



Hair Transplant Surgery Standards

Box 1: Working Group Members, Professions and Affiliations		
Mr Greg Williams (Chair)	Plastic Surgeon and Hair Transplant Surgeon	Cosmetic Practice Standards Authority (CPSA)
Dr Nilofer Farjo	Hair Restoration Surgeon	Private Hair Transplant Practice
Mr Reza Nassab	Plastic Surgeon	Private Hair Transplant Practice
Mr Amir Sadri	Plastic Surgery Trainee	NHS
Mr Alex Armstrong	Plastic Surgery Trainee	NHS

INTRODUCTION

Hair Loss (alopecia) is common, has a multitude of aetiologies, affects all genders and age groups, and is not dependent on the aging process. Hair Restoration can be medical, surgical, or non-surgical.

The Royal College of Surgeons *Professional Standards for Cosmetic Surgery* defines cosmetic surgery as “the choice to undergo an operation, or invasive medical procedure, to alter one’s physical appearance for aesthetic rather than medical reasons”. Hair Transplant Surgery satisfies this criterion.

As it is low-medium risk: usually only requires local anaesthetic and performed as an outpatient, Hair Transplant Surgery is classed as Level 1b invasive surgery.

For the purpose of the CPSA, Hair Restoration Surgery (HRS) includes Hair Transplant Surgery and Prosthetic Hair Fibre Implantation but does not include surgical flaps.

Hair Transplant Surgeons need to have a wide understanding of all the issues involved in Hair Transplant Surgery. These issues should be taught at Level 7 and include:

1. GENERIC KNOWLEDGE AND SKILLS

a. Evidence-based Practice

- i. understanding of basic principles of research methodology
- ii. ability to critically appraise evidence-based literature
- iii. understanding of systematic review
- iv. adherence to evidence-based practice and ability to rationalise deviation from evidence base
- v. ability to undertake a literature search
- vi. utilisation of information technology and health informatics

b. Working in a Team Context

- i. effective multidisciplinary team working
- ii. effective communication with colleagues
- iii. respect for and appreciation of other team members
- iv. understanding of principles of leadership and management
- v. skills in supervision, mentoring and training
- vi. equality and diversity training
- vii. conflict resolution
- viii. understanding of pitfalls of lone-working; working in isolation

c. Professionalism

- i. show respect for patients
- ii. treat patients fairly without discrimination
- iii. act with honesty and integrity
- iv. do not abuse patient trust
- v. probity
- vi. recognise and work within levels of competence
- vii. work in partnership with patient to support shared decision making, informed consent and shared agreement on outcome expectations
- viii. strive to ensure patient receives good care and treatment
- ix. maintain competence, keep skills up to date

d. Clinical Governance & Accountability

- i. appreciation of the value of audit and ability to undertake routine audit of outcomes
- ii. take part in quality assurance and quality improvement to promote patient safety
- iii. ability to record work clearly and accurately
- iv. improve performance through reflective practice and peer review
- v. contribute to systems which protect patients, eg adverse event recognition and reporting
- vi. accountability to employers

e. Clinical

- i. basic understanding of anatomy and physiology, pathology, microbiology, biochemistry, pharmacology, biophysics and hygiene
- ii. ability to examine the patient, take a relevant history and assess needs to develop a care plan
- iii. ability to monitor and record progress against the care plan and modify appropriately if required
- iv. ability to assess, evaluate and interpret risk indicators, balance risk against benefits and communicate potential risks and benefits to patients and others
- v. ability to deal appropriately with sudden deterioration in patient's physical or psychological condition or with emergency situations
- vi. numeracy skills, drug calculations required to administer medicines safely via appropriate routes
- vii. understanding of drug pathways and how medicines act

- viii. understanding of impacts of physiological state of patients on drug responses and safety
- ix. understanding of pharmaco-dynamics, pharmaco-therapeutics and pharmaco-kinetics
- x. knowledge of management of adverse drug events/reactions
- xi. management, preparation and administration of medicines

f. Emotional and Psychological Support

- i. use appropriate screening tools and questions to identify high risk groups who require emotional and psychological support
- ii. recognise emotional/psychological needs of patient
- iii. recognise mental health issues and body dysmorphic disorder
- iv. ability to appropriately manage patient expectations
- v. understanding of and ability to manage long and short term psychological reactions post procedure, eg heightened emotional arousal, unmet expectations
- vi. understanding clear pathways for providing emotional and psychological support, including onward referral when necessary

