

RECOMMENDATIONS  
ON THE  
DESIGNATION OF  
ELECTROLOGY

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## FOREWORD

This report is the response to applications by The Association of Professional Electrologists of British Columbia and the Pacific Society of Professional Electrologists for designation under the Health Professions Act, R.S.B.C. 1996, c. 183 (the Act). Under this Act, the Health Professions Council is a six person advisory body appointed by the Government of British Columbia to make recommendations to the Minister of Health and Minister Responsible for Seniors about the regulation of health professions. This report is the result of an investigation of the practice of electrology by a three member panel of the Health Professions Council.

## CONTENTS

EXECUTIVE SUMMARY .....	iv
I. APPLICATION AND PROCESS OF INVESTIGATION .....	1
II. STATEMENT OF ISSUES .....	1
III. RECOMMENDATIONS .....	2
IV. RATIONALE FOR RECOMMENDATIONS .....	2
A. DESIGNATION AS A HEALTH PROFESSION .....	2
1. <u>Definition</u> .....	3
2. <u>Public Interest Criteria</u> .....	4
a. Risk of Harm .....	4
b. Other Criteria .....	10
B. CONTROLLING THE RISK OF HARM .....	17
APPENDICES .....	18

## EXECUTIVE SUMMARY

The Council considered the applications from The Association of Professional Electrologists of British Columbia and the Pacific Society of Professional Electrologists for designation under the Act.

The Council first considered whether electrology falls within the definition of a health profession which is defined in section 1 of the Act as "a profession in which a person exercises skill or judgment or provides a service related to (a) the preservation or improvement of the health of individuals, or (b) the treatment or care of individuals who are injured, sick, disabled or infirm."

The applicants submitted that the service they provide, the removal of unwanted hair, can provide emotional as well as cosmetic benefits to members of the public.

The Council then reviewed the educational requirements for the practice of electrology. Minimum educational requirements for admission into the two training schools in British Columbia is completion of grade 10. The schools' 500 hour training program consists of 360 hours of practical experience in the three modalities of hair removal and 140 hours of theoretical instruction, proper use and maintenance of equipment, and office procedures and practices. The Council concluded that the training for electrology focuses on the application of a narrowly defined technical procedure but does not provide, nor does the practice require, an education in a broadly based body of knowledge which should form the foundation of a profession.

The Council consequently was not convinced that electrology is a health profession within both the definition and criteria set out in the Act and Regulations and therefore could not recommend designation as a health profession under the Health Professions Act. Further, the Council's investigation revealed that no Canadian jurisdiction currently recognizes electrology as a self-regulating health profession.

Nevertheless, the Council chose to apply the risk of harm criteria found in section 5(1) of the Regulation. In so doing, the Council found that a risk of harm exists in the practice of electrology stemming from inadequate sanitation or sterilization or the improper application of the technology. This can result in infection, spread of disease, or disfigurement.

The Council felt, however, that this risk of harm is addressed by the Health Act, R.S.B.C. 1996, c.179, which currently regulates electrology premises and the procedures used by electrologists. Inspections by public health inspectors are required. The application of the provisions of the Health Act has the limitation that not all electrology practitioners are known to the local health authorities. Further, the applicants stated that the required inspections are seldom carried out.

The Council found that the current regulation of the practice under the Health Act would be adequate to control the risk of harm, providing all practitioners were identified, its provisions applied to all practitioners and the required inspections occurred.

In its investigation and the application of the section 5(2) criteria, the Council also found:

- in other jurisdictions where electrology is regulated, it is frequently done under public health legislation, such as

the Health Act. **No Canadian jurisdiction recognizes electrology as a self-regulating health profession.**

- there was no demonstrated public interest in further regulation of electrology services. As a result of circulation of its preliminary findings, the Council has been provided with approximately 600 signatories to form letters and petitions. Copies of these are included as Appendix B. Nothing in the Appendix B material indicates any problem from a public interest perspective with the current degree of regulation which addresses infection control and proper use of equipment.

