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Standard 27: Aesthetic and Cosmetic Procedures

Required by default in aesthetic and procedure clinics · optional in ambulatory clinics

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REVISION HISTORY

Revision	Date	Change	Approved by
01	1 November 2026	First draft of the aesthetic and cosmetic module, drafted from the v10 content (Standard 32) and renumbered. Approved.	Prof. Giorgi Pkhakadze, MD, MPH, PhD

APPROVAL

Approved on 1 November 2026. Approved for use in surveys.

APPROVED BY

Prof. Giorgi Pkhakadze, MD, MPH, PhD
President, Accréditation Sans Frontières
Date: 1 November 2026

Complete on its own, without internet access. References are listed in section 12. The current version is at france-asf.fr.

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1 Introduction

This document is Standard 27 of ASF Health Standards. It sets out how an aesthetic or cosmetic service keeps consent, practitioner qualification, pre-procedure assessment, sedation safety, advertising and follow-up care safe and honest for every patient who has a non-surgical procedure.

A standard is a set of numbered criteria. Each criterion says what must be in place (the criterion statement), how it is rated for each setting, what the assessor will check and what evidence the facility must show. The guidance in this document explains what each criterion means in practice, so that a reader who has only this paper can understand and meet it.

Purpose of this document. Standard 27 protects patients who receive aesthetic procedures, who may be exposed to harm from sedation, an unqualified practitioner, an unrealistic promise or a missed complication. A service that qualifies its practitioners, gives honest consent and makes accurate claims protects the patient's safety and dignity.

Who should read it. Chief executives, clinic managers, practitioners, nurses, the clinic secretary, and the assessors who verify the service. Each criterion names the positions responsible for it (section 8.2).

The standard is a tool to improve care, not a list of paperwork. Templates and forms named in this document are reference drafts. You may adapt them, replace them with your own, or upload your own documents, provided they meet the same criterion.

2 About ASF and this standard

Accréditation Sans Frontières (ASF) is a non-governmental, non-profit accreditation body. It was legally established in Paris in 2020. ASF develops health standards that are practical, affordable and open to all facilities, including those working with limited resources, in crisis, or in transition.

ASF believes accreditation should be accessible in every sense: geographically, so that facilities in remote areas can take part; financially, so that cost is not a barrier; and in language and format, so that staff can read and use the standard in their own working environment.

Each standard is an independent document. Standard 27 has been written so that it can be read and used on its own. It repeats the definitions, abbreviations and references it needs. A reader who has only this document can understand every criterion in it.

3 How to use this standard

If you are a facility manager or a member of the facilities team, read section 4 to confirm which criteria apply to your facility type, then section 5 to find the rating for your setting. Read each criterion from 27.1 to 27.6, paying attention to the rating, the guidance and the evidence. Prepare the evidence named in each criterion, covering the period stated.

If you are an assessor, use the sample and the checks in each criterion. The pass rule and the immediate-fail rule decide each criterion. A criterion is met only when all its checks are passed and no immediate-fail event is found.

Reading a criterion. Each criterion has: the criterion statement; the three ratings (humanitarian, transition and fragile, standard); the rating rule; the guidance; what good looks like; common mistakes; why it matters; the sample; the checks, with method, evidence and pass condition; the immediate-fail event; the documents with who writes, approves and checks them; the positions responsible; and the references.

Document codes. Each document has a code made of a topic prefix, a type and a number, for example AES-POL-001 (aesthetic procedures, policy, 001). The type is one of FRM (form, a record kept as evidence), REG (register), PLN

(plan), POL (policy), SOP (standard operating procedure) or GDL (guide). The codes identify documents only. The full list is in section 13.

4 Scope

Standard 27 covers non-surgical aesthetic and cosmetic procedures, including injectable treatments, skin treatments with devices and chemical peels. It covers practitioner qualification for each procedure, consent with realistic outcomes and a reconsideration period, pre-procedure assessment of contraindications, sedation and anaesthesia safety, accurate advertising and claims, and follow-up and complication management.

The standard applies in three settings. The rating for each criterion is given for each setting, and the facility uses the rating for its own setting: **humanitarian settings** (emergency or crisis, very limited resources), **transition and fragile settings** (a health system in change or under strain), and **standard settings** (full resources).

WHERE STANDARD 27 APPLIES

Standard 27 applies to non-surgical aesthetic and cosmetic procedures. It is required by default in aesthetic and procedure clinics, optional in ambulatory clinics, and not applicable to hospitals, primary health clinics, long-term care, telemedicine, home care, fitness and wellness, or dental clinics. A criterion is marked N/A for a facility type that does not provide these procedures.

Criterion	Applies to
27.1 Practitioners Are Qualified for Each Procedure They Perform	Ambulatory clinic, Aesthetic and procedure clinic N/A: Hospital, Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic
27.2 Consent Reflects Realistic Outcomes and Allows Time to Reconsider	Ambulatory clinic, Aesthetic and procedure clinic N/A: Hospital, Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic
27.3 Pre-Procedure Assessment Identifies Contraindications	Ambulatory clinic, Aesthetic and procedure clinic N/A: Hospital, Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic
27.4 Sedation and Anaesthesia Are Safe	Ambulatory clinic, Aesthetic and procedure clinic N/A: Hospital, Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic
27.5 Advertising and Claims Are Accurate	Ambulatory clinic, Aesthetic and procedure clinic N/A: Hospital, Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic
27.6 Follow-Up and Complications Are Managed	Ambulatory clinic, Aesthetic and procedure clinic N/A: Hospital, Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic

5 Ratings and colours

Rating	Colour	Meaning
Must		Required in every setting. Criteria that can directly affect a patient's life are always Must, and no setting lowers them.

