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Fillers, Filters and the Certificate; A Unified Competency-Based Governance Model for Inclusive and Accountable Aesthetic Practice

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Abstract: The rapid expansion of aesthetic and cosmetic medicine has transformed the sector into a complex and highly diverse professional landscape. Practitioners now originate from a wide range of backgrounds, including medically qualified professionals, allied healthcare practitioners, beauty- trained individuals, and entrants from non-scientific disciplines. While this diversification has improved accessibility to aesthetic treatments and encouraged innovation within the industry, it has also introduced significant governance challenges. In particular, fragmented regulatory structures, inconsistent certification pathways, and the absence of standardised competency requirements have contributed to growing concerns regarding practitioner accountability and patient safety. This study examines the implications of regulatory inconsistency within the aesthetic sector and evaluates the need for a more structured governance framework. Drawing on reported complication data associated with high-risk aesthetic procedures, the research highlights the potential risks posed by inadequate oversight and variable practitioner training standards. These findings reinforce existing concerns identified in policy reviews and patient safety advocacy reports, which call for clearer regulatory structures within the industry. In response to these challenges, this paper proposes a unified competency-based governance framework designed to balance professional inclusivity with enforceable standards of clinical practice. The proposed model incorporates structured accreditation pathways, mandatory practitioner registration, defined scopes of practice, and annual continuing professional development (CPD) requirements. In addition, the framework emphasises transparent documentation, accessible practitioner registries, and clearly defined accountability mechanisms to strengthen public trust and improve patient protection. By prioritising demonstrable competency rather than professional title alone, the model provides a pragmatic pathway toward sustainable regulatory reform. Ultimately, the framework positions patient safety, professional transparency, and shared regulatory responsibility as foundational pillars for the future governance of aesthetic medicine.

Keywords: *Aesthetic Governance; Competency-Based Regulation; Professional Accountability; Clinical Safety; Professional Registration; Social Media Influence.*

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I. INTRODUCTION

The aesthetic and cosmetic medicine industry has experienced rapid global growth over the past decade, driven by technological innovation, rising consumer demand, and the expansion of digital marketing. Procedures that were historically confined to hospital-based surgical settings, including minimally invasive injectables and body contouring treatments, have increasingly migrated to private clinics, medical spas, and aesthetic practices (Keogh, 2013; General Medical Council, 2020). This shift has improved accessibility for patients but has also introduced a heterogeneous professional landscape and diverse clinical environments.

Practitioner entry pathways have broadened to include medically qualified doctors, nurses, dentists, allied health professionals, beauty-trained practitioners, and non-scientific entrants. While this diversity has facilitated innovation and expanded treatment availability, it has also contributed to variable levels of training, clinical competence, and adherence to safety standards (Save Face, 2023).

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Regulatory frameworks have not evolved consistently with industry growth. Certification programmes differ in structure, assessment rigor, and supervision requirements, creating ambiguity around practitioner competence and accountability. Such fragmentation generates potential risks for both patients and practitioners and highlights the urgent need for a coherent governance framework that ensures safety while supporting professional inclusion (Department of Health and Social Care, 2022).

High-risk aesthetic procedures provide a clear illustration of these risks, with reported complications documented in both peer-reviewed literature and patient safety registries. These findings support the necessity for standardised competency benchmarks, structured oversight, and enforceable accountability mechanisms. A unified competency-based governance model, integrating mandatory registration, annual continuing professional development (CPD), and transparent documentation, offers a practical solution to these challenges.

This paper explores the design, rationale, and potential impact of implementing such a framework, positioning patient safety and professional transparency as foundational pillars for sustainable regulatory reform within the evolving aesthetic sector.

II. METHODOLOGY

This paper adopts a narrative policy review supported by a structured literature synthesis. Study Design Data Sources Evidence was derived from:

Peer-reviewed academic publications Professional regulatory frameworks Workforce governance literature Complication case reports International safety consensus statements This approach aligns with established competency theory and professional governance reform principles *(Epstein & Hundert, 2002; Frenk et al., 2010)*

- *Search Terms Included:*

Aesthetic governance Competency-based regulation Professional registration models Certification risks Aesthetic complications Analytical Approach The analysis integrates professional competence theory (*Epstein & Hundert, 2002)* and workforce governance principles *(Frenk et al., 2010).*

- *The Proposed Governance Model was Evaluated by Comparing:*

The current fragmented certification-based system A structured competency-based framework.

