

Save Face

Standards for Accreditation

Contents

Introduction	Page(s) 3
Accreditation Process	Page(s) 4
Assessment Methods	Page(s) 5-6

Section A Practitioners - Standards A1 - A11

• Standard A1 Practitioners	Page(s) 8
• Standard A2 Competency	Page(s) 9
• Standard A3 Insurance	Page(s) 10
• Standard A4 Confidentiality	Page(s) 10
• Standard A5 Record Keeping	Page(s) 11
• Standard A6 Informed Consent	Page(s) 12 - 13
• Standard A7 Medicines management	Page(s) 14-15
• Standard A8 Infection Control	Page(s) 16
• Standard A9 Adverse Events	Page(s) 17
• Standard A10 Quality Assurance & Audit	Page(s) 18
• Standard A11 Team Working	Page(s) 19

Section B Facilities - Standards B1 - B5

• Standard B1 Patient & Practitioner Safety	Page(s) 21
• Standard B2 Infection Control	Page(s) 22
• Standard B3 Security	Page(s) 23
• Standard B4 Lighting	Page(s) 24
• Standard B5 Privacy	Page(s) 24

Section C Business Management - Standard C1 - C5

• Standard C1 Clinic Terms & Conditions	Page(s) 26
• Standard C2 Ethical Practice	Page(s) 26
• Standard C3 Marketing & Communications	Page(s) 27
• Standard C4 Complaints	Page(s) 28
• Standard C5 Patient Information	Page(s) 29

Introduction

Practitioners who perform non-surgical cosmetic interventions and the premises from which they operate will be assessed against a rigorous set of standards that measure the performance and suitability required to achieve Save Face Accreditation.

The standards will help to drive continuous improvement in the quality of services provided and the suitability of the environments in which the treatments take place, to safeguard the public from un-due risk and harm.

The Save Face Standards reference Legislation, Regulation, Professional Standards and best practice standards. Public and practitioner safety and good customer care underpin each of them.

Only regulated health care professionals may apply for accreditation. Though our Standards reflect our accreditation process (Those Standards we can verify either by documentary evidence submitted, or with site inspection and practitioner/staff interviews), the expectation that registrants will maintain the standards required by their regulatory bodies is explicit and Save Face will hold registrants accountable to these standards in addition to The Save Face Standards included in this document.

Our register signposts risk averse consumers to professional, safe and ethical non- surgical cosmetic treatment providers. Applicants for accreditation should see the standards and process as a means to verify their practice does indeed meet best practice standards, or as a tool to support them to identify and manage risks in order to meet the Standards.

We provide useful resources to minimize any additional administrative burden, in the form of template policies and procedure protocols, patient information, consent forms, guidance documents and references to signpost background and promote knowledge.

The process is designed to be constructive and supportive. Applicants are assigned a dedicated support agent to provide assistance and guidance.

Accreditation Process

Accreditation will be applicable to both practitioners and premises.

Accreditation will be a voluntary and cyclical process. Accreditation provides independent validation that a practitioners and the environment meets the standards and is considered to be fit for purpose.

Accreditation is not an end point. It drives continuous improvement through on-going assessment against standards to identify improvement areas and take remedial actions.

All applicants will need to complete the following two stage process to become accredited.

Stage 1 - Pre-qualification Process

All applicants seeking accreditation or re-accreditation will have to attest to meeting eligibility criteria for accreditation, providing factual evidence and documentation in relation to qualification, training, indemnification and clinical and safety protocols. The evidence will be submitted online and will be assessed to determine the readiness of the practitioner/ premises operator an on-site assessment visit.

[A checklist of what is required at stage 1 can be accessed here.](#)

Stage 2 - On-site Assessment

External assessments will be undertaken by a Save Face assessor, we use non-aesthetic Registered Nurses to visit each practitioner and premises to verify the practice and application of the standards.

The assessment will comprise of a site inspection and an interview with the practitioner. The site inspection will ensure that the premises is compliant with all relevant regulatory and legislative requirements and that all relevant policies, procedure and risk assessments are appropriately and effectively implemented. The interview will not be an assessment of clinical expertise, but of the entire consumer experience, assessing the application of a wide range of processes, policies and procedure, including but not limited to; consultation and consent processes, medicines management, medical records management and aftercare.

