



---

# PROFESSIONAL STANDARDS FOR HAIR TRANSPLANT SURGEONS

---



## *BRITISH ASSOCIATION OF HAIR RESTORATION SURGERY (BAHRS) PROFESSIONAL STANDARDS FOR HAIR TRANSPLANT SURGEONS (JULY 2013)*

---

### INTRODUCTION AND THE STATE OF HAIR TRANSPLANT SURGERY IN THE UK IN 2013

---

The British Association of Hair Restoration Surgeons (now British Association of Hair Restoration Surgery - BAHRS) was founded in 1996. In the original BAHRS Constitution, the first point listed under objectives of the Association was 'To promote the understanding and reputation of hair restoration surgery in the United Kingdom'. Since then, the field of cosmetic surgery has evolved and has seen a significant rise in demand. Furthermore public expectation of transparency in quality of health care has increased. Cosmetic practice remains one of the few areas of medicine and healthcare that is essentially unregulated in England primarily because it sits almost entirely outside of the National Health Service.

Previously published guidance documents on this subject include Expert Group on the Regulation of Cosmetic Surgery: Report to the Chief Medical Officer (Department of Health, 2007)<sup>1</sup>, Provision of Cosmetic Surgery in England (Healthcare Commission, 2007)<sup>2</sup>, Good Medical Practice in Cosmetic Surgery/ Procedures (Independent Healthcare Advisory Service, 2010).<sup>3</sup>

The Royal College of Surgeons of England published the document Professional Standards for Cosmetic Practice<sup>4</sup> written by the Cosmetic Surgical Practice Working Party in January 2013 in response to the 2010 National Confidential Enquiry into Patient Outcome and Death report On the Face of It.<sup>5</sup> It calls for all doctors in the field of cosmetic practice to abide by a number of principles.

The Department of Health's report entitled Review of the Regulation of Cosmetic Interventions<sup>6</sup> was commissioned to review regulation in the cosmetic interventions sector following the Poly Implant Prothèse (PIP) silicone breast implant scandal under the leadership of Professor Sir Bruce Keogh, the NHS Medical Director. It was published in April 2013 and exposed "woeful lapses in product quality, after care and record keeping". It also drew attention to "widespread use of misleading advertising, inappropriate marketing and unsafe practices right across the sector".

The European Standard for Aesthetic Surgery Services is undergoing final draft review in 2013 and the British Standards Institute document Aesthetic Surgery and Aesthetic Non-Surgical Medical Services is also under final review.

It is therefore timely to create an explicit set of professional standards for hair transplant surgery that will support the objectives of the Association and reassure the public that the BAHRS Hair Transplant Surgeons of BAHRS conduct themselves to a standard that is commensurate with the principles laid out in



Professional Standards for Cosmetic Practice and takes account of the concerns raised in the Review of the Regulation of Cosmetic Interventions including the 40 recommendations therein.

The BAHRS Professional Standards for Hair Transplant Surgery will be transparent and available for public viewing. All BAHRS Hair Transplant Surgeons of BAHRS will commit to adhering to these standards by signing the BAHRS Code of Conduct for Hair Transplant Surgeons. Failure to adhere to the BAHRS Professional Standards for Hair Transplant Surgeons would result in expulsion from the Association.

There are a very small number of doctors who perform hair transplant surgery in the UK. Following the introduction of annual appraisal and revalidation for doctors, it is important to have a bespoke set of standards that has been agreed by those who are familiar with the procedure and which is line with national and international best practice. These standards would form part of appraisal portfolios and could be used for reference by appraisers not familiar with the procedure.

The BAHRS Professional Standards for Hair Transplant Surgery draws heavily from the Professional Standards for Cosmetic Practice document as the BAHRS Hair Transplant Surgeons of BAHRS subscribe to the principles laid out in this publication. It will be reviewed following publication of the final versions of the European Standard for Aesthetic Surgery Services and the British Standards Institute document Aesthetic Surgery and Aesthetic Non-Surgical Medical Services.

---

## DEFINITIONS RELEVANT TO BAHRS

---

BAHRS Hair Transplant Surgeons as defined in the Association's Constitution are those members who are performing Hair Transplant Surgery regularly (46 – 52 cases per year). Members who do not perform Hair Transplant Surgery regularly would be eligible for Affiliate Membership but would not have voting rights within the Association.

The Royal College of Surgeons does not have an explicit definition for 'surgery'. BAHRS considers any Hair Transplant (including Follicular Unit Extraction – FUE) to be a surgical procedure.