III. PRACTITIONER DIVERSITY AND COMPETENCY-BASED INCLUSION PROFESSIONAL BACKGROUND SHOULD NOT DETERMINE EXCLUSION FROM AESTHETIC PRACTICE

Fig 1 Medics vs Non-Medics: Shared Competencies and Responsibilities in Aesthetic Practice.
Source: Author's Illustration (Thurston, 2026).

- *Eligibility Should Instead be Determined Through Objective Competency Assessment*

The aesthetic medicine sector is characterised by a highly diverse workforce, encompassing medical practitioners, non-medical healthcare professionals, and individuals from beauty, entrepreneurial, or non-scientific backgrounds. Each group brings unique expertise, perspectives, and contributions, reflecting the evolving nature of aesthetic practice. While these diverse pathways enhance accessibility and innovation, ensuring patient safety and professional accountability requires a unified standard for eligibility to practice.

Eligibility should not be determined by professional title, prior qualification, or sector of origin.

Instead, it should rely on objective competency assessment, which verifies that all practitioners regardless of

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background meet consistent standards of theoretical knowledge, procedural skill, and clinical judgment. This approach promotes equity, recognising that practitioners from different sectors can achieve the same high standards of practice when trained and assessed appropriately. Objective competency assessment supports safe inclusion by providing a neutral, evidence-based benchmark. Medical practitioners can demonstrate discipline-specific procedural competence; non- medical healthcare professionals can validate their clinical skill and adherence to safety protocols; and beauty-trained or entrepreneurial practitioners can show mastery of essential anatomy, complication management, and supervised practice. By focusing on competence rather than background, the sector ensures that all practitioners operate under the same expectations of skill, accountability, and ethical responsibility.

A neutral, competency-driven framework therefore reconciles professional diversity with patient protection. It allows all practitioners to contribute to the industry's growth and innovation, while maintaining rigorous standards that safeguard patient outcomes, uphold professional integrity, and foster trust across the entire aesthetic workforce.

- *Medical Practitioners*

Medical practitioners form the foundation of aesthetic medicine, bringing essential skills that underpin safe and effective patient care. Their training provides diagnostic capability, in-depth anatomical knowledge, understanding of pharmacology, and the ability to respond to medical emergencies, including allergic reactions, vascular compromise, or systemic complications. These competencies are critical when performing procedures such as injectable treatments, laser interventions, and body contouring therapies, where unexpected adverse events may occur (Funt & Pavicic, 2013; Goodman et al., 2015).

Despite this robust clinical background, proficiency in aesthetic procedures is not inherently conferred by general medical education. Safe delivery of cosmetic treatments requires discipline- specific training that addresses procedural techniques, patient assessment, aesthetic judgement, complication management, and industry-specific ethical considerations. Without targeted instruction, medical practitioners may lack the procedural nuance and risk mitigation strategies necessary for optimal outcomes.

Structured competency-based frameworks ensure that medical practitioners, alongside non-medical colleagues, achieve and maintain the requisite expertise for independent practice. By combining foundational medical knowledge with formalised aesthetic training, competency assessment, and ongoing professional development, medical practitioners can provide high-quality, safe aesthetic care while aligning with regulatory and ethical standards.

This integration of foundational medical expertise with procedural competence indicates the need for unified governance systems that ensure consistent patient safety across all practitioner groups in aesthetic medicine.

- *Non-Medical Healthcare Practitioners*

Registered nurses and allied healthcare professionals increasingly deliver aesthetic treatments across a range of clinical settings, including private clinics, medical spas, and hospital-based aesthetic services. Evidence indicates that when these practitioners operate within structured governance frameworks, they provide safe and effective care, achieving outcomes comparable to medically qualified practitioners (Segal et al., 2019; Goodman et al., 2015).

Patient safety is enhanced when the scope of practice is clearly defined, ensuring that practitioners only perform procedures for which they have received appropriate training and demonstrated competence. Clear delineation of procedural limits prevents role ambiguity and mitigates the risk of adverse events.

Supervision mechanisms further reinforce safe practice. Structured oversight, whether through direct supervision during clinical procedures or periodic review by senior practitioners, enables the early identification of errors, supports ongoing skill development, and ensures adherence to established protocols.

Finally, objective competency assessment is essential. Standardised evaluation of both theoretical knowledge and practical skills ensures that practitioners are qualified to perform procedures independently and consistently. Competency-based assessment provides accountability for clinical outcomes and enabling patient trust, forming a cornerstone of sustainable governance within aesthetic medicine.

