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Aesthetic Medicine Nurses and Qualified Nonmedical Practitioners: Our Role and Requirements as Aesthetic Medicine Adapts to Worldwide Changes and Needs

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Aesthetic medicine nursing is a highly skilled specialty, which continues to evolve. A survey of 197 experienced aesthetic medicine nurses practicing in eight countries revealed shortcomings in the current approach to their education, training, and registration. Education and training are currently self-identified and self-funded and are often provided by the companies that manufacture or distribute the products used in aesthetic medicine treatments. Accreditation and registration schemes are not mandatory, and an international professional governing body is lacking to facilitate international cooperation and sharing of best practice. There is a need for an academic, coherent, and comprehensive approach to the training and education of aesthetic medicine nurses that will equip them with the knowledge and experience to not only administer treatments and attain natural looking results but also prevent, recognize, and manage any potential complications associated with such treatments.

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INTRODUCTION

The growth of aesthetic medicine in recent years reflects the desire of patients to appear younger, refreshed, and/or remove negative impressions related to their appearance in a way that looks natural and does not require expensive and invasive surgical interventions. Aesthetic medicine procedures afford the opportunity to address issues not amenable to surgical intervention and encompass a range of specialties focused on improving the physical appearance of the skin, usually of the face, neck, hands, and décolleté, to the satisfaction of the patient. This may include improving the cosmetic appearance of scars, skin tone and blemishes (including spider veins), removing moles, and enhancing features such as lips, nose, cheeks, and jawline.

Aesthetic medicine is increasingly regarded as distinct from plastic surgery with the advent of minimally invasive nonreconstructive procedures—injectables (neurotoxin, dermal fillers, and biostimulants), noninvasive skin rejuvenation, chemical peels, nonsurgical body contouring/sculpting, topical and light therapies—that can be administered by appropriately trained physicians and aesthetic medicine nurses outside the traditional hospital setting. The minimally invasive nature of many of the interventions of aesthetic medicine has afforded the opportunity of improving access to appropriately trained professionals within privately operated clinics.

Aesthetic medicine practitioners, whether physicians or nurses, are ideally placed to meet the needs of patients who are ever more well informed and more open to discussing their needs and desires. Increasingly, nurses from a variety of specialties, including dermatology and plastic surgery, are switching to a career in aesthetic medicine (British Association of Cosmetic Nurses [BACN], 2017), as they recognize the opportunity to work directly with patients to build long-term relationships and trusted partnerships, rather than just offering a one-off procedure within a time-limited consultation (Di-Scala, 2017).

In January 2017, a survey of 197 aesthetic nurse specialists practicing in eight countries (Australia, the United States, Canada, Denmark, Ireland, Norway, Sweden, and the UK) was conducted. Respondents were highly experienced nurses with the majority, 86.6% ($n = 171$), having more than 10 years of general nursing experience and 59.4% ($n = 117$) having more than 10 years of experience as a specialist aesthetic medicine nurse. The aim was to understand the current role and expertise of aesthetic medicine nurses and their educational needs now and in the future, as the specialty continues to evolve and new products and techniques are added to the aesthetic medicine portfolio. Here, we set the results of the survey within the context of the current status of aesthetic medicine and look to the future of aesthetic medicine nurse education and practice.

WHAT SHOULD PATIENTS EXPECT FROM AN AESTHETIC MEDICAL PRACTITIONER?

Aesthetic medicine procedures are generally elective in nature and patients can self-refer to a practitioner of their choice. The first challenge patients may face is in determining whether a practitioner or clinic is qualified to provide the treatment or services they require. Unregulated products and services are readily available and can result in serious, potentially life-threatening consequences. There is a growing drive to ensure practitioners are not only appropriately qualified to deliver aesthetic medicine treatments but appropriately trained in the recognition and management of potential complications. Practices may be physician- or nurse-led and patients access information about services via the media (including the Internet and social media) and through personal recommendation. Aesthetic medicine practitioners therefore have a responsibility to ensure patients are fully informed and enabled to make appropriate choices with regard to selecting a practitioner to meet their individual needs and to select the most appropriate intervention/s for them (Spear, 2010). Ensuring patients have realistic expectations about the outcomes of their procedure/s, and the likelihood of a natural-looking result, is the ethical responsibility of the practitioner (Cassetta, 2008).

Accreditation of individual practitioners to provide aesthetic medicine services is essential to protect patients from the risks associated with receiving injectable treatments from nonqualified individuals. At present, such accreditation schemes remain voluntary in most countries. Some countries, notably Sweden, the United States, Canada, and the UK, already have certification schemes in place. In Sweden, certification for both nurses and physicians is managed through the Estetiska Injektionsrådet (EIR). Certification involves a formal examination of anatomy, physiology, basic injection skills, and complication management. The USA Certified Aesthetics Nurse Specialist (CANS) credential (issued by the Plastic Surgical Nursing Certification Board, n.d.) requires applicants to be a licensed registered nurse (RN), have at least 2 years' experience with at least 1 year working in facial plastic surgery, plastic/aesthetic surgery, dermatology, or ophthalmology, and to successfully complete an examination; recertification requires a minimum number of continuing education credits within a specified time frame. A similar accreditation scheme is available in Canada. In the UK there is a register for aesthetic nurses. However, registration is currently voluntary. The absence of a coherent regulatory framework to govern the use of aesthetic medicine procedures remains an ethical concern (Nuffield Council on Bioethics, 2017). In Sweden, the National Board of Health has received a mandate from the Ministry of Health and Social Affairs to determine whether aesthetic treatments requiring medical

competence should be covered by current health legislation and whether their performance should be restricted to health care professionals.

