



Essential practice

Lesson: **Growing Your Practice**

Video: **How to Grow Your Aesthetics Business
Without Spending a Penny On Marketing**

Learning objectives:

- manage the patient pre-arrival and set their expectations effectively.
- phrase opening questions for your consultations correctly.
- modify your patient examination to comprehensively assess the patient.
- practice co-diagnosis by discussing the patient's pictures with them.
- effectively use treatment examples to increase case acceptance.

Hi everyone, Welcome to this workshop!

Thanks for joining me today. It's a real honour to be speaking to you about how to grow your aesthetics practice without spending a fortune on marketing.

We all want to be successful in aesthetic medicine. We want to get more patients and grow our practice. If you're starting out you don't have thousands of pounds a month to spend on marketing. You'll need to find aesthetic patients and build your list from people you already see.

This is the most efficient way to grow a practice. Advertising should be a last resort after you've exhausted the patients who already come to see you and who trust you.[01:35]

But there's a problem.

How do you speak to patients about aesthetic medicine? How do you broach the topic without offending people? We are terrified of being accused of ripping people off, overstepping and diagnosing things that aren't there to line our own pockets.

Most of the delegates I teach have the same problems:

- 1) You're worried that talking about ageing and aesthetics will offend people
- 2) You're not confident in your consultations
- 3) You worry you're going to come across too pushy and sales

I get it. Consulting effectively is hard. It's not your fault you're struggling with aesthetic medicine consultations. They don't teach this in dental and medical school and there isn't a book on it. So I have gathered up all my experience of over a decade of practise so I can fast-track your success.

In polite society we absolutely never EVER make comments about the way people look. But in aesthetic medicine this is your job. The two are on a head-on collision course and the middle is pure cringe. [02:58]

I believe it's just wrong for such highly qualified practitioners like us to be feeling embarrassed about suggesting treatments. Our patients want these treatments and they deserve our very best work.

It's also plain wrong that beauticians are kicking our butts selling treatments. The future of aesthetic medicine is sitting right here in front of this computer screen and it is a tragedy that we're not gathering more patients and getting them to say yes when we've got all this talent.

So what makes me qualified to come and talk to you today?

I'm obsessed with learning and I've just finished degree number 8

I've got a massive private dental practice with 7 surgeries (soon to be 8) and 45 staff that just pays the bills.

I've got a thriving aesthetic medicine practice because that's what pushes my buttons and I love this industry.

And my aesthetic training company is obviously the Smileworks HUB, because I believe medical professionals are the future of this industry. [04:13]

My husband and I love running these businesses and we spend all of our time making sure they function optimally. And that means making sure that our people are looked after so they can look after our patients. We're the most reviewed practice in the country - maybe even Europe. So we know a thing or two about making people happy.

I am going to share with you the three things that have been most useful to me in growing my aesthetic practice. People always say to me "how come you have all these lovely patients?"

And

"how come you do these massive treatment plans and bill all this money?"

And

"why do patients say yes to you, but not to me?"

I've given this a lot of thought and we're going to talk about three most important things as I see them.

- 1) The comprehensive examination
- 2) The technique of co-diagnosis
- 3) How to use clinical photography

Now this isn't easy and it's certainly not simple. Worthwhile things never are. What I am going to do is work through the process so you can get an idea of what you must do to be a success. So listen up because we want to get this right. [05:36]

Aesthetic medicine is a 3 billion pound industry. It's almost the same size as the entirety of private dentistry.

The industry is exploding. The market is bigger and growing faster than any time in the last 20 years.

So how do we take advantage of this growth?

Any market that is growing rapidly will be highly competitive and crowded. Competitive means there are solid competitors - good competition - who are competing for your patients.

Crowded means it's also full of non-medics, illegal practitioners and pure speculators practising some sort of aesthetic medicine and just trying to get a piece of the action.

The competition means you must be very good to succeed. And the crowded nature of the market means that patient attitudes are changing extremely rapidly.

