

**THE NEED TO PROFESSIONALIZE ESTHETICIANS:
LACK OF REGULATION, TRAINING AND HIGH-TECH EQUIPMENT POSE A
SERIOUS RISK TO THE PUBLIC**

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Disclaimer

Although the information in this report has been obtained from sources that we believe to be reliable, its accuracy and completeness cannot be guaranteed. This report is based on survey responses of spa members during the survey period of March 2015. This report is for information purposes only. All opinions and estimates included in this report constitute the views of survey respondents combined with our judgment as of this date and are subject to revision.

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Executive Summary

The spa industry, including medical spas, is growing rapidly in North America and the range of services offered has proliferated from traditional esthetic services such as facials, manicures and pedicures, to medical type treatments such as microdermabrasion, laser treatments and chemical peels. The treatments being offered are labelled non-invasive but have the risk of causing injury to clients. The majority of these treatments are performed by estheticians that are neither licenced nor regulated. Physicians are seeing permanent disfigurement, skin discolouration and burns as a result of complications from the treatments carried out by insufficiently trained estheticians using high tech and high-risk equipment such as cosmetic laser machines, and cases of litigation are increasing. At a training level, the postsecondary education estheticians receive is inconsistent and not a compulsory trade. Spa owners express frustration hiring estheticians because of the inconsistency in the quality of education, and skill levels are not meeting their standards. The purpose of this report is to identify the current practice standards and policies for estheticians and share the results of a survey conducted in partnership with the Spa Industry Association of Canada (SIAC). Stakeholders in the spa industry were asked for their input on the current status of estheticians as well as their reaction to the idea of estheticians becoming recognized as certified professionals in the province of Ontario. The sample consists of 175 respondents from across Canada including business owners/managers, estheticians, sales/education and other related businesses. The results suggest that in general self-regulation would be the preferred form of regulation.

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Keywords: esthetician or skin care specialist, master/advanced/medical esthetician or aesthetician, personal service setting (PSS), holistic, day spa, hotel/resort spa, medical or medi spa.

I. Background

Twenty years ago, the term “spa industry” did not exist in North America. The word “spa” has been in existence since the Roman era (Origin of Spa); however it has been the aging of the largest percentage of the North American population (otherwise referred to by marketers as Baby Boomers) along with advances in science and technology that has created a US\$14.7 billion spa industry (International Spa Association, 2014) focused on beauty, wellness and preserving youth. The skin care and hair salon business model offering esthetic services such as facials, manicures and pedicures has evolved into additional multiple business models that include day spas, hotel/resort spas, wellness spas and medical spas. In addition, the range of services offered has proliferated from traditional beauty treatments and massage services, to holistic and medical treatments as well. The growth has been significant: The global spa industry has been on an upward trajectory, growing from \$60 billion in 2007 to \$94 billion in 2013– even across long global recession years (Global Wellness Summit, 2015). According to the International Spa Association (2014), there was a 387% increase in U.S. Spa establishments between 1999 and 2013. In Canada, the last research conducted in 2006 of the Canadian spa sector supported the trend found in the US: an annual growth rate of CDN\$1 billion, with just under half being generated by the province of Ontario (2006 Canadian Spa Sector Profile, 2006). A significant area of growth has been medical spas or medi-spas with revenues expected to hit \$3.6 billion by 2016 or annual growth of 18% per year (LaRosa, PR Web, 2013). Aging baby boomers are fueling this continued growth.

The growth in all these types of spa facilities increases the need to hire more estheticians, as they tend to make up the highest percentage of those employed to work in them because of the range of services they are trained to provide. The Compensation Supplement from the 2014 U.S. Spa Industry Study shows estheticians make up 65% of the people employed full time in spas (International Spa Association, 2014). In Canada, the specific percentage is difficult to determine because no similar study has been undertaken and Statistics Canada (StatCan) groups estheticians with 50 other related occupations as part of a larger occupation (6562 Estheticians, electrologists and related occupations, 2013). In Ontario, however, a labour market needs assessment conducted confirms that estheticians far outnumber any other spa position including registered massage therapists (Joppe, 2007, pp. 8-9). In terms of schools offering esthetic programs, the number of both Private Career Colleges and Community Colleges registered under

the Ministry of Training, Colleges and Universities (MTCU) in Ontario alone total 82. The high volume of schools offering courses in esthetics is another indicator of the growth of the spa industry and related employment opportunities (Private Career College Search Service, 2010), (Ontario Colleges Program Search, 2014).

Education/Training/Certification – Issues, gaps

Education for estheticians is inconsistent as programs offered in esthetics range from six months at a private college to two years at a community college. In fact, the MTCU and the Ontario College of Trades (Trades in Ontario, 2013) does not recognize estheticians as a compulsory or apprenticeable trade and cannot be members of the Ontario College of Trades. This means education in esthetics is not a requirement, nor are they required to have a license in Ontario. Education or training requirements are left solely to the business that hires them.

This presents a significant gap between no postsecondary education (non-recognized type apprenticeships), to two-year diploma programs offered at community colleges. Ontario does provide government oversight via the MTCU at the education level by creating standards and approving programs at registered private and public community colleges, but does not conduct audits to ensure safe, ethical and competent practice once students graduate. Lack of regulation also leads to individuals creating their own job titles such as medical esthetician, but these are not recognized credentials. No specific accreditation is required for estheticians to work in medical spas either. Training to perform treatments such as laser, IPL (Intense Pulsed Light), radio frequency, chemical peels and other forms of high tech. high risk treatments also lack consistency. On one hand, courses in the field of medical esthetics are being added to existing esthetician programs offered at public and private colleges or as post-graduate studies after completing esthetician certification or diploma from an approved college. On the other hand, courses in the field of medical esthetics could be one day or a weekend offered from a supplier selling the machines or spa owners/managers offering training on site. Some spa owners express frustration hiring estheticians because of the inconsistency in the quality of education and as a result, skill levels are not meeting their standards. (Joppe, 2007, p. 24).

Ontario is not alone. In British Columbia, a Personal Services Industry Labour Market Research Report was conducted in 2009 and results from the survey confirm the frustration of owners and managers as well as of the employees themselves (Stewart & MacRae, 2009).

Lack of regulation in Canada

There is no regulation of estheticians in Canada except for Manitoba, New Brunswick and Nova Scotia where a licence is required to work. The licence for New Brunswick and Nova Scotia is issued by the Cosmetology Association in accordance with the Cosmetology Act, which oversees anyone working in the cosmetology industry (i.e., hairstylists, estheticians, nail technicians and makeup artists). Manitoba recognizes estheticians as a trade and is therefore regulated under the Apprenticeship and Certification Act (C.C.S.M. c. A110). (Manitoba Trades)

The lack of any form of regulation in the other provinces is problematic not only with estheticians who may improperly perform high tech, high risk treatments such as cosmetic laser hair removal and laser skin rejuvenation on the public, but on a more serious level, workers who have not undergone training at a recognized college. These workers are performing the same treatments on the public as estheticians. It becomes “buyer beware” for the public, which could put a lot of people unwittingly at risk, since these treatments can be found not just in so called ‘medical spas’ but also day spas, hotel/resort and destination spas, nail and hair salons, and even people’s residences. Larry H. Oskin, the PR Chairperson at the time of The International Medical Spa Association said, “the crossover between medical spas and day spas is blurring” (Medi Spa 101, 2010/2011).

The number of incorrectly administered treatments that have resulted in injuries is high. The Canadian Dermatology Association states, "73% of dermatologists surveyed have treated patients for burns, scars or other wounds sustained after seeking laser treatments". (Sourtzis, W5 Investigation: The painful side to laser skin treatments, 2012). It is the people who are performing the treatment that pose the biggest concern not only for medical professionals like dermatologists, but also for spa owners/operators and the public who frequent them. On a municipal level, Toronto Public Health’s inspection unit created a website called “BodySafe” after an investigation by the Toronto Star and Ryerson University detailed public health violations inside esthetics studios, tattoo parlours, barber shops and electrolysis clinics. They found lax enforcement among repeat offenders to be a serious health risk for the public because many of the establishments perform invasive procedures that break the skin. Risks range from minor skin infections to blood-borne diseases such as hepatitis and HIV (Cribb, Manicure, spa and tattoo health violations disclosed, 2014).