When these three elements defined scope of practice, structured supervision, and objective competency assessment are implemented collectively, non-medical healthcare practitioners can safely expand access to aesthetic treatments while maintaining high standards of care.

- *Beauty-Trained and Non-Scientific Background Practitioners*

Practitioners from beauty, entrepreneurial, or non-scientific backgrounds have become increasingly visible within the aesthetic medicine sector, reflecting broader industry expansion and the diversification of entry pathways. Their participation has facilitated increased accessibility to cosmetic services and entrepreneurial innovation. However, the presence of entrants without formal healthcare training or comprehensive clinical education generates potential risks when training programmes lack essential components of clinical preparation.

A primary concern arises when training pathways provide limited foundational anatomical and physiological education, particularly regarding facial structures, neurovascular supply, and tissue response. Such gaps undermine safe procedural practice, as knowledge of anatomy is critical for avoiding complications such as vascular occlusion, nerve damage, or unintended tissue injury (Funt & Pavicic, 2013; Goodman et al., 2015).

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Additionally, programmes that omit structured complication management protocols fail to equip practitioners with the skills necessary to recognise and respond to adverse events, a fundamental aspect of clinical competency in aesthetic practice.

Equally important is the absence of supervised clinical practice in many short-form certification courses. Without clinically supervised hands-on experience, individuals may be unprepared for real-world procedural challenges, including patient assessment, sterility practices, and emergency response. These omissions contribute to variability in practitioner competency and increase the likelihood of procedural risk (Fitzgerald et al., 2016).

Competency-based assessment ensures inclusion without compromising patient safety by establishing objective benchmarks for anatomical knowledge, procedural skills, and complication management. Through standardised practical evaluation and supervision, practitioners regardless of professional background must demonstrate verified competence before independent practice. This model supports professional diversity while maintaining consistent safety standards across all practitioners in the aesthetic field.

IV. SOCIAL MEDIA, FILTERS AND EXPECTATION DISTORTION

Digital platforms play a significant role in shaping contemporary demand for aesthetic procedures. Image-enhancement technologies, including filters and augmented reality applications, alter visual presentation by enhancing facial symmetry, smoothing skin texture, and modifying perceived proportions of facial features or body contours. These digital modifications create highly curated visual standards that often diverge from natural human anatomy, contributing to distorted expectations regarding achievable aesthetic outcomes.

Empirical research demonstrates that exposure to filtered images on social media is associated with increased body dissatisfaction, heightened appearance comparison behaviours, and a greater desire for cosmetic interventions (Fardouly & Vartanian, 2016; Perloff, 2014). This phenomenon is particularly pronounced among younger audiences, who are more engaged with visual-centric platforms and may interpret digitally enhanced images as realistic standards of beauty.

In this context, ethical aesthetic practice necessitates heightened transparency in marketing and patient communications. Practitioners have an obligation to clarify the limitations of proposed treatments and to distinguish between achievable clinical outcomes and digitally manipulated representations. Informed consent processes should explicitly address the expectation distortion created by social media and filtered images, ensuring that patients make decisions based on realistic assessments of procedural results. Failure to acknowledge these influences may not only compromise patient satisfaction but also expose practitioners to professional, ethical, and regulatory risk.

By integrating awareness of social media-driven expectation distortion into clinical practice, aesthetic professionals can promote more ethical decision-making, safeguard patient wellbeing, and support transparent, evidence-based communication within the industry.

V. HIGH-RISK PROCEDURES AND DOCUMENTED COMPLICATIONS

Injectable gluteal augmentation and high-volume filler procedures have been associated with serious adverse outcomes, including:

- Pulmonary embolism
- Vascular occlusion
- Severe infection
- Tissue necrosis
- Mortality

