



# Regulation of non-surgical cosmetic procedures

**Scottish Government**

**20 December 2024 - 14 February 2025**

## Introduction

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.

The General Pharmaceutical Council (GPhC) is committed to maintaining high standards of safety and quality in pharmacy. We will continue to collaborate closely with other healthcare regulators, professional leadership bodies, education and training providers and others to use the powers available

to us to achieve our mission of putting safe and effective pharmacy at the heart of healthier communities.

## Our response to the consultation

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

## Proposed Group 2 procedures

### Premises

We agree that Group 2 procedures should only be carried out in suitably regulated premises.

Currently, a pharmacist employed by a pharmacy offering these services would fall under GPhC regulation only. Bringing these procedures into Healthcare Improvement Scotland (HIS)'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 HIS 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 HIS. We regulate pharmacy services provided at or from registered pharmacies, and as such pharmacy professionals carrying out such activities at registered pharmacies currently do not need to be registered with HIS, they would fall under the GPhC's remit to regulate.

HIS 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 HIS, we will continue to work closely with HIS.

We wish to highlight that our **prescribing guidance** for pharmacist prescribers: **In practice: Guidance for pharmacist prescribers**, states that for non-surgical cosmetic procedures: Pharmacist prescribers must make sure that anyone they delegate the administration of the products to is a healthcare professional with the appropriate training and skills to administer and carry out the procedure.

We therefore disagree with the proposal to allow a trained practitioner who is not a healthcare professional to carry out procedures in this group. 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.

In addition, the proposal states that for Group 2 procedures supervision means that an appropriate healthcare professional must be present on site and undertake an initial face to face consultation for each procedure, including prescribing any prescription-only medicine for the procedure. Currently Pharmacy Technicians cannot be non-medical prescribers therefore they could not be an appropriate healthcare professional for supervision as is detailed in the proposal.

## Proposed Group 3 procedures

Overall we agree that the proposed group 3 procedures are the highest risk procedures.

Our view is that these procedures should be undertaken by a suitably trained and qualified healthcare professional working within their scope of practice, but not otherwise be limited.

With regard to the list of healthcare professionals that could carry out these procedures, as previously mentioned, registered Pharmacy Technicians cannot prescribe medications, but with relevant training could supply or administer medicines under a patient group direction.

### Vitamin and mineral injections

We do not consider vitamin and mineral injections to be non-surgical cosmetic procedures. If the provider did not refer to the cosmetic benefits of this service, but solely referred to health and wellbeing benefits it is not clear whether this activity would still be included in the licensing scheme. This may be confusing for the potential providers of such a service, and the public alike.

### Hay fever injections

For hay fever injections, as above for vitamin and mineral injections, it can be difficult to know what the purpose and intention of the administration is. It may be the case that this is used to treat the symptoms of hayfever, rather than for any cosmetic purpose. Clarity would be needed to know whether it falls under this scheme if it is not for cosmetic purposes and a health and wellbeing purpose instead. Or only if it would be included if it was specifically marketed for cosmetic purposes. Our understanding is that using these injections for hay fever symptoms and treatment or for cosmetic purposes is not within the licensed indication for the prescription only medicine that is usually used (Kenalog). As such they should not be promoted or advertised for any use outside the marketing authorisation (licence) of the medicine, as described in its official Summary of Product Characteristics, (SmPC).

For both of the above we would recommend that clarity is given around the circumstances and indication for use and inclusion of these activities in this scheme.

### Weight Loss Injections

Many community and online pharmacies provide weight loss services including the prescription and/or supply of weight loss medicines. Weight loss injections are designed for self-administration by patients usually at home. We would class weight loss injections as high risk medicines and have recently updated our **guidance** to reflect this.

We note that weight loss injections have been included in Group 3 and we think this raises some questions around this, along the lines previously described above with hayfever injections and injections for vitamins and minerals. 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?

## **Other considerations**

### **Standards of training and qualification for non-healthcare and healthcare professionals undertaking procedures in HIS regulated services?**

Establishing training requirements would allow standardisation of what is acceptable. Consistent requirements across the sector would be safer for patients. And it would be good that these are set by specialists and ultimately regulated by specialists in this field also

### **Age restrictions**

It is our view that an absolute age limit be put in place which may be differentiated according to the type of procedure - children under a certain age would not be able to receive NSCPs.

### **New and emerging treatments**

Due to the pace at which new and emerging products and forms of treatment emerge including evidence of the associated risks, to ensure the system of licensing/regulation remains fit for purpose and protects patients and the public, there should be regular reviews of the procedures listed within each group, so that there is assurance that:

- new procedures are assessed and included swiftly
- there is oversight of whether existing procedures are included within the correct group.

Where a new treatment emerges, there is a risk it won't yet have been included within a group. There would need to be a system in place to help regulated healthcare professionals and non-registered practitioners to be able to accurately understand which group a new product/treatment would sit within. Without robust guidance and/or standards that accompany regulations, there is a risk that practitioners may decide for themselves which group a treatment/product may sit within. This could result in an inconsistent approach taken by cosmetic practitioners and potentially pose risks of harm to patients/the public.

If you would like to discuss the points raised in this response, or any other aspect of the GPhC's work, please do not hesitate to contact us.

**General Pharmaceutical Council**

**14 February 2025**