

Research on Standardization Construction and Training Certification System of Medical Cosmetology Service in China

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Abstract: *Currently, with the improvement of economic standards, the awakening of aesthetic consciousness, and the increasing emphasis on medical health and beauty concepts, the demand for medical health and beauty services continues to grow, characterized by multi-level, personalized, and diversified needs [1]. However, due to the late start of medical aesthetics in China and the exploratory stage of its management, the standardization and training certification system for medical aesthetic services have not yet been established. As a result, the quality and professional capabilities of most practitioners in the field fail to meet the multi-level, personalized, and diversified demands of beauty seekers, leading to a gradual increase in medical aesthetic disputes. Based on years of practical research on the standardization and certification system of medical aesthetic services, this paper reflects on the existing problems in current medical aesthetic services and conducts an in-depth analysis of the factors influencing the demand for such services. Combining the current status of medical aesthetic services in China and using medical aesthetic consultation services as an example, this study explores the construction of a standardization and training certification system for medical aesthetic services. The aim is to enhance the professional level of medical aesthetic technicians and the technical service capabilities of medical aesthetic institutions, thereby promoting the healthy development of medical aesthetic services.*

Keywords: *Medical Aesthetic Services, Standardization Construction, Medical Aesthetic Service Training, Medical Aesthetic Service Certification, Standardization and Training Certification System for Medical Aesthetic Services*

1. Research Background

1.1 The Need to Enhance the Quality of Life for Cosmetic Medical Seekers and Promote the Implementation of the Healthy China Strategy

The desire for beauty is universal. With the improvement of economic conditions, the awakening of beauty consciousness, and the strengthening of medical health and beauty concepts, the demand for medical health and beauty services has been continuously increasing. A large number of beauty seekers are flocking to medical aesthetic institutions. According to the 2019 China Health Statistics Yearbook, the number of visits to cosmetic hospitals and the number of cosmetic hospitals in China showed a straight upward trend from 2010 to 2018, with a rapid growth rate [2]. According to data from the 2020 iiMedia Report Center, the number of visits to cosmetic hospitals in China increased from 531,000 in 2010 to 9.269 million in 2019 [3]. Data from the 2017 China Medical Aesthetics Industry Report shows that the total number of medical aesthetic procedures in China has long exceeded 10 million, with a compound growth rate of over 40%, making China the second-largest medical aesthetics market in the world after the United States [4]. Statistics show that there are over 10,000 registered medical aesthetic institutions in China, with more than 20 million practitioners [5]. However, according to the "China Medical Aesthetics Industry Insight White Paper (2020)", only 14% of the medical aesthetic institutions are legal, and only 12% of the institutions are both legal and compliant in conducting medical aesthetic projects. The number of non-compliant practitioners is at least 10 million [6]. These issues severely harm the quality of life for beauty seekers and even endanger their lives. The construction of a standardized medical aesthetic service and training certification system is essential to improve the professional level of medical aesthetic technicians and the technical service capabilities of medical aesthetic institutions, promote the healthy development of medical aesthetic services, enhance the quality of life for beauty seekers, and lay the foundation for providing multi-level, diversified, and

personalized health and beauty services. This aligns with the "whole nation building and sharing" health and wellness policy proposed by the Chinese government.

1.2 The Need to Standardize the Medical Aesthetics Industry, Reduce Risks, and Promote the Healthy Development of China's Medical Aesthetics Industry

With the rapid development of China's medical aesthetics market, the penetration rate and consumer demand for medical aesthetics continue to rise. However, the lack of unified regulatory standards in the industry has led to significant legal risks. According to data from Qichacha, there are over 20,000 risk-related information entries related to medical aesthetics, and the number of risk-related information has been increasing year by year over the past five years. In 2019, the number of risk-related information was 1.7 times that of 2018. In recent years, relevant national departments have spent significant resources to rectify the chaos in the medical aesthetics industry. Qichacha data shows that administrative penalties are the most common, with a total of over 7,000 entries, accounting for 31.16% of the total risk-related information [7]. The construction of a standardized medical aesthetic service and training certification system is conducive to standardizing the medical aesthetics industry, reducing risks, promoting the healthy development of China's medical aesthetics industry, and reducing the management costs of relevant departments.

