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## FEATURE ARTICLE

**The Joint Council for Cosmetic Practitioners (JCCP)**

**Do you know what it is?**

# THE JOINT COUNCIL FOR COSMETIC PRACTITIONERS (JCCP)

Do you know what it is?



The Joint Council for Cosmetic Practitioners (JCCP) was officially established just over a year ago, in January 2016, when the British College of Aesthetic Medicine (BCAM) and the British Association of Cosmetic Nurses (BACN) announced its formation, and appointed Professor David Sines, CBE as its Interim Chair for 15 months.

The JCCP will be a new non-mandatory, self-regulatory body providing oversight for the cosmetic medicine sector in England, (not Wales, Scotland or Northern Ireland).

The concept of the JCCP came about as a consequence of the publication of the final Health Education England (HEE) reports on 'qualification requirements for delivery of cosmetic procedures' in England. This specifically looked at training and competency for four areas of non-surgical cosmetic interventions – botulinum toxins, dermal fillers, chemical peels and skin rejuvenation, and laser/IPL/LED treatments – as well as hair restoration surgery.

The results of the original HEE consultation exercise, (which led to the final report), demonstrated overwhelming support for the establishment of a Joint Professional Council for the cosmetic industry. The aim is to provide credible regulation,

protection and guidance for the public in a currently unregulated (but not unregistered) sector. To establish a recognised vehicle for accrediting and assessing all practitioners and training providers in the non-surgical sector.

## Health Education England (HEE)

The two final HEE reports, completed in October 2015, were in fact delayed in publication for three months until January 2016. Chair of the Expert Reference Group for Cosmetic Interventions for the HEE throughout the process, Professor David Sines noted that some of the civil servants involved in the process, on behalf of the government, felt that the standards listed in the reports had been set too high, and were not inclusive 'enough' to provide a broader entry to the sector, irrespective of professional background.

Thankfully, as he explained, the Expert Reference Group stood their ground and stated that they were not prepared to dilute their standards further at the risk of public safety, particularly in the light of the fact that this was as close as they could get to regulation, without the appetite for a statutory solution.

The HEE reports were a follow-on request from central government after the Keogh review on the regulation of cosmetic interventions in England which was convened after the PIP breast implant scandal. Keogh, who also called for a statutory register of practitioners, highlighted the gap in evidence based science for the aesthetic sector, which it is claimed hindered the attempts to achieve a statutory legislature, as stakeholders were simply asked to 'prove it' at various points in the discussions, and lacked aesthetic practice standards which could be used to adequately judge against.

*"It wasn't my decision, I still stand absolutely firm to the principle of so many of my colleagues, it should have been a mandated, statutory register";* said Professor David Sines.

This all led to the 'do something or do nothing debate'; *"Well we're not going to get mandatory so we'll do nothing; well that's just not good enough I'm afraid, not in my view";* concluded Professor Sines.

*"One of the (HEE) recommendations was that stakeholder groups should come together to form a joint council of some description, and in the absence of a statutory or mandated register, to have a voluntary register with teeth, as best you can have teeth in the absence of a*



mandated register. That's where we are now."

Of course, this does not mean that medical professional associations have stopped campaigning for statutory and mandatory regulation for the sector.

The creation of the JCCP is supported in principle by the Department of Health and the HEE, and now includes a working group with other sector-specific professional associations - BAAPS, BAPRAS, BAD advising since February 2016 (announced in May 2016), and HABIA since September 2016. All of these organisations have been pivotally involved in designing the JCCP, and as such no one organisation or person "owns" the development processes for the JCCP or the Cosmetic Practice Standards Authority (CPSA). These organisations are merely assisting the public and sector to develop the JCCP/CPSA in the public interest.

The JCCP project is also supported by statutory regulatory bodies (GMC, NMC, GDC, GPhC (General Pharmaceutical Council) and HCPC (Health and Care Professions Council)) and industry stakeholders including education providers, pharmaceutical companies, pharmacies, and insurers. Finally, it also has in-principle support and joint working agreements with qualifications regulator, OFQUAL and with the Professional Standards Authority (PSA), subject to the JCCP achieving their full accreditation.

