

Re: Response to *Joint Society Position Statement on Medical Aesthetic Treatments and Procedures*, April 1, 2016

Dear Provincial College Registrar,

The Coalition of Aesthetic Medical Practitioners is comprised of physicians and nurses engaged in the practice of aesthetic injection in Ontario. Our objective is to help assure a safe and reliable aesthetic injection industry in Ontario—one that operates according to the highest medical and ethical standards. As such, we are dedicated to promoting dialogue, and raising awareness and understanding of the issues and concerns surrounding industry practices and standards.

We are writing to quell the threat to remove the right of general practitioners (GPs) and nurses to operate safe, independent aesthetic injection clinics and practices throughout the province. It has come to our attention that several associations with membership composed primarily of plastic surgeons and dermatologists have submitted a position statement to the College of Physicians and Surgeons of Ontario (college) asking for new regulations aimed at medical aesthetic and non-surgical aesthetic treatments and procedures (i.e. *Joint Society Position Statement on Medical Aesthetic Treatments and Procedures*, April 1, 2016). The position statement makes a number of unsubstantiated claims. Moreover, the recommendations put forward do nothing to improve the health and safety of Ontario patients. If adopted, the changes proposed would in fact prove to be detrimental to patient safety, and harmful to the overall provision of health care in Ontario.

In particular, we would like to draw your attention to the following statements made in the *Joint Society Position Statement*, to help identify and explain our concerns.

1. Recommendation 4 states: *“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.”*

Certainly, medical aesthetic treatments and procedures exclusive to the core curriculum of specific specialties should only be available from those licensed in that particular specialty. Plastic surgeons and dermatologists receive the necessary training to regulate and oversee procedures that are central to their respective specialties (e.g. liposuction, skin flaps, grafts, biopsies etc.), but they do not receive neuromodulator and tissue filler training in their core curriculum. All specialists, physicians, and nurses pursue private injectable training for these minor procedures after they have achieved licensure.

2. Recommendation 9 states: *“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.”*

General practitioners and nurses currently operate under well defined regulations and medical directives, which have been in place for decades and accepted as safe by the College of Physicians and Surgeons of Ontario and the College of Nurses of Ontario. The process whereby a patient is assessed by a physician either on-site or through the use of telemedicine and is then injected by a qualified nurse has proven to be safe. Incidents of complications are extremely rare. It is incumbent upon those wishing to curtail the practice of telemedicine to provide evidence-based information to decision-makers, and to show how having mandatory on-site presence of physicians will enhance patient safety and provide better outcomes. To date, there is no evidence to show that having a doctor on site would better remedy any adverse events the patient may suffer as a result of aesthetic injection. Both doctors and nurses follow the same treatment complication algorithms, making the on-site presence of a physician unnecessary and redundant. Furthermore, the use of telemedicine has been established as a legitimate tool across an array of medical specialties and is encouraged by governments across Canada as a means of increasing the quality and efficiency of patient treatment. According to the college’s own policy statement, a physician/patient relationship can be established via telemedicine in the same circumstances as when the relationship is established in-person.

*“The practice of telemedicine is the practice of medicine; physicians’ existing legal and professional obligations with respect to practicing the profession are not altered simply because care is provided via telemedicine as opposed to in-person. Accordingly, physicians are reminded that a physician-patient relationship is established via telemedicine in the same circumstances as when the relationship is established in-person. Physicians must use their professional judgment to determine whether telemedicine is appropriate in a particular circumstance each and every time its use is contemplated for patient care, consultations and referrals. In doing so, physicians must consider whether practicing telemedicine will enable physicians to satisfy all relevant and applicable legal and professional obligations, and meet the standard of care.” (CPSO Policy Statement #3-14)*

Currently, physicians involved in consultations, virtual or otherwise, are obligated to provide a clear explanation of the risks and benefits of procedures. Prior to a virtual consultation, patients are required to sign a *Consent to Use Electronic Communication*, issued by Health Canada. In all instances, physicians and/or nurses administering treatments should be licensed, skilled, competent, and adequately insured.

3. Recommendation 10 states: “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).”

Requiring the responsible delegating physician to reassess the patient in person for small changes such as dosing volume and pattern or product brand will reduce the

autonomy of GPs to delegate effectively and sustain an aesthetic business, while also practicing primary care. If adopted, GPs may elect to close their primary care practices in order to pursue the greater economic reward found in an aesthetic practice. This would reduce patient access to the first line of health care. Some patients might otherwise turn to walk-in clinics, receiving care that is often fragmented and lacking adequate follow-up. Many may seek treatment at emergency departments, further increasing the congestion in hospitals. This directly conflicts with the *Patients First* mission and mandate of the MOHLTC, via local LHINs, to focus healthcare in the community.

The impacts of adopting the proposed changes put forward in the *Joint Society Position Statement* will result in several harmful consequences. The changes:

- Will result in fewer points of access and risk leading to an increased presence of black market operations. This, in turn, would severely compromise patient safety. Restricting aesthetic medicine injection practices to those operated and overseen by plastic surgeons and dermatologists would cause real accessibility issues for what are becoming increasingly popular aesthetic procedures. The problem will be exacerbated as a significant number of plastic surgeons are expected to retire over the next decade (<https://www.cma.ca/Assets/assets-library/document/en/advocacy/Plastic-Surgery-e.pdf>). Consumers are very likely to be driven to seek treatment from unlicensed operators who are willing to circumvent the law. The current system whereby physicians and nurses are able to provide safe, reliable and accessible service is far preferable than any alternative that imposes unnecessary restrictions.
- Will cause GPs to have to choose between providing front line health care services or pursuing a career in the aesthetic treatment field. While many GPs entered their profession out of a passion for the care they provide and the work they do, the financial lure of aesthetic medicine would likely result in a growing number of them transferring out of the primary care field. At a time when the province is seeking ways to address the shortage of physicians (e.g. physicians operating family practices) the college must be aware of the impacts any regulatory changes it adopts would have on that goal. The use of telemedicine allows GPs and nurses to provide safe procedures that fall well within their scope of practice and helps to achieve a proper balance in the work priorities of physicians.
- Will be catastrophic to the legitimate businesses established by GPs and nurses over the past 20 years. The physicians and nurses currently engaged in the field of aesthetic medicine have invested significant financial resources and time in creating safe and successful practices. Removing the right to operate under the current business model will result in the loss of those investments, and doing so without justifiable cause could result in legal grievances.

The Coalition of Aesthetic Medical Practitioners is committed to improving the excellent service and aesthetic medical treatment Ontario patients are accustomed to receiving. We are seeking

your intervention to bring this matter to a rightful conclusion. To that end, we look forward to engaging in a constructive dialogue that results in the best possible outcome for Ontarians.

We thank you and your esteemed colleagues for your dedication and exceptional service to the practice of medicine in Ontario.

Sincerely,