The Council recommends that:

- 1) electrology not be designated as a health profession under the Act, and
- 2) the Minister of Health ensure that the provisions of the Health Act are enforced with regard to all electrology practitioners.

## I. APPLICATION AND PROCESS OF INVESTIGATION

An application, accompanied by the required fee, was submitted to the Health Professions Council on May 5, 1992 by the Pacific Society of Professional Electrologists of B.C. (P.S.P.E) for the designation of electrology as a health profession under the Act. P.S.P.E. was incorporated as a society under the Society Act, R.S.B.C. 1996, c. 433, in 1990 and has served as one of two professional organizations for electrologists in British Columbia since that date. This society, in 1996, represented approximately 100 members.

In accordance with s.9(1) of the Act a notice of public investigation was placed in the British Columbia Gazette on May 21, 1992.

On July 21, 1992, an application, accompanied by the required fee, was submitted by The Association of Professional Electrologists of British Columbia (T.A.P.E.). This association was formed in 1981 and was incorporated as a society under the Society Act in 1991. It represented approximately 140 members in 1996.

The Council met with representatives of the applicant societies on December 15, 1994 to discuss the applications.

On January 3, 1995, as a result of the discussions, the applicants were asked to submit additional information jointly. Upon receipt of a response from the applicants in April 1996, the Council agreed to consider whether or not electrology should be designated.

On August 21, 1997, the Council met with the applicants to discuss the recommendations that it proposed to make as a result of its deliberations. While the recommendations with respect to designation remain unchanged in this report, the applicants provided additional information that guided the Council in framing its recommendations and comments, particularly with respect to the risk of harm inherent in the procedures used by electrologists.

## II. STATEMENT OF ISSUES

The issues addressed by the Council were:

- 1) whether the practice of electrology meets the definition of a "health profession" contained in section 1 of the Act;

- 2) the extent to which the practice of electrology may involve a risk of physical, mental, or emotional harm to the health, safety, or well being of the public as specified in section 5(1) of the Regulation; and
- 3) whether it would be in the public interest to designate the profession of electrology under the Act, having regard to the criteria of section 5(1) and (2) of the Regulation.

### III. RECOMMENDATIONS

The Health Professions Council recommends to the Minister of Health and Minister Responsible for Seniors that:

- 1) electrology not be designated as a health profession under the Health Professions Act; and
- 2) the Minister of Health ensure that the provisions of the Health Act are enforced with regard to all electrology practitioners.

### IV. RATIONALE FOR THE RECOMMENDATIONS

#### A. DESIGNATION AS A HEALTH PROFESSION

**RECOMMENDATION 1:**

**Electrology not be designated as a health profession under the Act.**

In order to recommend the designation of electrology under the Act, the Council must determine that: (1) electrology falls within the definition of a health profession as set out in Section 1 of the Act; and (2) designation is in the public interest having regard to Section 5 of the Regulations under the Act.



## 1. Definition

Whether electrology met the definition of a health profession was considered by the Council to be a major issue. Section 1 of the Act defines a health profession as "... a profession in which a person exercises skill or judgment or provides a service related to (a) the preservation or improvement of the health of individuals, or (b) the treatment or care of individuals who are injured, sick, disabled or infirm."

Because the definition of a "health profession" includes the provision of a service related to the preservation or improvement of the health of individuals, it could apply to many kinds of services. This is particularly true if "health" is considered in terms of the broader view of health as defined by the World Health Organization (European Region) in 1984 and quoted in Closer to Home: Summary of the Report of the BC Royal Commission on Health Care and Costs, Volume 1, 1991 at page 5:

*Health is the extent to which an individual or group is able, on the one hand, to realize aspirations and satisfy needs; and, on the other hand, to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living; it is a positive concept emphasizing social and personal resources, as well as physical capacities.*

A review of both applications indicated that an electrologist provides a service to persons who have superfluous or unwanted facial or body hair by permanently removing the excess hair growth. This is accomplished by inserting a fine surgical steel wire into the hair follicle, after which a mild electrical impulse is released to destroy the lower half of the follicle. This procedure is discussed more fully in section IV. A. 2. a. of this report.

