



Expectations of Physicians who have Changed, or Plan to Change Their Scope of Practice to Include Surgical Cosmetic Procedures

Changing Scope of Practice Process

Background

The College is gradually moving toward a system of performance measurement by focusing on a physician's competence in a field of practice rather than simply relying on paper credentials (e.g., specialty certification). The *Ensuring Competence: Changing Scope of Practice and/or Re-entering Practice* policy is based on these principles. It states that "a physician's ability to perform competently in his or her scope of practice is determined by the physician's knowledge, skills and judgment, which are developed through training and experience in that scope of practice." The *Ensuring Competence: Changing Scope of Practice and/or Re-entering Practice* policy is available at www.cpso.on.ca under Policies and Publications.

The policy indicates a physician's scope of practice is determined by the:

- patients the physician cares for,
- procedures performed,
- treatments provided, and
- practice environment.

As with any area of medicine, the College expects physicians to practice according to the terms and limitations on their certificate of registration. All physicians in the province have a limitation on their certificate that states that they are able to practice medicine in areas in which they are educated and experienced. A physician's competence within a scope of practice is determined by his or her education and experience within that scope.

The College relies primarily upon certification processes from the Royal College of Physicians and Surgeons of Canada (RCPSC) in order to determine which physicians can be designated as specialists in a given field of practice. Recognized specialties of the RCPSC that defined competence in cosmetic procedures include Plastic Surgery, Otolaryngology-Head and Neck Surgery, Dermatology, and Ophthalmology. It is understood that not all procedures that are considered surgical cosmetics can be performed by all specialists. Each specialty with training in surgical cosmetics has its defined area of expertise and procedural competence. The performance of procedures outside of the normal scope of that specialty would require further training. For example, it is not considered part of the routine scope of practice for an Otolaryngology-Head and Neck surgeon to perform abdominoplasties. However, given the extensive surgical background of these specialists, extra training in this area could be acquired in order to gain the competence to perform additional procedures.

Any physician (surgical background or not) who plans to perform surgical cosmetic procedures is expected to comply with both the *Ensuring Competence: Changing Scope of Practice and/or Re-entering Practice* policy and the expectations set out in this document. It is important to note that each situation would be assessed on an *individual* basis.

The purpose of this document is to convey the College's expectations for physicians choosing to change their scope of practice to include surgical cosmetic procedures. In this type of practice, as in all others, physicians must ensure they are meeting the standard of practice, which will include conducting a risk analysis to assess the appropriateness of performing any given surgical cosmetic procedure.

It must be emphasized that if a physician plans to practice cosmetic surgery in an Out-of-Hospital Premises (OHP) they must meet the qualifications set out in the Out-of-Hospital Premises (OHP) Standards. As such, a physician who is not certified by the Royal College of Physicians and Surgeons of Canada as a relevant specialist AND is not recognized by this College under the Specialist Recognition Criteria in Ontario policy MUST satisfactorily complete all requirements for Changing Scope of Practice AND have active privileges to support similar procedures at a local hospital. **This is true irrespective of when the physician changed their scope of practice.**

While the 'change in scope of practice' process generally involves training, supervision and assessment, all of these components **may not** apply in every case. As with all change of scope issues, in arriving at a decision, the College would review each physician's individual circumstances.

DEFINITION

A Surgical Cosmetic Procedure is any procedure that is performed specifically to change the appearance of an individual, AND:

- (a) Uses surgical incision; **OR**
- (b) Involves the insertion of any non-removable material; **OR**
- (c) Involves injection of any non-absorbable and non-removable material; **OR**
- (d) Involves the aspiration of a patient's own fluids or tissue; **OR**
- (e) Presents a risk of permanent harm or disfigurement or may result in an impairment in the significant function of an organ; **OR**
- (f) Uses the application of energy for an ablative purpose anywhere on the body, including endovascular uses. This is not limited to CO2 lasers.

The purpose of the definition is to provide guidance to physicians about the types of procedures that would be identified by the College as "surgical cosmetic procedures" so that physicians understand when they need to contact the College. While not an exhaustive list, the table of **Surgical Cosmetic Procedures by Specialty** includes procedures that would be considered as "surgical cosmetic procedures" by the College. It also outlines the specialties normally trained to perform the various procedures. Physicians who plan to perform a procedure that falls outside of the training objectives of their residency program set by their national college (Royal College or College of Family Physicians of Canada) would be required to report a change in scope of practice to the College.

Exceptions to the Definition: There are some minor dermatological procedures often performed in the offices of general practitioners or family physicians that coincide with the definition of “surgical cosmetic procedure”, but do **not** need to be reported to the College; these include, but are not limited to the removal of skin tags, benign moles and cysts, nevi, seborrheic keratoses, fibroepithelial polyps, hemangioma and neurofibromata.