The long-term plans for the whole project include the JCCP management of registers of member practitioners, training bodies and training courses. As well as the formation of a Cosmetic Practice Standards Authority (CPSA) to set the clinical and practice standards for the non-surgical sector, building on the previous work undertaken by the HEE. These standards can be used for registration and the development of a set of accredited and recognised educational/training qualifications, programmes and bodies. The ownership of the qualification and training standards, formulated by the HEE, have now passed to the JCCP.

It's true to say though that there is much decent, mumbling and ill-feeling within the aesthetic sector about the JCCP, just what it will do and who it will serve. We therefore felt it was about time that we found out the 'devil in the details' that may help you to understand what the future holds for the JCCP and those practising in aesthetic medicine, and whether you will be part of it.

Pathway	Successful completion of training* enables practitioners to:		
HRS	Perform hair restoration surgery	GMC-registered practitioners with a licence to practise only	Level 7 (Postgraduate level)
DFs	Administer permanent fillers		
LIPLLED	Deliver fully ablative skin treatments (ie non-fractional resurfacing)		
CPSR	Administer full face phenol peels and injection lipolysis into superficial fat		
BTs	Administer botulinum toxins	Subject to oversight of independent prescriber	
DFs	Administer temporary/semi-permanent dermal fillers		
CPSR	Deliver mesotherapy with pharmaceutical strength topical agents		
CPSR	Deliver medium depth chemical peels and localised phenol peels		Level 6 (Degree level)
LIPLLED	Deliver laser treatments of any sort within the periorbital rim (excluding treatments on or within the eyeball)	Subject to oversight of clinical professional	
Common themes/shared modules			
CPSR	Deliver mesotherapy with/without homeopathic topical treatment	Subject to oversight of clinical professional	Level 5 (Foundation Degree level)
CPSR	Deliver superficial chemical peels to Grenz zone		
CPSR	Deliver ≤1.5mm microneedling with manual device, ≤1.0mm power assisted microneedling and ≥1.5mm microneedling for non facial areas		
LIPLLED	Deliver ablative fractional laser treatments (excluding treatments within periorbital rim)		
LIPLLED	Use laser and IPL treatments for generalised and discrete pigmented lesions (excluding treatments within periorbital rim)		
Common themes/shared modules			Level 4 (Foundation Degree Year 1 level)
LIPLLED	Use laser and IPL for hair removal/reduction (excluding treatments within periorbital rim)		
LIPLLED	Use non ablative lasers, IPL and LED for photorejuvenation including sun induced benign dyschromia (excluding treatments within periorbital rim)		
LIPLLED	Use LED for clinically diagnosed acne vulgaris		Level 3 (Foundation Degree Year 1 level)
CPSR	Deliver ≤0.5mm microneedling with manual device		
CPSR	Deliver very superficial chemical peels to stratum corneum		
Common themes/shared modules			

Table: Cosmetic Procedures: Qualification and oversight/supervision requirements at different levels (HEE Final Report)



## Past, Present and Future

To take the JCCP forward, particularly in relation to PSA accreditation, and prior to being able to achieve long-term status as a non-for profit, charity (governed by Charity Commission regulations), the creation of a legally constituted body was required.

Therefore, a holding company, the JCCP, was created, (listed as a private limited company by guarantee without share capital use of 'limited' exemption), for which BACN CEO and JCCP Interim Executive Support lead, Paul Burgess has been appointed as a temporary, Interim Director. Paul will resign from his current role as a 'Director' of JCCP Limited once the JCCP is formally constituted and appoints its own directors by a 'due, fair and open public process'. The process for accreditation by the Professional Standards Authority (PSA) began in October 2016, with the full application submission expected towards the end of March, beginning of April 2017. In December 2016, the JCCP started the process to develop executive and administrative support, legal constitutions and governance structures, including future directorships. A completed business and financial plan is also expected to be in place by April 2017.

Expressions of interest to co-design and operationally manage the registers on behalf of the JCCP were sought for submission by Monday 13th February 2017.

It was at this stage that one of the existing voluntary registers, Save Face officially declared that it would not be tendering to run the register(s), and would be stepping away from the process which it had been discussing with the JCCP for several months.