Rating	Colour	Meaning
Medium		Required, adapted to what a transition setting can realistically do.
Minimum		The lowest acceptable level in a humanitarian setting, where resources are very limited.

In standard settings every criterion is Must.

TRAINING LEVELS

Level	Colour	Meaning
Essential		Must be completed by the people named in the role table.
Recommended		Good practice. Not checked as a requirement.
Optional		May be used for development.

6 Abbreviations

Abbreviation	Meaning
ICC	International Chamber of Commerce, which publishes the advertising and marketing code
ISCO	International Standard Classification of Occupations (ISCO-08), used to code each role
ISO	International Organization for Standardization
WHO	World Health Organization
WMA	World Medical Association, which publishes the Declaration of Helsinki

DOCUMENT CODE PREFIXES

Prefix	Topic
AES	Aesthetic and cosmetic procedures

7 Terms and definitions

Term	Definition
Aesthetic procedure	A non-surgical procedure performed to change appearance, such as injectable treatment, skin treatment with devices, or chemical peels.
Contraindication	A condition, medicine or circumstance that makes a procedure unsafe for a particular patient.
Reconsideration period	The time between consent and treatment during which the patient may change their mind without pressure.
Typical result	The result that most patients achieve with the procedure, stated alongside any image or claim about it.

Term	Definition
Credentialed	Recognised as competent for a specific technique by a documented qualification or assessment.
Complication pathway	The written steps for recognising, treating, referring and reporting a complication after a procedure.

8 Standard 27 at a glance

Standard 27: Aesthetic and Cosmetic Procedures is a standard of ASF Health Standards for non-surgical aesthetic and cosmetic procedures. It is required by default in aesthetic and procedure clinics, and each criterion shows the facility types it applies to. It covers practitioner qualification, consent, assessment, sedation, advertising and follow-up.

The standard has six criteria. Each is shown below and explained on its own page in section 9.

8.1 CRITERIA AND RATINGS

No.	Criterion	Humanitarian	Transition	Standard
27.1	Practitioners Are Qualified for Each Procedure They Perform	Minimum	Must	Must
27.2	Consent Reflects Realistic Outcomes and Allows Time to Reconsider	Minimum	Must	Must
27.3	Pre-Procedure Assessment Identifies Contraindications	Minimum	Medium	Must
27.4	Sedation and Anaesthesia Are Safe	Minimum	Must	Must
27.5	Advertising and Claims Are Accurate	Minimum	Medium	Must
27.6	Follow-Up and Complications Are Managed	Minimum	Medium	Must

8.2 RESPONSIBILITIES

Each criterion names the positions responsible for it. Each position should have written terms of reference. ISCO-08 codes are shown for each role and are recorded in the staff register.

No.	Criterion	Positions responsible or involved
27.1	Practitioners Are Qualified for Each Procedure They Perform	Manager (ISCO 1342) · Nurse (ISCO 2221)
27.2	Consent Reflects Realistic Outcomes and Allows Time to Reconsider	Nurse (ISCO 2221) · Manager (ISCO 1342)
27.3	Pre-Procedure Assessment Identifies Contraindications	Manager (ISCO 1342) · Nurse (ISCO 2221)
27.4	Sedation and Anaesthesia Are Safe	Manager (ISCO 1342) · Nurse (ISCO 2221)
27.5	Advertising and Claims Are Accurate	Manager (ISCO 1342) · Secretary (ISCO 3344)
27.6	Follow-Up and Complications Are Managed	Manager (ISCO 1342) · Nurse (ISCO 2221)

Reporting lines. The reporting line and supervision of each role are taken from the ASF terms of reference for that role, published on france-asf.fr. For this standard the manager is the facilities manager. A facility with a different structure records its own reporting lines in its organogram.

Role	Reports to	Supervises
Manager (ISCO 1342)	The chief executive officer or the clinic owner.	Nurses, practitioners and staff in the clinic.
Nurse (ISCO 2221)	The clinic manager.	No direct reports.
Secretary (ISCO 3344)	The clinic manager.	No direct reports.

8.3 E-LEARNING

The e-learning courses for this standard, who must take each one, who is recommended to take it, and the criteria it supports, are listed in section 11.

8.4 RELATED COURSES IN THE GMJ ACADEMY

These courses cover the same subjects in more depth or for a specific type of facility. They are optional. They are not required by the criteria.

Course	Subject	Criteria	GMJ Academy course page
Aesthetic & Injectable Medicine Accreditation (AMB-09)	Practitioner competence and scope	27.1	English · Georgian
პაციენტის უფლებები და მოვალეობები (A-01)	Consent and patient rights	27.2	Georgian Georgian version only
Safe Anaesthesia and Sedation (PS-13)	Safe sedation and anaesthesia	27.4	English · Georgian
Aftercare & Follow-up: Closing the Loop After Every Visit (AMB-06)	Aftercare and follow-up	27.6	English · Georgian

27.1 Practitioners Are Qualified for Each Procedure They Perform

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Must**	**Must**

Applies to: 2 of 9 facility types: Ambulatory clinic, Aesthetic and procedure clinic. **Not applicable to:** Hospital, Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic. Each setting shows its rating above.