The Professional Standards for Cosmetic Practice Working Party defined 'cosmetic surgery/practice' and 'aesthetic surgery/practice' as: "Operations and all other invasive medical procedures where the primary aim is the change, the restoration, normalisation or improvement of the appearance, the function and well-being at the request of an individual". This definition can be applied to Hair Transplant Surgery.

The Professional Standards for Cosmetic Practice document categorised cosmetic procedures as:

- **Level 1a: Invasive** Medium–high risk; may require general anaesthetic; may require an overnight stay
- **Level 1b: Invasive** Low–medium risk, usually only requires local anaesthetic, out-patient
- **Level 2: Minimally invasive** Lower risk, usually non-permanent/reversible, day case, local anaesthetic if any

Hair Transplant Surgery would be defined as Level 1b Invasive according to this classification. Hair Transplant Surgery is performed almost exclusively outside the NHS. Therefore, apart from a small number of pro-bono cases, this document assumes that patients will be paying for their surgery.

---

## STANDARDS FOR HAIR TRANSPLANT SURGEONS

---

The Professional Standards for Cosmetic Practice document recommends that the terms 'cosmetic surgeon', 'cosmetic doctor' and 'cosmetic physician' should be avoided as cosmetic medicine and surgery are areas of practice but not recognised specialties. Whilst the same might be suggested for Hair Transplant Surgery, BAHRS endorses the term 'Hair Transplant Surgeon' rather than 'Hair Transplant Doctor' as the Hair Transplant procedure is a surgical procedure and therefore in this sense the doctor performing the procedure is a 'surgeon' even if they are not on the General Medical Council's (GMC) Specialist Register.

The Professional Standards for Cosmetic Practice document recommends that only licensed doctors on the GMC specialist register should perform Level 1 Invasive Surgical Procedures. It does allow for the exception of doctors who were undertaking cosmetic surgery in the Independent Healthcare Sector before 1st April 2002 and who are not on the specialist register, subject to conditions set out in the Care Standards Act 2000.

BAHRS acknowledges that many of its members are not on the GMC's specialist register and were not practicing in the Independent Healthcare Sector before 2002. However the qualifications of BAHRS Hair Transplant Surgeons will be noted on their listing on the BAHRS website.

BAHRS Hair Transplant Surgeons will take note of, and comply with, the GMC's 2013 publication Good Medical Practice<sup>7</sup> and the Royal College of Surgeons of England's 2008 Good Surgical Practice guidance<sup>8</sup>.

BAHRS Hair Transplant Surgeons who work for an organisation will reassure themselves that the Organisation is Care Quality Commission (CQC) registered and approved. BAHRS Hair Transplant Surgeons who run their own organisations will comply with CQC regulations.

BAHRS Hair Transplant Surgeons will ensure that they comply with the GMC requirements for Appraisal and Revalidation. BAHRS Hair Transplant Surgeons who practice entirely in the Independent Health Sector will be able to obtain Responsible Officer services through designated organisations such as the Independent Doctors' Federation, or the Federation of Independent Practitioner Organisation's consultant appraisal services, based on the GMC's Good Medical Practice framework for appraisal and revalidation. BAHRS Hair Transplant Surgeons who are employed by the NHS will be appraised within the NHS structure.

The annual appraisal should cover the whole of a doctor's practice. It is the doctor's responsibility to ensure that his or her supporting information reflects the entirety of the practice, including any cosmetic work. It is not yet clear how revalidation will be noted on the specialist register but it may be that the field of current practice will be indicated. It may be possible to describe sub-specialty/extra-specialty practice such as cosmetic surgery.

BAHRS Hair Transplant Surgeons who work for an organisation will reassure themselves that the Organisation has processes in place for dealing with concerns and complaints raised by patients. Self-employed BAHRS Hair Transplant Surgeons should have processes in place for dealing with concerns and complaints raised by patients.



BAHRS Hair Transplant Surgeons should ensure that they audit their Hair Transplant practice.

BAHRS Hair Transplant Surgeons will ensure that they have indemnity insurance that is adequate for the Hair Transplant procedures that they undertake.