Signs of problems are also being seen with the number of complaints filed with the Better Business Bureau, in addition to litigation cases that are becoming more frequent (Baldas, Tresa 2009). The continued growth of the spa industry and related businesses, inconsistent educational requirements and lack of regulation will likely increase the risk of harm and necessary steps need to be taken to protect the public. The Canadian spa industry faced the most serious form of harm in 2011 when a 35-year-old woman in Quebec went to a spa for a reported natural therapy treatment and died. It prompted Louis Francescutti, a University of Alberta professor of emergency medicine and public health, to release a statement saying the spa industry needs to be regulated and that “just because a spa service is offered doesn't mean it's safe” (Priest & Russell Brunet, Spas need regulation, doctor says after death of Quebec woman, 2011). As a result of this death, three people were charged with negligence causing death and negligence causing injuries (“3 Arrests Made In Spa Therapy Deaths”, 2012).

The question then is: Would the regulation of estheticians help to create unified standards that apply to all who seek to practice as an esthetician and therefore reduce the possibility of causing injury to clients?

Purpose

The purpose of this report is to explore the possibility of estheticians becoming a government recognized professional organization. Since educational qualifications are a provincial responsibility in Canada, the report focuses on the province of Ontario. In the interest of the public, professional regulation may be necessary to ensure that all practicing estheticians have completed the appropriate training at a recognized institution. This regulation would require that they must also demonstrate the required knowledge and skills under a standardized licencing board exam administered by an established government recognized College. Furthermore, compliance with the standards and policies must be monitored regularly and continued professional development must be a requirement to ensure the maintaining of certification. As a first step, this report will outline what the process of professional self-regulation would involve.

II. Literature Review

Exposure to risks

Hammes et al. (2013, p. 149-156) conducted the first study of its kind on exposure to risks that includes treatment errors resulting from lasers and energy based devices by medical laypersons (of which 51.2% were cosmetologists or estheticians). Fifty patients affected by treatment errors were examined and consistencies were found in the type of complications that occurred. They ranged from pigmentation changes, to scars, textural changes and incorrect information relayed to clients receiving the treatment. The biggest problem is the treatment of pigmented lesions of uncertain benign/malignant nature. Without proper medical training, an accurate diagnosis cannot be conducted and if left undetected, the lesion might continue to grow or metastasize. The results of this study outlined the causes of incorrect treatment to be inadequate training and education as well as lacking diagnostic abilities.

Although this study was conducted in Germany, articles on the same issues have been written in both Canada and the United States. Galt (2010) reports of dermatologists treating patients with complications from laser hair removal machines that include permanent disfigurement, skin discolouration and burns. Galt describes the lack of regulation in Canada and the increase of risk when people with no medical training are administering the treatment. In further support of these findings, Numeroff (2009) writes in the American Journal of Law and Policy about the lack of regulation in the U.S. of both cosmetic laser devices and people performing the treatment. The issue of inconsistent regulations from state to state creates confusion in both the clinical delivery and legal application of the proper standard of care.

Not unlike the U.S., Health Canada regulates the manufacture, sale and quality of lasers in the market, but does not regulate who is using them. The only safety mechanism in place is a guide for owners and operators posted on its website. Also posted is a document titled, "Health Canada Buyer Beware of Laser Treatments" that outlines the potential risks involved with cosmetic laser treatments. This notification could inform the public, if people were to take the time to look up risks from Health Canada; however, there seems to be an expectation that the public, without any specific knowledge about techniques or equipment for laser treatments, can judge the ability of the operator and suitability of the laser machine (Kelsall, 2010).

The question in all cases is whether the use of cosmetic laser machines is a medical procedure involving a medical device or a low-risk operation not requiring medical knowledge. Doctors argue that it not only has to do with how the machine is used but what potential contra-indications the client might have that only an experienced health care professional would be able to detect. The Canadian Dermatology Association and the Canadian Association of Aesthetic Medicine take the strong position that individuals must consult with a physician prior to undergoing laser and other energy-based treatments in order to detect possible skin cancers or other contra-indications, and that either physicians or trained personnel working under the direct supervision of a physician perform these treatments.

Concerns with unregulated personnel

Baldas (2009) writes about concerns with unregulated personnel in the New York Law Journal related to malpractice lawsuits that are on the rise for medical spas over treatments gone wrong and suggests that these will continue to rise because of the rapid growth of medical spas, the frequency of people having non-surgical cosmetic procedures done, and weak regulation. The apparent rise in the number of spas offering cosmetic medical procedures has given way to some states now passing Bills that require medical spa facilities to employ a medical director ("CT Passes Bill Requiring Medical Spas to Employ a Medical Director", 2013) and/or require that each medical spa employ a physician, a physician's assistant, or an advanced practice registered nurse to perform all cosmetic medical procedures (Senate Bill Connecticut, 2014).

In Canada, physicians are not required by law to oversee medical spa facilities, therefore it becomes the responsibility of the public to ask if the spa does so, whether that medical director conducts an initial consultation, who will perform the treatment and what are his/her qualifications? Concerns with unregulated personnel surfaced when questions asked following the death of the woman in Quebec at a wellness spa included: "were the people who worked there trained to know what to look for in terms of vital signs? Did they take an adequate health history? And what were their procedures in the event that something goes wrong?" (Priest & Russell Brunet, Spas need regulation, doctor says after death of Quebec woman, 2011).

A Case of Weak Government Oversight

Federal

NOC and Statistics Canada (StatCan)

Although the purpose of NOC (National Occupational Classification) in partnership with StatCan is to provide information on job titles and collect occupational statistics to provide labor market information, they are not a regulatory body. If the purpose of NOC is to help the public understand this type of work, the public will see the following for estheticians; Under *Major Group 64: Intermediate Sales and Service Occupations, Unit Group 6482: Estheticians, Electrologists and Related Occupations*. Outlined are the position titles, job duties and employment requirements. It states; “Completion of high school, college or beauty school programs for cosmeticians, estheticians, electrologists, manicurists and pedicurists is required *or* On-the-job training is provided” (Human Resources and Skills Development Canada, 2013). The challenge of this statement is how to interpret it. The public will see that Human Resources and Skills Development Canada considers education for estheticians optional and if employment were sought out, training requirements would be up to the employer.

Health Canada

In Canada, the federal government plays a role in occupational health and safety issues by coordinating the Workplace Hazardous Materials Information System under the auspices of Health Canada. This department also monitors workplace radiation exposure and regulates laser devices under the *Radiation Emitting Devices Act*, the Medical Devices Regulations and the *Food and Drugs Act*. These *Acts* and Regulations ensure that laser systems sold in Canada are safe and effective when used for their licenced medical purposes by trained professionals according to the manufacturers' directions (Health Canada, 2011). They do not however, regulate who uses the machines once they have passed inspection.

Provincial

The Ministry of Health and Long-Term Care

The Ministry of Health and Long-Term Care (MHLTC) has regulations under the Infection Prevention and Control Unit of the Public Health Division for Personal Service Settings. There are 36 public health units in Ontario that are responsible for conducting annual

health inspections or more if the business failed compliance during previous inspections. According to one health inspector in Toronto, there are approximately 3,500 personal service settings (PSS) offering hair, esthetics and nail services and 10 inspectors to conduct inspections. If a business requires only one visit, that would be 350 inspections per year, 6.7 per week, or more if the PSS did not pass inspection and requires more visits. Guidelines pertaining to the cleaning, disinfection and sterilization of equipment, instruments and supplies to minimize the risk of contracting blood-borne and other types of infections for both clients and personal service workers during the delivery of such services are provided by BodySafe (Body Safe Inspection Program, 2015). Adherence to these guidelines is based on what the service provider says when asked questions by the health inspector, but inspectors do not see what happens when they are not there, nor are they allowed to conduct a “secret shopper” type of inspection. It would be in the hands of the service provider to follow infection prevention and control practices, and it appears there is no guarantee that they will do so.

Further to annual health inspections, the city of Toronto passed a new by-law on May 10th, 2013 requiring all PSS that could pierce the skin to obtain a "Personal Service Settings" licence (City of Toronto, By-Law No. 629-2013, 2013). They claim the licence will help to identify and track all new PSS that require annual health inspections, however owners of existing PSS expressed concern with the city having no plans to track down and inspect private establishments who do not want to pay the licence fee, along with related costs to pass inspections (Kane, 2013).

Training and Education of Estheticians

The MTCU is the Ontario government ministry responsible for the administration of laws relating to postsecondary education and skills training. An approved program standard for all esthetician programs of instruction leading to an Ontario College Diploma delivered by Ontario Colleges of Applied Arts and Technology was last updated in 2007. The standards were developed to create a greater degree of consistency for college programming across the province to help ensure graduates have the skills to be job ready. A combination of vocational standards, essential employability skills and a ‘general education’ requirement outline the essential skills and knowledge a student must reliably demonstrate in order to graduate from the program (Ministry of Training, Colleges and Universities, 2007).