[A checklist of what is reassessed at stage 2 can be accessed here.](#)

Method of Assessment

To ensure a thorough and fair assessment of applicants against the Save Face Standards is achieved, there will be four key methods of evaluation which will be used to assess whether a practitioner/ premises operators meets the minimum requirements for accreditation. There are four key methods of evaluation, each standard will be marked with the relevant process for evaluation and assessment.

The method of assessment for the standards set out in this document have been colour coded as illustrated below to demonstrate which assessment method will be utilized for each standard and at which part of the process it will be checked.

Stage 1 - Pre-qualification Process



All applicants seeking accreditation or re-accreditation will have to attest to meeting eligibility criteria for accreditation, providing factual evidence and documentation in relation to qualification, training, indemnification and clinical practice. All of the information that is required at this stage in the process is clearly identified underneath each standard. The evidence will be submitted online and will be assessed to determine the readiness of the practitioner/ premises operator for an on-site assessment visit.

Stage 2 - Information that On-site Assessment



External assessments will be undertaken by a Save Face assessor, we use non-aesthetic Nurses to visit each location to inspect the premises and interview the practitioner in order to verify the practice and application of the standards. Everything that will be assessed during the on-site assessment is clearly set out underneath each standard.

We support you to Meet the Standards by Providing Free Template Documents



Save Face provide useful resources to minimize any additional administrative burden, in the form of template policies and procedure protocols, patient information, consent forms, guidance documents and references to signpost background and promote knowledge.

Additional & Ongoing Methods of Assessment

Self Assessment

Applicants will be required to self-assess their services and performance against the applicable standards, by proceeding with the accreditation process they are undertaking that they meet the applicable minimum requirements and will conduct all relevant activity in strict accordance with the Save Face standards.

Customer satisfaction surveys

Customer satisfaction surveys measure the degree to which customer expectations of a service are met or exceeded. Customer feedback will be used to measure the standards that are most likely to impact on the customer experience. All feedback will be documented and monitored throughout the period of accreditation and will be used as a valuable tool for quality improvement for re-accreditation assessments.



Section A

Practitioners

Standards A1 - A11

Standard A1 Practitioners

Standard A1 Practitioners	
A1.1	The practitioner providing treatment and care holds current registration with and is accountable to a statutory body that recognizes Aesthetic medicine as within scope of practice.
A1.2	The practitioner practices in accordance with the professional conduct and standards required by their statutory body.
A1.3	<p>Any sanctions or complaints published by either the Statutory Registers, The CQC or The ASA will be signposted on the practitioner's profile if current (within 6 months of accreditation). The reference will be removed when the sanction is lifted or no longer applies.</p> <ul style="list-style-type: none"> Doctors General Medical Council (GMC) <u>Good Medical Practice</u> Nurses The Nursing and Midwifery Council (NMC) <u>The Code</u> Dentists The General Dental Council (GDC) <u>Standards for The Dental Team 2013</u> Prescribing Pharmacists <u>Standards</u> <p>Further, Save Face recognizes and holds all registrants accountable to the</p> <p><u>GMC Guidance for Doctors Who Offer Cosmetic Interventions</u></p> <p><i>Where Save Face has directly referenced GMC guidance, this is indicated by the number of the GMC standard in bold in brackets following the (Save Face) standard.</i></p>
A1.4	Employers maintain systems to verify registration with the appropriate statutory register, including that of outsourced or temporary practitioners.
A1.5	Where a company employs practitioners who are not registered healthcare professionals, their title should reflect this. Titles for these employees should not include the word, 'medical', and should be as transparent as possible.
A1.6	Information on the qualifications (nurse, doctor, dentist, prescribing pharmacist) of the practitioner, including their full name as it appears on the statutory register, should be published on the business website where one exists, and/ or available in the clinic literature. Published information must be factual and honest. The title, 'Dr.' may only be used by those who are registered with The GMC and by Dentists with post nominals BDS included.

Accreditation Assessment Method For Standard A1

Stage 1 Pre- Qualification	Statutory Register PIN is checked and verified to ensure it is current and no sanctions
	Website meets Standard A1.3 and A1.4
	Practitioner signs statement to confirm adherence to professional standards as defined by
Stage 2 Site Visit	Employers are able to evidence valid registration of healthcare professionals
	Where name badges are worn (this is encouraged), they should reflect the qualification of the staff member as per Standards A1.4 and A1.5

Save Face Dashboard Resources Available to Support Standard A1

[CAP Code](#)

[GMC Guidance for Doctors Who Offer Cosmetic Interventions](#)

