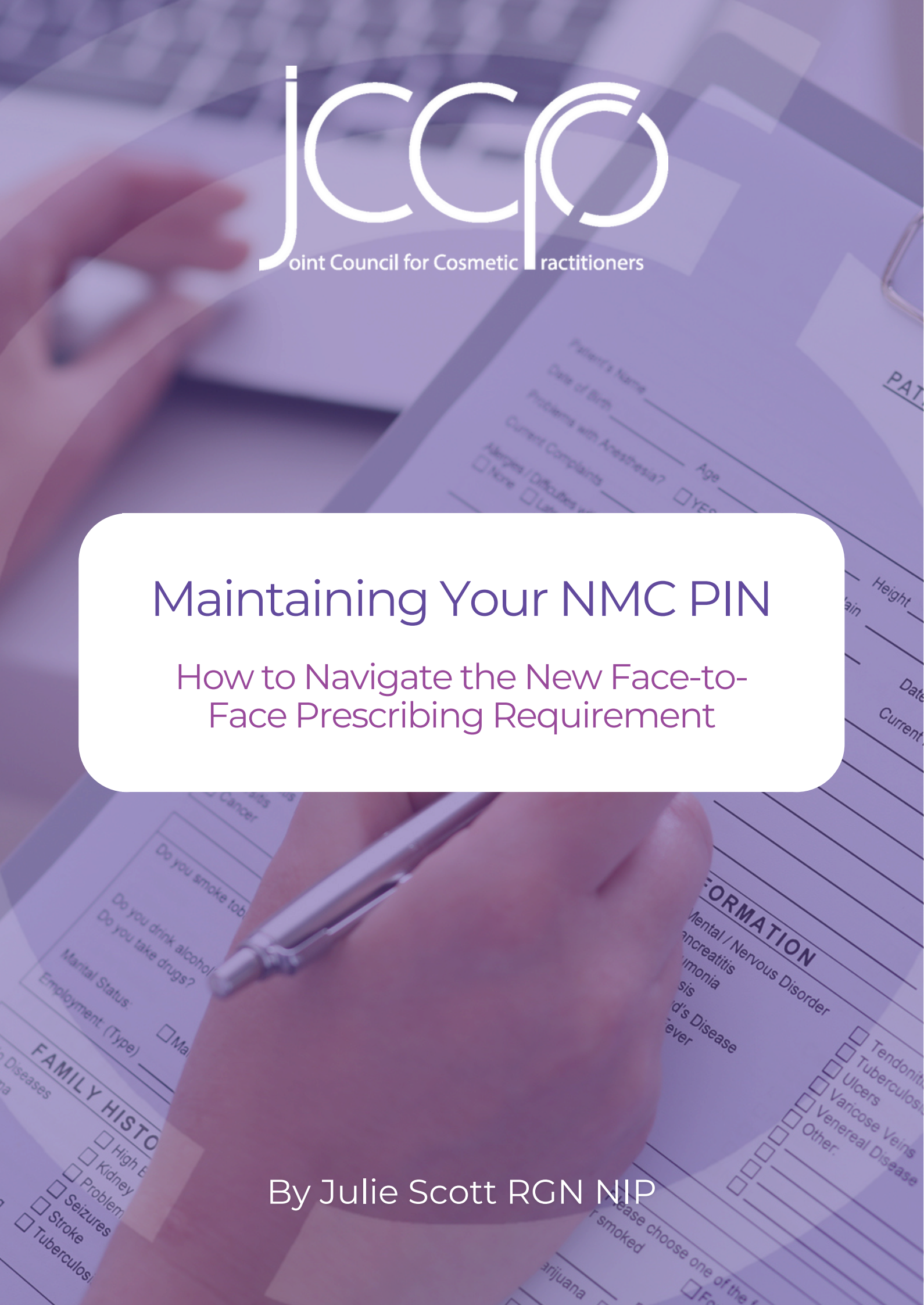

Maintaining Your NMC PIN

How to Navigate the New Face-to-Face Prescribing Requirement

By Julie Scott RGN NIP

Introduction

Since 1 June 2025, the Nursing and Midwifery Council (NMC) has enforced a binding professional standard requiring every independent nurse and midwife prescriber to see patients in person before issuing prescriptions for elective, non-surgical cosmetic injectables[1]. Although remote prescribing remains legally permissible under the Human Medicines Regulations, the NMC's position makes clear that any breach (however well-intentioned) can prompt a "Fitness to Practise" investigation and even result in being struck off the register, effectively ending one's career[2]. This article, explores the background, rationale, and scope of the change, distinguishes legal permissibility from professional obligation, examines its impact on all clinical roles, and offers practical guidance to safeguard your registration.

From Advisory Guidance to Mandatory Standard

For several years, both the NMC and the JCCP have recommended that face-to-face consultations represent best practice when prescribing any high-risk medicine, particularly cosmetic injectables. As early as June 2022, the guidance was unequivocal: prescribers should not issue injectable prescription-only medicines (POM) to patients they have not personally examined[1]. Despite these strong recommendations, remote prescribing continued to gain traction. While high-profile "Fitness to Practise" cases, most notably that of Heather Hazzard, whose striking-off highlighted risks of remote prescribing, improper delegation and inadequate patient assessment, ultimately catalysed a shift from advisory guidance to a mandatory NMC requirement[2].

Why the NMC Took This Step

In 2024, the NMC commissioned independent public-facing research by the agency Thinks, engaging both people who had experienced non-surgical cosmetic procedures and those who had not. The findings showed overwhelming public support for strengthening face-to-face requirements to protect safety and a clear lack of confidence that purely remote assessments could capture the clinical nuances of dynamic muscle movement and vascular anatomy[3]. A subsequent stakeholder roundtable, with representation from prescribers, aesthetic practitioners, industry

