Save Face

Standards for Accreditation

professional™ standards authority

accredited register

Contents

Introduction

Clinicians who perform medical aesthetic 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 clinician safety and good customer care underpin each of them.

Only regulated health care professionals, for whom aesthetic medicine is within scope, 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 clinician/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 medical aesthetic 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 for further reading.

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 clinicians and premises.

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

Accreditation is not an end point, tt 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 clinician/ 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 Registered Nurses to visit each clinician and premises to verify the practice and application of the standards.

The assessment will comprise of a site inspection and an interview with the clinician. The site inspection will ensure that the premises is compliant with all relevant regulatory and legislative requirements and that all relevant policies, procedures 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 procedures, including but not limited to; consultation and consent processes, medicines management, medical records management and aftercare.

A checklist of what is assessed at stage 2 can be accessed here.

Additional & Ongoing Methods of Assessment

Self Assessment

Applicants will be required to self-assess their services and performance against the applicable standards and are provided with pre-qualification checklists. By proceeding with the accreditation process they are undertaking that they meet the standards and will conduct all relevant activity in strict accordance with the Save Face Standards.

Patient satisfaction surveys

Patient satisfaction surveys measure the degree to which patient expectations of a service are met or exceeded. Patient feedback will be used to measure the standards that are most likely to impact on the patient 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.

Accreditation Outcome Decisions and Appeals

Save Face will assess each application in accordance with the standards and assessment methodologies set out within this document. Upon completing the assessment, a member of the Save Face team will contact the applicant to inform them of the outcome decision. If the application is successful with no conditions then the applicant will be granted Save Face accredited status and will be listed on the public register.

If there are any areas for improvement identified, these will be communicated to the applicant with a timeframe to complete them. From time to time, Save Face will delay granting accreditation until these conditions have been met. Alternatively, they will be reviewed upon the applicants next renewal assessment.

If a decision has been made to decline an application, Save Face will provide a full rationale as to why. If the applicant is unhappy with the decision made then they may appeal the decision via our appeals process, **linked 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 used to assess whether a clinician and the premises meets the objective requirements for accreditation. 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 provide evidence and documentation in relation to professional registration, qualification, training, indemnification and clinical experience etc. 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 clinician/ premises operator for an on-site assessment visit.

Stage 2 - On-site assessment

External assessments will be undertaken by a Save Face assessor who will visit each location to inspect the premises and interview the clinician 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 clinicians to meet the standards by providing free template documents

Save Face provide a governance framework with supporting resources to minimize any additional administrative burden, in the form of template policies and procedures, protocols, patient information, consent forms, guidance documents and references to signpost further reading and self-directed learning.

Section A

Clinicians

Standards A1 - A11

	Standard A1 Clinicians
A1.1	The clinician providing treatment and care holds current full registration with a license to practice and is accountable to a statutory body that recognizes aesthetic medicine as within scope of practice. Clinicians for whom sanctions or conditions are applied by the regulator during the course of their accreditation are required to notify us.
A1.2	The clinician practices in accordance with the professional conduct and standards required by their statutory body.
A1.3	Any sanctions or complaints relevant to a clinicians aesthetic practice published by the Statutory Registers will be signposted on the clinician's profile if current (within 6 months of accreditation). The reference will be removed when the sanction is lifted or no longer applies. • **Doctors** General Medical Council (GMC) **Good Medical Practice** • **Nurses/Midwives** The Nursing and Midwifery Council (NMC) **The Code** • **Dentists** The General Dental Council (GDC) **Standards for The Dental Team 2013** • **Prescribing Pharmacists Standards** Further, Save Face recognizes and holds all registrants accountable to the GMC **Guidance for Doctors Who Offer Cosmetic Interventions** ***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.***
A1.4	Employers maintain systems to verify registration with the appropriate statutory register, including that of outsourced or temporary clinicians. Where a premises included on a profile employs regulated clinicians not registered with Save Face, we reserve the authority to investigate any concerns raised regarding those clinicians.
A1.5	Where a company employs clinicians 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	In alignment with Save Face principles, registrants will not prescribe for, provide training to, or delegate injectable treatments to non-healthcare clinicians.
A1.7	In alignment with Save Face principles, registrants will not perform buttock or breast augmentation procedures using hyaluronic acid dermal fillers unless they are GMC registered plastic surgeons operating from CQC regulated premises.
A1.8	Information on the qualifications (nurse/midwife, doctor, dentist, prescribing pharmacist) of the clinician, 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.
A1.9	All practitioners must always maintain clear professional boundaries with patients (including those who have been in your care in the past), and their families. You must not pursue a sexual or improper emotional relationship with a current patient. If a patient pursues a sexual or improper relationship with you, you should try to re-establish a professional boundary, if it is safe to do so. If you feel it is not safe to do so, the patient should be discharged from your care.

