

DHSC consultation on licensing of non-surgical cosmetic procedures

GPhC response

1. Do you currently work in the cosmetic procedures sector as a practitioner who administers non-surgical cosmetic procedures?

No

2. Do you have relevant qualifications specific to working in the non-surgical cosmetics sector?

No

If you answered yes, please list your relevant qualifications.

3. Have you undergone any non-surgical cosmetic procedures in England?

No

If you answered yes, what was the procedure or procedures?

N/A

4. Were you satisfied with the outcome of your procedures?

N/A

5. Were you satisfied with the expertise and approach of the practitioner who performed the procedures?

N/A

Please explain your answer.

N/A

6. Do you feel you were adequately informed about what to expect and any potential risks before undergoing the procedures?

N/A

Please explain your answer.

N/A

- 7. To better protect individuals who choose to undergo high-risk non-surgical cosmetic procedures, we propose introducing regulations to ensure that these procedures may only be undertaken by qualified and regulated healthcare professionals.**
- 8. To what extent do you agree or disagree that we should set out in regulations that high-risk procedures should be restricted to qualified and regulated healthcare professionals only?**

Strongly agree

Please explain your answer.

Regulated healthcare professionals can provide assurance to patients and the public that they have the necessary skills, knowledge and training to carry out non-surgical procedures safely.

As the regulator for pharmacists, pharmacy technicians and registered pharmacy premises in Great Britain, (England, Scotland and Wales), the General Pharmaceutical Council (GPhC) is responsible for setting standards for the education and training of pharmacy professionals and approving and accrediting their qualifications and training. We are also responsible for setting the standards that pharmacy professionals must meet throughout their careers. Pharmacy professionals are required to:

- recognise and work within the limits of their knowledge and skills, and refer to others when needed
- use their skills and knowledge, including up-to-date evidence, to deliver care and improve the quality of care they provide
- carry out a range of continuing professional development (CPD) activities relevant to their practice

Furthermore, we expect pharmacy professionals to consider these standards, their legal duties and any relevant guidance when making decisions, including guidance produced by other national authoritative organisations and relevant regulators.

As the regulator for registered pharmacies across Great Britain, we regulate across England, Scotland and Wales. We set the standards for registered pharmacies, investigate concerns raised about pharmacies, and inspect pharmacies to ensure that all pharmacies and the services they provide at or from a registered pharmacy are safe for pharmacy users and the public. This includes a wide range of services including aesthetics and cosmetic services.

Our standards for registered pharmacies set the framework for the safe and effective practice of pharmacy and services covering governance, pharmacy teams and staff, the physical premises and environment, pharmacy services provided, as well as the equipment and facilities available and used. We are the regulator for all pharmacy services.

9. To what extent do you agree or disagree with the proposal to amend CQC's regulations to bring the restricted high-risk procedures into CQC's scope of registration?

Agree

Please explain your answer.

Bringing high-risk procedures into the CQC's scope of registration allows for consistency amongst those healthcare professionals who want to perform these types of non-surgical cosmetic procedures. In addition, needing to be registered with the CQC to perform specific procedures provides reassurance to patients and the public that those offering these procedures have the necessary skills and training to perform them safely, are meeting standards, and are accountable to the appropriate regulator including through a registration process and an inspection regime.

However, clarity will be needed for the sector to understand how this approach will work for organisations and people such as those who own and operate registered pharmacies (pharmacy owners) and the need for registration, or not, with the CQC. We regulate pharmacy services provided at or from registered pharmacies, and as such pharmacy professionals carrying out such activities at registered pharmacies will not need to be registered with the CQC, they would fall under the GPhC's remit to regulate.

The CQC would need to work with the regulators for other healthcare professionals where any issues and concerns were identified with any professionals, as they would only have powers in relation to the provider of the services as the one running the particular system / business. The issues that may be identified may include fitness to practise concerns which would need to be dealt with by the individual professional's regulatory body.

In addition to our 'professional' regulation of individual pharmacists and pharmacy technicians, the GPhC also has a role in relation to 'systems' regulation, as we regulate registered pharmacies. Where there is any overlap between our regulatory remit with that of the CQC, we will continue to work closely with the CQC. We have a Memorandum of Understanding (MoU) with the CQC to ensure that where our regulatory responsibilities apply to the same premises and business, or otherwise overlap or come into contact with each other, that we share appropriate information and work together to keep service users and the public safe.

10. The 3-tier system uses green, amber and red to categorise procedures depending on the risks (including level of complexity and degree of invasiveness) and potential complications associated with the procedure.

To what extent do you agree or disagree with using the 3-tier system to classify the different categories for cosmetic procedures based on the risk they to the public?

Agree

Please explain your answer.

A tier system will allow patients to understand the risk levels associated with their procedure. It would be important to engage with clinicians and healthcare professionals that fully understand the potential risks as well as patients and the public about this part of the proposal.

