



ACE GROUP WORLD

PRACTICE STANDARDS

Practice Standards

These practice standards are provided as guide for its members to ensure that complications are managed professionally and that all known risks are mitigated.

We expect ACE Group World members to abide by these practice standards as accountable and responsible professionals.

Competency

Members must ensure they are able to:

- Administer treatments using a safe and appropriate technique.
- Administer appropriate, evidence-based products, medicines and devices sourced from a reputable supplier as per manufacturer guidelines.
- Identify 'red flags' which include medical, social and psychological risks.
- Ensure correct patient selection for treatments.
- Manage patient expectations.
- Manage the consent process to ensure informed consent is gained.
- Identify learning and professional development needs and make use of available credible resources to address them.
- Undertake appropriate CPD activities to update and maintain knowledge and skills.

Are familiar with:

- The anatomy of the face and neck and other treatment areas.
- Pharmacology, biochemistry and physiology of the medicines and devices used in practice.
- Understand common side effects, such as bruising and swelling, and how to mitigate the risks.
- The risks and possible complications and how to mitigate and manage them.
- Known absolute and relative contra-indications and potential interactions.

Evidence Based Practice

It is acknowledged that the evidence base in aesthetic medicine is lacking, continually shifting and subject to bias. Practitioners should endeavour to explore and review the evidence base critically; wherever possible being able to refer to an evidence base to defend choice of treatments and products in the patients' best interests, including technique and aftercare advice.

Patient Treatment and Care

- Treatments should be provided in a safe, clinical environment with appropriate facilities including hand-washing.
- Risks, cautions and contra-indications should be identified with good medical, social and psychological history taking which should be well documented.
- The patient must fully understand possible risks and complications, which means the practitioner should be able to explain them and answer any questions with reference to the evidence base.
- Pre and post treatment photographs must be taken, by the practitioner or clinic staff, as part of the medical record, according to the requirements of the procedure undertaken.

- Practitioners must make clear, as a part of the consent process, your terms for reporting and prompt face to face review should a concern or a complaint arise.
- Practitioners must avoid assessment and advice based on the patient self-reporting remotely via telephone/text and selfie photographs.
- Practitioners must have access to an emergency kit as per our guidelines.
- Practitioners must have access to a telephone line during procedures.
- Practitioners must have written procedure protocols to follow should an adverse event occur.

Information Sharing, Seeking Support and Referring

Prior to seeking advice and support:

- The practitioner must assess the patient face to face.
- Record presenting physical symptoms and take photographs.
- Undertake a review of the medical and social history to include any recent events, illness or behaviours that may have precipitated symptoms.
- Gain patient consent, in writing, to share information including photographs/videos with peers for help with the management of a potential complication/adverse event.
- Refer to our guidelines to consider diagnosis and management options.

Referral:

Consider and prepare referral pathways, identifying a range of local experts you may refer to directly, when circumstances require referral in the patients' best interests. Ideally, make contact with your local experts to ensure they are prepared to help out in the case of a complication and mutually agree a fast-track referral process.

Routine information sharing:

It is best practice to gain the patient's consent to share information with the GP when management may impact decisions on concomitant treatment prescribed by the GP. Serious adverse events, that may be product related, should always be shared with manufacturers and reported using the MHRA Yellow Card system. Always notify insurers in case the event becomes a claim.

Presenting a Case for Advice/Opinion/Shared Learning

- Written and specific consent must be gained.
- Information shared must not include patient identifiable details and photographs should not show full face unless absolutely necessary.
- Provide a clear time-line of events.
- Include relevant medical/social history and lifestyle factors.
- Details of the treatment; product used, indication/outcome, volume/dose/sites, technique.
- Assessment of symptoms and history of presentation.
- Provisional diagnosis and management plan.
- Patient specific concerns.
- Practitioner questions and concerns.

Practitioners cannot rely on advice provided based on incomplete information.

Reporting the outcome of the intervention to others is helpful for learning and prevention of similar cases.

Management of Patients Presenting for Help with Complications Caused by Treatment Provided Elsewhere

- Patients are not reliable historians – Practitioners should not rely on patient reported history to diagnose and determine a management plan.
- As a professional courtesy we should always encourage the patient to return to the treating practitioner for management.
- Be professional and cautious when commenting on other practitioner’s treatment, we may not be aware of all the facts and we may be held legally accountable for any comments made.

If the patient has lost trust and confidence, practitioners should ask for a copy of the previous treatment records; either the patient can request these themselves or give permission for the practitioner to request information from the treating person. This should be a written request and include a signed patient consent. The person who performed the original treatment is legally required to provide this information. Practitioners could write a letter detailing the management and outcome to the treating practitioner with the patients consent, in the interests of learning and audit.

Practitioners must respect the right of the patient to seek treatment with whom they choose and act in a respectful and collaborative manner to support the best outcome for the patient, in accordance with our own professional standards.

Non-Prescribing Practitioners

- Given the known risks, all practitioners who administer treatments have a duty of care should a complication arise.
- Complications often require prescription only medicines to manage, particularly when treating with dermal fillers.
- It is usually not appropriate to refer patients with complications related to private aesthetic treatment to their GP.

Prescribing partnerships are often based on the assessment and prescription for patients wanting treatment with botulinum toxins. In the interests of patient safety, non-prescribing practitioners should have an arrangement with a prescriber to refer to in order to ensure timely and safe treatment and care should a complication arise. Both the prescriber and the treating practitioner must consider the risks and identify their responsibilities and accountabilities should a complication arise. Ideally the details of such an arrangement should be formally agreed in advance of any problems arising. Prescribing practitioners willing to provide such support must be competent to do so. It is not the function of the ACE Group World to facilitate such arrangements.

Professional Behaviour

- Practitioners must always communicate professionally, treating each other and our patients and their relatives with respect.
- Complications and unwanted outcomes can and do cause anxiety and distress for both patients and practitioners. A complication need not turn into a complaint. From the outset, lean on a sympathetic, disciplined, professional and organised process which can be documented and evidenced.
- Avoid, at all costs, protracted communication by text and selfie.
- Resist commenting or advising beyond an acknowledgement of the patients concerns and an invitation to see them at their earliest convenience, explaining you must see them and assess (and document) properly to determine a management plan.
- Adverse events should always be documented for audit purposes, they can also be invaluable learning for reflection and revalidation.

The ACE Group welcome further discussion and feedback on this practice standard.
Updated 19th October 2020.