Standard A1 Clinicians

	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
	Clinician signs statement to confirm compliance with the standards.
Stage 2 Site Visit	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 & all applicable guidance from the ASA
GMC **Guidance for Doctors Who Offer Cosmetic Interventions**

Standard A2 Competency

	Standard A2 Competency
A2.1	A clinician must recognize and work within the limits of their competence and refer a patient to another clinician where they cannot safely meet their needs. **(1)**
A2.2	Keeps knowledge and skills up to date.
A2.3	The clinician must evidence treatment specific training in all the procedures they undertake.
A2.4	The clinician 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 clinician must evidence a minimum of 150 hours' clinical practice per year, directly related to medical aesthetic procedures. New registrants unable to evidence hours will be monitored and should aim to achieve this standard within 3 years.
A2.6	Non–prescribing nurses and midwives must evidence protocols for appropriate supervision and delegation in accordance with The Medicines Act 1968 and Standards required by the NMC and our
A2.7	The clinician must submit verifiable feedback from a minimum of five patients.
A2.8	The clinician must publish and promote means for patients to provide independently verifiable feedback.
A2.9	The clinician must evidence compliance with their statutory bodies requirements for revalidation and have related it to the practice of aesthetic medicine.
A2.10	The clinician must evidence written procedure protocols for each of the procedures they undertake.
A2.11	The clinician 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
	Completes the Essential Curriculum assessment tool and/or submits evidence of Level 7 or University Qualifications
	Provide verifiable feedback from a minimum of five patients
	Non- prescribing nurses/midwives 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

Standard A2 Competency

Save Face Dashboard Resources Available to Support Standard A2
Online portfolio to store all submitted documents for appraisal and revalidation
Online Essential Curriculum Standard
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
Template procedure protocols

Standard A3 Insurance

	Standard A3 Insurance
A3.1	The clinician 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-	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 clinician must evidence a written confidentiality policy and demonstrate compliance.
A4.2	The clinician/clinic must ensure that all staff understand their responsibilities to protect client confidentiality in compliance with the General Data Protection Regulations 2018, and The Human Rights Act 2005.
A4.3	The clinician/ clinic must ensure that paper records, wherever held or transported, are stored securely. All electronic records must be stored in compliance with the General Data Protection Regulations 2018. Written consent must be obtained for sharing any patient identifiable information including photographs on websites on social media platforms.
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 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 General Data Protection Regulations 2018

Save Face Dashboard Resources Available to Support Standard A4
Template confidentiality policy
Template privacy policy
References for self-directed learning

Standard A5 Record Keeping

	Standard A5 Record Keeping
A5.1	Clinicians must evidence that clinical records are maintained which meet legal regulatory and professional standards
A5.2	Clinicians must evidence a written policy for record keeping and compliance with the policy.
A5.3	Practices must keep log books for: • Adverse Events • Complaints • Procedures • Fridge temperature monitoring

	Accreditation Assessment Method For Standard A5
Stage 2 Site Visit	Provide inspector with samples of patient documents used (medical history form, treatment record, consent form and written treatment information)
	The inspector will ensure records are kept securely and are compliant with confidentiality
	Have a hard copy file of record keeping policy
	Inspector will ask to 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 clinician/Clinic must have a documented policy reflected in procedure protocols for obtaining consent and consulting with clients and prospective clients
A6.2	Clinicians 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	Clinicians must provide patients with quality information from the outset, verbally and in writing. The information must be; • Clear • In user friendly language. Where medical terms are used, an explanation must be included. • Factually correct • Honest • Without bias.
A6.5	Information provided on treatments proposed must include; • 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	Written consent must be obtained for sharing any patient identifiable information including photographs on websites on social media platforms.
A6.8	Patients must be given sufficient time to reflect before a decision to consent is made.
A6.9	Clinicians must work with each of the patients in their care to ensure the patient's expectations of outcomes can be achieved for them and are realistic.
A6.10	Clinicians must consider the psychological needs of their patients and the risks versus the benefits of treatment for the individual.
A6.11	Clinicians will not treat anyone under the age of 18 unless CQC registered with appropriate qualifications where the indication is not for cosmetic purposes.

