IQ Level 7 Certificate in Injectables for Aesthetic Medicine

Specification

Regulation No: 601/8963/0

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For guidance on any fees we charge for the services we provide, please see the IQ Price Guide:
http://www.industryqualifications.org.uk/centre-portal/iq-price-guide

Introduction

This specification is intended for trainers, centres and candidates. General information regarding centre approval, registration, IQR (IQ's candidate management system), assessment papers, certification, reasonable adjustments, special consideration, appeals procedures, are available from the website. This document should be read in conjunction with the IQ QMS Centre guide available from the website.

Website: www.industryqualifications.org.uk
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Recognition

This qualification was developed by IQ in partnership with Harley Academy.

Version Number

Please ensure that you have the latest and most up-to-date version of documents. Please check the website for the most up-to-date version. To check which version you have please see the footer which will give you the version number.

Version Number	Content of Change
V2.0	Delivery method two expanded to recognise lectures as an alternative to E-Learning based delivery
	Additional information provided with regards to OSCE delivery conditions
	Additional information provided with regards to compensatory and non-compensatory assessment conditions
	Above three amendments reflected across the specification
	The phrase 'inappropriate usage' was added to the definition of plagiarism with regards to treatment photographs in order to permit the appropriate usage of shared observational photographs
	Additional information provided with regards to IV requirements and mutual exclusivity of tutor roles
	The term 'LMS portfolio' has been replaced with 'Portfolio of Evidence' for clarity
V3.0	Clarification provided with regards to the definition of a treatment in the instance of multiple treatment administrations to the same client
	Clarification provided with regards to OCSE division into stations
	Hand sanitizer/ alcohol gel identified as suitable alternatives to sink and working taps within OSCE equipment list
	Clarification provided for OSCE footage with regards to sampling and EV access
	Reference to biannual assignment validity parameters removed and replaced with reference to the moderation and awarding timetable
	Clarification provided with regards to use and submission of OSCE assessment documentation
	Clarification provided with regards to use and submission of OSCE station footage
	Clarification provided with regards to the expected contents within each submitted candidate portfolio of evidence
	Clarification provided as to the biannual moderation and awarding meeting process
	Time limit for qualification completion input to specification based on HEE recommendations
	Clarification provided as to the process for storing and presenting reports pertaining to submission plagiarism checks
	Within the '2. Very experienced practitioners' section, the word 'doctors' has been removed and replaced with the broader term 'healthcare professionals'
	RPL requirements clarified for both of the experience groups including the number of logbook procedures needing evidencing
	Clarification provided for the tutor roles with reference to; tutor title, level of experience and current qualification status
	Clarification provided as to the frequency of centre EV visits
	For process clarity, the term 'moderation' has been redefined as 'moderation and awarding' when referring to a meeting, panel, process or timetable.
	The term 'learner' has been replaced with 'candidate' within text preceding the unit tables
V4.0	The term 'candidates' has been made singular within the definition of a treatment for centre clarity
	Clarification provided with regards to OSCE candidate management; removal of the word 'randomly'
	Clarification provided with regards to the delivery requirements for the clinical practice components of the qualification; referring to treatment observation and candidate ratios
	Clarification provided with regards to the assessment requirements for the clinical practice components of the qualification; referring to candidate ratios and trainer sign off
	Above changes to pages 9 and 12 reflected across the specification
	Clarification provided with regards to the timing of RPL application
	Reference to a "teach the teacher course" removed post clarification from the JCCP
	Clarification provided with regards to the division of treatment photographs

V5.0	Within the 'Treatment Administration' section, a typographical error that referred to treatment 'observation' as opposed to 'administration' has been corrected
	Additional clarification provided with regards to the moderation and awarding of results
V6.0	Within the assessment description of short answer questions (SAQs), a typographical error that referred to the approximate word count associated with each SAQ as '100-700', as opposed to '100-800', has been corrected
	'Portfolio of Evidence Submission Content' updated to include reference to the 'IQ L7 Marking and Moderation Form'
	'Portfolio of Evidence Submission Content' updated to remove reference to the 'Assessor SAQ marking sheet' as this has been replaced by the 'IQ L7 Marking and Moderation Form'
	'Results' section clarified to explain the process of resubmission to moderation
	The entry criteria has been expanded to recognise three additional groups of healthcare professional that are referenced within the HEE guidelines: Dental Therapists, Dental Hygienists and Paramedics
	The entry criteria has been rephrased to increase clarity with regards to the entry of those candidates with/without independent prescription rights
	Clarification provided with regards to centre requirements
	Within the indicative content of unit one assessment criteria 1.3, a typographical error has been corrected
	Within the indicative content of unit one assessment criteria 3.4, a typographical error has been corrected
V7.0	Head office address updated
V8.0	Reference made to JCCP Education and Training Standards (2018)
	Additional clarification provided within the delivery section
	OSCE assessment responsibility moved from assessor to trainer in accordance with the review conducted by the JCCP Education and Training Committee
	Resit cap imposed for SAQs and OSCEs in accordance with the review conducted by the JCCP Education and Training Committee
	Portfolio of evidence/ logbook documentation requirements clarified in accordance with CPSA standards
	Reference to weighting removed from the specification to increase document clarity
	Reference to knowledge vs competency split removed from the specification to increase document clarity
	Entry criteria expanded to include physiotherapists
	Main tutor role added, with specific postgraduate qualification requirements, in accordance with the review conducted by the JCCP Education and Training Committee
	Clarification provided with regards to the restriction of tutor role crossover, per candidate
	Assessment criteria updated in accordance with the review conducted by the JCCP Education and Training Committee
	Resources section expanded to include reference to the JCCP and CPSA
	Mapping to GMC guidance removed from the specification to increase document clarity
V9.0	Unit numbers updated.

About this Qualification

The IQ Level 7 Certificate in Injectables for Aesthetic Medicine is a knowledge and competence based qualification aimed at a range of healthcare professionals with current professional registration. It has been designed to meet and satisfy three separate sets of guidance relevant to the delivery of non-surgical cosmetic interventions:

1) HEE: Qualification requirements for the delivery of cosmetic procedures (2015)
2) GMC: Guidance for doctors who offer cosmetic interventions (2016)
3) JCCP: Education and Training Standards (2018)

This qualification focusses upon the administration of botulinum toxin and dermal fillers. With reference to the delivery of cosmetic interventions within the aforementioned modalities, the knowledge based components of this qualification aim to provide candidates with an understanding of: relevant ethical and legal requirements, key treatment principles, the necessity of client-centred care, the role of psychology within aesthetic medicine, key principles of dermatology and the actions, risks and management options associated with botulinum toxin and/or dermal filler administration. The competence based components of this qualification aim to compound the knowledge elements with related practical skills. These aim to impart the ability to consistently deliver; high quality, safe and client-centred botulinum toxin and/or dermal filler treatments.

The qualification will benefit candidates by introducing and reinforcing the knowledge and skills necessary as a non-surgical practitioner of aesthetic medicine. Completion will evidence a level of practitioner competency that can be relied upon by employers and clients alike. There are not currently any National Occupational Standards (NOS) for the injectable procedures covered in the present qualification.

Objective

Supporting a role in the workplace

Purpose

E. Updating and continuing professional development (CPD)
E3. Develop knowledge and/or skills relevant to a particular specialization within an occupation or set of occupations

Sector

1.2 - Nursing, and subjects and vocations allied to medicine

Definition of "*a treatment*"

For the purposes of the following qualification, and in line with HEE guidance, the term 'treatment' has the following definition. This definition has been confirmed and endorsed by sector relevant representatives of HEE:

All stages of practitioner- client interaction: From initial consultation and development of a care plan to the administration of a procedure and the subsequent development of an aftercare plan and related continuity of care measures.*

* In the case of multiple treatment administrations of differing modality, delivered to the same client at any one time, a candidate is permitted to count each modality as a separate treatment if the above definition has been satisfied. For example, if following consultation and care plan development both botulinum toxin and a dermal filler are to be administered to the same client, a candidate can cite this treatment as evidence for a botulinum toxin and a dermal filler treatment (either observed or administered, depending upon the role of the candidate during the procedure). However, if one client receives multiple treatments of the same modality, a candidate may only count this as one treatment.

For the purposes of the present qualification, 'a treatment' can be thought of as the satisfaction of all assessment criteria within learning outcome 3 for units 6 and 8.

Structure

To achieve this knowledge and competence based qualification, candidates must successfully complete all 8 mandatory units.

Figure 1.0: Unit GLH, TQT and credit breakdown

No of units	Unit Number	Unit Title	Level	Estimated TQT*	Estimated GLH**	Estimated Credit
1	M/617/2778	Principles of History, Ethics and Law in Aesthetic Medicine	7	21	1	2
2	T/617/2779	Principles of Treatment in Aesthetic Medicine	7	29	1	3
3	K/617/2780	Principles of Cosmetic Psychology in Aesthetic Medicine	7	32	1	3
4	M/617/2781	Principles of Dermatology in Aesthetic Medicine	7	42	3	4
5	T/617/2782	Principles of Botulinum Toxin Use in Aesthetic Medicine	7	36	1	4
6	A/617/2783	Practice of Botulinum Toxin Use in Aesthetic Medicine	7	37	25	4
7	F/617/2784	Principles of Dermal Filler Use in Aesthetic Medicine	7	43	2	4
8	J/617/2785	Practice of Dermal Filler Use in Aesthetic Medicine	7	37	25	4
		Total	7	277	59	28

Total Qualification Time (TQT)*

This is an estimate of the total length of time it is expected that a candidate will typically take to achieve and demonstrate the level of attainment necessary for the award of the qualification i.e. to achieve all learning outcomes.

TQT is comprised of Guided Learning Hours (GLH) and an estimate of the number of hours a candidate is likely to spend in preparation, study or any other learning including assessment, which takes place as directed by, but not under the supervision of a lecturer, supervisor or tutor. If a credit value is assigned to a qualification it is determined by TQT, as one credit corresponds to 10 hours of learning.

Guided Learning Hours (GLH)**

It is the responsibility of training centres to decide the appropriate course duration, based on their candidates' ability and level of existing knowledge. It is possible, therefore, that the number of GLH can vary from one training centre to another according to candidates' needs.

GLH are all times when a member of provider staff is present to give specific guidance towards the learning aim being studied on the programme. This definition includes examinations, lectures, tutorials, and supervised study. It does not include hours where supervision or assistance is of a general nature and is not specific to the study of the candidates.

Delivery

This knowledge and competency qualification can be delivered using a variety of content/ unit dependent methods.

- Knowledge (Units 1-5 and 7): Classroom Sessions, E-Learning, Objective Structured Clinical Examinations, Clinical Demonstrations and/or Blended Learning.
- Competence (Units 6 and 8): Clinical Demonstrations, Supervised Clinical Practice and Objective Structured Clinical Examinations.