2. Current Research Status in China

2.1 Domestic Research on "Medical Aesthetics" Mostly Focuses on Medical Aesthetic Ideas and Beauty Techniques

Domestic research on "medical aesthetics" predates that of foreign countries. Before the Han Dynasty, there were already body decorations for aesthetic purposes in folk culture. By the Jin Dynasty, beauty techniques had significantly developed, and by the Yuan Dynasty, there were records of nose bridge repair procedures. In the 1980s, Chinese scholars first proposed the concept of "medical aesthetics," forming the contemporary Chinese medical aesthetics and cosmetic medicine discipline. This discipline is a confluence of multiple fields, including cosmetic surgery, dermatology, dentistry, various practical beauty techniques, non-surgical beauty techniques such as traditional Chinese medicine beauty, medicinal cuisine beauty, and meridian beauty, as well as the basic theories of medical aesthetics [8]. Searching the China National Knowledge Infrastructure (CNKI) with "medical aesthetics" as the keyword yields 3,085 results, mostly papers focusing on medical aesthetic ideas and related techniques.

2.2 Limited Domestic Research on "Medical Aesthetic Services," "Medical Aesthetic Service Standardization," "Medical Aesthetic Service Training," and "Medical Aesthetic Service Certification"

To understand the research status of "medical aesthetic services" both domestically and internationally, the author searched CNKI with "medical aesthetic services" as the keyword, yielding 19 results. Through the ranking of correlation from high to low, it is found that only one doctoral thesis really involves "medical cosmetology service", which mainly discusses the relationship between the quality of medical cosmetology service, perceived value and customer loyalty, and has no great connection with the "construction of medical cosmetology service standardization and training certification system construction" that we are going to discuss today. Other results are mostly related to the analysis of medical aesthetic phenomena and market surveys. Further searching with "medical aesthetic service standardization" as the keyword yielded 0 results. To understand the research status of "medical aesthetic service training and certification," the author searched with "medical aesthetic service training" and "medical (health) aesthetic service certification" as keywords, both yielding 0 results. Searching with "medical aesthetic training" as the keyword yielded 15 results, mostly related to medical aesthetic technique training. Searching with "beauty service certification" as the keyword yielded 1 result, titled "Health Beauty Service Quality Certification Standards Officially Released," which mainly involves the "life beauty service" field and does not involve "medical aesthetic services." This indicates that there are no academic achievements related to "medical aesthetic service standardization construction and training certification" in China.

2.3 Domestic Health Management Departments Have Initiated the Construction of "Health Technology Training Standardization and Certification" Demonstration Zones, but It Is Still in the Early

Experimental Stage Domestic health management experts have recognized that the certification system is a key to promoting high-quality development in the health industry. On August 4, 2018, the Health Commissions of Beijing, Tianjin, and Hebei held a meeting in Beijing to launch the "Beijing-Tianjin-Hebei Collaborative Development Health Technology Training Standardization and Certification Demonstration Zone." The meeting established the Beijing-Tianjin-Hebei Health Service Standardization and Certification Committee. The goal of this demonstration zone is to initiate and carry out 10 health technology training standardization and certification projects and 10 personnel and institution technical service capability assessments and certifications by 2020. The pilot project areas will initially establish a standardized system for health personnel and institution technical service capabilities. The meeting prioritized pilot projects in the health field with a certain foundation and urgent industry needs in the Beijing-Tianjin-Hebei region, including medical aesthetic service projects. In November 2018, a meeting on "Medical Aesthetic Service Standards" was held in Tianjin, where the "Basic Standards for Medical Aesthetic Consultation Services" and the "Medical Aesthetic Consultation Service Capability Evaluation System" were formulated. After national expert certification, these were successfully filed with the National Certification and Accreditation Administration as certification standards for medical aesthetic consultation services. In May 2019, the HQCC China Medical Aesthetic Service Standardization and Certification Committee was established in Xiong'an, consisting of 41 expert members. Since then, the construction of medical aesthetic service standardization and certification in China has begun. However, as it is still in the early experimental stage, the construction of medical aesthetic service standardization and certification has not yet formed a scientific and complete system. In this context, the author's research on the construction of a medical aesthetic service standardization and training certification system, using medical aesthetic consultation services as an example, is of significant importance.

