
Can you share your best hints and tips for anyone looking to specialise in aesthetic surgery or medical aesthetics in general?



“We’ve reached the point for surgeons where aesthetic surgery has become a speciality in the same way as some specialties such as breast surgery, microsurgery, craniofacial surgery, etc. where you spend most of your time doing it.

I think the days where one was a general plastic surgeon carrying out a wide range of aesthetic surgery are probably gone. That’s due to the demand of the surgery itself but also the importance of governance and developing expertise in specific areas. So, I think the aesthetic surgery practitioner now must be more “all in”.

My best hints and tips would be that once you decide to do aesthetic surgery, you must get the best possible training that you can – I always took the view that you should identify the best practitioners in the world and go and see them. And actually, this model is being naturally facilitated as the quality of aesthetic meetings worldwide is now better than it ever has been.

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

“Teaching, communication and technology.

The quality of aesthetic meetings worldwide is exponentially better than even 10 years ago. The aesthetic surgery calendar is now crowded with high-quality offerings and one of the most extraordinary things has been communication.

When I was a young doctor, the idea of being able to speak to a surgeon who was a world-leader would have been almost impossible. As for communication between experts, you would typically only meet once or twice a year in a conference. Today, I’m in several WhatsApp groups where I can exchange and receive information with world-leaders that I respect enormously, almost on a daily basis.

Technology has provided the opportunity for us to be in an audit environment, in a ‘technological exchange of information’ environment, and in an environment where we look at complications and improve patient-safety.

What’s your main piece of advice for achieving a successful career such as yours?

“I personally think the best piece of advice in terms of having a successful career in plastic and aesthetic surgery is to identify a specific area that you want to be very good at. Be it the face, breast, body, eye lids, nose or whatever, and really focus on this and specialise. You should become extremely skilled in that area – even in the sub-speciality of aesthetic surgery, I think it’s difficult to do everything. So, I think finding out what you love and then really going for it is the thing to do.

At what stage within your career do you that?

“Once you become a consultant. You need to have training in everything, particularly as a plastic surgeon. Maxillofacial and ENT surgeons who can be fantastic aesthetic surgeons in the area of the nose, ears or jaw, are not going to do breast or body surgery, for example. Plastic surgeons must choose from an initial wide variety and in fact, this makes it more challenging if they’re going to choose the face, as they may not have the culture of doing it every single day the way an ENT surgeon might. So, it’s all about specialisation.

What general market or practice challenges within the aesthetic arena do you expect to see appearing in the next year?

“First of all, there is public and regulatory perception that there is a big problem in aesthetic medicine. The big problem is that for all the efforts we make, I still believe that for the public there is no real differentiation in or understanding of standards and as to who is appropriately qualified to give you the best treatment.

There are also huge social media issues around body image, inducements for plastic surgery, inducements for the young to have plastic surgery and pressure on young people to not only have surgery but to conform to societal norms. So, I think there is a huge problem which is sociological, as well as practical and ethical.

Aesthetic practitioners need to make sure they stand above this and continue to offer independent and professional advice which is tailored to patients and has nothing to do with money. That is a problem in this sector because there are a lot of practitioners for whom the commercial aspects are the driving imperative and that can give rise to problems.

I think that there are huge challenges for plastic surgery and many of them are about perception. The only way to really overcome them, I think, is to continue to make the case for the highest quality care or some form of regulatory framework, which will be arrived at by consensus.

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

“The biggest challenge to date would probably be to balance a career with having a family with four children, and I’m not sure I have overcome that yet.