The course will require self-directed study alongside tutor support.

Delivery Conditions

Objective Structured Clinical Examination (OSCE) Stations:

Resources: Centres must provide candidates with the following resources, per OSCE station, to enable OSCE completion:

- Sink and working taps and/or hand sanitizer/ alcohol gel
- PPE (gloves, sharp bins)
- Standardised consent forms
- Skin disinfectant (i.e. chlorhexidine)
- Injecting equipment
- Botulinum toxin (real/mock vials)
- Dermal filler (real/mock vials)
- Hyaluronidase (real/mock vials)
- Injectable facial manikin
- Digital camera (for mock pre/post treatment photography)

Candidate Management: Centres must have the facilities to permit a one-in, one-out system of OSCE facing candidate management. Candidates must wait in a central waiting area to be called, individually, to each OSCE station. No talking is to be permitted in the designated waiting area. Each OSCE station must be located in its own, isolatable room and candidates are to be rotated across each of the stations. The OSCE station trainer to candidate ratio must never exceed 1:1.

Trainer Requirements: Trainers will be required to role play the identity of the subject described within the OSCE station scenario(s). Fictional information, concordant with the scenario text, must be provided to candidates to promote and enable candidate scenario fulfilment. Specific/ scripted responses will not be required, providing the assigned scenario is followed.

Example: If the candidate was set a scenario in which they must perform a pre-treatment client consultation, the trainer must play the role of the client; providing fictional information where/if requested by the candidate (such as aims, goals, medical history etc.).

Quality Assurance: Candidate performance within each of the OSCE stations must be filmed. Footage must be maintained securely on site for a minimum of three years and made available for sampling and to the external verifier (EV) if/ when requested.

Clinical Practice:

Overview: Consists of multiple treatment observations and treatment administrations, for each of two separate modalities; botulinum toxin and dermal fillers.

Treatment Observation: Requires the candidates' observation of a skilled practitioner* administering or supervising the administration of a botulinum toxin/dermal filler treatment to a client (treatment as defined above: pg. 6).

Treatment Administration: Requires the candidate to administer a botulinum toxin/dermal filler treatment (treatment as defined above: pg. 6), to a client, under the supervision of a skilled practitioner*.

In accordance with HEE guidelines, the following conditions are required of the clinical practice elements of the present qualification:

1) Candidates must observe a total of 10 botulinum toxin treatments administered to 10 different clients
2) Candidates must observe a total of 10 dermal filler treatments administered to 10 different clients
3) The ratio between observing candidates and trainers must not exceed **10:1**
4) Candidates must administer a total of 10 botulinum toxin treatments to 10 different clients
5) Candidates must administer a total of 10 dermal filler treatments to 10 different clients
6) The ratio between administering candidates and trainers must not exceed **1:1**

Timing/ Ordering: In adherence with GMC guidelines, it is an additional requirement that the first instance of treatment observation, per modality, precedes that of the first instance of treatment administration for the same modality.

Definition of Skilled Practitioner* For the purpose of the clinical component of the present qualification, the term skilled practitioner can be used interchangeably with tutor and/or trainer. For the requirements of a tutor/trainer, please refer to the tutor requirements section below.

Assessment

This knowledge and competence based qualification is assessed using a number of different assessment methods. A pass must be achieved in all units to achieve the qualification. Evidence supporting candidate achievement, across the full range of assessment methods, is compiled within an internally set marked and verified portfolio of evidence that is quality assured by IQ moderation and awarding panel.

Candidates will be required to sign a statement of authenticity, within their portfolio of evidence, confirming all evidence provided as their own. Candidate identification must be verified by the centre upon initial assessment (see candidate entry requirements) and confirmed again at each face-face assessment (OSCE stations and clinical practice components of the qualification). Evidence of this must be kept by the centre for QA purposes.

Formative elements, including MCQs, may be used to support learning however they will not contribute towards overall qualification attainment thus they are excluded from the below analysis of assessment methods.

Compensatory and Non-Compensatory Units/ Unit Components

Units 1-5 and 7 are compensatory units. This means that flexibility of performance is permitted and therefore the total number of marks awarded will vary by candidate, depending upon the quality of work produced.

Units 6 and 8 contain both compensatory and non-compensatory components. In each of these units, the compensatory components refer to all learning outcomes with the exception of learning outcome 3. These compensatory components should be treated as specified for units 1-5 and 7 (above).

Non-compensatory means that flexibility of performance is not permitted, the section is either achieved or it isn't. The non-compensatory component of both unit 6 and 8 refers exclusively to the achievement of learning outcome 3 (clinical practice). To promote client safety, achievement within these treatment observation and administration stages will take the form of a pass/fail; it will not be individually graded. For ease of reading, the assessment strategies relating to the compensatory and non-compensatory components of the qualification will be detailed separately.

(A) Assessment of Compensatory Components

Short Answer Questions (SAQs):

Overview: Externally set, internally marked, internally verified and quality assured by IQ moderation and awarding panel. SAQs are contained within an assignment and each SAQ adheres to one or more assessment criteria within a particular unit. Completed SAQs therefore combine to partially/completely evidence the knowledge components required of the relevant unit. SAQ responses will be compiled within and submitted as a singular word document. This will contribute towards the candidate portfolio of evidence.

Word Count: The word count associated with each SAQ is provided as a range (approximately 100-800 words) and can located within the question text. A 10% leeway either side of this range is permitted before marks will be deducted. It is recommended that candidates provide exact word counts after each of their SAQ answers to promote adherence to the stated limits. Please refer to IQ word count policy, available on the IQ website.

SAQ Booking: Centres are required to book candidate SAQs using the Industry Qualifications IQR candidate booking system, available online. SAQ assessment material will be provided to centres in accordance with the date of booking. For more information, please refer to the IQR guide or contact IQ Operations.

Time Limit: Whilst there is no formal time limit for SAQ completion, there is a time frame for the validity of the SAQ assignments. For view of the assignment validity parameters, please refer to the published moderation and awarding timetable, downloadable from the IQ website.

Marking/ Grading Criteria: Each SAQ is marked out of 10. Candidate achievement within each SAQ is graded depending upon the satisfaction of; the question, its associated assessment criteria and the elements identified within the SAQ specific mark scheme. For each SAQ, candidates are required to achieve a minimum of **55%** of the available SAQ marks, in order to pass.

Failure and Repeats: Failure to achieve 55% within a particular SAQ will result in the repetition of all of the SAQs within the implicated unit(s), using alternative assessment material, until a pass can be achieved. Candidates are permitted a **maximum of three attempts** to meet these requirements.

Please refer to Figure 1.1 for a breakdown of SAQ requirements per unit.

Objective Structured Clinical Examination (OSCE) Stations:

Overview: Externally set, internally marked, internally verified and quality assured by IQ moderation and awarding panel. Presented in task or scenario format and contained within a candidate OSCE task and scenario booklet. Each OSCE station can be thought of as a graded form of simulated practice that adheres to one or more assessment criteria within a particular unit. Trainer completed OSCE assessment documentation will be submitted towards the candidate portfolio of evidence.

Quality Assurance: Candidate performance within each OSCE station will be filmed. This footage will be sampled as part of the moderation and awarding process and centres will be made aware of the cohort specific sampling requirements, prior to the dates of moderation. These dates are identified within the moderation and awarding timetable, published on the IQ website.

OSCE Booking: Centres are required to book candidate OSCEs using the Industry Qualifications IQR candidate booking system, available online. OSCE assessment material will be provided to centres in accordance with the date of booking. For more information, please refer to the IQR guide or contact IQ Operations.

Time Limit: Each OSCE station will require approximately four hours of candidate preparation prior to the sitting of a one hour examination. Whilst one hour is the maximum time available to candidates per OSCE station, it is permissible for candidates to use less than this one hour allotment. For view of the assignment validity parameters, please refer to the published moderation and awarding timetable downloadable from the IQ website.

Candidate OSCE Station Responses: Candidate responses to OSCE stations can be divided into three, task/ scenario dependent categories:

Tasks: Answered verbally by candidates- no trainer input required
Scenarios: Two types of candidate response- both require trainer verbal input with regards to role playing the identity of the scenario described client:

a) Candidate verbal response only: For knowledge only OSCE stations and/or competence based OSCE stations in which the competence element is a verbal skill (e.g. client consultation).
b) Candidate verbal response and demonstration: For competence based OSCE stations in which the competence element is a physical skill (e.g. botulinum toxin injection).

The distinction between tasks and scenarios is made clear within the assessment documentation.

Marking/ Grading Criteria: The maximal marks associated with each OSCE station are made clear within the OSCE station specific text. Candidate achievement within each OSCE station is graded depending upon the satisfaction of; the task/scenario, its associated assessment criteria and the elements identified within the mark scheme. Marks can be lost for clinically important omissions within each OSCE station response. For each OSCE station, candidates are required to achieve a minimum of **55%** of the available marks, in order to pass.

Failure and Repeats: Failure to achieve 55% within a particular OSCE station will result in the repetition of the station, using alternative assessment material, until a pass can be achieved. Candidates are permitted a **maximum of three attempts** to meet these requirements.

Please refer to Figure 1.1 for a breakdown of OSCE requirements per unit.

(B) Assessment of Non-Compensatory Components

Clinical Practice:

Treatment Observation: Internally set, marked and verified, quality assured by IQ moderation and awarding panel. Candidates will observe a range of client treatments, as specified in the above delivery sections. The assessment criteria to be fulfilled as part of the treatment observation stage of clinical practice include all those of learning outcome 3, for both of units 6 and 8 (each repeated 10x).

Confirmation of the relevant assessment criteria fulfilment, across an observational capacity, will be indicated by the trainer, whose name, signature and date shall be documented within the candidate portfolio of evidence/ clinical logbook. Client before and after treatment photographs will additionally be used to evidence the achievement of the treatment observation centred competency elements of the qualification. These will also be documented within the candidate portfolio of evidence/ clinical logbook. Treatment photographs are valid forms of competency evidence, with regards to treatment observation, providing the following conditions are met:

- Two photographs are taken: Before treatment and after treatment
- A time and date stamp is included as part of each photograph

As the ratio between observing candidates and demonstrators must not exceed 10:1, each treatment photograph can be used to evidence observational achievement by a maximum of 10 candidates. Time and date stamps will be used to confirm this element of photograph usage.

The achievement of treatment observation, for each of units 6 and 8, will take the form of a pass/fail. Those failing will be encouraged to repeat the observation of the relevant treatment until confirmation of assessment criteria fulfilment, referring to the entirety of learning outcome 3, can be evidenced 10x.

Please refer to Figure 1.1 for a breakdown of treatment observation requirements per unit.