> **Criterion.** Each practitioner holds the qualification and training for each specific procedure they perform, verified with the issuing body. A general medical licence is not sufficient on its own.

Rating rule. Minimum in humanitarian settings. Must in transition and fragile settings. Must in standard settings: each practitioner is qualified and trained for each specific procedure they perform.

GUIDANCE

A practitioner is qualified for each procedure they perform, not only for a general medical licence. The scope of practice and competence record (AES-POL-001) lists the procedures each practitioner is permitted to perform, and the qualification is verified with the issuing body.

A procedure outside a practitioner's recorded scope is not performed. Where a new procedure is added, competence is reviewed first and the scope is updated in writing.

The competence of each practitioner is reviewed at a set interval, and the review is recorded with the date and the person who carried it out.

> **Good practice.** Each practitioner's scope is written, verified with the issuing body, and reviewed before any new procedure is added.

> **Partial because.** A practitioner's scope is not written, or verification with the issuing body is missing for some staff.

WHAT GOOD LOOKS LIKE

- The scope of each practitioner is posted in the clinic and reviewed at each change of staff.
- The verification with the issuing body is repeated at a set interval.
- A new procedure is added to a practitioner's scope only after a documented assessment.
- Training records are kept with the scope, so that a practitioner's competence can be shown at any time.

COMMON MISTAKES

- Allowing a practitioner to perform a procedure outside their recorded scope.
- Relying on a general medical licence as proof of competence for a specific procedure.
- Adding a new procedure without reviewing the practitioner's training.
- Keeping the scope in a document that is not updated when staff change.

> **Why it matters.** Each practitioner must hold the qualification and training for the specific procedure they perform, not only a general licence. This is what keeps each procedure in the right hands.

WHAT THE ASSESSOR CHECKS

Sample. Review the qualification and competence records for all practitioners who performed procedures in the last 12 months.

1 **Procedures outside a practitioner's scope are not performed.**

Method. Check each procedure against the scope recorded for the practitioner.

Evidence to show. Scope of practice and competence (AES-POL-001).

Pass when. No procedure falls outside the recorded scope.

2 **The qualification of each practitioner is verified with the issuing body.**

Method. Check each practitioner in the sample against the verification record held with the issuing body.

Evidence to show. Scope of practice and competence (AES-POL-001).

Pass when. Every sampled practitioner has a verified qualification for each procedure they perform.

3 **Competence is reviewed before a new procedure is added.**

Method. Check the competence records for each procedure added in the sample period.

Evidence to show. Scope of practice and competence (AES-POL-001).

Pass when. Every new procedure has a documented competence review before it was added to a scope.

Pass. The criterion is met when every check above is passed.

Immediate fail. A practitioner injecting dermal fillers with no training in the technique. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
AES-POL-001	Scope of practice and competence	Manager	Chief executive	Chief executive
AES-SOP-003	Sedation and anaesthesia safety	Manager	Chief executive	Chief executive
AES-SOP-002	Pre-procedure assessment and contraindications	Manager	Chief executive	Chief executive
AES-FRM-002	Pre-procedure assessment record	Manager	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Maintains the Scope of practice and competence	Aesthetic & Injectable Medicine Accreditation (AMB-09); Governance & Management (H-07) Must
Nurse (ISCO 2221)	Checks the scope against the procedures in the sample	Aesthetic & Injectable Medicine Accreditation (AMB-09); Governance & Management (H-07) Must

REFERENCES FOR THIS CRITERION

- ISO 13485:2016. Medical devices — Quality management systems — Requirements for regulatory purposes. Geneva: ISO. https://www.iso.org/standard/59752.html
- WHO (2021). Global Patient Safety Action Plan 2021–2030: Towards Eliminating Avoidable Harm in Health Care. Geneva: WHO. https://www.who.int/publications-detail-redirect/9789240032705

27.2 Consent Reflects Realistic Outcomes and Allows Time to Reconsider

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Must**	**Must**

Applies to: 2 of 9 facility types: Ambulatory clinic, Aesthetic and procedure clinic. **Not applicable to:** Hospital, Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic. Each setting shows its rating above.

> **Criterion.** For elective procedures, the patient receives realistic information about expected results, risks, complications and alternatives, and has a defined period to reconsider before the procedure.

Rating rule. Minimum in humanitarian settings. Must in transition and fragile settings. Must in standard settings: consent reflects realistic outcomes and allows time to reconsider.

GUIDANCE

For an elective procedure, the patient is given realistic information about the expected result, the risks, complications and alternatives. Results vary between people and may not be permanent, and this is stated in the consent.

The patient has a defined period to reconsider before treatment. The period is recorded in the consent record (AES-FRM-001), and the procedure is not done before it ends.

A patient who postpones or cancels is not pressured to continue. The reason is recorded in the consent record and the practice procedure (AES-SOP-001).

> **Good practice.** Every elective consent states realistic outcomes and a defined reconsideration period, and the period is kept before treatment.

> **Partial because.** Consent is taken, but outcomes are described in general terms or no reconsideration period is given.

WHAT GOOD LOOKS LIKE

- The consent form explains the expected result in plain language, with examples of variation.
- The reconsideration period is written on the consent form and given to the patient to keep.
- The consent is signed before any preparation for the procedure starts.
- The patient is offered a follow-up conversation after the consent to answer any question.

