

# ISHRS Policy Limiting Attendance by Non-Physicians at ISHRS Meetings

## Introduction

The International Society of Hair Restoration Surgery (“ISHRS”) Board of Governors (“Board”) recognizes that the ISHRS’s exempt purpose is advanced by, among other things, providing educational opportunities, training, and courses to physicians and their assistants regarding hair restoration techniques, procedures, and related issues. The Board also recognizes that there have been, and are, physician assistants, and other non-physician personnel, who seek to perform hair restoration techniques and procedures without a physician and/or otherwise outside the scope of their licensure and area of expertise, thereby jeopardizing patient safety. Accordingly, the Board determined that patient safety is advanced and the ISHRS’s exempt purpose is furthered by limiting attendance by non-physicians at ISHRS educational meetings and courses in accordance with this Policy.

## Policy

1. Only physicians and Authorized Non-Physicians (as defined herein) may attend the ISHRS’s Annual Scientific Meeting or any ISHRS sponsored educational courses (“ISHRS Course”). For the purposes of this Policy, Authorized Non-Physicians include only surgical assistants, technicians, and other office personnel employed by an ISHRS Physician Member (as defined in ISHRS’s Bylaws, including Fellow, Associate Member, Member, Resident Member, Emeritus Member) or ISHRS Physician Member Applicant (Member-Pending) with a completed application on file (Associate Member, Member, Resident Member, Emeritus Member) who attends the same ISHRS Course\*. The ISHRS Physician Member or ISHRS Physician Member Applicant must have a clinical hair restoration practice and perform hair restoration surgery. For the purposes of this Policy, an Authorized Non-Physician is “employed by” an ISHRS Physician Member or ISHRS Physician Member Applicant only if they have an employer-employee relationship as recognized by law, and the employment is full-time or permanent part-time (i.e., as opposed to an independent contractor, partner, part-time, or temporary service provider, or any other business relationship), and the Authorized Non-Physician must be located in the same state/location as the physician who must be licensed in that state/location.
2. An Authorized Non-Physician will only be permitted to attend an ISHRS Course if his/her ISHRS Physician Member/ISHRS Physician Member Applicant employer also attends the ISHRS Course\* and completes and submits a signed Letter of Attestation in the form prescribed by ISHRS verifying their employment. A copy of the current Letter of Attestation required by ISHRS is attached to this Policy.
3. Specific to stand alone Workshops with a separate Assistants Track: An Authorized Non-Physician will be permitted to attend without his/her employing physician if the following criteria are met. The ISHRS believes that a physician performing hair restoration should be acquainted with all aspects of hair restoration surgery, including the duties performed by the assistants and technicians. To ensure that the employing physician has the fundamental knowledge base there are physician requirements in order for their assistant(s) to attend. An Authorized Non-Physician will only be permitted to attend this type of workshop if his/her ISHRS Physician Member/ISHRS Physician Member Applicant employer has been practicing hair restoration for at least three years **OR** has attended one of the following meetings/courses within the preceding three years: 1) an ISHRS annual scientific meeting and attended the “Basics Course”, 2) the St. Louis University “Hair Transplant 360” Workshop, or 3) the ISHRS Orlando Live Surgery Workshop. The physician must complete and submit the signed Letter of Attestation in the form prescribed by the ISHRS.
4. Falsifying the Letter of Attestation is an ethics violation, and grounds for revoking a Physician Member’s membership.

5. Any person or entity who wants to exhibit and/or market their products or services at an ISHRS event may apply for an exhibit booth at the Annual Scientific Meeting or Regional Workshop in accordance with the ISHRS's applicable policies and procedures, but are otherwise precluded from participating in an ISHRS Course unless they are a physician or Authorized Non-Physician.
6. It is the ISHRS's intention to closely monitor attendees and participants at ISHRS Courses to ensure compliance with this Policy. Without limiting the foregoing, the ISHRS's Bylaws & Ethics Committee will play an active role in proctoring and taking action on any unethical behavior during all ISHRS Courses.

\*Exception for approved stand alone Workshops with a separate Assistants Track.

**Letter of Attestation**

I, [Insert Physician's Name], am a licensed physician and Member (Fellow, Associate Member, Member, Resident Member, Emeritus Member) or Member Applicant of the International Society of Hair Restoration Surgery ("ISHRS") in good standing, and as such have agreed to comply with all ISHRS bylaws, rules, regulations, policies, procedures, and other governing documents. I have read and understand the ISHRS's *Policy Limiting Attendance by Non-Physicians at ISHRS Meetings* ("Policy"). In accordance with the Policy, I hereby attest and represent that [Insert Surgical Assistant's Name] is directly employed by me (or my medical practice if I conduct business through an entity as opposed to individually) on a full-time or permanent part-time basis, that I perform hair restoration surgery, that I am licensed in the same state/location as the in which the Authorized Non-Physician is located, and that [Repeat Surgical Assistant's Name] constitutes an "Authorized Non-Physician" as that term is defined in the Policy. I further attest and represent that I will be attending the ISHRS's 23rd Annual Scientific Meeting ("Meeting") and request that [Repeat Surgical Assistant's Name] be permitted to attend the Meeting as an Authorized Non-Physician. I have provided a copy of the Policy to [Repeat Surgical Assistant's Name] who has read and understands the same. I agree to immediately notify ISHRS if for any reason I will not attend the Meeting, and simultaneously notify [Repeat Surgical Assistant's Name] that he/she is therefore precluded from attending the Meeting.

I declare that the above statement is true, and I understand that providing false information to ISHRS would constitute, among other things, an ethics violation and grounds for revoking my ISHRS membership and prohibiting my attendance at future ISHRS meetings.

---

Signature of ISHRS Physician Member or Physician Member Applicant

Date

---

Print Name of Physician

---

Print employing entity's name, if different, and Title with employing entity