bodies and regulatory experts concluded unanimously that only a hands-on assessment could reliably mitigate complications such as vascular occlusion or infection. As one NMC representative stated, “Face-to-face consultations will further improve prescribers’ ability to assess people holistically and ensure non-surgical cosmetic medicines are prescribed as safely and appropriately” [4].

Scope of the NMC’s New Position

The NMC’s position statement, effective 1 June 2025, applies specifically to all elective, non-surgical cosmetic injectables applying to prescriptions for [5]:

- Botulinum toxin injections
- Local anaesthetics (injected or topical)
- Topical adrenaline
- Kenalog (for hay fever or dermatological use)
- Emergency aesthetic medications such as Hyalase

What was previously a strong recommendation has become an explicit embargo on any remote prescribing for these treatments. That is whether via telephone, video call, email or third-party platforms, where it now covers every stage of care, from the initial consultation through to follow-up prescriptions [5].

Each prescribing episode must now be preceded by a documented, face-to-face assessment in which the prescriber examines facial anatomy, assesses skin integrity, reviews medical history and secures fully informed consent. Aftercare arrangements must be laid out and further in-person reviews conducted as clinically necessary [6]. By specifying every element, the NMC has removed ambiguity, ensuring consistent application across the profession.

Legal Permissibility Versus Regulatory Obligation:

It is crucial to recognise that the NMC’s embargo does not equate to a legal prohibition. Remote prescribing of POMs outside the cosmetic sphere remains lawful

under UK medicines legislation. What has changed is the NMC's stance: continuing to prescribe cosmetic injectables remotely is now deemed professional misconduct, carrying the risk of disciplinary proceedings, public censure, conditions being placed on one's practice or removal from the register. In effect, while you would not face criminal charges, you would face the most serious threat to your professional life [2].

