

قرار وازاري رقم (52) لسنة 2025 م

بشأن اعتماد المعايير الوطنية لخدمات زراعة الشعر

وزير الصحة ووقاية المجتمع:

بعد الاطلاع:

- على القانون الاتحادي رقم (1) لسنة 1972 م بشأن اختصاصات الوزارات وصلاحيات الوزراء وتعديلاته،
- وعلى القانون الاتحادي رقم (4) لسنة 2015 م في شأن المنشآت الصحية الخاصة وتعديلاته ولائحته التنفيذية،
- وعلى القانون الاتحادي رقم (5) لسنة 2019 م في شأن تنظيم مزاولة مهنة الطب البشري ولائحته التنفيذية،
- وعلى القانون الاتحادي رقم (6) لسنة 2023 م بشأن مزاولة غير الأطباء والصيادلة لبعض المهن الصحية،
- وعلى المرسوم بقانون اتحادي رقم (4) لسنة 2016 م بشأن المسؤولية الطبية، وتعديلاته ولائحته التنفيذية،
- وعلى قرار مجلس الوزراء رقم (20) لسنة 2017 م باعتماد المعايير الموحدة لترخيص مزاولة المهن الصحية على مستوى الدولة وتعديلاته،
- وعلى قرار مجلس الوزراء رقم (11) لسنة 2021 م في شأن الهيكل التنظيمي لوزارة الصحة ووقاية المجتمع.

وبناء على مقتضيات المصلحة العامة،،،

قرّما يلي:

المادة (1): تعتمد المعايير الوطنية لخدمات زراعة الشعر المرفقة بهذا القرار.

المادة (2): ينشر هذا القرار في الجريدة الرسمية ويعمل به اعتباراً من اليوم التالي لتاريخ نشره.

عبدالرحمن بن محمد العويس

وزير الصحة ووقاية المجتمع

صدر بتاريخ: 20/03/2025

مرفق القرار الوزاري رقم (52) لسنة 2025 م

بشأن اعتماد المعايير الوطنية لخدمات زراعة الشعر

National Standard of Hair Transplant Services

Table of Contents

PURPOSE

SCOPE

ABBREVIATIONS

DEFINITIONS

- 1. REGISTRATION AND LICENSURE PROCEDURES**
- 2. HEALTH FACILITY REQUIREMENTS**
- 3. HEALTHCARE PROFESSIONALS' REQUIREMENTS**
- 4. FACILITY DESIGN REQUIREMENTS**
- 5. PATIENT-CENTERED CARE**
- 6. INFECTION CONTROL**
- 7. ENFORCEMENT AND SANCTIONS**
- 8. KEY PERFORMANCE INDICATORS (KPIs)**

APPENDIX

PURPOSE

This Standard defines specifications for hair transplant services in health facilities licensed by the concerned health authorities, aiming to ensure the highest levels of safety and quality for patients in the United Arab Emirates.

SCOPE

This standard applies to all licensed health facilities in the UAE approved under licensure to provide hair transplant services according to the specifications of this standard.

Methods of hair transplant:

- Follicular Unit hair Transplantation (FUT)
- Follicular Unit Excision (FUE)
- Direct Hair Implantation (DHI)

ABBREVIATIONS

ACLS	: Advanced Cardiovascular Life Support
BLS	: Basic Life Support
BSs	: Bachelor of Science
DUPA	: Diffuse Unpatterned Alopecia
FUE	: Follicular Unit Excision
FUT	: Follicular Unit Transplantation
Hb	: Hemoglobin
OCD	: Obsessive Compulsive Disorder
PPE	: Personal Protective Equipment

DEFINITIONS

Direct Hair Implantation (DHI) is a method similar to FUE as the hair follicles are removed individually from the back of the head. However, the extracted grafts are immediately inserted into the scalp with a special instrument called the Choi Implanter Pen. This tool removes and implants the hair follicles from the donor area to the recipient site, where they then grow and regenerate new hairs.

