



PROFESSIONAL STANDARDS FOR SCALP MICROPIGMENTATION PRACTITIONERS



*BRITISH ASSOCIATION OF HAIR RESTORATION SURGERY (BAHRS) PROFESSIONAL
STANDARDS FOR SCALP MICROPIGMENTATION PRACTITIONERS
(MARCH 2019)*

INTRODUCTION AND THE STATUS OF SCALP
MICROPIGMENTATION
IN THE UK IN 2019

The British Association of Hair Restoration Surgeons (now British Association of Hair Restoration Surgery - BAHRS) was founded in 1996 following the creation of the International Society of Hair Restoration Surgery (ISHRS) in 1993. From 1996 – 2013 BAHRS was an association for Hair Transplant Surgeons only but in July 2013 the membership agreed to extend the remit of BAHRS to include, amongst others, Scalp Micropigmentation Practitioners. This was in recognition of the increasing prevalence of this hair simulation procedure, both instead of and in association with hair transplant surgery, and to encourage communication, collegiality and education.

The BAHRS recognises the term 'Scalp Micropigmentation Practitioner (SMPP)' to describe individuals who implant coloured mediums in the scalp to create the illusion of shaved hair, stubble or increased density in hair bearing areas that have lost hair or require augmentation. For the purpose of the BAHRS, a Scalp Micropigmentation Practitioner will hold an awarding organisation (AO) accredited Level 4 qualification specifically in Scalp Micropigmentation (SMP) and this will differentiate them other micropigmentation practitioners with a qualification in other types of micropigmentation, as well as from tattooists.

The principles for SMP can also apply to procedures for simulating the appearance of hair in the beard/moustache area but do not apply to eyebrow simulation, permanent or semi-permanent make-up.

In the original BAHRS Constitution one of the aims was to advance all aspects of the professional practice of hair restoration surgery to high standards of competence, conduct and ethics and to promote education in appropriate skills. This is also applicable to the practice of hair simulation by Scalp Micropigmentation.

Other aims of the BAHRS Constitution are to represent members, to help members protect their interests, and to offer members support in matters relating to hair restoration surgery practice. Although Scalp Micropigmentation is minimally invasive and not classed as surgery, it does have long lasting visual impact on the appearance of hair coverage. Scalp Micropigmentation Practitioners come from a wide variety of backgrounds, but few will have healthcare training (such as Nurses and Dental Technicians). Prior to July 2013 there was no organisation within the UK to which Scalp Micropigmentation Practitioners could apply for professional membership.



Prior to March 2019 there were also no Professional Standards for Scalp Micropigmentation in the UK and no Code of Conduct for Scalp Micropigmentation Practitioners.

Micropigmentation is described by the NHS¹ and in limited situations such as burn scar reconstruction, it may be funded by the NHS.

In SMP, as with other forms of micropigmentation and tattooing, there is a risk of transmission of blood-borne viruses, for example Hepatitis B, Hepatitis C, Hepatitis D or HIV, which can have serious and long-term health consequences so practitioners should be trained in this area as well as in first aid and basic life support. It is also important that practitioners have safe working habits, and particularly that good infection control practices are followed at all times, so that both patients and practitioners are protected.

By law, a practitioner must have a licence from the local authority to perform Scalp Micropigmentation and the Health and Safety Executive provides guidance for good practice for micropigmentation²

The BAHRS Professional Standards for Scalp Micropigmentation Practitioners will be transparent and available for public viewing. All BAHRS Scalp Micropigmentation Practitioner members will commit to adhering to these standards by signing the BAHRS Code of Conduct applicable to them. Failure to adhere to the BAHRS Professional Standards for Scalp Micropigmentation Practitioners could result in expulsion from the Association.

DEFINITIONS RELEVANT TO BAHRS

DIFFERENCE BETWEEN SCALP TATTOOING AND SCALP MICROPIGMENTATION

Both terms can be used for the same procedure, which is the implantation of ink or pigment colours into the scalp skin but differences have been suggested based on the equipment and medium used.

Scalp tattooing historically used traditional tattoo equipment whereas SMP treatments have been performed with micropigmentation specific equipment. Newer hybrid machines make this distinction less clear.

Scalp tattooing is often described as using 'ink' and is likely to result in a more long-lasting appearance change whereas SMP often uses treatment specific 'pigments'.

Tattooing tends to imply a permanent procedure whereas micropigmentation can be performed to achieve a short, medium, or long-term result.

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DIFFERENCE BETWEEN INK AND PIGMENT & ORGANIC VS INORGANIC

Often, tattoo mediums are called 'inks' and micropigmentation mediums are called 'pigments'. However, there is no scientific basis to this. The medium used, ie ink or pigment colour, may affect the permanency of the treatment although depth of insertion and particle size can also affect whether the scalp colour will fade.