CURRENT ROLES AND SERVICES OFFERED

The role of the aesthetic medicine nurse varies between countries due, in part, to country-specific legislation with regard to licensing of nurses for delivery of treatment and the products available. In the UK, Canada, Sweden, and Denmark, appropriately trained nurses can administer injectable treatments; in the United States, regulations vary from state to state. In Australia, endorsed enrolled nurses, RNs, and nurse practitioners are all able to administer injectable aesthetic treatments but with differing levels of supervision. In Germany, only doctors and Heilpraktiker (suitably qualified nonmedical practitioners, QNMP) are able to perform minimally invasive procedures. Survey respondents reported that they offer a variety of procedures without physician supervision or involvement including hyaluronic acid fillers (68.2%; $n = 131$), nonhyaluronic volumizing (39.1%; $n = 75$), botulinum toxin injection (65.1%; $n = 125$), and procedures using energy-based devices (38.0%; $n = 73$). The conditions most often dealt with were volume loss (96.5%; $n = 190$), fine lines and wrinkles (96.5%; $n = 190$), and skin laxity/firmness (69.0%; $n = 136$).

Many procedures require the use of prescription-only products. The regulations governing nurse prescribing vary between countries. In the United States, Australia, Sweden, and Canada, nurses with advanced qualifications can independently prescribe controlled medicines. In the UK, nurses may undertake a prescribing course to enable them to undertake this component of an aesthetic medicine service, or they may work closely with a professional who is licensed to prescribe and has experience in prescribing the specific medicines required (BACN, 2017).

MEETING THE EDUCATIONAL AND TRAINING NEEDS OF AESTHETIC MEDICINE NURSES

Ongoing education and training are essential to maintain high standards of care and ensure that all aesthetic medicine practitioners remain up to date with new products and techniques. Although the majority of respondents to the survey had undertaken formal college/university courses in order to become an RN, training undertaken to become a nurse specializing in aesthetic medicine was considerably more variable and included in-clinic training given by other health care professionals, workshops (industry and clinic-based), further academic education, industry training, conferences, private courses, and cadaver training. This disparate array of education and training likely reflects the lack of standards of education for aesthetic medicine nurses, with practitioners often required to self-identify and self-finance their education and training (Greveson, 2013).

For the majority of respondents to the survey (90.3%; $n = 177$), training and education were received from the company manufacturing and distributing the products used in the procedures they administered. Other sources of education and training included online modules and courses (71.9%; $n = 141$), and external trainers at their place of work (51.0%; $n = 100$). When asked whether they felt their ongoing training was sufficient, more than one third (37.9%; $n = 72$) felt that this was not the case. Furthermore, in the United States and many other countries, there is not a regulatory body that assesses and accredits all individuals providing education and training to aesthetic practitioners. Educational topics of most interest to the survey respondents included advanced injection techniques, facial anatomy and assessment analysis, management of complications, and patient management. The current status of education and training provision for aesthetic medicine nurses remains a concern. Without an overarching curriculum to ensure practitioners receive comprehensive education and training about the delivery of treatments and the recognition and management of potential complications, patients are at risk for suboptimal care and practitioners are at risk from litigation in cases of adverse or unexpected outcomes.

Most countries now have their own specific aesthetic medicine nurse associations or related professional organizations. Although a unifying international organization has yet to be established, the International Society of Plastic and Aesthetic Nurses (ISPAN), based in the United States, aims to promote the education, competency, and professional development of the plastic and aesthetic medicine nurse. However, in our survey only 46.3% ($n = 88$) of respondents reported current membership in a medical society or group for aesthetic medicine nurses and 26% ($n = 51$) reported never having attended a national, regional, or international meeting for aesthetic medicine nurses as a delegate (57.1% [$n = 112$] reported such attendance at least once a year).

WHAT THE FUTURE LOOKS LIKE FOR AESTHETIC MEDICINE NURSES: A CALL TO ACTION

Aesthetic medicine is constantly changing as the availability of minimally invasive procedures suitable for administration outside the hospital setting and by appropriately trained practitioners continues to increase. As regulatory bodies continue to evaluate and monitor the suitability of aesthetic medicine interventions, it is essential that all practitioners are appropriately trained and operate to the highest professional standards.