Although these guidelines state that regular reviews of the vocational learning outcomes for this program are conducted to ensure the Esthetician Program Standard remains appropriate and relevant to the needs of students and employers across the province of Ontario, the standards are now eight (and probably more since they were probably developed at least a year before being made public) years old and rapid changes and growth in the spa industry have likely rendered these standards obsolete or incomplete. For example, medical spas and the advanced treatments offered by these facilities were not identified, however both private and community colleges are training students to perform them.

In 2010, a Private Career College Esthetician Subject Specific Standard was created and states, “The duration of a credential leading to a Diploma I credential will not be less than 1000 hours.” (Private Career College Esthetician Subject Specific Standard, 2010) However, it appears that programs being offered are less than that. For example, 940 are the total number of hours the National Association of Career Colleges has in a program that includes *both* basic and advanced esthetics (Esthetics, 2014). This standard also includes a critical point directed at esthetician graduates stating they “will refrain from performing controlled acts which are restricted/prohibited as per current legislation on Regulated Health Professions” (Private Career College Esthetician Subject Specific Standard, 2010).

On August 13th, 2010, the Ministry of Training, Colleges and Universities released a document under Superintendent Policy #6 of the Private Career Colleges Act, 2005 stating that an example of a controlled act includes injections of Botox and fillers, electrodesiccation, laser treatments and/or mesotherapy” and “only a person who is authorized under the RHPA (Regulated Health Professions Act, 1991), to perform a controlled act, such as a doctor or a registered nurse may perform a controlled act in the course of providing health care services to an individual in Ontario”. The policy also states that, “Program(s) in the Esthetics field do not provide the necessary competence nor does the completion of the program legally authorize students to perform a controlled act.” The issue of who can perform a controlled act such as injections or laser treatments becomes grey when they also state, “the controlled acts may also be delegated to a person by an individual who is authorized to perform the act” (Superintendent’s Policy Directive #6, 2010) or Controlled Acts Restricted 27b under the RHPA (Regulated Health Professions Act, 1991, 2014). If a person performs a controlled act without proper authorization or delegation of authority, they are in contravention of the (RHPA), and guilty of an offence

under the Act. Subsequently, it would be up to the regulated health practitioner (e.g. physicians or nurses) authorized under the RHPA, to decide under their scope of practice whether they feel a controlled act should be delegated to an esthetician. This also puts the responsibility on the party with the authority if anything should go wrong with the administering of the treatment. This policy also includes a disclaimer for students enrolled in an esthetician program at a Private Career College to sign. The legality of this policy pertaining to the RHPA should also include a policy and disclaimer under the Ontario Colleges of Applied Arts and Technology Act, 2002, but none can be found.

While the MTCU has placed a focus on creating an Esthetician Program Standard, they leave the program structure, creation of the curriculum and delivery methods up to the individual colleges. The Ministry does not take responsibility for reviewing the credentials of instructors or monitoring and evaluating the level of expertise in the classroom.

III. Standards

Finding a solution to the rising threat of improperly or poorly trained estheticians performing advanced cosmetic medical procedures on the public could range from doing nothing to stringent government regulations. In the absence of a regulatory authority, both industry and educational institutions have taken steps to reduce the threat.

Spa associations in Canada have created standards that give quality spas the opportunity to distinguish themselves from substandard establishments. For example, the Spa Industry Association of Canada (SIAC) is this country's only national spa industry association. It is a not-for-profit organization consisting of members committed to upholding the highest standards of practice, along with a code of ethics set out by the Association. Two sets of standards and practices have been created; one for medical spas and related establishments, the other is for all other types of spa businesses. In addition to these standards, SIAC created a Quality Assurance Program that would further allow members the opportunity to earn the distinctive *Quality Assurance Approved* designation through an assessment conducted by independent third-party assessors specially trained in the industry. The program is designed to demonstrate to consumers which spas exceed industry standards and best practices (Spa Industry Association of Canada, 2015).

Similar to SIAC, the Association Québécoise Des Spas (AQS) in the province of Quebec, in partnership with Spa Relais Santé and working jointly with the Bureau de Normalisation du Québec (BNQ) and Tourisme Québec, created the BNQ Spa Standard (Bureau de Normalisation du Québec, 2011) that addresses customer service for spas in Quebec. This standard defines what a “spa” is, and aims to assure a level of quality in services, products, training, equipment, hygiene and safety. In Quebec, like many other places in the world without legislation, the official classification of "spa" is confusing. The objective of associations like SIAC and AQS is to create a distinction between substandard establishments calling themselves a spa, versus establishments that offer quality services, effectively trained personnel and represent “spas” in the true sense of the word (Bureau de Normalisation du Québec, 2011). It is important to note: the applications of both standards mentioned are on a voluntary basis. The Quality Assurance Program offered by SIAC does not provide automatic renewal of certification; therefore a spa must re-qualify once their term expires to maintain designation. In Quebec, establishments are not required to respect the BNQ Spa Standard, but are strongly advised to do so to assure a level of quality acceptable to their clientele but also to their personnel.

Some educational institutions (both private and public) have applied for and achieved international accreditation from the Comité International d’Esthétique et de Cosmétologie (CIDESCO), an international beauty therapy association based in Zurich, Switzerland. It requires a school to follow the CIDESCO training program and to provide a training period of at least 1200 hours. Students are then eligible to undergo practical and theoretical examinations by CIDESCO certified examiners and are awarded a CIDESCO diploma (CIDESCO, 2015).

In spite of these measures, no standard of practices exist for estheticians performing services and hence no enforcement to protect the public. The question of whether the regulation of estheticians would help to create unified standards that apply to all who seek to practice as an esthetician and therefore reduce the possibility of causing injury to clients appears to be gaining support. Results from surveys conducted in Ontario and British Columbia, suggest that stakeholders (estheticians, educators and employers) feel a governing body should exist to improve consistency in education, competency and accountability. The form of regulation preferred by respondents was clearly self-regulation (Appendix), (Stewart & MacRae, 2009).

Professional Self-Regulation

The main reason governments might regulate professions is due to the need to protect the public. Balthazard (2008) argues that self-regulation is the preferred approach to regulating the practice of professionals because it gives the government at the ministerial level some control over the practice of a profession, while delegating the implementation of setting the actual standard and enforcing the rules to professional associations. Randall (2000) further explains that the self-regulatory model also puts in place a complaint, investigative and discipline system allowing the public to raise concerns about services to professional providers. This is the approach taken for Ontario's health professions, for example, whereby every health profession has their own profession-specific *Act* which establishes a regulatory college responsible for governing the profession to ensure the public is protected (College of Homeopaths of Ontario, 2015).

The process of an unregulated trade becoming a recognized and regulated profession with a high level of autonomy is a lengthy undertaking. In many cases the decision to pursue self-regulation begins with a voluntary association of like-minded practitioners who are interested in enhancing the credibility and status of their profession. Through a gradual process of development and maturation, this body creates standards of practice, codes of conduct, professional ethics, and educational standards for entrance to practice, a mindset of public service, a profession-specific language, and a solid knowledge base. Eventually, the profession reaches the point on the professionalization path where, in order to enhance credibility and develop autonomy, a form of regulation and self-governance are sought.

The main reason governments are more likely to regulate professions is due to the need to protect the public. Balthazard (2008) argues that self-regulation is the preferred approach to regulating the practice of professionals because it gives the government at the ministerial level some control over the practice of a profession, but it is the regulatory bodies and professional associations of the profession that have been delegated by the provincial powers to set the standards of practice and enforce various rules. Similarly, Randall (2000) explains that the self-regulatory model also puts in place a complaint, investigative and discipline system allowing the public to raise concerns about services a professional provides. He says there are three levels of regulation: registration, certification and licensure. Registration simply requires professionals to be listed on a sanctioned register, while licensure is the most restrictive because it provides an

occupational group complete control over who can practice a profession. It often includes attaining specified educational requirements and completion of some form of licensing examination. Randall also mentions that hybrid models (which are a combination of different aspects of registration, certification and licensure) have been created to improve accountability and limit the monopoly control that some professions attain. Ontario's health professions, for example, are regulated under the *Regulated Health Professions Act, 1991*. The legislation provides for overlapping scopes of practice, whereby different professionals may carry out the same activities. This overlap offers the public maximum flexibility to determine which professional he or she wants to provide a service. At the same time, the regulatory model provides title protection for each of the professions, which allows the public the ability to identify the skills possessed by the individual in question (Regulated Health Professions Act, 1991, 2014). Every health profession regulated under the Regulated Health Professions Act (RHPA), has their own profession specific Act which, establishes a regulatory college responsible for governing the profession to ensure the public is protected (College of Homeopaths of Ontario, 2015).

