



**RNAO submission to the College
of Nurses of Ontario regarding
Providing Aesthetic Procedures
draft practice guideline**

April 24, 2025



The Registered Nurses' Association of Ontario (RNAO) is the professional association representing more than 54,400 registered nurses (RN), nurse practitioners (NP) and nursing students in all roles and sectors across Ontario. Since 1925, RNAO has advocated for healthy public policy, promoted excellence in nursing practice, increased nurses' contribution to shaping the health system, and influenced decisions that affect nurses and the public we serve.

Introduction

RNAO welcomes the opportunity to provide feedback to the College of Nurses of Ontario (CNO) on its new draft *Providing Aesthetic Procedures* practice guideline. Our analysis addresses the facilitators of the guideline, identifies gaps and provides suggestions about potential areas of risk.

Practice guideline key facilitators

RNAO analyzes key components we've identified within the practice guideline in the following table.

Key facilitators	RNAO's rationale
1. Reflective questions RNAO is pleased with the reflective questions in Appendix A (1).	The reflective questions are clear. They can help guide nurses' decision-making process by encouraging deeper thought when providing aesthetic care.
2. Guideline framework RNAO is pleased that the guideline provides a framework to address the general accountabilities of nurses working on aesthetics procedures and in independent practice, including additional guidance for NPs.	Each section within the framework outlines accountabilities for nurses working in aesthetics and provides a link to additional resources to support the decision-making process such as relevant CNO standards and guidelines.

Gaps and potential areas of risk

RNAO has identified gaps and potential areas of risk as follows:

Gaps and risks	RNAO's rationale
1. Responsibility of employers The accountabilities outlined within the context section of the draft practice guideline	RNAO agrees that nurses and employers have a shared responsibility for maintaining quality practice environments.

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<p>do not address the employer's responsibility in maintaining a quality practice setting (1).</p>	<p>Employers have a fundamental responsibility to support nurses in delivering safe high quality care by ensuring that they have access to the necessary resources and equipment, including up-to-date policies and procedures that reflect the CNO standards to guide the decision-making process (2,3).</p> <p>RNAO strongly recommends that language be included with the draft guideline that employers must (3,4):</p> <ul style="list-style-type: none"> • Provide access to written policies and procedures to support the decision-making process, including the availability of policies and materials for best infection prevention and control practices. • Ensure access to essential supplies for aesthetic procedures, including emergency equipment to manage an adverse event. • Provide adequate spaces where nurses can carry out aesthetic procedures efficiently and safety.
<p>2. Documentation of a delegated order</p> <p>Practice guideline excludes the requirement to document a delegated order (1).</p>	<p>Nurses receiving a delegated controlled act or order "must record the particulars of that order" (5). RNAO strongly recommends that language be included with the documentation and management of the health information section of the practice guideline to outline the nurses' responsibility for recording accepted delegated acts (6).</p> <p>NPs who are delegating a controlled act must also ensure that they maintain a record of the particulars. Therefore, RNAO also recommends that language be included within the practice guideline to specify the accountability of NPs for documenting delegations (2,6).</p>

Gaps and risks	RNAO's rationale
<p>3. Documentation of a diagnosis</p> <p>The practice guideline excludes the need to document a diagnosis by advising that the following elements of the nursing process are documented: assessment, planning, implementation and evaluation.</p>	<p>The practice guideline should include the requirement for nurses to document a diagnosis in keeping with NP scope of practice, and the ability of RNs to diagnose for the purpose of prescribing (7). For example, a RN may prescribe an over-the-counter medication for pain following an aesthetic procedure, or an NP may administer a dermal injection of Botox following the diagnosis of hyperhidrosis (7,8).</p>
<p>4. Non-health care setting</p> <p>The statement “nurses in independent practice, or those employed in health services in non-health care settings may be considered health information custodians” (1).</p>	<p>RNAO appreciates the directive for nurses to consult with the Information and Privacy Commissioner of Ontario or a legal representative if they have questions (1). However, we recommend that the term “non-health care setting” be defined to ensure accountability and support nurses with the decision-making process to mitigate risks.</p>
<p>5. Tips and gratuities</p> <p>The practice guideline does not provide guidance on the acceptance of tips and gratuities.</p>	<p>RNAO recommends that language be included within the practice guideline to prohibit nurses from accepting tips and other gratuities from patients. This will mitigate conflicts of interest and/or risks of harming the therapeutic relationship (9).</p> <p>RNAO also recommends that language be provided regarding practice environments where payment terminals provide tipping prompts for patients, to clarify that people should refrain from providing tips or other gratuities to nurses.</p>
<p>7. Medical director role</p> <p>The paragraph “for NPs considering a Medical Director role, it is important to understand the legal implications and consult with your legal representative to determine the requirements of performing this role or holding this title. For</p>	<p>RNAO recommends that the CNO clarify the statement “whether this would amount to holding oneself out as a doctor” to mitigate confusion among NPs given the recent consultation to amend language in the Fixing the Long-Term Care Act, 2021 to support the</p>

