Joint Council for Cosmetic Practitioners (JCCP) and Clinical Standards Authority

Generic Presentation – September 2016
Background – Non-surgical Treatments – Regulation in the UK

• History of the regulation of the non – surgical sector in England
  
  • Keogh Report
  • HEE Report
  • Establishment of the Joint Council for Cosmetic Practitioners (JCCP)
  • Establishment of the new Clinical Standards Authority (CSA)
Why establish the proposed JCCP?

• To provide credible regulation, protection and guidance for the public/patients in a currently unregulated sector.

• To establish a recognised vehicle for accrediting and assessing practitioners and training providers 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 with the Clinical Standards Authority 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
• A Code of Ethical Practice
• Independence
• Inclusivity
• Fairness
• Sustainability
Key Actions 1 – January 2016 onwards

• Department of Health and HEE support in principle the proposal to develop the JCCP – 8/1/2016
• Professor David Sines, CBE, appointed as Interim Chair of JCCP – 8/1/2016.
• JCCP starts individual stakeholder meetings.
• BACN, BCAM, BAD, BAAPS and BAPRAS sign Memorandum of Understanding to work together – May 2016
• Stakeholder Workshops commenced in July 2016 – Registers, Education, Training and Accreditation.
• Funding negotiations with key partners – started January 2016 - ongoing
Key Actions 2 – January 2016 onwards

• Establishment of the Clinical Standards Authority Board – Summer 2016 – Priority to agree framework of standards by Summer 2017

• JCCP Development Groups on Education and Registration established – August 2016 - Chair’s appointed:
  • Registers – Mary Lovegrove
  • Education, Training and Accreditation – Dr Anne Mcnall

• Specialist Group – Beauty and Aesthetic Treatments – Established – August 2016 – Chair – Caroline Larissey - HABIA
Core Elements of the Proposed Regulatory System

Key Principle established to separate the standards setting function from the regulatory role.

Basic Structure

• Joint Council for Cosmetic Practitioners (JCCP)
• Clinical Standards Authority (CSA)
• Consultation Groups
  • Equipment and Medicines
  • Major Industry Suppliers – Pharma Companies
  • Insurers
  • Legal
Key Functions of the JCCP

- Overseeing the management of a Register (s) that will identify registrant 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 CSA, 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 and approved training/education providers 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 clinical and practice proficiency
• Developing and leading on evidence based research
• To scan horizons for new treatments informed by the evidence base for those treatments and then sharing the same with the JCCP to refresh and develop related educational curricula
• Collection of activity data, adverse event data, developing Patient Outcome Measures, Patient Experience Measures
• Working with the JCCP and Advising regulatory bodies on the 6 key principles
Governance

Interim Arrangements are in place during the development phase until April 2017 when the JCCP goes live:

Key Actions

- Appointment of Professor David Sines, CBE – Interim Chair of the JCCP – January 2016 for 15 months
- Paul Burgess – co-opted to provide executive support to Professor Sines
- BACN, BCAM BAAPS, BAPRAS and BAD oversee initial development phase of the JCCP and CSA
- Principle of independent but co-related CSA agreed – separate development plan and governance structure to be determined.
Next Stages

• To continue to communicate and engage with key potential stakeholders in the JCCP.

• To get the newly established Working Groups on Registers and Education, Training and Accreditation operational with a clearly agreed work plan.

• To initiate the work by the CSA on developing the new standards and framework for the non-surgical sector.

• To develop a Project Plan and initiate actions with regard to the logistics of establishing the JCCP – Legal Structure, Business Plan etc.
Key Contacts for J CCP

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