It believes that the concept of a register inclusive of non-regulated practitioners is "contrary to our

*fundamental principles; that non-regulated healthcare practitioners should not be providing these services to the public- and should not sit alongside healthcare professionals - this only serves to confuse the public, who we constantly work hard to educate and protect!"*



It has now been confirmed that there are four parties in the running for the establishment and management of the JCCP registers, including Treatments You Can Trust (TYCT), who announced their involvement to their membership.

In deciding this, the TYCT Governance Board noted that Code of Practice standards will be applied equally across the entirety of registered cosmetic practitioners, and that by admitting non-clinical aesthetic practitioners, the JCCP intends to bring the cosmetic sector to a uniform high standard.

A contractor will be named by the JCCP Procurement Panel by the end of April 2017. The JCCP and CPSA will be launched 'live' in June 2017, and the plan is for the registers to open on 1st November 2017.

## Two Part Regulatory System - JCCP & CPSA

The core principle of this regulatory proposal is to establish, and separate, the standards setting function from the regulatory role. Therefore, two separate entities have been formulated, the Joint Council for



Cosmetic Practitioners (JCCP) as the regulatory body, and the Cosmetic Practice Standards Authority (CPSA) as the practice standard setting body.

An interim governance body is in place to oversee the whole process and manage the development of the JCCP, until it officially goes 'live' this summer. This was launched in October 2016 and is referred to as the JCCP Strategic Development Group (SDG). It is chaired by Professor David Sines.

Professor Sines was appointed as the Interim Chair of the JCCP in January 2016 at its formulation. This is a temporary position until the official launch of the registers and the full inauguration of the scheme. Long-term independent chairs will be required for both the JCCP and the CPSA, with a place on each board for the Professional Standards Authority (PSA).

The JCCP will thus oversee the management and development of the voluntary register(s) for practitioners (and education providers), as well as publicising it to the public. It will establish a set of entry requirements for membership, as well as establish and manage the JCCP 'Code of Practice' for its members, alongside the CPSA, which will be linked to other codes of practice operated by statutory regulators such as the GMC, NMC, GDC etc. The JCCP will also accredit individual practitioners, and approved training/education providers, against the agreed standards and this may potentially lead to processes for 'credentialing'.

Finally, the JCCP will be the entity which seeks to maintain an effective relationship with the CPSA and with the key governing councils and bodies involved in the aesthetics industry.

The establishment of a separate, and independent, body to develop the clinical and practice based standards for the cosmetic industry was a key deliverable for the project, and this is now up and running as the Cosmetic

Practice Standards Authority (CPSA). It aims to both set the standards for clinical and practice proficiency developed using evidence based research, but also to collect activity data, adverse event data and other relevant quantitative approaches to measure patient experiences and outcomes. Feeding this data back to the JCCP, educators and statutory regulators is hoped to plug the data void previously revealed.

The CPSA includes representation across both the medical and non-medical practitioners' groups, and the board includes well respected medical practitioners such as Mr. Nigel Mercer (plastic surgeon and current Deputy President of BAPRAS), Dr. Tamara Griffiths (dermatologist and President of the British Cosmetic Dermatology Group) and Mr Simon Withey (plastic surgeon and current BAAPS President). It also receives direct engagement on creation of the standards from the regulatory councils

The CPSA began the process of setting practice standards (the Code of Practice) in January 2017, building on the previous work undertaken by the HEE, with completion expected by Summer 2017. An industry consultation on this will take place in June 2017.

*"The JCCP is designated to communicate with the regulatory authorities on matters aligned to fitness to practice, registration and professional conduct. It is the explicit role and function of the CPSA to work alongside the professional regulatory bodies to develop professional*

*practice standards for the cosmetic sector, and the role of the JCCP is therefore to develop a register, to set the standards against which curricula can be developed by local training and education providers, and to monitor and appraise education and training, and with the regulators implement robust fitness to practise standards and procedures to protect the public in respect of our registrants. In the process of its work the JCCP will communicate with the regulators, but so will the CPSA, on different matters";* concluded Professor Sines,

## Working Parties

In September 2016, it was announced that three working parties, with independent chairs, had been created to take the organisation forward towards its formal inauguration in the Spring of 2017.

### Working Party 1: Education, Training and Accreditation

This is chaired by Dr. Anne Mcnall from Northumbria University. It includes representatives from independent certification bodies, academic institutions, professional associations, independent training houses and pharmaceutical companies.