Standard A2 Competency

Standard A2 Competency	
A2.1	A practitioner must recognize and work within the limits of their competence and refer a patient to another practitioner where they cannot safely meet their needs. (1)
A2.2	Keeps knowledge and skills up to date.
A2.3	The practitioner must evidence treatment specific training in all the procedures they undertake.
A2.4	The practitioner must evidence a minimum of 15 hours learning activities relevant to their non-surgical cosmetic practice annually; which must include a mandatory basic life support update. (3)
A2.5	The practitioner must evidence a minimum of 150 hours' clinical practice per year, directly related to non-surgical cosmetic procedures. New registrants unable to evidence hours will be mentored and
A2.6	Non- prescribing practitioners must evidence protocols for appropriate supervision and delegation in accordance with The Medicines Act 1968 and Standards required by their statutory body.
A2.7	The practitioner must submit verifiable feedback from a minimum of five patients.
A2.8	The Practitioner must publish and promote means for patients to provide independently verifiable feedback.
A2.9	The practitioner must evidence compliance with their statutory bodies requirements for revalidation and have related it to the practice of aesthetic medicine.
A2.10	The practitioner must evidence written procedure protocols for each of the procedures they undertake.
A2.11	The practitioner must keep up to date with the law and clinical and ethical guidelines that apply to their work and must follow the law, our guidance and other regulations relevant to their work. (4)

Accreditation Assessment Method For Standard A2

Stage 1 Pre- Qualification	Provide certificates of training for each of the procedures offered
	Provide evidence of verifiable CPD activities in the last 12 months
	Provide evidence of BLS training update in the last 12 months
	Provide evidence of 150 hours' practice in aesthetic medicine in the last 12 months. New registrants unable to evidence hours will be mentored and should aim to achieve this standard within 3 years.
	Provide verifiable feedback from a minimum of five patients
	Non- prescribing nurses must provide protocol and name and registration number of prescriber
Stage 2 Stage 2 Site Visit	Have a hard copy file of procedure protocols
	Procedure Log Book
	Demonstrate how you solicit feedback from patients

Save Face Dashboard Resources Available to Support Standard A2

Online portfolio to store all submitted documents for appraisal and revalidation
Online BLS update £17.99 Pro-Training using Save Face discount code (50%)
Direct link to your profile for easy feedback submission by your patients
QR code for patient feedback
Providing feedback is submitted to a site which verifies, Save Face will republish.
Template procedure protocols

Standard A3 Insurance

Standard A3 Insurance

A3.1	The practitioner must evidence current and valid medical malpractice and public liability insurance for all the procedures they provide.
-------------	--

Accreditation Assessment Method For Standard A3

Stage 1 Pre- Qualification	Provide certificates of medical malpractice and public liability insurance valid for all procedures provided
---	--

Save Face Dashboard Resources Available to Support Standard A3

Automated electronic reminder when renewal is due.

Insurance certificate is stored in online portfolio

Standard A4 Confidentiality

Standard A4 Confidentiality

A4.1	The practitioner must evidence a written confidentiality policy and demonstrate compliance.
A4.2	The practitioner/clinic must ensure that all staff understand their responsibilities to protect client confidentiality in compliance with The Data Protection Act 1998, and The Human Rights Act 2005.
A4.3	The practitioner/ clinic must ensure that paper records, wherever held or transported, are stored securely.
A4.4	Many improper disclosures are unintentional. You should not share identifiable information about patients where you can be overheard, for example in a public place or in an internet chat forum. You should not share passwords or leave patients' records, either on paper or on screen (13) * see also Standards B3.2 and C5.

Accreditation Assessment Method For Standard A4

Stage 1 Pre- Qualification	Evidence of registration with The Information Commissioners Office
Stage 2 Site Visit	Have a hard copy file of Confidentiality Policy
	Inspection will confirm secure storage of medical records
	Inspection will confirm staff understanding of and compliance with confidentiality policy
	Inspection will confirm all electronic devices where confidential records or data are held, are compliant with Data Protection Act.

