



General  
Medical  
Council

# **Memorandum of Understanding between the Joint Council for Cosmetic Practitioners and the General Medical Council**

**March 2025**

## Introduction to the Memorandum of Understanding

1. The purpose of this Memorandum of Understanding (MoU) is to set out a framework to support the working relationship between the Joint Council for Cosmetic Practitioners (JCCP) and the General Medical Council (GMC).
2. The JCCP is a recognised self-regulator of the non-surgical aesthetic industry in England 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.
3. The GMC is the independent regulator for doctors, physician associates (PAs) anaesthesia associates (AAs) in the UK. The responsibilities and functions of the JCCP and the GMC are set out at [Annex A](#).
4. This MoU 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 MoU. The agreement does not affect any other policies or agreements relating to the activities of either party.

## Principles of co-operation

5. The JCCP and the GMC intend that their working relationship will be characterised by the following principles:
  - a. the need to promote patient safety and public protection in the non-surgical treatment sector (including hair restoration surgery)
  - b. respect for each other's independent status
  - c. the need to maintain public confidence in the GMC and the JCCP
  - d. openness and transparency between the two organisations as to when cooperation is and is not considered necessary or appropriate
  - e. the need to use resources effectively and efficiently.
6. The JCCP and the GMC are committed to the principle of accrediting non-surgical 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

7. 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\*. 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 regarding GMC registered practitioners in its capacity as a statutory regulator.

## Areas of co-operation

8. The working relationship between the JCCP and the GMC involves cooperation in the following areas.
9. Where the JCCP or GMC identifies a concern which falls within responsibility of the other, they will promptly share the concern and relevant information with the appropriate person at the other organisation. In the interest of patient safety, the referring organisation will not wait until its own investigation has completed before making the referral.
10. In particular, the JCCP will refer to the GMC:
  - Any concerns and relevant information about a doctor, PA or AA which may call into question their fitness to practise where a satisfactory resolution through their employer or responsible officer<sup>†</sup> has not been achieved.
11. In particular, the GMC will refer to the JCCP:
  - Any concerns and relevant information about a JCCP registrant (non-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 practitioner's employer has not been achieved.

---

\* The duty to publish registration information and certain decisions for PAs and AAs is set out in the AAPAO 2024 schedule 3, paragraph 4. As the next GMC order is yet to be named by DHSC this section will be updated in the next scheduled annual review, if the order has been named by said date.

<sup>†</sup> Responsible Officers only apply in the supervision of doctors.

---

## Exchange of information

12. The cooperation between the JCCP and GMC occasionally require the exchange of information. All arrangements for collaboration and exchange of information set out in this MoU and any supplementary agreements will take account of and comply with the UK General Data Protection Regulation 2021, Data Protection Act 2018, the Common Law requirements for confidentiality, and any JCCP and GMC codes of practice, frameworks or other policies relating to confidential personal information.
13. 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. Neither organisation shall be bound by the position of the other and each shall be responsible for determining the response to any request it receives.

## Potential areas of communication

14. 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, PAs and AAs and protecting confidential health information about individual registrants. Areas of potential communication between the JCCP and GMC operational leads identified in [Annex C](#) 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, PA or AA 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, PA or AA on a named 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, PAs or AAs**

15. Both the JCCP and the GMC are approached for advice by organisations and members of the public with potential fitness to practise concerns about doctors, PAs and AAs. The purpose of these discussions is to determine whether the organisation should take further

---

steps locally (for example with an 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 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, PAs or AAs**

16. 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, PA or AA. In such instances they may work together through the operational contacts identified in [Annex C](#).

## **Resolution of disagreement**

17. Where any issues arise which cannot be resolved at an operational level, the matter will be referred to the MoU managers at [Annex C](#) to ensure a satisfactory resolution.

## **Duration and review of this MoU**

18. This MoU will be effective from March 2025. This MoU is not time-limited and will continue to have effect unless the principles described need to be altered or cease to be relevant. The MoU may be reviewed at any time at the request of either party, but it must be reviewed by both parties every three years from the date of the agreement.
19. Both organisations have identified a MoU manager at [Annex C](#) who will liaise as required to ensure this MoU is kept up to date and to identify any emerging issues in the working relationship between the two organisations.

