Whereas, The surgery of hair restoration involves an incision or excision on a patient for the purpose of manipulating, transferring, or removing full thickness skin grafts, hair follicles or skin for redistribution or restoration whether by follicular unit extraction, follicular unit transplantation, scalp reduction, scalp flap, scalp expansion surgery, or similar procedures; and

Whereas, Our AMA has existing policy regarding the practice of medicine by non-physicians (AMA Policy H-160.949) and by unlicensed personnel, and regarding the delegation of surgical duties to surgical assistants who are not licensed physicians (H-475.986); and

Whereas, Unlicensed personnel are performing critical-to-quality surgical aspects of hair restoration surgery such as treatment planning, donor scalp harvesting, local anesthetic dosing, and recipient site creation;¹ and

Whereas, The Florida Medical Board has issued a Declaratory Statement “the Board is of the opinion that Section 458.3485, Florida Statutes, does not authorize the Petitioner to delegate the task of harvesting follicular units consisting of the excision of skin, subcutaneous tissue and hair follicles by use of a scalpel, micro-punch, motorized surgical extraction device or similar surgical instrument or device and incising the scalp for transplanting such grafts, to a medical assistant, or any other person who is not licensed as a health care practitioner and appropriately trained or otherwise experienced in the performance of such surgical procedures, in an office setting”;² and

Whereas, The Florida Medical Association has adopted resolution 16-310 opposing the use of unlicensed personnel and/or medical assistants and to perform critical-to-quality steps of hair restoration surgery, such as redistribution planning, donor harvesting of follicular units either via FUE or strip methods, and creation of recipient sites;³ and

Whereas, The American Academy of Dermatology Advisory Board adopted resolution AADA 012 opposing the use of practitioners other than physicians and NPP’s to perform critical-to-quality steps of hair restoration surgery, such as redistribution planning, donor harvesting of follicular units either FUE or strip methods, and creation of recipient sites;⁴ and

¹ ISHRS White Paper sent to Medical Boards in USA, Concerns Over Unlicensed Personnel Performing Hair Transplant Surgery, Nov. 2013
² State of Florida Medical Board: Final Order on Petition for Declaratory Statement, Issued June 2016
³ Florida Medical Association Annual Meeting July 29-31; Orlando Florida resolution 16-310 opposing the use of unlicensed personnel and/or medical assistants to perform critical-to-quality steps of hair restoration surgery.
⁴ 2017 Advisory Board Resolutions Reference Committee Recommendations, March 5, 2017.
Whereas, Unlicensed personnel are making medical diagnoses regarding hair loss and making medical decisions regarding medication use during hair restoration surgery; and

Whereas, Unlicensed personnel possess no credentials as nurse practitioners, surgical assistants, or physician assistants; and

Whereas, Use of unlicensed personnel to make medical decisions and perform surgery places patients at risk of bodily harm and inappropriate, sub-optimal, or harmful treatment; and

Whereas, Patients are not informed of the use of unlicensed personnel to perform surgical hair restoration and/or diagnosis of hair disorders; and

Whereas, Unlicensed personnel do not carry professional liability insurance; and

Whereas, The use of unlicensed personnel is counter to the policies of our AMA and the official position of the International Society of Hair Restoration Surgery, the AAD’s position statement on the Practice of Dermatology and the American Society of Plastic Surgeons, and constitutes a serious risk to the health and safety of patients; therefore be it

RESOLVED, That our American Medical Association reaffirm existing policies H-160.949 and E-10.5 concerning the unlicensed practice of medicine and surgery, and support only the use of licensed personnel to perform critical-to-quality steps of hair restoration surgery, such as redistribution planning, donor harvesting of follicular units via FUE or strip methods, and creation of recipient sites (Reaffirm HOD Policy); and be it further

RESOLVED, That our AMA reaffirm policies H-475.986 and H-475.983 to oppose the use of unlicensed personnel to perform diagnosis or treatment, including those of hair loss conditions. (Reaffirm HOD Policy)

Fiscal Note: Not yet determined

Received: 10/31/17

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5 ISHRS Consumer Alert, Be Sure a Properly trained, licensed physician is responsible for your treatment. Oct. 2014. Available at: http://www.ishrs.org/article/consumer-alert


7 AADA Letter to The Florida Senate Committee on Health Policy in support of SB 974, January 2016.

8 American Society of Plastic Surgery Letter to The Florida Senate Committee on Health Policy in support of SB 974, January 2016.
RELEVANT AMA POLICY