2. COSMETIC PROCEDURE SPECIALTY SPECIFIC KNOWLEDGE AND SKILLS

[Including patient consultation and assessment, treatment plan development and delivery, understanding and mitigation of risks, recognition and management of complications]

- i. understanding of the structure and function of the skin and hair
- ii. understanding of the hair growth cycle
- iii. ability to perform appropriate consultation and assessment of patient
- iv. ability to take relevant past medical history and utilise appropriate breadth of knowledge as a basis for sound clinical judgement
- v. understanding of psychosocial impact of presenting complaint and potential impact of specific treatment
- vi. understanding of common health conditions which may affect treatment, eg diabetes, hypertension, cardiovascular disease/stroke, autoimmune disease, immunocompromised patients, those with transmissible infections, alcohol/drug abuse
- vii. recognition that each patient is an individual and may require or respond differently to standard treatments (eg depending on age, facial morphology, skin quality, baseline asymmetry etc) and ability to tailor treatment appropriately
- viii. understanding of relevant anatomy and physiology throughout the lifespan
- ix. understanding of skin microbiology/microbiome
- x. decision-making skills to develop appropriate and effective treatment plan
- xi. understanding of a breadth of treatment options and offer alternatives and/or refer on
- xii. understanding of use of combination treatments to maximise outcomes
- xiii. understanding of relative and absolute contraindications of relevant procedure
- xiv. ability to deliver relevant procedure safely, effectively and proficiently
- xv. understanding of limitations of relevant procedure
- xvi. development of appropriate pre-procedure and post-procedure/after care plans
- xvii. understanding of relevant interactions with concomitant medications
- xviii. recognition of common side effects/complications of relevant procedure
- xix. recognition of serious adverse events/complications of relevant procedure
- xx. ability to mitigate risk
- xxi. ability to effectively treat complications and/or refer on if appropriate
- xxii. understanding of needle-stick injury and appropriate measures
- xxiii. adequate numeracy skills to dilute and/or dose agents appropriately
- xxiv. understanding of appropriate storage of products
- xxv. ability to utilise clean and/or sterile technique when appropriate
- xxvi. recognition of differential diagnosis and signs associated with vasovagal response and management
- xxvii. appropriate use of topical or local anaesthetic, understanding of risks/benefits, and recognition and treatment of adverse reactions

xxviii. ability to take photographs both pre and post-treatment photography and understand how they should be used

3. LAW, POLICY AND ETHICS KNOWLEDGE

- a. Equality, diversity and human rights
- b. Legal basis for practice, liability and indemnity
- c. Principles of medical negligence
- d. Information governance, confidentiality and data protection
- e. Manufacturer and NICE guidance
- f. Understanding of principles of informed consent and mental capacity
- g. Awareness of vulnerable patient groups: children, learning disability, mental health, emergency situations
- h. Role of statutory regulation for health professionals
- i. GMC standards, competence to deliver treatments and insight into scope of practice
- j. Prescribing legislation and guidance relating to cosmetics and to prescribing off-label or unlicensed use of medicines, and regulation around remote prescribing
- k. Management of patient complaints
- l. Legislation and regulatory controls impacting on cosmetic practice, eg local Authority, CQC, MHRA, GMC
- m. Knowledge of RCS professional standards of practice relating to nonsurgical cosmetic practice
- n. Commercial aspects of cosmetic practice and regulatory standards, eg marketing, advertising, financial inducements (with particular reference to CAP advice and training services)

4. FACILITIES, PREMISES, HEALTH & SAFETY KNOWLEDGE

- a. Health, safety and welfare of patients/clients and staff
- b. Infection prevention and control
- c. Fire safety regulation
- d. Health and safety regulation
- e. Principles of risk assessment and management
- f. Moving and handling
- g. Instrument and equipment safety, servicing and record-keeping
- h. Emission characteristics of various equipment
- i. Appropriate laser safety management including role of Laser Protection Advisor (LPA) and Supervisor (LPS)
- j. Understanding of relevant hazard control, eg electrical fire, explosion, plume emission
- k. Management of operating theatre if required
- l. Product safety, appropriate storage and expiry date
- m. Safe storage, handling and disposal of treatment products, equipment and waste
- n. Insight into risks of preparation and administration of treatment in nonclinical setting
- o. Understanding of warning label signage