Gaps and risks	RNAO's rationale
<p>example, there may be legislation that defines the qualifications and accountabilities of a Medical Director, including concerns as to whether this would amount to holding oneself out as a doctor" requires further clarification.</p>	<p>NP clinical director role in long-term care. For example, clarifying where or if the term "medical director" when used by a NP could be problematic, if the term clinical director should replace the term medical director, and providing a link to relevant legislation that identifies the qualifications and accountabilities of the medical director role.</p> <p>RNAO also recommends that the CNO consider replacing the term medical director with clinical director within the practice guideline to standardize language.</p>
<p>8. Social media</p> <p>Nurses who use social media to share images and videos of nursing aesthetics need help understanding their legal and professional responsibilities regarding this type of communication to mitigate the risk of crossing a therapeutic boundary (10).</p>	<p>RNAO strongly recommends that language be included within the practice guideline to support the decision-making processes of nurses when using social media given that the "boundaries of the nurse-client therapeutic relationship have a higher potential of becoming blurred in aesthetic practice" (1,11).</p>
<p>9. Equity, diversity and inclusion (EDI)</p> <p>The practice guideline does not incorporate EDI to support quality practice environments for nurses and patients from equity-deserving and marginalized populations such as people from Black, Indigenous and/or 2SLGBTQI+ communities (12,13).</p>	<p>RNAO recommends that language be included with the practice guideline that addresses the need for employers to support the delivery of culturally safe and inclusive care to foster therapeutic relationships and support healthy work environments for nurses such as (12–14):</p> <ul style="list-style-type: none"> • Establishing policies and procedures to support inclusive care such as documenting and acknowledging individuals using their preferred pronouns. • Ensuring access to training on culturally safe and inclusive care, anti-racism, and addressing implicit bias and power imbalances. • Providing inclusive educational materials for patients and displaying images that depict diversity.

Gaps and risks	RNAO's rationale
	<ul style="list-style-type: none"> Having access to tailored treatments that cater to people with diverse skin tones, cultural and/or gender identities. This will support patient-centered care and ensure that any unique needs are addressed equitably. <p>RNAO has developed multiple resources to support the delivery of high quality equitable care and foster healthy work environments, including RNAO's evidence-based best practice guidelines such as <i>Promoting 2SLGBTQ+ Health Equity</i>, <i>Embracing Cultural Diversity in Health Care</i> and <i>Person – and Family-Centred Care</i>.</p>
<p>10. Legal coverage</p> <p>The liability protection section must specify the requirement for legal coverage for nurses in stand-alone clinics and independent practice, including legal coverage for business entities that are owned and operated by nurses (1).</p>	<p>RNAO strongly recommends that the CNO reinforce the need for nurses working in stand-alone clinics and those engaged in independent practice to have comprehensive legal coverage equivalent to that of physicians operating in similar settings. If the nurse is operating a private aesthetics business, coverage must include both professional liability insurance and business insurance.</p> <p>As the scope of aesthetic and other non-hospital-based procedures continues to broaden, nurses practising in these contexts must maintain clear, robust legal protections and liability coverage (15,16). Such measures are crucial to safeguard nursing professionals but and – critically – to fostering public confidence, uphold professional accountability, and ensure alignment with the existing regulatory frameworks applied to physicians. The CNO must take proactive steps to define and communicate the expectations for legal coverage and advocate for regulatory consistency across professions.</p>

Gaps and risks	RNAO's rationale
	Doing so will help close a significant gap in the current system and support nurses in delivering safe, ethical, and accountable care.

Conclusion

Thank you for the early opportunity to contribute our recommendations for the new draft practice guideline *Providing Aesthetic Procedures*. RNAO looks forward to reviewing further drafts. We welcome the opportunity to meet with the CNO to address any questions or concerns.

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