There a number of *non-surgical* cosmetic procedures¹ which require reporting to the College, but for which the College has specific expectations; physicians should be aware of these expectations if they plan to perform any *non-surgical* cosmetic procedures:

<https://www.cpsso.on.ca/CPSO/media/Documents/physician/policies-and-guidance/policies/performing-nonsurgical-cosmetics-procedures.pdf>

Lastly, surgical alteration or excision of lesions or tissue for a clinical purpose, including for the purpose of examination, treatment or diagnosis of disease is not considered a “surgical cosmetic procedure”.

Changing Scope of Practice to Include Surgical Cosmetic Procedures

There are physicians who may plan to include surgical cosmetics as part of their practice but would not traditionally be trained to perform cosmetic surgery. These physicians can be divided into two main groups: A) Physicians with a surgical background and B) Physicians without formal surgical background. Note that throughout this document, wherever HIGH supervision is indicated it is the expectation that the supervising physician is on site and available during all aspects of patient care.

A) Physicians with Surgical Background

Physicians with a surgical background have the advantage of having a knowledge of the principles of surgery, which includes (but is not limited to), knowledge of basic instrument and tissue handling, wound healing, patient selection, surgical consent issues, physiologic responses to surgery, recognition and management of postoperative complications and principles of quality assurance and patient safety in the surgical field. Possessing the training and experience in these principles of surgery will greatly assist these physicians in being able to change their scope of practice to include surgical cosmetic procedures.

¹ Examples of non-surgical cosmetic procedures include, but are not limited to:

- Chemical Peels (**Deep** Chemical Peels are “surgical cosmetic procedures” and require reporting)
- Temporary Filling Agents
- *Non-Ablative* Laser Skin Treatments
- Injections of substances for the purpose of causing lysis of fat or altering body contour limited to the body - all areas below face and neck
- *Non-Ablative* Energy-based devices for Skin Tightening, e.g., Thermage/Thermacool
- Superficial Laser Vein Therapy, e.g., treatment of spider veins
- Microdermabrasion (Dermabrasion is a “surgical cosmetic procedure” and requires reporting)
- Injection Vein Therapy
- IPL Treatments
- Laser Hair Removal
- Neurotoxins or Botulinum Toxins, e.g., Botox

Some surgical disciplines may have a very limited scope of practice that might include some procedures that can be considered to be cosmetic in nature. These include gynecology for vaginoplasty and vulvoplasty and urology for penile lengthening procedures. Any cosmetic procedures outside of these for these disciplines would be considered a change in scope of practice.

Surgeons who want to expand or change their scope of practice to include cosmetic surgery need to acquire the procedure-specific knowledge, skill and experience to practice in a safe manner. The principles of this process stay the same as for any change of scope: training, supervision and assessment. Surgeons wanting to acquire specific cosmetic procedural competence must do so with each procedure that they want to perform. For any given procedure, the surgeon must:

- 1) Learn basic knowledge of the procedure such as indications, contraindications, alternative approaches, patient selection, surgical anatomy relevant to the procedure, appropriate skin marking for the procedure, procedural steps, and potential complications and their management.
- 2) Acquire experience with all aspects of the clinical features of the procedure through working with an approved clinical supervisor² under HIGH supervision. The clinical supervisor, at all times, remains the most responsible physician for all aspects of care. Under HIGH supervision it is the expectation that the supervising surgeon will be on-site at all times for the immediate preoperative, the entire operative and the immediate post-operative periods. The clinical supervisor(s) at their own discretion can delegate increasing responsibility to the surgeon learning the new procedure, much as would happen during a residency experience. The clinical features to be learned include:
 - a) Assessing patients in consultation for suitability for the procedure, discussion of risks, benefits and alternatives, obtaining informed consent and routine preoperative assessment;
 - b) Assessing patients in the immediate pre-operative period, including appropriate skin-marking;
 - c) Assisting and eventually performing the procedure, with knowledge and experience in managing intraoperative complications;
 - d) Management of the patient in the immediate post-operative period, including any post-operative complications;
 - e) Management of the patient and complications at follow-up.

For EACH procedure the physician plans to learn for their OWN practice, the physician must be involved in the care of 50 patients under high supervision from new consultation through to final post-operative follow up. In at least half of these cases, the learner should be acting as the primary surgeon for the case. Note that the discretion of the clinical supervisors will determine when the learner may proceed to a lower level of supervision once the threshold of 50 cases is met. For some learners more experience with the procedure may be necessary.

² Please refer to the “Guidelines for College-Directed Clinical Supervision” for information about the characteristics of an acceptable clinical supervisor, as well as his/her core responsibilities.