3. Key Research Content

3.1 Research on the Core Concepts and Connotations of Medical Aesthetic Services

The concept of "medical aesthetics" has been mentioned in related textbooks and works, so it will not be further discussed here. However, "medical aesthetic services" is a newly emerged term, and no literature has been found to provide a detailed definition of it. To build a scientific and systematic medical aesthetic service standardization and training certification system, the first step is to clarify what "medical aesthetic services" are and what their concepts and connotations entail. To explore this issue, let's first look at the concept of "service." Due to the complexity, content, and methods of services, there are various understandings and meanings, and definitions of services vary across different fields. Academic research on services mainly originates from the development of marketing and related theories in Europe and the United States. The International Organization for Standardization (ISO) has also provided definitions of services to promote understanding and international trade. Undoubtedly, we will mainly refer to the ISO's definition of "service" to align with our research on the "construction of medical aesthetic service standardization and training certification system." ISO has successively provided definitions of "service" in the ISO 9000 series standards. The definition of "service" by ISO has undergone a gradual development and evolution process. In the 2018 certification personnel vocational qualification series training textbook "Service Certification Auditor General Knowledge" compiled by the China Certification and Accreditation Association, the definition of "service" in the ISO/IEC TR 17028:2017 standard is adopted, which states that "service is the output of the service provider, which requires at least one activity to be conducted between the service provider and the customer" [9]. This definition reveals that the service provider's output occurs during the interaction with the customer. From the concept of "service," we can extend the concept of "medical aesthetic services" to "the output of the medical aesthetic service provider, which requires at least one medical aesthetic activity to be conducted between the medical aesthetic service provider and the customer (beauty seeker)." Here, the "medical aesthetic service provider" could be a person, a group of people, a device, or a set of facilities. As long as they interact with the customer and output medical aesthetic activities, they fall within the scope of "medical aesthetic service providers." At the same time, considering the actual medical aesthetic activities in contact with customers (beauty seekers), we can subdivide medical aesthetic services into medical aesthetic consultation (design) services, medical

aesthetic surgical services, medical aesthetic dermatology services, medical aesthetic oral services, medical aesthetic traditional Chinese medicine services, medical aesthetic health care services, and medical aesthetic tattooing services.

3.2 Research on Medical Aesthetic Service Standards

After clarifying the core concepts and connotations of medical aesthetic services, the next step is to conduct research on "medical aesthetic service standards." From the perspective of constructing the "medical aesthetic service standardization and training certification system," research on "medical aesthetic service standards" mainly includes two parts: basic standards for medical aesthetic services (service construction standards) and the medical aesthetic service capability evaluation system (service evaluation standards). Formulating basic service standards facilitates the standardization and regulation of services, while formulating the service capability evaluation system facilitates the evaluation and assessment of service capabilities of professionals by service certification auditors. The "service construction standards" and "service evaluation standards" are complementary. The "service construction standards" are a ruler for how to standardize each service link, while the "service evaluation standards" are a ruler for how to evaluate the service capabilities of each service link. Only by setting these two rulers correctly and accurately can we promote the standardization of medical aesthetic services. So, how should this standard be formulated? Should we set a general standard for medical aesthetic services, or should we divide the types of medical aesthetic services and set sub-standards for each type? The author tends to favor the latter. Because medical aesthetic services, such as medical aesthetic consultation (design) services, medical aesthetic surgical services, medical aesthetic dermatology services, medical aesthetic oral services, medical aesthetic traditional Chinese medicine services, medical aesthetic health care services, and medical aesthetic tattooing services, each have their unique characteristics. Setting sub-standards is more conducive to implementation.