In order to enhance its understanding of the practice of electrology as it relates to the definition of a "health profession" as defined by the Act, the Council requested a meeting with the applicants. At a December 1994 meeting, the representatives of the applicant societies emphasized the emotional benefit derived by removal of unwanted hair. They advised that, while the majority of clients were self-referred, a significant proportion of their clients were referred by physicians and psychologists for the removal of excess hair caused by hormonal disorders, while others were referred for removal of hair associated with skin grafts or prior to certain types of surgery. Referring medical specialists were said to include endocrinologists, surgeons, psychiatrists, dermatologists, and family physicians.

However, the Council was advised by the applicants that the majority of services provided by electrologists were for cosmetic purposes only.

Therefore, the Council concluded that, although some of the services provided by electrologists may meet the definition of "a health service", the majority of electrology services do not do so.

The Council then proceeded to consider whether electrology could be considered to constitute a "health profession" as defined

in the context of the Act as a whole. To facilitate a decision in this regard, the Council applied the relevant criteria of section 5(2). According to the applicants, training for the practice of electrology varies from a chairside apprenticeship of undetermined length to 500 hours of institutional training. The training for electrology is reviewed substantively in section IV. A. 2. b. of this report.

On the basis of this review, the Council concluded that the training for electrology focuses on the application of a narrowly defined technical procedure but does not provide, nor does the practice require, an education in a broadly based body of knowledge which should form the foundation of any profession.

The Council finds that electrology does not meet the definition of a health profession as set out in the Act and criteria set out in the Regulations.

Nevertheless, because of the nature of the procedures involved in electrology, the Council was compelled to examine the risk of harm by applying the risk of harm criteria to the practice of electrology and to examine whether the risk is addressed by other means than self regulation of the practitioners.

A detailed analysis of all of the public interest criteria follows.

## 2. Public Interest Criteria

### a. **Risk of Harm**

Section 5(1) of the Regulations under the Act provides the framework for considering the extent to which the practice of a health profession may involve a risk of physical, mental or emotional harm to the health, safety or well-being of the public.

Section 5(1) directs the Council to have regard to the services performed, the technology, and the invasiveness of the procedure or mode of treatment. Because of the interrelationship of these elements which are included in sections 5(1)(a), (b), and (c), the Council's findings regarding these sections are summarized after section 5(1)(c).

#### s. 5(1)(a) **the services performed by practitioners of the health profession**

At part 15 of its submission, T.A.P.E. described the services performed by electrologists as:

*The electrologist inserts a fine surgical-steel wire (sometimes called a filament or needle) into the hair follicle. A mild electrical impulse is released for a fraction of a second. This acts to destroy the lower half of the hair follicle. The hair is then lifted out.*

In their joint submission of April 1996, T.A.P.E. and P.S.P.E. stated that the services performed carry the following potential significant risks to the public:

- *Spread of diseases, such as hepatitis, aids (sic) and other communicable diseases;*
- *Physical disfigurement such as pocking, infections, scarring, hyper/hypopigmentation, excessive tissue destruction, and nerve damage;*
- *Emotional trauma;*
- *Possible interference with older style heart pacemakers (physician's note required);*
- *High costs with no positive results.*

**s. 5(1)(b)            the technology, including instruments and materials, used by practitioners**

In the joint submission, the applicants stated that:

*Electrology treatment may be by single or multiple filament (probe or needle) machine and mode of treatment may be applied by:*

- *Thermolysis - high frequency short wave (13.5 MHz)*
- *Galvanic - direct current electrology*

- *Blend - a combination of both Thermolysis and Galvanic currents administered at controlled levels, so as to cause localized destruction of tissue including hair germ cells.*

The applicants stated further that there was a significant risk to the public if the technology, including instruments and materials, were improperly used by an electrologist:

- *Lack of proper high-level sanitation and sterilization;*
- *Lack of sterilization monitoring systems;*
- *Inadequate maintenance of equipment;*
- *Improper machine settings, causing overtreatment, trauma, permanent scarring, etc.;*
- *Improper modality of treatment needs, causing insignificant or no response at high cost to consumer;*
- *Lack of care of client contact with furnishings, such as treatment table;*
- *Inadequate disposal facilities to prevent spread of disease.*

**s. 5(1)(c)            the invasiveness of the procedure or mode of treatment used by practitioners**

The joint submission stated that:

*Invasiveness includes entry into the sub-cutaneous layer of the skin and subsequent physiological change in the tissues (tissue destruction).*

The submission further stated that there was a:

*Risk of significant harm and trauma to the public through:*

- *Excessive or random tissue destruction including temporary or long-term tissue damage, such as:*
- *scarring with associated emotional distress,*

- *hypo/hyper pigmentation, and*
- *pocking.*
  
- *Possible infection from bacteria introduced through:*
  - *unsanitized skin,*
  - *unsterilized instruments and equipment;*
  - *lack of personal hygiene practices;*
  - *lack of sanitary work place.*
  
- *Lack of proper consultation may lead to emotional trauma.*
  
- *Lack of client history records for*
  - *treatment*
  - *reference*
  - *follow-up*
  
- *Possible spread of parasites through inability to identify same;*
  
- *Improper containment and disposal of contaminated waste products.*

Conclusions with Respect to Risk of Harm Criteria of Sections 5(1)(a), (b), and (c):

The Council's review of the applicants' submissions under sections 5(1)(a), (b) and (c) identified common themes which represent a serious risk of harm to the public if not controlled or regulated in some way.

Based on information provided by the applicants, the service is one which is inherently invasive since the procedure requires the insertion of a fine needle or probe into the hair follicle within the subcutaneous layer of skin. It is common to come in contact with blood and other normal secretions of the skin.

The Council found that the harm which may occur from the application of the procedure is threefold: infection, disfigurement, or the spread of disease. The harm may arise from inadequate sanitation, sterilization or improper application of the technology.

The applicants noted that the disposal of needles or contaminated wastes and materials may pose a public health hazard, but the Council felt that these issues

should be dealt with under the Health Act, R.S.B.C. 1996, c. 179, which governs the regulation and inspection of facilities. Regulations under the Health Act address infection control and proper use of equipment.

The applicants also cited problems related to consultation, client records, and high costs that may affect quality of service. In the Council's view, these problems do not represent a risk of harm to the public in the context of the Health Professions Act.

**s. 5(1)(d)            the degree to which the health profession is**

**(i)            practised under the supervision of another person who is  
qualified to practise as a member of a different health  
profession,**

According to information provided by the applicants, electrologists are not supervised in their practice by other health care professionals. Most electrologists practice alone. Many practice from their homes while others work in affiliation with an aesthetician or beauty salon.

**(ii)            practised in a currently regulated environment**

British Columbia:

In British Columbia, there is no legislation that provides for the voluntary or compulsory licensing of electrologists. However, the operation of their premises and procedures is governed by the Health Act and its Regulations. These regulations are enforced by public health inspectors. Under the Regulations, a set of "Guidelines for Personal Service Establishments" has been formulated, the full text of which is included as Appendix A. These guidelines apply to all personal service establishments and to electrologists practising in their homes.

The provisions of the Health Act address the risk of harm associated with the practice of electrology identified in section 5(1)(c) as infection, disfigurement, or the spread of disease. However, according to information provided by the applicants, not all practicing electrologists, especially those practicing from their homes, are known to the local authorities which must enforce the Regulations under the Health Act.

The Council finds that the effective application of the provisions of the Health Act in the public interest requires the identification of all practitioners.

Further, the Health Professions Council was informed by representatives of the applicants that inspections of training facilities and practitioners' premises rarely occur.

Under the Shared Scope of Practice Model a procedure below the dermis is a reserved act. This does not apply to non-health related services such as tattoos, body piercing and cosmetic hair removal for non-health related problems. Designation of electrologists under the HPA would not have any effect on these non-health related services, whereas the Regulations under the Health Act, when enforced, minimize the risk of harm referred to in this report and will protect the public interest because the Regulations apply to all such services.