Treatment Administration: Internally set, marked and verified, quality assured by IQ moderation and awarding panel. Candidates will administer a range of treatments, as specified in the above delivery section. The assessment criteria to be fulfilled as part of the treatment administration stage of clinical practice include all those of learning outcome 3, for both of units 6 and 8 (each repeated 10x).

Confirmation of the relevant assessment criteria fulfilment, across a treatment administrational capacity, will be indicated by the trainer, whose name, signature and date shall be documented within the candidate portfolio of evidence/ clinical logbook. Client before and after treatment photographs will additionally be used to evidence the achievement of the treatment administration centred competency elements of the qualification. These will also be documented within the candidate portfolio of evidence/ clinical logbook. Treatment photographs are valid forms of competency evidence, with regards to treatment administration, providing the following conditions are met:

- Two photographs are taken: Before treatment and after treatment
- A time and date stamp is included as part of each photograph

As the ratio between administering candidates and demonstrators must not exceed 1:1, each treatment photograph can be used to evidence administrational achievement by a maximum of 1 candidate. Time and date stamps will be used to confirm this element of photograph usage.

The achievement of treatment administration, for each of units 6 and 8, will take the form of a pass/fail. Those failing will be encouraged to repeat the administration of the relevant treatment until confirmation of assessment criteria fulfilment, referring to the entity of learning outcome 3, can be evidenced 10x.

Please refer to Figure 1.1 for a breakdown of treatment administration requirements per unit.

Portfolio of Evidence/ Clinical Logbook Guidance

In line with the Cosmetic Practice Standards Authority (CPSA) requirements, **each** of the observed and administered cases submitted within the candidate portfolio of evidence/ clinical logbook must meet the following documentation requirements

Botulinum Toxin Observation/ Administration Documentation: Client/ Patient Details; Practitioner and/ or Candidate Details; Treatment Indication; Date; Time; Skin Preparation; Skin Quality; Lot/ Batch Number; Expiry Date; Product Name; Dose; Dilutant; Anatomical Site; Treatment Description; Adverse Effects/ Reactions/ Complications; Post-Procedure Instructions; Standardised Before and After Treatment Photography (Time and Date Stamped); Trainer Confirmation of Assessment Criteria Fulfilment; Candidate and Trainer Declarations of Authenticity.

Dermal Filler Observation/ Administration Documentation: Client/ Patient Details; Practitioner and/ or Candidate Details; Treatment Indication; Date; Time; Skin Preparation; Skin Quality; Lot/ Batch Number; Expiry Date; Product Name; Type of Dermal Filler; Dilutant; Needle Type; Anatomical Site; Volume of Dermal Filler; Additional Products Injected; Treatment Description; Adverse Effects/ Reactions/ Complications; Post-Procedure Instructions); Standardised Before and After Treatment Photography (Time and Date Stamped); Trainer Confirmation of Assessment Criteria Fulfilment; Candidate and Trainer Declarations of Authenticity.

Achievement Record

As the evidence necessary to map and claim knowledge and competence will sit within the candidate specific portfolio of evidence, this can be thought of as the achievement record for the present qualification. As such, candidate portfolio records must be kept and supplied to any individuals operating within a QA capacity, when requested.

Qualification Grading

This qualification is not graded, successful candidates achieve a pass.

To pass the qualification, candidates must achieve a pass for all units. To pass units 6 and 8, candidates must pass all of the required non-compensatory components in addition to achieving a pass within the relevant compensatory components.

Results

Two moderation and awarding meetings, consisting of a panel of independent subject experts, will be held per year to scrutinise candidate submissions and to award results. As the assignments are to be awarded, the passing criteria may be subject to later review.

If candidate work is submitted to moderation that does not meet the required conditions for awarding, this evidence will require amendment and resubmission at the next available date of moderation. Centres will be charged for this resubmission in accordance with the IQ price guide.

The moderation and awarding timetable indicates the dates results will be issued and is downloadable from the IQ website.

Figure 1.1: Qualification Structure and Assessment Strategies

Unit Number		Unit Title	Number of Assessment Criteria (AC) per Unit	Number of SAQs per Unit	Number of OSCEs per Unit	Treatment Observation Unit Coverage	Treatment Administration Unit Coverage
				Compensatory (A)		Non-Compensatory (B)	
1	M/617/2778	Principles of History, Ethics and Law in Aesthetic Medicine	9	4	0	NA	NA
2	T/617/2779	Principles of Treatment in Aesthetic Medicine	29	8	0	NA	NA
3	K/617/2780	Principles of Cosmetic Psychology in Aesthetic Medicine	12	4	0	NA	NA
4	M/617/2781	Principles of Dermatology in Aesthetic Medicine	12	7	1	NA	NA
5	T/617/2782	Principles of Botulinum Toxin Use in Aesthetic Medicine	15	6	0	NA	NA
6	A/617/2783	Practice of Botulinum Toxin Use in Aesthetic Medicine	14	NA	3	AC 3.1-3.10 *(Repeated 10x)*	AC 3.1-3.10 *(Repeated 10x)*
7	F/617/2784	Principles of Dermal Filler Use in Aesthetic Medicine	25	5	1	NA	NA
8	J/617/2785	Practice of Dermal Filler Use in Aesthetic Medicine	17	NA	3	AC 3.1-3.8 *(Repeated 10x)*	AC 3.1-3.8 *(Repeated 10x)*
Total			**133 AC**	**34 SAQs**	**8 OSCEs**	**20 Observations** *(10x Botulinum Toxin and 10x Dermal Filler)*	**20 Administrations** *(10x Botulinum Toxin and 10x Dermal Filler)*

Age Range and Geographical Coverage

This qualification is approved for candidates aged 19 and above in England.

Candidate Entry Requirements

In line with HEE recommendations, all applicants must be current, professionally registered: Doctors, Dentists, Nurses (with/ without independent prescribing rights), Midwives (with/ without independent prescribing rights), Pharmacists (with/ without independent prescribing rights), Paramedics, Physiotherapists, Dental Therapists or Dental Hygienists.

In line with insurance conditions, it is a centre requirement that applicants provide their professional registration number in support of their application. This will be verified in addition to the candidate's identity as part of the initial assessment process.

If English is not the applicant's first language, an English language level of International English Language Testing System (IELTS) 7.0 in all components, or equivalent, will be required. Only IELTS scores less than two years old will be accepted.

It is the centres responsibility to assess candidates at enrolment to ensure that this level of qualification is appropriate for them (referring to current professional registration status and English proficiency). Centres must keep a record of all elements of this initial assessment, including the above identity verification, for QA purposes.

Time Limit for Completion

As per HEE recommendations, candidates must complete all assessments within five years following qualification commencement.

Plagiarism

Candidates commit plagiarism when they copy, very closely imitate, paraphrase or cut and paste someone else's work, ideas, and/or language and present it as their own.

It is the responsibility of all centres to:

- Explain what plagiarism is and why it is wrong to plagiarise
- Explain the concept of intellectual property; the ownership of words, concepts, electronic materials, etc.
- Develop centre policies to prevent plagiarism
- Explain the consequences of committing plagiarism
- Run all candidate work through a plagiarism checker and keep records pertaining to this analysis on site for a minimum of three years; making these records available to the external verifier (EV) when requested.

Plagiarism is not permitted across any element submitted as part of the candidate portfolio of evidence. For the purposes of the present qualification, this includes SAQ answers and inappropriate usage of treatment photographs. If plagiarism is detected, this will result in a fail and penalties may be imposed. It is the responsibility of the centre to ensure the authenticity of all submitted work

Recognition of Prior Learning (RPL)

Recognition of Prior Learning (RPL) is a method of assessment (leading to the award of credit) that considers whether candidates can demonstrate that they can meet the assessment requirements for a unit through knowledge, understanding or skills they already possess and so not need to develop through a course of learning. Centres must refer to IQs RPL policy for RPL application guidance.

For RPL to be recognised, evidence pertaining to and supporting RPL application must be collated and provided to IQ in advance of the timetable identified date of moderation and awarding.

RPL may only be accepted for the clinical practice components (learning outcome 3 for each of units 6 and 8) of the IQ Level 7 Certificate in Injectables for Aesthetic Medicine. RPL can only be accepted in two ways, depending on the level of the candidate's previous experience:

1. Beginner or intermediate learners
2. Very experienced practitioners (healthcare professionals with 3+ years' experience in delivering botulinum toxin and/or dermal filler treatments)

As RPL is only accepted for the clinical practice components of the qualification, candidates within either of the above identified experience groups **will also be required** to successfully undertake assessments of practical skills (via the 8x OSCE stations) and knowledge (via the 34x SAQs) prior to certification. These practitioners must have access to lectures and/or E-learning material, to top up specific elements of knowledge if/ where required.

RPL will only be accepted for clinical practice that occurred prior to the candidate starting this qualification.

1. Beginner or intermediate learners

RPL will only be available for part/all of the portfolio of treatments in the modality or modalities being assessed.

Candidates wishing to receive RPL for the clinical practice components of the qualification must provide a portfolio of evidence that meets the learning outcomes of the clinical placement. The portfolio must include all of the following:

(a) A reference from an approved clinician* confirming that the candidate has observed 10 botulinum toxin treatments
(b) A reference from an approved clinician* confirming that the candidate has observed 10 dermal filler treatments
(c) Before and after photographs for 10 supervised botulinum toxin treatments
(d) Before and after photographs for 10 supervised dermal filler treatments
(e) A reference from an approved supervising clinician**for each botulinum toxin case treated correctly, which must total 10 treatments
(f) A reference from an approved supervising clinician** for each dermal filler case treated correctly, which must total 10 treatments

HEE definition of approved clinician*: Those able to provide clinical oversight and prescribe where relevant. This includes registered; doctors, dentists, independent pharmacist prescribers and independent nurse and midwife prescribers.

HEE requirements for an approved supervising clinician**:

1) Be an approved clinician*
2) Have over three years of experience in the RPL relevant cosmetic procedures(s)
3) Be able to demonstrate at least 20hrs of CPD in aesthetics.

Adherence to the above requirements for approved clinicians and approved supervising clinicians must be evidenced through the provision of the relevant clinicians CV. Records of this must be maintained for QA purposes.

2. Very experienced practitioners

RPL will only be available for the portfolio of treatments in the modality or modalities being assessed.

In this instance, RPL for the clinical practice components of the qualification will take the form of a logbook submission. This must demonstrate that the practitioner has a minimum of three years of experience delivering the procedures for which they will be assessed, **OR** has delivered a minimum of 100 of the qualification relevant procedures; 50 for each of the treatment modalities. The logbook must therefore contain the following:

(a) Samples of treatment cases delivered over the past three years or more evidencing at least 10 treatments, per modality, per year.
OR:
(b) Samples of treatment cases delivered within the past three years, evidencing at least 100 treatments total; 50 per treatment modality.

