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The changing face of aesthetics from a nursing perspective

By Elizabeth Bardolph

Cosmecare™

During the last 25 years nurses have been at the forefront in the treatment of non-surgical aesthetic procedures. These include the use of dermal fillers, the botulinum type A toxin cosmetically, chemical peels, and laser treatments. As well as treating patients many are instructing and mentoring their medical colleagues.

Recognising that a new specialty brought with it responsibilities, a group of entrepreneurial nurses established a forum for aesthetic nurses. This afforded nurses networking and educational opportunities. They also published guidance for best practice, and the internationally acclaimed accredited competencies.

Because their professional organisation felt that aesthetics was not part of mainstream healthcare, we founded the British Association of Cosmetic Nurses (BACN). Part of its remit is to educate and foster good practice so that patient safety in this new specialty may be safeguarded.

The medicalisation of ageing and beauty

There are many examples of conditions other than disease processes *per se*, which attract the attention of the medical and nursing professions, obesity and the menopause being the most obvious. Now the ageing process and the enhancement of beauty can be added to the list. It was during the Enlightenment that the idea of perfecting health began[1]. The Georgian public self-medicated, bought manuals and purchased products[2] which they hoped would help restore health. The 18th Century also saw the advent of marketing including advertising and product distribution. As the nation became more prosperous through an improved market economy, so people became more wealthy with an increase in disposable income.

In addition to these factors anti-ageing treatments were crossing from America to the UK. Collagen which was used in the treatment of burns was found to restore skin integrity, and Drs A and A Carruthers were developing the use of the botulinum type A toxin cosmetically. Initially treatments were taken up by celebrities, and encouraged by the results, it was not long before the media promoted many of these treatments as 'lunch time' fixes. Alongside this was the realisation among some that physical appearance mattered in order to improve self-confidence, and secure a job or a partner. This too was encouraged by the media, and has become more potent with the advent of social media and the popularity of 'selfies'.

Although the public were initially cautious about anti-ageing treatments, the momentum rapidly increased resulting in the popularity of non-surgical treatments we are familiar with today. To cope with the increase in demand more practitioners are entering this field. There is therefore a requirement for education and training which is not delivered in the National Health Service.

Education and Training

Currently education and training undertaken by doctors and nurses is product based, a format that seems set to change. The legal test for doctors and nurses is competence judged by the *Bolam*[3] */Bolitho*[4] standard and underpinned by education and training. The BACN have updated their competency framework[5] which recognises the requirement for specialist knowledge and skills at different levels of practice[6]. The document provides a benchmark for good practice and is being used in the structuring of an educational framework for Higher Education Institutions in line with Department of Heath recommendations.

As recommended in the Keogh report[7], Heath Education England