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, effective 30 September 2013). 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 the GDC's updated Scope of Practice Guidance (November 2025) no longer lists non-surgical cosmetic injectables, and a subsequent statement by the JCCP, developed with the GDC (2026), confirms that treatments such as botulinum toxin and dermal fillers are not the practice of dentistry. Dentists providing these treatments are therefore practising in a self-declared area outside dentistry. Dentists may extend their personal scope of practice in this way, but they must be able to evidence that they are trained, competent and indemnified, and they remain accountable to the GDC and bound by its principles of safe practice. In particular, dentists must only carry out a treatment if they are appropriately trained, competent, confident and indemnified to do so, and must be able to demonstrate that they can assess, diagnose and manage this non-dental treatment safely. (GDC Standard 7.2)

Under the Human Medicines Regulations 2012, registered dentists remain appropriate practitioners for the purpose of writing private prescriptions for Prescription-Only Medicines (POMs). The GDC's Guidance on Prescribing Medicines states that dentists must prescribe to meet identified dental needs; this guidance pre-dates the separation of facial aesthetics from dentistry, and how it applies to cosmetic prescribing has not yet been clarified. It is recognised that this is a complex area following the recent announcements and may be open to interpretation and change. Members should seek advice from their indemnity provider on their own prescribing. 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
- 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 1.3, 1.7)

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 8.1, 8.2, 9.2)

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)

1.6 Demonstrate candour. Members must be open and honest with patients when something goes wrong with their treatment or care that causes, or has the potential to cause, harm or distress. This includes informing, apologising, offering a remedy, and explaining effects. (GDC Standard 1.3; GDC guidance "Being open and honest with patients when something goes wrong", 2016)

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 6.3, 7.2)

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)

1.10 Declare fitness to practise matters. Members must inform ADAP promptly, by emailing admin@adap.org.uk, and in any event within 14 days, if they:

- become the subject of a fitness to practise investigation by the GDC or any other healthcare regulator
- have conditions, undertakings, warnings or an interim order placed on their registration
- have their GDC registration suspended, erased, lapsed or otherwise not in force
- are subject to criminal proceedings, including being charged with, convicted of or cautioned for a criminal offence, in the UK or elsewhere

Members must also inform ADAP when any such matter is concluded. Information declared will be handled in confidence and in line with UK GDPR. Where appropriate, ADAP may discuss with the member whether any temporary adjustment to their membership is needed while a matter is ongoing. (GDC Standard 9.3)

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; 6.2)

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 and 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)

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)(f); GDC Standard 4.5)

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 4.2.4)

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 & COLLEGIALITY

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 colleagues' 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

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 Health Board [2015] UKSC 11; 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. (GDC Standard 3.3)

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; GDC Standard 4.2.7, 4.2.9)

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 2.4, 7.1)

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 3.2)

ADVERSE EVENTS & COMPLICATIONS

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 6.3)

6.2 A member records and reports adverse events to the MHRA Yellow Card Scheme and the 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, obtained only through regulated supply chains, and maintain awareness of the implications of unlicensed products. (MHRA Yellow Card Scheme; GDC Standard 1.5.4)

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; GDC guidance "Being open and honest with patients when something goes wrong", 2016)

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.

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 the patient refuses, discuss reasons, encourage contact, and record in notes with risk assessment. (Adopted from GMC Guidance for doctors who offer cosmetic interventions, 2016)

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. The Human Medicines Regulations 2012 prohibit adverts likely to lead to use of a POM. (Human Medicines Regulations 2012; CAP Code rule 12.12; CAP Enforcement Notice on botulinum toxin, 2020)

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. (Adopted from GMC Guidance for doctors who offer cosmetic interventions, 2016)

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

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 any practitioner providing injectable treatments who does not hold active registration with a statutory healthcare regulator (such as the GDC, GMC or NMC). Where evidence exists of such prescribing, ADAP will investigate and may notify the GDC.

9.3 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)

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

9.5 ADAP adopts the Royal Pharmaceutical Society (RPS) Competency Framework for All Prescribers (2016, updated 2021) as the standard for safe prescribing.

9.6 Members must assess the patient face to face before prescribing botulinum toxin or any other injectable medicine for a non-surgical cosmetic procedure. Members must not prescribe these medicines remotely, for example by telephone, email or website. (GDC Guidance on Prescribing Medicines; JCCP Guidance Statement on Responsible Prescribing for Cosmetic Procedures)

9.7 Dentists may hold stock of POMs. When administering injectable medicines from stock, a Patient Specific Direction (PSD) must be completed. Medicines may only be supplied from stock where administration is delegated to a practitioner employed within the same organisation, and stock must not be supplied in advance to other practitioners. Arrangements differ in Scotland. (JCCP Guidance Statement on Responsible Prescribing for Cosmetic Procedures, reviewed by the MHRA)

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

REVIEW AND UPDATES TO THIS CODE

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

When changes are made, ADAP will notify members by email and through its usual member communications, and the latest version will be published on the Resources page of the ADAP website (www.adap.org.uk). Each version will show its version number and date. Members are required to abide by the most recent version of the Code from the date it is published, and it is their responsibility to keep up to date with it.

MEMBER DECLARATION

By joining or renewing membership of ADAP, members confirm that they have read and will abide by the ADAP Code of Professional Conduct, including any future versions published as set out under "Review and Updates to this Code". Members declare that:

- they hold full GDC registration, with no suspension, conditions, undertakings or interim orders in force
- they are not currently the subject of a fitness to practise investigation by the GDC or any other healthcare regulator
- they are not currently subject to any criminal proceedings, in the UK or elsewhere

- they will inform ADAP within 14 days if any of the above changes (Code 1.10)

Any member who cannot confirm the statements above should give details in confidence to admin@adap.org.uk.

DOCUMENT APPROVAL

Approved by: Paul Burgess, Chair, ADAP

Signature: 

Date approved: 16/10/2026

Next review date: 15/10/2027

KEY READING

- GDC Standards for the Dental Team (effective 30 September 2013)
- GDC Scope of Practice Guidance (updated November 2025)
- GDC Guidance on Prescribing Medicines
- GDC: Being open and honest with patients when something goes wrong – the professional duty of candour (2016)
- JCCP Statement – Dental Professionals: Scope of Practice for Cosmetic Procedures (2026)
- JCCP Guidance Statement: Responsible Prescribing for Cosmetic Procedures
- GMC Guidance for doctors who offer cosmetic interventions (2016, updated 2024)
- Mental Capacity Act 2005
- Botulinum Toxin and Cosmetic Fillers (Children) Act 2021
- MHRA: Injectable medicines for cosmetic procedures – supply and administration (Drug Safety Update, 2008)
- MHRA Drug Safety Update on botulinum toxin (following the 2025 iatrogenic botulism outbreak)
- CAP Enforcement Notice: Advertising Botox and other botulinum toxin injections (2020)
- Human Medicines Regulations 2012
- RPS Competency Framework for All Prescribers (2021)
- CMAC
- ACE Group World