For both (a) and (b) above, samples **must also include** evidence of full patient consultation including pre and post treatment care plans. This can be in the form of clinical notes, taken from consultations. The evidence must also include a written reference from an experienced practitioner* to confirm the applicant practitioner's satisfaction of either (a) or (b) above.

*For an experienced practitioner to be authorised to write a written reference for an applicant practitioner, this individual responsible for writing the reference must have records to evidence their own satisfaction of either (a) or (b) above.

Please Note: The experience evidenced through (a) or (b) above is sufficient to forfeit the need for experienced practitioners to demonstrate (i) that they have observed the relevant procedures prior to practising them, and (ii) that they have been supervised in all of their performed procedures.

IQ will take all of the above as evidence of due regard and proficiency in the specific area of practice under assessment in the clinical practice components of the IQ Level 7 Certificate in Injectables for Aesthetic Medicine. Records relating to the above must be maintained for QA purposes.

Progression

This qualification has been developed to meet the HEE and JCCP qualification requirements for the delivery of cosmetic procedures. Qualification achievement will therefore enable practitioners to evidence the knowledge and competence essential for guideline adherence. This qualification is primarily for progression within the workplace.

Tutor Roles and Requirements

The tutor requirements for those assessing and delivering the present qualification have been determined based upon the recommendations made within the HEE and JCCP guidance. These requirements can be separated into **four** role dependent categories.

Please Note: Centre personnel nominated for each of the **four** tutor roles must be able to evidence the satisfaction of <u>all</u> of the criteria associated with the role. IQ will require proof of this evidence for QA purposes. All tutors must be approved by IQ prior to practice. Those tutors who are working towards a specific, role essential qualification will be given two years to complete this qualification. As part of external verification, adherence to this deadline will be monitored. Non-adherence to this deadline could result in the removal of the relevant tutors' status within this qualification.

1) Main Tutor

The individual responsible for the entirety of the course programme including but not limited to: Delivery and assessment processes/ practice, change management (and communication with relevant centre personnel), monitoring candidate satisfaction (and the related implementation of corrective measures) and correspondence with the awarding organisation.

Main Tutor Requirements:

a. A postgraduate level teaching qualification: *e.g. Postgraduate Certificate in Education (PGCE) or equivalent.*

2) Trainer(s)

Individual(s) responsible for assisting candidates to develop knowledge and practical skills throughout the learning programme. This includes: Provision of lectures/ candidate support, training/ sign off during the treatment observation and administration (clinical practice) components of the qualification and the assessment of the OSCEs- which includes role playing the identity of the subject described within the OSCE station scenario(s) so as to enable candidate OSCE completion.

Trainer Requirements:

a. A minimum of three years' experience delivering the procedures for which they will be demonstrating/ supervising **<u>OR</u>** records that evidence their safe delivery of 150 of the qualification relevant procedures (*e.g. 75 for each of the treatment modalities*).

b. An ability to provide clinical oversight (refer to HEE definition of an 'approved clinician' located within the RPL section above). This includes:

    i. The ability to take direct responsibility for the consequences of treatment and clinical management of complications, including the ability to prescribe, where appropriate
    ii. Appropriate indemnity insurance

c. 25 hrs of CPD in aesthetics within the last year
d. A teaching qualification: *e.g. Level 3 Award in Education and Training, PTLLS, DTLLS, GP Trainer, Postgraduate Certificate in Education (PGCE), Postgraduate Certificate in Higher Education (PGCHE) etc.*

3) Assessor(s)

Individual(s) responsible for the assessing of SAQs using the provided mark scheme.

Assessor Requirements:

a. 1 year full time employment within the aesthetic medicine (or related) sector in the last 5 years
b. 25 hrs of CPD in aesthetics within the last year
c. A formal assessing qualification: e.g. *Level 3 Award in Assessing Vocationally Related Achievement, Level 3 Certificate in Assessing Vocational Achievement (etc.)* ***OR*** *to be working towards a relevant assessing qualification, including those listed previously.*

4) Internal Verifier(s) (IV)

Individual(s) responsible for the internal verification of assessments, including; SAQs, OSCE's and the clinical practice components (treatment observation and administration) of the qualification.

Internal Verifier Requirements:

a. 25 hrs of CPD in aesthetics within the last year
b. An IQA qualification: *e.g. Level 4 Award in the Internal Quality Assurance of Assessment Processes and Practice, Level 4 Certificate in Leading the Internal Quality Assurance of Assessment Processes and Practice (etc.)* ***OR*** *to be working towards a relevant IV qualification, including those listed previously.*

Please Note: Whilst centre personnel may be approved for multiple roles, those assigned the role of Trainer/ Assessor/ Internal Verifier are not permitted to operate in more than one of these roles for any candidate.

Centre Requirements

Centres must be approved by IQ in order to offer this qualification and be able to provide the candidate with all necessary equipment, facilities and resources required to enable completion of this qualification.

Submission Content

The submission process can be divided into two stages:

Stage One

For a submission to be considered at the moderation and awarding meeting, it must contain the following items:

1) 34x Candidate SAQ answers: Submitted as a singular word document and internally assessed as meeting the criteria identified within the mark scheme
2) Completed OSCE marking sheet: Consistent with OSCE station footage (see stage two below).
3) Candidate signed statement of authenticity
4) Time and date stamped **botulinum toxin treatment observation** photographs: 10 before treatment, 10 after treatment. The ratio between observing candidates and trainers must not have exceeded **10:1**
5) Time and date stamped **botulinum toxin treatment administration** photographs: 10 before treatment, 10 after treatment. The ratio between administering candidates and trainers must not have exceeded **1:1**

The first instance of botulinum toxin treatment observation must precede that of the first instance of botulinum toxin treatment administration; to be evidenced via the treatment photograph time and date stamps.

Please Note: For each instance of 4 and 5 above, the trainer is required to confirm satisfaction of the treatment relevant assessment criteria (Unit 6: 3.1-3.10) through the provision of their name, date and signature.

6) Time and date stamped **dermal filler treatment observation** photographs: 10 before treatment, 10 after treatment. The ratio between observing candidates and trainers must not have exceeded **10:1**
7) Time and date stamped **dermal filler treatment administration** photographs: 10 before treatment, 10 after treatment. The ratio between administering candidates and trainers must not have exceeded **1:1**

The first instance of dermal filler treatment observation must precede that of the first instance of dermal filler treatment administration; to be evidenced via the treatment photograph time and date stamps.

Please Note: For each instance of 6 and 7 above, the trainer is required to confirm satisfaction of the treatment relevant assessment criteria (Unit 8: 3.1-3.8) through the provision of their name, date and signature.

8) Internal Verification Report(s)
9) Completed IQ L7 Marking and Moderation Form (1x per candidate): Population of this three tabbed assessment mapping spreadsheet will prevent against accidental evidence omission at submission stage.

All completed portfolios, ready for moderation, should be submitted to the following email address by the deadline stated within the published timetable.

am.submissions@industryqualifications.org.uk

Stage Two

OSCE station performance video samples will then be requested by IQ and must be submitted to the same email address (supplied above) within 5 week days of this request.

OSCE performance footage will be sampled at moderation and centres will be made aware of these sampling requirements prior to the timetable identified dates of moderation and awarding.

All units must be met to be eligible for moderation.

Unit 1: Principles of History, Ethics and Law in Aesthetic Medicine

Estimated Unit TQT: 21
Estimated Unit GLH: 1
Level: 7

Unit Description: This unit covers the historical, ethical and economic background of aesthetic medicine. The learner will develop knowledge regarding the applications of medical ethical principles to aesthetic medicine, and an understanding of the current state of regulation and legislation within aesthetic medicine.

Learning Outcome - The learner will:	Assessment Criteria - The learner can:		Indicative Contents:
1. Understand the background of aesthetic medicine	1.1	Critically analyse aesthetic medicine in relation to its historical context	Historical context: E.g. Earliest records of practice and theorised response to consumer demand
	1.2	Critically analyse aesthetic medicine in relation to its ethical context	Ethical context: E.g. The four main medical ethical principles: autonomy, beneficence, non-maleficence and justice
	1.3	Critically analyse aesthetic medicine in relation to its economic background	Economic background: E.g. Sector growth and worth and impact of lack of regulation upon estimates of economic value
2. Understand the responsibilities of the General Medical Council (GMC) within aesthetic medicine	2.1	Critically analyse the role of the GMC in aesthetic medicine	Role of GMC: E.g. Authority over practitioners, publication of practitioner legislation and guidance, consultation and collaboration with HEE
	2.2	Evaluate the role of the Advertising Standards Agency within aesthetic medicine	Role of Advertising Standards Agency: Enforce professional advertising standards and ensure best practice with regard to marketing and marketing activities
3. Understand the legal obligations associated with aesthetic medicine	3.1	Describe key legislation relevant to the aesthetic medicine industry	Key legislation: E.g. Prescribing legislation and guidance, legislation and controls impacting cosmetic practice, professional standards of practice, commercial aspects of practice, confidentiality and generic legislation relevant to all healthcare professionals
	3.2	Critically analyse the use of promotional offers within aesthetic medicine	Use of promotional offers: E.g. Types, impact upon the client, GMC guidelines and marketing differences between botulinum toxin and dermal fillers

	3.3	Explain the pre-treatment conditions that must be in place for good medical practice within aesthetic medicine	Pre-treatment conditions: E.g. All elements of good medical practice addressed, including; voluntariness/absence of duress or coercion, consideration of client goals, medical history and risk status, client psychological needs addressed, alternative professionals/authorities consulted (if required), procedural information and emergency contact details provided, conflicts of interest addressed, informed consent achieved and waivers and disclaimers signed
	3.4	Critically analyse the role of product liability within aesthetic medicine	Product Liability: E.g. Implications of malfunctioning products and off-licence product use

Unit 1: Guidance on Delivery and Assessment

Delivery

This compensatory unit covers the knowledge and understanding that the candidate needs to understand the historical, ethical and economic background of aesthetic medicine, including the current state of regulation and legislation. It can be delivered via lectures and/or E-learning and is based upon **three** separate sources of guidance:

1) HEE: Qualification requirements for the delivery of cosmetic procedures (2015)
2) GMC: Guidance for doctors who offer cosmetic interventions (2016)
3) JCCP: Education and Training Standards (2018)

Assessment

The assessment for this unit comprises an assignment consisting of four short answer questions (SAQs). All SAQs require booking through the Industry Qualifications IQR system. Each SAQ will cover one or more assessment criteria within the unit. These SAQs are externally set, internally marked, internally verified and quality assured by IQ moderation and awarding panel.