Save Face Dashboard Resources Available to Support Standard A4

Template Confidentiality Policy

References for self-directed learning

Standard A5 Record Keeping

Standard A5 Record Keeping	
A5.1	Practitioners must evidence that clinical records are maintained which meet legal regulatory and professional standards
A5.2	Practitioners must evidence a written policy for record keeping and compliance with the policy.
A5.3	The policy document on Record Keeping must be reviewed and signed annually.
A5.4	Practices must keep log books for: <ul style="list-style-type: none"> • Adverse Events • Complaints • Procedures • Fridge Temperature Monitoring

Accreditation Assessment Method For Standard A5	
Stage 1 Pre- Qualification	Have a Record Keeping Policy
Stage 2 Site Visit	Provide inspector with samples of patient documents used (history form, Treatment Record, Consent)
	Have a hard copy file of Record Keeping Policy
	Inspector will see log books

Save Face Dashboard Resources Available to Support Standard A5

Template Record Keeping Policy
Log Book Templates

Standard A6 Informed Consent

Standard A6 Informed Consent	
A6.1	A practitioner/Clinic must have a documented policy or procedure for obtaining consent and consulting with clients and prospective clients
A6.2	Practitioners must identify and understand the patient's needs and expectations based on a face to face consultation.
A6.3	The consent procedure is conducted by the treating clinician
A6.4	<p>Practitioners must provide patients with quality information from the outset, verbally and in writing. The information must be;</p> <ul style="list-style-type: none"> • Clear • In user friendly language. Where medical terms are used, an explanation must be included. • Factually correct • Honest • Without bias.
A6.5	<p>Information provided on treatments proposed must include;</p> <ul style="list-style-type: none"> • An explanation of the product or medicine- how it works and brand name. • Where a medicine or device is being used off label, the patient must be informed and advised of the implications regarding liability and accountability • Indications for treatment • Expected outcomes • An explanation of the treatment process; before, during and after care • Risks and side effects • How long results will last • Maintenance • Pain management • Alternative treatment options • Material information • Follow up • Costs
A6.6	The consent process must be conducted face to face by the clinician, on an individual basis with appropriate privacy.
A6.7	Patients must be given sufficient time to reflect before a decision to consent is made
A6.8	Practitioners must work with each of the patients in their care to ensure the patients expectations of outcomes can be achieved for them and are realistic.
A6.9	Practitioners must consider the psychological needs of their patients and the risks versus the benefits of treatment for the individual.
A6.10	Practitioners should not treat patients under the age of 18 except in exceptional circumstances where the benefits clearly outweigh the risks. If a young person has capacity to decide whether to undergo an intervention, you should still encourage them to involve their parents in making their decision. Refer to experts in treating children and young adults when possible. (33)

Standard A6 Informed Consent

Accreditation Assessment Method For Standard A6	
Stage 1 Pre- Qualification	Consent to Treatment Policy
	Treatment Specific Consent Forms
Stage 2 Site Visit	Have a hard copy file of Consent Policy
	Written Treatment Information sheets/brochures for inspector to read
	Provide written consent forms for inspector to read
	Interview with Inspector to go through consent process

Save Face Dashboard Resources Available to Support Standard A6

Template Consent Policy
Template Consent Forms
Template Treatment Information sheets
Consent Guidance Document
Online certificated CPD activity (14 points)
References for self-directed learning

Standard A7 Medicines Management

Standard A7 Medicines Management	
A7.1	There must be a written policy in place to ensure compliance with legislation and professional standards for storing, prescribing, administration, record keeping and disposing of medicines and devices.
A7.2	Practitioners/clinics must evidence supply from an appropriately licensed pharmacy or wholesaler.
A7.3	Practitioners must demonstrate compliance with the written policy for medicines management.
A7.4	Practitioners prescribe drugs or treatment, including repeat prescriptions, only when they have adequate knowledge of the patient's health and are satisfied that the drugs or treatment serve the patient's needs
A7.4a	Nurses who are not registered independent prescribers must evidence patient specific directions to administer, signed by the prescriber.
A7.4b	Nurses who are not registered independent prescribers must evidence compliance with a written policy for administration. The policy must provide details of the prescriber including name, registration number and evidence of their training in the treatment prescribed.
A7.5	Practitioners must carry out a physical examination of patients before prescribing injectable cosmetic medicines and must not therefore prescribe these medicines by telephone, video link, online or at the request of others for patients you have not examined. (11)
A7.6	Practitioners must maintain a procedure log (Standard A5.4) which should record medicines/devices lot number in a way that allows identification of patients who have been treated with a particular device or medicine in the event of product safety concerns or regulatory enquiries. (40)
A7.7	Practitioner must only use licensed, approved and recognized products that have been legitimately sourced via product manufacturers and licensed pharmaceutical suppliers.
A7.8	When using medicines or devices other than for their licensed indications or use as per manufacturer directions, the patient must be informed as per standards for consent.
A7.9	Practitioners must seek and act on evidence about the effectiveness of the interventions they offer and use this to improve their performance. (12)
A7.10	Practitioners must provide interventions based on the best available up-to-date evidence about effectiveness, side effects and other risks. (12) See also; Standards A5.1, A5.4, A9.1, A11, B3.2, C3