- 3) Acquire experience with all aspects of the clinical features of the procedure through working with an approved clinical supervisor under LOWER supervision. This stage of the change of scope can commence only after the clinical supervisor(s) involved in high supervision feels that the surgeon is capable of practicing independently without risk to patient safety. Lower supervision (Moderate and Low) means that the surgeon is working independently but is visited by their supervisor on a regular basis in order to review records and observe procedures. The clinical supervisor is also available to support the surgeon in their new field of practice.

The period of LOWER supervision shall not be less than the equivalent of ONE YEAR from the end of the period of HIGH supervision.

- 4) Demonstrate competence in the above areas through a College-directed assessment of their practice in the relevant area. The College assessment may include, but is not limited to:
 - a) A review of all educational outcomes and supervision reports from the entire educational process;
 - b) Review patient charts in private office, hospital clinic and hospital OR's;
 - c) Observation of physician performing all procedures requested in the change of scope of practice application. Multiple observations of each procedure may be necessary;
 - d) Multisource feedback including, but not limited to interviews with significant stakeholders including all clinical supervisors, hospital staff including nursing and medical staff, physicians who refer to the physician and patients;
 - e) Review of CPSO profile.

B) Physicians without a Surgical Background

Occasionally physicians who are not formally trained as surgeons wish to practice cosmetic surgery. Usually these physicians are family physicians or general practitioners who are already involved in the practice of non-surgical cosmetic surgery. In order for this type of physician to practice surgery, the College requires them to follow one of two routes: complete a residency and pass certification examinations offered by the RCPSC, **OR** complete a Change of Scope of Practice process acceptable to the College.

Physicians without a surgical background are expected to meet the same level of competence as physicians with a surgical background. The College recognizes that for physicians without a surgical background, acquiring a residency position in a surgical cosmetic specialty may be very difficult. Therefore, non-surgeons also have the option to complete a change in scope of practice process. The change of scope process must be thorough and rigorous. This process needs to be completed in two stages: Principles of Surgery, followed by the Acquisition of Scope-Specific knowledge and skills.

Generally, for most procedures, physicians who don't have a surgical background and/or whose specialties are not listed in the table of [Surgical Cosmetic Procedures by Specialty](#) must complete all of the training described below. However the following procedures may be learned without the requisite one year of core general surgery: Deep Chemical Peels, Dermabrasion, EVLT (veins), Injections of substances for the purpose of causing lysis of fat or altering body contour below the neck, Hair Restoration Surgery, Ablative Laser Skin Resurfacing, Lip Implant, and Scalp Surgery – Reduction. Physicians wanting to perform these procedures may, be

required to complete the remainder of the training outlined in this Framework document. Each situation would be assessed on an *individual* basis.

1. Principles of Surgery

All surgical residencies provide experiences for the purpose of teaching residents principles of surgery which includes principles of wound injury and healing, tissue handling, basic surgical instruments and techniques, relevant surgical anatomy, surgical field access and wound closure, principles of sterility, physiologic response to surgical injury, fluid shifts, dynamics and therapy, post-operative management of common surgical and surgery-related complications among other areas. Residents obtain knowledge and skill in these areas through a variety of teaching opportunities which include small group seminars, clinical learning and independent study. Residents must also pass an examination called “Principles of Surgery” (POS) which is administered by the RCPSC.

Physicians without a surgical background must acquire and demonstrate their knowledge of Principles of Surgery through clinical experience in a highly supervised environment. Additionally, they must achieve a passing score on the RCPSC POS examination, which is taken at their own expense, that is satisfactory to the College. Non-surgeons who plan to perform surgery must complete the following in order to embark on clinical training in their desired discipline. Additionally, this requirement must be completed before moving on to the stage of “Scope- specific Knowledge and Skills”.

- 1) HIGH supervision with two or more clinical supervisors working in General Surgery where responsibilities include:
 - a) Seeing new consultations in clinics and Emergency Departments for patient selection, procedural recommendations and pre-operative work-up;
 - b) Assisting in the OR in a large variety of general surgical procedures;
 - c) Managing patients in the immediate post-operative period as well as management of post-operative complications for patients in hospital and following discharge from hospital;
 - d) Managing patients seen in follow up in clinic.

This supervisory period must be for a minimum of one year, working on average three days per week (150 days of clinical experience)

- 2) HIGH supervision with two or more clinical supervisors working in Critical Care Medicine where responsibilities include:
 - a) Admitting patients to a critical care unit where invasive monitoring and ventilatory capabilities exist;
 - b) Performing common procedures relevant to critical care medicine including the placement of central venous catheters, arterial catheters, insertion of chest tubes and advanced airway management;
 - c) Management of complex hemodynamic problems including interpretation of invasive hemodynamic monitoring methods and physiologic-based use of vasopressors;
 - d) Management of complex physiologic complications from trauma and surgery.