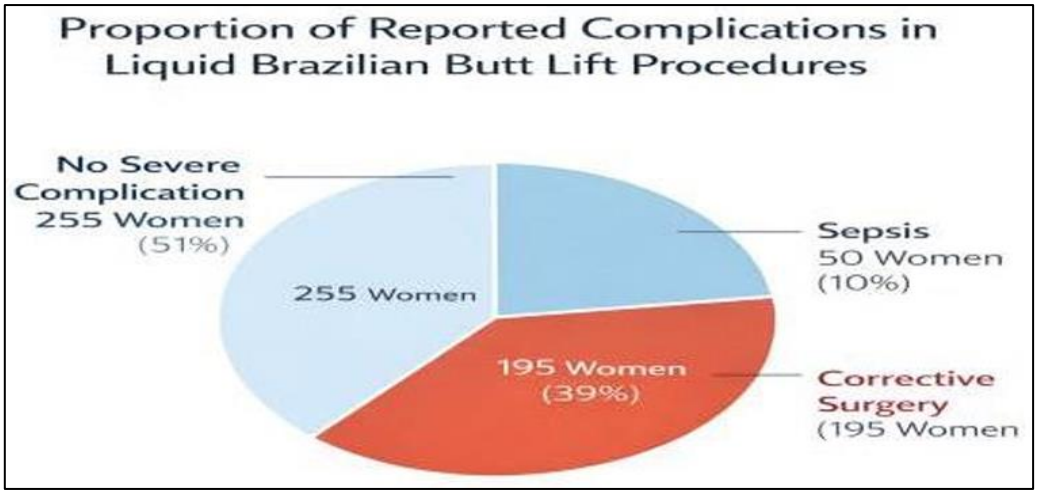

Fig 2 Proportion of Reported Complications in Liquid Brazilian Butt Lift Procedures. Data from Save Face (2023)* Indicate that Among 500 Women Supported for Complications, 50 Developed Sepsis and 195 (39%) Required Corrective Surgery (Save Face, 2023. Statement on Liquid Brazilian Butt Lifts).

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- Scale of Issue: Save Face has reported supporting over 500 women with complication, with over 50 contracting sepsis and 39% needing corrective surgery *(Save Face, 2023. Statement on Liquid Brazilian Butt Lifts).*

Mortality outcomes related to liquid gluteal enhancement procedures (Liquid BBLs) have been documented in peer-reviewed literature and, more recently, reported in media coverage within the United Kingdom, reiterating the significant clinical risks associated with these interventions.

Turnnidge, S., Harcombe, C. and Elliott, S., 2024. Title of article. BBC News, West of England and BBC News Investigations. 25 September 2024 (updated 26 September 2024). Available at: https://www.bbc.co.uk/news/articles/cx2m829lmk9o Accessed: (Thursday 5th March 2026).

➢ *Documented Fatality Associated with Liquid Brazilian Butt Lift Procedures*

In September 2024, the United Kingdom recorded its first publicly reported death associated with a non-surgical "liquid" Brazilian butt lift procedure. The individual died following the injection of large volumes of dermal filler into the buttock region, with complications requiring emergency hospital admission. The case drew national attention to the risks associated with high-volume injectable procedures performed outside regulated surgical environments.

This fatality reflects the potential for catastrophic complications when large quantities of filler are administered in anatomically high-risk areas without appropriate surgical oversight, vascular mapping, or emergency preparedness. It further highlights concerns regarding practitioner competency, procedural environment standards, and regulatory gaps surrounding non-surgical body augmentation.

The case has contributed to ongoing discussions regarding tighter governance of high-risk aesthetic procedures and reinforced calls for enhanced professional regulation and accountability.

(BBC News, 2024. UK first death linked to non-surgical Brazilian butt lift procedure. Available at: https://www.bbc.co.uk/news/articles/cx2m829lmk9o(Accessed: Thursday 5th March 2026).

International safety consensus statements provide guidance on complication prevention and safe practice standards *(Signorini et al., 2016; Mofid et al., 2017).*

These findings reinforce the necessity for strengthened governance frameworks to ensure that high- risk procedures are limited to appropriately trained practitioners and, where mortality is identified as a potential risk, reclassified as doctor-led or surgical-only interventions.

VI. LIMITATIONS OF SHORT-FORM TRAINING AND CERTIFICATION

Short-duration aesthetic training programmes have proliferated alongside the rapid growth of the cosmetic industry. These courses often award certificates upon completion, typically following a limited period of theoretical instruction and minimal hands-on practice. While these certificates may fulfil continuing professional development (CPD) requirements by demonstrating participation in educational activities, they do not constitute a professional licence to practise and do not verify independent clinical competency (General Medical Council, 2020).

Misrepresentation of such certificates as formal qualifications poses a significant risk to both patients and practitioners. Practitioners who rely solely on short-form certification may inadvertently expose themselves to insurance limitations, legal liability, and professional risk, particularly when performing higher-risk procedures that require advanced clinical training. The lack of standardised competency assessment and verification inherent in these programmes undermines patient safety and can contribute to adverse outcomes, as evidenced in reports of complications associated with complex minimally invasive procedures (Save Face, 2023).