I know what you're thinking. I'm a medical professional so I am inherently safer, more qualified and can do a better job than the other players crowding the aesthetic industry. Therefore I will open my doors and all the patients will flock to me. But this doesn't happen does it? Why not?
[07:01]

The reason is that in a market where over half of the players are not medically qualified and cannot rely on selling their medical expertise, they need to rely on other skills to be successful. And these skills are selling skills.

You believe because you're medics that becoming better medical practitioners will cause you to have more success whereas in a market that has these characteristics what will actually give you the edge are sales skills and consultation skills.

Another thing that a crowded market creates is a huge premium on advertising. Everyone is doing advertising and there's only so much space so the cost per click and the cost of impressions, mailing lists, conversions and SEO positions is also increasing.

So the most efficient and least risky way of growing your practice is to forget about the furore and focus on the patients who know you and who trust you.

You need to stop trying to woo the people walking past your shop and start winning the people over who are already inside. That's where you maximise your success, revenue and happiness.

And it starts with effective consulting.

There are four things you can do in your consultation that are guaranteed to grow your aesthetics practice. [08:35]

1. Change the start of your consultation
2. Make changes to your patient examination
3. Incorporate co-diagnosis to explore your patients photos and options
4. Effective use of clinical photography

But before we get into any of this, the first thing to do is to set the patient's expectation. Even before they get to your door. Because if you don't, the whole process will fail.

Setting and managing patient expectations will have a huge impact on your overall success. Every patient will arrive at your practice with an expectation, and how you manage this will either help or hinder you.

I need to explain to you what expectations are. Expectations are not about something being good or something being bad. Far from it. [09:30]

If I went into McDonalds on a Friday night looking for 12 chicken nuggets and McDonalds happen to have Marco Pierre White in the kitchen that day and he cooked me up some pan-fried quail loins in duck fat and presented them to me in my nugget box, I'd be like

What the hell are these?

And what they are is a much more superior alternative to McDonalds chicken nuggets. But what I was expecting was McDonald's chicken nuggets.

There's two sides to the expectation management equation. There's the expectation on the one side, and then there's what they get on the other. With your patients you have the opportunity to modify both sides of the equation to bring their expectation and experience as close together as possible.

So going back to our McDonald's example. If, at the point of sale the server behind the counter had said

"Hey, we just happen to have Marco Pierre White in the kitchen today and he's making pan-fried quail loin chicken nuggets. Hows about it?" [10:48]

And I'd be like "hell yes" and I'd be happy with what I got. Because I was expecting it.

If your patients get something they are not expecting, it won't work.

It doesn't matter how good it is, or how brilliant you think you are, if it's not what they're expecting, they will reject it.

The best way to set expectations is to ensure things are always the same and the patient knows what they're going to get.

Imagine you've got a patient on the phone. Your front of house should be tell them three things.

1. What's going to happen in the consultation
2. Who you are and what you do
3. Why you're the best person for the job

This guarantees that when that patient walks into your practice, the two of you will be on the same page. [11:44]

I always talk to patients about everything going on with their face. And this includes even people coming in for one area of toxin treatment. So this is the problem right: how do you think the patient would feel if they were expecting a five minute beautician style in-and-out and they got the full assessment?

It's just like the McDonald's nuggets - it's actually better than rushing through, but because they weren't expecting it they might end up feeling apprehensive, confused and maybe even defensive.

But it's okay, because front of house have briefed them on what's going to happen. So instead of confused and defensive, they're excited and curious.

It's also a good idea to tell your patients a little bit about what you do - because they can't read your mind. The reason I have a thriving complications practice is because front of house tell each patient that books in that I have an MSc in Aesthetic Medicine and it focused on complications. It really is as simple as that. [12:52]

And this goes for everything - patients don't know what you do unless you tell them.

Finally, it's very important to tell patients why you're the best person for the job and you're going to look after them. We call this an endorsement, and each of my front of house have their own way of endorsing each practitioner.

