



Association of Dentists in Aesthetic Practice

Premises Standards for Dentists Providing Non-Surgical Aesthetic Treatments

Purpose

This document outlines the minimum standards expected of premises where dentists provide non-surgical aesthetic treatments (including botulinum toxin, dermal fillers, skin boosters, polynucleotides, microneedling and similar procedures). It aligns with current guidance from the Care Quality Commission (CQC), Save Face, the Joint Council for Cosmetic Practitioners (JCCP), the General Dental Council (GDC), and UK health and safety legislation.

1. Regulatory Framework

The regulatory requirements depend on **where aesthetic treatments are delivered**.

A. Treatments provided within a registered dental practice

Where a dentist performs facial aesthetic treatments as part of additional services within a CQC-registered dental practice, the premises are expected to comply with:

- Care Quality Commission (CQC) Fundamental Standards
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- GDC Standards for the Dental Team
- Infection Prevention and Control guidance applicable to dentistry
- Health and Safety legislation

In these circumstances, the practice will normally already be inspected by the CQC as part of its dental registration.

B. Treatments provided outside a CQC-regulated dental practice

Many dentists also practise in independent medical aesthetic clinics.

Most non-surgical cosmetic procedures are **not currently regulated activities by the CQC in England** unless they form part of another regulated healthcare activity.

Where CQC registration is not required, practitioners should demonstrate compliance through recognised professional accreditation, including:

- Save Face Accreditation



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- Joint Council for Cosmetic Practitioners (JCCP) registration

These organisations provide independent assurance that both practitioners and premises meet recognised safety standards.

2. Premises Requirements

Regardless of the regulatory route, premises should provide a safe clinical environment.

2.1 Clinical Environment

Treatment rooms should:

- be clean and well maintained
- have impervious, easily disinfected surfaces
- provide adequate lighting
- have appropriate ventilation
- maintain comfortable ambient temperature
- permit patient privacy and dignity
- have sufficient space for emergency access around the treatment couch

2.2 Hand Hygiene

Clinical rooms should include:

- dedicated handwashing facilities
- hot and cold running water
- liquid antimicrobial soap
- disposable paper towels
- alcohol hand sanitiser
- hands-free waste disposal where possible

2.3 Infection Prevention and Control

Practices should maintain documented infection control procedures including:



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- environmental cleaning schedules
- decontamination protocols
- management of blood and body fluid spillages
- PPE requirements
- aseptic technique
- single-use consumables where appropriate
- equipment cleaning and disinfection
- sharps safety procedures

2.4 Waste Management

Clinical waste should be managed in accordance with UK legislation.

This includes:

- colour-coded clinical waste segregation
- approved sharps containers
- licensed clinical waste contractor
- documented waste transfer records
- safe storage prior to collection

2.5 Medicines Management

Prescription medicines should be:

- securely stored
- stored according to manufacturer recommendations
- temperature monitored where required
- within expiry dates
- batch recorded
- appropriately disposed of when expired

Emergency medicines should be immediately accessible.



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2.6 Emergency Preparedness

Premises should have:

- medical emergency protocols
- basic life support equipment appropriate to treatments provided
- anaphylaxis management equipment where indicated
- emergency contact procedures
- documented staff training
- regular emergency drills

2.7 Equipment

Clinical equipment should be:

- fit for purpose
- maintained
- serviced where required
- electrically tested where appropriate
- cleaned between patients
- supported by maintenance records

2.8 Patient Privacy

Facilities should provide:

- confidential consultation area
- private treatment room
- secure patient records
- compliance with UK GDPR
- secure electronic record systems



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2.9 Health and Safety

Practices should maintain:

- Health & Safety Policy
- Fire Risk Assessment
- COSHH assessments
- Legionella risk assessment where applicable
- Display Screen Equipment assessments (where appropriate)
- Accident reporting procedures
- First Aid provision

3. Record keeping

Premises should maintain evidence of:

- cleaning schedules
- infection prevention audits
- equipment servicing
- clinical waste collection
- emergency drug checks
- temperature monitoring
- staff training
- incident reporting
- complaints procedure
- consent documentation
- clinical governance meetings where applicable

4. Save Face Standards

Save Face operates a government-recognised Accredited Register and undertakes an in-person inspection of every clinic seeking accreditation.



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The assessment covers, but not limited to:

- practitioner qualifications
- statutory registration
- insurance
- premises safety
- infection prevention
- medicines management
- consent
- record keeping
- complaints handling
- product sourcing
- emergency preparedness

The accreditation process currently consists of a comprehensive 116-point assessment and annual review.

5. JCCP Standards

The JCCP promotes consistent professional standards for non-surgical cosmetic practice and supports the emerging licensing framework in England.

Its expectations include, but not limited to:

- suitable clinical premises
- infection prevention standards
- appropriate governance
- patient safety systems
- consent processes
- documented qualifications
- professional indemnity
- complaints management
- incident reporting



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- clinical audit
- ongoing CPD

Premises should support safe delivery of treatment irrespective of whether they are located within a dental practice, medical clinic or other healthcare setting.

6. Additional Organisations and Standards

Although they do not regulate aesthetic practice directly, the following organisations and legislation influence premises standards:

- General Dental Council (GDC) – Standards for the Dental Team
- Professional Standards Authority (PSA) – accredits voluntary registers such as Save Face and JCCP
- Health and Safety Executive (HSE)
- UK Health Security Agency (UKHSA) Infection Prevention guidance
- Information Commissioner's Office (ICO) – UK GDPR compliance
- Medicines and Healthcare products Regulatory Agency (MHRA)
- Local Authority Environmental Health departments
- NHS England infection prevention guidance (where applicable)

7. Best Practice Recommendation

For dentists undertaking facial aesthetics:

Within a dental practice

- Maintain CQC compliance (where applicable).
- Continue to meet GDC standards.
- Apply aesthetic-specific governance alongside dental governance.

Outside a dental practice

- Seek independent accreditation through Save Face and/or registration with the JCCP.
- Implement governance systems equivalent to those expected within regulated healthcare.



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- Maintain documented evidence of compliance with infection prevention, medicines management, emergency preparedness, patient consent and clinical governance.

Adopting these standards demonstrates a commitment to patient safety, professional accountability and high-quality clinical care, regardless of whether the premises are subject to statutory inspection.