These limitations prevail the necessity for a clear separation between education and licensure within the aesthetic sector. Educational programmes should provide foundational knowledge and skills, whereas licensure or registration should be contingent upon the demonstration of verified clinical competence under standardised and supervised conditions. Integrating structured competency-based evaluation into certification processes can prevent misrepresentation, support ethical practice, and provide patients and regulators with assurance that practitioners meet established professional and safety standards.

Ultimately, short-form training certificates should be framed as preparatory or supplementary educational achievements rather than evidence of independent professional capability, reinforcing the importance of robust governance and competency validation within the aesthetic industry.

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"Clear separation between education and licensure is essential"

VII. PROFESSIONAL REGISTRATION AND MANDATORY CONTINUING PROFESSIONAL DEVELOPMENT

Fig 3 Professional Registration and Mandatory Continuing Professional Development

➢ *A Unified Governance Model Should Require:*

- Centralised professional registration
- Mandatory annual CPD
- Auditable competency documentation
- Transparent scope-of-practice definition

➢ *Non-Compliance should Result in:*

- Suspension
- Temporary restriction
- Removal from the professional register

Governance frameworks for regulated healthcare professionals emphasise structured oversight and accountability mechanisms *(General Medical Council, 2022; Care Quality Comission, 2023)*

This structure aligns with regulatory systems governing established healthcare professions.

VIII. UNIFIED COMPETENCY-BASED GOVERNANCE MODEL

➢ *Core Pillars*

- Competency Assessment
- Professional Registration
- Mandatory Annual CPD
- Transparent Scope Definition
- Complication Resolution Competency and Reporting
- Ethical Documentation

➢ *Guiding Principle:*

- Inclusion must coexist with accountability.
- Competency determines eligibility — not professional background.

Table 1 Current System vs Proposed Governance Model

Domain	Current Landscape	Proposed Model
Entry Pathway	Short-course driven	Standardised competency benchmarks
Certification	Attendance-based	Competency-assessed
Registration	Fragmented	Unified register
CPD	Variable	Mandatory & audited
Accountability	Inconsistent	Enforced governance

Source: Developed from established competency theory and workforce governance literature (*Epstein & Hundert, 2002; Frenk et al., 2010)* and adapted for application to aesthetic professional regulation.

IX. POLICY IMPACT ASSESSMENT

➢ *Implementation of this Framework may Improve:*

- *Patient Safety*

✓ Reduced complication rates
✓ Improved emergency response capability

- *Professional Transparency*

✓ Clear differentiation between training and qualification
✓ Reduced misrepresentation

- *Market Integrity*

✓ Increased consumer clarity
✓ Reduced misleading marketing claims
✓ Future research should empirically evaluate implementation outcomes.

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International workforce governance research supports structured regulation within evolving healthcare systems *(World Health Organization,2021; OECD, 2020).*

X. IMPLEMENTATION CHALLENGES

➢ *Potential Barriers Include:*

- Institutional resistance Regulatory complexity
- Financial burden for practitioners Infrastructure requirements for enforcement
- Successful reform requires collaboration between regulators, professional bodies, and training institutions.

XI. LIMITATIONS

This paper primarily presents a policy-based analysis and conceptual framework for competency- based governance in aesthetic medicine. As such, it does not incorporate primary empirical data generated by the author, relying instead on secondary sources, regulatory reports, complication registries, and existing literature. While these sources provide valuable insights into practitioner diversity, regulatory gaps, and patient safety concerns, the absence of original data limits the ability to quantitatively assess the efficacy, feasibility, or outcomes of the proposed governance model.

Furthermore, the analysis focuses predominantly on high-risk aesthetic procedures and UK-based regulatory contexts. Although many principles may be applicable internationally, contextual differences in legislation, professional scope, and cultural expectations may affect the transferability of the model to other jurisdictions.

To strengthen the evidence base, further quantitative and mixed-methods research is required. Empirical studies examining practitioner competency, patient outcomes, and the practical implementation of registration and CPD frameworks would provide robust validation of the proposed governance approach. Such research could also inform refinements to the model, ensuring that it effectively balances professional inclusion, patient safety, and ethical practice in diverse aesthetic settings.

XII. CONCLUSION

The findings of this study reflect significant regulatory and safety challenges within the rapidly expanding aesthetic medicine sector. As demand for minimally invasive cosmetic procedures continues to grow, the industry has experienced substantial diversification in both treatment modalities and practitioner backgrounds. While this expansion has increased accessibility and innovation within aesthetic practice, it has also exposed considerable gaps in governance, oversight, and accountability. The results of this research reinforce the argument that regulatory reform within the aesthetic industry is both necessary and urgent in order to safeguard patient welfare while maintaining professional inclusivity.