It usually goes something like “I’ve had this treatment myself with MJ, it’s amazing, and you’ve nothing to be worried about because she’s a real pro and she’ll look after you”

Your team has now set you up nicely for a smooth comprehensive consultation. You might not think that this is important but the difference it makes is instead of having some good and some difficult patients, basically every single patient that ends up in my surgery is a “good patient” - interested, engaged, open to ideas, and curious about what I can do for them. And this allows me to do my very best work.

Let’s look now at my First tip: Modifying the start of your consultation

We all think our consultations are great. You greet the patient and then you fire a load of questions at them, some of which are quite intrusive and not very polite. [14:13]

With this approach that you’ve been taught you are closing the door to so much opportunity.

We’re all clever professionals, and it’s easy to try and impress people by telling them everything we know. But that’s not how you communicate. Because that’s not what your patient is interested in. They are interested in themselves. They are interested in how you can help them.

It’s important to get to the bottom of what makes your patient tick, what they really want.

Start by meeting them on ground they know, get them to talk about themselves. And the way to do this is with good questions.

Phrasing questions correctly is essential. And this stuff isn’t new. Business people, barristers, journalists and politicians understand how asking a good question is the difference between winning and losing.

And you must understand the subtle difference between questions. Because a tiny difference in inflection or wording can produce a completely different response from the patient. [15:32]

I’m not going to go into the science of questions because we don’t have time. But over the years I’ve tried out a bunch of different questions and made a mental note of whether the answers were good or not. So here are some of my questions that have stood the test of time.

Try opening the consultation with “what brings you here today?”

This is an extremely effective question and gives a much better response than “how can I help you?” or “what can I do for you?”

Remember, the consultation is about them. The first rule of marketing and communication is you need to focus on the other person in the relationship and not on yourself. Incidentally, fellas, the same applies for dating.

This question allows your patient the freedom to be as general or specific as they want – some patients chatter like waterfalls and some are a little bit more reserved. It allows you to gauge how confident they are. But note that it’s a non leading and open question. So the answer is not suggested by the question itself.

You can determine whether they’ve a very specific concern or a more generalised problem. As aesthetic medicine practitioners we should know there’s a difference between “I have a wrinkle right here and I want botox” and “I look sad and saggy”. For the latter, They’re asking you for solutions to make them feel better. So this is the first step in building your discussion. [17:13]

Understanding your patient is crucial in persuading them that you can actually help them.

Another question I would really like you to consider asking is:

“when you look in the mirror, how do you feel?”

It’s not “how do you feel about your face?”, and it’s certainly not “how do you feel about yourself?” and it’s also not “when you look in the mirror, how do you feel - you know - about yourself”. It’s just “when you look in the mirror, how do you feel?”

I cannot emphasise how asking tight and punchy questions will help you. Don’t inject some of your own flair or ad lib. I guarantee you, if you try and improve on it, or garnish it, or sex it up, you’ll get nowhere. just ask the question.

“when you look in the mirror, how do you feel”

And then stop talking and listen to the answer. [18:18]

And this is the best part because the answer to these questions comes right from the squishy parts of their soul. This question has given me laughter, tears, had patients spill their problems and tell me everything they hate or love about themselves. It is marvellous.

There are those that say “I feel awful” or “I hate looking in the mirror” – these are the patients that are inviting you to openly plan with them. You need to use the cues they give you to start a comprehensive consultation. The opening dialogue is vital.

So now let's move on to

Tip Number 2: Modifying your patient examination

What has a patient examination got to do with sales and getting patients to say yes?

I run three businesses and all three of them have a sales department. And sales is what we do. Every minute of every day. And sales comes in all shapes and sizes. I am always amused when people talk about sales in a clinical setting. Because it's not sales like Apple trying to sell you the new iPhone, or Virgin trying to upsell you on a flight.

Sales in a clinical setting just means a comprehensive examination. So every time someone says sales I want your brain to find and replace it with “comprehensive examination”. [19:54]

To sell to someone in a clinical setting you have to have identified somewhere that you can make a difference with the service that you provide.

Put another way; to sell to them, you have to have something to talk to them about.

A comprehensive exam means comprehensive treatment which means a comprehensive outcome. If you want to do big cases then you must do this part right.