IV. Discussion

The scope and practice of estheticians has advanced from salons and day spas offering traditional services such as facials, manicures, pedicures, waxing and makeup, to holistic spas, wellness centres, and medical spas offering clinical type treatments. The concern with all these types of businesses is the growing trend for high tech treatments where neither the esthetician nor the machine being used is regulated. Education and training is a critical component of the quality and consistency of how well estheticians are trained to perform the wide range of services that spas and related businesses offer, but creating a distinction between those who meet the criteria that a government appointed regulatory body would establish and those that do not, would be the next step in the evolution of the spa industry and the estheticians who work in it.

The status of self-regulation has wider implications. Estheticians would benefit by gaining recognized credentials, thereby achieving title protection and becoming true professionals. It would be the first step to achieving professional status and advance the profession forward in terms of legitimacy and further research in the field of esthetics. It does not mean those who have not met the prerequisites for the occupation cannot practice the occupation; rather, they

cannot use the reserved title to describe themselves (Balthazard, 2008, p. 11). A practical implication of title protection may result in higher wages for estheticians due to the restrictions associated with it. Drawbacks may include increased education and reporting requirements, registration fees, increased rules and accountability, and the potential for reduced employment opportunities from businesses not wanting to hire title protected estheticians and the higher wages that would be expected.

The industry would benefit from the creation of standards and accountability that would no longer be the sole responsibility of businesses, but the esthetician professional. A formal complaints process would allow the public to raise concerns about an individual. Currently, the only real option for a consumer is to file a complaint with the Better Business Bureau against the business. It would provide the industry with efficient statistical tracking of estheticians and the businesses they work in providing all spa industry stakeholders and potential developers current and accurate information for benchmarking and strategic business planning. Finally, the overall satisfaction rate of clients would be improved as a result of the quality of treatment they receive and reduced probability they would be harmed due to incompetence. On the other hand, employers may experience an inflation of wages and prices due to this professional title and the increased qualifications it brings.

V. Limitations

The major limitation of this study is the lack of current, reliable, quantifiable, empirical and subjective research concerning the spa industry and the esthetician profession not only in the province of Ontario, but also for Canada. (E.g. the service category of “spa” along with the various businesses associated with it such as medical spa does not exist, which means neither can be tracked or statistical data provided). The NOC classification of esthetician is outdated and also not possible to track via StatCan due to the grouping of estheticians with 50 other “related” occupations. Specific research on the spa industry and the people who work in it was last conducted 9 years ago and the spa industry has grown and changed significantly during that period of time.

Credible data to support litigation cases due to complications specifically in Canada or in the province of Ontario are difficult or impossible to find. Cases are typically handled out of court because of the time and expense. The Better Business Bureau (BBB) does not track complaints

for categories of businesses. Inquiries as to whether a complaint has been filed with the BBB would require asking about each business individually.

Another limitation of the study is the lack of peer-reviewed articles on the topic of self-regulation. Articles used for this report were based on the occupations of Human Resource Professionals and Veterinary Technicians. There is consistency however, in the explanation of professional self-regulation, which, serves as an effective guide to understanding the options.

Although the purpose of the survey was to gain insight into the spa industry stakeholder's view of estheticians and their role as a profession in the spa industry, the study raises questions that warrant further research particularly in the area of education/training and government oversight. The high response rate of 'somewhat agree' pertaining to how well trained estheticians from college programs are needs to be examined further to get a clearer picture of respondents views concerning both public and private college esthetician programs.

Respondents appear to be highly in favour of government regulation, particularly self-regulation, however, a more in-depth survey for stakeholders in the spa industry covering all facets of this form of regulation including the long complex process it will involve and how it will impact the spa/beauty industry would be necessary.

VI. Conclusion

The continued growth of the spa industry and related businesses, inconsistent educational requirements and lack of regulation will likely increase the risk of harm and therefore necessary steps need to be taken to protect the public.

Developing a case for the professionalization of estheticians will not only require convincing estheticians and all spa industry stakeholders that both the profession and the industry would benefit from regulation, but also the necessity of working together to present to the government a clear and consistent definition of the profession's scope of practice and potential risk of harm to the public. The spa industry has progressed significantly in the past 24 years with the establishment of the International Spa Association, who represents health and wellness facilities and its providers in over 70 countries, and Canada's national association SIAC, now in its 18th year. They both have established a code of ethics along with standards and practices for members to commit to maintaining or exceeding. Moreover, developing bodies of research are also being made available through the associations as well as other reputable

sources such as the Global Wellness Summit, which provides portals to help people explore the medical evidence that exists for spa and wellness therapies (Global Wellness Summit, 2015). Estheticians as a profession may be the next significant step the spa industry takes to further distinguish itself from substandard business establishments usurping the label of ‘spa’ and protecting the public from reckless or incompetent esthetic practitioners.

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VIII. Appendix

Appendix A)

Self-Regulation Process

In Canada, the regulation of trades and professions falls under provincial authority for the most part; therefore it will be the Legislative Assembly of Ontario that would consider a proposed Bill. A Bill is an idea written in legal language presented for consideration to the Legislative Assembly by a Member of Provincial Parliament (MPP).

Pre-legislative Process

Before the Minister with responsibility for the policy area most relevant to the Bill introduces it to the House for its first reading, there is a pre-legislative process that occurs and is highly complex (See Figure 9). The pre-legislative stages are more important to the fate of a proposal than the formal legislative process. Strong party systems and majority governments partner to create support for government initiatives that are in the interest of the party however, the largest constraint on the passage of government bills by the legislature is time, not the ability of opposition parties to defeat legislative proposals. As a result, the most critical moments in the life of a bill often occur in the pre-legislative stages, where there are many opportunities for a proposal to be defeated, to be significantly amended, or to be given too low a priority to continue its journey to the legislature (How an Ontario Bill becomes law, 2011). If the proposed bill passes through this process with cabinet approval, it will then move on to the First reading (See Figure 10).

Legislative Process

First reading consists of:

- Bill is introduced in the Legislature and given First Reading and put on the agenda of the Legislature
- Minister may make statement or explanation of purposes of bill
- Compendium of background information is supplied to Opposition critics
- Bill is printed in English and French and made available to the public on the Assembly's Internet Site
- Almost all First reading motions carry without a formal vote

Second Reading gives Members an opportunity to debate and vote on the principle of the bill. It consists of:

- Debate on principle of the bill, which may be led by the Minister or Parliamentary Assistant and is governed by specific rules
- After debate concludes, the Speaker puts the question on the motion for Second Reading
- No amendments to text of the bill
- Usually the Minister or Parliamentary Assistant refers the Bill to a Standing Committee as designated where further processes take place.
- The Chair of the Committee reports the Bill to the House and it is ordered for Third Reading. If it has been amended, the Bill is reprinted, showing the changes, and posted on the Internet.
- If the Bill is given Second Reading, it may, by unanimous consent, be ordered for Third Reading

Third Reading is the final stage of a bill's consideration in the House when Members decide whether it will pass. It includes:

- Rules of debate are similar to Second Reading stage
- When debate concludes, the Speaker puts the question on the motion for Third Reading

When the Bill has received **Royal Assent** the Bill becomes an Act, is assigned a chapter number and is posted as Source Law on *e-Laws* (How an Ontario Bill becomes law, 2011).

An Act becomes law when it comes into force, which may happen immediately or at a later date (specified in the Act or by proclamation) (Kaye, 2011)

The granting of regulatory authority then begins through the act of legislature, which provides the framework for the regulation of the specified profession and identifies the extent of the legal authority that has been delegated to the profession's regulatory body.

Appendix B)

Methodology

Researching, analyzing and formulating the process of achieving self-regulation was based on secondary data that mainly consist of government documents. These include documents from the Legislative Assembly of Canada, the Ontario Ministry of Health and Long-

Term Care and governing bodies such as HPRAC, who provide independent policy advice to the Minister of Health and Long-Term Care on matters related to the regulation of health professions in Ontario. The issues raised through the literature and background of this report convinced SIAC to undertake primary research with stakeholders in the spa industry. The purpose was not to achieve specific representation, but rather to gain deeper insight into people's views of estheticians and their role as a profession in the spa industry. A set of questions was developed that addressed not only self-regulation of estheticians, but other questions related to standards and policies currently in place. A 5 point Likert scale was used to record respondents' agreement ranging from 1=strongly agree to 5=strongly disagree.

SIAC emailed the survey to all its contacts across Canada, as well as posted it on their website. The survey ran for 3 weeks with email reminders sent out after weeks one and two. 175 respondents (n=161 in English, and n=14 in French) completed the survey in that time.

