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FEATURE ARTICLE

The Joint Council for Cosmetic Practitioners (JCCP)

Do you know what it is?

Commentary on the JCCP and CPSA...

Attempting to comment on the initiatives of The Joint Council for Cosmetic Practitioners (JCCP), when by its own account, it will be a non-mandatory, self-regulatory body to oversee the management of a non-statutory register and to 'regulate' existing registered and statutorily regulated medical professionals is contradictory, to say the least.

To add to the conundrum, non-medically trained, non-statutorily registered, un-regulated therapists, carrying out non-surgical medical interventions, will converge with medical professionals on a register that will be managed by the JCCP. There are no plans in place to make it mandatory for this group to have reached the fit for purpose tests set for medical professionals. But, the JCCP states that a Level 7 standard will need to be achieved for admission to the register, and will have achieved the same standards as medically trained professionals for inclusion.

There has not been an analysis or a mention of how the JCCP will circumnavigate the accepted legal principal of 'the standard of care' or compete with the statutory obligations already owed to patients. They have stated that The Cosmetic Practice Standards Authority (CPSA), will operate as a practice setting body and ensure that all those listed on the register, will meet the same standards as medically trained professionals that long-term, will be set out in CPSA standards, which will be distributed to all.

Non-medically trained practitioners will be given what the JCCP has dubbed, 'clinical oversight". The meaning and definition of this has yet to be decided. But, without rigorous educational and training systems being in place, that are commensurate with the standards in place for medical professionals, the biggest question being asked in the sector, is whether an organisation that purports to set out to regulate and set standards 'for all', can regulate the statutorily registered, who are already regulated, and safely converge them with non-medically trained therapists?

If they cannot offer something that is a safer and higher standard than what was in place already, then the JCCP will not succeed in their intended makeover of the UK's medical aesthetic sector. As they are backed by the Department of Health, who was urged by the government's business department policy advisors, to ensure free competition, the DOH sought to lower the standards expected of medical professionals, the HEE backed the standards framed by government policy and the JCCP was set up in quick succession after the publication of the HEE Report.

Experts are concerned that a new un-acceptable standard of care is being foisted on an unsuspecting public and that undermining of the self-regulation of medical professionals is being set in place. There seems to be little appetite amongst medical professionals to support what is being seen as un-enforceable, non-statutory standards. Their main argument is that it is a green light for commercial purposes, which will undermine public safety. Critics have added, that rather than upholding and further developing enforceable legislation to strengthen and support the existing core principals in regulatory law, the standards and norms of competent professionals and statutory bodies are being undermined.

The best technical analysts primarily believe that they must take every bit of information into account. They focus on signals created by the movement of the market and they carefully attach great significance to market values because every flicker, wave and current can affect them. Professional manpower issues are the single most important subjects trending in the aesthetic market at this time. The JCCP has set itself an obstacle course and the debate hasn't yet commenced in the wider landscape. Therefore, my hunch is that in the absence of statutory powers, and without a far more detailed and sophisticated specialist standard being presented, the cursory industry standards being suggested by the JCCP, are not fit for purpose and constitute *funshoku*, (window-dressing).

In the absence of credible facts, the rhetoric being designed, presents an image of a future industry dominated by service providers who carry out treatments to an acceptable standard. And yet, benchmarked against the best available evidence, the JCCP appears to be focusing on treatments, in the absence of the legal checks and competent specialist levels of established professional standards and patient care. That will not be adequate to bring coherent harmony and standards to an industry that needs to move upwards to competent specialist clinical standards. Rather, it is masking and pioneering a new era of commercial industry standards.

But, perhaps it is the penultimate statement made by Keogh that has the greatest significance today when evaluating the JCCP. 4 years ago, he warned that previous attempts at self-regulation in the industry had failed, largely because voluntary codes have meant that only the best in a disparate system commit themselves to better practice, whilst the unscrupulous and unsafe carry on as before. Four years on, it would seem they will be rubber-stamped by the JCCP and that the Exchequer will be the beneficial owner of all cosmetic interventions and medical aesthetics.

Constance Campion, Market Analyst, Constance Campion & Associates

Constance Campion is a seasoned senior analyst who has been commenting on Britain's independent medical sector since 1984. She has been part of the global arena in advanced rejuvenation healthcare science ever since her first clinical forays into medical aesthetics in 1987, when Plastic Surgery Associates, was established at Bupa Cromwell Hospital. A passionate patient advocate and nurse specialist, her clinical remit combines cosmetic dermatology, wellness age management and medical aesthetics within the integrated multidisciplines of a specialist lead plastic, reconstructive and aesthetic surgery practice.