---

## STANDARDS FOR HAIR TRANSPLANT SURGICAL ASSISTANTS

---

Whilst the Professional Standards for Cosmetic Practice document recommends that “only licensed doctors, registered dentists and registered nurses should provide any cosmetic treatments (including laser treatments and injectable cosmetic treatments)”, BAHRS and the International Society for Hair Transplant Surgery (ISHRS) acknowledge that Hair Transplant procedures, and in particular Follicular Unit Grafting by the strip method, require a team of surgical assistants who do not need to hold one of these qualifications. All BAHRS Hair Transplant Surgeons acknowledge that the Hair Transplant Surgical Assistants who work with them are under their supervision and that the BAHRS Hair Transplant Surgeon is responsible to the patient for ensuring that the quality of care, skill and expertise of the Surgical Assistant is at a level that complies with the British Association of Hair Restoration (BAHRS) Professional Standards for Hair Transplant Surgical Assistants.

A BAHRS Hair Transplant Surgeon will not allow a Hair Transplant Surgical Assistant to make Follicular Unit Extraction (FUE) incisions but they will allow Hair Transplant Surgical Assistants to extract FUE grafts under their supervision.

At no point would a BAHRS Hair Transplant Surgeon allow a Hair Transplant Surgical Assistant to function independently or make decisions regarding a patient’s care without the knowledge of the BAHRS Hair Transplant Surgeon.

All BAHRS Hair Transplant Surgeons who employ or work with Surgical Assistants will ensure that they have the same level of occupational health clearance that would be required if they were working in the NHS or a private hospital facility.

All BAHRS Hair Transplant Surgeons who employ or work with Surgical Assistants will ensure that they have the appropriate Disclosure and Barring Service (DBS) clearance - previously the remit of the Criminal Records Bureau (CRB)

---

## QUALIFICATIONS, TRAINING EXPERIENCE AND CPD

---

BAHRS Hair Transplant Surgeons will be registered by the GMC and should take note of all relevant GMC Guidance.

BAHRS Hair Transplant Surgeons will make their professional qualifications clear to patients.

BAHRS Hair Transplant Surgeons will attend at least one ISHRS Annual meeting every 5 years.

BAHRS Hair Transplant Surgeons will attend at least one ISHRS sponsored surgical workshop every 5 years.

BAHRS Hair Transplant Surgeons should try to accrue 50 Continuing Professional Development Credits (CPD) each year – equivalent to 50 hours. The CPD should be balanced between Hair Transplant specific learning and other learning relevant to their Hair Transplant practice.

BAHRS Hair Transplant Surgeons will have completed life skills training in compliance with the UK Resuscitation Council guidelines.

---

## PROCESS OF PATIENT CARE

---

### Consultation

The Hair Transplant Surgeon should have a pre-procedure consultation/discussion with the patients which should include an in-depth discussion regarding the Hair Transplant procedure. This should be a two-way conversation, with the doctor listening to and modifying the patient's existing understanding of the procedure. This process allows unrealistic expectations to be discussed. BAHRS Hair Transplant Surgeons should discuss and document:

- The patient's fitness to undergo the proposed Hair Transplant procedure (Practitioners should not agree to carry out a procedure if they believe that there is a significant risk that it would have a detrimental effect on the patient's health, even if the patient argues that he or she understands and accepts the risk)
- The patient's reasons for seeking the Hair Transplant procedure
- An unambiguous, objective description of what the patient is trying to change, eg use of terms such as 'thicker' or 'denser' rather than 'nicer' or 'better'
- The patient's understanding of the Hair Transplant procedure
- The patient's expectations of outcome, including the anticipated impact on his or her day-to-day life
- History of previous cosmetic procedures and their outcome, particularly the patient's satisfaction with the previous surgery
- History and nature of body image and appearance concerns, including impacts on psychological well-being (eg, anxiety, depression, social anxiety), social and/or occupational functioning and relevant psychiatric history, such as eating disorders and signs or symptoms suggestive of body dysmorphic disorder

- Recent significant life events.

Any guidance documents should use either accurate diagrams or real patient photographs and not models. Software should not be employed to modify or enhance the image to make it misleading.

**By the end of the conversation the patient should clearly be able to describe:**

- What is involved in the procedure and recovery
- What likely outcome might be expected and the extent to which this meets his or her expectations
- The risks and what complications might occur in the short and longer term and how these will be managed and paid for
- The option of doing nothing
- Alternative options and their implications.

**There should then be:**

- More thorough psychological or psychiatric assessment should concerns be raised in pre-procedure discussions
- A cooling-off period (Note: Level 1 procedures must not be done on the same day as the initial consultation and there should be a cooling-off period of at least two weeks)
- The patient's right to change his/her mind right up to the point of the procedure being started.