Results:

Respondent Profile

Both English and French respondents were grouped according to location, establishment and position in Table 1. Over half of the respondents (56.2%) reported that they live in Ontario, followed by British Columbia (18.3%) and Quebec (11.0%). The remaining survey respondents (20.2%) were spread out over Alberta, Manitoba, New Brunswick, Nova Scotia and Saskatchewan. Day spas account for 38.6%, followed by 'Other' at 29.4%. Of the total 45 responses under this latter category, 62.2% reported their type of business as sales/education, followed by 20.0% as a combination of salon, day spa, and/or medical spa. The remaining 17.8% consisted of mobile spa, home spa, and overlaps with categories provided in the survey such as Niche, Medical Spa and Day Spa. Despite the high percentage of respondents who reported their type of business as sales/education, it only represents 18.3%, compared to 26.1% of the total respondents who reported their establishments as hotel, resort or destination spa.

Over half of the respondents (60.1%) reported their position as spa or salon owner/manager, followed by 'Other' at 21.5%. Closer examination of the category 'Other' reveals 54.3% of respondents reported sales, education or distribution as their position, followed by owner/esthetician at 17.1% and manager 14.3%. If the responses from the category 'Other' were added to matching categories provided in the survey, a somewhat more accurate picture

would result. Sixty-eight percent of the respondents would be Spa or Salon owner/managers, followed by Esthetician (19%), if the combination of owner/esthetician is taken into consideration followed by Sales/Education (17.0%).

Training

Both English and French respondents reported similar results when asked to rate how well trained estheticians are from college programs (strongly agree, agree, somewhat agree, disagree, strongly disagree) as outlined in Figure 1 and Figure 2. Almost half (48.0%) of both English and French respondents reported ‘somewhat agree’. Respondents appear to be split between agreeing (English 20.5%, French 28.6%), and disagreeing (English 18.01%, French 14.3%) that estheticians are well trained from college programs.

Adherence to infection prevention and control

Overall in Figure 3 and Figure 4, both English and French respondents agreed or somewhat agreed and gave the same high rating (English 75.2%, French 71.4%) to estheticians being fully aware of and practicing safety precautions related to treatments. The high positive response rate might be attributed to health regulations that are already in place on both a provincial and municipal level (e.g. Ministry of Health and Long-Term Care – Public Health Units, and the City of Toronto – Public Health Units). In addition, health regulations are also adhered to by the MTCU where college program standards outline and curriculum must include health, safety, sanitation, infection and prevention control according to current legislation and national, provincial, municipal, as well as industry standards and regulations (Ministry of Training, College and Universities, 2007).

Estheticians as a controlled profession

Respondents were asked a number of questions pertaining to controlled oversight of estheticians and of the seven questions asked, six of the total responses (n=155 English, n=12 French) strongly agreed that more regulatory oversight is needed (Figure 5 and 6). Both English and French respondents rated estheticians passing a specialized exam for performing medical spa type treatments such as laser, microdermabrasion and chemical peels the highest (81% English, 75% French, indicated “strongly agree”). The Weighted average or average rating of 1.30 indicates that the average sentiment among respondents is that estheticians passing a specialized

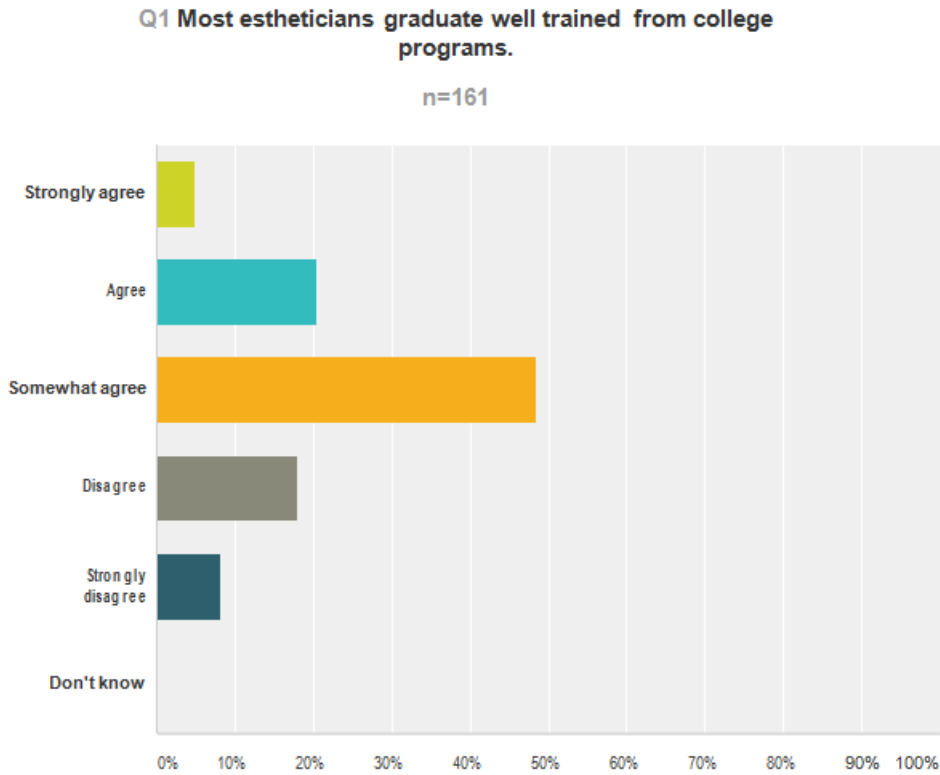
exam for performing medical type procedures is strongly supported based on the weight of 1 given to the rating of 'Strongly agree'. Subsequently, both English and French respondents strongly agreed that estheticians should be required to follow a standardized exam to ensure greater competency, with a slighter higher response from English respondents (72.3% English, 58.3% French). Even though both English and French respondents strongly agreed that the regulation of estheticians by the provincial government would help to create unified standards for all estheticians, English respondents indicated to be more strongly in favor (60.7%) compared to French respondents (50.0%). Subsequently, the response to the form of regulation preferred was clearly self-regulation by both English (61.3%) and French (66.7%) respondents as outlined in Figure 7 and Figure 8.

Overall, it appears that respondents are in favor of more government oversight to improve consistency in education, competency and accountability, but they prefer self-regulation, which means having some government oversight rather than full control.

Table 1. Composition of respondents

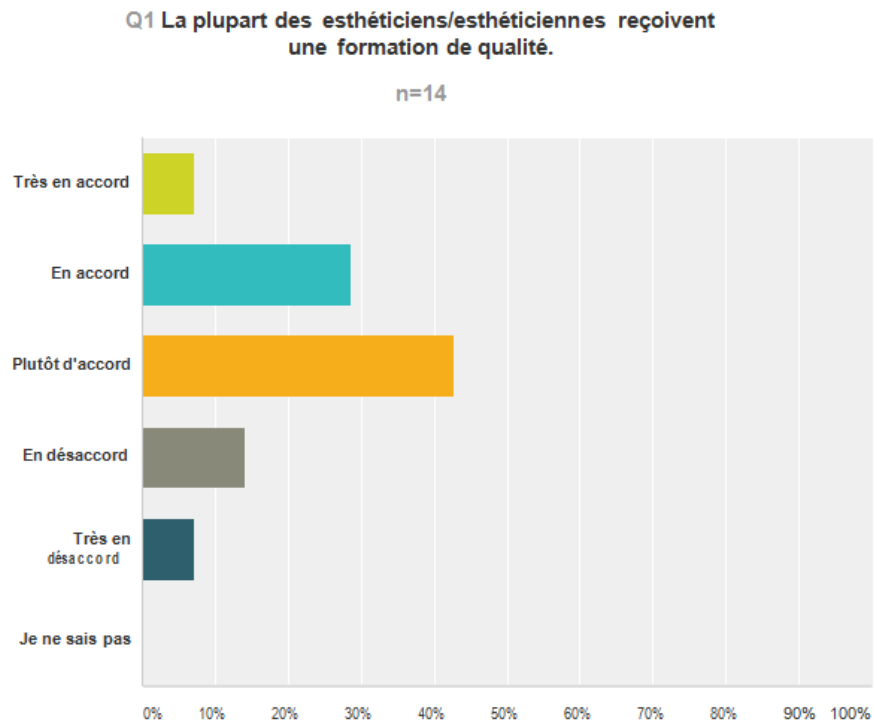
Province of residence (n=163)					
Alberta	8.50%				
British Columbia					
Manitoba	3.9%				
New Brunswick	1.3%				
New Foundland-Labrador	0.0%				
Northwest Territories	0.0%				
Nova Scotia	3.9%				
Nunavut	0.0%				
Ontario					
Prince Edward Island	0.0%				
Quebec					
Saskatchewan	2.6%				
Yukon	0.0%				
Establishment (n=163)		Responses	*Other (n=45)		Responses
Niche business, e.g. Nail Salon	3.9%	6	Sales/Education	62.2%	28
Day Spa	38.6%	59	Combination: Salon/Day/Medical	20.0%	9
Hotel, Resort or Destination Spa	26.1%	40	Medical Spa	2.2%	1
Medical Spa	8.5%	13	Mobile	2.2%	1
*Other	29.4%	45	Home	6.7%	3
			Niche	4.4%	2
			Day Spa	2.2%	1
Position (n=163)					
Spa or Salon owner/manager	60.1%	98	*Other (n= 35)		
Esthetician	14.1%	23	Sales/Education	54.3%	19
Sales/Education	4.3%	7	Owner/esthetician	17.1%	6
*Other	21.5%	35	Body worker	2.9%	1
			Manager	14.3%	5
			HR Director	2.9%	1
			Combination of all	5.7%	2
			Research/ Manufacturer	2.9%	1

