

Original Article

Assessment of The Needs of Physicians Working in Cosmetic Medicine Field on Libya: Toward A Safe Clinical Practice

Hajer Elkout 1* , Abdulhakim Oun 2

- ¹ Department of Community and Family Medicine, Medical Faculty, University of Tripoli.
- ² Al-Assema Al-Hditha for Training, development & Research, Tripoli, Libya.

ARTICLE INFO

https://doi.org/10.5281//zenodo.4661318

* Hajer Elkout: Department of Community and Family Medicine, Medical Faculty, University of Tripoli. Mobile phone: (+218) 925163746.

h.elkout@yahoo.com

Received: 28-02-2021 **Accepted:** 02-04-2021 **Published:** 03-04-2021

Keywords: Medical Education, Challenges, Trends.

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ABSTRACT

Background and objectives. There are many barriers to the practice of safe and professional cosmetic medicine with physicians trying to attend workshops and training sessions individually to attain knowledge to meet the demands of cosmetic medicine. This study was designed to explore the current trend and to assess physicians' needs for knowledge, skills toward safe cosmetic medicine practice in Libya. **Methods.** A cross-sectional survey was conducted online amongst physicians practicing surgical and non-surgical cosmetic medicine procedures between 1st to 21st April 2020 using questionnaire consisting of 20 questions. Results. A total of 104 doctors working in the cosmetic surgical and non-surgical field responded to the questionnaire. Approximately 90 were females and 14 males and 88% were young professionals aged 45 years or younger. About two thirds of the respondents are new in the cosmetic practice with 3 years or less experience, yet, 97 (93.3%) had a formal training in cosmetic medicine and 68 (65.4%) continued to receive technical support from their trainers. All of the respondents expressed their desire for further training in different areas of cosmetic medicine. Almost half of the included physicians also stated that they still hesitate while performing clinical procedures despite of having hands on training. Conclusions. The current study highlights the importance of establishing routine assessment of needs among doctors practicing cosmetic medicine. The results of this survey may assist training programs in determining training needed during both medical training and professional training courses.

Cite this article: Elkout H, Oun A. Assessment of the needs of physicians working in cosmetic medicine field on Libya: Toward a safe clinical practice. Alq J Med App Sci. 2021;4(1):146-150.

INTRODUCTION

Libya is a North African country with an area of 1,759,540 km², with total population (2016) of 6,293,000 [1]. The Libyan health system was threatened by an internal conflict during and after the Libyan Revolution of 2011. The health services were badly disrupted, and the cosmetic medicine was not a priority of the decision makers of the Libyan health care system especially because it is a new specialty in

the country. However, similar to other countries, a substantial demand raised lately.

Within the Libyan healthcare community, it is believed that Libyan physicians in the cosmetic medicine needs more advanced training to deal with sophisticated cases especially the non-surgical personnel with the absence of appropriate curriculum for cosmetic medicine in undergraduate and non-surgical postgraduate study.



Previous study by Kummar & Rhaman, of the views of 179 trainers and 496 trainees found that the majority of trainers and trainees (95% and 94% respectively) across different medical specialties, stated the necessity of a non-surgical face lifting postgraduate course [2].

In Libya, cosmetic medicine is not formally implemented in non-surgical residency programs. Medical schools in Canada, Europe and the United states have included aesthetic dermatology training in their residency program. Yet, survey studies noted that according to the views of students and faculty members, current formal aesthetic dermatology training in residency may be inadequate and lacks hands-on training [3-8]. Also, surveys demonstrated that cosmetic procedures were viewed as unimportant during residency [4].

With the raise of community needs of cosmetic medicine procedures, this study aimed to assess the current state and to assess physicians' needs for knowledge, skills toward safe cosmetic medicine practice in Libya.

METHODOLOGY

This was a cross-sectional questionnaire-based study conducted amongst physicians practicing surgical and non-surgical cosmetic medicine in the period from the 1st to 21st April 2020. The online questionnaire consisted of 20 questions [Appendex1], and contained demographic questions and cosmetic medicine training–related queries in binary (Yes or No) and free-text response formats. An online focus group discussion was conducted to ensure the content clarity and validity of the survey items. All participants gave their written informed consent for inclusion before they participated in the study. The survey results were cleaned and tabulated, and descriptive data were analyzed using Microsoft Excel.

RESULTS

In total, 104 doctors working in the cosmetic surgical and non-surgical field responded to the questionnaire.

Of those, 90 (86.5%) were females and 14 (13.5%) males and 88% were young professionals aged 45 years or younger. About half (48.0%) resided in Tripoli and 100(96.1%) were Libyan. Overall, 95(91.3%) of the participants are specialized in dermatology or cosmetic medicine fields and nine are from other medical specialties. 50% had completed higher than Bachelor degree in medicine, half of those had post graduate diploma, 25% had master degree, 13% had board certification and only 5 had a doctorate degree in various medical fields. Table 1 shows the general characteristics of the respondents.