The data presented in this study illustrate the scale of complications associated with certain high-risk aesthetic procedures, particularly liquid gluteal augmentation procedures commonly referred to as liquid Brazilian Butt Lifts (BBLs). Evidence obtained from the organisation Save Face indicates that over 500 women have reported complications associated with these procedures. Within this cohort, approximately 10% of individuals developed sepsis, a severe and potentially life-threatening systemic infection, while a further 39% required corrective surgical intervention to address complications arising from the original treatment. Only 51% of reported cases did not experience severe complications requiring additional medical intervention. These findings highlight the substantial clinical risks associated with poorly regulated aesthetic procedures and underscore the importance of appropriate practitioner training, procedural competency, and regulatory oversight (Save Face, 2023).

The severity of complications documented in the data reinforces concerns previously raised within both academic literature and government reviews regarding the safety of non-surgical cosmetic interventions. The Keogh Review (2013) previously identified aesthetic procedures as an area requiring improved regulatory structure, particularly where treatments are delivered outside traditional healthcare environments. Despite these recommendations, regulatory frameworks have remained fragmented, allowing practitioners with varying levels of training and clinical competency to perform complex procedures. The findings presented within this study therefore contribute further evidence supporting the need for comprehensive regulatory reform.

A key theme emerging from this research is the importance of competency-based governance structures. The modern aesthetic workforce now includes practitioners from diverse professional backgrounds, including nurses, dentists, pharmacists, allied health professionals, and trained non-medical practitioners. While this diversity reflects the evolving nature of the sector, it also presents challenges for regulatory bodies attempting to ensure consistent standards of care. Restrictive regulation based solely on professional titles may fail to reflect the realities of contemporary aesthetic practice and may unintentionally exclude competent practitioners who have acquired appropriate training through alternative pathways. Conversely, the absence of clearly defined competency standards creates a regulatory environment in which patient safety may be compromised.

A unified competency-based registration system offers a potential solution to these challenges. By establishing clear training requirements, procedural competencies, and defined scopes of practice, such a framework would allow practitioners from a range of professional backgrounds to participate within the aesthetic sector while maintaining consistent safety standards. Competency-based regulation places emphasis on verified clinical skills, evidence-based training, and ongoing professional development rather than professional title alone. This approach aligns with broader

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regulatory trends within healthcare that prioritise demonstrable competence, risk mitigation, and patient safety.

However, competency frameworks alone are insufficient without effective systems of oversight and accountability. Sustainable governance requires the integration of transparent monitoring mechanisms, including mandatory continuing professional development (CPD), practitioner registries, and clear reporting pathways for adverse events. A publicly accessible practitioner register would allow patients to verify practitioner credentials and training history, thereby improving transparency and supporting informed decision-making. Greater visibility of practitioner qualifications may also encourage higher professional standards across the sector by reinforcing accountability and professional responsibility.

Furthermore, meaningful regulatory reform must involve collaboration across multiple stakeholders. Governance within the aesthetic industry cannot rely solely on statutory healthcare regulators.

Instead, effective oversight requires coordinated engagement between government agencies, professional regulatory bodies, education providers, industry organisations, and patient safety advocates. Organisations such as Save Face have played an important role in documenting complications and raising awareness regarding patient safety risks, demonstrating the value of collaborative approaches to regulatory development.

Ultimately, the findings of this research emphasise that the continued expansion of the aesthetic sector must be accompanied by equally robust governance frameworks. Without clear regulatory structures, the risk of patient harm remains significant, particularly in relation to complex procedures performed in non-clinical environments. The complication rates demonstrated within the data serve as a stark reminder of the potential consequences of inadequate oversight.

In conclusion, the aesthetic industry requires governance reform that balances professional inclusivity with enforceable accountability. A unified competency-based registration system offers a practical framework through which practitioners from diverse professional backgrounds may operate while adhering to clearly defined safety standards. When supported by transparent oversight, mandatory professional development, and collaborative regulatory engagement, such a model has the potential to significantly enhance both practitioner accountability and patient protection. As the aesthetic sector continues to evolve, sustainable reform will depend on the successful integration of competency validation, regulatory transparency, and shared responsibility across the industry.

- *Conflict of Interest*

✓ The author declares no conflict of interest

- *Funding*

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