Candidates are expected to adhere to the word count, provided as a range within the question text. A 10% leeway either side of this range is permitted before marks will be deducted. There is no formal time limit for the completion of the SAQs, besides that of the validity of assessment materials.

SAQ responses will be compiled within and submitted as a singular word document, contributing towards the candidate's portfolio of evidence. The portfolio of evidence will contain all elements necessary to map and claim knowledge and competence and so can be thought of as the achievement record for the present qualification.

Within the portfolio of evidence, candidates will be required to sign a statement of authenticity, confirming all evidence provided as their own.

This unit must be met to achieve the qualification.

Links

This unit was developed in line with the HEE qualification requirements for the delivery of cosmetic procedures (2015) and GMC guidance for doctors who offer cosmetic interventions (2016). It meets the requirements of the JCCP Education and Training Standards (2018). For additional resources, please refer to the resources and useful websites section located at the end of this document.

Unit 2: Principles of Treatment in Aesthetic Medicine

Estimated Unit TQT: 29
Estimated Unit GLH: 1
Level: 7

Unit Description: This unit covers the client-centred standards of care expected from a practitioner of aesthetic medicine. It also addresses a range of methodological and appearance related considerations specific to the practice of aesthetic medicine. The learner will develop an understanding of principles guiding the practice of aesthetic medicine, with an overarching focus upon the tailoring of treatments to a client's needs.

Learning Outcome - The learner will:	Assessment Criteria - The learner can:		Indicative Contents:
1. Understand the importance of individualised treatments with reference to aesthetic medicine	1.1	Analyse the implications of a client-centred approach to aesthetic medicine	Client-centred approach: E.g. Treatment tailored to the individual. Includes considerations of client; aims, goals, medical history, psychological needs, physiology, anatomy, skin condition and recovery requirements
	1.2	Analyse how common health conditions can have impact upon a treatment	Health conditions impacting treatment: E.g. Diabetes, hypertension, autoimmune disease, immunocompromisation, transmissible infections, alcohol/drug abuse and common treatment-medication interactions
	1.3	Explain the aftercare measures required to support continuity of care	Aftercare measures to support continuity of care: E.g. Provision of; a discharge letter, full list of medications/procedures taken/conducted and the associated risks, contact details in the event of an adverse effect/reaction and well maintained client treatment records. If appropriate; scheduled follow-up appointments, post-treatment medicines/equipment, correspondence with client GP and onward referral
	1.4	Critically appraise the importance of continuity of care	Importance of continuity of care: E.g. Provides client-centred support, mitigates risk, impact upon treatment outcome and client experience
	1.5	Analyse the role of the doctor and other professionals in facilitating therapeutic or lifestyle changes	Role of the doctor and other professionals: E.g. Provision of treatment advice and/or guidance, follow-up appointments and psychological support
2. Understand the actions required as part of the pre-procedural client consultation and related informed consent process	2.1	Explain the topics to include within a pre-treatment practitioner-client consultation	Topics to include in pre-treatment consultation: E.g. Client goals and aims, medical history, treatment options and associated costs, realistic treatment expectations/limitations, possible treatment complications/risks, conflicts of interest, alternative treatment options and the options/requirements relating to aftercare and continuity of care

	2.2	Critically compare consent and informed consent	Consent can be uninformed if: E.g. The client is; psychologically vulnerable, coerced into treatment, provided with insufficient time and information prior to treatment decisions, unaware of the treatment risks and alternatives, unaware of the aftercare and continuity of care implications or treated by a practitioner uninvolved in the consultation/informed consent process
	2.3	Explain shared decision making in the context of aesthetic medicine	Shared decision making: E.g. With reference to unit 2 assessment criteria 2.1; decisions fostered through practitioner-client communication
	2.4	Explain the role of record keeping with reference to practitioner-client consultations	Role of record keeping: E.g. Legal requirement, vital for; client-centred care, outcome monitoring, complication management, aftercare and continuity of care
	2.5	Critically appraise the importance of providing clients with detailed procedural information prior to a treatment decision	Provision of procedural information: E.g. Written and verbal, relation to; client-centred approach, client decision making, informed consent, aftercare and continuity of care
	2.6	Critically appraise the importance of providing clients with decisional time prior to a treatment decision	Provision of decisional time: E.g. Relation to; client-centred approach, client decision making, absence of duress/coercion and informed consent
	2.7	Evaluate the role of communication upon concordance with outcome expectations	Role of communication: E.g. With reference to unit 2 assessment criteria 2.1, relation to; client-centred approach, informed consent and realistic outcome expectations
3. Understand key methodological considerations general within aesthetic medicine	3.1	Explain the criteria required of a premises for practicing aesthetic medicine	Premises requirements: E.g. Safe, sterile, suitably equipped, suitably staffed, compliance with regulatory requirements and legal requirements specific to Scotland
	3.2	Explain the necessity of physically examining a client prior to aesthetic medicine prescription or administration	Necessity of physical pre-treatment examination: E.g. Prevents remote prescribing, relation to client-centred approach, facilitates in depth practitioner-client consultation and associated informed consent
	3.3	Evaluate the use of topical anaesthetics within aesthetic medicine	Use of topical anaesthetics: E.g. Types, storage, concentrations, risks, application timing, procedural relevance and common applications
	3.4	Critically evaluate the use of combination procedures to maximise outcomes	Use of combination procedures: E.g. Client-dependent, common combinations, possible advantages and risks

	3.5	Explain the use of a routine audit of clinical outcomes to evaluate clinical actions	Use of routine audit of clinical outcomes: E.g. Enables reflective practice, informs future actions, can improve clinical processes and informs professional development
	3.6	Explain the potential causes and effects of needle-stick injuries	Causes and effects of needle-stick injuries: E.g. Risks posed through lack of PPE and unsafe clinical environment, effects include; psychological and pathogenic
	3.7	Explain measures to take upon identifying a needle-stick injury	Measures to take post needle-stick injury: E.g. Communication with client, post-exposure prophylaxis, blood test for transmissible pathogens, document and report the injury, onward referral (if appropriate), post-incident debriefing and reflective practice
	3.8	Identify the signs/symptoms associated with a vasovagal response	Symptoms of vasovagal response: E.g. Syncopal episode, nausea, loss of bladder control, tunnel vision and clamminess.
	3.9	Explain means to manage a vasovagal response	Vasovagal response management: E.g. Communication with client, client repositioning, hydration and onward referral (if appropriate)
4. Understand the relationship between specific physical qualities and concepts of youth and attractiveness	4.1	Describe the morphology of facial ageing	Morphology of facial ageing: E.g. Changes to facial; wrinkles, skin folds, fat pads, muscles, bones and specific volumes. Associated changes to facial; shape, texture, contours and proportions
	4.2	Assess the relationship between facial shape and concepts of youth and attractiveness	Facial shape and concepts of youth and attractiveness: E.g. Culture dependence, relation to sexual dimorphism and the impact of the following facial shapes; V shaped, square shaped and inverted V shaped
	4.3	Assess the relationship between facial proportions and concepts of youth and attractiveness	Facial proportions and concepts of youth and attractiveness: E.g. Culture dependence and the impact of the following facial proportions; upper face, mid-face and lower face
	4.4	Assess the role of symmetry in relation to concepts of youth and attractiveness	Facial symmetry and concepts of youth and attractiveness: E.g. Theorised evolutionary origins, theorised cultural origins and the impact of; symmetry and asymmetry
	4.5	Assess the role of eyebrow shape in relation to concepts of youth and attractiveness	Role of eyebrow shape and concepts of youth and attractiveness: E.g. Culture dependence, gender dependence and the impact of; arched eyebrows and straight eyebrows
	4.6	Assess the relationship between skin folds and concepts of youth and attractiveness	Skin folds and concepts of youth and attractiveness: E.g. Effects upon visual perception and the impact of; skin folds and uneven skin texture with reference to unit 2 assessment criteria 4.1

	4.7	Assess the relationship between wrinkles and concepts of youth and attractiveness	Wrinkles and concepts of youth and attractiveness: E.g. Types, effects upon visual perception and impact with reference to unit 2 assessment criteria 4.1
	4.8	Assess the role of facial contours in relation to concepts of youth and attractiveness	Facial contours and concepts of youth and attractiveness: E.g. Culture dependence, gender dependence and the impact of; skin condition, cheek location, lip size, chin size and nose size

Unit 2: Guidance on Delivery and Assessment

Delivery

This compensatory unit covers the knowledge and understanding that the candidate needs to understand the key principles of treatment in aesthetic medicine. These include methodological and appearance related considerations in addition to those specific to the provision of client-centred care. It can be delivered via lectures or lectures and E-learning and is based upon **three** separate sources of guidance:

1) HEE: Qualification requirements for the delivery of cosmetic procedures (November 2015)
2) GMC: Guidance for doctors who offer cosmetic interventions (April 2016)
3) JCCP: Education and Training Standards (2018)

Assessment

The assessment for this unit comprises an assignment consisting of eight short answer questions (SAQs). All SAQs require booking through the Industry Qualifications IQR system. Each SAQ will cover one or more assessment criteria within the unit. These SAQs are externally set, internally marked, internally verified and quality assured by IQ moderation and awarding panel.

Candidates are expected to adhere to the word count, provided as a range within the question text. A 10% leeway either side of this range is permitted before marks will be deducted. There is no formal time limit for the completion of the SAQs, besides that of the validity of assessment materials.

SAQ responses will be compiled within and submitted as a singular word document, contributing towards the candidate's portfolio of evidence. The portfolio of evidence will contain all elements necessary to map and claim knowledge and competence and so can be thought of as the achievement record for the present qualification.

Within the portfolio of evidence, candidates will be required to sign a statement of authenticity, confirming all evidence provided as their own.

This unit must be met to achieve the qualification.

Links

This unit was developed in line with the HEE qualification requirements for the delivery of cosmetic procedures (2015) and GMC guidance for doctors who offer cosmetic interventions (2016). It meets the requirements of the JCCP Education and Training Standards (2018). For additional resources, please refer to the resources and useful websites section located at the end of this document.

Unit 3: Principles of Cosmetic Psychology in Aesthetic Medicine

Estimated Unit TQT: 32
Estimated Unit GLH: 1
Level: 7

Unit Description: This unit covers the psychological aspects of client safety in aesthetic medicine. The learner will develop an understanding of the role of psychology within aesthetic medicine; from the recognition and response to client needs, to those of mental health issues/concerns.