5. HAIR TRANSPLANT-SPECIFIC KNOWLEDGE

- i. understanding of epidemiology and demographics of hair loss, including ethnic variation
- ii. recognition of common causes of scarring and non-scarring alopecia for appropriate patient selection
- iii. appropriate patient assessment with accurate identification of aetiology of hair loss - androgenetic, non-androgenetic or a combination
- iv. ability to offer treatment options for androgenetic, non-androgenetic or combination hair loss

- v. ability to assess current hair loss and anticipate future pattern development for aesthetically pleasing placement of grafts
- vi. understanding graft preparation techniques
- vii. ability to dissect and trim follicular unit grafts derived from strip or follicular unit excision (FUE) methods
- viii. ability to extract grafts incised for FUE by a doctor or doctor-directed robot
- ix. ability to place follicular unit grafts appropriately and accurately
- x. knowledge of principles of good surgical practice/technique
- xi. in depth knowledge of medical and surgical management of hair loss and reconstruction techniques
- xii. understanding risks and benefits of hair restoration surgery
- xiii. knowledge of pre-operative preparation, and appropriate intra- and post-operative care
- xiv. recognition and management of hair restoration surgery complications
- xv. recognition and management of emergency situations in hair restoration surgery
- xvi. safe, effective delivery of primary and reconstructive hair restoration surgery
- xvii. knowledge of therapies used to treat hair loss such as low level light therapy, platelet rich plasma, bio-adjuvant therapies, mesotherapy, microneedling, prosthetic hair fibre implantation
- xviii. knowledge of hair simulation techniques and options such as micropigmentation tattooing, cosmetic camouflage, and hair replacement systems
- xix. Understanding emerging technologies such as stem cell therapy, gene therapy, and other future innovations

Box 2. Identified risk level, consent and cooling off

<p>Risks to patient</p>	<p>Hair Transplant Surgery risks to patient:</p> <ul style="list-style-type: none"> • From sedation if used <ul style="list-style-type: none"> - allergic reaction - excessive sedation - hypoventilation and hypoxemia - unconsciousness - death • From local anaesthetic <ul style="list-style-type: none"> - allergic reactions - cardiovascular/neurological toxicity - coma - death • Fainting/feeling unwell • From Follicular Unit Excision (FUE) donor hair harvesting <ul style="list-style-type: none"> - donor site bleeding - infection - delayed wound healing - necrosis - scarring - shock loss (effluvium) - donor hair depletion - pain - dysaesthesia - aesthetic morbidity • From Strip Follicular Unit Transplant donor hair harvesting <ul style="list-style-type: none"> - donor site bleeding - infection - delayed wound healing - necrosis - scarring - shock loss - donor hair depletion - pain - dysaesthesia - aesthetic morbidity • From recipient site in all methods of hair transplants surgery <ul style="list-style-type: none"> - recipient site bleeding - swelling/oedema - bruising - infection - delayed wound healing - necrosis - scarring
--------------------------------	--

	<ul style="list-style-type: none"> - shock loss - pain - dysaesthesia - failure of hair growth - aesthetic morbidity <ul style="list-style-type: none"> • Psychological - failure to meet expectations - morbidity from poor aesthetic outcomes
Risks to practitioner	<p>Hair Transplant Surgery risks to practitioner</p> <ul style="list-style-type: none"> • Blood borne virus transmission risk - Hepatitis B and other vaccinations are recommended for Hair Transplant Surgeons in keeping with the Overarching Principles regarding Occupational Health • Needle stick injuries should be managed according to national guidelines • Personal protective equipment is advised • Adequate practitioner indemnity is required in keeping with the Overarching Principles regarding Professionalism
Consent	<p>Guidance from the Royal College of Surgeons <i>Professional Standards for Cosmetic Surgery</i> should be followed which says:</p> <ul style="list-style-type: none"> • You must be familiar with the guidance in <i>Consent: Patients and Doctors Making Decisions Together</i>. In the following paragraphs, we've highlighted key points from the guidance, which are important to protecting patients' interests in relation to cosmetic interventions. • If you are the doctor who will be carrying out the intervention, it is your responsibility to discuss it with the patient and seek their consent – you must not delegate this responsibility. It is essential to a shared understanding of expectations and limitations that consent to a cosmetic intervention is sought by the doctor who will perform it, or supervise its performance by another practitioner.