Figure 1. Training



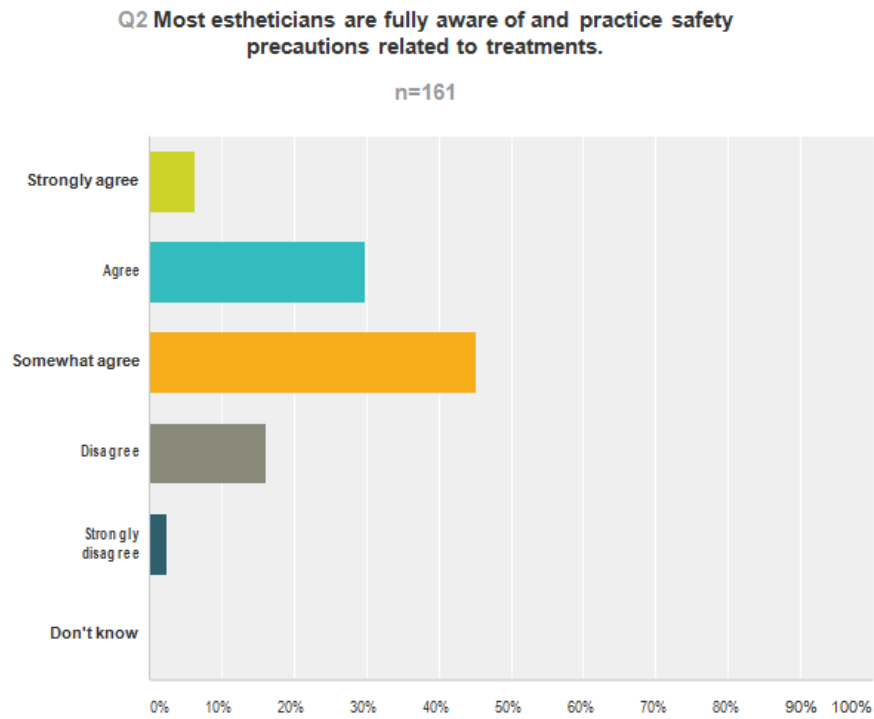
Answer Choices	Responses	
Strongly agree	4.97%	8
Agree	20.50%	33
Somewhat agree	48.45%	78
Disagree	18.01%	29
Strongly disagree	8.07%	13
Don't know	0.00%	0
Total		161

Figure 2. Training cont'd



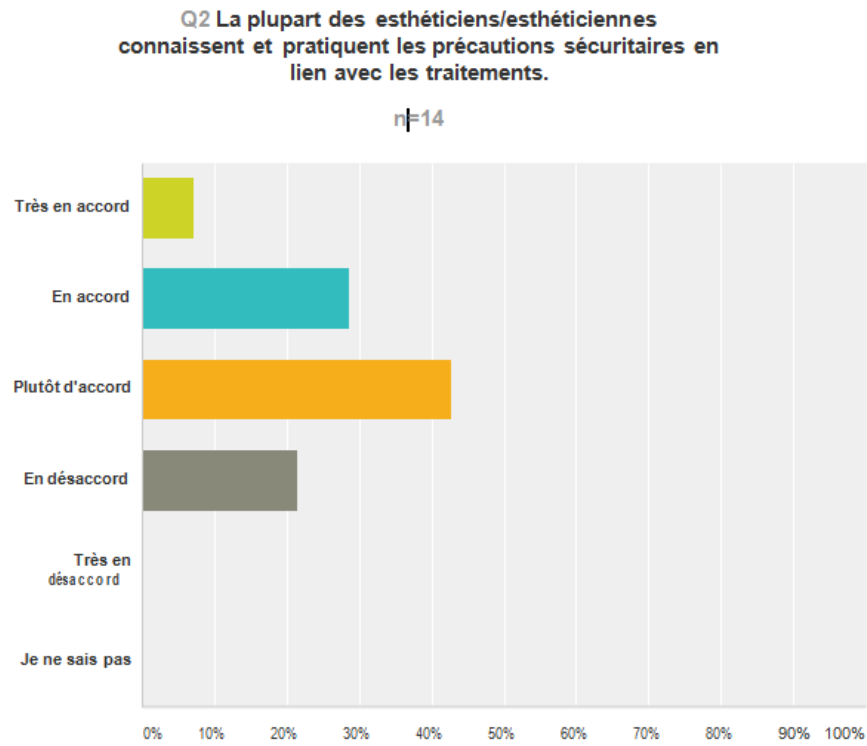
Answer Choices	Responses	
Très en accord	7.14%	1
En accord	28.57%	4
Plutôt d'accord	42.86%	6
En désaccord	14.29%	2
Très en désaccord	7.14%	1
Je ne sais pas	0.00%	0
Total		14

Figure 3. Adherence to health regulations



Answer Choices	Responses	
Strongly agree	6.21%	10
Agree	29.81%	48
Somewhat agree	45.34%	73
Disagree	16.15%	26
Strongly disagree	2.48%	4
Don't know	0.00%	0
Total		161

Figure 4. Adherence to health regulations cont'd.



Answer Choices	Responses	
Très en accord	7.14%	1
En accord	28.57%	4
Plutôt d'accord	42.86%	6
En désaccord	21.43%	3
Très en désaccord	0.00%	0
Je ne sais pas	0.00%	0
Total		14

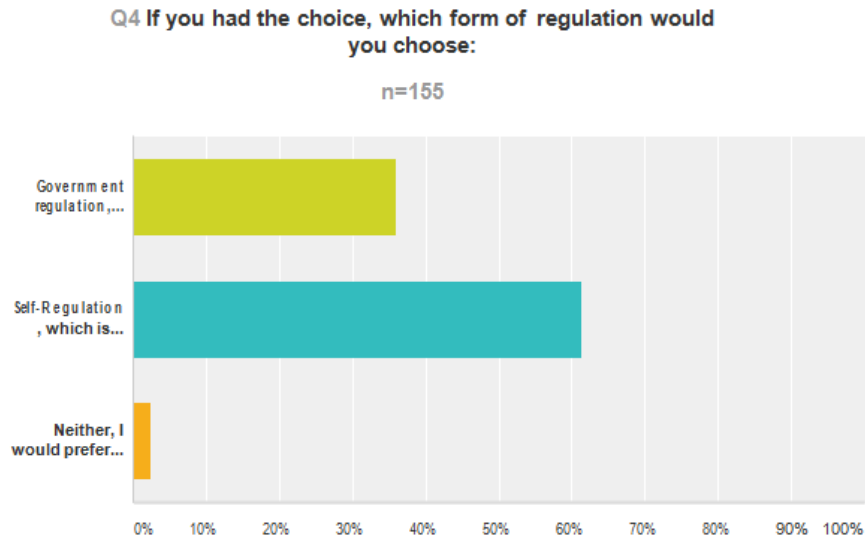
Figure 5. Estheticians as a controlled profession (n=155)