Learning Outcome - The learner will:	Assessment Criteria - The learner can:		Indicative Contents:
1. Understand the key drivers for cosmetic procedures within aesthetic medicine	1.1	Analyse the drivers for cosmetic procedures, with reference to psychological theories of attractiveness and appearance	Drivers for cosmetic procedures: E.g. Personal aspirations, expectations, social pressure, cultural pressure, marketing, advertising and psychological conditions
	1.2	Critically evaluate the two way relationship between social changes and aesthetic medicine	Social changes and aesthetic medicine: E.g. Influence of; societal norms, expectations, aesthetic medicine results and procedural prevalence
	1.3	Evaluate the evidence supporting the impact of cosmetic procedures upon psychological wellbeing	Impact of cosmetic procedures upon wellbeing: E.g. Subjective data, lack of objective data and proposals to increase evidence-based data
2. Understand the key 'at risk' groups with reference to aesthetic medicine	2.1	Identify the key 'at risk' groups with reference to aesthetic medicine	'At risk' groups: E.g. Children, young people, capacity concerns, mental health issues; obsessive compulsive disorder (OCD) and body dysmorphic disorder (BDD)
	2.2	Identify the NICE guidelines, referring to mental health, that are relevant to aesthetic medicine	NICE guidelines of relevance to aesthetic medicine: E.g. Informed consent, recognition of and response to OCD and BDD, associated; multidisciplinary working, professional partnership and pre-treatment referral
	2.3	Explain clinical evidence that might suggest the presentation of a specific mental health condition	Clinical evidence indicative of mental health conditions: E.g. With reference to unit 3 assessment criteria 2.1; inability to make/communicate an informed decision, anxious and/or depressive behaviours, obsessive and/or compulsive behaviours, repetitive behaviours, suicidal ideation/attempts, introspective bias, maladaptive emotional bias, appearance fixation, social avoidance, sleep disturbance, self-worth doubts, home life instability and unrealistic treatment expectations

	2.4	Evaluate the use of screening tools to identify 'at risk' groups, referring to mental health	Use of screening tools: E.g. Modality specific, requires formal training and client consent, potential impact of false positives/negatives, to support not replace clinician's judgement, restrictions and practitioner responsibility for onward referral with reference to unit 3 assessment criteria 2.3
	2.5	Explain responses upon identifying a client as 'at risk'	Responses to 'at risk' clients: E.g. Client consultation, evaluation of consent, family consultation (if appropriate), involvement of multidisciplinary team, onward referral and treatment refusal
3. Understand how to respond to a range of psychological issues	3.1	Evaluate the importance of professional boundary setting within cosmetic psychology	Importance of professional boundary setting: E.g. Adherence to legislation and codes of conduct, value for practitioner and client and relation to; client safety, practitioner honesty, client expectations and ethical considerations
	3.2	Analyse a range of pathways for providing psychological and emotional support	Pathways for psychological support: E.g. Pre-treatment; practitioner-client consultation, shared decision making referring to care plan development and onward referral to psychological services. Post-treatment; practitioner-client consultation, shared decision making referring to aftercare plan and continuity of care measures and onward referral to psychological services
	3.3	Explain psychological strategies to manage post-treatment conceptions of unmet expectations	Strategies for unmet expectations: E.g. Client consultation, referral to pre-treatment client consultation records, evaluation of expectation realism, shared decision making referring to aftercare plan and continuity of care measures and onward referral to psychological services
	3.4	Explain psychological strategies to manage post-treatment, post-decisional regret.	Strategies for post-decisional regret: E.g. Client consultation, referral to client aims/goals within pre-treatment client consultation records, discussion of reversal options, shared decision making referring to aftercare plan and continuity of care measures and onward referral to psychological services

Unit 3: Guidance on Delivery and Assessment

Delivery

This compensatory unit covers the knowledge and understanding that the candidate needs to understand the key principles of cosmetic psychology in aesthetic medicine. These include the drivers for cosmetic procedures and the recognition and response to client needs. It can be delivered via lectures and/or E-learning and is based upon **three** separate sources of guidance:

1) HEE: Qualification requirements for the delivery of cosmetic procedures (November 2015)
2) GMC: Guidance for doctors who offer cosmetic interventions (April 2016)
3) JCCP: Education and Training Standards (2018)

Assessment

The assessment for this unit comprises an assignment consisting of four short answer questions (SAQs). All SAQs require booking through the Industry Qualifications IQR system. Each SAQ will cover one or more assessment criteria within the unit. These SAQs are externally set, internally marked, internally verified and quality assured by IQ moderation and awarding panel.

Candidates are expected to adhere to the word count, provided as a range within the question text. A 10% leeway either side of this range is permitted before marks will be deducted. There is no formal time limit for the completion of the SAQs, besides that of the validity of assessment materials.

SAQ responses will be compiled within and submitted as a singular word document, contributing towards the candidate's portfolio of evidence. The portfolio of evidence will contain all elements necessary to map and claim knowledge and competence and so can be thought of as the achievement record for the present qualification.

Within the portfolio of evidence, candidates will be required to sign a statement of authenticity, confirming all evidence provided as their own.

This unit must be met to achieve the qualification.

Links

This unit was developed in line with the HEE qualification requirements for the delivery of cosmetic procedures (2015) and GMC guidance for doctors who offer cosmetic interventions (2016). It meets the requirements of the JCCP Education and Training Standards (2018). For additional resources, please refer to the resources and useful websites section located at the end of this document.

Unit 4: Principles of Dermatology in Aesthetic Medicine

Estimated Unit TQT: 42
Estimated Unit GLH: 3
Level: 7

Unit Description: This unit covers the elements of dermatology relevant to a practitioner of aesthetic medicine. The learner will develop an understanding of a range of dermatological concepts, including; histology, skin care, ageing and skin pathologies.

Learning Outcome - The learner will:	Assessment Criteria - The learner can:		Indicative Contents:
1. Understand the structure and function of the skin and hair	1.1	Explain the structure of skin	Structure of skin: E.g. Epidermis, dermis and hypodermis
	1.2	Analyse the function of skin	Function of skin: E.g. Layer dependent; thermoregulation, UVR protection, sensation, physical barrier, tensile strength, visco-elasticity and compressive quality
	1.3	Explain the structure of hair	Structure of hair: E.g. Hair follicle and related piloerection complex
	1.4	Analyse the function of hair	Function of hair: E.g. Protection, thermoregulation, sensation and role in wound healing
	1.5	Analyse the features of skin microbiology that are relevant to aesthetic medicine	Skin microbiology of relevance to aesthetic medicine: E.g. Physiological and pathological skin flora
	1.6	Analyse the features of the skin microbiome that are relevant to aesthetic medicine	Skin microbiome of relevance to aesthetic medicine: E.g. Microbiota, biofilm, contaminants and relation to; treatments, infection and disease
2. Understand the impacts of age and dermatological condition upon the skin	2.1	Explain intrinsic skin ageing	Intrinsic skin ageing: E.g. Degenerative, internally driven, preprogramed/genetic, synthesis impact(s), functional impact(s) and aesthetic impact(s)
	2.2	Explain extrinsic skin ageing	Extrinsic skin ageing: E.g. Degenerative, externally driven, impact(s) and contributing factors including; ultra-violet radiation, smoking, pollution and stress
	2.3	Analyse the impact of a range of dermatological conditions upon appearance	Dermatological conditions impacting appearance: E.g. Deleterious effects of; pigmentary lesions, acne, autoimmune conditions, dermatitis, psoriasis, rosacea, drug eruptions and scarring
3. Understand the use of dermatologically focussed tools and products	3.1	Critically appraise the effects of a range of basic skin care products	Effects of skin care products: E.g. Sun protection factor (SPF)/ photodamage preventatives, pH balancers and 'anti-ageing' products

	3.2	Critically appraise the effects of a range of cosmeceuticals	Effects of cosmeceuticals: E.g. Retinoic acid, antioxidants, peptides and growth factors
	3.3	Explain the use of tools with reference to a skin health assessment	Skin health assessment tools: E.g. The Fitzpatrick scale and the Glogau scale

Unit 4: Guidance on Delivery and Assessment

Delivery

This compensatory unit covers the knowledge and understanding that the candidate needs to understand the key principles of dermatology in aesthetic medicine. These include; histology, skin care, ageing and skin pathologies. It can be delivered via lectures or lectures and E-learning, in addition to an OSCE (objective structured clinical examination) station and is based upon **three** separate sources of guidance:

1) HEE: Qualification requirements for the delivery of cosmetic procedures (November 2015)
2) GMC: Guidance for doctors who offer cosmetic interventions (April 2016)
3) JCCP: Education and Training Standards (2018)

Assessment

The assessment for this unit comprises an assignment consisting of seven short answer questions (SAQs) and one dermatologically focussed OSCE station.

All SAQs require booking through the Industry Qualifications IQR system. Each SAQ will cover one or more assessment criteria within the unit. These SAQs are externally set, internally marked, internally verified and quality assured by IQ moderation and awarding panel. Candidates are expected to adhere to the word count, provided as a range within the question text. A 10% leeway either side of this range is permitted before marks will be deducted. There is no formal time limit for the completion of the SAQs, besides that of the validity of assessment materials. SAQ responses will be compiled within and submitted as a singular word document, contributing towards the candidate's portfolio of evidence.

The OSCE station will cover one or more assessment criteria within the unit. It is externally set, internally marked, internally verified and quality assured by IQ moderation and awarding panel. Approximately four hours of candidate preparation will be required prior to the sitting of the one hour OSCE station examination. Marks can be lost for clinically important omissions and the examination will be filmed. All OSCE's require booking through the Industry Qualifications IQR system. Completed OSCE assessment documentation will be submitted towards the candidate's portfolio of evidence. OSCE station footage will be sampled at the moderation and awarding meeting and centres will be made aware of the cohort specific sampling requirements in advance of each meeting. Footage must be maintained securely on site for a minimum of three years and made available to the external verifier (EV) when requested.

The portfolio of evidence will contain all elements necessary to map and claim knowledge and competence and so can be thought of as the achievement record for the present qualification**.** Within the portfolio of evidence, candidates will be required to sign a statement of authenticity, confirming all evidence provided as their own.

This unit must be met to achieve the qualification.

Links

This unit was developed in line with the HEE qualification requirements for the delivery of cosmetic procedures (2015) and GMC guidance for doctors who offer cosmetic interventions (2016). It meets the requirements of the JCCP Education and Training Standards (2018). For additional resources, please refer to the resources and useful websites section located at the end of this document.

Unit 5: Principles of Botulinum Toxin Use in Aesthetic Medicine

Estimated Unit TQT: 36
Estimated Unit GLH: 1
Level: 7

Unit Description: This unit covers the biochemistry and pharmacology of botulinum toxin. With reference to the use of botulinum toxin within aesthetic medicine, it also addresses; relevant areas of anatomy, risks/complications and complication management strategies. The learner will develop an understanding of the actions of botulinum toxin and the associated responsibilities of a practitioner delivering botulinum toxin treatments.

