Cosmetic Services in the Family Health Center: A Roadmap

Heather L. Paladine, MD; Brett White, MD; Katrina Miller, MD; Chris Feifer, DrPH

(Fam Med 2011;43(2):121-2.)

Advertisements for practices that incorporate cosmetic services have proliferated over the past several years. The American Academy of Family Physicians (AAFP) provides some information about cosmetic services, but no published studies have explored how many family physicians are performing these services or how they are trained to provide them. There are no studies that describe family medicine residency education related to cosmetic services.

Residency program family medicine centers (FMCs) face many of the same financial pressures faced by other medical practices. However, the reasons to consider adding cosmetic services to a family medicine residency program go beyond financial income. Residency programs may also benefit from increased applicant interest, strengthened procedural and dermatologic education for residents, and improved clinical skills for faculty.

Many family medicine residency programs offer advanced training in specialized or niche areas, such as global health, endoscopic procedures, or surgical obstetrics. These extra services broaden resident education and allow trainees to explore specific areas of interest. While cosmetic services have not traditionally been part of a family medicine practice or training program, many family physicians provide these services after residency. The Future of Family Medicine project encourages residency programs to innovate and to design residency training that will be relevant to real-life practice.

Description of Four Programs

We describe four family medicine residency programs that are currently providing cosmetic services. These programs were identified by an e-mail invitation sent to members of the Society of Teachers of Family Medicine (STFM) Group on Hospital Medicine and Procedural Training, the STFM Group on Women, and the Association of Family Medicine Residency Directors. A semi-structured interview was conducted with all respondents.

The four programs have important similarities and differences that are summarized in Table 1. At all four programs, cosmetic services are provided by one family physician faculty member. The program that provides the most extensive services also includes a registered nurse. Faculty members required significant startup time to receive training and design their sessions, approximately 1 year on average. Resident involvement varied among programs, from shadowing to direct involvement in providing the services.

Positive Aspects of Cosmetic Services

Two of the programs mentioned the high level of interest expressed by residency program applicants regarding cosmetic services. Another benefit was the interest in learning about the services that was displayed by residents currently in the program. Cosmetic services can become profitable fairly quickly. All of the programs found that patient recruitment was easy, with a strong level of interest among both current and new patients.

Barriers to Provision of Cosmetic Services

Each of the programs had a faculty champion who was interested in providing these services. One faculty champion reported that other faculty members were ambivalent about the value of cosmetic services training to resident education. Malpractice insurance issues also played a role in implementation. At one program, the faculty member had to buy additional malpractice coverage to perform cosmetic procedures, and residents were restricted to shadowing...
because their malpractice coverage did not include cosmetic procedures. Credentialing also influenced implementation; at one university-based residency program, the faculty champion was credentialed to perform Botulinum toxin injections but with the understanding that additional family medicine faculty would not seek these privileges. All faculty champions noted the need for extra administrative time prior to implementation to develop cosmetic services. Programs that decide to purchase laser or dermabrasion equipment will have higher start-up costs.

**Conclusions**

Currently, there are few family medicine residency programs that have incorporated cosmetic services into their FMC. Residency programs may decide that cosmetic services are not a part of their teaching mission, but for some, cosmetic services represent a potential area for resident education and a new source of income for residency programs.

**Table 1: Description of Cosmetic Services Provided by Four Family Medicine Residency Programs**

<table>
<thead>
<tr>
<th>Region of US</th>
<th>Services Provided</th>
<th>Resident Involvement</th>
<th>Location of Patient Services</th>
<th>Reported Positive Aspects</th>
<th>Reported Negative Aspects</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Coast</td>
<td>Botulinum toxin, dermal fillers, laser, microdermabrasion</td>
<td>Shadowing during dermatology rotation</td>
<td>Hallway adjacent to Family Health Center, three rooms, RN, separate part-time receptionist</td>
<td>• Applicant interest</td>
<td>• Additional malpractice costs • High start-up costs due to laser and dermabrasion machines • Time needed for faculty champion</td>
</tr>
<tr>
<td>Northeast</td>
<td>Botulinum toxin, dermal fillers</td>
<td>Elective</td>
<td>Program rents space in a nearby gym/spa facility</td>
<td>• Applicant interest</td>
<td>• Time needed for faculty champion • No financial incentive for faculty champion</td>
</tr>
<tr>
<td>Northeast</td>
<td>Botulinum toxin</td>
<td>Two interested residents will participate as part of a research project</td>
<td>Family Health Center</td>
<td>• Resident interest/teaching</td>
<td>• Other faculty are ambivalent • Time needed for faculty champion</td>
</tr>
<tr>
<td>Midwest</td>
<td>Botulinum toxin</td>
<td>Elective</td>
<td>Family Health Center—evening</td>
<td>• Resident interest</td>
<td>• Credentialing issues • Delay in getting approval</td>
</tr>
</tbody>
</table>

**Reference**