So, what is the key point in formulating service standards? The key point lies in how to extract the "service project content and quality requirements." This is the core content of the "basic service standards (service construction standards)," and the "service capability evaluation system" is also formulated around the "service project content and quality requirements." The author uses "medical aesthetic consultation (design) services" as an example to explore how to break through the key point in formulating service standards. What are the main service project contents of medical aesthetic consultation (design) services? According to the current division of service positions in medical aesthetic institutions, medical aesthetic consultation (design) service positions are mainly divided into two categories: consultation and customer service. This division is based on the actual needs of the positions. The author will discuss the subdivision based on service project content, mainly dividing it into access consultation services, reception consultation services, on-site consultation (design) services, peri-treatment consultation services, and mid-to-long-term customer follow-up services[10]. These five parts already cover the service scope provided by the consultation and customer service positions in medical aesthetic institutions to customers (beauty seekers). Next, we need to clarify the service content and requirements of these five service projects. What does "access consultation services" include? With the development of new media and channels, "access consultation services" are no longer limited to the past "telephone consultation services" but also include "new media consultation services" and "channel consultation services." "Reception consultation services" are no longer limited to the past "front desk reception consultation services" but also include various specialized front desk reception consultation services, such as "cosmetic surgery front desk reception consultation services," "cosmetic dermatology front desk reception consultation services," and "cosmetic oral front desk reception consultation services." "On-site consultation (design) services" include the collection of basic information from customers (beauty seekers), the analysis of customer needs, the assessment of the feasibility of customer-required projects, the confirmation of initial customer intentions, aesthetic design services for customers, the final confirmation of aesthetic design plans, and image collection services. "Peri-treatment consultation services" include pre-treatment, during-treatment, and post-treatment consultation services. Here, "post-treatment consultation services" are actually "early follow-up services for customers (beauty seekers)." "Mid-to-long-term customer follow-up services" include customer consultation services, customer maintenance consultation services, and customer secondary development consultation services. After clarifying the content of the service projects, we can formulate the service requirements for each service link based on the service content, and then formulate the evaluation index system based on the service requirements.

3.3 Research on Standards for Medical Aesthetic Service Training Bases

After establishing the standards for medical aesthetic services, the next step is to develop the standards for medical aesthetic service training bases. The fundamental reason lies in the fact that the service level and capabilities of most medical aesthetic institutions at this stage are unlikely to meet the standards without training. Therefore, it is essential to build high-standard medical aesthetic service training bases. The research process and content for the standards of medical aesthetic service training bases are interconnected with those of medical aesthetic service standards, primarily consisting of two major components: the basic specifications for medical aesthetic service training bases (construction standards for training bases) and the evaluation system for medical aesthetic service training bases (evaluation standards for training bases).

The key to formulating the standards for service training bases remains in how to distill the "content and quality requirements." This is the core of the "basic specifications for service training bases (construction standards for service training bases)," and the "evaluation system for service training bases" is also developed around the "content and quality requirements." The author uses the "standards for medical aesthetic consultation (design) service training bases" as an example to explore how to address the key points in formulating the standards for service training bases. The specifications for medical aesthetic consultation (design) service training bases mainly include the teaching management system, organizational management system, training faculty development system, training program establishment system, training facilities and venues, etc.

Once the specifications for the service training bases are clarified, specific requirements for each content are established, followed by the development of the evaluation index system based on these requirements.

4. Research Methodology

4.1 Literature Review

By collecting and tracking domestic literature on medical aesthetics and medical aesthetic services in China, the current status and root causes of issues in medical aesthetic services are understood. This further helps in determining the core content for questionnaire surveys and group discussions.

4.2 On-Site Observation

Several typical medical aesthetic service projects in China are selected for on-site observation of the entire service delivery process. This allows researchers to experience the actual scenarios of medical aesthetic services and the psychological feelings of customers (aesthetic patients) during service reception, enhancing practical insights and inspiring theoretical innovation.

