

Updated guidance for NMC registered nurses and others prescribing face to face

Effective from the 1st June 2025

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The decision taken recently by the NMC to prohibit all forms of remote prescribing for all cosmetic procedures is now in force as of 1st June 2025. The NMC has advised that face-to-face assessment of a patient for prescribing purposes must not involve any form of telephone, videoconference or any other form of remote technological assessment. This decision followed a robust process of consultation which assessed the impact of proposed change for all stakeholders, including those registered with the NMC, other regulated and unregulated individuals and stakeholder organisations. The decision to prohibit remote prescribing by NMC registered nurse and midwife procedures for cosmetic procedures now aligns with that of the other regulators across the healthcare sector and reflects the current understanding of risk across the cosmetic sector. BAMAN and the JCCP would like to take this opportunity to remind all those who are affected by this decision of the actions they should now take, and to provide guidance towards achieving compliance with the new NMC mandate.

This guidance statement will be of interest to all BAMAN members and to all dual JCCP NMC registrants. It is also relevant to all other NMC registrants and to others not registered with the NMC. It applies to NMC registered prescribers, and to all those non-prescribers who work alongside an independent nurse/midwife prescriber to provide prescribed procedures.

It is important to note that the primary concerns surrounding remote prescribing apply both to the act of prescribing itself and also to the delegation of the cosmetic procedure to a third party practitioner. These matters are the focus of this advisory guidance update. Where a nurse or midwife independent prescriber both prescribes and administers the procedure themselves, they should continue to prescribe following a face-to-face consultation with the patient, to provide an appropriate cooling off period, and to administer the medicine only when it is safe to do so and within their personal scope of competence. They must be able to justify the decisions they take, and they remain accountable for them.

Prescribing

The activity of prescribing includes instances where the prescription is issued by the prescriber, either in writing or digitally, to supply the medicine from a pharmacy, and also for the written authorisation or direction to administer the medicine. In many cases the prescription to supply and the directions to administer are issued jointly after a face-to-face consultation. However, there are instances where only a direction might be required, and this remains prescribing activity subject to the requirements for a

face-to-face assessment. We remind prescribers, and those administering against a prescription, that it is specified in legislation that injectable medicines must be administered 'in accordance with the directions' of a prescriber.

Accountability

In all circumstances the prescriber retains overriding responsibility for the patient. Where the procedure is delegated to a regulated healthcare professional, the professional is accountable for their practice, and this may limit the liability placed on the prescriber. If the prescriber chooses to delegate the procedure to an unregulated person who is not subject to professional standards/regulation, they should be aware that their liability extends to ensuring that the person to whom they are delegating the procedure is competent and that they remain accountable for the actions undertaken by the practitioner. In this situation the prescriber should be confident that, for example, the procedure is undertaken in suitable premises and within legal constraints, including that POM's are administered in accordance with the terms of the direction and only to the individual to whom the medicine was dispensed. We remind BAMAN members that it is a condition of their membership that they do not delegate these procedures to unregulated practitioners.

Competence

When delegating any task, including the administration of a medicine, the nurse or midwife must ensure that the person they delegate to is competent to perform it safely and they must ensure that the appropriate support mechanisms are in place. Nurses should not accept a task if they are not competent or if they lack sufficient support.

We advise that the prescriber should assess the competence, including the limits of competence, of those they delegate to. They should implement a level of support commensurate with the outcome of this assessment, but at a minimum it must include the facility for the prescriber to intervene in a timely fashion where necessary. The assessment should refer to experience, training, regulated qualifications, a discussion which tests knowledge and understanding and observation of practice.

It follows that the prescriber must be sufficiently competent to prescribe and delegate a procedure and to provide the necessary support to the person to whom they have delegated the procedure too. Nurse/Midwife registrants (including prescribers) are encouraged to reflect on their prescribing and medicines administration practices as

art of their required NMC revalidation.

Assessment

A face-to-face assessment is required before prescribing any medicine for a cosmetic procedure. The assessment must be sufficient to make a safe prescribing decision based on a shared understanding of all relevant information with the patient. The assessment should include a medical, physical and psychosocial history and sufficient time should be allocated to explore the information that arises from the assessment. The decision to prescribe a specified medicine should be made with reference to the available options, and the risks and benefits of each. Consent for the procedure may be delegated to the person performing the procedure, but the assessment should provide sufficient information to reach a shared understanding and agreement.

Prescribers should take a risk-based approach to prescribing and should act to mitigate risk wherever possible. They should prescribe within the terms of the medicines marketing authorisation, including for instance the indications and the dose. Where they prescribe off-label, the prescriber should be able to justify their action and the features which mitigate the additional risk. It follows that it is insufficient to prescribe a medicine for any purpose yet to be determined by the person they delegate to. The direction provided should align with the agreed treatment objectives determined at assessment, for example, '20u botulinum toxin to glabellar complex to resolve movement at full frown' and may be included within the prescription for supply, and/or written separately in the patients notes.

Prescribing and treatment episodes

The NMC advise that a new face-to-face assessment is required for every new prescribing episode. Further, the prescription must also reflect the quantity for supply required for the treatment episode and the directions given must be contemporaneous with the assessment. Therefore, repeat prescribing, including for example where retreatment is required in 3 months, will require a new in-person assessment.

The directions given should reflect the treatment objectives. Where the directions given do not meet these objectives, or when volume prescribed is insufficient, a new in-person assessment is required at any follow-up review, for example at 2 weeks. Where the supply and directions are sufficient to enable adjustment at review for any procedure that is uncomplicated, a further face to face consultation may not be

required. The mechanisms to facilitate this should be agreed between the prescriber and the person they delegate the procedure to and should refer to the assessment of competence.

Emergency medicines

We understand the challenges faced by all registered nurses working independently when they are required to intervene in an emergency or other urgent situation.

Nurses will understand that, under current legislation, they are not entitled to have in their possession wholesale stock of any prescription medicine, including emergency medicines such as an Epipen, or others such as hyaluronidase required for the urgent remediation of vascular occlusion. It is also prohibited in legislation to administer a prescription only medicine to an individual other than the person to whom it was dispensed, and prescribers must not prescribe with this intention, including for example prescribing in the name of the practitioner. Further, where medicines such as hyaluronidase (but not adrenaline for the purposes of saving life) are prescribed for supply to a named individual, assessment of the presenting urgent concern leading to a direction to administer is still required.

We advise all nurses to consider all available options open to them that will assist in achieving practice that is both safe and compliant with the law. This may include formally agreed relationships with medical practitioners or with local pharmacies, along with a risk assessment which identifies, and mitigates against, risk. This may, for example, include not undertaking procedures with higher levels of risk that cannot be mitigated through alternative strategies.

Both BAMAN and the JCCP continue to engage with the relevant regulators to establish that medicines legislation should align with the advanced, independent and professional nature of current nursing practice.

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