In short consequences may include:

- A formal caution
- Temporary suspension
- Being struck off from professional registration [6]

Any clinician who dispenses or injects based on a prescription issued remotely also jeopardises patient safety and risks disciplinary action that could damage their professional reputation. Moreover, most indemnity policies stipulate full adherence to regulatory and legal prescribing standards. Should a claim arise and it's shown that face-to-face protocols weren't followed, an insurer may deny cover, leaving the practitioner personally responsible for all associated costs [6].

Practical Implications for Clinical Roles:

Independent nurse and midwife prescribers bear the ultimate responsibility for safe prescribing. Under the new standard, any delegation to non-prescribing colleagues requires clear supervision, documented competency checks and oversight at every stage [7]. For clinics that employ non-prescribers to administer injectables, this means restructuring booking processes so that every patient has an in-person appointment with a qualified prescriber before treatment. Prescribers must issue patient-specific directions only after that consultation. This operational shift affects appointment flows and record-keeping processes, ensuring that no patient arrives for treatment without a compliant, documented face-to-face assessment.

Safeguarding Your PIN: Five Key Actions

To remain fully compliant and protect your PIN under the NMC's face-to-face mandate, focus on these five critical areas:

- **Audit & Update Protocols**
  - Revise your written policies to require an in-person assessment for all cosmetic injectable prescriptions.
  - Circulate these policy changes in writing to every member of your team.

- **Team Training & Role Clarification**
  - Run interactive briefing sessions well before your next audit cycle.
  - Clearly define who is responsible for appointment booking and record-keeping.

- **Structured Documentation**
  - Implement a standardised consultation template that captures:
    - Patients' full medical history
    - Detailed facial anatomy assessment (with patient-consented photographs)
    - Comprehensive consent discussion and signature
    - Clear prescribing rationale and aftercare plan
  - Audit your patient records periodically to ensure completeness and consistency.

- **Ensure Standards of Delegation**[8,9]
  - When delegating any part of the cosmetic prescribing or treatment pathway ensure that the delegated prescriber has the relevant NMC-approved training or equivalent independent prescribing for nurses.
  - Provide a clear formal delegation policy that delineates which tasks may be delegated and which must remain under the prescriber's direct control.
  - Ensure that the person you delegate the procedure too is competent to perform it, and implement a level of support and supervision commensurate with their competence.
  - Use a standardised Patient Specific Direction (PSD) template signed by the prescriber and detailing drug, dose, route, site and any special instructions.
  - Confirm that that the premises where the assessment and treatment are undertaken are suitable in accordance with the NMC's code of practice standards.
  - Check that your indemnity cover and emergency equipment are all up to date.
  - If you operate across multiple locations, ensure uniform compliance across sites.

- **Leverage NMC and JCCP Resources**
  - Download the latest policy and consultation templates from the JCCP Clinical portal.
  - Join peer-review workshops to share best practices, discuss challenges, and learn from case studies.

These steps will help you embed the face-to-face requirement seamlessly into your clinic's routine, ensuring patient safety, regulatory compliance, and the continued security of your registration.

Continuous Professional Development and Competency

As you adapt to this new standard, consider enhancing your own qualifications. Non-prescribing nurses may find real value in enrolling on an independent prescribing course, which not only streamlines patient pathways and bolsters professional autonomy, but also profoundly deepens clinical understanding. I completed mine 15 years ago and know firsthand how daunting such a rigorous course can feel; yet the stretch-learning it provided was transformative for my practice. It challenged me to refine my decision-making, exposed me to new pharmacological insights, and ultimately reinforced that with dedication, anything is possible.

Beyond formal qualifications, incorporate regular OSCE-style assessments into your CPD plan. Focus on facial anatomy, aseptic technique and emergency complication management to ensure hands-on competence. Finally, use each face-to-face prescribing consultation as reflective material for your revalidation portfolio: document the challenges you encountered, the solutions you implemented and the patient outcomes achieved. This structured reflection will not only meet NMC requirements but also drive continuous improvement in your practice.

