



Fact Sheet: Cosmetic Medical Procedures

The procedures, techniques, and principles of medical cosmetics or aesthetic medicine¹ are focused on enhancing or improving a client's appearance. The purpose of this fact sheet is to remind registered nurses (RNs) and nurse practitioners (NPs) that as their regulatory body, the Nurses Association of New Brunswick (NANB) expects nursing practice to meet regulatory standards², legislation and best practice guidelines in all practice areas, including cosmetic medical procedures. For additional information please see NANB's [Position Statement: Cosmetic Medical Procedures](#).

Cosmetic medical procedures can be performed on areas of the head, neck, and body, but because these treatments are not required to maintain health and because the body functions without the proposed intervention, cosmetic medical procedures are considered elective and not primary health care. Therefore, primary health care NPs, should not be authorizing cosmetic medical procedures. If an NP chooses to work as an RN in cosmetic medicine, those practice hours are considered RN practice and do not count towards NP practice hours.

It is important to note that there is a difference between cosmetic medical procedures and plastic surgical procedures. While both cosmetic medical procedures and plastic surgical procedures deal with improving a patient's body, the overarching philosophies and goals for patient outcomes are different. Cosmetic medical procedures are focused on enhancing appearance. Improving aesthetic appeal, symmetry, and proportion are the key goals. Plastic surgical procedures are reconstructive in nature and focus on repairing defects due to birth disorders, trauma and disease³.

RN injectors or a 'nurse injector' refers to an RN who has specific education and training for the administration of cosmetic substances such as dermal fillers, volume enhancers, and neurotoxins. A 'nurse injector' practises under the direction of a physician and within employer policy, NANB standards and legislation.

The RN practising in the specialized area of medical cosmetics must be competent and should be able to show how competency was attained and is being maintained. RNs are not taught to perform cosmetic medical procedures in basic nursing programs and require additional education and experience to ensure that the RN is competent and safe to practice. Education and training should include best practices regarding infection control. RNs are expected to engage in ongoing learning activities specific to the knowledge and skill associated with cosmetic medical procedures.

¹ Link regarding the regulation of medical aesthetics in Canada: www.camacs.ca/Medspa_task_force.php

² Please review and practise according to the NANB Standards found at: <http://www.nanb.nb.ca/practice/standards>

³ Link to the American Board of Cosmetic Surgery: <https://www.americanboardcosmeticsurgery.org/patient-resources/cosmetic-surgery-vs-plastic-surgery/>



RNs must follow a physician's order to carry out cosmetic medical procedures. Cosmetic medical procedures are not without risk⁴ to clients, therefore, appropriate medical support must be readily available to deal with potential side effects or negative outcomes. Plans, including employer policies, should be in place on how to intervene in the event of an emergency.

Obtaining client consent for nursing procedures only, and documentation of all nursing interventions are required as outlined in the NANB publications: [Standards of Practice for Registered Nurses](#), [Standards for Documentation](#), and [Guidelines for Consent](#).

If a directive is being used, it must outline interventions within the scope of practice of the RN. It must be signed by an authorized prescriber and meet the criteria of a directive as outlined by the employer and the NANB. RNs must use knowledge and judgment when implementing a directive, as the RN is accountable to judge the appropriateness of the cosmetic medical procedure in each situation. Please refer to the NANB publication [What Is A Directive?](#) for further details on what is expected when practising under a directive.

Esthetic procedures do not need to be performed by an RN (e.g. facials, waxing, piercings, tattooing, etc.). The NANB does not consider such activities to meet the definition of nursing as outlined in the *Nurses Act*⁵ and an individual performing such services cannot use the title RN, nor count these hours as RN practice.

For more information regarding cosmetic medical procedures, please contact NANB at 1-800-442-4417 or nanb@nanb.nb.ca.

Resourceful links:

The Canadian Society Of Aesthetics Specialty Nurses <https://csasn.org/> provides members with opportunities to be professionally educated, trained and regulated to ensure patient safety in all aspects of aesthetic surgical and non-surgical procedures.

Link to the College of Physicians and Surgeons of Ontario regarding medical cosmetics: <http://www.cpso.on.ca/Physicians/Policies-Guidance/Statements-Positions/Cosmetic-Procedures/Get-the-Facts-What-you-should-know-about-Cosmetic>

The Canadian Nurses Protective Society provides legal considerations for providing medical cosmetic services: <https://www.cnps.ca/cosmetic>

⁴ Please read infoLaw: *Considerations for Providing Cosmetic Services*: <https://www.cnps.ca/index.php?page=345>

⁵ Under the *Nurses Act*, NANB is legally responsible to protect the public by regulating members of the nursing profession in New Brunswick: <http://www.nanb.nb.ca/media/resource/NANB-NursesAct-2008-Bilang.pdf>.