Cooling off	<p>Guidance from the RCS <i>Professional Standards for Cosmetic Surgery</i> should be followed which says</p> <ul style="list-style-type: none"> • You must give the patient the time and information they need to reach a voluntary and informed decision about whether to go ahead with an intervention. • The amount of time patients need for reflection and the amount and type of information they will need depends on several factors. These include the invasiveness, complexity, permanence and risks of the intervention, how many intervention options the patient is considering and how much information they have already considered about a proposed intervention. • You must tell the patient they can change their mind at any point.
--------------------	--

Box 3. Premises requirements	
Premises requirements	<p>General guidance in Overarching Principles regarding Environment should be followed</p>
Clinical and practice environment	<p>Practice environment</p> <ul style="list-style-type: none"> • Hair Transplant Surgery must be undertaken in a CQC registered facility • Hair Transplant Surgery may be performed in a Treatment Room or Operating Room and these must comply with national standards • Trimming, processing and sorting of follicular unit grafts must take place in a Treatment Room or Operating Theatre. If this occurs in a location separate to where the patient is then care must be taking when transporting the follicular unit grafts between rooms. • If more than one patient is being operated on in a facility then follicular unit grafts from different patients must not be trimmed, processed or sorted in the same room <p>Room layout general features as per Overarching Principles including</p> <ul style="list-style-type: none"> • Patient privacy and dignity must be respected at all times • The lighting available should be sufficient • Hand held mirrors must be available for the patient to see themselves • Stainless steel trolleys must be available for instruments to be placed on with appropriate clean covers • A wall clock or timer should be visible • There should be sufficient ventilation. • The clinic couch, trolley and surfaces must be able to be

	<p>appropriately cleaned and disinfected between patients</p> <ul style="list-style-type: none"> • The floor must be impervious and easy to clean • Dedicated handwashing facilities must be present in each room • Sharps and clinical waste disposal must be provided <p>Room layout specific to Hair Transplant Surgery</p> <ul style="list-style-type: none"> • There should be a clinical couch available with a reclining, multi-positioning back rest and access on three sides. As patients having Hair Transplant Surgery often faint, the couch must have the ability to go into the Trendelenburg position • There should be adequate work surfaces to allow space for Hair Transplant Surgical Assistants to work ergonomically at microscopes required to provide magnification for follicular unit graft trimming, processing and sorting. • Chairs for Hair Transplant Surgical Assistants to sit in should take into account their ergonomic needs • A height adjustable stool or seat should be available if necessary for the Hair Transplant Surgeon • Foot stools should be available if necessary for Hair Transplant Surgical Assistants to stand on when implanting grafts • A fridge should be available to store follicular unit grafts if there is a delay between donor harvesting and recipient site insertion
<p>Equipment</p>	<p>Hair Transplant Surgery procedure</p> <ul style="list-style-type: none"> • There is a wide range of tools and equipment used in hair transplant surgery. In addition to standard basic surgery instruments to excise a strip of donor hair scalp, there are a multitude of devices to make recipient site incisions and to individually extract follicular unit grafts • Where possible, instruments should be single use and disposable • Instruments referred to as single use by the manufacturer must not be re-used • If instruments, devices, tools and equipment are re-used the manufacturer's instructions on cleaning, decontamination and sterilisation must be followed and guidance in Dept of Health <i>HTM 01-01 Decontamination of Surgical Instruments</i> must be followed • Where power-assisted follicular unit extraction devices and robotic devices are employed, the manufacturer's guidelines must be followed for use • Where diathermy is utilised, the manufacturer's guidelines must be followed for use

	<p>General guidance in Overarching Principles regarding Emergency Care to be followed including</p> <ul style="list-style-type: none"> • Resuscitation equipment should be within the premises and checked daily • Resuscitation trolley should contain Epipen x 2, oxygen • Practitioners should be aware of the nearest AED
Clinical waste and sharps requirements	<ul style="list-style-type: none"> • A sharps bin should be available for glass bottles, needles and sharp disposable instruments • Blood and body fluid contaminated non-sharp supplies should be disposed of in orange bags in an individual sealed bag per patient • Sharps and waste should be collected by licensed practitioners • Needle stick injuries should be managed as per national guidance

Box 4. Education and Training requirements	
Education and Training requirements	General guidance in Overarching Principles regarding Education and Trainings should be followed
HEE level	Hair Transplant Surgeon is at Level 6 because a medical degree is required
Degree and qualification requirements	Medical degree required GMC full registration and licence
Entry on to the voluntary register Two-tiers	<p>Provisional Hair Restoration Surgery Registration</p> <ul style="list-style-type: none"> • Completion of Level 7 Hair Restoration Surgery Theory course <p>AND</p> <ul style="list-style-type: none"> • Certification of Royal College of Surgeons Basic Surgical Skills Course or equivalent <p>Full Hair Restoration Surgery Registration</p> <ul style="list-style-type: none"> • Certification by International Board of Hair Restoration Surgery (IBHRS) / American Board of Hair Restoration Surgery (ABHRS) <p>OR</p>