This group will develop a range of processes for accrediting practitioners, training bodies and training programmes against the new framework of competency standards being developed by the JCCP sister

body – the Cosmetic Practice Standards Authority (CPSA).

The working party will also seek to develop standards by which the suitability of courses and programmes provided by education and training providers can be assessed as enabling the development of proficiency and the suitability of the learning environment.

From this it will develop processes for the approval of education and training providers, as well as the process by which accreditation of prior experiential learning can be used. It is hoped that consortia of manufacturers and educational bodies will come together to meet the remit for quality driven education.

Finally, it will agree on the standards and processes required to become an approved mentor, assessor of proficiency, or to provide oversight to other practitioners in the field of cosmetic practice. It has been noted that this was something which lacked clarity in the original HEE reports.

### Working Party 2: Establishment of JCCP Register(s)

This is chaired by Professor Mary Lovegrove, OBE. It includes representatives from independent certification bodies, the PSA, statutory medical regulators (GMC, NMC, GDC and GPhC), academic institutions, professional associations, insurers and the CPSA.

This group will design the processes



and criteria involved in establishing the JCCP register(s) of practitioners, recognised education and training provider organisations, assessors and mentors. It will set the entry requirement, criteria for self-certification of premises, and engage in the procurement of the technical build of a register and the operational management of it.

This working party is now evaluating the four expressions of interest received from third parties to build and run the registers, with the hope of selecting one by April.

The plan for the final public website portal includes information for people seeking aesthetic treatments, guidance on what the register of practitioners is for, information on redress options and a complaints process for JCCP members, and a search facility to identify practitioners. Results will carry annotated references to accreditation, qualifications and their ability to deliver treatments independently or under supervision, with a separation between clinical and non-clinical practitioners.

### Working Party 3: The role of beauticians in aesthetic practice

Caroline Larissey, Senior Development Manager at HABIA, was appointed in September 2016 as a sub-group chair to address the need for representation of the beauty sector involved in aesthetic treatments.

This sub-group will feed into Working Party 1.

It aims to evaluate the role that non-clinical practitioners undertake, (with clinical oversight and requisite training), to deliver higher level and advanced aesthetic treatments.

The sub-group will review existing beauty standards in relation to the HEE framework and develop options for the CPSA and JCCP to consider, based on the mandate from the Department of Health. It will also provide feedback to the JCCP/CPSA on European standards in beauty therapy and where they impact on aesthetic non-surgical treatments.

All the activities of the working parties are expected to be completed by April 2017.

## Your Questions

It's true to say that much of the development and discussions about the inauguration of the JCCP, its remit and forward plans, have taken place behind closed doors with small groups of stakeholder involvement.

Although right and proper that the thrashing out of the practicalities of building, designing and implementing such a new scheme is not done in the full public glare, whilst concepts are embryonic, this has sadly led to an atmosphere of rumour, conjecture and apathy within the sector.

Clarity and transparency regarding the process has been sought by many medical professionals, and thus far they have deemed it to be a covert operation that they do not support. This is despite the fact that the Chairs of key membership organisations in the sector have been engaged fully in shaping the JCCP, since its inception, and as such were able to keep their own members informed of the general or unrestricted aspects of the JCCP's plans.

Facing growing hostility in online forum discussions, and after the publication of open letters to the industry, it was vital that the JCCP SDG sought to offer an update on the ongoing project; luckily such a meeting was already in the offing. This was held in London on 24th February 2017 and was led by the Interim Chair, Professor David Sines. I attended this meeting and took it upon myself to ask many of the pressing questions that I hear daily; here are the answers received to many of them.

### Is this a 'fait accompli' then?

No. *"This is still in the developmental stage. As the final proposals emerge in the next few months many of the key*

*players will be consulting with members and stakeholders to provide information and to gain broad based support, and where applicable, offer further suggestions to ensure that we can all deliver a*

*solution that is both workable and credible within the constraints framed by Government policy";* stated Professor Sines.



### Do we have to sign up to the JCCP?

This is a question which crops up again and again and the simple answer is no. The JCCP is not part of any statutory (mandatory) legislation but is a voluntary regulation proposal which is hoped to improve practice for all working in the sector, in England alone. Its remit does not cover the devolved nations of Wales, Scotland and Northern Ireland.