The Council concludes that the current regulation of the practice of electrology under the Health Act would be adequate to control the risk of harm, providing its provisions applied to all practitioners and the required inspections occurred.

#### Other Jurisdictions:

No Canadian jurisdictions currently recognize electrology as a self-regulating health profession. In response to inquiries by the Council, the following provinces indicated they were examining the regulation of electrology:

- In Ontario, electrologists have applied to be a regulated health profession under the Regulated Health Professions Act, R.S.O. 1991, c. 18 (the RHPA), but their application has not yet been reviewed. The original RHPA did not include electrology as a regulated health profession. Nevertheless, in Regulation 887/93 under the RHPA, the practice of electrology was exempted from the "controlled act" defined as "performing a procedure on tissue below the dermis."

- In Quebec, electrologists applied to be constituted a distinct professional corporation with licensing powers. This application was rejected in October 1997. The reviewing committee did, however, recommend that the Minister review and improve the educational programs for electrologists to ensure the level of training is adequate to address the risk of harm in electrology.

- Manitoba is examining the need for regulation of invasive procedures such as the use of needles for electrology, body piercing and tattooing under the Public Health Act.

- In New Brunswick, a new Public Health Act, which was assented to but not yet proclaimed, considered making regulations to govern the services provided by electrologists. However the government decided against including electrologists under the Act at the present time. In the future, electrologists may be considered under a broad Regulation

under the Public Health Act to cover services such as tattooing, hair dressing, etc.

With regard to jurisdictions other than Canada, information provided by the applicants indicates the following:

- In the United States, electrologists are regulated in just over one half of the 50 states. Requirements for regulation and registration vary greatly from state to state.
- In Great Britain, electrologists are not regulated, but electrologists must register their premises with local health authorities and satisfy the health authority that adequate precautions are taken to prevent transmission of infection.
- In France, Belgium, and Japan, electrology is considered to be the practice of medicine and only physicians or, in some cases, physicians' assistants may perform electrology.

#### **b. Other Criteria**

The Council also applied the relevant criteria in sections 5(2)(a) to (h) of the Regulations under the Act to the practice of electrology. The application of these criteria was crucial to the deliberations of the Council in determining whether or not electrology met the definition of a health profession and, if so, whether it could be designated.

#### **s. 5(2)(a) the extent to which the health profession has demonstrated that there is a public interest in ensuring the availability of regulated services provided by the health profession**

The applicants cite two factors that they consider demonstrate public interest:

- *PSPE and TAPE receive referrals from other health professionals i.e., Dermatologists, Psychologists, General Practitioners, Endocrinologists, as well as Social Service agencies;*



- *Both associations receive numerous enquiries from the public for information and referrals to Electrologists in their area.*

Although these two factors show that the public has an interest in the availability of the services provided by electrologists, the statements do not demonstrate that there is a public interest in the further regulation of services.

Following the Council's review of its findings with the applicants in August 1997, form letters and petitions were received by the Council with approximately 600 signatories. Copies of the letters and petitions are attached as Appendix B. Nothing in the Appendix B material indicates any problem from a public interest perspective with the current degree of regulation which addresses infection control and proper use of equipment.

**s. 5(2)(b)            the extent to which the services of the health profession provide a recognized and demonstrated benefit to the health, safety or well being of the public**

The joint submission states:

- *Permanent removal of unwanted hair gives dramatic psychological benefits during the following treatment, such as:*
  - *improved self image;*
  - *re-entry to private and public life;*
  - *better general health.*
- *Safety and health protection through the use of disposable filaments or one-per-client filament;*
- *Health and disease control through, the use of approved procedures, and high level sanitization and sterilization of equipment;*
- *Disease control via lab testing (biological monitoring) and safety checks for sterilizing of equipment.*

Letters of support included with the applications testify to the emotional and psychological benefits associated with the services provided by electrologists. Nevertheless, the applicants acknowledged that the majority of electrology services are provided for cosmetic reasons and may not yield dramatic psychological benefits.