Donor Area is the fringe above the ears and around the back of the head where hair follicles are genetically programmed to remain intact and grow throughout life.

Follicular Units are naturally occurring groupings of hairs. They are sometimes referred to as grafts.

Follicular Unit Excision (FUE) procedure is a method of graft harvest whereby small, naturally occurring follicular units are individually excised with a micro-punch and moved from the permanent donor area to the area of hair loss.

Follicular Unit Hair Transplantation (FUT) is a hair transplant method where a long, thin piece of tissue is removed from the back of the scalp. Individual follicular units are then removed from the strip using stereo-microscopic dissection. Once the follicles have been harvested, the wound is closed leaving behind a single, very fine linear scar.

Hair Transplantation is a surgical method used for restoring hair loss, filling in gaps, and treating areas affected by thinning or balding.

Norwood classification is the most widely used classification for hair loss in men and it defines two major patterns and several less common types.

1. REGISTRATION AND LICENSURE PROCEDURES

- 1.1. All health facilities providing g Hair Transplant services must adhere to the laws and regulations of the United Arab Emirates (UAE).**
- 1.2. Licensed health facilities opting to add Hair Transplant services shall inform the Concerned Health Authorities and apply for a license to provide the required service.**
- 1.3. Health facilities aiming to provide Hair Transplant services must comply with the licensure and administrative procedures of the Concerned Health Authorities.**
- 1.4. Hair transplant services can be provided in:**
 - Hospitals (General and Specialty)**
 - Day surgical centers**
- 1.5. All health facilities providing Hair Transplant services should be accredited in accordance with the requirements set out by each health authority**

2. HEALTH FACILITY REQUIREMENTS

- 2.1. The health facility shall ensure easy access to all patients including people of determination.**
- 2.2. The health facility shall have appropriate equipment and trained healthcare professionals to manage critical and emergency cases.**

- 2.3. Hair transplantation is a minor surgical procedure that can be conducted in a procedure room.
- 2.4. The health facility shall provide a comfortable care environment for the service with a focus on patient safety and privacy.
- 2.5. The health facility should develop and provide documentation with evidence for the following policies and procedures, but not limited to:
- Patient selection criteria.
 - Patient assessment and admission.
 - Patient education and Informed consent.
 - Patient health record.
 - Infection control measures and hazardous waste management.
 - Incident reporting.
 - Patient Privacy & Confidentiality.
 - complaint policy.
 - Lost and Found policy.
 - Fall management policy.
 - Business continuity policy.
 - No smoking policy.
 - Calibration policy and record of maintenance.
 - Medication management.
 - Emergency action plan.

- Patient discharge/transfer as per the policy of patient referral and inter-facility transfer related to each health authority.
- 2.6. The health facility shall provide documented evidence of the following:
- Transfer of critical/complicated cases when required.
 - Patient discharge.
 - Clinical laboratory services.
 - Equipment maintenance services.
 - Medical waste management.
- 2.7. The health facility shall ensure it has in place adequate lighting and utilities, including but not limited to: temperature and humidity monitors, water taps, medical gases, sinks and drains, lighting, electrical outlets, communications, sterilization and disinfection room, and medical waste room.
- 2.8. The health facility shall have in place a written plan for monitoring equipment for electrical and mechanical safety, with monthly visual inspections for apparent defects.
- 2.9. The equipment that are used shall be approved by at least one of the following international authorities:
- 2.9.1. Food and Drug Administration (FDA)
 - 2.9.2. Health Canada
 - 2.9.3. Conformité Européenne (CE)
 - 2.9.4. Australian Register of Therapeutic Goods (ARTG)

- 2.10. The equipment that are used shall be registered with the Ministry of Health and Prevention (MOHAP) in the UAE.
- 2.11. For advertising and marketing content related to Hair Transplants, the facility shall adhere to the Standards for Medical Advertisement Content related to MOHAP and Concerned Health Authorities.