Surgical Assistants other than Licensed Physicians H-475.986
Our AMA: (1) affirms that only licensed physicians with appropriate education, training, experience and demonstrated current competence should perform surgical procedures; (2) recognizes that the responsible surgeon may delegate the performance of part of a given operation to surgical assistants, provided the surgeon is an active participant throughout the essential part of the operation. Given the nature of the surgical assistant's role and the potential of risk to the public, it is appropriate to ensure that qualified personnel accomplish this function; (3) policy related to surgical assistants, consistent with the American College of Surgeons' Statements on Principles states: (a) The surgical assistant is limited to performing specific functions as defined in the medical staff bylaws, rules and regulations. These generally include the following tasks: aid in maintaining adequate exposure in the operating field, cutting suture materials, clamping and ligating bleeding vessels, and, in selected instances, actually performing designated parts of a procedure. (b) It is the surgeon's responsibility to designate the individual most appropriate for this purpose within the bylaws of the medical staff. The first assistant to the surgeon during a surgical operation should be a credentialed health care professional, preferably a physician, who is capable of participating in the operation, actively assisting the surgeon. (c) Practice privileges of individuals acting as surgical assistants should be based upon verified credentials and the supervising physician's capability and competence to supervise such an assistant. Such privileges should be reviewed and approved by the institution's medical staff credentialing committee and should be within the defined limits of state law. Specifically, surgical assistants must make formal application to the institution's medical staff to function as a surgical assistant under a surgeon's supervision. During the credentialing and privileging of surgical assistants, the medical staff will review and make decisions on the individual's qualifications, experience, credentials, licensure, liability coverage and current competence. (d) If a complex surgical procedure requires that the assistant have the skills of a surgeon, the surgical assistant must be a licensed surgeon fully qualified in the specialty area. If a complication requires the skills of a specialty surgeon, or the surgical first assistant is expected to take over the surgery, the surgical first assistant must be a licensed surgeon fully qualified in the specialty area. (e) Ideally, the first assistant to the surgeon at the operating table should be a qualified surgeon or resident in an education program that is accredited by the Accreditation Council for Graduate Medical Education (ACGME) and/or the American Osteopathic Association (AOA). Other appropriately credentialed physicians who are experienced in assisting the responsible surgeon may participate when a trained surgeon or a resident in an accredited program is not available. The AMA recognizes that attainment of this ideal in all surgical care settings may not be practicable. In some circumstances it is necessary to utilize appropriately trained and credentialed unlicensed physicians and non-physicians to serve as first assistants to qualified surgeons.

Citation: (BOT Rep. 32, A-99; Reaffirmed: Res. 240, 708, and Reaffirmation A-00; Reaffirmed: CMS Rep. 6, A-10; Reaffirmed: BOT Rep. 16, A-13)

Practicing Medicine by Non-Physicians H-160.949
Our AMA: (1) urges all people, including physicians and patients, to consider the consequences of any health care plan that places any patient care at risk by substitution of a non-physician in the diagnosis, treatment, education, direction and medical procedures where clear-cut documentation of assured quality has not been carried out, and where such alters the traditional pattern of practice in which the physician directs and supervises the care given; (2) continues to work with constituent societies to educate the public regarding the differences in the scopes of practice and education of physicians and non-physician health care workers; (3) continues to actively oppose legislation allowing non-physician groups to engage in the practice of medicine without physician (MD, DO) training or appropriate physician (MD, DO) supervision; (4) continues to encourage state medical societies to oppose state legislation allowing non-physician groups to engage in the practice of medicine without physician (MD, DO) training or appropriate physician (MD, DO) supervision; (5) through legislative and regulatory efforts, vigorously support and advocate for the requirement of appropriate physician supervision of non-physician clinical staff in all areas of medicine; and (6) opposes special licensing pathways for physicians who are not currently enrolled in an Accreditation...
Council for Graduate Medical Education of American Osteopathic Association training program, or have not completed at least one year of accredited post-graduate US medical education.

Citation: (Res. 317, I-94; Modified by Res. 501, A-97; Appended: Res. 321, I-98; Reaffirmation A-99; Appended: Res. 240, Reaffirmed: Res. 708 and Reaffirmation A-00; Reaffirmed: CME Rep. 1, I-00; Reaffirmed: CMS Rep. 6, A-10; Reaffirmed: Res. 208, I-10; Reaffirmed: Res. 224, A-11; Reaffirmed: BOT Rep. 9, I-11; Reaffirmed: Res. 107, A-14; Appended: Res. 324, A-14)

**Definition of Surgery H-475.983**

Our AMA adopts the following definition of 'surgery' from American College of Surgeons Statement ST-11:

Surgery is performed for the purpose of structurally altering the human body by the incision or destruction of tissues and is part of the practice of medicine. Surgery also is the diagnostic or therapeutic treatment of conditions or disease processes by any instruments causing localized alteration or transposition of live human tissue which include lasers, ultrasound, ionizing radiation, scalpels, probes, and needles. The tissue can be cut, burned, vaporized, frozen, sutured, probed, or manipulated by closed reductions for major dislocations or fractures, or otherwise altered by mechanical, thermal, light-based, electromagnetic, or chemical means. Injection of diagnostic or therapeutic substances into body cavities, internal organs, joints, sensory organs, and the central nervous system also is considered to be surgery (this does not include the administration by nursing personnel of some injections, subcutaneous, intramuscular, and intravenous, when ordered by a physician). All of these surgical procedures are invasive, including those that are performed with lasers, and the risks of any surgical procedure are not eliminated by using a light knife or laser in place of a metal knife, or scalpel.

Patient safety and quality of care are paramount and, therefore, patients should be assured that individuals who perform these types of surgery are licensed physicians (defined as doctors of medicine or osteopathy) who meet appropriate professional standards.

Citation: Res. 212; A-07; Reaffirmed: BOT Rep. 16, A-13

**E-10.5 Allied Health Professionals**

Physicians often practice in concert with optometrists, nurse anesthetists, nurse midwives, and other allied health professionals. Although physicians have overall responsibility for the quality of care that patients receive, allied health professionals have training and expertise that complements physicians. With physicians, allied health professionals share a common commitment to patient well-being. In light of this shared commitment, physicians’ relationships with allied health professionals should be based on mutual respect and trust. It is ethically appropriate for physicians to:

(a) Help support high quality education that is complementary to medical training, including by teaching in recognized schools for allied health professionals.

(b) Work in consultation with or employ appropriately trained and credentialed allied health professionals.

(c) Delegate provision of medical services to an appropriately trained and credentialed allied health professional within the individual’s scope of practice.

*AMA Principles of Medical Ethics: I, V, VII*