Learning Outcome - The learner will:	Assessment Criteria - The learner can:		Indicative Contents:
1. Understand the biochemistry and mechanisms of action of botulinum toxin	1.1	Analyse the key components of neuromuscular synaptic transmission	Components of neuromuscular synaptic transmission: E.g. Depolarisation, enzyme activation and presynaptic; receptors, vesicles, neurotransmitters, ion channels, ions, synaptic machinery/proteins, tethering, docking and exocytosis. Postsynaptic; receptors and activation
	1.2	Analyse the mechanism of action of botulinum toxin with reference to neuromuscular synaptic transmission	Botulinum toxin mechanism of action: E.g. Bind site, binding, reversibility and effects upon; synaptic machinery/proteins, tethering, docking, exocytosis, synaptic transmission and postsynaptic activation
	1.3	Explain the pre-injection preparation of botulinum toxin	Pre-injection preparation: E.g. Storage, dilution, concentration and syringe preparation
	1.4	Explain the dosage of a range of botulinum toxin products	Dosage of botulinum toxin products: E.g. Adherence to manufacturer's instructions and common formulations; BOTOX, Azzalure and Bocouture
	1.5	Analyse the pharmacodynamics of botulinum toxin	Pharmacodynamics of botulinum toxin: E.g. Desired effects, undesired effects, therapeutic window, duration of action, dose-response curves and toxicity
2. Understand the facial and neck anatomy relevant to the use of botulinum toxin within aesthetic medicine	2.1	Explain the blood vessels of relevance to the use of botulinum toxin	Facial/ neck blood vessels: E.g. Supraorbital artery/vein, sentinel vein, supratrochlear artery/vein, dorsal nasal artery/vein, angular artery/vein, nasociliary artery/vein, median temporal vein, zygomaticotemporal artery, anterior/posterior deep temporal artery, zygomaticofacial artery/vein, infraorbital artery/vein, superior labial artery/vein and facial artery/vein

	2.2	Explain the nerves of relevance to the use of botulinum toxin	Facial/neck nerves: E.g. Zygomatic/buccal branches of the facial nerve, great articular nerves, temporal branch of facial nerve, supraorbital/ supratrochlear nerve, infraorbital nerve and the mental nerve
	2.3	Explain the muscles of relevance to the use of botulinum toxin	Facial/neck muscles: E.g. Frontalis, corrugators, procerus and orbicularis oculi
	2.4	Critically compare static and dynamic wrinkling in relation to botulinum toxin use	Static/dynamic wrinkling and botulinum toxin use: E.g. Static and dynamic wrinkling; expression dependence and impact upon botulinum toxin efficacy. Botulinum toxin usage dependent upon efficacy
3. Understand the risks and the management options, referring to adverse effects, associated with botulinum toxin administration	3.1	Analyse the contraindications for the use of botulinum toxin	Botulinum toxin contraindications: E.g. History of product allergic reaction/anaphylaxis, pregnancy, breast-feeding, infection at injection site, neuromuscular disorder and client mental health concerns
	3.2	Explain the risks associated with a range of common botulinum toxin treatment areas	Common treatment areas and risk: E.g. Risks associated with; glabellar frown lines, crow's feet and lower face treatments
	3.3	Explain the potential adverse effects associated with botulinum toxin administration	Potential adverse effects: E.g. Bruising, swelling, ecchymosis, pain, headache, surface oedema, periorbital oedema, facial paresis, facial asymmetry, ptosis, dry eyes, dry mouth, drooling, lip drooping, difficulty swallowing, difficulty speaking, allergic/anaphylactic reaction and respiratory distress
	3.4	Analyse the management options available in the event of an adverse effect post botulinum toxin administration	Adverse effect management options: E.g. Client communication and consultation, application of pressure on the bleed, topical product administration, lopidine 0.5% administration, treatment 'cooldown' period, follow-up appointments and onward referral
	3.5	Formulate solutions to address a range of suboptimal therapeutic outcomes using knowledge of facial muscle interactions	Solutions to suboptimal therapeutic outcomes: E.g. With consideration of the primary muscles within the glabellar complex; client communication and consultation, alternative brand/drug administration, follow-up appointments and top-up dosages
	3.6	Critically analyse the role of client occupation upon adverse effect orientated management options	Occupation and adverse effect management: E.g. Aftercare and continuity of care implications for; internally facing roles and externally facing roles

Unit 5: Guidance on Delivery and Assessment

Delivery

This compensatory unit covers the knowledge and understanding that the candidate needs to understand the key principles of botulinum toxin use in aesthetic medicine. These include the biochemistry and pharmacology of botulinum toxin, in addition to botulinum toxin use relevant; anatomy, risks and management strategies. It can be delivered via lectures or lectures and E-learning, in addition to practical demonstrations and is based upon **three** separate sources of guidance:

1) HEE: Qualification requirements for the delivery of cosmetic procedures (November 2015)
2) GMC: Guidance for doctors who offer cosmetic interventions (April 2016)
3) JCCP: Education and Training Standards (2018)

Assessment

The assessment for this unit comprises an assignment consisting of six short answer questions (SAQs). All SAQs require booking through the Industry Qualifications IQR system. Each SAQ will cover one or more assessment criteria within the unit. These SAQs are externally set, internally marked, internally verified and quality assured by IQ moderation and awarding panel.

Candidates are expected to adhere to the word count, provided as a range within the question text. A 10% leeway either side of this range is permitted before marks will be deducted. There is no formal time limit for the completion of the SAQs, besides that of the validity of assessment materials.

SAQ responses will be compiled within and submitted as a singular word document, contributing towards the candidate's portfolio of evidence. The portfolio of evidence will contain all elements necessary to map and claim knowledge and competence and so can be thought of as the achievement record for the present qualification.

Within the portfolio of evidence, candidates will be required to sign a statement of authenticity, confirming all evidence provided as their own.

This unit must be met to achieve the qualification.

Links

This unit was developed in line with the HEE qualification requirements for the delivery of cosmetic procedures (2015) and GMC guidance for doctors who offer cosmetic interventions (2016). It meets the requirements of the JCCP Education and Training Standards (2018). For additional resources, please refer to the resources and useful websites section located at the end of this document.

Unit 6: Practice of Botulinum Toxin Use in Aesthetic Medicine

Estimated Unit TQT: 37
Estimated Unit GLH: 25
Level: 7

Unit Description: This unit covers the competence elements of botulinum toxin administration. The learner will develop the ability to administer botulinum toxin treatments, individualised to the needs of a client, including all stages of client consultation and care plan development.

Learning Outcome - The learner will:	Assessment Criteria - The learner can:		Indicative Contents:
1. Be able to perform client assessments relating to the use of botulinum toxin	1.1	Assess facial shape	Assessment of facial shape: E.g. Client goals/aims, upper, middle and lower face shape assessment; whole face assessment
	1.2	Assess wrinkles	Assessment of wrinkles: E.g. Client goals/aims, use of the Glogau scale; glabellar lines, crow's feet, horizontal forehead lines, lower lid, upper lip, depressor angularis oris, platysmal bands, nasalis/upper lip, nasal scrunch and flare
2. Be able to develop a range of treatment plans relating to the use of botulinum toxin	2.1	Formulate a treatment plan for facial shape	Facial shape treatment plan: E.g. Application of clinical knowledge to formulate medically sound clinical judgements; masseter muscle narrowing/atrophy and individualised treatment plans with reference to unit 6 assessment criteria 1.1
	2.2	Formulate a treatment plan for wrinkles	Wrinkle treatment plan: E.g. Application of clinical knowledge to formulate medically sound clinical judgements and individualised treatment plans with reference to unit 6 assessment criteria 1.2
3. Be able to administer botulinum toxin	3.1	Perform a pre-treatment practitioner-client consultation	Pre-treatment consultation: E.g. Address client; goals/aims, needs, voluntariness, risk, medical history and questions/concerns. Provide written and verbal information regarding; treatment options and associated costs, realistic treatment expectations/limitations, possible treatment complications/risks, conflicts of interest, alternative treatment options and the options/requirements relating to aftercare and continuity of care. Write; individualised client consultation records

	3.2	Develop a pre-procedural care plan with a client	Pre-procedural care plan development: E.g. With reference to unit 6 assessment criteria 3.1, provide; time for client pre-procedural reflection and information supporting the client's ability to change their mind. With reference to client procedural selection, ensure; the client is instrumental in all decisions/shared decision making processes, treatment parameters are selected based upon client needs, the client is provided with written and verbal procedure specific information including risks, the client is given information detailing the specific aftercare and continuity of care implications of the treatment, the client is free of duress/coercion, alternative professionals/authorities are consulted if required and the client is provided with relevant emergency contact details. For treatment to continue, the client must; be able to provide informed consent and sign the necessary waivers and disclaimers. The practitioner must document within the client records; care plan discussions, considerations and conclusions
	3.3	Demonstrate clean/sterile techniques	Demonstrate clean/sterile techniques: E.g. Practitioner handwashing, instrument sterilisation/disposal and use of chlorhexidine
	3.4	Reconstitute and store various botulinum toxin products	Reconstitute and store botulinum toxin products: E.g. Product dependent and requires adherence to manufacturers' guidelines
	3.5	Interpret the manufacturers' usage guidelines across a range of botulinum toxin products	Interpret manufacturers' usage guidelines for botulinum toxin products: E.g. Product dependent, client dependent and requires adherence to manufacturers' guidelines
	3.6	Adjust botulinum toxin dosage with reference to individualised treatment plans	Individualised adjustment of botulinum toxin dosage: E.g. Analyse; client facial muscle size and associated impact on injection sites
	3.7	Take standardised pre and post-treatment client photographs	Take standardised pre and post-treatment client photographs: E.g. Profile, oblique and lateral client photographs. Include; a range of client facial expressions. Timing; immediately before and after treatment
	3.8	Administer botulinum toxin	Administer botulinum toxin: E.g. Adhere to client consented care plan, demonstrate; safe syringe preparation, accuracy referring to injection; site depth and dosage and safe injection techniques
	3.9	Utilise pre and post-treatment client photographs within practitioner-client meetings	Utilise pre and post-treatment client photographs: E.g. To; evidence treatment impact, evaluate treatment outcome, identify recovery expectations and, with reference to unit 6 assessment criteria 3.1-3.2, demonstrate adherence to initial client aims/goals

	3.10	Develop an aftercare plan and continuity of care measures with a client	Aftercare plan development: E.g. With reference to unit 6 assessment criteria 3.1-3.2, provide recommendations for outcome; promotion, maintenance and risk mitigation. Contact; client GP (if appropriate). Provide; necessary post-treatment medicines/equipment and information regarding/supporting prompt adverse event reporting and management. Identify to the client; required follow-up appointments, available support networks and referral options. Document within the client records; aftercare plan discussions, considerations and conclusions

Unit 6: Guidance on Delivery and Assessment

This unit contains both compensatory and non-compensatory components. It covers the competence that the candidate needs to administer botulinum toxin treatments, individualised to the needs of a client. It can be delivered via a combination of OSCE (objective structured clinical examination) stations, supervised practices and clinical practice sessions, the latter occurring across both treatment observation and administration modalities. It is based upon **three** separate sources of guidance:

1) HEE: Qualification requirements for the delivery of cosmetic procedures (November 2015)
2) GMC: Guidance for doctors who offer cosmetic interventions (April 2016)
3) JCCP: Education and Training Standards (2018)

Assessment

The assessment for this unit is both compensatory and non-compensatory:

The compensatory component consists of three OSCE stations. These focus upon a range of procedures key to any botulinum toxin treatment.