Mediums referred to as 'inks' are often carbon-based products that can be diluted to the required shade for the particular patient treatment. They are more resistant to ultraviolet light so may remain visible in the scalp for longer. Carbon based mediums are referred to as 'organic' and they are generally thought to have smaller particle sizes compared to 'inorganic' mediums.

Both organic and inorganic mediums are taken up by macrophages resulting in retention in the skin.

In this context, organic vs inorganic has nothing to do with healthy lifestyles choices but is related to the chemical constitution of the mediums used in SMP and tattooing.

The majority of mediums referred to as 'pigments' are metallic oxide-based products with multi-layered colour compounds to generate the different tones. The mixed pigment colours created for micropigmentation are less resistant to ultraviolet light and this can contribute to the scalp colouration changing or fading over time. 'Inorganic' refers to products made of metallic compounds and salts such as chromates, sulphates, and metallic oxides including iron oxides.

Artistic body tattoos are usually done with body art specific 'ink' whereas 'pigment' is the term commonly used for semi-permanent make up, permanent make up, micropigmentation, medical tattooing and scalp micropigmentation.

DIFFERENCE BETWEEN TATTOO AND SMP EQUIPMENT

Modern micropigmentation and tattoo machines have the same origins, having evolved from an electric pen originally patented in 1876 by Thomas Edison for the purpose of copying handwritten documents. This device was then, in 1891, rethought and developed by Samuel O'Reilly to 'draw' ink into the skin, he patented the first rotary style tattoo mechanism.

Modern tattoo machines use electromagnetic coils to move an armature bar up and down. Connected to the armature bar is a barred needle grouping that pushes ink into the skin. In addition to "coiled" tattoo machines there are also rotary tattoo machines, which are powered by regulated motors rather than electromagnetic coils. In comparison to micropigmentation equipment, tattoo devices are designed and manufactured for deeper implantation of ink or pigment.

SMP equipment was designed based on the traditional rotary mechanism but further developed with digital technology in order to implant pigment or ink into the upper levels of the dermis with total precision, using treatment specific needle configurations supposedly to achieve a non-permanent visible change to the skin. SMP devices are lighter in weight than typical coil and rotary machines, allow for more detailed precision and do not vibrate as much so are quieter and less physically impactful for practitioners.³ Organic and inorganic mediums can be used with both SMP and tattoo machines.

However, there are new devices emerging on the market that are bridging the differences between tattoo and SMP machines.

DIFFERENCE BETWEEN SMP AND TATTOO NEEDLES

Tattoo needles and SMP needles that are fit for purpose can achieve a very similar result. Tattoo needles are generally designed for deeper implantation so have a longer taper and needle length. SMP needles are generally finer in diameter as they are designed to implant more superficially in the dermis. Some SMP needles also have a 'rough' edge so as to assist precise pigment implantation rather than the smooth tattoo needles.

All SMP needles must be sterile with traceability of the sterilisation from the product supplier.

A cartridge system device for both SMP and tattooing is preferable with sealed membranes, to prevent backflow or flashback of pigment with lymph or blood into the handpiece.

DIFFERENCE BETWEEN SMP AND MICROPIGMENTATION TO OTHER BODY AREAS

Scalp micropigmentation is different from micropigmentation for other body areas such as eyebrows, lips, eyelids as well as for scar camouflage and nipple/areola reconstruction. Scalp skin is thicker than in most other areas of the body and has greater vascularity. The skill set required to recognise scalp conditions, treat the scalp, simulate scalp stubble and create natural hairlines and overall results is different from what is required for micropigmentation to other areas. Having training in micropigmentation does not prepare practitioners to perform SMP and Scalp Micropigmentation Practitioners should have specific training in SMP.

REGULATION OF SMP AND SCALP TATTOOING IN THE UK

Currently, under the Local Government (Miscellaneous Provisions) Act 1982, as amended in 2003, local authorities are responsible for regulating and monitoring businesses offering permanent tattooing and semi-permanent skin colouring.⁴

The focus of legislation covering local authorities in England, Wales and Northern Ireland is on minimising infection risks using compulsory registration of practitioners and premises and optional powers to make byelaws. Under all current legislation it is a criminal offence to trade without registration (licensing) or to be in breach of the relevant byelaws. The Department of Health has produced guidance for local authorities regulating piercing and tattooing businesses, and model byelaws for the use of local authorities.⁵

A CE Mark is required for all devices.⁶

REGULATION OF INK AND PIGMENT IN THE UK

Department of Health Guidance states that pigments and inks must be sterile and inert.⁷

Insurance companies will ask that practitioners use only products from an 'identifiable' source and use fit for purpose products only. Patch testing should be done.⁸ A patch test or a signed waiver of a patch test offer is also a requirement for some Insurance companies in the UK. Insurance premiums may vary depending on the permanency of the mediums used.

