

A Memorandum of Understanding between the Joint Council for Cosmetic Practitioners (JCCP) and the General Medical Council (GMC) – April 2018

Purpose

- 1** The purpose of this Memorandum of Understanding is to set out a framework between the General Medical Council (GMC) and the Joint Council for Cosmetic Practitioners (JCCP) to ensure that:
 - effective channels of communication and information sharing are established and maintained between the GMC and the JCCP, to promote patient safety and high quality services for patients receiving non-surgical aesthetic treatments (including hair restoration surgery)
 - where appropriate and necessary, the processes and procedures adopted by the JCCP and the GMC, with regard to matters of 'fitness to practise' for doctors involved in the provision of non-surgical aesthetic treatments, are aligned to promote patient safety and public protection.
- 2** This memorandum relates to the areas of interface between the GMC and the JCCP, it clarifies respective roles and responsibilities and outlines mechanisms in place to promote effective liaison.
- 3** The agreement does not affect existing statutory functions or amend any other policies or agreements relating to the activities of the GMC and the JCCP.
- 4** This Memorandum of Understanding does not override the statutory responsibilities and functions of the GMC and is not enforceable in law. However, the GMC and the JCCP agree to cooperate to deliver and (wherever practicably possible) adhere to the principles set out in this Memorandum of Understanding.
- 5** This Memorandum of Understanding pursues its purpose by setting out a framework to support a productive working relationship between the JCCP and the GMC.

Functions of the GMC and the JCCP

- 6** The GMC is an independent statutory organisation that helps to protect patients and improve medical education and practice across the UK.
 - We decide which doctors are qualified to work here and we oversee UK medical education and training.
 - We set the standards that doctors need to follow and make sure that they continue to meet these standards throughout their careers.
 - We take action to prevent a doctor from putting the safety of patients, or the public's confidence in doctors, at risk.
 - The GMC has statutory powers under the Medical Act 1983, to take action when concerns are raised about an individual doctor, which call into question a doctor's fitness to practise.
- 7** The JCCP is a recognised self-regulator of the non-surgical aesthetic industry in all four countries of the United Kingdom and acts as a point of access for the public seeking information about this area of practice and, where appropriate, for raising issues of concern about practitioners. The JCCP places public protection and patient safety as the focus of its activities.
- 8** JCCP practitioner registrants and associated education and training providers will be accredited and endorsed by the JCCP as meeting the highest standards of quality by ensuring that all parties who have been admitted to the JCCP's Registers have met the agreed industry qualifications and benchmarks and abide by the standards of practice and behaviour as determined by the Cosmetic Practice Standards Authority (CPSA) and the JCCP.
- 9** The JCCP will operate two registers which relate to cosmetic-related practice and education and training. The two registers will consider the following:
 - the accreditation of practitioners who deliver non-surgical aesthetic and hair restoration surgical treatments against an agreed set of national educational, clinical and practice based standards
 - the approval of education and training providers who deliver education and training programmes, accreditation and services for practitioners that accord with JCCP standards.
- 10** These registers are voluntary and not mandatory. The JCCP Practitioner Register has been approved by the Professional Standards Authority under its accreditation of registers procedure. JCCP have powers to conduct fitness to practise examinations in respect of their own register.

Principles of cooperation

- 11** The JCCP and the GMC intend that their working relationship will be characterized by the following principles:
- the need to promote patient safety and public protection in the non-surgical treatment sector (including hair restoration surgery)
 - respect for each other's independent status
 - the need to maintain public confidence in the GMC and the JCCP
 - openness and transparency between the two organisations as to when cooperation is and is not considered necessary or appropriate
 - the need to use resources effectively and efficiently.
- 12** The JCCP and the GMC are committed to the principle of accrediting non-surgical medical practitioners against an agreed set of educational, clinical and practice based standards who work to an agreed Code of Practice and best practice guidelines.

Confidentiality

- 13** The GMC has a statutory duty under Section 35B(4) of the Medical Act 1983 to publish, in such a manner as it sees fit, a range of decisions by Medical Practitioner Tribunals, Interim Orders Tribunals, warnings given by the Investigation Committee, and undertakings agreed with doctors. However, it has a discretionary power to withhold any information concerning the physical or mental health of a person which it considers to be confidential. The JCCP agrees to this principle and to align its practices and decisions on fitness to practise with those of the GMC and to recognise the primacy of the GMC on all matters with regard to GMC registered practitioners in its capacity as a statutory regulator.

Areas of cooperation

- 14** The working relationship between the JCCP and the GMC involves cooperation in the following areas.