### How is the JCCP funded currently, and how will it be funded in the future?

The JCCP will be a charity in the long-term, with trustees and appropriate governance and will follow Charity Commission rules and regulations. As the scheme has applied for PSA accreditation, it is required to create a holding company before its charitable status is achieved.

Although the Department of Health supports the JCCP in principle, it has stated that it cannot, and will not, financially fund the register or the website at the point that the initiative is launched. It has however provided a £50,000 grant towards the development of the educational framework and structures at the foundation of the project. The JCCP has also received £45,000 in voluntary donations, without any compromise to the organisation. This total budget will be used to develop and create the project towards the live launch.

Ongoing, revenue to support the running of the JCCP registers will not come from central government (Department of Health), but will be derived from expected continued charitable donations, and the fees



levied on those who join the registers (practitioners and education training providers).

## How much will it cost to join the JCCP register as a practitioner?

Currently, the structure of those fees has yet to be discussed.

The JCCP is a not-for-profit organisation, but it will need to cover 'real costs' that it incurs, such as the development and management of the online register through a third-party, legal protections and day-to-day management; therefore, appropriate fees cannot be reached until all the 'real costs' are fully established. It is hoped that costs can be kept low, and thus fees kept low, by seeking the secondment of support staff during its initial phase of operation.

## I don't want to be listed alongside a beauty therapist doing cosmetic treatments; how can you have a practitioner register with everyone in the same place?

The plan for the JCCP register of cosmetic practitioners is to show the public a clear separation between those practitioners who have a clinical background and those who do not.

It is therefore proposed that the register, which will all be hosted in one place (website), will be split into two parts, one area of the register will list those practitioners who are part of a professional statutory regulator, such as the GMC, GDC, NMC, GphC, HCPC, and the second area for those who are not. There would be no prescribing clinicians therefore in the second area of the register.

All those listed on the register must achieve the same standards for inclusion, whether they have a statutory regulator or not. Their qualifications, skills and competencies, and need for clinical oversight will be displayed. The

minimum entry requirement to the register for beauty therapists will be level 4 (for applicable treatments).

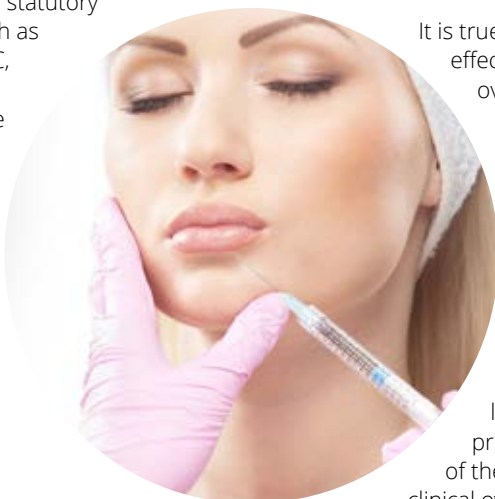
## Where will clinical oversight be needed, how will it be defined and policed?

Most of the practitioners listed within the side of the register for those who are regulated by statutory regulators will work without a need for clinical oversight, once they have demonstrated that they have the accepted standard of proficiency.

Clinical oversight will however apply to individuals on both sides of the register, if they are not prescribers, and this will be clearly defined.

Those in the non-statutory regulated group, such as beauty therapists, will always need clinical oversight if they are to practice any of the cosmetic treatment areas which require skill levels of 6 or 7, such as botulinum toxins and dermal fillers. They will also have had to demonstrate achievement of the proficiency standards required to be listed on the register as providers of such treatments and show their clinical oversight in place.

Anecdotally, we understand that there will not be large numbers of such persons who will wish to seek registration at Levels 6 and 7 of the JCCP register during the initial phase of its operation.



It is true that being able to effectively police clinical oversight in active practice is still up for discussion. The JCCP needs to both explicitly define what is meant by clinical oversight, and then how they can ensure that it is happening, likely through the provision of evidence of the person providing clinical oversight for another individual on the register.

If the JCCP register became aware of someone practicing without clinical oversight, who ought to be supervised, then they would take action, and refer them to their internal fitness to

practice panel for investigation.

## Level 7 training courses, some properly accredited and some not, seem to be springing up everywhere? How is this going to be policed? What will OFQUAL do?