The latter three statements in this section of the submission do not address the benefit of the services of electrologists but refer

to practices which reduce the potential risk of harm to their clients.

**s. 5(2)(c)            the extent to which there exists a body of knowledge that forms the basis of the standards of practice of the health profession**

Two electrology training institutes in British Columbia provide a 500 hour training program developed by the Ministry of Labour in 1986 in conjunction with TAPE and its national affiliate.

The curriculum of the training program consists of 360 hours of practical experience in the three modalities of hair removal. In addition, the curriculum provides 140 hours of theoretical instruction in endocrinology, bacteriology and sterilization, the systems of the body, electricity, proper use and maintenance of equipment, office procedures, interview skills and conduct.

In the Council's view, a broadly based body of knowledge in the health sciences is necessary to form the basis of professional standards of practice. The Council considers that 140 hours, or less, of theoretical instruction provides only a limited body of knowledge in the health sciences, insufficient to warrant designation as a profession or to form the basis of standards of practice.

According to the applicants, electrologists who are not members of their associations may receive far less training than that offered in the 500 hour training program described above. Furthermore, these non-members form the majority of practicing electrologists.

**s. 5(2)(d)            whether members of the profession are awarded a certificate or degree from a recognized post-secondary educational institution**

The granting of licences for the establishment of schools of electrology is governed by the Apprenticeship Act, R.S.B.C. 1996, c. 16, General Directives Pertaining to Private Training Institutions. The educational requirements for entrance to a licensed electrology trade school in British Columbia were published by the Ministry of Advanced Education and Job Training in April, 1989. They are:

*a minimum of Grade 10 or the equivalent, with satisfactory standing in Science and English, however Grade 12 is preferred.*

There are two licensed electrology training schools in British Columbia which provide a 500 hour training program developed by the Ministry of Labour in 1986 in conjunction with T.A.P.E. and its national affiliate. These schools are Swanson's Canadian Institute of Electrolysis in Clearbrook, B.C. and the Canadian Electrolysis College in Surrey, B.C.

The applicants advised that both Swanson's Canadian Institute of Electrolysis and the Canadian Electrolysis College are registered under the Private Post-Secondary Education Act, R.S.B.C. 1996, c. 375, (the PPSEA).

Private post-secondary education is training or instruction for persons 17 years of age and older. It covers a wide range of employment training, instruction in post-secondary education, and academic upgrading in a variety of settings. Private post-secondary institutions in BC are governed by the PPSEA and are required to be registered with the Private Post-Secondary Education Commission ("the Commission"). Registration under the PPSEA is intended to provide a degree of consumer protection. The fact that a school is registered, however, does not certify the quality of the education nor the instruction provided.

Private post-secondary institutions also have the option of becoming accredited by the Commission. Through accreditation, registered institutions and their programs are evaluated and recognized for their standards of integrity and educational competence. The two schools of electrology noted above are not accredited institutions under the PPSEA.

Upon successful completion of the 500 hour course and final examination, graduates of the above programs receive a certificate from the school.

Both applicant associations require that their members have successfully completed one of these two BC training programs or an equivalent.

In addition, T.A.P.E. requires that its members successfully complete a two-part practical and theoretical exam jointly produced by Canada Employment and Immigration, the B.C. Ministry of Advanced Education and by T.A.P.E. Upon successful completion, its members are awarded the title "Registered Electrologist" which is protected under the Society Act, as well as the national designation "Certified Canadian Electrologist" (C.C.E.), a registered trademark.

Further, the Federation of Canadian Electrolysis Associations Inc. (F.C.E.A.), which was formed in Ontario in 1982 as an umbrella organization for provincial associations and societies, offers a national certification examination which members of T.A.P.E. are eligible to write after two years of practice. Upon successful completion of the examination, the F.C.E.A. awards the designation of "Certified Professional Electrologist" (C.P.E.), a registered trademark. P.S.P.E. is affiliated with the Canadian Organization of Professional Electrologists (C.O.P.E.) and its international affiliate, the Society of Clinical and Medical Electrologists, which offers a certification process for its members and affiliates.