Sharing clinical experience and best practice through continuing medical education (CME)-accredited training

and attendance at international congresses will be essential to ensure aesthetic medicine nurses remain up to date with the latest developments and techniques in the field. Our survey showed that aesthetic medicine nurses are amenable to a variety of learning opportunities including face-to-face workshops, online training, educational sessions at international congresses, and peer-to-peer (physician to nurse, nurse to physician, and nurse to nurse) sessions including preceptorships and cadaver training. Cadaver training has been cited as an essential component of aesthetic medicine nurse education, helping practitioners to understand facial anatomy and age-related changes, and how these might be corrected with the appropriate use of fillers (Senior, 2016).

Efforts are now underway to develop a core curriculum for the initial training of aesthetic medicine nurses in a number of countries. This would ensure minimum educational standards are established and that all aesthetic medical practitioners are able and indeed required to meet these standards. In the absence of formal, structured academic training, the BACN recently issued recommendations to help nurses in assessing the quality of training services (BACN, 2017). They recommend seeking training that guarantees high trainer-to-learner ratios, from trainers experienced in aesthetic medicine who offer supervision of treatments and support following completion of the training event. A period of mentorship or supervised practice following a period of formal training may be a particularly useful component of developing practical competency as well as a knowledge base in the theory of aesthetic medicine. A subsequent program of continuing professional development would ensure practitioners remain up to date with the latest developments in the field and have an opportunity to identify and learn new skills.

A key educational area identified by the survey respondents was the management of complications associated with the medicines and treatment offered. All practitioners must have the knowledge and skills to enable them to recognize and manage potential complications as well as to explain these potential risks and complications to the patient. Education is currently largely informal and delivered through peer-to-peer interactions and informal sharing of emergency protocols. More formal guidelines are emerging. The Association of Nurse injectors and the UK-based Aesthetics Complications Expert Group have issued guidelines regarding the management of 15 potential complications associated with aesthetic medicine procedures (http://acegroup.online/guidelines). In 2015, the Canadian Society of Aesthetic Specialty Nurses issued proposed practice standards and guidelines for nurses administering aesthetic injections (Canadian Society of Aesthetic Specialty Nurses, 2015). Most recently, a Spanish expert group has published a consensus report on the prevention of complications associated with the use of dermal fillers in facial aesthetic procedures (Urdiales-Galvez et al., 2017) and the management of complications associated with the use of soft tissue fillers (Urdiales-Galvez et al., 2018).

The role of aesthetic medicine nurses will continue to develop in the coming years, as regulation of the aesthetic medicine industry comes under increasing governmental and regulatory body scrutiny. Formalization of educational and CME requirements is also likely to evolve, and it is the responsibility of all nurse practitioners to ensure they meet the minimum standard and advocate for accreditation schemes and the highest professional requirements and standards. In this way, we can protect patients who can then benefit from care from appropriately trained professionals and avoid the risks that come with receiving even minimally invasive treatments from unregulated practitioners.

Clinical practice guidelines developed by experts in the field and independent of industry are now emerging, including those developed in Canada, the UK, and Spain (Urdiales-Galvez et al., 2017, 2018). An international approach is now required to ensure such guidelines are available and, where necessary, modified to align with local regulatory requirements.

Collaboration between aesthetic medicine nurse groups and traditional physician aesthetic organizations such as the International Society of Aesthetic Plastic Surgery, the International Society of Dermatologic Surgery, and the International Master Course on Aging Science, will help build networks and facilitate sharing of best practice such that both professional groups may benefit from the insights and expertise of the other. The presence of experienced aesthetic medicine nurses at key international and local meetings and educational events alongside physicians is to be encouraged as is the involvement of experienced aesthetic medicine nurses on advisory boards for steering committees of both international and key national and local meetings.

CONCLUSION

Aesthetic medicine nursing has come a long way and continues to evolve, helping to improve the physical appearance (and therefore sometimes mental health) and satisfaction of patients using noninvasive and minimally invasive procedures. Increasing regulation of the cosmetic industry and efforts to ensure aesthetic treatments, particularly those involving injectable medicines or fillers, continues to be essential to protect patients from the dangers of unlicensed and inadequately trained practitioners. At present, there is no coherent, comprehensive, and internationally recognized curriculum for the education and training of aesthetic medicine nurses. Much of the education received is self-identified and self-funded or provided by the companies manufacturing or distributing the products used for aesthetic treatments. Academic

qualifications are now under development that will ensure aesthetic medicine nurses receive the education and training required to maintain the highest professional standards. This, alongside greater visibility and involvement of experienced aesthetic medicine nurses in key meetings and congresses, will help to give the profession the recognition it deserves.

Key Guideline Resources

- Guidelines regarding the management of 15 potential complications associated with aesthetic medicine procedures: http://acegroup.online/guidelines
- Proposed practice standards and guidelines for nurses administering aesthetic injections: https://csasn.org/wp-content/uploads/2018/07/2015-Practice-Guideline-and-Standards.pdf

International Professional Organizations

- International Society of Plastic and Aesthetic Nurses (ISPAN)

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