11. To what extent do you agree or disagree with the categorisation of the procedures listed in the green category?

Neither agree nor disagree

Please explain your answer.

We have limited our response to where we feel our work is directly relevant.

12. Do you think that any changes should be made to the listed procedures?

- **procedures should be added**
- **procedures should be removed**
- **moved to another category (amber or red)**

Please explain your answer.

We have limited our response to where we feel our work is directly relevant.

13. To what extent do you agree or disagree with the categorisation of the procedures listed in the amber category?

Neither agree nor disagree

Please explain your answer.

This category of procedure is able to be performed by qualified and regulated healthcare professionals as well as non-healthcare professionals as long as oversight is provided by a named regulated healthcare professional. We understand that the specifics of the 'oversight' will be determined as part of next phase of work which will be important to make sure there is clarity around who is responsible for the ongoing care of the patient, including assessment of outcomes and intervention in, and reporting of, adverse incidents.

14. Do you think that any changes should be made to the listed procedures?

- procedures should be added
- procedures should be removed
- moved to another category (green or red)

Please explain your answer.

We believe there may be an inconsistency with regards to vitamin and mineral injections. The red category lists procedures with the highest risk of complication and includes “all intravenous injectables and infusions”. However, “vitamin and mineral injection procedures” are included in the amber category. These vitamins and minerals may be delivered intramuscularly, intravenously or by infusion. Is the intention that only intramuscular injections of vitamins and minerals are listed in the amber category? In which case that may need to be clarified. In any case, an intramuscular injection may also carry a relatively high risk and may be more appropriately classified as a red category procedure.

Furthermore, we query the inclusion of vitamin and mineral injections as part of this licensing scheme at all. We do not consider these to be non-surgical cosmetic procedures but instead as stipulated in the glossary, they are used for well-being purposes. If the provider did not refer to the cosmetic benefits of this service would it be excluded from the licensing scheme? Or would it be included regardless as there may be cosmetic benefits. This again may be confusing for the potential providers of such a service.

In addition, the same issue applies to “weight loss injections”, which we note have been included in the amber category. If they are used for the purpose of managing obesity only, would this still fall under the licensing scheme as it is not being used for cosmetic purposes? Would it only be included if they were offered for cosmetic purposes, or included regardless due to the potential cosmetic purpose? Also, would this apply if the injections were administered by staff operating the service, or to scenarios where supply was made for the person to take home and administer to themselves? Do services exist where providers inject people regularly and routinely on an ongoing basis? These products are designed for self-administration by patients usually.

15. To what extent do you agree or disagree with the categorisation of the procedures listed in the red category?

Neither agree nor disagree

Please explain your answer.

We agree that intravenous injectables and infusions carry higher risk of complications and should be included in the red category list. However, as listed, it is broad and could inadvertently restrict the practice in areas not related to cosmetics.

Following on from our comment earlier about weight loss injections, if hay fever injections are not being used for cosmetic purposes only, would it fall under the scheme?

In the red category a couple of items may be relevant to registered pharmacies:

- Hay fever injections for reducing redness or blotches on the skin

Will this depend on how this is listed i.e. for cosmetic purposes? If it is not being used to reduce redness or blotches on the skin, but mainly to reduce the other symptoms of hay fever would it therefore not fall under this scheme as it is not for cosmetic purposes?

- all intravenous injectables and infusions

We agree that these are high risk and should only be carried out by trained and competent healthcare professionals. But by including these in this particular list, is it too wide and may restrict the practices of other healthcare professionals (such as pharmacist independent prescribers, PIPs) currently in unrelated issues that could be drawn into this inadvertently?

16. Do you think that any changes should be made to the listed procedures?

- **procedures should be added**
- **procedures should be removed**
- **moved to another category (green or amber)**

Please explain your answer.

We have limited our response to where we feel our work is directly relevant.

17. Our intention is that licensed procedures should be restricted to those above the age of 18 unless approved by a doctor and carried out by a healthcare professional. To what extent do you think that these procedures should be age-restricted?

All of the procedures should be age-restricted

Please explain your answer.

This is in line with legislation that came into force in 2021 regarding Botulinum toxin medicines and cosmetic fillers. As you have stated in your consultation document, we agree that young people are particularly vulnerable as they are developing physically and mentally, and the associated issues with appropriate informed consent to procedures. Unless the procedure has been approved for use on a person under 18 by a GMC registered doctor and is carried out by a specified healthcare professional it should be restricted.

18. Do you have any other comments on the issues raised in this consultation?

Yes

If you answered yes, please explain your answer

Standardised training will be fundamental in making sure there is consistency across those providing non-cosmetic procedures. Training providers will need to be accredited and courses will need to be reviewed for quality assurance purposes to ensure that the course of training meets the relevant standards and accreditation criteria.

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