COMMON MISTAKES

- Taking consent in the chair and treating the patient the same day.
- Promising a permanent or guaranteed result.
- Using a general consent form with no outcome or reconsideration section.
- Pressuring a patient who wants more time.

> **Why it matters.** For elective procedures there is time to decide. The patient should receive realistic information about the outcome, and time to reconsider before committing.

WHAT THE ASSESSOR CHECKS

Sample. Review 20 consent records for aesthetic procedures in the last 3 months, with the reconsideration periods recorded.

1 The consent states realistic outcomes, including that results vary and may not be permanent.

Method. Check each consent for the outcome statement.

Evidence to show. Aesthetic procedure consent and reconsideration record (AES-FRM-001).

Pass when. Every consent states realistic outcomes.

2 The patient is given time to reconsider before the procedure.

Method. Check the period between consent and procedure for each sampled case.

Evidence to show. Consent, realistic outcomes and reconsideration (AES-SOP-001).

Pass when. Every sampled case has the reconsideration period recorded and kept before treatment.

3 A defined reconsideration period is kept before treatment.

Method. Check the dates of consent and treatment for each elective procedure in the sample.

Evidence to show. Consent, realistic outcomes and reconsideration (AES-SOP-001).

Pass when. Every sampled elective procedure starts only after the reconsideration period has ended.

Pass. The criterion is met when every check above is passed.

Immediate fail. A patient consented in the chair and treated the same day after one conversation. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
AES-SOP-001	Consent, realistic outcomes and reconsideration	Manager	Chief executive	Chief executive
AES-FRM-001	Aesthetic procedure consent and reconsideration record	Manager	Chief executive	Manager
AES-SOP-002	Pre-procedure assessment and contraindications	Manager	Chief executive	Chief executive
AES-FRM-002	Pre-procedure assessment record	Manager	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Nurse (ISCO 2221)	Completes the Aesthetic procedure consent and reconsideration record	Aesthetic & Injectable Medicine Accreditation (AMB-09); Patient Rights and Responsibilities (A-01) Must
Manager (ISCO 1342)	Maintains the Consent and realistic outcomes	Aesthetic & Injectable Medicine Accreditation (AMB-09); Patient Rights and Responsibilities (A-01) Must

REFERENCES FOR THIS CRITERION

- World Medical Association. Declaration of Helsinki: Ethical Principles for Medical Research Involving Human Participants. Ferney-Voltaire: WMA. https://www.wma.net/policies-post/wma-declaration-of-helsinki/
- UNESCO (2005). Universal Declaration on Bioethics and Human Rights. Paris: UNESCO. https://webarchive.unesco.org/web/20151230033907/http://unesdoc.unesco.org/images/0013/001394/139460e.pdf

27.3 Pre-Procedure Assessment Identifies Contraindications

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Medium**	**Must**

Applies to: 2 of 9 facility types: Ambulatory clinic, Aesthetic and procedure clinic. **Not applicable to:** Hospital, Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic. Each setting shows its rating above.

> **Criterion.** Each patient is assessed before the procedure for medical history, current medicines (including anticoagulants and supplements), pregnancy, allergies and conditions that make the procedure unsafe.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: a pre-procedure assessment identifies contraindications before treatment.

GUIDANCE

Before each procedure, the patient's medical history, current medicines (including anticoagulants and supplements), pregnancy status, allergies and conditions that could make the procedure unsafe are assessed and recorded (AES-SOP-002).

The assessment record (AES-FRM-002) lists each contraindication checked. A contraindication found is either resolved or the procedure is not done, and the outcome is recorded.

The assessment is completed by a clinician before treatment starts. Where the assessment is incomplete, the procedure is delayed until it is complete.

> **Good practice.** Every patient has a complete assessment before the procedure, and every contraindication is resolved or the procedure is not done.

> **Partial because.** Assessments are done, but some contraindications, such as pregnancy or medicines, are not recorded or not acted on.

WHAT GOOD LOOKS LIKE

- The assessment is completed on a form that lists each contraindication to check.
- Medicines and supplements are recorded with the dose and the date of the last use.
- A pregnancy test or a documented pregnancy status is recorded before procedures where it matters.
- The clinician signs the assessment and the date before the procedure starts.

COMMON MISTAKES

- Treating a patient without a recorded assessment.
- Recording pregnancy as unknown without asking the patient.
- Not asking about anticoagulants and supplements.
- Continuing with a procedure when a contraindication has not been resolved.

> **Why it matters.** Before a procedure, the centre must check the patient's history, medicines and conditions that would make the procedure unsafe. Identifying them in advance prevents harm that is otherwise discovered on the table.

WHAT THE ASSESSOR CHECKS

Sample. Review 20 pre-procedure assessment records and the contraindication checks recorded in them.

1 **A documented assessment is completed before each procedure.**

Method. Check each record for an assessment dated before the procedure.

Evidence to show. Pre-procedure assessment and contraindications (AES-SOP-002).

Pass when. Every sampled procedure has an assessment before it starts.

2 **Contraindications are checked and recorded, including pregnancy, medicines and allergies.**

Method. Check each assessment for each listed contraindication.

Evidence to show. Pre-procedure assessment record (AES-FRM-002).

Pass when. Every assessment checks each contraindication.

