

### What do you predict will be the up and coming trends for 2019?



“ Relating to my specialist subject, filler:

- Multi-layering techniques – concentration on saturating the upper levels of the skin with hydrating hyaluronic acid products and then correcting volume loss and balance. We are educating our patients better and looking at expression, gentle curves and features which harmonise with each other.
- Skin quality, with a lust for healthy, glowing skin is currently a beauty editor's mantra and we are following this trend with some superb products which allow us to achieve less overfilled faces and a more natural looking, hydrated and healthy glow.
- Lips – the increase in this procedure continues to grow, especially with the popularity surrounding them on social media and the versatility across the age ranges in what we can achieve. Millennials upwards want a natural look, and the younger age groups are generally still looking for something obvious.

### What challenges within the industry do you expect to see in the next year?

“ The biggest challenge that we will continue to see in the aesthetic arena is regulation. As much as we'd like to try and keep the industry in the hands of the medical regulated professionals only, I don't have great optimism for regulations to be put into place. I think there will be a push by the government to look at the education of the patient and direct patients towards voluntary registers and addressing the advertising and social media aspect. It's frustrating, non-medical practitioners are pouring out of the hundreds of poor, unregulated training providers, and the NHS and senior practitioners are likely to be presented with some grave complications to manage.

The overwhelming number of new practitioners coming into the industry and the challenge to identify those who are not sufficiently trained or able to demonstrate competence needs addressing. This could be looking at training companies, 1 and 2-day courses, and proper assessment. The BACN is currently writing standards of practice for nurses and competences of practice for nurses.

Complications are rising and coming from both the medical and non-medical practitioner. The reasons are multifactorial but in essence, it all goes back to training.

### What excites you most about the industry?

“ I'm so thankful and happy that I chose this career pathway following on from nursing. On a personal level, I'm making people look and feel better about themselves and what can be better than that? Most of my work is with women, many of whom may have anxieties about their appearance for a number of reasons. It may be a divorce or bereavement, a life change or just the pressures of modern day life, but we can make them look and feel better about themselves. I think when I deliver beyond expectation after I have given consideration and care taken the patient through a treatment journey and experienced the delight as a result of this process, then personal satisfaction in my job is met.

It's an exciting industry which is constantly evolving, and we cannot sit back for a moment and rest on our laurels. You never stop learning, you never stop training, there are new ways and new techniques coming out all the time and it makes you think hard, look deeper, question yourself, and keeps you on your toes.

### What's the best piece of advice you've been given?

“ A piece of advice I received, and constantly go back to, is not to be a jack of all trades and master of none. If you're going to think of yourself as an 'expert' then you must have extensive knowledge and ability and you need to have spent a considerable amount of time on a subject. A professional is a person who belongs to a profession. It is hard to be an expert in all things aesthetic. I have focussed on a specific area of practice and hold a deep interest in it. Some people want to be able to be everything to everyone as they think they will lose their patients if they don't. But patients want the best they can have and so it is far better to be great at a few things than mediocre in many.

### What has been your biggest challenge to date within your career and how did you overcome it?

“ Going from being a lone practitioner to setting up a successful business. As nurses, we are not generally known as business women and it can be difficult to be a salesperson and a medical professional, but we have to be. I met my business partner, another nurse and between us, we navigated ourselves through the myriad of challenges that accompany a new business; Shares, legal, leasing, contracts, staffing, websites, marketing – there is a lot to learn! There is a lot to learn. Now there are business workshops and support available. Peer advice is priceless, but it was a case of finding out the hard way and not paying ourselves for a considerable amount of time.

The dissolution of the Royal College of Nursing Aesthetic Forum was a huge blow and rather puzzling, as at last the nursing profession had started to recognise aesthetic nurses, however on the back of that it enabled the BACN to be born and the rest is history.

### Why should people medically qualify in aesthetic medicine?

“ Teaching a person how to inject is the easy part. We can all be taught to inject into the right level of the skin, but what a medical background provides is patient care, a duty of care, clinical judgement, an ability to assess a patient, their medical history and polypharmacy and recognising and managing an emergency situation. It's not about the injecting, it's all about the clinical experience that you've had leading up to that and being able to assess, consult and deliver appropriate care for the individual, who might have a challenging medical history. It's a case of 'you don't know what you don't know' and the cavalier attitude of non-medical practitioners that think it's just about injecting is quite alarming.

### Can you share your best hints and tips for nurses looking to transition to aesthetics?

“ Join the associations.

- Join the BACN because it is the largest association for cosmetic nurses, with support from industry leaders, the NMC and with an extensive supportive membership across the country who meet up regularly. The nursing and midwifery council do not support autonomous nursing in any sense, particularly in aesthetics.
- You have to invest in your career. You must factor in as much training as you can afford and really consider how many days you're going to work. Embrace it and take the advanced university courses, preferably at level 7.
- Taking a one or two day course and then opening a clinic does not make one competent and it's extremely unsafe for the patient. Invest time, invest money and pay for mentors with whom you can shadow. Unfortunately, there is little chance of being a trainee with a clinic so one has to be self-sufficient. Surround yourself with a multi-disciplinary team, get to know the dermatologists and plastic surgeons in your area, because these are the people that will form your team around you for referral and for support.