3. HEALTHCARE PROFESSIONALS' REQUIREMENTS

- 3.1. Healthcare professionals should be permitted by the Concerned Health Authorities to practice hair transplants.
- 3.2. All Healthcare professionals should adhere to local requirements for licensing physicians to practice hair transplantation.
- 3.3. The Privileging Committee (or a similar body) of the health facility should further privilege the healthcare professionals who have acquired permission from the Concerned Health Authorities to practice hair transplants based on their training, experience, and competencies.
 - 3.3.1. The privilege shall be reviewed and revised every two years.
- 3.4. The following physicians can obtain permission from the Concerned Health Authorities to practice hair transplant services:
 - 3.4.1. Plastic Surgeons**
 - Must meet one the following criteria:
 - 3.4.1.1. Hair transplant was part of their specialty training.
 - 3.4.1.2. Acquire an accredited post-graduate certificate if hair transplant was not part of their specialty training.

3.4.2. Dermatologists and General Surgeons, with the additional requirements:

3.4.2.1. Acquire an accredited post-graduate certificate.

3.4.2.2. The program must meet competency-based medical training standards.

3.4.2.3. Dermatologists, General Surgeons shall acquire an accredited physician certificate in hair transplant/ restoration surgery from one of the following certifying bodies:

- **American Board of Hair Restoration Surgery (ABHRS)**
- **Fellow International Society of Hair Restoration Surgery (FISHRS)**

3.4.2.4. Have at least two (2) years of recent experience in hair transplant along with a logbook of the number of cases for procedures performed and the outcomes.

3.4.2.5. Complete assessment

3.5. Hair transplant technicians could be:

3.5.1. Healthcare professionals with a BSc or diploma (minimum three (3) years course duration) in allied health with an emphasis in hair transplant OR BSc degree in nursing and certificate confirming on-job training and indicate the following:

- **Training is conducted in a licensed hair transplant center.**
- **Training is performed by a licensed hair transplant surgeon.**
- **Two (2) years of experience in a related field and a minimum of twenty (20) procedures per year.**

3.6. The physicians should undergo advanced/ specialized training to recognize and treat complications and side effects.

- 3.7. All licensed healthcare professionals shall be certified in Basic life support (BLS) and Advanced Cardiovascular life support (ACLS).
- 3.8. Technicians performing hair transplant services shall be responsible for demonstrating defined experience and exposure to the discipline's cognitive and technical challenges.
- 3.9. As with other interventional procedures, the technicians carrying out hair transplant services must receive suitable training and are assessed as competent to perform it.

4. FACILITY DESIGN REQUIREMENTS

- 4.1. The health facility must meet the design requirements as per the Health Facility Guidelines related to each health authority.
- 4.2. The procedure room shall have a minimum floor area of twenty (20) square meters and shall host the procedure chair and the hair transplant equipment.
- 4.3. Room layout general features should have the following:
 - 4.3.1. There should be a clinical chair available with a reclining, multi-positioning backrest, and access on three sides. As patients having hair transplant surgery often faint, the chair must have the ability to go into the Trendelenburg position.
 - 4.3.2. A medical fridge should be available to store follicular unit grafts in the range of 2°C to 8°C (35.6°F to 46.4°F) if there is a delay between donor harvesting and recipient site insertion.
 - 4.3.3. Stainless steel trolleys must be available for instruments to be placed on with appropriate clean covers.