	Accreditation Assessment Method For Standard A6
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	Clinicians/clinics must evidence supply from an appropriately licensed pharmacy or wholesaler.
A7.3	Clinicians must demonstrate compliance with the written policy for medicines management.
A7.4	Clinicians prescribe medicines or treatment, including repeat prescriptions, only when they have adequate knowledge of the patient's health and are satisfied that the medicines or treatment serve the patient's needs
A7.4a	Nurses/midwives who are not registered independent prescribers must evidence patient specific directions to administer, signed by the prescriber.
A7.4b	Nurses/midwives 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	Clinicians 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)** See also; Standards A1.6.
A7.6	Clinicians 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	Clinician 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	Clinicians must seek and act on evidence about the effectiveness of the interventions they offer and use this to improve their performance**. (12)**
A7.10	Clinicians 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

	Accreditation Assessment Method For Standard A7
Stage 1 Pre-Qualification	*Non- Prescribing Nurses/midwives provide statement from Prescriber to confirm compliance with Standard
Stage 2 Site Visit	Provide delivery note/s to evidence legitimate supply
	Have a hard copy file of medicines management policy
	Hard copies of procedure protocols
	*Policy for non- prescribing nurses/midwives
	* 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/midwives
Reference list for self-directed learning

***Applies to Non- prescribing nurses/midwives only**

Standard A8 Infection Control

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

	Accreditation Assessment Method For Standard A8
Stage 2 Site Visit	Have a hard copy file of policy and 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 Clinician/Clinic must ensure that emergency first aid treatment is always immediately available for anaphylactic reactions whenever a treatment is being administered.
A9.2	All clinicians 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	Clinicians must provide evidence of training and protocols for BLS, anaphylaxis and protocols for pending necrosis.
A9.4	All clinicians/premises must have written procedure protocols for identifying and managing potentially serious or life threatening conditions.
A9.5	Clinicians/clinics must report product/medicines safety concerns to; the MHRA, the manufacturer, the insurer and if relevant the patient's GP.
A9.6	Clinicians must support patients to report adverse events involving medicines or medical devices to The MHRA. **(47)**
A9.7	Duty of candor. Clinicians 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	Clinicians must provide out of hours contact details for use in an emergency must be available to provide timely and appropriate follow up care.

	Accreditation Assessment Method For Standard A9
Stage 1 Pre-Qualification	Evidence of BLS training update in last 12 months
Stage 2 Site Visit	Written policy and procedure protocols (e.g. ACE Group Guidelines) 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

Management of complication practice standards and Essential Curriculum self-assessment questionnaire

Guidance on emergency kit contents

Aesthetic Complications Expert Group Guidelines:

- Anaphylaxis
- Pending necrosis
- Ptosis
- Herpes simplex
- Acute infection
- Delayed onset nodules
- Blindness
- Sharps Injury
- Bruising
- Blindness
- Swelling

Save Face recommends membership with The ACE Group for expert advice and support

Reference List for self-directed learning

Standard A10 Quality Assurance and Audit

	Standard A10 Quality Assurance and Audit
A10.1	Clinicians/clinics must take part in systems of quality assurance and quality improvement to promote patient safety. This includes: a. 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 b. regularly reflecting on their standards of practice and the care they provide **(22)**
A10.2	Clinicians must maintain a procedure log which includes notes on patient outcomes to provide an
A10.3	Clinicians must seek and act on feedback from patients. **(5)** a. Signpost to The Save Face website to provide and record verifiable feedback b. Address negative feedback constructively and proactively. c. 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
Template complaints log
Reference list for self-directed learning

Standard A11 Team Working

	Standard A11 Team Working
A11.1	Clinicians must work effectively with healthcare professionals and others involved in providing care. Clinicians must respect the skills of colleagues within multidisciplinary teams and support them to deliver good care. **(43)**
A11.2	Recognize and work within the limits of their competence, seeking advice when necessary
A11.3	Clinicians 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, clinicians 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	Clinicians should give patients written information that explains the intervention they have received in enough detail to enable another (clinician) 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, clinicians must record this in their notes and will be responsible for providing the patient's follow-up care**. (39)**
A11.5	Clinicians must seek advice from colleagues if the patient has a health condition that lies outside their field of expertise and that may be relevant to the intervention or the patient's request**. (44)**
A11.6	Clinicians must build a support network of experienced professional colleagues who can support and advise. **(45)**
A11.7	Clinicians 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 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 Clinician Safety

	Standard B1 Patient and Clinician Safety
B1.1	Clinician/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	Clinician/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	Clinician/Clinic must ensure that the facilities provided for service users are well maintained
B1.4	Clinician/Clinic must ensure that medical equipment is safe and appropriate for the services provided
B1.5	Clinician/clinic must keep patients safe and comply with statutory (safeguarding) reporting responsibilities.
1B.6	Clinician/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 clinicians work peripatetically contracts must be in place to assign responsibilities for patient records and data, follow up and out of hours' care.
B1.8	Clinicians must not operate mobile clinics from patients' homes or via mobile units.

