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An Exclusive Q&A With Dr. Leah Totton

By Dr. Leah Totton

The Apprentice winner Leah Totton opened her first cosmetic skin clinic in 2014, funded by a £250,000 investment from Lord Sugar. Situated in the lively London city centre, the Dr Leah clinic offers clients a wide range of aesthetic treatments, all of which are aimed at helping you to achieve a more radiant, youthful appearance.

The 25-year-old doctor from Northern Ireland is passionate about bringing excellence and a medical influence to the cosmetic industry and has been vocal in her calls for regulatory change.

What inspired your transition from medicine to cosmetics?

There was one particular incident that first sparked my interest – one of my mum's friends had poor results from a dermal filler injection back home in Northern Ireland, and that's when I started to read a bit more about the sector. I soon realised what state the industry was in; there was a lack of regulation in terms of the amount of 'cowboy practitioners' that were on the market and the real risk to patients was what motivated me to make a change. Through The Apprentice I was able to help vocalise regulation in the industry and hopefully work some way to increase patient awareness regarding the issues involved.

When did you come up with the idea for the clinics; was it before or during The Apprentice?

It was probably halfway through medical school when

my interest in aesthetics started to grow. When I qualified as a doctor, I spent a lot of time shadowing various aesthetic doctors privately and really trying to build up my experience through mentorship. I think it is really helpful having a good mentor – or several if you can – who you can shadow and who can oversee your development. Cosmetic doctors should never stop learning, but I think the role of a really good mentor is important because of the lack of an official training scheme.

From there, the opportunity for The Apprentice came up and it seemed like a good platform to shine a light on the real feelings within the industry and an opportunity to try to educate patients and, hopefully, provide them with an example or a standard within the industry.

Is there anything in particular you would like to see implemented or changed?

For me the priority is the dermal filler issue. The fact is we have a substance which is not a prescription only medication and that has now, under government regulation, become a medical device. That isn't strong enough. There should be a strong push from the industry and from patients to truly put pressure on the government to make dermal filler a prescription only medication.

To what extent does the Keogh Review push forward towards change?