3 **A contraindication found is resolved, or the procedure is not done.**

Method. Check each recorded contraindication for resolution or for the procedure not being done.

Evidence to show. Pre-procedure assessment record (AES-FRM-002).

Pass when. No procedure goes ahead with an unresolved contraindication.

Pass. The criterion is met when every check above is passed.

Immediate fail. A procedure performed on a pregnant patient whose pregnancy was not recorded. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
AES-SOP-002	Pre-procedure assessment and contraindications	Manager	Chief executive	Chief executive
AES-FRM-002	Pre-procedure assessment record	Manager	Chief executive	Manager
AES-FRM-001	Aesthetic procedure consent and reconsideration record	Manager	Chief executive	Manager
AES-SOP-001	Consent, realistic outcomes and reconsideration	Manager	Chief executive	Chief executive

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Maintains the Pre-procedure assessment and contraindications	Aesthetic & Injectable Medicine Accreditation (AMB-09) Medium
Nurse (ISCO 2221)	Completes the Pre-procedure assessment record	Aesthetic & Injectable Medicine Accreditation (AMB-09) Medium

REFERENCES FOR THIS CRITERION

- WHO (2008). WHO Guidelines for Safe Surgery: Safe Surgery Saves Lives. Geneva: WHO. https://www.who.int/publications-detail-redirect/9789241598552
- WHO (2021). Global Patient Safety Action Plan 2021–2030: Towards Eliminating Avoidable Harm in Health Care. Geneva: WHO. https://www.who.int/publications-detail-redirect/9789240032705

27.4 Sedation and Anaesthesia Are Safe

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Must**	**Must**

Applies to: 2 of 9 facility types: Ambulatory clinic, Aesthetic and procedure clinic. **Not applicable to:** Hospital, Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic. Each setting shows its rating above.

> **Criterion.** Any sedation or anaesthesia is given by staff trained and credentialed for it, with monitoring and emergency equipment, and with a written agreement for transfer to a hospital if a complication occurs.

Rating rule. Minimum in humanitarian settings. Must in transition and fragile settings. Must in standard settings: sedation and anaesthesia are given safely, with monitoring and transfer arrangements.

GUIDANCE

Sedation and anaesthesia are given only by a clinician trained and credentialed for the technique. The competence record is kept with the sedation and anaesthesia procedure (AES-SOP-003).

Monitoring is continuous from the start of the procedure to discharge. Each entry in the monitoring record (AES-FRM-003) is timed, and the equipment used for resuscitation is checked before each procedure.

A written agreement is in place for transfer to a hospital if a complication occurs. The agreement names the hospital, the transfer route and the person responsible for the decision to transfer.

> **Good practice.** Sedation and anaesthesia are given by credentialed staff, with continuous monitoring to discharge and a written transfer agreement.

> **Partial because.** Staff are trained, but gaps in monitoring or missing equipment checks are found in some records.

WHAT GOOD LOOKS LIKE

- The sedation or anaesthesia record names the clinician and the competence that qualifies them.
- Monitoring equipment is checked and signed before each procedure.
- The recovery area has a named person who stays with the patient until discharge.
- The transfer agreement is reviewed each year, and the hospital is told of the arrangement.

COMMON MISTAKES

- Giving sedation without a documented assessment of the patient.
- Discharging a sedated patient without continuous monitoring.
- Having no written transfer agreement for complications.
- Using equipment that has not been checked on the day.

> **Why it matters.** Sedation and anaesthesia in an aesthetic clinic can cause serious harm if the person giving it is not trained, or if the patient is not monitored. Credentialed staff and monitoring keep it safe.

WHAT THE ASSESSOR CHECKS

Sample. Review the sedation and anaesthesia records for 10 procedures, with their monitoring and equipment checks.

1 Sedation and anaesthesia are given only by competent clinicians in an equipped setting.

Method. Check each record for the clinician's competence and the equipment check.

Evidence to show. Sedation and anaesthesia safety (AES-SOP-003).

Pass when. Every sampled case has a competent clinician and checked equipment.

2 **Monitoring is continuous and recorded through recovery.**

Method. Check each record for continuous monitoring entries to discharge.

Evidence to show. Sedation and anaesthesia monitoring record (AES-FRM-003).

Pass when. Every record is continuous to discharge.

3 **A transfer agreement is in place for complications.**

Method. Check the written agreement with the receiving hospital and its date.

Evidence to show. Sedation and anaesthesia safety (AES-SOP-003).

Pass when. A current written transfer agreement is in place and covers each sampled procedure.

Pass. The criterion is met when every check above is passed.

Immediate fail. A sedated patient discharged with no monitoring and no means to resuscitate. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
AES-SOP-003	Sedation and anaesthesia safety	Manager	Chief executive	Chief executive
AES-FRM-003	Sedation and anaesthesia monitoring record	Manager	Chief executive	Manager
AES-SOP-004	Follow-up and complication management	Manager	Chief executive	Chief executive
AES-FRM-004	Complication and follow-up record	Manager	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Maintains the Sedation and anaesthesia safety	Aesthetic & Injectable Medicine Accreditation (AMB-09); Safe Anaesthesia and Sedation (PS-13) Must
Nurse (ISCO 2221)	Completes the Sedation and anaesthesia monitoring record	Aesthetic & Injectable Medicine Accreditation (AMB-09); Safe Anaesthesia and Sedation (PS-13) Must

REFERENCES FOR THIS CRITERION

- WHO (2008). WHO Guidelines for Safe Surgery: Safe Surgery Saves Lives. Geneva: WHO. https://www.who.int/publications-detail-redirect/9789241598552
- WHO (2021). Global Patient Safety Action Plan 2021–2030: Towards Eliminating Avoidable Harm in Health Care. Geneva: WHO. https://www.who.int/publications-detail-redirect/9789240032705

27.5 Advertising and Claims Are Accurate

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Medium**	**Must**

Applies to: 2 of 9 facility types: Ambulatory clinic, Aesthetic and procedure clinic. **Not applicable to:** Hospital, Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic. Each setting shows its rating above.

