



COSMETIC PHYSICIANS
COLLEGE
OF AUSTRALASIA

**Policy Regarding Professional Relationships between
CPCA Members and Non-doctor Aesthetic Staff**
Current August 2014

Background

As the practice of cosmetic medicine becomes ever more complex, most cosmetic physicians will at some point find themselves working alongside both nurses and non-medically trained aestheticians such as beauticians and laser therapists, either as employers, supervisors, or possibly business partners.

Aestheticians in particular are (unlike doctors) not bound by any clearly recognised set of ethical or professional standards, and are unlikely to have received any ethical training. Hence the decisions and recommendations they make to their clients are in most cases likely to be commercially driven. This situation appears to enjoy tacit acceptance by the community at large; however, where medical practitioners interact with aestheticians and aesthetic nurses, the higher ethical standards to which doctors adhere to may at times clash with the commercial considerations driving such businesses.

It is therefore incumbent upon CPCA members to understand their ethical obligations in such circumstances. This document is intended to provide broad guidelines for correct and ethical practice when interacting with non-doctor aesthetic staff in various situations.

Definitions

Aesthetic treatments: including (but not limited to) laser and IPL treatments; administration of scheduled substances such as botulinum toxin and dermal fillers; skin needling (e.g. with dermal rollers); cosmetic tattooing; microdermabrasion; radiofrequency skin treatments; assistance at procedures; formulation of skin care plans; advice and dispensing of skin care products.

Aesthetic nurse: a qualified nurse (RN or EN) who engages in aesthetic treatments.

Aesthetician: any person other than a registered medical practitioner or nurse, who engages in aesthetic treatments.

Cover: Supervision (in any way) of the delivery of an aesthetic treatment by a CPCA doctor.

Policy Regarding Professional Relationships between CPCA Members and Non-doctor Aesthetic Staff

Current August 2014

Continued...

Examples of professional relationships between CPCA members and aesthetic staff

There are many different possible types of professional relationships between a CPCA doctor and non-doctor aesthetic staff. Some examples include:

- Aesthetic nurse or aesthetician employed at a CPCA doctor's practice;
- Aesthetic nurse or aesthetician working under contract at a CPCA doctor's practice;
- CPCA doctor working as a locum at an outside practice which employs nurses or aestheticians;
- CPCA doctor working as an employee or under contract at a beauty salon, laser clinic, or other business offering aesthetic medical services;
- CPCA doctor covering aesthetic services at an offsite location;
- Others.

The critical consideration is that wherever a CPCA doctor practices, their scope of medical influence constitutes a bona-fide medical practice to which all the ethical standards of the profession (including CPCA's own member standards) apply.

Hence it is essential that the CPCA doctor's scope of practice be well-defined and agreed to by all parties to the commercial arrangement. This is particularly relevant where the doctor is working at another clinic (or salon) which operates at least partially outside that doctor's control.

This scope of practice should specify whether the doctor is "covering" any or all of the aesthetic treatments offered at that location.

Supervision of aesthetic service delivery by CPCA doctors - "on-site"

The NSW Medical Board in its "Supervision Policy" document identifies three levels of supervision:

- Level 1: direct supervision
- Level 2: indirect, on-site supervision
- Level 3: indirect supervision

In most cases, the CPCA doctor will be directly or indirectly supervising services provided by staff on that doctor's own premises (Levels 1 & 2).

In this case, the level of supervision required will depend on the patient's presenting condition, the type of service being administered, and the level of qualification and experience of the aesthetic staff delivering the service.

Policy Regarding Professional Relationships between CPCA Members and Non-doctor Aesthetic Staff

Current August 2014

Continued...

Any of these levels may be appropriate for a given situation involving a CPCA doctor's patient being treated by an aesthetician. However, certain principles apply:

- The appropriate Federal and State laws must at all times be complied with;
- In the case of administration of scheduled substances by nurses, the CPCA Protocol for Delegated Cosmetic S4 Injections must also be followed.

In the specific case of laser and IPL treatment, the following principles apply:

- All operators should hold a recognised Laser Safety Officer's Certificate or suitable equivalent qualification;
- Where an operator is in training and has not yet achieved certification, direct supervision is compulsory;
- All patients must first be consulted in person by a doctor, preferably the CPCA member, or alternatively the member's trainee or another doctor with suitable training and experience in laser/IPL medicine; where a doctor is being trained by the CPCA member, the level of supervision can be at the discretion of the member, based on the trainee's skill and experience level at the time.

Supervision by CPCA doctors of aesthetic service delivery - "off-site"

In this situation, the CPCA member will not be available to provide direct supervision on demand. Hence a different set of principles will apply.

Firstly, it is essential that the precise scope of the CPCA doctor's practice is understood by all parties. This could exist at two different levels:

- The clients are effectively the CPCA doctor's patients, and the doctor is delegating their treatment to an aesthetic nurse or aesthetician;
- The clients are not the CPCA doctor's patients, but the doctor assumes responsibility for the overall quality of service delivery for certain procedures.

In the first case, the following principles apply:

- The appropriate Federal and State laws must at all times be complied with;
- In the case of administration of scheduled substances by nurses, the CPCA Protocol for Delegated Cosmetic S4 Injections must also be followed;
- The CPCA doctor must personally ensure that all operators are skilled at the procedures being performed;
- The CPCA doctor must ensure that a detailed and up-to-date "operations manual" exists for all medical procedures performed at the location, and that appropriate medical records are kept;
- For laser and IPL treatment, all operators should hold a recognized Laser Safety Officer's Certificate or suitable equivalent qualification;

Policy Regarding Professional Relationships between CPCA Members and Non-doctor Aesthetic Staff

Current August 2014

Continued...

- Any patient seeking treatment must be seen by the CPCA doctor prior to treatment. The CPCA doctor must then provide a written treatment protocol for that patient;
- Where any service delivery is undertaken on a client without prior assessment by the CPCA member or another appropriately-qualified doctor, it must be of an essentially non-medical nature. It should be clear that these clients are not patients of the CPCA doctor and are undergoing non-medical treatments. CPCA doctors should not practice at locations where treatments requiring medical supervision are allowed to take place without appropriate medical supervision.

In the second case, the following principles apply:

- The appropriate Federal and State laws must at all times be complied with;
- The CPCA doctor must personally ensure that all operators are skilled at the procedures being performed;
- The CPCA doctor must ensure that a detailed and up-to-date "operations manual" exists for all medical procedures performed at the location, and that appropriate medical records are kept;
- For laser and IPL treatment, all operators should hold a recognised Laser Safety Officer's Certificate or suitable equivalent qualification;
- Administration of scheduled substances, treatment for leg veins, pigmented lesions other than simple freckles, vascular malformations other than isolated telangiectasias, or treatment to areas of skin containing undiagnosed skin lesions, should not be undertaken at that location unless they are being supervised by another appropriately-qualified doctor. CPCA doctors should not be associated with locations where such treatments are allowed to take place without appropriate medical supervision.