Standard A7 Medicines Management

Accreditation Assessment Method For Standard A7	
Stage 1 Pre- Qualification	Provide delivery note/s to evidence legitimate supply
	*Non- Prescribing Nurses provide statement from Prescriber to confirm compliance with Standard
	Medicines Management Policy
	Medicines Management Procedure Protocols
Stage 2 Site Visit	Have a hard copy file of Medicines Management Policy
	Hard copies of procedure protocols
	*Policy for non- prescribing nurses
	* Prescriptions/directions to administer signed by prescriber
	Procedure Log Book
	Inspection of devices and medicines stored; CE mark, brand, expiry date
	Storage complaint with policy
	Disposal compliant with policy
	Discussion to confirm knowledge of appropriate reporting responsibilities and pathways

Save Face Dashboard Resources Available to Support Standard A7
Template Medicines Management Policy
Template Procedure Log
Template Fridge Temperature Log
Template Procedure Protocols
*Template policy for non-prescribing nurses
Reference List for self-directed learning

*Applies to Non- prescribing nurses only

Standard A8 Infection Control

Standard A8 Infection Control

A8.1	Practitioner/Clinic must have a written infection control policy
A8.2	The Practitioner/Clinic(s) must demonstrate and evidence appropriate infection control measures

Accreditation Assessment Method For Standard A8

Stage 1 Pre- Qualification	Infection Control Policy & documented procedure & protocols
Stage 2 Site Visit	Have a hard copy file of procedure protocols
	Environment must be clean and hygienic
	Environment must be tidy
	Treatment room must have appropriate clinical work surfaces
	Handwashing Facilities must be within 10 paces of treatment area
	Alcohol hand gel
	Disposable towels
	Disposable couch roll
	Appropriate cleansing and disinfecting products for skin and hard surfaces
	Sharps Bins and disposal arrangements compliant with legislation and policy
	Appropriate waste bins and disposal arrangements
	Latex Free Examination Gloves
	Personal protective equipment such as laser eye-ware, face masks etc.- as appropriate

Save Face Dashboard Resources Available to Support Standard A8

Template Infection Control Policy
Template Procedure Protocols
Reference List for self-directed learning

Standard A9 Adverse Events

Standard A9 Adverse Events	
A9.1	A Practitioner/Clinic must ensure that emergency first aid treatment is always immediately available for anaphylactic reactions whenever a treatment is being administered
A9.2	All practitioners must be appropriately trained and regularly update their skills in basic life support and the treatment of anaphylaxis in line with the latest Resuscitation Council Guidelines.
A9.3	Practitioners must provide evidence of training and protocols for BLS and anaphylaxis and protocols for pending necrosis
A9.4	All practitioners/premises must have written procedure protocols for identifying and managing potentially serious or life threatening conditions
A9.5	Practitioners/clinics must report product/medicines safety concerns to; the relevant regulator, the manufacturer, the insurer and if relevant the patient's GP.
A9.6	Practitioners must support patients to report adverse events involving medicines or medical devices to The MHRA. (47)
A9.7	Practitioners must be open and honest with patients when things go wrong and the patient suffers or may suffer harm or distress as a result. (10)
A9.8	A9.8 Practitioners must provide out of hours contact details for use in an emergency and provide appropriate follow up care.

Accreditation Assessment Method For Standard A9	
Stage 1 Pre- Qualification	Policy, procedure & protocols for managing adverse events and medical emergencies
	Evidence of BLS Training update in last 12 months
Stage 2 Site Visit	Written Policy for Managing Medical Emergencies
	Have a hard copy file of procedure protocols
	Have a hard copy of Resuscitation Council Guidelines
	Inspection of emergency kit to confirm standards are met

Save Face Dashboard Resources Available to Support Standard A9

Template Policy
Guidance on emergency kit contents
Aesthetic Complications Expert Group Guidelines: <ul style="list-style-type: none"> • Anaphylaxis • Pending necrosis • Ptosis • Herpes Simplex • Acute Infection • Delayed Onset Nodules • Blindness • Sharps Injury • Bruising • Blindness • Swelling
Expert advice and support from ACE Group members
Reference List for self-directed learning

