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## **Joint Society Position Statement on Medical Aesthetic Treatments and Procedures**

*This includes (but is not limited to) the following: Neurotoxin Treatments, Injectable Soft Tissue Fillers and Volumizers, Injectable Fat Reduction Treatments and Sclerosing Agent Injection Treatments.*

### **Purpose of Statement:**

This position statement establishes Standards and Guidelines for the performance, delegation, assignment and supervision of Medical Aesthetic Treatments and Procedures performed by a physician or by another regulated health care professional under a physician's direction.

### **Background:**

The breadth of treatments available within the medical aesthetic industry has grown rapidly over the last 20 years. This trend is expected to continue as public demand grows for less invasive medical aesthetic and non-surgical aesthetic treatments and procedures. Advances in medical research and technology provide an ever-increasing number of options for patients and health care providers.

At this time there is no consensus from regulators or relevant national societal organizations regarding “*Standards and Guidelines*” for these medical aesthetic treatments and procedures. In an effort to meet consumer demand for these medical aesthetic treatments and procedures, regulated health care professionals have developed new business models for the delivery of these treatments and procedures. While many are well intentioned, it is apparent that some practice and delivery models are not optimal for patient safety or for achieving superior patient outcomes.

As the leaders and most qualified providers of these services, Core Specialist Physicians\* have developed this position statement to ensure:

- **Patient safety**
- **The best standards and guidelines for the delivery of medical aesthetic treatments and procedures**

The list of available medical aesthetic treatments and procedures continues to grow. According to the American Academy of Dermatology, “procedures by any means, methods, devices, or instruments that can alter or cause biologic change or damage the skin and subcutaneous tissue constitute the practice of medicine and surgery. These include but are not limited to the use of: scalpels; all lasers and light sources, microwave energy, electrical impulses, and all other energy emitting devices; thermal

destruction; chemical application; particle sanding; and other foreign or natural substances by injection or insertion”.<sup>i</sup>

It should be mandatory that any procedure that constitutes the practice of medicine be performed by an appropriately trained physician or an appropriately trained non-physician regulated health care professional where the medical treatment or procedure has been delegated and supervised by an appropriately trained physician. Furthermore, the practice of medicine must be done in accordance with applicable local, provincial and/or federal laws and regulations. Regulated health care providers must also abide by the *Standards and Guidelines* of their respective College. These agencies are responsible for setting the benchmark of conduct and have the backing of legislation to enforce their *Standards and Guidelines of Practice*. At the present time there is no consensus among the few Canadian Colleges of Physicians and Surgeons that have developed “*Standards of Practice for Aesthetic Medical Procedures*”<sup>ii</sup>. Most jurisdictions have not yet created these *Standards and Guidelines of Practice*. Consequently, it is in the best interests of patient safety for Core Specialist Physicians to establish these Standards and Guidelines.

### **Recommendations:**

The following statements reflect the Standards and Guidelines for Medical Aesthetic Procedures and Treatments recommended by the Canadian Society for Aesthetic Plastic Surgery, the Canadian Dermatology Association, the Canadian Laser and Aesthetic Specialists Society, the Canadian Society for Dermatologic Surgery and the Canadian Association for Accreditation of Ambulatory Surgical Facilities:

1. Optimized patient outcomes and patient safety shall remain as the primary guiding principles in the practice of medicine, which includes medical aesthetic treatments and procedures.
2. Medical aesthetic treatments and procedures shall only be available from licensed physicians who practice in accordance with applicable local, provincial, territorial and federal laws and regulations.
3. Medical aesthetic treatments and procedures shall only be available from physicians who are fully compliant with their provincial or territorial College.
4. Medical aesthetic treatments and procedures should only be available from Core Specialist Physicians\* who have received relevant accredited Residency training and who have successfully completed certifying examination during completion of their accredited programs that is peer developed and externally validated in order to ensure a higher standard of care. Non-core physicians delivering aesthetic medical treatments and procedures must demonstrate that they have recognized training and experience in these aesthetic medical treatments and procedures.
5. Any non-physician regulated health care professional who provides a medical aesthetic treatment or procedure must only do so as a delegated act for an appropriately trained and qualified physician. Furthermore, the delegate must

- be held to the same standards of care as a physician providing the same services.
6. Delegated non-physician regulated health care professionals performing medical aesthetic treatments and procedures must do so in accordance with their own regulated health professional College and ensure that the treatment or procedure is within their professional scope of practice.
  7. Physicians who work with non-physician regulated health care professionals and delegate medical aesthetic treatments and procedures bear ultimate responsibility for the provision of these treatments and procedures.
  8. Medical aesthetic treatments and procedures shall only be provided in an appropriate medical setting that meets the standards, guidelines and policies of the physicians' professional regulator.
  9. A doctor-patient relationship shall exist in all situations including the situation where a medical aesthetic treatment or procedure is delegated by a physician. This requires the responsible physician to: consult with the patient in-person, perform an assessment, make treatment recommendations, assess contraindications, determine the treatment plan, discuss risks, obtain an informed consent and be present or immediately available in-person during any treatment or procedure. Furthermore, the name of the physician who has ordered and is responsible for the treatment or procedure must be explicitly communicated to the patient.
  10. In situations where the medical aesthetic treatment or procedure is delegated, the responsible physician shall reassess the patient in-person on a regular basis. The responsible physician must re-assess the patient in-person when there is a change to the patient's medical history or there is a change in the treatment recommendations (including but not limited to dose, medication used, location or pattern of medication treatment; volume of device, injectable device used or location of injectable device used; change in treatment parameters).
  11. Physicians delegating medical aesthetic treatments and procedures are responsible for having and maintaining appropriate reference Policies and Procedures on-site for the safe delivery of these treatments and for the emergency management of complications related to these treatments.

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## References:

<sup>i</sup>American Academy of Dermatology: Position Statement on Medical Spa Standards of Practice, 2012

<sup>ii</sup> College of Physicians and Surgeons of British Columbia: Professional Standards and Guidelines – Injection of Botulinum Toxin, Dermal Fillers and Venous Sclerotherapy, 2014  
College of Registered Nurses of Nova Scotia Policy Statement: The Role of Registered Nurses in Cosmetic Procedures: Botox and Dermal Fillers, 2013

College of Physicians and Surgeons of Nova Scotia: Policy Regarding Care Directives in Aesthetic Medicine, 2013

American Society of Plastic Surgeons Guiding Principles: Supervision of Non-Physician Personnel in Medical Spas and Physician Offices, 2011

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College of Physicians and Surgeons of Alberta: Standards of Practice – Supervision of Restricted Activities 2010  
Physicians Coalition for Injectable Safety: [www.injectablesafety.org](http://www.injectablesafety.org)

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Members of the Canadian Society for Aesthetic Plastic Surgery

Members of the Canadian Dermatology Association

Members of the Canadian Laser and Aesthetic Specialists Society

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