

## 25 years in aesthetics

Aesthetics editor, Amanda Cameron, reflects on 25 years of medical aesthetics with industry pioneers Dr Tracy Mountford and Dr Patrick Bowler



**I first started working in the aesthetic medical market in 1989 when, apart from surgery, chemical peels and some lasers, there was only one injectable for wrinkle correction – bovine collagen.**

Whilst I worked for Collagen Corporation as a sales and training manager, I met innovators who were moving into the world of non-surgical rejuvenation. At the time it was deemed as a significant

move away from other medical specialities. I soon became used to dealing with questions from those who found injecting a substance into the face – for what appeared to be reasons of vanity – a very strange subject.

Reflecting on the number of products and services available to improve the appearance of the face and body, the number of practitioners offering those services, as well as the number of companies involved in the manufacturing and distribution of aesthetic products, it is clear that the industry has come a long way in the past 25 years.



In those early days, two of my first customers were Dr Tracy Mountford and Dr Patrick Bowler, who I am delighted to say remain my friends today. They saw the potential of the market and worked hard to gain the knowledge and

skills required to practise aesthetics. I need not tell you about the success they have achieved, as I am sure that most of you will know them well! Patrick is the founder of Courthouse Clinics (now a chain of 11 clinics nationwide), whilst Tracy is the founder of The Cosmetic Skin Clinic and is about to open her second in London later this year. Patrick also founded the British College of Aesthetic Medicine (BCAM), formerly the British Association of Cosmetic Doctors (BACD), which was the first non-surgical professional group for doctors working in this field. I am delighted that they have both managed to take some time out of their busy schedules to catch up and reflect on the changes we have seen within the industry in the last 25 years.

Both Dr Bowler and Dr Mountford agree that patients' perceptions of aesthetics have evolved significantly since 1989. "Initially it was challenging trying to communicate to people what these treatments involved," explains Dr Bowler. "When Botox was

launched it was like trying to persuade patients that we wanted to inject a poison into them. Now though, patients come in and say 'I want Botox', rather than, 'Is it going to cause me any harm?'" Dr Mountford agrees, saying, "They are more aware of what is available and have become 'mini experts' – sometimes rightly, sometimes wrongly." Both argue that the internet and celebrity culture has had an influence on patients' increased knowledge. "The internet is a double-edged sword, as patients can be well informed but can also interpret information inappropriately," explains Dr Bowler. He advises that offering a thorough consultation before procedures will better inform patients and ensures that they have realistic expectations of results. "Managing expectations is a priority in our clinics, as I'm sure it is with most practitioners," he says. "It's a continuous reinforcement through our consultations to make sure we don't end up with disappointed patients."

Patient demographics have also noticeably evolved since the aesthetics industry began. "When we first started we barely ever saw a man from one year to the next," explains Dr Bowler. "Within the last five years there has been a big increase in the numbers of men we see."

In addition to this, it seems patients are getting younger. Dr Bowler says, "There has been a noticeable shift towards younger patients and, these days, it seems patients are more concerned about maintenance of looks rather than reversing the signs of ageing." Courthouse Clinic statistics reveal that laser hair removal is particularly popular with younger women. He suggests that the rise in social media over the last five years has had a significant impact on their demographics.

Dr Bowler does admit that, although he hasn't seen any official statistics, he has noticed a rise in patients suffering from body dysmorphic disorder (BDD). "There seems to be more young women in that group rather than our usual patient demographic of 40-50 year olds," he says. He does note, however, that we are a lot better equipped to recognise and deal with the problem than we were 25 years ago. "Whatever treatment we offer will make no difference to their perception of themselves. We are able, however, to refer them to a psychologist to help treat their issues."

With so many new technologies available, Dr Mountford believes it is little wonder that practitioners are achieving continually improving results. She says, "Treatments are more refined with a more comfortable experience for the patient; we can now sculpt, contour or rejuvenate parts of the body we couldn't have dreamed of non-surgically 25 years ago."

Being aware of which products are worth purchasing is also essential to running a successful practice. "This just comes down to



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experience,” says Dr Mountford. “You should watch how a product or technology develops in the market place before jumping on the bandwagon. Generally speaking, using only FDA approved products is crucial to this.” She adds, “I always say, ‘new does not always mean better.’”

With the advent of new treatments and technologies, along with high quality consultations and injectable products, the financial side of business has also improved, says Dr Mountford. “Some patients may save £10 a week to finance their treatment, whilst others have unlimited budgets. The average spend has gone up significantly.” Some would argue that working in aesthetics in 2014 comes with new challenges that weren’t necessarily around in 1989. As the market grows, there has obviously been an increase in other practitioners opening clinics. However, Dr Mountford advises, “By remaining focused on the practice and patients’ needs and not looking sideways at potential competitors, you can fend off any competition.”

Discussing regulation within aesthetics, both agree, as many others do, that the industry is not monitored as well as it should be. “The Keogh Report and its findings should be very useful to help clarify what is appropriate best practise,” says Dr Mountford. “I would, however, have expected more legislation to be in place by now.” Dr Bowler says, “I am uncomfortable with beauty therapists being able to give injection treatments, which may well happen if the current educational framework from HEE gets implemented. In the European Union, the idea of beauty therapists giving Botox injections is laughable.” On a more positive note, however, Dr Mountford adds, “All we can do is forge forward with our own self-regulation, and help to educate the public further.”

Educating the public is important to both practitioners, and Dr Mountford often takes up PR and television opportunities. “They are useful as they can help educate the public in some way,” she explains. “I always view them with a healthy degree of caution and only tend to give interviews to journalists who I respect, to ensure that I give the

public the right message.”

Continued aesthetic training is also vital to the pair, with both explaining that they regularly attend lectures and conferences to keep up-to-date with all of the scientific developments. “We are lucky now as we have training updates on site for all the team,” says Dr Mountford. Reflecting on their quarter of a century working in aesthetics, I wonder if my colleagues have any regrets. Dr Mountford says, quite simply, no she doesn’t, but Dr Bowler notes that, looking back, he would have got more involved in the politics of aesthetics. “My only real regret is that I wasn’t strong enough when I was in the BACD.” He explains that he would have pushed the General Medical Council (GMC) harder to implement tighter regulation and stress its importance to create a safer industry. “At the time though, there wasn’t enough interest,” he says. “Now there is a much bigger interest. I look at how well the nurses and the beauticians have organised themselves and think the doctors have been a little bit slow on the uptake.”

Entering the world of medical aesthetics is challenging for any practitioner, whether it was 25 years ago when the industry was unknown to patients and bovine collagen was the only product on the market, or today, when patient awareness and product development is at the highest level we have seen it. Either way, advice for newcomers remains the same. “Start small and hone your craft,” says Dr Mountford. “If you are good, patients will come. Keep your level of training high, regularly attend conferences and share with colleagues ideas and concepts regarding best practise.”

For Dr Bowler, having excellent business acumen is also essential. “The impression that some newcomers have is that it is an easy revenue generator. A small clinic run from home premises can be profitable but, if you start to grow your business by expanding and moving to new premises, your overheads and staffing levels will increase, which can be a game changer.”

He explains that the jump from working in an aesthetic clinic to opening your own clinic is also a big hurdle. “Quite a few businesses fail because they underestimate the running costs and the importance of marketing. My advice is, whilst clinical education and training is very important, it needs to be accompanied by strong business skills, which are vitally important if you want to be successful.” Dr Mountford concludes, “It’s a tough, highly competitive industry, but the rewards are there if you are truly passionate about your craft and truly love enriching people’s lives.”

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