> **Criterion.** Advertised results, prices and credentials are accurate. Before-and-after images are used only with written consent and without altering the result.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: advertising, prices and before-and-after images are accurate and consented.

GUIDANCE

Advertised results, prices and credentials are accurate and can be shown to be accurate. Each claim is checked against evidence on file before it is published, and the review is logged (AES-POL-002, AES-REG-002).

A before-and-after image is shown only with the patient's written consent and without altering the result. A statement of the typical result accompanies each image.

Published prices match the current fee list. A change to a price is made on the fee list first and then published.

> **Good practice.** Every claim, price and before-and-after image is backed by evidence, consent and a typical-result statement.

> **Partial because.** Most claims are supported, but some results, images or prices lack evidence or consent.

WHAT GOOD LOOKS LIKE

- Each advertised claim is reviewed by a named person before publication, and the review is dated.
- Before-and-after images are stored with the consent form and the date of the photograph.
- Prices are shown with what is included, and any extra cost is stated before the procedure.
- The claims review log is reviewed at set intervals by the manager.

COMMON MISTAKES

- Publishing a result that has no evidence on file.
- Using a before-and-after image without written consent.
- Advertising a price that differs from the fee list.
- Stating credentials that cannot be verified.

> **Why it matters.** Aesthetic clinics often advertise results, prices and credentials that are not true. Before-and-after photos taken without the patient's written permission are a privacy breach. Accurate claims protect the patient from being misled.

WHAT THE ASSESSOR CHECKS

Sample. Review all advertising, website and social media claims for the last 6 months, and the claims review log.

1 Every claim is supported by evidence on file before publication.

Method. Check each sampled claim against the evidence file.

Evidence to show. Advertising and claims review (AES-POL-002).

Pass when. Every claim has evidence on file.

2 **No before-and-after image or result is shown without consent and a typical-result statement.**

Method. Check each image or result shown for consent and the typical-result statement.

Evidence to show. Advertising and claims review log (AES-REG-002).

Pass when. Every shown result has consent and a typical-result statement.

3 **Prices and packages are shown accurately.**

Method. Compare each published price against the current fee list.

Evidence to show. Advertising and claims review log (AES-REG-002).

Pass when. Every published price matches the fee list.

Pass. The criterion is met when every check above is passed.

Immediate fail. Advertising promising permanent results with no evidence on file. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
AES-POL-002	Advertising and claims review	Manager	Chief executive	Chief executive
AES-REG-002	Advertising and claims review log	Manager	Chief executive	Manager
AES-SOP-001	Consent, realistic outcomes and reconsideration	Manager	Chief executive	Chief executive
AES-FRM-001	Aesthetic procedure consent and reconsideration record	Manager	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Maintains the Advertising and claims review	Aesthetic & Injectable Medicine Accreditation (AMB-09) Medium
Secretary (ISCO 3344)	Keeps the Advertising and claims review log	Aesthetic & Injectable Medicine Accreditation (AMB-09) Medium

REFERENCES FOR THIS CRITERION

- International Chamber of Commerce (2024). Advertising and Marketing Communication Practice: Consolidated ICC Code. Paris: ICC. https://iccwbo.org/wp-content/uploads/sites/3/2024/09/ICC_2024_MarketingCode_2024.pdf
- ISO 22716:2007. Cosmetics — Good Manufacturing Practices (GMP) — Guidelines on Good Manufacturing Practices. Geneva: ISO. https://www.iso.org/standard/36437.html
- United Nations. United Nations Guidelines for Consumer Protection. New York and Geneva: UNCTAD. https://unctad.org/publication/united-nations-guidelines-consumer-protection

27.6 Follow-Up and Complications Are Managed

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Medium**	**Must**

Applies to: 2 of 9 facility types: Ambulatory clinic, Aesthetic and procedure clinic. **Not applicable to:** Hospital, Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic. Each setting shows its rating above.

> **Criterion.** Each patient has scheduled follow-up and a named contact for problems. Complications are managed through a pathway the patient was told about before the procedure.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: follow-up is scheduled and complications are managed through a known pathway.

GUIDANCE

Each patient has follow-up arranged before leaving, and each follow-up is attended or chased. The follow-up is recorded in the follow-up and complication management procedure (AES-SOP-004).

Each complication is recorded in the complication and follow-up record (AES-FRM-004), treated, and reviewed. A serious complication is referred and reported.

The patient is told before the procedure whom to contact about a problem and how the complication pathway works, and that information is recorded.

> **Good practice.** Every patient has scheduled follow-up, a named contact and a complication pathway that is used and reviewed.

> **Partial because.** Follow-up is arranged for most patients, but missed visits are not chased or complications are not reviewed.