Table 1: General characteristics of the respondents

Characteristic	Number Percentage	
Gender		
Female	90	85.6%
Male	14	14.4%
Age		
25 – 35 years	62	59.6 %
36 – 45 years	26	25.0 %
46 – 55 years	14	13.5 %
Above 55 years	2	1.9 %
Qualification (Academic Degree)		
M.B.B.CH	53	50.9 %
P. G. Diploma	26	25.0 %
MSc	13	12.5 %
PhD	5	4.8 %
Board certificate	7	6.7%
Nationality		
Libyan	100	96.1 %
Non-Libyan	4	3.9 %
Specialty		
Dermatology	89	85.5 %
Plastic surgery	6	5.7 %
Family Medicine	4	3.8 %
Others	5	4.8%

As shown in Table 2, about two thirds of the respondents are new in the cosmetic practice with 3 years or less experience, yet, 97(93.3%) had a formal training in cosmetic medicine and 68(65.4%) continued to receive technical support from their trainers.

All of the respondents expressed their desire for further training in different areas of cosmetic medicine. Threads, Carboxytherapy, Botox were the main choices. Almost half of the included physicians also



stated the they still hesitate while performing clinical procedures despite of having hands on training.

Table 2 Summary of the respondents' experience with cosmetic medicine practice.

Experience/practice	No	%
Years of experience in Cosmetic		
medicine field in years		
Less than 1 year	44	42.3 %
1 – 3 years	25	23.7 %
4 – 6 years	26	25.0 %
7 – 10 years	6	5.8 %
More than 10 years	3	2.9 %
Have you ever received formal Cosmetic		
medicine training?		
Yes	62	59.6 %
No	42	40.4 %
Place of training		
Local	68	65.4 %
Abroad	16	15.4 %
Both	20	19.2 %
Do you receive continuous support from		
your trainer?		
Yes	68	65.4 %
No	36	34.6 %
Have you faced complication during		
your cosmetic medicine practice?		
Yes	47	45.2 %
No	57	54.8 %
Do you still hesitate to practice some		
cosmetic procedure although you had		
hands on training on it?		
Yes	44	42.3 %
No	60	57.7 %
Further training courses you would like		
to attend?		
Threads	59	56.7%
Carboxtherapy	57	54.8%
Botox	57	54.8%
Laser	52	50.0%
Filler	48	46.2%
Chemical peeling	43	41.3%
Mesotherapy	19	18.3%
Advanced course	15	14.4%
Hair transplant	11	10.6%
New & Up to date procedures	6	5.8%
Academic degree	5	4.8%
skin surgery	4	3.8%
Advanced surgical procedures	3	2.9%
PRP & Derma abrasion	2	1.9%
Lipofilling & Augmentation	2	1.9%
Hifu	2	1.9%
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Cosmetic Ethics	1	1.0%
Complication management	1	1.0%
No more courses	13	12.5%
Have you ever attended any		
international conferences before?		
Yes	40	38.5 %
No	84	61.5 %
What is your main updated resource on		
cosmetic medicine field?		
Internet	73	70.2 %
International Conference	8	7.7 %
National Conferences	8	7.7 %
Medical Journals	7	6.7 %
Others	8	7.7 %
Any specific recommendation for your		
training program to improve the quality		
of training?		
More surgical procedures	2	1.9 %
Less expensive course	5	4.8 %
Invite international expertise	4	3.8 %
Academic degree	6	5.8 %
Online courses	5	4.8 %
Organize local workshops/ conferences	5	4.8 %
I do not know	7	6.7 %
More hands-on training	7	6.7 %
Provide courses on my city	14	13.4 %
Complication management and	9	8.6 %
emergency course	45	43.3 %
Open library	4	3.8%
How you see the future of cosmetic		
medicine in Libya?		
Promising	20	19.2 %
Good	35	33.6 %
Average	6	5.8 %
Bad due to mal practice by non-doctors	12	11.5 %
Needs further structure and method	25	24.0 %
Not clear	6	5.8 %

DISCUSSION

This article was a pilot research of the assessment of physicians' needs for knowledge, skills toward safe cosmetic medicine practice in Libya. The identification of these needs by the survey respondents will assist in the identification of the topics to be covered or recommended in the curricula or extracurricular training of doctors who want to specialize in the everevolving field of cosmetic medicine. Previous research has shown that learning needs assessments are easy and practical strategy to achieve continuous medical education [5, 8-9].



The study revealed that female doctors are more interested in practicing cosmetic medicine. In addition, younger clinicians are more likely to join this field of medicine. The participants in this study highlighted a lack of organized training in several cosmetic procedures and that they are trying other self-learning methods to bridge the gaps in knowledge and practices. Studies in the US and Canada surveying the need for medical education and training needs of physicians working in cosmetic medicine showed similar findings [5.7].

