to agreeing to prescribe any prescription only medicine.

When the prescriber delegates the treatment after a face to face consultation, the JCCP purports also that the prescriber must be satisfied that it is safe to do so (safe administration, safe premises, safe storage of medicines/products etc) and reminds prescribers that if delegating to a non-registered practitioner the legal and professional liability for the delegation of the use of the medicine remains with the prescriber. The prescribing practitioner therefore accepts, in these circumstances, responsibility not only for oversight of the patient but also for the medicines they prescribe and for their subsequent use in accordance with expected professional practice and in accordance with appropriate legal parameters.

## Supply of prescription medicines

If after a consultation a prescription is to be issued for an injectable prescription only medicine, this medicine may then be dispensed by a pharmacy. In these circumstances the purpose of this prescription is usually for the *supply* of the medicine only and is not commonly indicative of the treatment or dose required by the patient.

Therefore, the JCCP reminds prescribers that a **Patient Specific Direction** (PSD) is a legal method of prescribing and that, particularly when delegating, a PSD must be provided, and treatment given in accordance with it. JCCP would expect to see a PSD to include, at a minimum:

- Name of patient and/or other individual patient identifiers
- Name, form and strength of medicine (generic or brand name where appropriate)
- Route of administration
- Dose (per facial area for complex treatments such as botulinum toxin)
- Date
- Signature of prescriber.

Doctors and dentists are eligible to hold a stock (i.e. where the medicines have not been dispensed by a pharmacist) of prescription medicines and are required to also complete a PSD when administering injectable medicines from this stock. In these circumstances the JCCP would remind such practitioners of their professional responsibilities when combining their roles of prescribing and dispensing. However, medical and dental practitioners are *not* permitted to provide advance stock of prescription medicines to other non-medical practitioners. The MHRA advise that the supply of medicines from stock is only permissible where the doctor/dentist delegates to a practitioner employed within the same employing organisation. The JCCP reminds doctors and dentists in these circumstances that they are accountable for the safe use and storage of these medicines.

The MHRA has advised nurse prescribers are not eligible to be supplied with prescription medicines as stock. In Scotland, Healthcare Improvement Scotland advise that *‘with regard to nurses and people*

*operating registered independent clinics obtaining wholesale supplies of medicines (in Scotland), the legal position is that a nurse or a nurse independent prescriber cannot order and stock prescription only medicines (POM) or pharmacy medicines in their own right' and advise further that any "persons carrying on the business of an independent clinic" are able to order and stock prescription only and pharmacy medicines in connection with the running of the clinic. Furthermore, they advise that "If the service is registered with Healthcare Improvement Scotland you do not need to be a prescriber to order and hold stock. However, the practitioner must be a prescriber to prescribe from the stock allocation - this relates to all types of clinic, not just non-surgical aesthetic clinic".*

## Repeat prescribing

The JCCP does not consider an initial face to face consultation to have met the requirement for all future prescribing decisions. A cornerstone of prescribing practice is the requirement for shared decision making. A follow up face to face consultation is therefore required whenever:

- A new medicine is prescribed
- There is a change to the dose of a previously prescribed medication
- There is a change to the medical history of the patient
- There is an adverse incident.
- More than 6 months have passed since the last consultation

When the prescriber is considering issuing a repeat prescription in the absence of a further face to face assessment of the patient, they must satisfy themselves that none of the above conditions apply and that mechanisms are in place to make an accurate assessment of these conditions.

## Competing interests

All prescribers must recognise and address the existence of competing interests. When making a prescribing decision, practitioners must place the needs of the patient first and be transparent about their actions. The approach to shared decision making with the patient concerned should allow for the psychological needs and signs of vulnerability to be considered and should not be influenced by personal gain or commercial interest. In support of this, the JCCP endorses the Nolan principles to be adopted as an ethical framework for safe and ethical cosmetic prescribing practice:

- Selflessness
- Integrity
- Objectivity
- Accountability
- Openness
- Honesty
- Leadership

## Further Guidance

The JCCP would refer Practitioners/Registrants to further guidance on Prescribing that has been published by the Professional Statutory Healthcare Regulators with specific acknowledgment that all regulators (both statutory and voluntary) advocate paramount responsibility for prescribing and promoting ethical and professional behaviours within the context of their 'Codes' and associated fitness to practise procedures. In particular the JCCP has considered and built on advice provided to Registrants by The General Medical Council, The General Dental Council, The Nursing and Midwifery Council, The General Pharmaceutical Council, The Health Care Professions Council and by the Royal Pharmaceutical Society.

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