- 4.3.4. Sharps and clinical waste disposal must be provided.
- 4.3.5. There should be one (1) procedure chair per room.
- 4.3.6. The procedure room shall be equipped with medication, a fully stocked crash cart trolley, and other essential equipment to handle clinical emergencies.
- 4.3.7. There is a wide range of tools and equipment used in hair transplant surgery. In addition to standard basic surgery instruments to excise a strip of donor hair scalp, there are a multitude of devices to make recipient site incisions and to individually extract follicular unit grafts. The below equipment would be used such as but not limited to;
 - 4.3.7.1. A densitometer can be used to estimate the hair density from the donor area.
 - 4.3.7.2. Neo Graft machine used for follicular unit excision.
 - 4.3.7.3. Hair Transplant machine.
 - 4.3.7.4. Hair implanter and Hair transplant Instrument (e.g. FUE Punch, Grafting Needle, etc.).
- 4.3.8. The Healthcare operator should maintain a written preventive maintenance program for all medical and surgical equipment and related procedures, with readily available records to be maintained.
- 4.3.9. Where possible, instruments should be single-use disposable.
- 4.3.10. Instruments referred to as single-use by the manufacturer must not be re-used.

5. PATIENT-CENTERED CARE

5.1. PATIENT SELECTION

5.1.1. Any person with a good donor area, in good general health, and reasonable expectations with pattern hair loss can undergo hair transplantation.

5.1.2. Contraindications to Hair Transplant Surgery:

- **Patient with Diffuse Unpatterned Alopecia (DUPA)**
- **Non-androgenetic causes of hair loss**
- **Immunocompromised patients.**
- **Drug Sensitivities.**
- **Keloids.**
- **Connective Tissue Disease.**

5.1.3. Physicians shall apply caution to the following cases:

5.1.3.1. Patients with significant psychiatric issues, especially Clinical Depression, Trichotillomania, Body Dysmorphic Disorder, or severe Obsessive-Compulsive Disorder (OCD). In such instances, the involvement of a psychiatrist or psychologist in the decision-making process is recommended.

5.1.3.2. Patients with Norwood stage 6 or 7 (according to Norwood Classification) with poor hair density.

5.1.3.3. Patients with a significant systemic health problem.

5.1.3.4. Patients with unrealistic expectations.

5.1.3.5. In very young patients whose early alopecia is still evolving. Surgical intervention may be considered in young patients (21-23 years of age) under specific circumstances:

- **Advanced hair loss Hamilton–Norwood stages 4–6, which causes severe psychological issues and where drug therapy is unlikely to be beneficial.**
- **Young patients in professions such as acting, media, modeling, etc., whose career gets affected by postponing surgery.**
- **Patients who are severely psychologically affected by their baldness.**
- **In cases of tractional alopecia or secondary cicatricial alopecia (burns, trauma, surgical scars over hair-bearing regions).**

5.1.4. Maximum grafts that can be safely harvested will depend on:

- **Safe donor area.**
- **The density of both hairs and units of the donor area.**
- **Head size.**
- **Techniques used.**
- **Donor skin properties such as elasticity.**
- **Age of patient and possibility of future sessions.**

5.2. PATIENT RECORDS

5.2.1. Retention of records shall be as per applicable UAE laws and legislation.

5.2.2. All healthcare professionals should maintain an up-to-date surgical logbook of all performed hair transplant cases that includes the following:

- **Date and Time.**

- Name.
- Gender.
- Graft/follicle numbers.
- Method of harvesting donor's hair.
- Performed independently or under supervision.
- Procedure Outcome.
- Consent form signed by the patient in the clinic before the procedure.

5.2.3. Medical records must be kept confidential and held securely whether in paper or electronic format.

5.2.4. The number of follicular unit grafts transplanted and the number of hairs per graft should be documented. For Follicular Unit Excision (FUE) cases, the partial graft transection rate and the total graft transection rate should be documented.

5.2.5. Doses, routes, and times of all medications administered should be documented and the name of the prescriber should be documented. Lot numbers and expiration dates of medications should be documented when applicable.

5.3. PRE-OPERATIVE COUNSELING AND INFORMED CONSENT

5.3.1. In accordance with Article (5) of Federal Law Number (4) of 2016 regarding Medical Liability, treating physicians are required to acquire Informed Consent before performing procedures, surgeries, or interventions. This involves a detailed discussion of complications, risks, benefits, and alternative options with the patient. Identified Risk Levels are mentioned in APPENDIX 1.

