



Association of Dentists in Aesthetic Practice

ADAP Code of Professional Conduct for Dentists Practising Facial Aesthetics

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FOREWORD

The ADAP Code of Professional Conduct is designed to be read and applied to clinical practice in conjunction with ADAP Clinical Standards and is in addition to statutory GDC guidance – principally, Standards for the Dental Team (GDC, 2013, updated 2023). ADAP Members are expected to understand their responsibilities by demonstrating accountability and safety in all aspects of their practice by abiding by the professional, legislative standards and guidelines within this document, as well as statutory GDC guidance.

It should be noted that recent statements by the GDC have excluded facial aesthetics from the scope of practice of a dentist and as such dentists are practicing on a self-declared 'additional skills' area. Dentists can develop additional skills but GDC principles of safe practice will still apply. Dentists still have prescribing rights but must demonstrate that they 'are competent to assess, diagnose and manage this non-dental treatment safely (GDC 7.2).

Under the Human Medicines Regulations 2012, registered dentists retain their statutory rights to write private prescriptions for Prescription-Only medicines (POMs). The GDC has formally separated facial aesthetics from dentistry, so the requirement to tie the prescription to a 'dental or oral-facial clinical need' no longer applies to cosmetic treatments. It is recognised that this is a complex area following the recent announcements and as such things may be open to interpretation and change. ADAP will continue to monitor developments in this area.

Considering the evolving role of dentists providing facial aesthetic treatments, ADAP has produced this Code to reflect the unique nature of dental-led aesthetic practice. This is a holistic pathway beyond the procedure itself. The following principles are intrinsic to this Code:

- An explicit statement of the goals and key elements of care based on evidence, best practice, and patient expectations
- Coordination of the care process utilising, where appropriate, the multidisciplinary team and specialist referral, with patient consent



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- Documentation, monitoring, outcomes and identification of appropriate resources to satisfy patient-centred care
- Interventions are patient-centred and detailed in a plan, pathway, guideline, or protocol

A dentist conducting medical aesthetic treatments is required to exercise a unique and multi-faceted clinical judgement and skillset, often in complex scenarios. An ADAP member must demonstrate awareness, knowledge and accountability of the moral, ethical, clinical, and professional aspects of aesthetic practice, including developing business acumen.

This Code is intended to facilitate a continuing pathway of treatment and serves to guide and benchmark best practice. It offers comprehensive guidance with references to current legislative and statutory guidance, considered accurate at the time of publication.

For clarity, where the term “Member” is used, it implies a GDC-registered dentist, ADAP member, providing aesthetic treatments within a clinical setting.

PROFESSIONAL RESPONSIBILITY

1.1 Put patients’ interests first. Members must act with honesty and integrity, putting the interests of patients before financial gain or personal benefit. (GDC Standard 1.1, 1.3)

1.2 Protect patients and colleagues from risk. Members must raise concerns promptly if they believe patients or colleagues are at risk and support them to do so. Members must not work if their own performance or health poses a risk. (GDC Standard 8.2, 8.3)

1.3 Be honest and act with integrity. Members communicate honestly, do not mislead patients or colleagues, and avoid conflicts of interest. Where conflicts arise, they must be declared and managed in the patient’s best interests. (GDC Standard 1.3, 1.7)

1.4 Maintain and protect patients’ information. Members keep patient information confidential and only use it for the purpose for which it was given, in line with GDC standards and UK GDPR. (GDC Standard 4.2)

1.5 Have appropriate insurance or indemnity. Members must have indemnity cover appropriate to their scope of practice for all aesthetic procedures undertaken. (GDC Standard 1.8)



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1.6 Demonstrate candour. Members must be open and honest with patients when something goes wrong with their treatment or care causes, or has the potential to cause, harm or distress. This includes informing, apologising, offering a remedy, and explaining effects. (GDC Standard 1.8, 8.1)

1.7 Take responsibility for your actions. Members are accountable for their clinical decisions, actions and omissions. They must only carry out treatments they are trained, competent and indemnified to provide. (GDC Standard 7.2, 9.1)

1.8 Maintain professional boundaries. Members must maintain appropriate personal and professional conduct, including courtesy to patients, colleagues and the public. (GDC Standard 9.1)

1.9 Comply with the law. Members must not provide botulinum toxin or cosmetic fillers to persons under 18 years of age and must comply with all other legal and regulatory requirements affecting dental practice. (Botulinum Toxin and Cosmetic Fillers (Children) Act 2021; GDC standard 1.9)

COMPETENCE

2.1 Members work within their professional competence, aligned to ADAP competencies, referring for specialist opinion where necessary. (GDC Standard 6.3; 7.2)

2.2 Members conduct aesthetic procedures within suitable clinical environments which reflect the nature of medical aesthetic treatments. This must comply with relevant legislation including CQC registration where applicable. (GDC Standard 1.5; 6.1)

2.3 Members take steps to continually update clinical knowledge and skills, evidenced through ADAP CPD requirements and reflective practice. (GDC Standard 7.3)

2.4 Members evidence their scope of clinical practice through: case studies, audit, portfolio of CPD, treatment logbook, published articles, conference presentations & peer review.