4.3 Questionnaire Survey

Four provinces and cities with advanced medical aesthetic services in China—Shanghai, Guangdong, Zhejiang, and Hunan—as well as three regions—Beijing, Tianjin, and Hebei—that have initiated the standardization and certification of medical aesthetic consultation (design) services are selected as the survey targets. The survey covers medical aesthetic institutions, their professional staff, customers (aesthetic patients), and third-party service certification agencies to understand the current status of medical aesthetic services and the standardization and certification of medical aesthetic consultation (design) services. Based on this, six types of questionnaires are designed and distributed to customers (aesthetic patients), medical aesthetic organizations, professional staff, training instructors, national reviewers for medical aesthetic service certification, and members of the standardization and certification committee. Each province/city surveys 1,000 respondents using snowball sampling. The collected data is stored in an Epidata database and analyzed using SPSS 19.0 software.

4.4 Focus Group Discussions

Focus group discussions are conducted with customers (aesthetic patients), professional staff in medical aesthetic services, training instructors, national reviewers for medical aesthetic service certification, and members of the standardization and certification committee. This method is used to

gather in-depth insights into issues related to the construction of medical aesthetic service standardization and training certification systems.

4.5 Grounded Theory and Reflective Equilibrium

Experience is summarized and generalized from raw data to establish substantive theories that lie between grand theories and micro-operational hypotheses. Based on existing theoretical systems, their essence is cross-transplanted, and reflective equilibrium is used to balance various interests, creating new theories. This process establishes a series of standardization and training certification systems, including the "Basic Specifications for Medical Aesthetic Services," "Evaluation System for Medical Aesthetic Service Capabilities," "Basic Specifications for Medical Aesthetic Service Training Bases," and "Evaluation System for Medical Aesthetic Service Training Bases."

5. Research Approach

A "problem-oriented" comprehensive research approach is adopted. First, issues in medical aesthetic services, standardization, and training certification are identified and focused on from multiple perspectives. Based on investigations of medical aesthetic institutions, training bases, and third-party certification agencies, as well as questionnaire survey data, the special significance of medical aesthetic service standardization and training certification and its related social objects are analyzed. Specific obstacles to the standardization and training certification of medical aesthetic services in China are examined across seven levels: the national highest certification and accreditation supervision department, medical aesthetic service providers, medical aesthetic service recipients, medical aesthetic institutions, third-party service certification agencies, medical aesthetic service training organizations, and the public. Following the research roadmap (Figure 1), a systematic, scientific, and standardized medical aesthetic service standardization and training certification system is established.