5.3.2. Consent documentation shall be maintained in the patient's health records.

- 5.3.3. Detailed informed consent form should be signed by the patient in the clinic and before the procedure.
- 5.3.4. The cost of surgery and follow-up sessions should be clear to the patients and documented.
- 5.3.5. The consent form must specifically outline the limitations of the procedure, and if additional procedures are necessary to achieve proper results, it should be clearly mentioned.
- 5.3.6. Patients should be provided with adequate opportunities to seek information through brochures, computer presentations, and personal discussions.
- 5.3.7. The need for concomitant medical therapy should be emphasized.
- 5.3.8. Patients should understand that proper hair growth can be expected after about nine (9) months after transplantation.
- 5.3.9. Preoperative laboratory studies to be performed include but are not limited to the following:
- Hb
 - Blood counts (including platelet count)
 - Bleeding and clotting time (or prothrombin time and activated partial thromboplastin time)
 - Blood chemistry profile (including glucose)
 - Hepatitis and HIV serological assay

5.4. PATIENT CARE

- 5.4.1. The health facility should accommodate the diverse cultural and linguistic needs of patients. This may involve but not limited to providing informational brochures in multiple languages and ensuring the availability of translators when necessary.
- 5.4.2. Most patients will need concurrent medical treatment since the process of pattern hair loss is progressive and may affect the remaining hair.
- 5.4.3. Follow-up visits should be scheduled to monitor the procedure results and ensure the ongoing continuity of care.
- 5.4.4. Hair Transplant Professionals should examine the patient, take a relevant history, and assess needs to develop a care plan.
- 5.4.5. Prior to the procedure, a reimbursement plan must be agreed upon in case the patient is dissatisfied. In the event of incomplete satisfaction, patients should be informed of their rights and responsibilities.

6. INFECTION CONTROL

- 6.1. Infection control measures shall be used in the health facility to prevent or reduce the potential for disease transmission, measures shall include but not limited to the following:
- Personal Protective Equipment (PPE)
 - Sterilization and disinfection of patient care items
 - Environmental infection control and Medical Waste Management
 - Quality Assurance Programs to ensure the effectiveness and compliance of all infection control measures.

7. ENFORCEMENT AND SANCTIONS

7.1. Healthcare service providers must comply with the terms and requirements of this Standard. Non-compliance with these requirements may result in the imposition of sanctions in accordance with the regulatory procedures outlined by the Concerned Health Authorities.

8. KEY PERFORMANCE INDICATORS (KPIs)

8.1. A record of key performance indicators (KPIs) must be maintained. This includes tracking metrics such as:

- Patient satisfaction,
- Graft survival rate,
- Recovery time,
- Complication rate,
- Number of repeated clients, and
- Procedure success rate.

APPENDIX

Appendix 1: Identified Risk Level

Cause	Risk
Local anesthesia	<ul style="list-style-type: none">• Allergic reaction• Cardiovascular/Neurological toxicity• Coma

Hair transplant surgery	<ul style="list-style-type: none"> • Fainting/feeling unwell.
Follicular Unit Excision and Strip Follicular Unit Transplant donor hair harvesting	<ul style="list-style-type: none"> • Donor site bleeding • Infection • Delayed wound healing • Necrosis and scarring • Donor hair depletion • Pain and dysesthesia
Recipient site	<ul style="list-style-type: none"> • Recipient site bleeding • Swelling/edema and bruising • Infection and delayed wound healing • Failure of hair growth • Necrosis and scarring • Pain and Dysesthesia
Risks to practitioner	<ul style="list-style-type: none"> • Bloodborne pathogen transmission risk ○ Hepatitis B and other vaccinations are required for all Hair Transplant Professionals. • Needle stick injuries