PATIENT CONFIDENTIALITY

3.1 Members maintain confidentiality in accordance with GDC standards and UK GDPR. Exceptions apply to prevent serious harm or to protect vulnerable individuals. (GDC Standard 4.3)



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3.2 A member maintains all aspects of patient confidentiality, whether obtained in practice, supervision or research. (GDC Standard 4.2)

3.3 A member obtains written informed consent prior to sharing, releasing or publishing information. (GDPR Article 4 (11), Article 7 (2))

3.4 A member takes precautions to ensure patient records are stored securely and accessed by authorised personnel only. (GDPR Article 5.1)

3.5 A member ensures patient information is processed securely against unauthorised or unlawful processing and accidental loss. (GDPR Article 5.1 (f))

3.6 A member conducts treatments in an environment conducive to maintaining confidentiality. (GDC Standard 4.2.1)

3.7 Patients may access their clinical notes on written request. A copy of the request should be placed in the patient's notes. (GDC Standard 4.4)

MEMBERSHIP CONDUCT & COLLEGIALLY

4.1 ADAP member forums, meetings, and online platforms are for peer support and constructive discussion. Members conduct themselves professionally, respecting peers' views. Offensive, discriminatory or aggressive comments will not be tolerated. (GDC Standard 9.1)

4.2 Members must not share the contents of ADAP closed discussions outside the forum without consent.

4.3 Members must not share colleague's emails or ADAP communications without consent.

4.4 Members must not share photographic images of patients on ADAP forums. Where posted, they will be removed to protect confidentiality. (GDC Standard 4.2)

4.5 Members must not use ADAP forums for personal commercial gain through direct advertising. Commercial affiliations must be declared transparently without endorsement.

INFORMED CONSENT



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Consent is a fundamental legal and ethical principle of healthcare practice. Patients have the right to decide what happens to their bodies, and clinicians must respect and support this right through clear communication and shared decision-making.

Valid consent requires an exchange of information. The signing of a consent form alone does not constitute consent, and consent may still be valid without a signature if appropriately documented.

5.1 Members meet legal standards of informed consent. This includes expected outcomes, procedures, limitations, risks, benefits and alternatives. (Montgomery v Lanarkshire 2015, GDC Standard 3.1.3)

5.2 A member obtains contemporaneous written informed consent throughout the patient's treatment journey. Consent is a continuous process.

5.3 A member uses clear, transparent language throughout the consent process.

5.4 As part of assessment, a member fully informs the patient about all aspects of the proposed treatment: rationale, product choice, technique, risks, adverse events, contraindications.

5.5 A member ensures the patient has sufficient time to consider information. Treatment should not routinely be provided on the same day as initial consultation.

5.6 If same-day treatment is necessary, a clear, justified rationale must be documented following discussion with the patient.

5.7 A member obtains written consent before capturing clinical images. Consent must specify use: clinical notes only, education, or publication, and must not be delegated. (UK GDPR, Data Protection Act 2018)

5.8 A member ensures transparency on all fees for consultations and treatments. Information and advice on products/services must be evidence-based. (GDC Standard 1.3)

5.9 A member adheres to laws on mental capacity and ensures best interests of those who lack capacity are central to decisions. (Mental Capacity Act 2005, GDC Standard 3.1)

ADVERSE EVENTS & COMPLICATIONS



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6.1 A member works within competence to minimise risk, identify and manage adverse events. Where beyond scope, promptly refer to the most appropriate specialist with written patient consent. (GDC Standard 6.2)

6.2 A member records and reports adverse events to MHRA Yellow Card Scheme and relevant manufacturer. Report if:

- A medicine causes side effects
- Injury or near-miss from a medical device
- Treatment interrupted by faulty device
- Medicine doesn't work properly
- Wrong diagnosis due to device
- Poor quality or suspected counterfeit medicine/device
- Members should use licensed POMs and maintain awareness of implications of unlicensed products. (MHRA 2014, 2020)

6.3 A member must have a written complaints policy available to patients on request. (GDC Standard 5.1)

6.4 A member must be available to manage complaints. Out of hours contact details must be provided where appropriate.

6.5 Members should not work in isolation. Take steps to develop a Multidisciplinary Team approach and ensure specialist support and cover.