Referral of concerns – JCCP to GMC

- 15** Where the JCCP encounters any concern which it believes falls within the remit of the GMC, they will, at the earliest opportunity, convey the concern and relevant information to a named individual with relevant responsibility at the GMC. In the interests of patient safety, the referring organisation will not wait to share concerns until its own investigation into registrant-related complaints has concluded.

16 In particular, the JCCP will refer to the GMC:

- concerns and relevant information about a doctor which may call into question their fitness to practise in the applied area of non-surgical cosmetic practice (including hair restoration surgery) where a satisfactory resolution through the doctor's employer or responsible officer has not been achieved.

Exchange of information

17 The cooperation outlined in paragraphs 14-16 will occasionally require the JCCP to provide information to the GMC. All arrangements for collaboration and exchange of information set out in the Memorandum of Understanding and any supplementary agreements will take account of and comply with the Data Protection Act (1998), any relevant data protection legislation in force, Health and Social Care Act (2012), the Medical Act (1983) and any current and approved JCCP and GMC codes of practice, frameworks or other policies relating to confidential personal information.

18 Both the GMC and the JCCP are subject to the Freedom of Information Act 2000. If either party receives a request for information that involves activities with the other party, they agree to discuss the request as appropriate before responding.

Potential areas of communication

19 Communication between the JCCP and the GMC is based on an overriding duty to protect patients while, as far as possible, being fair to doctors and protecting confidential health information about individual doctors. Areas of potential communication between the JCCP and GMC operational leads identified in Annex A include the following (the list is not intended to be exhaustive):

- Pre-referral discussion:
 - 'in principle' about how best to manage concerns about an anonymised doctor and whether or not the GMC would need to be informed on an anonymised basis, or
 - discussions about individuals who have been referred to either organisation, where there are concerns about public protection or the safety of patients under the care of the doctor, on a named doctor basis.
- Post-referral discussion – to coordinate activity where appropriate.
 - Each of these areas is further explored in the following paragraphs.

Pre-referral discussions 'in principle' or about named doctors

20 Both the JCCP and the GMC are approached for advice by organisations and members of the public with potential fitness to practise concerns about particular doctors. The purpose of these discussions is to determine whether the organisation should take further steps locally (for example with the doctor's employer or responsible officer), refer to the GMC, or refer to the JCCP. Although in most cases it will be clear what advice should be given to the enquiring organisation or individual member of the public at this stage, it may sometimes be appropriate for the GMC and JCCP to liaise in order to clarify the issues raised. In these cases, the GMC or JCCP may discuss the matters raised by the enquiring organisation or member of the public, but the disclosing body should ensure that any disclosures are in the public interest and comply with relevant data protection legislation and the common law.

Post-referral discussions about individual doctors

21 The GMC and JCCP recognise that there will be times where they both have a case open regarding enquiries relating to the fitness to practise of a named doctor. In such instances they may work together through the operational contacts identified in Annex A.

Lawful exchange

22 The GMC and JCCP are subject to a range of legal duties including those arising from the Data Protection Act 1998, Human Rights Act 1998, the Freedom of Information Act 2000, forthcoming GDPR and related legislation, and additionally specific information may be subject to the duty of confidentiality. This document sets out the approach to the exchange of information between the two organisations within this legal framework, but the obligation is on the disclosing body to satisfy itself that they have a lawful basis for sharing any information.

Resolution of disagreement

23 Where any issues arise which cannot be resolved at an operational level, the matter will be referred to the policy leads identified at Annex A to ensure a satisfactory resolution.

Review and governance arrangements

24 This MOU will be effective from 14 March 2018. It is not time limited and will continue until varied or otherwise as agreed by the signatories.

25 The appendices to this MOU may be reviewed and amended without amendment to this MOU.

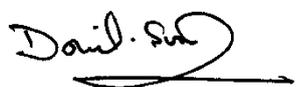
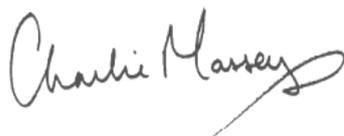
26 The MOU and its appendices may be reviewed at any time at the request of either party. Additionally, the MOU will be reviewed every year, and the appendices will be reviewed every six months, to ensure that they remain accurate and relevant. Details of who is responsible for carrying out the review are set out in the key contacts information at Annex A.

On behalf of GMC

On behalf of JCCP

Name: Charlie Massey

Name: Professor David Sines, CBE



Signature

Signature

Chief Executive, GMC

JCCP Chair

Date: 10th April 2018

Date: 10th April 2018

Annex A

The Memorandum of Understanding will be managed on behalf of the two bodies by the following contacts:

Managers for the MOU

The General Medical Council

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Data and Information Sharing Programme Manager
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The Joint Council for Cosmetic Practitioners

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Operational Contacts

The General Medical Council

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The Joint Council for Cosmetic Practitioners

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