It's important at this point to discuss what's standing in your way where sales is concerned. You are. And the reason for this is that you have preconceived ideas about selling stuff to people - and it makes me cringe when you say you don't like sales because you don't want to sound like you're selling used-cars and cheap suits like something out of the 1970's.

The world has changed and I do not accept this olde-worlde idea of hard sales. The reason we tell ourselves that all sales is hard sales is because we are frightened to engage with an industry that is absolutely on the cutting edge of psychology, technology and behavioural economics. [21:12]

I need you to get with the program.

Modern sales is so effective you don't even know it's happening to you. Seriously, you try and keep up with the Kardashians on Instagram and the next thing you know is you're buying sterling silver laser etched holographic cat pendants. Have you ever wondered where all the stuff in your house came from?

I tell you where - it came from the google search engine results page. It came from the google ad's pack. It came from organic position 1, it came from Amazon affiliates, it came from the instagram and facebook ads manager.

Please please stop talking to me about hard selling suits and cars.

So I want you to think of sales in clinical settings as just meaning comprehensive examination.

So, here are my main areas that I go through when I am conducting a comprehensive examination for my patient. [22:21]

I look at:

- Skin (including Fitzpatrick and Glogau)
- Positive attributes (things that make them look better for example does their face improve when they smile)
- Negative attributes (Things that make them look worse)
- Upper face
- Midface
- Lower face
- Anything else

And i do this so that I know I have covered everything in a standardised way.

These are all objective assessments. Look, palpate if you need, and make a note of them. They will be useful in the next step when you come to assess the patient's photos with them. [23:03]

Which brings me nicely onto

TIP Number 3: Using co-diagnosis to explore your patients' pictures and options

Nobody likes being told what to do. Whether it's putting the bins out, mowing the lawn or committing to a medical procedure. In psychological terms, if I come up with an idea, I am proud of it and I own it. If someone else comes up with the idea, it's a chore, I question it, and I resist it.

This is the essence of co-diagnosis.

If you have young kids, teenagers or a spouse, you can do co-diagnosis. Not only that, understanding co-diagnosis will help you not only in your medical career, but also in your life.

Co-diagnosis is about sharing the decision-making process with your patient and reaching a treatment plan together.

Instead of being paternalistic, prescriptive and nagging, it's about precisely positioning all the pieces so that your patient will put 2 and 2 together and almost have a Eureka moment where they think "Oh my god. This treatment is going to solve all of my problems".[24:21]

The benefits are your patient is more likely to say yes to treatment. They are more likely to trust you. They are more emotionally invested in their treatment. And they're less likely to disengage and complain when things go wrong.

Co-diagnosis has three steps

1. The first step is to recognise the problem together with the patient.
2. Then, Discuss options for treatment in a non-biased way
3. And lastly, highlight the benefits of having treatment and how the results can expect to look and feel.

Co-diagnosis makes consultations look more structured and consistent with a patient who feels in control.

Let's talk about what co-diagnosis is not. Co-diagnosis is not just coming up with different treatment plans and letting the patient pick one. It's not pointing out and focusing on your patient's faults or trying to shame them into having treatment. It's not just showing people photos.[25:32]

But we can start with pictures. We're going to have a little discussion about taking a good clinical picture in a little while, but just assume you've taken a good picture series.

Why pictures and not the mirror, you ask?

You look at yourself in the mirror dozens of times a day. And what you see over time is not usually what's there. What's reflected back is a highly subjective and biased image. This is not an objective assessment.

With clinical photos it's different. You're physically removing the patient from that biased relationship they have with their own reflection. You're creating an image that looks different in every way and you are encouraging objectivity.

Put the pictures up on the big screen so you can both see them.

Then, guide your patient by asking questions

Ask them, "how do you feel about this photo" or "tell me what you see"

And then do not speak. [26:34]

This is the part where you need to really exercise composure and restraint. Because this is where the magic comes from in the consultation.

If you speak, you ruin it.

You need to allow the patient to amble and stagger through their personal articulation of what they see, without butting in. If they get stuck, you can gently tease them with open questions - how, what, why, where when?