	<p>Equivalent AND</p> <ul style="list-style-type: none"> • Certification of Royal College of Surgeons Basic Surgical Skills Course or equivalent
Resuscitation	<p>General guidance in Overarching Principles regarding Emergency Care should be followed</p> <ul style="list-style-type: none"> • Hair Transplant Surgeons should have valid BLS training and keep this up to date
Continual professional development (CPD)	<p>General guidance in Overarching Principles regarding CPD and Appraisal should be followed</p> <ul style="list-style-type: none"> • Hair Transplant Surgeons who do not do Hair Restoration Surgery full time should complete at least 25 CPD points related to Hair Restoration Surgery on average per year At least half of these CPD points should be external • Full time Hair Transplant Surgeons should satisfy the GMC requirement for 50 CPD points on average per year all of which should relate to their field of practice At least half of these CPD points should be external <ul style="list-style-type: none"> - Internal, e.g reading journals, e-Learning, internal training, internal management or leadership - External: courses, conferences, external teaching, management or leadership

Box 5. Supervision

Assessment of patient	<p>General guidance in Overarching Principles regarding Supervision and Accountability should be followed</p> <p>Specific to Hair Transplant Surgery</p> <ul style="list-style-type: none"> • Patients having a hair transplant procedure must be seen by a Hair Transplant Surgeon • The method of donor hair harvesting, the number of follicular unit grafts/follicles planned, and the intended recipient area should be agreed in principle prior to the day of surgery • The Hair Transplant Surgeon is responsible for all information given to the patient by a Hair Transplant Clinic Advisor. <p>The above are independent of whether the doctor works for himself/herself or is employed by a clinic</p>
------------------------------	--

Role of Hair Transplant Clinic Patient Advisor working with Hair Transplant Surgeon	<p>Hair Transplant Surgeons may be supported by one or more Hair Transplant Clinic Patient Advisors who</p> <ul style="list-style-type: none"> • Must introduce themselves and their role to the patient • Must not pretend to be doctors or mislead patients into thinking they are • Must maintain patient confidentiality • Must not make medical diagnoses • Must not make surgical recommendations including hair transplant surgery design, graft/follicle number estimation, donor harvesting method • May record patient demographic and health related information • May give the patient general information including about hair loss surgical and medical treatment options, the hair transplant surgery procedure, and administrative processes • Must have adequate indemnity in keeping with the Overarching Principles regarding Professionalism
Performing procedure Independent practitioner	<ul style="list-style-type: none"> • Only GMC licensed doctors can perform hair transplant surgery • All surgical steps of the procedure must be done by the Hair Transplant Surgeon

Box 6. Procedure	
Procedure	<p>General guidance in Overarching Principles regarding Patient Journey should be followed</p>
Supervision requirements	<p>Non-surgical steps of hair transplant surgery can be performed by hair transplant surgical assistants. Hair transplant surgeon must be available within the building at all times.</p>
Patient positioning	<ul style="list-style-type: none"> • Patients should be positioned comfortably prone, supine, tilted or sitting according to the Hair Transplant Surgeon's preference • As hair transplant procedures tend to be several hours long, attention should be given to pressure area protection
Patient Comfort	<ul style="list-style-type: none"> • As hair transplant surgery procedures tend to be several

