Aesthetics practitioner and dental hygienist

Nafisa Mughal¹ shares with readers why and how dental hygienists and therapists might want to add facial aesthetic treatments to their skillset.

In what circumstances it is appropriate for a dental hygienist or therapist to add facial aesthetic (FA) treatments to their skillset?

When a dental hygienist or dental therapist works with a dentist in practice, that is an ideal set up for starting FA treatments. It provides a safe environment for both the clinician and the patients, as well as having a support team already in place. In addition, when it comes to treatment like botulinum toxin, you need someone who can write the prescription, and having a dentist *in situ* is hugely beneficial for that, of course.

Why do you think dental hygienists and therapists are well placed to expand into FA treatment?

Because we spend time with our patients and see them often, we find that we quickly build up a rapport. I have also seen from experience

How can you add facial aesthetics to your skillset?

Author information

¹Nafisa Mughal is an aesthetics practitioner with a background in dentistry. After qualifying in dental hygiene in 2008 at the Eastman Dental Hospital, she found herself increasingly drawn to facial cosmetic treatments. Nafisa trained in 2010 to administer anti-wrinkle injections and has since trained further in dermal fillers and skin rejuvenation treatments such as skin peels and micro needling as well as gaining a diploma in semi-permanent makeup techniques. Nafisa is also a Botulinum Toxin Club (BTC) trainer.

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that patients can often feel more at ease and less nervous with the dental hygienist or therapist and so are more likely to ask questions and be open to conversations about other treatments we offer.

What would you say to dentists and other professional colleagues who might think it should remain the remit of qualified dentists, not DCPs?

The amount of anatomical training and knowledge we have as a dental hygienist or therapist is the same as a dentist. This is because we are trained to inject local anaesthetics intra-orally, in the same way as a dentist. In order to inject anything, a sound knowledge of anatomy is a must. What's more, we are all continuously learning and revising so that we can provide the highest standard of care to our patients.

What does the General Dental Council (GDC) say about it all?

The GDC is clear that the administration of botulinum toxin is not the practice of dentistry and so isn't part of their Scope of Practice document. What they do say is that botulinum toxin is a prescription-only medicine and so dental hygienists and therapists cannot carry out such treatment directly - it must be prescribed by a registered doctor or dentist who has assessed the patient fully. As for fillers, which do not need a prescription, dental hygienists or therapists who choose to branch out to provide that treatment must be appropriately trained, competent and indemnified.

On that note, what kind of training is needed? Where can an interested dental hygienist or therapist start?

There is increasing availability of dental hygienist/dental therapist training in this field, and rightly so! Anyone looking to start out needs to make sure they choose a reputable educational institution that focuses its training on providing the best support for its delegates. At Botulinum Toxin Club (BTC) we do just that, offering complete theory and hands-on training.

Post workshop support is also a huge factor when choosing with whom to train. We are not experts in anything the minute we train in it, and at BTC we understand that. This is the reason why we have dedicated, delegates-only, free post-workshop WhatsApp and Facebook groups. The other trainers and I can offer help and support for any issue, from marking up photographs to advice on medical history. This is crucial to help delegates become more confident in offering treatment.

Once trained, what treatments can a dental hygienist or therapist deliver? Does it involve the dentist at all, or can they operate independently?

As we touched upon earlier, once dental hygienists or therapists are trained, they are able to offer toxin treatments under the prescription of a qualified prescriber, which is usually the dentist with whom they work. The patient must have a face to face consultation with the prescriber before any treatment is undertaken. BTC offers training for prescriber-dentists who would be prescribing the treatment and toxin but not performing the treatment.

Dermal fillers are slightly different, as they are classed as a medical device and do not fall

As a hygienist myself for the past 12 years, I'm sure that I won't be alone when I say that it can get a bit monotonous and repetitive. Some variation in the day is a much-welcomed change and facial aesthetics is great for this.

What advice can you offer a dental hygienist or therapist whose principal is not keen on the idea?

If you look at offering FA as an additional source of revenue for the practice, it would be an unwise decision not to embrace it! Just as associates bring in and increase revenue, the dental hygienist or therapist can do the same with FA. There is a potential to earn 100% more per working hour offering facial aesthetics, compared to hygiene treatments alone.

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under the same strict categories. Although the dental hygienist or therapist is free to treat without a prescription, they need to be aware that the emergency reversal drug used to counteract dermal filler is a prescription-only medicine and this needs to be available before treating with fillers.

How does indemnification fit in with dental hygienists and therapists practising FA?

There are some dental insurance companies that do provide cover for facial aesthetics for dental hygienists and therapists. My advice would be to check your current indemnity provider. Usually, if they do provide cover, it may be limited to certain locations and stipulations. If you need more than the policy you have in place for providing dental care, I would recommend checking out specific insurance companies such as Hamilton Fraser or Cosmetic Insure, as they are two of the main companies that deal with facial aesthetics cover.

Do you think it is important that dental hygienists and dental therapists evolve in their careers?

If FA is offered in a dental practice, how does the financial aspect work in terms of cost and profit?

The profit margins for FA can be lucrative. As an example, it costs as little as £60 for materials such as the toxin and, once clinical expertise and time are factored in, some practices charge around £200-£300 for treatments. As I mentioned previously, this can be a great boost to both the practice and dental hygienist or therapist revenue, with treatment sometimes taking as little as 15 minutes.

Further information

If you would like to find out more about how you can expand your career opportunities through facial aesthetics, visit www.botulinumtoxinclub.co.uk, email harry@botulinumtoxinclub.co.uk or call 0800 047 2038.

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