But the biggest mistake I see trying to execute co-diagnosis is you put up the picture, and then you ask the question - and it's the right question - and they start talking - and they're just about to get to the really important part - and you cannot help yourself and you butt in! And you've just messed it all up. [27:29]

The patient will now avoid this difficult task of articulating their concerns because it's far easier to just let you get on with it. You interrupted them and shazam! - you've effortlessly slipped back 50 years into paternalistic medicine.

You've got your basic structure that we've just gone through the comprehensive examination. And that's also the basic structure I use for co-diagnosis.

It's a delicate balance though.

What you've got to avoid doing is trying to structure it too much because you'll just end up smothering the patient with a lecture instead of a conversation.

So after the broad "what do you see" I ask them

What they like and what they don't like (which lines up with my positive and negative attributes from our patient examination that I made a note of earlier).

I'll then take each of the views in turn and ask the patient to tell me what they see on these angles. Putting the picture up and asking questions is great. They spot the issues, and this is the time for you to add in some science to what they are saying, you can even annotate the pictures if you like. This is the part where you can really get your geek on. [28:52]

So for the Frontal picture you could chat about:

Facial balance: such as the rule of thirds

You divide the face into three equal vertical parts. This allows you to evaluate discrepancies in the individual thirds and talk with them about upper, mid and lower face and the structures within them

You can evaluate symmetry quickly by drawing a line down the centre

For each of the items, I ask the patient for their input then I explain little about what's going on. For example, the patient has noticed they've got flat cheeks – so I tell them about what happens in facial ageing, about how the fat layers of the face age and reduce in size and sag. That's your segway into dermal filler treatment. By doing this, you are carefully planting the solution in their minds. [29:45]

Next have a look at the Side profile with them:

Here we can evaluate the Skeletal class and the relationship between the midface and the chin and discuss options for soft tissue modifications.

If the chin is retruded, this is your opportunity to discuss surgery, but also options of modification with filler.

The nasolabial angle and rickett's e-line are crucial in discussing the lower third in the profile view. Draw them on and give patients the information on the averages and compare what the patient's are.

Nasolabial angles in women should be between 90 and 110 degrees and on the rickett's the upper lip should be 4mm away and the lower lip 2mm behind it. You'll be able to identify a small lip with the patient and discuss their options for improvement with filler.

$\frac{3}{4}$ views are really useful as this is what the patient sees most often - it's the selfie angle. It's essential if you notice discrepancies in the midface or are planning nose, cheek or chin augmentation. [30:56]

You can assess the midfacial volume by looking at the cheek contour. This is the one where the patient will definitely have an opinion so don't just gloss over it.

Something else magical is happening here. We are all afraid of subjectively criticising people's appearance. It's rude to say, you've got thin lips or a weak chin but it's not rude to point out objective scientific measurements.

You wouldn't say you have a weak chin, but rather "you have a class 2 skeletal profile - common in lots of people - and this means your chin is set back in relation to your upper teeth". The

response to this will not be defensiveness or anger. I'll tell you exactly how they respond - they will lean in and ask "how can I fix this?"[31:47]

And when you hear these words - you've succeeded with co-diagnosis. You have used scientific analysis to come to a diagnosis with the patient and now they're asking you for solutions and treatments.

Facial assessment, facial ageing and how to evaluate clinical pictures with the patient are a huge component of what I teach at the HUB. If you want to know more come and learn with me.

So let's get onto

Tip Number 4: Effectively sharing treatment examples

Sometimes, you will have discussed these pointers with patients and they still don't fully understand what you can do for them. So you have to show them.

You've probably all got portfolios and Instagram profiles – which you use to great effect in enticing new patients to your practice but which you often completely ignore once they're sitting opposite you. [32:34]

Pictures can be used for marketing, co-diagnosis and getting patients to say yes. But they're not going to work if they're crap.

So let's talk photos.

The aesthetic medicine industry is choc full of terrible photos. I see it every day. This industry sucks at taking clinical photos.