Standard A10 Quality Assurance and Audit

Standard A10 Quality Assurance and Audit	
A10.1	<p>A10.1 Practitioners/clinics must take part in systems of quality assurance and quality improvement to promote patient safety. This includes:</p> <ol style="list-style-type: none"> taking part in regular reviews and audits of their own work and that of their team, responding constructively to the outcomes, taking steps to address any problems and carrying out further training where necessary regularly reflecting on their standards of practice and the care they provide (22)
A10.2	Practitioners must maintain a procedure log which includes notes on patient outcomes to provide an annual report and audit.
A10.3	<p>Practitioners must seek and act on feedback from patients. (5)</p> <ol style="list-style-type: none"> Signpost to The Save Face website to provide and record verifiable feedback Address negative feedback constructively and proactively. Use patient feedback and feedback from colleagues to inform practice and improve the quality of service and care you provide (5)

Accreditation Assessment Method For Standard A10	
Stage 1 Pre- Qualification	Provide verifiable feedback from a minimum of five patients
Stage 2 Site Visit	Provide evidence of how feedback is encouraged, facilitated and routinely solicited
	Provide procedure log book or electronic report for inspection
	Discussion of cases that illustrate how feedback has informed or improved practice.
	Provide complaints log book
	See also Standard C4

Save Face Dashboard Resources Available to Support Standard A10	
Direct link to your profile for easy feedback submission by your patients	
QR code for patient feedback	
Template Complaints Log under development*	
Reference list for self-directed learning	

Standard A11 Team Working

Standard A11 Team Working	
A11.1	Practitioners must work effectively with healthcare professionals and others involved in providing care. Practitioners must respect the skills of colleagues within multidisciplinary teams and support
A11.2	Recognize and work within the limits of their competence, seeking advice when necessary
A11.3	Practitioners must consider whether it is necessary to consult the patient's GP to inform the discussion about benefits and risks. If so, they must seek the patient's permission and, if they refuse, discuss their reasons for doing so and encourage them to allow you to contact their GP. If the patient is determined not to involve their GP, practitioners must record this in their notes and consider how this affects the balance of risk and benefit and whether they should go ahead with the intervention. (27)
A11.4	Practitioners should give patients written information that explains the intervention they have received in enough detail to enable another (practitioner) to take over the patient's care. This should include relevant information about the medicines or devices used. You should also send this information, with the patient's consent, to their GP, and any other doctors treating them, if it is likely to affect their future healthcare. If the patient objects to the information being sent to their doctor, practitioners must record this in their notes and will be responsible for providing the patient's follow-up care. (39)
A11.5	Practitioners must seek advice from colleagues if the patient has a health condition that lies outside
A11.6	Practitioners must build a support network of experienced professional colleagues who can support
A11.7	Practitioners must seek to identify any real or potential psychological risk factors when assessing a patient and support patients to seek expert advice or support. (45)

Accreditation Assessment Method For Standard A11	
Stage 1 Pre- Qualification	Statement of compliance.
Stage 2 Site Visit	Provide example of treatment information given to patient
	Evidence that consent is routinely sought for information sharing with GP or appropriate medical colleague/s
	Inspection of sample treatment record
	Discussion with inspector

Save Face Dashboard Resources Available to Support Standard A11

Expert Advice and support

Facilitation of referral to or support from a colleague with appropriate experience or expertise



Section B

Facilities (applicable to the premises as a whole)

Standards B1 - B5

Standard B1 Patient and Practitioner Safety

Standard B1 Patient and Practitioner Safety	
B1.1	Practitioner/Clinic must implement and monitor systems to ensure the general health and safety of service users, staff and others in accordance with the Health and Safety at Work Act 1974 and the Control of Substances Hazardous to Health Regulations 2002
B1.2	Practitioner/Clinic must take all reasonable steps to ensure that the facilities are suitable with respect to design, layout and service to provide clinical procedures.
B1.3	Practitioner/Clinic must ensure that the facilities provided for service users are well maintained
B1.4	Practitioner/Clinic must ensure that medical equipment is safe and appropriate for the services provided
B1.5	Practitioner/clinic must keep patients safe and comply with statutory reporting responsibilities.
B1.6	Practitioner/Clinic must have systems in place to ensure regular inspection, calibration, maintenance and replacement of medical equipment to ensure that it is safe to use
B1.7	Where practitioners work peripatetically contracts must be in place to assign responsibilities for patient records and data, follow up and out of hours' care.

