AESTHETIC MEDICINE IN 2026

Practical takeaways for GPs

A quick-reference summary of key insights from the HealthCert Education webinar with David Segal (Inside Aesthetics), "Can GPs Still Succeed in Aesthetic Medicine in 2026?" Revisit the webinar >

The bottom line

Yes, GPs can still succeed in aesthetic medicine in 2026. The market has matured and the easy wins are gone, but doctors hold a real structural advantage on trust, clinical safety and regulatory resilience. Success now depends less on "getting in early" and more on doing the fundamentals — patient experience, consultation skill and business literacy — properly.

Remember: *Patients aren't buying a millilitre of filler or a unit of toxin — they're buying a feeling. This is want-based medicine, not needs-based medicine, and every part of the patient experience should be built around that*.

Why GPs have the edge

- Built-in trust: patients already trust you with their health before they ever consider a cosmetic treatment.
- Clinical depth: your medical training supports better assessment, diagnosis and complication management than most non-medical operators.
- Regulatory tailwind: advertising restrictions and telehealth scrutiny are hardest on new, marketing-led entrants — doctor-led models are more defensible if rules tighten further (e.g. on-site doctor requirements).
- Less reliance on social media: an existing patient base means you don't need to win attention on Instagram to build a book of business.

The 3 core pillars of a successful practice

1. Patient Journey

- Map every touchpoint — website, social, booking, arrival, treatment, follow-up.
- Define a single "patient avatar" (your ideal patient) and design messaging consistently around them.
- Small, consistent improvements compound — you won't perfect this overnight.

2. Consultation Process

- Build rapport before discussing indications or treatment.
- Use a repeatable structure, not a script.
- Ask permission before giving your full expert opinion on the whole face, not just the area the patient points to.
- Try assessing off a clinical photo instead of a mirror — it reframes the conversation from confrontational to collaborative.

3. Business & Financial Literacy

- You don't need to become an accountant — but you do need to read a P&L and balance sheet, and know your margins.
- Target a 70% gross margin on toxins, fillers and device treatments (small/medium clinics); lower margins can work only at very high volume.
- Know your weekly break-even point — the number you need to hit before you're funding the business from your own pocket.
- Review your numbers monthly (roughly one hour) — don't wait 6–12 months for your accountant's report.

Practical actions you can start this week

Consultation: Ask for permission. ("With your permission, I'd like to give you my expert view on everything I'm seeing.") This is the gateway from order-taker to trusted expert — and a documented study found thorough facial assessment lifts patient retention by ~2.5x.

Rebooking: Use an alternate close for rebooking ("Morning or afternoon? Tuesday or Wednesday?") rather than an open "would you like to rebook?"

Deposits: Take a deposit for every booking — it reduces no-shows and signals the value of your time.

Video: Send a short, automated one-minute welcome video when a patient books, so the first in-clinic meeting feels like the second.

Photography: Invest ~$3,000–$4,000 in a proper camera, tripod, backdrop and fixed floor markers — phone/iPad photos can distort images and are weaker medico-legal protection.

Margins: Use a free gross margin calculator (referenced in the webinar) to check your pricing on key treatments against the 70% benchmark.

Content: Use a tool like AnswerThePublic to pull the questions patients actually search for, then film yourself answering 30–40 of them in one sitting — enough content for about two months, without straying into promoting scheduled medicines.

Getting started (or growing) the right way

✓ Do it for the right reasons: passion and genuine interest predict success far better than "escaping" another job.
✗ Don't learn clinical skill and business ownership at the same time — find a mentor, build clinical competence first, then consider ownership.
✓ If starting from scratch, focus your first 12–18 months on just three things: consultation skill, neurotoxin, and facial anatomy/complication management. Add fillers and devices later.
✗ Avoid franchise models — the legal structure tends to favour the franchisor, with high downside risk for the clinician.
✓ Budget 3–4 years to build a solid, retained patient base, and hold ~6 months' cash flow in reserve if opening your own clinic.

Regulatory snapshot (Australia, 2026)

- **Advertising**: no before/after photos or references (direct or implied) to scheduled medicines such as anti-wrinkle treatments or dermal fillers, for any provider.
- **Telehealth/scripting**: increasing scrutiny of nurse-led clinics operating via remote-prescribing doctors; further tightening of on-site doctor requirements is possible.
- **Net effect**: rules disadvantage new, marketing-led entrants more than established or doctor-led practices with strong retention.
- **Patient selection matters**: the biggest medico-legal risk isn't the treatments themselves (a relatively low-risk field when done properly) — it's patients with body dysmorphia or a no-win-no-fee mindset. Know which patients to say no to.

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