There are people posing and posting the most beautiful lifestyle selfies of their cars and mansions and when it comes to their before and afters, they just forget everything.

Let's take a look at some examples that I found.

The way you do anything, is the way you do everything.

And dodgy lighting, pictures taken at different angles, purposefully changing the lighting to make the afters look better, grainy iPhone pictures - they all scream amateur. [33:38]

And it's not just colleagues in the industry that notice.

Your patients aren't stupid. Some of them probably take pictures for a living.

Your photos should do the talking for you. Both in terms of what they depict and their quality.

They should be predictable, reproducible, and honest. Same lighting, same angle, same everything. The style of your photos should match throughout your portfolio.

Check your attention to detail. Colleagues notice. Patients notice. And if your pictures are grainy or all over the place, the inference is that so are you. Some patients may even be savvy enough to realise that pictures taken on a mobile device may constitute a gross breach of GDPR.

I am the first to admit I am not a professional photographer. But I am a professional injector. I am someone who wants to be taken seriously. I want my peers and my patients to know that I take care of every last little detail. And my photos reflect that. As should yours. [34:52]

You can pick up an absolutely stellar DSLR camera for a few hundred quid. Literally, about what you would charge someone for a couple of mls of filler. Here's my trusty steed - she's a bit knackered but takes one hell of a picture. She has made me hundreds of thousands of pounds.

You can pick up a similar lighting rig from Amazon for less than £200. A couple of flash boxes and some black background and you're all set. You don't have to set it up this fancy, it's just an idea.

Taking a decent photo is so easy. Yet so many practitioners are sabotaging themselves by not getting it right. This is hampering your chances of being successful in your consultations. [35:41]

If you're still confused about the ins and outs of taking a good photo, and need more help, join me at the hub. We have modules on taking photos and setting up your perfect shots so that you can get it right and give yourself the best chance.

On our courses you practice in our photo studio equipped with all of the gear, so you can get into the workflow, gain confidence, take notes, copy us and we'll even help you figure out exactly how to incorporate it into your practice.

So there.

It's science, not sales.

Patients make decisions based on what they expected and the first interactions with you. So you need to start by setting the expectation you want them to have.

Start with open questions so patients talk about themselves. Remember, "what brings you here today?" and "When you look in the mirror, how do you feel?"

Give them a chance to feel in control while you listen and learn about what they really want.

[36:54]

Integrate the whole face into your comprehensive exam. Don't just look at one area.

Remember you're Comprehensively examining and not 'selling', you're using objective science to let them make their own decisions. This is also how you will get around your inner demons telling you it's insulting or overstepping.

Be their guide by educating, exploring and engaging your patient in photographs, a 'what you see and what can be done' approach to treatment. Ask them to share what they see.

Then show them what you are capable of. Sharing high quality treatment examples is the *best* way to showcase what you do and reinforces why you're the best person for the job. [37:45]

This sets you apart from many others in aesthetics. Enlightened and insightful patients want a qualified and trained practitioner to look after them.

Let's be real for a moment. Not everyone will want your treatment and that's okay. But you can't just sit there and expect every patient to be dropped into your lap. You can't expect to build an aesthetics practice if you are too scared to consult effectively.

These simple modifications to your consultation and assessment could mean the difference between your practice really taking off or not.

It's time we stop seeing aesthetics as beauty but as a medical discipline and start acting like the comprehensive medical practitioners we want to be recognised as. [38:38]

Everything I do is about supercharging your career in aesthetics and that includes the technical aspects of doing the treatment just as much as developing and working on the soft skills, like consultations, managing your business and patients and just getting it right.

It's been a real fun speaking to you today – thanks for listening.

Summary

- Patients make decisions based on whether their expectations have been met.
- Open questions allow the patient to discuss more freely and feel in control.
- Comprehensively examining the whole face means you will identify many more treatment areas.
- Exploring the patient's images with the co-diagnosis process increases patient autonomy and, in turn, case acceptance.
- A good portfolio containing high quality images is key to showing patients your abilities and assisting discussions.