	Strongly agree	Agree	Somewhat agree	Disagree	Strongly disagree	Weighted Average
It should be required that estheticians pass a standardized exam to ensure greater competency.	72.26% 112	23.87% 37	2.58% 4	0.65% 1	0.65% 1	1.34
It should be required that estheticians pass a specialized exam for performing medical type procedures such as lasers, microdermabrasion, chemical peels etc.	80.65% 125	13.55% 21	2.58% 4	1.94% 3	1.29% 2	1.30
Do you feel that health inspections conducted by the ministry is enough to ensure estheticians are providing safe and hygienic treatments to the public?	14.84% 23	23.23% 36	29.03% 45	20.65% 32	12.26% 19	2.92
It should be required that periodic audits of estheticians, separate from the Ministry of Health, are conducted to ensure safe, ethical and competent practice to the public.	39.35% 61	32.26% 50	16.13% 25	9.68% 15	2.58% 4	2.04
It should be required that estheticians participate in annual professional development.	45.16% 70	33.55% 52	14.84% 23	6.45% 10	0.00% 0	1.83
The regulation of estheticians by the provincial government would help to create unified standards that apply to all estheticians.	60.65% 94	21.29% 33	12.90% 20	3.87% 6	1.29% 2	1.64
The regulation of estheticians by the provincial government would help to reduce the possibility of causing injury to clients.	49.68% 77	26.45% 41	16.77% 26	7.10% 11	0.00% 0	1.81

Figure 6. Cont'd Estheticians as a controlled profession (n=12)

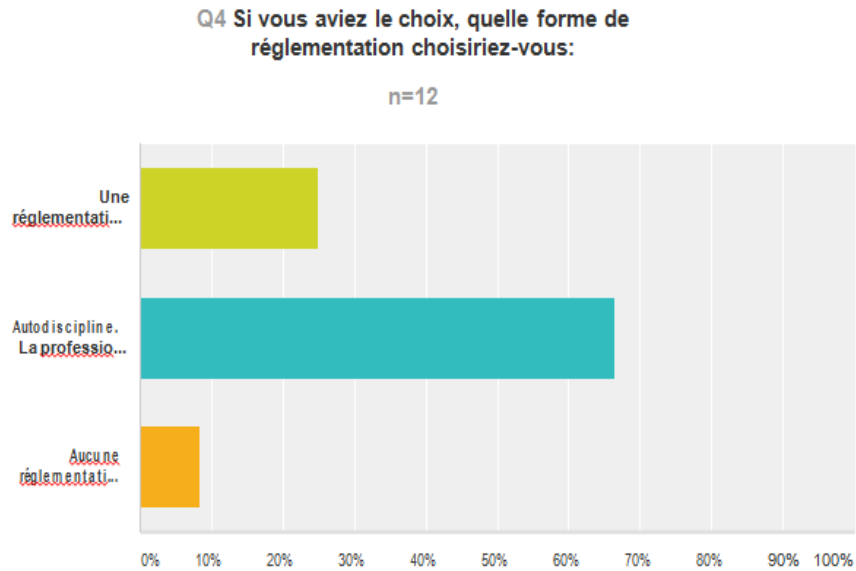
	Très en accord	En accord	Plutôt d'accord	En désaccord	Très en désaccord	Weighted Average
Les esthéticiens/esthéticiennes devraient réussir un examen standardisé afin d'assurer une plus grande compétence.	58.33% 7	33.33% 4	8.33% 1	0.00% 0	0.00% 0	1.50
Les esthéticiens/esthéticiennes devraient réussir un examen spécialisé s'ils veulent pouvoir faire des procédures de type médicale comme le laser, la microdermabrasion, l'épilation chimique, etc.	75.00% 9	25.00% 3	0.00% 0	0.00% 0	0.00% 0	1.25
Croyez-vous que les inspections santé du gouvernement soient suffisantes pour s'assurer que les esthéticiens/esthéticiennes offrent des traitements sécuritaires et hygiéniques.	25.00% 3	25.00% 3	0.00% 0	33.33% 4	16.67% 2	2.92
Un contrôle périodique des esthéticiens/esthéticiennes, différent de celui gouvernemental, serait souhaité afin d'assurer des pratiques sécuritaires, éthiques et compétentes au public.	58.33% 7	41.67% 5	0.00% 0	0.00% 0	0.00% 0	1.42
Il devrait être requis pour les esthéticiens/esthéticiennes de participer à du développement professionnel à chaque année.	50.00% 6	41.67% 5	8.33% 1	0.00% 0	0.00% 0	1.58
Une réglementation gouvernementale aiderait à créer des standards unis applicables à tous les esthéticiens/esthéticiennes.	58.33% 7	41.67% 5	0.00% 0	0.00% 0	0.00% 0	1.42
Une réglementation gouvernementale des esthéticiens/esthéticiennes aiderait à réduire le risque de blessure chez nos clients.	50.00% 6	41.67% 5	8.33% 1	0.00% 0	0.00% 0	1.58

Figure 7. Regulation choice



Answer Choices	Responses
Government regulation, which is generally understood to mean that the government is fully responsible for the monitoring and enforcement of rules that have been established by a primary and/or delegated legislation.	36.13% 56
Self-Regulation, which is generally understood to mean that the profession (estheticians) regulates itself rather than having regulation done by a government department or agency. The regulating body is governed by a Board or Council which is mostly composed of Members of the profession elected by their peers, though the government appoints some additional persons including non-Members.	61.29% 95
Neither, I would prefer that estheticians stay unregulated.	2.58% 4
Total	155

Figure 8. Regulation choice cont'd



Answer Choices	Responses
Une réglementation gouvernementale où le gouvernement est entièrement responsable de surveiller et d'appliquer les règles établies par une législation primaire et/ou déléguée.	25.00% 3
Autodiscipline. La profession d'esthéticiens/esthéticiennes se réglemente au lieu d'être surveillé par une agence gouvernementale. La réglementation serait gouvernée par un conseil ou un comité composé en majorité par des membres de la profession élus par leurs pairs. Le gouvernement nommerait d'autres personnes incluant des non-membres.	66.67% 8
Aucune réglementation. Je préférerais que les esthéticiens/esthéticiennes demeurent sans réglementation.	8.33% 1
Total	12