	<p>hours long, patients should be kept hydrated and snacks/meals provided</p> <ul style="list-style-type: none"> • Audio-visual entertainment will assist in alleviating boredom • Toilet breaks should be offered and appropriate discreet facilities available
Local anaesthesia	<ul style="list-style-type: none"> • The majority of hair transplant surgical procedures are done under local anaesthesia with or without local nerve blocks • Safe doses of local anaesthetic should be adhered to • Concentrations/volume of all local anaesthetic given must be recorded
Safe sedation	<p>Specific to Hair Transplant Surgery</p> <ul style="list-style-type: none"> • Oral sedation is commonly given for anxiolysis/light sedation • IV sedation is occasionally given <p>General guidance in Overarching Principles regarding Sedation should be followed</p>
Role of Hair Transplant Surgeon	<p>All the Principles in the Royal College of Surgeons <i>Professional Standards for Cosmetic Surgery</i> should be followed by Hair Transplant Surgeons</p> <ul style="list-style-type: none"> • The Hair Transplant Surgeon is responsible for the patient's care, clinical journey, and hair transplant surgery outcome • The Hair Transplant Surgeon is responsible for the steps of the procedure performed by the Hair Transplant Surgical Assistants working with him/her • The Hair Transplant Surgeon is responsible for all advertising and website content relating to his practice/services <p>The above are independent of whether the doctor works for himself/herself or is employed by a clinic</p>
Role of Hair Transplant Surgical Assistants working with Hair Transplant Surgeon	<p>Hair Transplant Surgeons may be assisted by one or many (10+) Hair Transplant Surgical Assistants who</p> <ul style="list-style-type: none"> • Must hold valid Disclosure and Barring Service (DBS) check • Must have appropriate and up to date immunisations • Must introduce themselves and their role to the patient • Must not pretend to be doctors or mislead patients into thinking they are • Must maintain patient confidentiality

	<ul style="list-style-type: none"> • Must not perform surgical steps of the procedure (including making Follicular Unit Excision (FUE) incisions, removing Strip Follicular Unit Transplant donor strip, making recipient site incisions including by use of sharp implanters, supervising robotic devices making incisions) • May perform non-surgical steps of the procedure including assisting the Hair Transplant Surgeon with surgical steps, removing follicular unit grafts that have been incised by the Hair Transplant Surgeon or doctor-supervised robotic device, processing/trimming follicular unit grafts, implanting follicular unit grafts into incisions made by a doctor (or doctor-supervised robotic device) with forceps, blunt implanters or other blunt instruments/devices
Robotic Devices	<ul style="list-style-type: none"> • Robotic technology may be used to assist the Hair Transplant Surgeon • The doctor must maintain control of the robotic device at all times and must not delegate responsibility or control to non-doctors
Skin preparation	<ul style="list-style-type: none"> • Patients should be encouraged to wash their hair the night before their hair transplant • The hair and scalp should be washed with an antiseptic solution of the hair transplant surgeon's choice prior to surgery
Clean procedure	<ul style="list-style-type: none"> • Hair transplant surgery is considered a clean procedure not a sterile procedure • Expert opinion from leaders of the International Society of Hair Restoration Surgery (ISHRS) supports the use of non-sterile gloves when performing Hair Transplant Surgery

Box 7. Record of procedure	
Record of Procedure	General guidance in Overarching Principles regarding Medical Records and Information Governance should be followed
Date and time of procedure (each page)	<ul style="list-style-type: none"> • The date and time of the procedure should be recorded along with the patient name
Medications given	<ul style="list-style-type: none"> • Doses and times of all medications administered should be recorded

	<ul style="list-style-type: none"> The name of the prescriber should be recorded <p>General guidance in Overarching Principles regarding Medicines should be followed</p>
Medication dispensed	<ul style="list-style-type: none"> Medications dispensed should be clearly labelled with name of patient, name of medication, dosing regime, quantity dispensed, and any other relevant information Medications dispensed should be recorded in the notes
Number of follicular unit grafts	<ul style="list-style-type: none"> The number of follicular unit grafts transplanted should be recorded The numbers of hairs per graft should be recorded For Follicular Unit Excision (FUE) cases the partial graft transection rate and the total graft transection rate should be recorded
Anatomical drawings and post-operative photographs	<ul style="list-style-type: none"> The area transplanted should be identified on the operation notes The area transplanted should be photographed immediately post-operatively
Name/role and signature of practitioner easily identified	<ul style="list-style-type: none"> The name/role and signature of the Hair Transplant Surgeon should be easily identified
Names of assistants should be recorded	<ul style="list-style-type: none"> The names of all assistants involved in the procedure should be easily identified
Notes	<ul style="list-style-type: none"> The notes should be contemporaneous, in order and in logical follow
Storage	<ul style="list-style-type: none"> The notes should be safely stored The notes should be kept in line with information governance, for a minimum of 7 years, conforming to information governance standards
Conforms to Information	<ul style="list-style-type: none"> Hair Transplant Surgeons must comply with CQC Information Governance Requirements

governance standards	
Photographs	<ul style="list-style-type: none"> • All patients having hair transplant surgery should have appropriate pre and post-operative photographs • Standardised background and lighting should be aimed for • Standard views might include <ul style="list-style-type: none"> - Anterior frontal facial including hairline - Anterior downward tilt to including forelock and midscalp - Right lateral/oblique head - Left lateral/oblique head - Anterior hairline close-up - Right oblique temporal hairline close-up - Left oblique temporal hairline close-up - Posterior occipital head - Upward tilt posterior head including crown - Crown close-up