Recommended safety standards for pigments and inks vary within Europe, with no regulated standard that must be adhered to by European pigment and ink manufacturers.⁹

The Rapid Exchange of Information System (RAPEX) is the European Union rapid alert system for unsafe consumer products.¹⁰ For example, if a manufacturer produces a pigment or ink which has a higher level of titanium dioxide than is considered acceptable, they will be reported on the Rapex list.

The Rapex list therefore offers "good practice guidelines" for UK practitioners to adhere to.

A European publication in 2016 confirmed that the safety of tattooing and micropigmentation has not been proven.¹¹

RELEVANT WORK-BASED REGULATIONS

- The Local Government (Miscellaneous Provisions) Act 1982 as amended by section 120 of the Local Government Act 2003⁴
- Management of Health and Safety at Work Regulations 1999¹²
- The Workplace (Health, Safety and Welfare) Regulations 1992¹³
- Provision and Use of Work Equipment Regulations 1998 (PUWER)¹⁴
- The Supply of Machinery (Safety) Regulations 2008¹⁵
- Control of Substances Hazardous to Health Regulations 2002 (COSHH)¹⁶
- The Medicines (Sale or Supply) (Miscellaneous Provisions) Regulations 1980¹⁷
- Health and Safety at Work Act 1976 and associated Regulations or Orders¹⁸

WHAT IS REQUIRED FOR SCALP MICROPIGMENTATION PRACTITIONERS TO OPEN A PRACTICE

Under current legislation it is a criminal offence to trade without registration (licensing) or to be in breach of the relevant bylaws. SMP practitioners licensing requirements in the UK vary from council to council, although all practitioners and any premises they work from must be fully licensed by the relevant local authority. Any practitioner without a licence or in breach of their licence conditions can be fined and/or prosecuted.

Councils operate within their local legislative bylaws. However, there are differences in fee structures and defining conditions for operation. For example, most London boroughs currently require the SMP practitioner to hold a special treatment licence renewable annually whereas other local authorities, such as Brighton and Hove, currently require a one-off licence payment for both practitioner and premises. The following are more common requirements, but as each local authority differs all practitioner must adhere to their local bye laws and requirements¹⁹:

- Malpractice and clinic insurance, and personal liability
- A dedicated treatment room fit for purpose including with a water supply, hand wash facilities, and a non-permeable floor covering
- A clinical waste contract
- Some councils require Portable Appliance Testing (PAT) on any electrical equipment over one year
- Some councils require a practitioner to have a first aid certificate
- Some councils require a fire check
- A recognised awarding organisation (AO) accredited Level 4 certificate of training
- Comply with relevant work-based regulations including keeping all client data in line with current GDPR regulations

Templates for consent for micropigmentation and aftercare advice sheets are available.²⁰

QUALIFICATIONS, TRAINING EXPERIENCE AND CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

A BAHRS Scalp Micropigmentation Practitioner member will:

- have an awarding organisation (AO) accredited Level 4 Scalp Micropigmentation qualification
- have completed a Blood Borne Pathogen course, or equivalent
- have a certificate in First Aid
- have a certificate in Basic Life Support
- keep themselves up to date with developments in the field by reading relevant publications and discussions with colleagues
- participate in, and be aware of, audits in the practice where they work

BAHRS STANDARDS FOR SCALP MICROPIGMENTATION PRACTITIONERS

A BAHRS Scalp Micropigmentation Practitioner member will:

- have a valid licence issued by the local authority
- comply with relevant work base regulations including keeping all data in line with current General Data Protection Regulation
- use pigments or inks that are sterile and inert and suitable for use in scalp micropigmentation or scalp tattooing, with access to material safety data sheets. The patient should be given the choice between long-lasting or short-lasting options in order to make an informed decision as to treatment
- use SMP or tattoo machines that are in keeping with their qualification, license and insurance
- use SMP or tattoo machines that are fit for purpose in line with manufacturers guidelines
- use sterile needles with a cartridge system to ensure safe practice with no backflow and record the needle batch number and expiry date on the treatment record
- ensure all product data sheet are available in clinic and understood
- provide treatment in a dedicated treatment room that is fit for purpose including a handwash facility and a non-permeable floor covering
- have a clinical waste contract
- have all electrical equipment PAT certified annually
- ensure that they have the correct insurance to offer treatment. If they are using a micropigmentation device, they are offering SMP and they should be insured accordingly. If they are using a tattoo device, they are offering scalp tattooing, and they should be insured accordingly
- have adequate insurance – this entails malpractice and clinic insurance as well as personal liability
- have Disclosure and Barring Service (DBS) clearance - previously the remit of the Criminal Records Bureau (CRB)
- hold records of their required immunisation including Hepatitis B vaccination
- offer post treatment after care instructions
- provide an out of hours emergency contact telephone number following treatment

APPENDIX (all references cited March 2019)

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