The demand for cosmetic medical procedures continues to rise and physicians from various fields are prompted to practice this field with and without certification or professional training. Non-physicians started to occupy this new "frontier" [10].

The relatively small number of participants limits this study. However, although this field of medicine is growing, the number of practicing physicians is still small in Libya. In addition, we included physicians from all over the country including the south and the eastern regions to develop a better realistic view of what is happening. Moreover, the questionnaire did not include queries on the duration and detailed contents of the needed formal training to be included in medical curricula and practices. Nevertheless, this was a pilot research to explore the area of cosmetic and aesthetic practice in Libya. We are planning perform a larger study with face-to-face interviews with other training and educational stakeholders to investigate the needs of medical students and graduate and use the experiences of neighboring countries as a guide to update the medical curricula and meet the needs for cosmetic medicine.

CONCLUSION

Findings from the present study highlight the importance of establishing routine assessment of needs in this thriving field of medicine. The results of this survey may assist training programs in determining the needed quantity and methods of training in cosmetic medicine during both medical

training and professional training courses. The current research should be followed by subsequent studies to examine the awareness and needs among students and interns before graduation in order to update the curricula and training program to equip the health staff with the necessary knowledge and skills to meet the high demand of cosmetic medicine. Future studies might also assess patient safety issues and satisfaction to assess the effects of cosmetic interventions.

Disclaimer

The article has not been previously presented or published, and is not part of a thesis project.

Conflict of Interest

There are no financial, personal, or professional conflicts of interest to declare.

Appendix 1: Questionnaire

- 1. Sex
- 2. Age
- 3. Qualification
- 4. Nationality
- 5. City
- 6. Specialty
- 7. Do you practice cosmetic medicine?
- 8. Years of experience in Cosmetic medicine field?
- 9. Have you ever got cosmetic medicine training?
- 10. Place of training
- 11. Do you find any continues support from your trainer?
- 12. Have you faced complication during your cosmetic medicine practice?
- 13. Do you still hesitate to practice some cosmetic procedure despite of hands-on training on it?
- 14. Other training courses you would like to join.
- 15. How we can help you to improve your cosmetic medicine practice/Any-specific recommendation for your training program in order to improve the quality of training?
- 16. Have you ever attended any international conferences before?
- 17. Are you attend international conferences regularly?
- 18. What is your main up-date resource on cosmetic medicine field?
- 19. How you see the cosmetic medicine future in Libya?



REFERENCES

- [1] World Health Organization. Countries: Libya. Available on www.who.int/countries/lby/en. Accessed 13 April 2020.
- [2] Kumar N, Rahman E. Global Need-Assessment for a Postgraduate Program on Non-Surgical Facial Aesthetics. Aesthet Surg J. 2020. pii: sjaa054. doi: 10.1093/asj/sjaa054.
- [3] Worley B, Verma L, Macdonald J. Aesthetic Dermatologic Surgery Training in Canadian Residency Programs. J Cutan Med Surg. 2019;23(2):164-173. doi: 10.1177/1203475418814228
- [4] Reichel JL, Peirson RP, Berg D. Teaching and evaluation of surgical skills in dermatology: results of a survey. *Arch Dermatol*.2004;140:1365-1369.doi: 10.1001/archderm.140.11.1365.
- [5] Freiman A, Barzilai DA, Barankin B, Natsheh A, Shear NH. National appraisal of dermatology residency training: a Canadian study. *Arch Dermatol.* 2005 Sep;141(9):1100-4. doi: 10.1001/archderm.141.9.1100.
- [6] Kirby JS, Adgerson CN, Anderson BE. A survey of dermatology resident education in cosmetic procedures. J Am Acad Dermatol. 2013;68(2):e23-e28. doi: 10.1016/j.jaad.2011.05.010. Epub 2012 Oct 23.
- [7] Morrison CM, Rotemberg SC, Moreira-Gonzalez A, Zins JE. A Survey of Cosmetic Surgery Training in Plastic Surgery Programs in the United States. *Plast Reconstr* Surg. 2008;122(5):1570-1578.
- [8] Group A, Philips R, Kelly E. Cosmetic Dermatology Training in Residency: Results of a Survey from the Residents' Perspective. *Dermatologic Surg*. 2012;38(12):1975-1980. doi: 10.1111/j.1524-4725.2012.02585.
- [9] Norman GR, Shannon SI, Marrin ML. The need for needs assessment in continuing medical education. *BMJ*. 2004;328(7446):999-1001. doi:10.1136/bmj.328.7446.999
- [10] Rossi AM, Wilson B, Hibler BP, Drake LA. Non-physician Practice of Cosmetic Dermatology: A Patient and Physician Perspective of Outcomes and Adverse Events. *Dermatol Surg.* 2019;45(4):588-597. doi:10.1097/DSS.0000000000001829Curr Derm Rep 4, 63–70 (2015). https://doi.org/10.1007/s13671-015-0103-8