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Aesthetics

MONTHLY JOURNAL FOR MEDICAL AESTHETIC PROFESSIONALS



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H. A., Aged 47

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The Last Word

Mr Benji Dhillon explores the differing approaches for consultation remuneration

The critical importance of a detailed medically-oriented aesthetic consultation is, I believe, something that virtually everyone in the industry agrees on. It is the true foundation for success, not only for patient treatment outcomes, but also for nurturing a loyal, repeating patient base who trust and value our clinical judgement and expertise. Layered onto this are the evident business benefits of a strongly educational, consultative approach, which ultimately supports good clinic growth and a steady revenue stream. However, the management and monetisation of the consultation process is currently approached in several different ways across the aesthetic industry. Here, I give my opinion on the pros and cons of each approach, along with my personal view on how the importance of the consultation (and the value of practitioner's time) can be recognised, whilst maintaining an accessible approach for patients, particularly those who are first-time considerers.

The paid consultation

Some clinics work on the basis of a paid consultation approach; this asserts that a practitioner's time is 100% billable and that patients are accessing a service from the start in terms of medical advice and assessment. This is in line with much of the private healthcare market, and indeed was the norm from my own background in surgery, whereby fixed consultation fees of several hundred pounds are expected. However, businesses using this model tend to be aimed at patients considering a treatment whereby the cost of the procedure is usually much higher (often several thousand pounds) and therefore an initial consult fee is deemed acceptable as an entry-level commitment and investment, leading to their desired treatment pathway. For some aesthetic businesses, a fixed consultation fee offers a way to establish kudos, or perceived value for their expertise and standards of service. There is a concern that to offer free consultations may appear 'cheap' or will result in practitioners' time being wasted by too many enquiries, many of which may not convert effectively from the consultation stage to revenue-generating treatments or product purchases. The aesthetics industry is more normalised now than ever, with desire for treatments and

accessibility of services at an all-time high. A policy of paid consultations can offer some clinics a type of screening process, ensuring that all patients coming through the door meet a baseline standard of socio-economic status and capability to afford the costs of future treatments. It offers a form of security and revenue protection – patients have already shown some level of commitment and seriousness to their enquiry, having already paid a fee just to get in the door – and the practitioner's valuable time has at least been covered should the patient decide to proceed no further. In my experience, however, the average patient cannot afford a £100-300 fee for an aesthetic consultation (especially if they are assessing multiple practitioners), but they may well have the means to pay for a larger procedure. However, the clinic won't secure this revenue potential if the patient is unable (or discouraged) from readily receiving the education and information required to enable them to make that bigger treatment decision.

The free consultation

On the other hand, some clinics offer complementary consultations, which opens the business up to a broader pool of potential patients and revenue streams. It can also potentially open a wider circle of word-of-mouth referrals, which may help to offset against any perceived loss of revenue for 'unconverted' consultations. Based on my understanding and experience of clinics who use this model, another facet of this approach is the recognition that many patients are not 'aesthetically aware' and there is a significant educational role to be played. A substantial proportion of these patients may not even be suitable for treatment in the first place, or would be better served by utilising other healthcare services first before proceeding down the aesthetic route. With this in mind, the complementary consult model asserts that patients shouldn't be left out of pocket if they turn out to be unsuitable for treatment in the first place. In my experience, this totally open model approach is in the minority in our industry – most clinics hedge their bets with a smaller consultation charge of £25-£50, which is redeemable against treatment or product costs. This helps to ensure some level of commitment from the patient in advance –

reducing the risk of late cancellations and no shows, which waste the practitioner's time and can reduce clinic productivity and revenue generation.

At Define Clinic, we take a small deposit of £50 upon booking the consultation which is then refunded to the patient when they arrive in the clinic. This helps ensure that practitioner time isn't wasted, reducing the risk of no-shows or late cancellations. A patient may decide following their consultation that they would prefer just to get started with some skincare, or they are perhaps better educated about how to make lifestyle decisions for their own skin health without using our services for the time being.

In turn, this positive experience and non-salesy approach often reaps its own benefits by way of an additional word-of-mouth referral. For me, whilst there may be no immediate revenue generation, these are positive outcomes as it's what is best for the patient and, ultimately, that is the most important goal that we should be striving to achieve.

Education comes first

My personal viewpoint is that it is our duty to educate and to do the right thing for patients, and that this is never a waste of time. The aesthetic industry suffers from some negative public perceptions of taking advantage of people's vulnerabilities and insecurities – so the more we can do to facilitate an open, honest and consultative approach, the more we will be able to break down stigma and taboos to facilitate access to our industry for a broader group of patients.

The bottom line is that time doesn't necessarily have to be money in aesthetics – it is our privilege to educate and empower our patients, and there are many effective ways we can achieve this through a strong consultation process, without sacrificing clinic revenue or wasting time.



Mr Benji Dhillon is the cosmetic director and co-owner of Define Clinic in Beaconsfield. Dr Dhillon trained in plastic surgery and worked for Allergan on its clinical trials, following which he switched to full-time aesthetic practice. He is part of the international faculty for Teoxane.

See Dr Dhillon present at the Teoxane Symposium at ACE 2020 on March 13-14. Register free using code 10101 aestheticsconference.com