



Non-Hospital Medical and Surgical Facilities Accreditation Program

Position Statement

Hair Restoration Procedures

DETAILS

Department/program: Non-Hospital Medical and Surgical Facilities Accreditation Program

Date: March 31, 2021

PURPOSE

Position statements from the College provide background information and express or clarify the College's intent on a particular matter. They are intended as guidance for stakeholders in areas where events are evolving or changing rapidly, the implementation of processes and procedures may be premature, the implementation of a guideline or standard may not be necessary, another credible body (i.e. professional association) has already established guidelines or standards, or it is timely to communicate the College's broad intent before or as policies and procedures are developed.

This document addresses hair restoration procedures.

BACKGROUND

Hair restoration procedures include the surgical transfer of hair follicles from a donor area to a recipient area (i.e. hair transplant surgery) and the implantation of synthetic hair fibres to simulate natural hair coverage (i.e. prosthetic hair fibre implantation).

POSITION

The Non-Hospital Medical and Surgical Facilities Accreditation Program (NHMSFAP) Committee is responsible for determining the medical, surgical, dental and anesthesia procedures that in the community-setting may only be performed in accredited non-hospital facilities.

In addition, the NHMSFAP Committee is responsible for establishing accreditation standards, policies, rules, procedures and guidelines to ensure the delivery of high-quality and safe services in non-hospital facilities.

Introduction

The committee has adopted the position of the International Society of Hair Restoration Surgery (ISHRS) Position Statement of Qualifications for Scalp Surgery which states that any procedure involving a skin incision for the purpose of tissue removal from the scalp or body, or to prepare the scalp or body to receive tissue (e.g. incising the FUE graft, excising the donor strip, creating recipient site) by any means, including robotics, is a surgical procedure and as such should be performed by a properly trained and

licensed physician who possesses the education, training and current competency in the field of hair restoration surgery. Registered nurses and licensed practical nurses competent to carry out certain steps of the hair restoration procedure (e.g. FUE, follicle insertion) may perform these steps with a patient-specific order given by a physician qualified in hair restoration surgery.

Appropriate setting

- Hair restoration surgery using any method, including but not limited to follicular unit transplant procedure (FUT) (i.e. strip harvesting), follicular unit extraction (FUE) (i.e. punch harvesting), robotics or any other method (e.g. prosthetic hair fibre implantation), must be performed in an accredited non-hospital facility.

Credentialing and privileging

Physicians are eligible for privileges in hair restoration surgery if they meet one of the following:

- The applicant holds American Board of Hair Restoration Surgery (ABHRS) board certification.
- The applicant is a plastic surgeon or dermatologist **and** can demonstrate specific training in hair restoration surgery during their residency training.
- The applicant (all other specialists and non-specialists) can demonstrate satisfactory completion of a traineeship which covers the core competencies for hair restoration surgery and includes completion of, at minimum, 25 hair restoration procedures performed as the primary surgeon under the direct supervision of a qualified mentor. This is evidenced by a letter of recommendation from the qualified mentor certifying the applicant's successful completion of their traineeship.
 - In addition, at the time of initial application for privileges, the applicant must hold, at minimum, the ABHRS certificate of added qualification (CAQ). Once the physician has three years' experience in hair restoration surgery, the physician must obtain ABHRS board certification within two years (i.e. a total of five years from achieving (obtaining) CAQ) and maintain this certification. Evidence of this certification must be provided to the medical director at time of annual reappointment.

Physician responsibilities

- The physician is responsible for all of the surgical steps of the procedure which include but are not limited to:
 - Harvesting from the donor zone by either FUT or FUE
 - Making the micro-incisions where the donor or prosthetic follicles will be implanted, both hairline design and all recipient site creation
 - Inserting the follicular unit graft into the micro-incisions
 - Injecting any local anesthetic/tumescent
- If other regulated health professionals comprise the hair restoration surgery team, a registered nurse (RN) or a licensed practical nurse (LPN) with a patient-specific order from the physician may perform the following surgical steps of the procedure:
 - Harvesting from the donor zone by FUE only
 - Inserting the follicular unit graft into the micro-incisions made by the hair restoration physician or physician-operated robotic system

- If a robotic system is used, the physician is also responsible for:
 - Selecting and confirming the algorithm(s)/parameters for the harvest zone(s) (e.g. size of harvest grid, punch size, dissection depth)
 - Activating/deploying/operating the robotic system
 - Remaining in the procedure room at all times while the robotic system is in use (i.e. in direct observation of the patient and in close proximity to the robotic system console/monitor)
- If prosthetic follicles are used, the physician is also responsible for:
 - Selecting the number of fibres per prosthetic hair fibre implant, the colour(s) and the shape of the prosthetic hair fibre implants
- The physician is responsible for supervising any surgical assistants/technicians who perform non-surgical steps of the procedure which may include:
 - Removing the FUE grafts that have been incised by the hair restoration physician or physician-operated robotic system
 - Processing the harvested graft(s) (i.e. dissecting, trimming) for insertion
- The physician must remain on site for the duration of the entire procedure (i.e. harvesting and inserting the follicular unit graft into the micro-incisions)

REFERENCES

ABHRS: American Board of Hair Restoration Surgery [Internet]. Munster, IN: American Board of Hair Restoration Surgery; c2019. Certification and requirements for ABHRS and IBHRS certification; [cited 2019 Nov 5]; [about 2 screens].

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CONTACT

For further information, please contact the Non-Hospital Medical and Surgical Facilities Accreditation Program at nhmsfap@cpsbc.ca.