6.6 Members practise in accordance with Duty of Candour:

- Be open and honest with patients
- Be open with organisations and encourage learning from adverse events and near misses (GDC Standard 1.3)

6.7 Members are encouraged to join bodies specialising in complications management, e.g. CMAC, ACE Group, for peer support and guidance.

OVERARCHING PRINCIPLES

7.1 Members have a primary responsibility to respect and promote welfare of patients and avoid situations that impair judgement or increase risk of harm.



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7.2 A member refrains from treating multiple patients in a single appointment in a social setting.

7.3 Members demonstrate evidence of regular mandatory updates: BLS, vaccination record, risk assessments. Clinical protocols must underpin treatments provided.

7.4 Members should consider whether it is necessary to consult the patient's GP regarding proposed treatment, particularly benefits and risks. If patient refuses, discuss reasons, encourage contact, and record in notes with risk assessment. (GDC Guidance on Cosmetic Interventions).

7.5 ADAP does not condone aesthetic treatments in patients' homes. The environment is unsuitable and poses risks to patient and clinician. Environments must reflect the specialist nature of procedures. (GDC standard 1.5)

7.6 A member does not train practitioners who do not hold active registration with a statutory healthcare regulator.

RESPONSIBLE AND ETHICAL ADVERTISING AND PROMOTION

8.1 A member ensures advertisements and published material are accurate, responsible, ethical, do not mislead or exploit vulnerabilities, and reflect individual skills. (GDC Standard 1.3)

8.2 A member does not use logos of professional or statutory bodies to imply credibility without permission. GDC and ADAP logos may only be used per policy.

8.3 A member complies with advertising standards: does not advertise POMs to the public. Human Medicines Regulations 2012 prohibits adverts likely to lead to use of a POM.

8.4 Members must regularly review ASA & CAP guidance on marketing non-surgical cosmetic procedures and practise accordingly. (ASA guidance)

8.5 Members must not incentivise medical aesthetic treatments, e.g. time-limited deals, referral discounts. (GDC Guidance on Cosmetic Interventions)

8.6 Members market services responsibly, ensuring patients are not encouraged to undergo unnecessary interventions. (ASA guidance)



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8.7 A member accurately and transparently represents training, techniques, skills, and clearly states qualifications.

8.8 A member only uses postnominals to which they are legally entitled, e.g. degrees from accredited institutions, GDC specialist list status.

8.9 A member does not make unsubstantiated claims for treatments which are not evidence-based.

8.10 Members must not make misleading claims about indications and outcomes.

8.11 A member clearly states their full name and GDC number on professional advertising platforms.

RESPONSIBLE AND SAFE PRESCRIBING

9.1 Delegation: Prescribers are accountable for all aspects of prescribing, including what is delegated. (GDC Standard 6.3)

- Only delegate tasks within the other person's competence
- Ensure they understand instructions and are supervised/supported
- Ensure outcome meets required standard
- Identify risks and supervision needs
- Prescribing decisions cannot be delegated

9.2 Members must not prescribe for non-GDC/GMC/NMC registrants providing injectable treatments. Where evidence exists of prescribing for non-registrants, ADAP will investigate and may notify the GDC.

9.3 Members must not prescribe for practitioners who do not hold statutory healthcare registration. ADAP will investigate breaches and may notify the GDC.

9.4 Members prescribe in line with GDC Standards and individual scope of practice. Prescribe within competence, based on evidence, legislation, and local policy. This applies to all prescribing, including botulinum toxin. (GDC Standard 7.2;1.9)

9.5 prescribers must have adequate knowledge of patient's health and be satisfied the medicine serves the patient's needs.

9.6 ADAP adopts the Royal Pharmaceutical Society (RPS) Competency Framework for All Prescribers (2016) as the standard for safe prescribing.



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9.7 Face-to-face consultations must take place before prescriptions for injectables are issued. Remote prescribing should only be used in exceptional circumstances. (MHRA 2020)

9.8 Prescribers in England cannot hold POMs as stock items unless working within a CQC-registered clinic with appropriate governance. (MHRA 2020)

9.9 Clinics must have in place and follow their Medicine Management Policy and Medicine Administration Record. Templates are available on ADAP website

This ADAP Code will be reviewed at 12-monthly intervals, and in response to significant developments within facial aesthetics.

Name:

Date for review:

KEY READING

GDC Standards for the Dental Team 2013 updated 2023

GDC Guidance on Prescribing Medicines

GDC Guidance on Cosmetic Interventions

Mental Capacity Act 2005

Botulinum Toxin and Cosmetic Fillers (Children) Act 2021

MHRA Guidance on Supply and Administration of Botox 2020

ASA/CAP Enforcement Notice: Botox and other botulinum toxin

Human Medicines Regulations 2012

RPS Competency Framework for All Prescribers 2016

CMAC

ACE Group World