

Printable Patient Guide

How I Would Choose an Aesthetic Provider

1. Start with the person, not the treatment

Aesthetic treatment should begin with an assessment of your concern, not with a sales recommendation. A good provider should understand your anatomy, goals, health, previous treatments and expectations before recommending a procedure.

The best recommendation may be surgery, an injectable, an energy-based treatment, skin care, a combination of approaches — or no treatment at all.

2. Choosing a cosmetic surgeon

For cosmetic surgery, begin with a physician who has recognized specialty training in Plastic and Reconstructive Surgery. This specialty provides broad formal training in reconstructive and aesthetic surgery across multiple anatomical regions. Credentials establish an important foundation, but experience and judgment remain essential. For facial and neck cosmetic surgery, I would favour a Plastic Surgeon whose practice includes substantial and ongoing experience in facial aesthetic surgery. Select Otolaryngology–Head and Neck Surgeons with appropriate facial plastic surgery training may also be considered. An Ophthalmologist with additional oculoplastic training may be an appropriate choice for cosmetic eyelid surgery.

- Ask how often the surgeon performs the procedure you are considering.
- Ask about alternatives and whether a non-surgical option might be appropriate.
- Look for a surgeon who explains limitations, risks, recovery and realistic outcomes.
- Choose someone whose judgment you trust, including their willingness to advise against surgery.

Sometimes the best surgical advice is not to have surgery.

3. Choosing a non-surgical aesthetic provider

Relevant medical backgrounds include Plastic and Reconstructive Surgery, Otolaryngology–Head and Neck Surgery, Dermatology, and Ophthalmology with additional oculoplastic training. These specialties are not interchangeable, but each provides a formal medical education relevant to modern aesthetic medical care. A physician cannot simply call themselves a “specialist” because they have extensive experience, a fellowship, a diploma, focused training, or because most of their practice is devoted to a particular field. This term can only be used to describe the “specialty” or “sub-specialty” in which they are certified by the Royal College of Physicians and Surgeons of Canada. Specialty is a credential; focus of practice is a description of what someone does. They are not interchangeable.

Being a physician alone does not establish expertise. Look for relevant training, substantial clinical experience, detailed anatomical knowledge, good judgment, ongoing education and the ability to recognize and manage complications. When a provider has moved into aesthetic medicine from another area of practice, ask how they acquired their aesthetic training, how long they have practised in the field, the extent of their supervised clinical experience and how frequently they now perform the treatments you are considering.

4. Courses and certificates have limits

Continuing education is essential for health-care professionals. Courses, workshops and conferences can provide valuable education, but attendance or completion of a course is not equivalent to clinical expertise. Expertise develops through

formal education, supervised clinical experience, mentorship, repeated practice, critical evaluation of outcomes and experience recognizing and managing complications. A certificate usually tells you that someone completed a particular educational activity. It does not, by itself, establish mastery or competence.

Competence develops through education, supervised experience, mentorship, repeated practice, evaluation of outcomes and management of complications.

5. Be skeptical of social-media expertise

Social media can be educational and can help you understand a provider's philosophy. It can also create an appearance of expertise that has not been independently verified.

- A large following is not a credential.
- A polished biography is not independent verification of training.
- A certificate shown online is not a specialty qualification.
- Before-and-after photographs usually show selected outcomes, not the full range of results.
- Watching a technique at a conference or online is not equivalent to supervised mentorship.

Verify professional registration and specialty credentials through the appropriate regulatory body rather than relying solely on a website or social-media profile.

6. Injectable treatments: know who is responsible

Injectable treatments may look simple, but they can have important complications. Safe care requires assessment, appropriate patient selection, relevant anatomical expertise, careful technique, complication recognition and continuity of care.

In British Columbia, RNs and LPNs administering injectable drugs or substances for medical aesthetic purposes require a client-specific order from a regulated health care professional. Current BCCNM standards also require the ordering health professional, or another qualified health professional who has assumed responsibility for the patient, to be present within the facility during the procedure and immediately available for consultation.

If a physician orders a nurse to provide botulinum toxin or dermal filler injections, CPSBC requires the physician to assess the patient, understand the nurse's training and ability, and ensure the ordering physician or another physician who has assumed responsibility is present in the facility and immediately available at the time of treatment.

Having a "Medical Director" is not enough. Ask who personally assesses you, who is responsible for your treatment, whether that person is actually present, and what happens if you develop a complication.

7. Complications do not respect business hours

A complication may appear after you leave the clinic. A professional aesthetic practice should have a clear system for urgent concerns, appropriate assessment and escalation when necessary.

Before treatment, ask: "If I am worried tonight, whom do I call? If I need to be examined, who will see me?"

8. Do not shop for a product or device

Consumers increasingly search for treatments by brand name — a particular laser, product, radiofrequency platform, ultrasound treatment, peel or microneedling device. Technology matters, but it is only one part of the result.

The professional and regulatory requirements governing lasers, energy-based devices, microneedling and skin treatments are not necessarily the same as those governing surgery, prescription drugs such as botulinum toxin A, or aesthetic injectable treatments. The provider's credentials and professional role also influence the standards and regulations that apply. This makes the provider's training, competence and clinical judgment especially important.

Safe and effective use of aesthetic devices requires knowledge of skin type, pigmentation, anatomy, tissue response, energy settings, treatment endpoints, contraindications, expected recovery and potential complications.

In experienced hands these devices can be extraordinary tools. In less experienced hands, ineffective treatment is not the only concern: burns, prolonged inflammation, pigment alteration, scarring and other adverse outcomes can occur.

A machine can deliver energy. It cannot provide judgment.

Do not assume that a well-known device produces a standardized result regardless of who operates it. Do not let price or promotions cause you to discount the importance of credentials and experience when considering microneedling, chemical peels, lasers, radiofrequency, ultrasound or other aesthetic-device treatments.

9. Look for restraint

A trustworthy provider should sometimes tell you that you do not need treatment, that more treatment will not improve the result, that a treatment could interfere with future treatment options or that another approach would be more appropriate.

The provider who earns income by performing a procedure must still be able to advise you not to purchase it. That is an important measure of professional judgment.

10. My patient checklist

1. What regulated health profession do you belong to?
2. What formal specialty or postgraduate training have you completed?
3. How long have you been providing this treatment, and how often do you perform it?
4. What alternatives have you considered for me and are you qualified to discuss those alternatives?
5. What are the important risks and complications?
6. Have you personally managed these complications?
7. If I am being treated by a nurse - who assessed me and provided the client-specific order?
8. If I am being treated by a nurse, is the responsible ordering health professional present in the facility during my treatment?
9. Who will care for me if a problem develops after I leave the clinic?
10. Why are you recommending this treatment for me rather than another option?

Choose the professional before you choose the procedure, product, device or price.

Regulatory references — British Columbia

BC College of Nurses and Midwives (BCCNM). Medical aesthetics guidance and applicable practice standards for Registered Nurses and Licensed Practical Nurses. Key requirements include additional education, a client-specific order for injectable drugs/substances or implantable devices, and presence of the ordering or responsible health professional within the facility and immediate availability during the procedure.

College of Physicians and Surgeons of British Columbia (CPSBC). Practice Standard: Injection of Botulinum Toxin, Dermal Fillers and Venous Sclerotherapy. Key requirements include relevant physician education and training; when ordering a nurse to perform injections, the physician

must first assess the patient and ensure that the ordering physician, or another physician who has assumed responsibility, is present within the facility and immediately available at the time of the procedure.

This guide is intended as general patient education. Professional standards and scopes of practice can change; patients and providers should consult the current standards of the applicable regulatory college.