---

\* Responsible Officers only apply in the supervision of doctors.

---

## Signed

Professor David Sines CBE Executive Chair and Registrar <b>Joint Council for Cosmetic Practitioners (JCCP)</b>	Charlie Massey Chief Executive and Registrar <b>General Medical Council</b>
Signature 	Signature 
Date 05 March 2025	Date 03 March 2025

# Annex A

## Responsibilities and functions

20. The Joint Council for Cosmetic Practitioners (JCCP) and the General Medical Council (GMC) acknowledge the responsibilities and functions of each other and will take account of these when working together.

### **Responsibilities and functions of the JCCP**

21. The JCCP is a recognised self-regulator of the non-surgical aesthetic industry in England 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.
22. 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.
23. 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.
24. 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.

---

## Responsibilities and functions of the GMC

25. The responsibilities and functions of the GMC are set out primarily in the Medical Act 1983 (the Medical Act) and ‘the next GMC order’\*.
26. The GMC the independent regulator of doctors, physician associates (PAs) and anaesthesia associates (AAs) in the UK.

We work with them and other stakeholders to:

- set the standards of patient care and professional behaviours doctors, PAs and AAs need to meet
- make sure doctors, PAs and AAs get the education they need to deliver good, safe patient care
- check who is eligible to work as a doctor, PA or AA in the UK and work with them and their employers to confirm they’re keeping up to date and meeting the professional standards we set
- give guidance and advice to help doctors, PAs and AAs understand what’s expected of them
- investigate where there are concerns that patient safety, or the public’s confidence in doctors, PAs or AAs may be at risk, and take action if needed.

---

\* The name of the order which relates to the three professions (doctors, physician associates and anaesthesia associates) under GMC regulation has yet to be confirmed by DHSC. This will be updated as part of the next scheduled annual review of the agreement, if said order name is confirmed by that date.

## Annex B

### Legal Basis for sharing personal information between the JCCP and GMC

Both the JCCP and GMC are data controllers acting alone for the purposes of UK GDPR and where appropriate EU GDPR.

Where the GMC identifies that personal data it holds ought to be shared with JCCP in order to fulfil its obligations the GMC's legal basis for sharing data under the UK GDPR is:

- Legal obligation (Article 6(1)(c))
- Public task (Article 6(1)(e)).

Where this includes special category data, the GMC's legal basis under Article 9 of the UK GDPR is Article 9(2)(g) – reasons of substantial public interest with a clear basis in law. The substantial public interest condition is condition 6: for statutory and government purposes under Schedule 1 of the DPA 2018.

The legal basis under which JCCP processes personal data for the purposes of UK GDPR is: Article 9(2)(g) – reasons of substantial public interest with a clear basis in law.

---

## Annex C

### Contact details

<b>The Joint Council for Cosmetic Practitioners</b> 1st Floor Elstree Way Borehamwood WD6 1JH  Telephone: 0333 321 9413	<b>General Medical Council</b> Regent's Place 350 Euston Road London NW1 3JN  Telephone: 0161 923 6602
--	---

Named contacts between JCCP and the GMC are as follows:

Organisational contacts	
Professor David Sines, CBE Chair – JCCP Email: david.sines@jccp.org.uk Telephone: 07787 002297	Antony Americano Employer Liaison Adviser, London Email: antony.americano@gmc-uk.org Telephone: 0161 250 6838

MoU Management	
Professor David Sines, CBE Chair – JCCP Email: david.sines@jccp.org.uk Telephone: 07787 002297	Andrew Richardson Intelligence & Insight Manager Telephone: 0161 923 6665 Email: andrew.richardson@gmc-uk.org

Information Governance	
Zoe Cooper JCCP Project Officer 07713482276 Zoe.cooper@jccp.org.uk	Andrew Ledgard Head of Information Policy Telephone: 020 7189 5418 Email: andrew.ledgard@gmc-uk.org

---

<b>Media</b>	
John Underwood JCCP Trustee and MARCOM Chair 07730955689 John.underwood@jccp.org.uk	Natalia Kannas Head of News – reactive Telephone: 020 7189 5041 Email: natalia.kannas@gmc-uk.org