Accreditation Assessment Method For Standard B1	
Stage 1 Pre- Qualification	Maintenance and Service Contracts where applicable (lasers/IPL/Radiofrequency/Lipolysis etc.)
Stage 2 Site Visit	Inspection of site
	Inspection of medical equipment
	*Confirmation that contracts are in place. Applicable to peripatetic practitioners

Save Face Dashboard Resources Available to Support Standard B1
Guidance Document on contractual considerations

Standard B2 Infection Control

Standard B2 Infection Control	
B21	Practitioner/Clinic must have a written infection control policy. See Standard A8.
B2.2	The Practitioner/Clinic(s) must demonstrate and evidence appropriate infection control measures

Accreditation Assessment Method For Standard B2	
Stage 1 Pre- Qualification	Infection Control Policy & documented procedure & protocols
Stage 2 Site Visit	Have a hard copy file of procedure protocols
	Environment must be clean and hygienic
	Environment must be tidy
	Treatment room must have appropriate clinical work surfaces
	Handwashing Facilities must be within 10 paces of treatment area
	Alcohol hand gel
	Disposable towels
	Disposable couch roll
	Appropriate cleansing and disinfecting products for skin and hard surfaces
	Sharps Bins and disposal arrangements compliant with legislation and policy
	Appropriate waste bins and disposal arrangements
	Latex Free Examination Gloves
	Personal protective equipment such as laser eye-ware, face masks etc.- as appropriate

Save Face Dashboard Resources Available to Support Standard B2
Template Infection Control Policy
Template Procedure Protocols
Reference List for self-directed learning

Standard B3 Security

Standard B3 Security	
B3.1	The practitioner and staff must ensure policies and protocols are in place to prevent unauthorized access to confidential documents.
B3.2	<p>The practitioner and staff must ensure policies and protocols are in place to prevent unauthorized access to;</p> <ul style="list-style-type: none"> • Medicines • Devices • Equipment • Substances which may cause harm • Valuables • Confidential records
B3.3	Lone workers must have practice policies which recognize and mitigates risks to protect both patients and staff.

Accreditation Assessment Method For Standard B3	
Stage 1 Pre- Qualification	Written policies and protocols.
Stage 2 Site Visit	Inspection will confirm the above are stored securely preventing unauthorized public access.
	Discussion with practitioners who work alone regarding risks and how they are managed.
	See also Standards A4 and A7

Save Face Dashboard Resources Available to Support Standard B3	
Guidance Document on contractual considerations	
<p>Template policies:</p> <ul style="list-style-type: none"> • Medical Records Management • Confidentiality • Medicines Management 	

Standard B4 Lighting

Standard B4 Lighting

B4.1	The treatment room must have lighting of an appropriate quality to perform clinical assessment and conduct procedures safely.
-------------	---

Accreditation Assessment Method For Standard B4

Stage 2 Site Visit	Inspection to confirm lighting is appropriate
-------------------------------	---

Standard B5 Privacy

Standard B5 Privacy

B5.1	A Practitioner/Clinic must take all reasonable steps to ensure that the facilities are suitable with respect to design and layout to ensure service users privacy and dignity.
-------------	--

Accreditation Assessment Method For Standard B5

Stage 2 Site Visit	Inspection will confirm patients have sufficient privacy during consultation and treatment. * See also Standard A2
-------------------------------	---



Section C

Business Management Standards C1 - C5

Standard C1 Clinic Terms & Conditions

Standard C1 Clinic Terms & Conditions

C1.1	Practitioners/Clinics must publish and provide patients with information on terms and conditions of service. This information should be provided or sign posted at first point of contact.
-------------	--

Accreditation Assessment Method For Standard C2

Stage 1 Pre- Qualification	Website publishes clinic terms and conditions
Stage 2 Site Visit	Written copy of Clinic Terms and Conditions available to patients in the clinic
	Clinic Terms and Conditions are explained as part of the consent process

Save Face Dashboard Resources Available to Support Standard C3

Template Clinic Terms & Conditions

Standard C2 Ethical Practice

Standard C2 Ethical Practice

C2.1	Practitioners must be open and honest about your skills, experience, fees and conflicts of interests.
C2.2	Practitioners must be open and honest with your patients about any financial or commercial interests that could be seen to affect the way you prescribe for, advise, treat, refer or commission
C2.3	Practitioners must not allow financial or commercial interests in a cosmetic intervention, or an organization providing cosmetic interventions, to affect recommendations to patients or adherence to expected good standards of care. (56)
C2.4	You must not mislead about the results you are likely to achieve. You must not falsely claim or imply that certain results are guaranteed from an intervention. (51)