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

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

Standard B2 Infection Control

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

	Accreditation Assessment Method For Standard A8
Stage 2 Site Visit	Have a hard copy file of policy and 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 clinician and staff must ensure policies and protocols are in place to prevent unauthorized access to confidential documents.
B3.2	The clinician and staff must ensure policies and protocols are in place to prevent unauthorized access to; • 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 2 Site Visit	Policies and protocols
	Inspection will confirm the above are stored securely preventing unauthorized public access.
	Discussion with clinicians 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
Template policies: • 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

	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 Clinician/Clinic must take all reasonable steps to ensure that the facilities are suitable with respect

	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	Clinicians/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 C1
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 C1
Template Clinic Terms & Conditions

Standard C2 Ethical Practice

	Standard C2 Ethical Practice
C2.1	Clinicians must be open and honest about their skills, experience, fees and conflicts of interests.
C2.2	Clinicians 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 services
C2.3	Clinicians 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	Clinicians 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 clinician who you will take through a consultation and consent process

Standard C3 Marketing and Communications

	Standard C3 Marketing and Communications
C3.1	Clinicians/clinics must comply with the CAP Code, Published by Committee of Advertising Practice (2013), available here.
C3.2	Clinicians/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	• Your marketing must be responsible - • It must not minimize or trivialize the risks of interventions and must not exploit patients' vulnerability. • It must not claim that interventions are risk free. **(49)**
C3.5	Clinicians must not use promotional tactics in ways that could encourage people to make an ill-considered decision. **(52)**
C3.6	Pre-paid treatments or vouchers (e.g. Groupon or Wowcher) for specific injectable treatments in advance of any consultation and assessment would be considered in breach of our standards.
C3.7	Clinicians must not provide your services as a prize. **(53)**
C3.8	Clinicians must not knowingly allow others to misrepresent you or offer your services in ways that would conflict with this guidance. **(54)**
C3.9	Your marketing activities must not target children or young people through either content, context or placement**. (35)**
C3.10	On social media: • Clinicians 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. • Clinicians must communicate with colleagues in a respectful way • Clinicians must not use social media to harass, victimize or bully another individual. • Clinicians must declare any conflict of interest, or financial gain when posting about products or devices.
C3.11	Clinicians/ Clinics must ensure that they only display the Save Face logo, accreditation certificates and promotional materials on their websites, on social media and in clinic once they have been granted accreditation status. Save Face reserves the right to withdraw permission to use the above if accreditation is rescinded or if the clinician/ clinic does not renew their membership. This also applies to the Professional Standards (PSA) Authority Quality Mark which can only be used by Save Face Accredited practitioners to promote that they are listed on a PSA Accredited Register.

Standard C3 Marketing and Communications

	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, ASA FAQ's*
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 Clinician/Clinic must have a written policy for the investigation and management of complaints and concerns.
C4.2	Clinician(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 Clinician/Clinic must keep a record of all complaints and must process to ensure lessons are learned and quality improvement can be facilitated.
C4.4	A Clinician/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	Clinicians/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 complaints relating to customer service.
C4.7	Clinicians must provide details of insurance provider when requested by patients or legal representatives to do so.
C4.8	Clinicians/ Clinics should report any concerns regarding unethical or illegal practice to Save Face. Clinicians/ Clinics should also direct members of the public to Save Face and/or statutory regulators where necessary.

	Accreditation Assessment Method For Standard C3
Stage 1 Pre-Qualification	Registration with ADR Scheme
	Statement of compliance
Stage 2 Site Visit	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
Third party review from Save Face to support patients and clinicians to achieve resolution to support a professional complaints management process

Standard C5 Patient Information

	Standard C5 Patient Information
C5.1	Clinicians 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)** * See also Standards A1.4 A6.2, A6.3, A11.4, C2

	Accreditation Assessment Method For Standard C5
Stage 2	Inspector will conduct an interview with the clinician

Save Face Dashboard Resources Available to Support Standard C5
Template patient information sheets by treatment
Template aftercare advice sheets by treatment
Impartial & informative blogs