This supervisory experience must be for a minimum of three months, working on average five days per week (60 days of clinical experience)

- 3) Demonstration of Understanding of Basic Science related to principles of surgery by:
 - a) Reading a selection of textbooks that would typically be recognized by Canadian Surgical Residency Programs, as standard surgical textbooks in preparation for the Principles of Surgery exam; textbooks would be chosen in consultation with the clinical supervisor;
 - b) Writing a summary essay on each chapter of the text;
 - c) Submission of each summary essay for review and grading by an arms-length clinical supervisor. Each essay must be graded as satisfactory by the clinical supervisor if the essay demonstrates that the physician possesses an adequate understanding of the materials reviewed;
 - d) Successful completion of the RCPSC Principles of Surgery examination.

2. Scope-Specific Knowledge and Skills

Once a physician has acquired the requisite knowledge and skills in Principles of Surgery as outlined above to the satisfaction of their clinical supervisors, they may begin acquiring knowledge and skill in their desired scope of surgical practice. This process is very similar to that for surgeons in practice who are changing their scope of practice, although the time to acquire the knowledge and skills will be longer.

Non-surgeons who want to expand their scope of practice to include cosmetic surgery need to acquire the procedure-specific knowledge, skill and experience to change their scope of practice in a safe manner. The principles of this process stay the same as for any change of scope: Training, Supervision and Assessment. Non-surgeons, having acquired knowledge and skills in Principles of Surgery, who want to acquire specific cosmetic procedural competence, must do so with each procedure that they want to perform. For any given procedure, the physician must:

- 1) Learn basic knowledge of the procedure such as indications, contraindications, alternative approaches, patient selection, surgical anatomy relevant to the procedure, appropriate skin marking for the procedure, procedural steps, potential complications and management of intraoperative and postoperative complications.
- 2) Acquire experience with all aspects of the clinical features of the procedure through working with an approved clinical supervisor under HIGH supervision. The clinical supervisor, at all times, remains the most responsible physician for all aspects of care. Under HIGH supervision, it is the expectation that the supervising surgeon will be on-site at all times for the immediate preoperative, the entire operative and the immediate post-operative periods. The clinical supervisor(s), at their own discretion, can delegate increasing responsibility to the surgeon learning the new procedure much as would happen during a residency experience. The clinical features to be learned include:
 - a) Assessing patients in consultation for suitability for the procedure, discussion of risks, benefits and alternatives, obtaining informed consent and routine preoperative assessment;
 - b) Assessing patients in the immediate pre-operative period, including appropriate skin-marking;

- c) Assisting and eventually performing the procedure, with knowledge and experience in managing intraoperative complications;
- d) Management of the patient in the immediate post-operative period, including any post-operative complications;
- e) Management of the patient and complications at follow-up.

For EACH procedure the physician plans to learn for their OWN practice, the physician must be involved in the care of 150 patients under HIGH supervision from new consultation through to final post-operative follow up. In at least 50 of these cases, the learner should be acting as the primary surgeon for the case. For some learners, more experience with the procedure may be necessary.

HIGH supervision must be maintained at all times, unless there is mutual agreement between the clinical supervisors and the College to proceed to a lower level of supervision.

- 3) Acquire experience with all aspects of the clinical features of the procedure through working with an approved clinical supervisor under LOWER supervision. This stage of the change of scope can commence only after the clinical supervisor(s) involved in high supervision feels that the surgeon is capable of practicing independently without risk to patient safety. Lower supervision (Moderate and Low) means that the surgeon is working independently but is visited by their clinical supervisor on a regular basis in order to review records and observe procedures. The clinical supervisor is also available to support the surgeon in their new field of practice.

The period of LOWER supervision shall not be less than the equivalent of ONE YEAR of full time practice from the end of the period of HIGH supervision.

- 4) Demonstrate competence in the above areas through a College-directed assessment of their practice in the relevant area. The College assessment may include, but is not limited to:
 - a) A review of all educational outcomes and supervision reports from the entire educational process;
 - b) Review patient charts in private office, out-of-hospital premises (OHP), hospital clinic and hospital OR's;
 - c) Observation of physician performing all procedures requested in the change of scope of practice application. Multiple observations of each procedure may be necessary;
 - d) Multi-source feedback including, but not limited to, interviews with significant stakeholders including all clinical supervisors, hospital staff including nursing and medical staff and physicians who refer to the physician;
 - e) Review of CPSO profile.

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