Accreditation Assessment Method For Standard C2

Stage 1 Pre- Qualification	Website conforms with standard
Stage 2 Site Visit	Discussion with inspector who must be satisfied you meet the standard.
	Interview with the practitioner who you will take through a consultation and consent process

Standard C3 Marketing and Communications

Standard C3 Marketing and Communications	
C3.1	Practitioners/clinics must comply with the CAP Code, Published by Committee of Advertising Practice (2013), available here .
C3.2	Practitioners/clinics must Market services responsibly, without making unjustifiable claims about interventions, trivializing the risks involved, or using promotional tactics that might encourage people to make ill-considered decisions.
C3.3	Patients will need to have a medical assessment before you can carry out an intervention, your treatment information and terms and conditions must make this clear. (50)
C3.4	<ul style="list-style-type: none"> Your marketing must be responsible. It must not minimize or trivialize the risks of interventions and must not exploit patients' vulnerability. You must not claim that interventions are risk free. (49)
C3.5	You must not use promotional tactics in ways that could encourage people to make an ill-considered decision. (52)
C3.6	You must not provide your services as a prize. (53)
C3.7	You must not knowingly allow others to misrepresent you or offer your services in ways that would conflict with this guidance. (54)
C3.8	Your marketing activities must not target children or young people through either content, context or placement. (35)
C3.9	On social media: <ul style="list-style-type: none"> Practitioners must not share confidential information about patients Must not post anything that may be viewed as discriminatory, does not recognize individual choice or does not preserve the dignity of those in your care. Practitioners must communicate with colleagues in a respectful way Practitioners must not use social media to harass, victimize or bully another individual. Practitioners Practitioners must declare any conflict of interest, or financial gain when posting about products or devices.

Accreditation Assessment Method For Standard C3

Stage 1 Pre- Qualification	Website compliant with CAP Code
	Statement of Compliance
Stage 2 Site Visit	Inspector will, if applicable assess any marketing collateral displayed in the clinic

Save Face Dashboard Resources Available to Support Standard C3

[Template Advertising policy](#)

[CAP Code The Committee of Advertising Practice \(2013\) *Marketing of Cosmetic Interventions*.](#)

[GMC Guidance for Doctors Who Offer Cosmetic Interventions](#)

[NMC Social Media Guidance](#)

[GMC Doctors' use of social media](#)

Standard C4 Complaints

Standard C4 Complaints	
C4.1	A Practitioner/Clinic must have a written policy for the investigation and management of complaints and concerns.
C4.2	Practitioner(s)/Clinic(s) must have a written policy and procedure for investigating and managing complaints about any part of the service/ treatment/ facility. The policy must stipulate how to make a complaint, who will be responsible for investigating the complaint and the timeframes for responding.
C4.3	A Practitioner/Clinic must keep a record of all complaints and must take reasonable use complaints and feedback to improve quality and safety of patient care and experience.
C4.4	A Practitioner/Clinic must ensure that information is readily available to clients to advise them on how to make a complaint or raise a concern.
C4.5	All staff should be aware of the complaints policy
C4.6	Practitioners/clinics must be compliant with The Consumer Protection Act 2015 and undertake to sign post to and comply with an appropriate licensed Alternative Disputes Resolution Scheme for unresolved service complaints
C4.7	Practitioners must provide details of insurance provider when requested by patients or legal representatives to do so.

Accreditation Assessment Method For Standard C4	
Stage 1 Pre- Qualification	Documented Complaints Policy
Stage 2 Site Visit	Written copy of Complaints Policy
	Complaints Log
	Inspector will discuss policy with staff to confirm awareness

Save Face Dashboard Resources Available to Support Standard C4	
Template Complaints Policy	
Guidance document on managing complaints	
Preferred partner CRS www.cosmeticredress.co.uk	
Third party review from Save Face to support patients and practitioners to achieve resolution.	

Standard C5 Patient Information

Standard C5 Patient Information

C5.1	<p>A1Practitioners must communicate clearly and respectfully with patients, listening to their questions and concerns and considering any needs they may have for support to participate effectively in decision making. (14)</p> <p>* See also Standards A1.4 A6.2, A6.3, A11.4, C2</p>
-------------	---

Save Face Dashboard Resources Available to Support Standard C5

Template Patient Information Sheets by treatment

Template Aftercare advice sheets by treatment

Impartial & informative blogs