Background – Non-surgical Treatments – Regulation in the UK

• History of the regulation of the non – surgical sector in England
  • Keogh Report
  • HEE Report
  • New Joint Council for Cosmetic Practitioners (JCCP)
  • New Clinical Standards Authority (CSA)

• Regulation in Scotland and Wales
Why establish the proposed JCCP?

• To provide credible regulation and guidance for the public/patients in an unregulated sector.
• To establish a recognised vehicle for accrediting and assessing practitioners in the non-surgical sector.
• To reduce risk to all parties working in the sector.
• To provide a focal point for the many key stakeholders in the sector.
• To agree a set of clinical standards that can be used for registration and the development of a set of recognised educational/training qualifications and programmes.
Core principles of the JCCP/CSA Framework

- Driven by Patient/Public Safety
- Independence
- Inclusivity
- Fairness
- Sustainability
Key Actions – January 2016 onwards

- BACN and BCAM announce partnership to take forward the proposal to develop a new Regulatory Body – Joint Council for Cosmetic procedures (JCCP) – 8/1/2016
- Department of Health and HEE support in principle the BACN/BCAM proposal to develop the JCCP – 8/1/2016
- Professor David Sines, CBE, appointed as Interim Chair of JCCP – 8/1/2016.
- Development Group established – BACN, BCAM, Professor Sines, Paul Burgess – Acting Adviser to the JCCP.
- Proposal for funding of the development phase of the JCCP sent to D of H – January 2016
- Development group widened to include BAD, BAAPS and BAPRAS – March 2016.
- BACN, BCAM, BAD, BAAPS and BAPRAS sign memorandum of Understanding to work together – May 2016
Core Elements of the Proposed Regulatory System

• Joint Council
• Clinical Standards Board
• Advisory Groups
  • Equipment and Medicines
  • Major Industry Suppliers – Pharma Companies
  • Insurers
  • Legal
Key Supporters of the JCCP

• Department of Health
• HEE
• Professional Associations
• Major Pharma companies
• Insurance Brokers
• Pharmacies
• Education sector – Universities and private providers
• Leading industry practitioners
Key Functions of the JCCP

• Overseeing the management of a Register (s) that will identify members of the JCCP and be made available to the general public.
• Establishing a set of entry requirements for membership linked to the CSA developed standards, a competency model, accreditation and other key entry requirements e.g Professional Indemnity Insurance.
• Establishing and managing a ‘Code of Conduct’ for its members and a set of procedures in order to enforce the ‘Code of Conduct’.
• Agreeing a Memorandum of Understanding between the JCCP, the Governing Councils and Professional Associations with regard to the procedures involved in dealing with complaints from the general public and any actions taken within the various ‘Codes of Conduct’.
• Publicising the Register (s) that will identify members of the JCCP, its function, Code of Conduct and be made available to the general public.
• Outlining and overseeing a set of procedures for accrediting individuals against the agreed standards and potentially processes for ‘credentialing’.
• Working with the CSA and other industry stakeholder groups with regard to providing information and commenting on issues that will affect the updating of standards.
• Maintaining an effective relationship with the CSA and with the key Governing Councils and bodies involved in the aesthetics industry.
Key Functions of the CSA

• Setting the standards of proficiency and practice
• Developing and leading on evidence based research
• Scanning horizons for new treatments and looking at evidence base for those treatments and then handing over the need to develop curricula to the joint council
• Collection of activity data, adverse event data, developing Patient Outcome Measures, Patient Experience Measures.
• Working with the JCCP and Advising regulatory bodies on the 5 key principles
Governance

• Interim Arrangements
  • BACN/BCAM Partnership – Co-ordinated initial development phase – January – March 2016
  • Appointment of Professor David Sines, CBE – Interim Chair of the JCCP – January 2016 for 15 months
  • Agreement with BAAPS, BAPRAS, BAD to join development group – March 2016

• Broader Consultation Processes – commence April 2016

• Establishment of the Interim Joint Council

• Establishment of the Interim Clinical Standards Authority
Timing and Next Stages

• Development Process – 1st April 2016 – 31 March 2017
• Agree Project Plan – April 2016
• Establish Clinical Standards Board – Priority to agree framework of standards – May 2016.
• Agree final financial support package – June 2016
• Begin broader consultation processes – April 2016.
• Launch a series of key stakeholder meetings – June/July 2016
• Establish key working parties for the JCCP and the CSA – July 2016 onwards
How can you support the JCCP and CSA

• Support in principle its establishment publically.
• Work with JCCP/CSA in its development phase
• Provide information and data to JCCP/CSA
• Comment on detailed proposals for regulation
• Provide financial support for the development phase.
Key Contacts for JCCP

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