WHAT GOOD LOOKS LIKE

- The follow-up date is given to the patient in writing before leaving.
- A named contact and a telephone number for problems are printed on the aftercare sheet.
- Each complication is reviewed by the clinician who treated it within a set time.
- Serious complications are discussed at a monthly review of the complication record.

COMMON MISTAKES

- Sending a patient home with no follow-up arranged.
- Not chasing a patient who missed the follow-up.
- Treating a serious complication at the clinic without a referral.
- Recording a complication without a review.

> **Why it matters.** Procedures can have complications days after the patient goes home. A scheduled follow-up and a named contact let the patient get help early.

WHAT THE ASSESSOR CHECKS

Sample. Review follow-up and complication records for 10 procedures in the last 12 months.

1 **Follow-up is arranged and attended, and missed follow-up is chased.**

Method. Check each record for the follow-up date and attendance.

Evidence to show. Follow-up and complication management (AES-SOP-004).

Pass when. Every sampled procedure has follow-up arranged, and each missed one is chased.

2 **Each complication is recorded, treated and reviewed.**

Method. Check each complication record for treatment and review.

Evidence to show. Complication and follow-up record (AES-FRM-004).

Pass when. Every complication has treatment and review recorded.

3 **Serious complications are referred and reported.**

Method. Check each serious complication for referral and reporting.

Evidence to show. Follow-up and complication management (AES-SOP-004).

Pass when. Every serious complication has a referral and a report.

Pass. The criterion is met when every check above is passed.

Immediate fail. A vascular occlusion after filler not recognised or referred for hours. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
AES-SOP-004	Follow-up and complication management	Manager	Chief executive	Chief executive
AES-FRM-004	Complication and follow-up record	Manager	Chief executive	Manager
AES-FRM-002	Pre-procedure assessment record	Manager	Chief executive	Manager
AES-SOP-002	Pre-procedure assessment and contraindications	Manager	Chief executive	Chief executive

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Maintains the Follow-up and complication management	Aesthetic & Injectable Medicine Accreditation (AMB-09) Medium
Nurse (ISCO 2221)	Completes the Complication and follow-up record	Aesthetic & Injectable Medicine Accreditation (AMB-09) Medium

REFERENCES FOR THIS CRITERION

- WHO (2021). Global Patient Safety Action Plan 2021–2030: Towards Eliminating Avoidable Harm in Health Care. Geneva: WHO. https://www.who.int/publications-detail-redirect/9789240032705
- WHO (2008). WHO Guidelines for Safe Surgery: Safe Surgery Saves Lives. Geneva: WHO. https://www.who.int/publications-detail-redirect/9789241598552

10 Questions and answers

Who does Standard 27 apply to?
It applies to non-surgical aesthetic and cosmetic procedures. It is required by default in aesthetic and procedure clinics, optional in ambulatory clinics, and not applicable to the other facility types. Section 4 shows the detail.

What do the colours mean for this standard?
Red means Must, required in every setting. Yellow means Medium, required and adapted to what a setting can realistically do. Green means Minimum, the lowest acceptable level.

Must a practitioner be qualified for each procedure?
Yes. A general medical licence is not enough on its own. Each practitioner holds the qualification and training for each specific procedure they perform (criterion 27.1).

Must consent include realistic outcomes?
Yes. The consent states realistic outcomes, including that results vary and may not be permanent, and gives a defined period to reconsider (criterion 27.2).

Is a reconsideration period required?
Yes, for elective procedures. The patient has a defined period to reconsider before treatment, and is not pressured (criterion 27.2).

Must every patient be assessed before a procedure?
Yes. Medical history, current medicines (including anticoagulants and supplements), pregnancy, allergies and conditions are assessed and recorded before the procedure (criterion 27.3).

Is sedation allowed in every clinic?
Only where the clinician is trained and credentialed, the setting is equipped, and there is a written agreement for transfer to a hospital (criterion 27.4).

Must monitoring continue through recovery?
Yes. Monitoring is continuous and recorded until the patient is discharged (criterion 27.4).

Can before-and-after images be used in advertising?
Only with the patient's written consent, without altering the result, and with a statement of the typical result (criterion 27.5).

Must advertised claims be evidenced?
Yes. Each claim is supported by evidence on file before it is published (criterion 27.5).

Must advertised prices match the fee list?
Yes. Published prices match the current fee list (criterion 27.5).

Is follow-up required after every procedure?
Yes. Follow-up is arranged and attended, and missed follow-up is chased (criterion 27.6).

Who is responsible for each criterion?
The criteria assign responsibility to the manager, the nurse and the secretary. Each record should show who wrote and who reviewed it.

Which e-learning courses are required?
All six criteria require the manager to complete Aesthetic & Injectable Medicine Accreditation (AMB-09). Each criterion also names its own course. The full list is in section 11.

Are the e-learning courses compulsory?
Only the courses in the e-learning table marked as must take are required, for the roles named. Other courses are

recommended.

How is evidence shown to the surveyor?
The records named in each criterion's documents table, covering the period stated in the criterion.

Do I have to use the forms on this page?
No. They are reference drafts. Adapt them, write your own, or upload your own, provided the same criterion is met and the evidence can be shown.

Does this standard set requirements for AI?
No. None of its criteria sets a requirement for artificial intelligence. The criteria cover the practitioners, procedures and records directly.