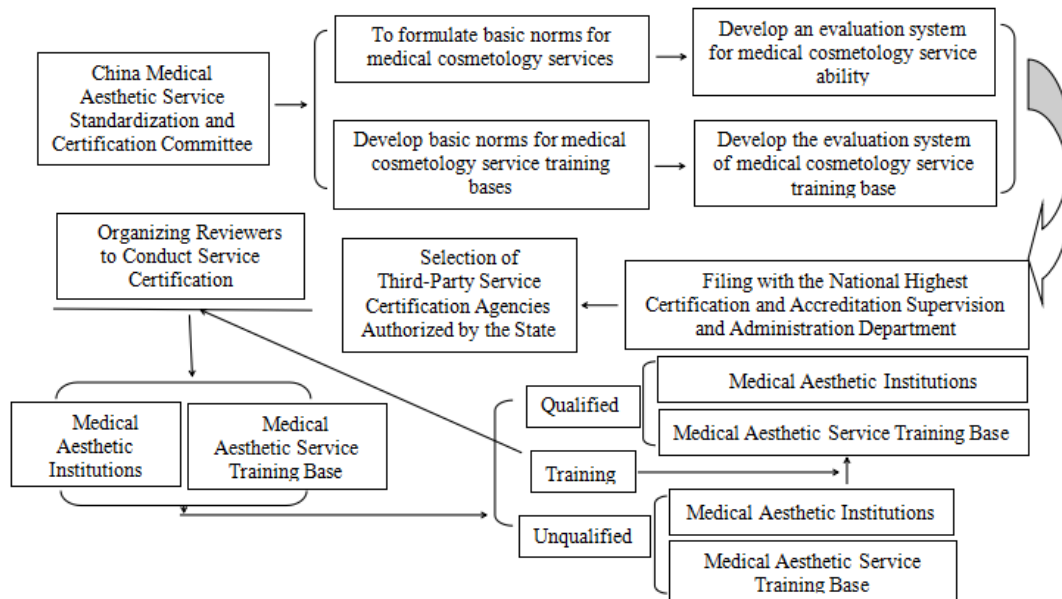


Figure 1 Medical Aesthetic Service Standardization and Training Certification System

6. Significance of the Research

6.1 Providing Value Standards for the Standardization and Training

Certification System of Medical Aesthetic Services in China It is well known that the development of certification in China, whether for product certification, quality management systems, or service certification, has only spanned over 30 years. Previously, certification was primarily promoted in the industrial manufacturing sector, leaving non-industry professionals with limited awareness [11]. In the case of medical aesthetic service certification, research in China's medical aesthetic academia remains

in its infancy. Although experts from China's health administration have recognized that the construction of a certification system is a crucial tool for promoting high-quality development in the health industry, and despite the establishment of a Medical Aesthetic Service Standardization and Certification Committee under the China Health and Social Welfare Certification Committee, the absence of a scientific and systematic standardization and training certification system for medical aesthetic services has led to significant challenges in implementing medical aesthetic service certification. The service capabilities of medical aesthetic institutions vary widely, and the service experience of customers (aesthetic patients) is often poor, making it difficult to establish specific trust in service offerings. Therefore, the establishment of a scientific and systematic standardization and training certification system for medical aesthetic services is urgently needed. This research provides value standards for the construction of such a system in China, while also offering a basis for legislative and decision-making departments to formulate relevant laws and policies for medical aesthetic services.

6.2 Enhancing the Service Capabilities of Medical Aesthetic Institutions to Meet the Multi-Level, Personalized, and Diverse Needs of Customers (Aesthetic Patients)

Currently, most medical aesthetic institutions in China are privately owned, and among medical aesthetic practitioners, only the group of aesthetic doctors generally holds higher educational qualifications. Other practitioners often have lower levels of education, with some even lacking specialized educational backgrounds. However, the demands of aesthetic customers (aesthetic patients) for medical aesthetic services have become increasingly multi-level, personalized, and diverse, placing higher requirements on the quality and professional service capabilities of medical aesthetic practitioners. By constructing a standardization and training certification system for medical aesthetic services, comprehensive service certification for medical aesthetic institutions and extensive training for practitioners can be conducted. This will help establish a new concept of healthy medical aesthetics, improve the professional service levels and technical capabilities of medical aesthetic institutions and practitioners, and promote the standardization, normalization, and scientific development of medical aesthetic services [12]. This will meet the multi-level, personalized, and diverse needs of customers (aesthetic patients), increase the acceptance rate of medical aesthetic services, reduce the incidence of medical aesthetic disputes, and achieve higher social and economic benefits.

6.3 Expanding the Service Scope of Medical Universities

Traditionally, the service scope of medical universities (with related medical aesthetic programs) has primarily focused on enrolled students or those participating in continuing education. By constructing a standardization and training certification system for medical aesthetic services, relevant national departments can select medical universities with long-standing experience, rich resources, and strong faculty in medical aesthetic education. These universities (with related medical aesthetic programs) can serve as medical aesthetic service training bases, collaborating deeply with medical aesthetic institutions to develop systematic training plans, compile training materials, and conduct service training [13]. This will enhance the professional skills and capabilities of technical personnel in medical aesthetic institutions. Such efforts will not only expand the social service scope and functions of medical universities but also establish a collaborative education mechanism involving government, universities, and enterprises, achieving a win-win outcome for both medical aesthetic institutions and universities.

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