Building Patient Trust Through Engagement:

Patients appreciate transparency. From the very first inquiry, explain that the NMC now requires an in-person consultation to ensure their safety and the best possible aesthetic outcome. Emphasise that this step is not a barrier to care, but an essential

safeguard: only by examining facial dynamics, skin health and medical history in person can a prescriber deliver a treatment plan tailored to each individual. Providing digital information packs in advance and offering flexible appointment times helps mitigate any inconvenience, reinforcing that their well-being is your highest priority.

Frequently Asked Questions:

Is this a total ban on remote prescribing?
No. The embargo applies exclusively to elective, non-surgical cosmetic injectables. All other therapeutic areas, such as chronic disease management, acute infections or mental health prescribing continue under the existing legal framework for safe remote consultations [8,9].

Can emergency medical treatments still be prescribed remotely?
Yes. This change does not affect the legal frameworks governing true medical emergencies, which remain subject to established clinical governance protocols [8,9].

How will the NMC verify compliance?
Through routine revalidation audits, random record inspections and, when concerns are raised, formal Fitness to Practise investigations. Rigorous documentation, including complete, clear, and contemporaneous is your primary safeguard [8,9].

Are multi-disciplinary teams exempt?
No. Even within teams, independent prescribers remain personally accountable for any delegation. Non-prescribers may only administer injectables under a documented, patient-specific direction issued after face-to-face assessment [8,9].

Does this change my professional indemnity premium?
Possibly. Many indemnity insurers have already signalled that failure to follow the NMC's face-to-face mandate could invalidate cover. It's worth discussing with your provider whether premiums or policy terms have been updated in light of the 1 June 2025 requirement.

Where must the face-to-face consultation take place?
Ensure that consultations, prescribing and treatments occur in premises that meets the NMC criteria for suitable premises in accordance with the NMC's code of practice standards [4].

Are non-injectable cosmetic medicines (e.g. topical anaesthetics) included?
Yes. The embargo extends beyond injectables to any POM used for non-surgical cosmetic purposes, including topical anaesthetics, adrenaline for emergency use and similar items. All such prescriptions require a prior, documented in-person assessment [8,9]

Do I need a new face-to-face consultation for a 3-month retreatment?
Yes. Under the NMC's position, every new prescribing episode requires its own in-person assessment. Even if you're simply re-treating the same patient three months later, you must:

- Carry out a fresh face-to-face clinical review.
- Issue a new prescription that specifies the requirement for that retreatment episode [10].

Is a new face-to-face consultation always needed at the 2-week follow-up?
Not necessarily. If your original supply and directions fully cover an uncomplicated adjustment at the two-week review, you may proceed without a second in-person consult, provided:

- Any adjustments remain within the scope of the original prescription directions.

However, if at that 2-week review:

- The prescribed volume is insufficient for the needed adjustment, or
- The directions no longer align with the patient's treatment objectives,

You must conduct a new face-to-face assessment and issue a fresh prescription before proceeding [10].

My Takeaways

Having shifted from "best practice" advice to a binding requirement, I see this as a positive evolution for the nursing profession. While it undoubtedly adds administrative layers, and perhaps marginal costs. This new requirement standardises patient safeguarding that many of us have already practised instinctively: there is simply no substitute for seeing a patient's anatomy, assessing skin health in real time, and building rapport face-to-face.

This change:

- Elevates patient safety by closing loopholes in the unregulated cosmetic market.
- Protects our professional integrity, making clear that shortcuts in clinical assessment are non-negotiable.

My advice to colleagues is to embrace the mandate as an opportunity to: refine your standard operating procedures, invest in training, and use the extra touchpoint to deepen your patient relationships. In the long run, these consultations will distinguish truly patient-centred clinics from the commoditised fringe. Let's lead by example, showing that excellence in non-surgical aesthetics lies in the hands-on, human connection we bring to every interaction.

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