Who does the standard protect?
Patients who receive aesthetic procedures, who may be exposed to harm from sedation, an unqualified practitioner, an unrealistic promise or a missed complication.

The criterion text is the authority. Do these answers replace it?
No. These answers summarise the criterion. The criterion text is the authority.

The criterion text is the authority. These answers summarise it.

11 E-learning by standard

These are the GMJ Academy courses named in the criteria of this standard. Each course name opens the course page in the academy. Where a course is published in English and in Georgian, both versions are linked. One course is published in Georgian only. Evidence of training may be a verified micro-credential in the GMJ Academy micro-credential portfolio, or a training certificate kept in the staff file.

Course	Essential for	Recommended for	Criteria	GMJ Academy course page
Aesthetic & Injectable Medicine Accreditation (AMB-09) (AMB-09-EN)	Manager	Nurse, Secretary	27.1, 27.2, 27.3, 27.4, 27.5, 27.6	English · Georgian
Governance & Management (H-07) (H-07-EN)	Manager, Nurse	None	27.1	English · Georgian
Patient Rights and Responsibilities (A-01) (A-01-KA)	Manager, Nurse	None	27.2	Georgian Georgian version only
Patient Assessment and Reassessment (PS-11) (PS-11-EN)	Manager, Nurse	None	27.3	English · Georgian
Safe Anaesthesia and Sedation (PS-13) (PS-13-EN)	Manager, Nurse	None	27.4	English · Georgian
Document Control and Record Management (ISO-04) (ISO-04-EN)	Manager, Nurse	None	27.5	English
Aftercare & Follow-up: Closing the Loop After Every Visit (AMB-06) (AMB-06-EN)	Manager, Nurse	None	27.6	English · Georgian

12 References

CITED FOR CRITERIA

1. ISO 13485:2016. Medical devices — Quality management systems — Requirements for regulatory purposes. Geneva: ISO. https://www.iso.org/standard/59752.html (criterion 27.1)
2. WHO (2021). Global Patient Safety Action Plan 2021–2030: Towards Eliminating Avoidable Harm in Health Care. Geneva: WHO. https://www.who.int/publications-detail-redirect/9789240032705 (criterion 27.1, 27.3, 27.4, 27.6)
3. World Medical Association. Declaration of Helsinki: Ethical Principles for Medical Research Involving Human Participants. Ferney-Voltaire: WMA. https://www.wma.net/policies-post/wma-declaration-of-helsinki/ (criterion 27.2)
4. UNESCO (2005). Universal Declaration on Bioethics and Human Rights. Paris: UNESCO. https://webarchive.unesco.org/web/20151230033907/http://unesdoc.unesco.org/images/0013/001394/139460e.pdf (criterion 27.2)
5. WHO (2008). WHO Guidelines for Safe Surgery: Safe Surgery Saves Lives. Geneva: WHO. https://www.who.int/publications-detail-redirect/9789241598552 (criterion 27.3, 27.4, 27.6)
6. International Chamber of Commerce (2024). Advertising and Marketing Communication Practice: Consolidated ICC Code. Paris: ICC. https://iccwbo.org/wp-content/uploads/sites/3/2024/09/ICC_2024_MarketingCode_2024.pdf (criterion 27.5)
7. ISO 22716:2007. Cosmetics — Good Manufacturing Practices (GMP) — Guidelines on Good Manufacturing Practices. Geneva: ISO. https://www.iso.org/standard/36437.html (criterion 27.5)
8. United Nations. United Nations Guidelines for Consumer Protection. New York and Geneva: UNCTAD. https://unctad.org/publication/united-nations-guidelines-consumer-protection (criterion 27.5)

INTERNATIONAL STANDARDS CITED

1. International Labour Organization (2008). International Standard Classification of Occupations, ISCO-08. Geneva: ILO.

13 Document register

Every document code used in Standard 27, with its type and the criteria that use it. The codes identify the documents; a facility may use its own document if it meets the same criterion.

Code	Document	Type	What it is for	Criteria
AES-FRM-001	Aesthetic procedure consent and reconsideration record	Form (record)	Aesthetic procedure consent and reconsideration record	27.2, 27.3, 27.5
AES-FRM-002	Pre-procedure assessment record	Form (record)	Pre-procedure assessment record	27.1, 27.2, 27.3, 27.6
AES-FRM-003	Sedation and anaesthesia monitoring record	Form (record)	Sedation and anaesthesia monitoring record	27.4
AES-FRM-004	Complication and follow-up record	Form (record)	Complication and follow-up record	27.4, 27.6
AES-POL-001	Scope of practice and competence	Policy	Scope of practice and competence	27.1
AES-POL-002	Advertising and claims review	Policy	Advertising and claims review	27.5
AES-REG-002	Advertising and claims review log	Register	Advertising and claims review log	27.5
AES-SOP-001	Consent, realistic outcomes and reconsideration	Procedure (SOP)	Consent, realistic outcomes and reconsideration	27.2, 27.3, 27.5
AES-SOP-002	Pre-procedure assessment and contraindications	Procedure (SOP)	Pre-procedure assessment and contraindications	27.1, 27.2, 27.3, 27.6
AES-SOP-003	Sedation and anaesthesia safety	Procedure (SOP)	Sedation and anaesthesia safety	27.1, 27.4
AES-SOP-004	Follow-up and complication management	Procedure (SOP)	Follow-up and complication management	27.4, 27.6