Although, there are no plans to make level 7 qualifications (for delivery of dermal fillers and botulinum toxins) a mandatory requirement to practice, they will need to be obtained, or achieved through APEL/RPL prior learning, for admission to the JCCP register.

The JCCP hopes to engage further with OFQUAL to highlight the significance of the patient safety risk aspect of qualifications being delivered in this sector. There is a need for cross-government departments and the JCCP to have a conversation about this to ensure that training standards are adequate and qualification providers are adequately policed.

Professor Sines agreed that the question should be asked as to whether OFQUAL should be doing more to impose a higher level of surveillance, with regards to the practice standards of the qualifications accreditors who wish to award on their behalf, as well as providers in the marketplace who make substantiated or unsubstantiated claims about their qualifications delivered to paying delegates.

Long term there should be a set of standards which can be distributed to qualification awarding bodies (who are acting on behalf of OFQUAL) to make sure that they have the appropriate benchmarks with which to vet the offerings from industry-specific training houses.

There is currently nothing in place for either reporting or action against any company who makes claims about their courses, targeted at the aesthetic sector, being compliant with a level 7 qualification or HEE compliance, without having been vetted or awarded certification by a notifying body. Such companies, can currently 'make hay whilst the sun shines' sadly.

Professor Sines notes that building a dossier to take to OFQUAL is their immediate agenda and he welcomes input and whistle blowing with regards to potential offenders.



## What will the JCCP be doing about 'remote prescribing'?

The practice of 'remote prescribing' is a menace for the aesthetic sector. It is known to that the ban set in place by the professional regulators are being abused by many medical professionals and prescribers. It is proposed that those people joining the JCCP register, who need a 'prescriber', identify that person and their location. The JCCP will then be able to see if there are some prescribers who are prescribing for multiple registrants, and if they are clearly remotely located geographically from the registrants this will need to be identified and investigated. This will not stop the practice of remote prescribing across the country as abusers will probably not be joining the register, but it is another plus for public protection offered by those who do join the JCCP register. This will be embodied in the agreed JCCP/CPSA Code of Practice.

## Will I be grandparented in to the JCCP register?

It has been agreed that there will be a grandparenting exercise for those regulated practitioners who have been practicing cosmetic interventions, for a number of years, but who cannot immediately demonstrate prior learning, to be allowed to have provisional registration with the JCCP. Then they will be given time (possibly 2 to 3 years) to prove their prior learning (through approved mechanisms and organisations) at the point of reregistration with the JCCP.

## How will the public know about the JCCP register? What's are the plans for publicity and raising awareness?

The JCCP realise that raising public awareness for any such safety mechanism is both important and difficult. They plan to use every media option available to them, and will seek to utilise the communication channels of its many stakeholders to raise awareness, as well as the specialist and main stream media. They expect to use both trade magazines and journals for practitioner awareness raising, and glossy women's magazines

for public awareness, alongside mentions on other websites and social media. Professor Sines promised a major communications strategy, yet to be established, and stated that they are prepared to seek advice and engagement on the best strategies for this from the sector. A full-time communications manager is likely to be an unrealistic cost, but media partnerships and attendance at major public and trade exhibitions may be an option.

## Will the JCCP be working with the Committee of Advertising Practice (CAP) and the Advertising Standards Authority (AS) to better police the promotion of prescription only botulinum toxins to the public across the sector?

Yes. In the planned Code of Practice for the JCCP, they will be making it clear that restrictions are in place, and should be followed, by those members of the JCCP register as their requirement to adhere to the standards.



**Lorna Jackson, BSc.**

Lorna has been Editor of Consulting Room, the UK's largest aesthetic information website since 2003. She has become an industry commentator on a number of different areas related to the aesthetic industry, collating and evaluating statistics, plus researching, investigating and writing feature articles, blogs, newsletters and reports for Consulting Room and various consumer and trade publications, including *Cosmetic News*, *Journal of Aesthetic Nursing*, *Body Language*, *PMFA News*, *Aesthetic Medicine* and *Aesthetic Dentistry Today*. Lorna has also been asked to present at various industry events, including *Smart Ideas*, *FACE* and the *CCR Expo*. She was awarded *Journalist of the Year* at the *MyFaceMyBody Awards 2014*.