Box 8. Patient follow-up	
Patient follow-up	General guidance in Overarching Principles regarding Discharge, Follow-up and Patient Satisfaction should be followed
Appropriate follow up	<ul style="list-style-type: none"> • Hair transplant surgery results can take up to 18 months to fully develop. Follow up should occur during this period.
Patient given contact telephone number	<ul style="list-style-type: none"> • All patients must be given an emergency contact number for out of hours post-operative concerns
Supply written information	<ul style="list-style-type: none"> • All patients should be given written post-operative instructions
Informed of complications to look for	<ul style="list-style-type: none"> • All patients should be warned about complications to look for including <ul style="list-style-type: none"> - Discomfort/pain - Swelling - Bleeding - Infection (folliculitis and cellulitis) - Wound healing problems

What to do in an emergency	<ul style="list-style-type: none"> • Call using the emergency contact number • If contact not possible, attend A/E if urgent
Patient given opportunity to feedback – complain or compliment	<ul style="list-style-type: none"> • All patients should be given the opportunity to offer positive and negative experiences in a written feedback form

Box 9. Logbook and Case Numbers	
Logbook	<ul style="list-style-type: none"> • Hair Transplant Surgeons should keep a logbook of patients operated on including date, name, gender, graft/follicle numbers and method of donor hair harvesting • Contemporaneous • Paper or digital
Number of cases required to achieve Hair Transplant Surgery competence	<ul style="list-style-type: none"> • Patient consultation/selection for medical treatment of hair loss – 50 cases • Uncomplicated patient consultation/selection for surgery – 50 cases • Complicated patient consultation/selection for surgery (eg scar reconstruction or revision hair transplant) – 10 cases • Hair line design – 50 cases • Strip FUT harvest (incision, dissection and closure) – 50 cases • Strip FUT slivering – minimum 10 slivers in 50 cases = minimum 500 slivers. The entire strip should be slivered in at least 5 of the cases. • Graft cutting – minimum 50 grafts in 50 cases = minimum 2500 grafts. In at least five of the cases grafts will be cut for the duration of the whole case taking rest breaks as appropriate. • Incision making – minimum 100 incisions in 50 cases (in varied locations and of varied sizes) - minimum 5000 incisions. In at least 5 cases all the incisions required will be made. • Graft Placing (forceps and implanter) – minimum 100 grafts implanted with forceps in 25 cases and minimum 100 grafts implanted with implanters in 25 cases = minimum 5000 grafts placed. In at least 5 cases of each type, grafts will be placed for the whole case taking rest breaks as appropriate.

	<ul style="list-style-type: none"> • Follicular Unit Excision (manual non-motorised and manual mechanised) incision making – minimum 100 successful (ie follicle/follicular unit extracted intact) manual non-motorised incisions in 25 patients and minimum 100 successful manual mechanised incisions = minimum 5000 FUE incisions. In at least 5 cases all the incisions required will be made. • Follicular Unit Excision graft extraction – minimum 100 successful extractions in 50 cases = 5000 FUE graft extractions. In at least 5 cases all the grafts will be extracted.
Number of annual cases to maintain practice	<ul style="list-style-type: none"> • 46 hair transplant surgery cases per year should be carried out per year to maintain Full HRS Registration

Box 10. CPD and appraisal	
CPD and Appraisal	General guidance in Overarching Principles regarding CPD and Appraisal should be followed
Appraisal	<ul style="list-style-type: none"> • Hair Transplant Surgeons must declare their Hair Transplant Surgery practice as part of their GMC appraisal/revalidation process
Related annual conference, teaching or leadership role	<ul style="list-style-type: none"> • Hair Transplant Surgeons must belong to a professional hair transplant society or association • Attendance at hair transplant surgery meetings should satisfy the society/association's membership criteria
Logbook demonstrating adequate case numbers	<ul style="list-style-type: none"> • Hair Transplant Surgeons should keep a logbook demonstrating at least 46 hair transplant cases per year to maintain Full Hair Restoration Surgery registration • Also see <i>Box 9</i>
Audit	<ul style="list-style-type: none"> • Annual audit by clinic or individual must be produced of activity and complications including infection rates • Audits should be discussed at morbidity and mortality meetings at least once per year • Hair Transplant Surgeons working as lone practitioners should organise joint morbidity and mortality meetings