While members of both applicant societies will have received a certificate from an approved training program or its equivalent, a majority of electrologists in the province does not belong to one or other of the two societies. Hence, the extent of the training of this majority is not known. T.A.P.E. describes the training as ranging from "...chair side and self taught, to schooling with as little as sixty hours of training." These other training programs vary in their theoretical and practical content and time requirements. Some programs are incorporated within cosmetology or aesthetics programs.

**s. 5(2)(e) whether it is important that continuing competence of the practitioner be monitored**

In the Council's view, the monitoring of continuing competence is important in the provision of any health-related service which involves a risk of harm whether or not a service or profession is regulated under the Act.

**s. 5(2)(f) the extent to which there exists within the health profession recognized leadership which has expressed a commitment to regulate the profession in the public interest**

The Council regards the existence of two societies with established memberships and national affiliations as an indication of leadership committed to regulate electrology in the public interest but it is not indicative of the consensus required to establish a single regulatory body.

Both applicant societies have educational requirements for membership, procedure manuals, standards for sterilization, guidelines for member conduct, and offer continuing education programs.

**s. 5(2)(g) the likelihood that a college established under the Act would be capable of carrying out the duties imposed by the Act, having regard to factors which in the view of the Council may affect the viable operation of the college**

During their meeting with the Council, the applicants estimated that there are between 800 and 1,000 practising electrologists in the Province. Thus, a majority of practising electrologists do not belong to the applicant societies and there is no evidence to suggest whether this majority has an interest in designation of the practice of electrology.

**s. 5(2)(h) whether designation of the health profession is likely to limit the availability of services contrary to the public interest**

Because a majority of electrologists do not belong to the applicant societies, it may be that designation would limit availability of services. However this factor was not considered to be relevant to the Council's decision.

## CONCLUSIONS:

The Council has assessed the extent to which the practice of electrology may involve a risk of harm to the public, examined the educational requirements and reviewed the practice of electrology in light of the section 5(2) criteria. The Council concludes that:

1. Electrology is not a health profession as set out in the Act and criteria of the Regulations.
2. There is a risk of harm to the public in the practice of electrology arising from procedures below the dermis. The harm which may occur is primarily infection, disfigurement, or the spread of disease. This harm may arise from inadequate sanitation, sterilization or improper application of the technology.
3. The risk of harm to the public from the technology and procedures is already addressed in British Columbia by the Health Act and "Regulations for Personal Service Establishments" which currently regulate electrology premises and the procedures used by electrologists.
4. The current system of regulation of electrology under the Health Act has significant limitations:
  - a) Not all electrology practitioners are known to the local health authorities which enforce the regulations; and
  - b) The provisions of the Health Act are not being rigorously enforced.
5. Notwithstanding its recommendation that electrology not be designated as a health profession under the Health Professions Act, the Council wishes to assure the applicants that its recommendations in no way detract from its view of the value of the services provided by members of the applicant societies. It recognizes the benefits that accrue from the services performed and believes that the Council's recommendations with respect to the risk of harm will ensure that the public interest is protected.

## B. CONTROLLING THE RISK OF HARM

### RECOMMENDATION 2:

**The Council recommends that the Minister of Health ensure that the provisions of the Health Act are enforced with regard to all electrology practitioners.**

The Council determined that there is a significant risk of harm in the practice of electrology that arises from the insertion of a needle below the dermis.

The Council believes that this risk of harm should be addressed although designation of electrology as a health profession under the Act has not been recommended.

Specifically, the Council was particularly influenced by the current Regulations under the Health Act which it believes have the potential to significantly reduce the risk of harm in the practice of electrology.

The Council found that the current regulation of the practice of electrology under the Health Act would be adequate to control the risk of harm, providing its provisions applied to all practitioners and the required inspections occurred. This has been fully discussed in the context of applying the Risk of Harm Criteria contained in the body of this report.