**Consent**

- Before the procedure is undertaken a standard consent form should be completed in writing
- Although it is important to provide written information this is no substitute for a full and comprehensive discussion about the procedure. This consent should be taken by the practitioner who will perform the procedure as is normal for other forms of surgery
- BAHRS Hair Transplant Surgeons will comply with the GMC Guidance Consent: patients and doctors making decisions together, 2008<sup>9</sup>.

**Fees and Financial Issues**

Patients should be informed about the full financial implications of the procedure that they are requesting. Fees should be transparent and set out in advance. It should be made clear what follow- up care might be required and how and when this will need to be paid for.

Many forms of hair loss are on-going. This should be clearly explained to the patient so that the financial implications of repeat Hair Transplant procedures are understood.

Sometimes procedures will not go as planned and revisional procedures or emergency care might be required. It should be absolutely clear, in advance, whose responsibility it would be to pay for this additional care; equally, it should also be made clear that the NHS will not intervene to correct privately provided cosmetic procedures even when the outcome is poor.

BAHRS Hair Transplant Surgeons, and/or the Organisations for which they work, must not seek to hasten a patient's decision to undergo a procedure by the use of financial inducements, eg time-limited special offers or discounts. There should be no requirement for a deposit to be paid for any treatment until the patient has been examined and counselled. This is to avoid undue pressure being put upon the patient until he or she has had an opportunity to discuss fully his or her cosmetic problem with a person competent to do the operation or procedure.

### **Record Keeping**

BAHRS Hair Transplant Surgeons are responsible for ensuring the quality of record keeping and the methods by which the records are stored and disposed.

The Academy of Medical Royal Colleges had agreed standards for medical note keeping which should be followed (A Clinician's Guide to Record Standards – Part 2: Standards for the structure and content of medical records and communications when patients are admitted to hospital.)<sup>10</sup>

Medical records must be kept confidential and held securely whether in paper or electronic format. Independent sector organisations, or individuals where relevant, should meet as a minimum the standards of the NHS (Records management: NHS code of practice) and the requirements of the Data Protection Act 1998.<sup>11</sup>

### **Relationship with the Patient's General Practitioner**

BAHRS Hair Transplant Surgeons should ask patients if they have discussed their intention to undergo a Hair Transplant procedure with their General Practitioner. If the patient has not done so the practitioner should advise him or her to do this before proceeding with the treatment. Following Hair Transplant Surgery the practitioner should write to the patient's GP detailing the procedure. Consent should be obtained from the patient before his or her GP is informed. The patient has the right to refuse to discuss the procedure with the GP or to give permission for the GP to be informed. The Hair Transplant Surgeon should respect the patient's decision but it should be recorded in the patient's medical records.

### **Aftercare**

Following a Hair Transplant procedure the BAHRS Hair Transplant Surgeon should ensure the patient is fit to go home. Instructions for aftercare should be given to the patient and arrangements should be made for follow up. A telephone contact should be given to the patient for enquiries including for out of hours contact telephone number in case of an emergency.



---

## ORGANISATIONAL SUPPORT FOR BAHRS PROFESSIONAL STANDARDS FOR HAIR TRANSPLANT SURGEONS

---

All Organisations where Hair Transplants are performed will be CQC registered and approved.

All Organisations which employ BAHRS Hair Transplant Surgeons will support them in the GMC requirements for Appraisal and Revalidation. Self-employed BAHRS Hair Transplant Surgeons will ensure that they comply with the GMC requirements for Appraisal and Revalidation.

All Organisations which employ BAHRS Hair Transplant Surgeons will support for them complying with the requirements of the BAHRS Professional Standards for Hair Transplant Surgeons.

All Organisations which employ BAHRS Hair Transplant Surgeons should have processes in place for dealing with concerns and complaints raised by patients. Self-employed BAHRS Hair Transplant Surgeons should have processes in place for dealing with concerns and complaints raised by patients.

All Organisations which employ BAHRS Hair Transplant Surgeons should facilitate audit of the Hair Transplant practice performed there.

Self-employed BAHRS Hair Transplant Surgeons should ensure audit of their Hair Transplant practice.