Patient reported outcome measures (PROMs)	<ul style="list-style-type: none"> • Every patient should be offered the opportunity to feedback their outcomes at the end of every patient episode (rather than encounter) and formal quantitative and qualitative patient reported outcome measures (PROMs) are recommended
Annual review of complaints and compliments	<ul style="list-style-type: none"> • Logs must be maintained for complaints and compliments according to CQC requirements
Work based assessments	<ul style="list-style-type: none"> • Hair Transplant Surgeons must satisfy GMC appraisal and revalidation requirements
Annual appraisal including this scope of work	<ul style="list-style-type: none"> • Hair Transplant Surgeons must satisfy GMC appraisal and revalidation requirements
For regulated professionals: Five yearly revalidation including this scope of work	<ul style="list-style-type: none"> • Hair Transplant Surgeons must satisfy GMC appraisal and revalidation requirements

Box 11. Infection control and decontamination

Infection Control and decontamination	<ul style="list-style-type: none"> • General guidance in Overarching Principles regarding Infection Control should be followed
Handwashing policy	<ul style="list-style-type: none"> • Handwashing must be performed as per 6 stages of accepted handwashing policy
Handwashing assessments	<ul style="list-style-type: none"> • As per CQC (mandatory 3 monthly hand washing audit)

Sharps handling	<ul style="list-style-type: none"> • Sharps must be handled carefully • Needle-stick injuries should be treated in line with national guidance: Ensure patient safety, remove sharp, irrigate the wound, go to A&E or follow local policy; ask patient for BBV status and to go for blood test at hospital, if they agree to do so
Sharps disposal	<ul style="list-style-type: none"> • Sharps should be disposed of in a designated sharps bin
Blood borne virus awareness	<ul style="list-style-type: none"> • Hair Transplant Surgeons must be aware of the risk of blood borne viruses and use universal precautions at all times
Decontamination process	<ul style="list-style-type: none"> • Single use instruments should be used wherever possible • Re-usable instruments should be cleaned and sterilised according to the guidance in Dept of Health <i>HTM 01-01 Decontamination of Surgical Instruments</i>
Human waste/liquid management policy	<ul style="list-style-type: none"> • As recommended by CQC
Waste disposal/management policy	<ul style="list-style-type: none"> • Authorised third party waste management • Hazardous non-sharps waste should be individually disposed of per patient in the orange, sealed bin bag
Hair Transplant Surgery is a 'clean' procedure	<p>Specific to Hair Transplant Surgery</p> <ul style="list-style-type: none"> • Hair cannot be sterilised • Non-sterile gloves can be used by the Hair Transplant Surgeon and Hair Transplant Surgical Assistants processing follicular unit grafts away from the patient • Sterile gloves can be used by the Hair Transplant Surgeon and Hair Transplant Surgical Assistants when harvesting hair by the Strip Follicular Unit Transplant or Follicular Unit Excision (FUE) methods • Given the non-sterile nature of Hair Transplant Surgery, infection rates must be monitored by keeping a specific log and performing annual audit

Box 12. Advertising

Fees and Advertising	<p>General guidance in Overarching Principles regarding Fees and Advertising should be followed including</p> <ul style="list-style-type: none">• Must be truthful and factual• Must comply with Advertising Standards Authority's Guidance on the Marketing of Surgical and Non-surgical Cosmetic Procedures• Must avoid financial inducements such as discounts and time limited offers Specific to Hair Transplant Surgery• Must adhere to the International Society of Hair Restoration Surgery (ISHRS) 'misleading and inappropriate messaging' policy http://www.ishrs.org/article/red-flags and avoid statements such as 'scarless surgery', 'no incision', 'no touch', 'no cutting Cloning', 'hair multiplication', 'non-invasive', 'eliminates the need for additional procedures', 'pain free'• Must avoid guarantees• Must avoid claims to be the best ie 'number one', 'premier', 'the leading' etc• Financial arrangements/incentives for referral should be declared to the patient
-----------------------------	--

Box 13. Medical Tourism

Medical Tourism	<p>General guidance in Overarching Principles regarding Medical Tourism to be followed.</p> <p>Specific to Hair Transplant Surgery</p> <ul style="list-style-type: none">• Patients often travel long distances within the UK and even form overseas to have Hair Transplant Surgery by a preferred Hair Transplant Surgeon• Arrangements for emergency care, support and long term follow up must be made clear to the patient
------------------------	--