Figure 9. Pre-legislative stages

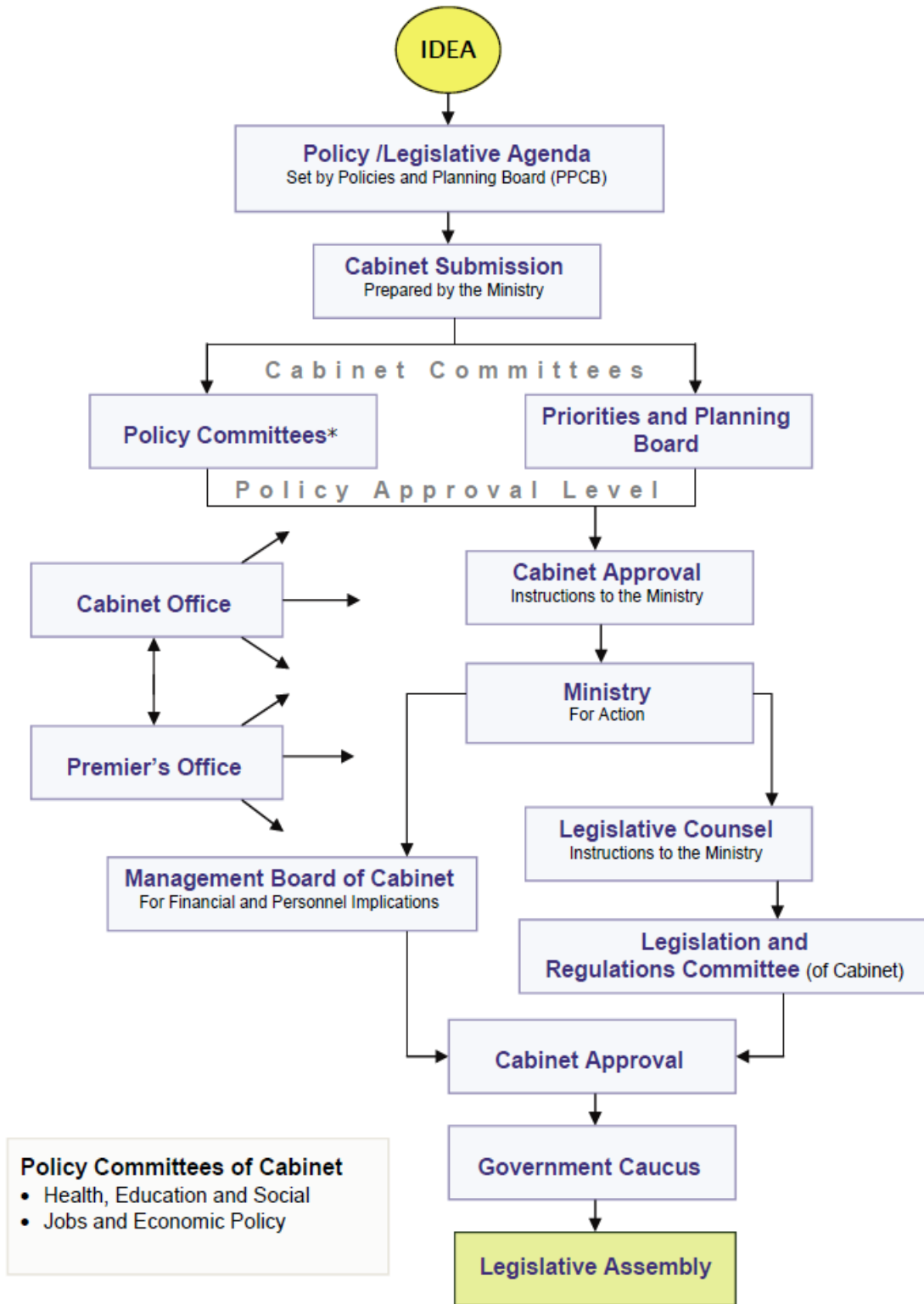


Figure 10. Formal Legislative Stages

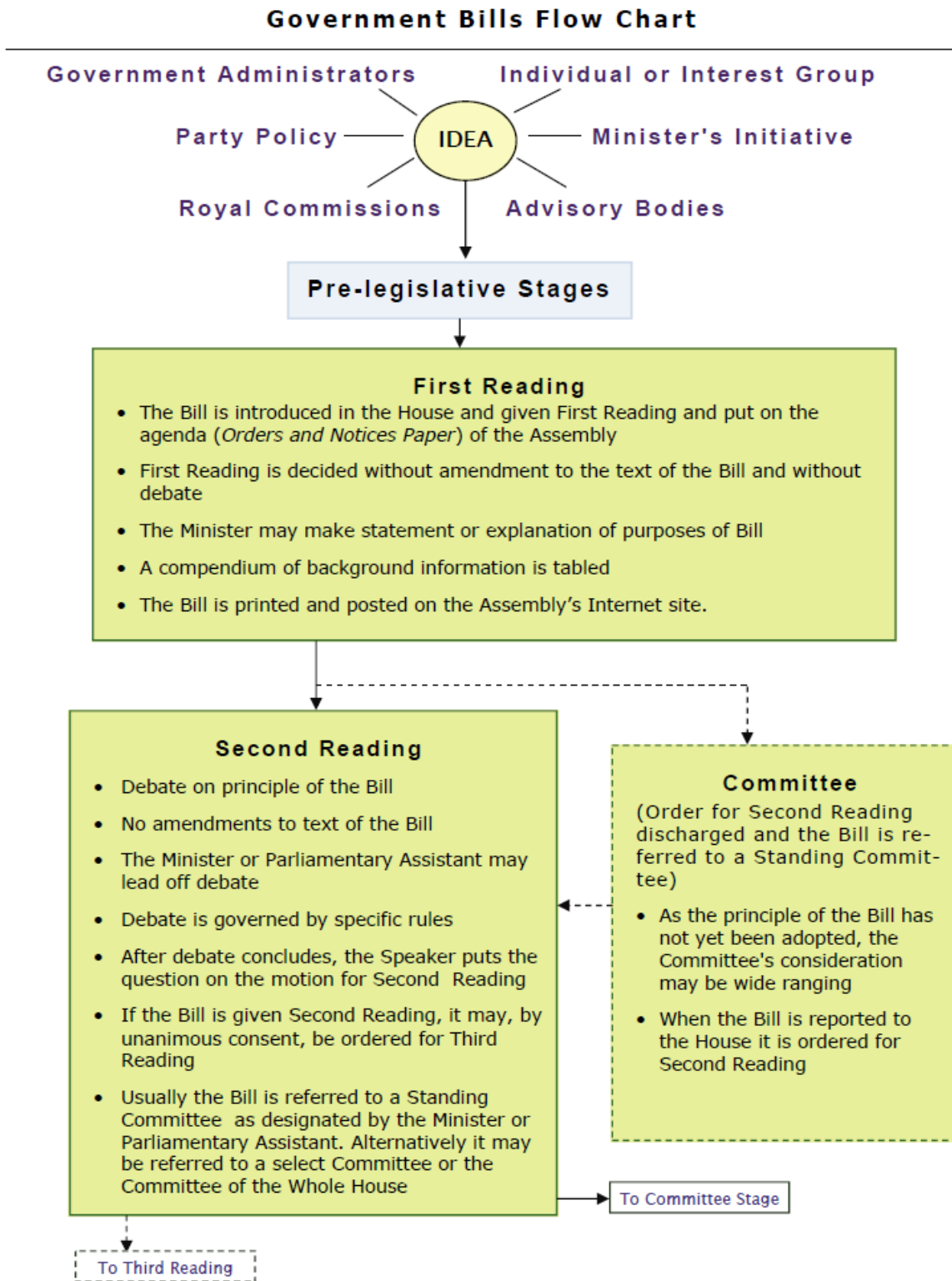


Figure 10. Formal Legislative Stages cont'd.

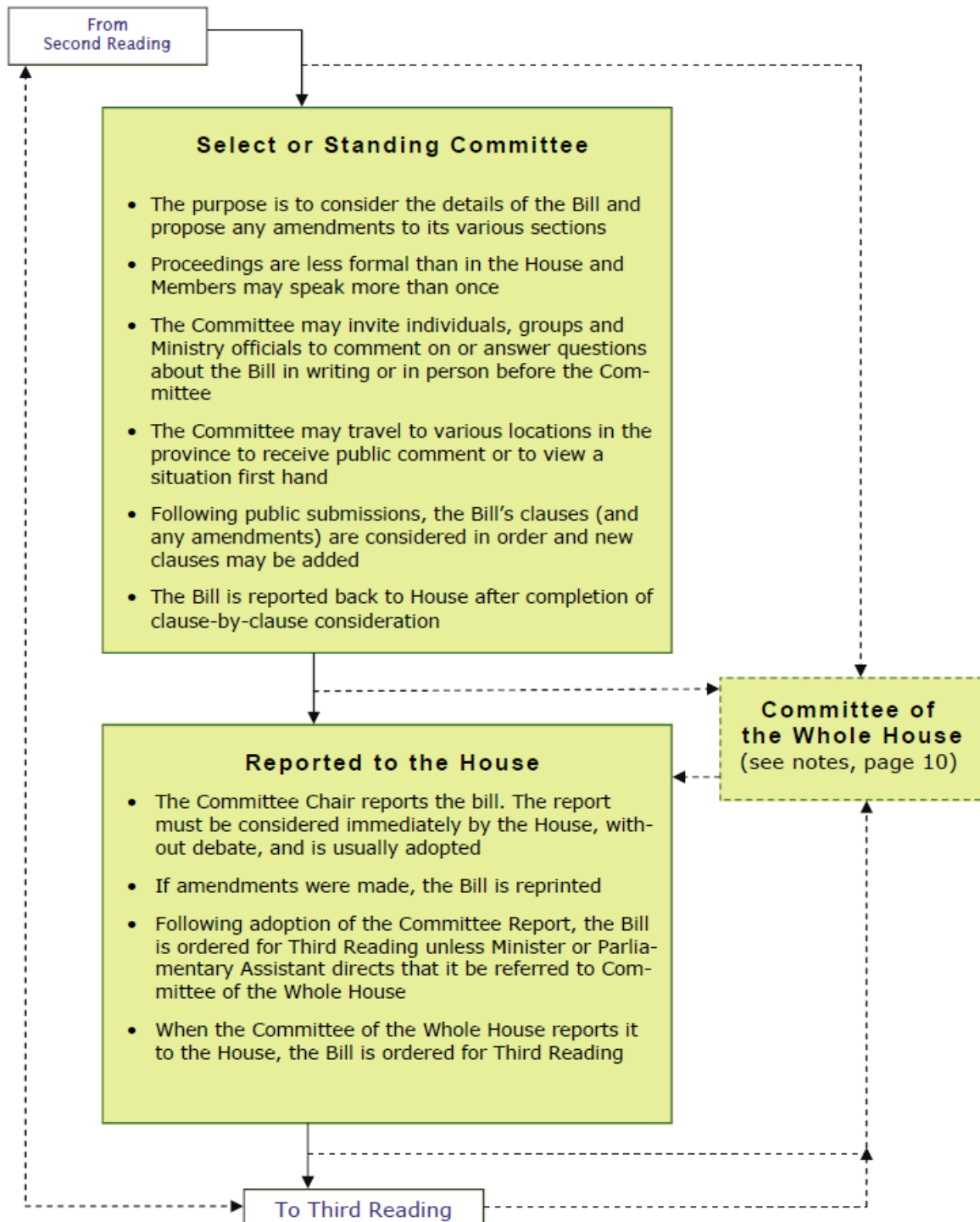


Figure 10. Formal Legislative Stages cont'd.