---

## ADVERTISING

---

Over the years, the Advertising Standards Authority (ASA) has upheld several complaints against marketers who have exaggerated the qualifications of the doctors working at their cosmetic surgery clinics. In October 1997, Committee of Advertising Practice issued a Help Note on Cosmetic Surgery<sup>22</sup>, which offered guidance on that and on claims relating to the surgery and to the clinics that carry out the procedures. This has been revised a number of times, the last being February 2011.

BAHRS Hair Transplant Surgeons will adhere to the following principles covered by the Help Note:

- BAHRS Hair Transplant Surgeons who claim they are 'qualified', 'highly qualified' or 'fully qualified' in Hair Transplant Surgery should be able to support this with a qualification such as that provided by the American Board of Hair Restoration Surgery, or another qualification recognised by BAHRS and the ISHRS.
- BAHRS Hair Transplant Surgeons claiming to be 'experienced' or 'highly experienced' should be able to show that they have practiced Hair Transplant Surgery for at least 6 years (the minimum NHS requirement for completion of specialist training) as expected by the Advertising Standards Association.

- BAHRS Hair Transplant Surgeons who claim to be a 'specialist' or 'specialising in' Hair Transplant Surgery should have this as their main area of expertise
- BAHRS Hair Transplant Surgeons looking to prove claims such as 'leading Hair Transplant Surgeon' or 'foremost Hair Transplant Surgeon' would need to show that their achievements and experience put them at or near the top of their specialty. This would also apply to organisations making claims about BAHRS Hair Transplant Surgeons who work within that organisation.
- BAHRS Hair Transplant Surgeons who call themselves 'Consultants' should have held an NHS Consultant post (not a locum position) or the equivalent in the specialty to which the communication refers.
- BAHRS Hair Transplant Surgeons should ensure that marketers of clinics where they work should hold evidence to demonstrate the pre-eminence of their clinic (not just a few of their surgeons) before claiming they are a 'leading' clinic and should avoid implying that all their surgeons are of a particular standard if they are not.

---

## APPENDIX (all references cited July 2013)

---

- 1) Expert Group on the Regulation of Cosmetic Surgery: Report to the Chief Medical Officer - Department of Health, 2007  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4102046](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4102046)
- 2) Provision of Cosmetic Surgery in England – London Healthcare Commission, 2007
- 3) Good Medical Practice in Cosmetic Surgery/Procedures - Independent Healthcare Advisory Service, 2010  
[http://www.independenthealthcare.org.uk/doc\\_download/195-ihas-code-of-practice-good-medical-practice-in-cosmetic-surgery-2010](http://www.independenthealthcare.org.uk/doc_download/195-ihas-code-of-practice-good-medical-practice-in-cosmetic-surgery-2010)
- 4) Professional Standards for Cosmetic Practice – Royal College of Surgeons, 2013  
<http://www.rcseng.ac.uk/publications/docs/professional-standards-for-cosmetic-practice>
- 5) On the Face of It - National Confidential Enquiry into Patient Outcome and Death Report, 2010  
<http://www.ncepod.org.uk/2010cs.html>
- 6) Review of the Regulation of Cosmetic Interventions – Department of Health Keogh Report, 2013  
<http://www.gov.uk/government/publications/review-of-the-regulation-of-cosmetic-interventions>
- 7) Good Medical Practice – General Medical Council, 2013  
[http://www.gmc-uk.org/guidance/good\\_medical\\_practice.asp](http://www.gmc-uk.org/guidance/good_medical_practice.asp)
- 8) Good Surgical Practice - Royal College of Surgeons of England, 2008  
<http://www.rcseng.ac.uk/publications/docs/good-surgical-practice-1>
- 9) Consent: patients and doctors making decisions together - GMC Guidance, 2008  
[http://www.gmc-uk.org/guidance/consent\\_guidance\\_index.asp](http://www.gmc-uk.org/guidance/consent_guidance_index.asp)
- 10) A Clinician's Guide to Record Standards – Part 2: Standards for the structure and content of medical records and communications when patients are admitted to hospital) - The Academy of Medical Royal Colleges, 2008  
<http://www.rcplondon.ac.uk/resources/clinician%E2%80%99s-guide-record-standards-%E2%80%93-part-2-standards-structure-and-content-medical-record>
- 11) Records management: NHS code of practice – Department of Health, 2009  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4131747](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4131747)
- 12) Help Note on Cosmetic Surgery – Advertising Standards Authority Committee of Advertising Practice, 2011  
<http://www.cap.org.uk/Advice-Training-on-the-rules/Advice-Online-Database/Cosmetic-surgery.aspx>