Each OSCE station will cover one or more assessment criteria within the unit. They are externally set, internally marked, internally verified and quality assured by IQ moderation and awarding panel. Approximately four hours of candidate preparation will be required prior to the sitting of each one hour OSCE station examination. Marks can be lost for clinically important omissions and the examinations will be filmed. All OSCE's require booking through the Industry Qualifications IQR system. Completed OSCE assessment documentation will be submitted towards the candidate's portfolio of evidence. OSCE station footage will be sampled at the moderation and awarding meeting and centres will be made aware of the cohort specific sampling requirements in advance of each meeting. Footage must be maintained securely on site for a minimum of three years and made available to the external verifier (EV) when requested.

The non-compensatory component requires candidates to engage in clinical practice, satisfying the following requirements:

1) Candidates must observe a total of 10 botulinum toxin treatments administered to 10 different clients.
   - The ratio between observing candidates and trainers must not exceed 10:1.
2) Candidates must administer a total of 10 botulinum toxin treatments to 10 different clients.
   - The ratio between administering candidates and trainers must not exceed 1:1

In adherence with GMC guidelines, it is an additional requirement that the first instance of treatment observation (1) precedes that of the first instance of treatment administration (2).

For each instance of requirements (1) and (2) above, the entirety of learning outcome 3 (assessment criteria 3.1-3.10) will be covered.

These clinical practice elements are internally set, marked and verified, quality assured by IQ moderation and awarding panel. The time taken for their completion will be dependent upon both the client needs and the associated procedure to be observed/ administered.

Confirmation of the relevant assessment criteria fulfilment, for each instance of requirements (1) and (2) above, will be indicated by the trainer whose name and signature must be documented within the candidate portfolio of evidence alongside the appropriate date.
All assessment criteria must be met for the treatment to contribute towards one of the required 10 botulinum toxin observations (1) or administrations (2) (contribution dependent upon the modality of practice).

Time and date stamped client before and after treatment photographs will be additionally used to evidence the achievement of each instance of requirements (1) and (2) above. A minimum of 40 client photographs will therefore be required for the assessment of this unit:

- 10x before treatment photographs; one for each of the 10 required treatment observations
- 10x before treatment photographs; one for each of the 10 required treatment administrations
- 10x after treatment photographs; one for each of the 10 required treatment observations
- 10x after treatment photographs; one for each of the 10 required treatment administrations

Client photographs will be submitted to and compiled within the candidate portfolio of evidence.

Achievement for each of the above requirements (1) and (2) will take the form of a pass/fail. Those failing will be encouraged to repeat the relevant form of clinical practice (observation/administration) until all of the assessment criteria within learning outcome 3 are met and can evidenced 10x. These non-compensatory components must be met to achieve the qualification.

The portfolio of evidence will contain all elements necessary to map and claim knowledge and competence and so can be thought of as the achievement record for the present qualification. Within the portfolio of evidence, candidates will be required to sign a statement of authenticity, confirming all evidence provided as their own.

This unit must be met to achieve the qualification.

Links

This unit was developed in line with the HEE qualification requirements for the delivery of cosmetic procedures (2015) and GMC guidance for doctors who offer cosmetic interventions (2016). It meets the requirements of the JCCP Education and Training Standards (2018). For additional resources, please refer to the resources and useful websites section located at the end of this document.

Unit 7: Principles of Dermal Filler Use in Aesthetic Medicine

Estimated Unit TQT: 43
Estimated Unit GLH: 2
Level: 7

Unit Description: This unit covers the biochemistry and pharmacology of a range of dermal fillers. With reference to the use of dermal fillers within aesthetic medicine, it also addresses; relevant areas of anatomy, injection techniques, risks/complications and complication management strategies. The learner will develop an understanding of the actions of dermal fillers and the associated responsibilities of a practitioner delivering dermal filler treatments.

Learning Outcome - The learner will:	Assessment Criteria - The learner can:		Indicative Contents:
1. Understand the biochemistry and mechanisms of action of dermal fillers	1.1	Analyse the mechanism of action of stimulatory fillers	Mechanism of action of stimulatory fillers: E.g. Induced foreign body reaction, dermis centred autologous collagen production and associated impacts upon volume
	1.2	Analyse the biochemistry of permanent dermal fillers	Biochemistry of permanent fillers: E.g. Polymethylmethacrylate beads (PMMA microspheres); man-made polymer, combined with bovine collagen, biocompatible and non-biodegradable
	1.3	Analyse the biochemistry of semi-permanent dermal fillers	Biochemistry of semi-permanent dermal fillers: E.g. Autologous fat, autologous lipid, ceramic particulate products, calcium hydroxylapatite; bio-stimulatory filler, mineral form of calcium apatite and biodegradable. Poly-L-lactic acid (PLLA); stimulatory filler, man-made polymer, biocompatible and biodegradable
	1.4	Analyse the biochemistry of temporary dermal fillers	Biochemistry of temporary dermal fillers: E.g. Hyaluronic acid (HA); replacement filler, endogenous presence in bodily tissues, energetically stable polysaccharide, 6-12 month duration of effect and impacts of cross-linking
	1.5	Analyse the pharmacology of permanent dermal fillers	Pharmacology of permanent dermal fillers: E.g. Polymethylmethacrylate beads (PMMA microspheres); injected under the skin, not absorbed/metabolized/excreted by the body and links with inflammatory reactions
	1.6	Analyse the pharmacology of semi-permanent dermal fillers	Pharmacology of semi-permanent dermal fillers: E.g. Poly-L-lactic acid (PLLA); injected under the skin, foreign body induced/stimulated neocollagenesis, localised collagen build-up, PLLA metabolism and PLLA excretion

	1.7	Analyse the pharmacology of temporary dermal fillers	Pharmacology of temporary dermal fillers: E.g. Hyaluronic Acid (HA); injected under the skin, considered a device/implant, rheological, lubricious, hydrophilic, localised swelling with water, metabolism/ hydrolyzation and excretion
	1.8	Critically contrast the biochemistry of replacement and stimulatory dermal fillers	Biochemistry of replacement and stimulatory dermal fillers: E.g. Replacement dermal fillers; HA; space occupying, non-stimulatory, decreased collagen duration and aggregation. Stimulatory dermal fillers; calcium hydroxyapatite, PLLA; collagen stimulators, greater collagen duration and aggregation.
	1.9	Critically contrast the pharmacology of replacement and stimulatory dermal fillers	Pharmacology of replacement and stimulatory dermal fillers: E.g. Replacement dermal fillers; HA; hydrophilic, combines with water to swell, hydrolyzed by hyaluronidase to disaccharide/tetrasaccharide and excreted. Stimulatory dermal fillers; PLLA; immunologically inert, local foreign body reaction to increase collagen deposits, metabolised to carbon dioxide and water and excreted via respiratory system
	1.10	Critically compare the use of dermal fillers with and without local anaesthetic	Dermal fillers with and without local anaesthetic: E.g. Inclusion of local anaesthetic; common formulation, filler mechanism of action unchanged, nociceptive effects, associated value for sensitive treatment areas, contraindications/complications including allergy and cost implications. Exclusion of local anaesthetic; lack of nociceptive effects, implications for sensitive treatment areas, potential impact upon treatment risk and costings
2. Understand the facial anatomy relevant to the use of dermal fillers within aesthetic medicine	2.1	Explain the facial blood vessels of relevance to the use of dermal fillers	Facial blood vessels: E.g. Supraorbital artery/vein, sentinel vein, supratrochlear artery/vein, dorsal nasal artery/vein, angular artery/vein, nasociliary artery/vein, median temporal vein, zygomaticotemporal artery, anterior/posterior deep temporal artery, zygomaticofacial artery/vein, infraorbital artery/vein, superior labial artery/vein and facial artery/vein
	2.2	Explain the facial nerves of relevance to the use of dermal fillers	Facial nerves: E.g. Zygomatic/buccal branches of the facial nerve, great articular nerves, temporal branch of facial nerve, supraorbital/supratrochlear nerve, infraorbital nerve and the mental nerve

	2.3	Explain the facial fat pads of relevance to the use of dermal fillers	Facial fat pads: E.g. Three fat compartments in the forehead (central and lateral), two superior intraorbital fat compartments, three inferior intraorbital fat compartments, three fat compartments in the subcutaneous periorbital area and four superficial fat compartments in the cheek area; nasolabial, medial, middle and lateral-temporal. Approximately two fat compartments in the deep cheek area, deep perioral fat compartments, two fat compartments lining the jaw and a deep chin fat pad
	2.4	Analyse the impact of age related anatomical and physiological changes upon dermal filler administration	Age related changes and dermal filler administration: E.g. Morphology of facial aging directs product placement. Loss of volume to upper face, increased volume lower face; cheek fillers. Loss of lip volume; lip fillers. Deep creases; individualised product placements
3. Understand a range of techniques for the application of dermal fillers	3.1	Explain a range of injection techniques	Injection techniques: E.g. Threading, depot, fanning and vectoring
	3.2	Evaluate the use of needles referring to dermal fillers	Use of needles: E.g. Traditional method for dermal filler delivery; locate site of injection, pierce into subcutaneous tissue, inject the filler and ensure sterile techniques used throughout
	3.3	Evaluate the use of cannulae referring to dermal fillers	Use of cannulae: E.g. More recent method for dermal filler delivery; locate site of injection, create a small puncture using a needle, insert round headed cannula, use minimal force to find a pathway to subcutaneous tissue, inject the filler and ensure sterile techniques used throughout
	3.4	Critically compare the advantages and disadvantages of needle use and the cannula technique	Advantages and disadvantages of needle and cannula techniques: E.g. Needle advantages; sufficient treatment efficacy, ease of use/reduced training requirements and low cost of tooling. Needle disadvantages; increased; administration points/skin trauma and recovery time, decreased; depth control and result evenness, increased risk of; vascular compromise, localized swelling, bruising, ecchymosis and pain. Cannula advantages; sufficient treatment efficacy, decreased; administration points/skin trauma and recovery time, increased; depth control, result evenness and suitability for treatments around the eyes, reduced risk of; vascular compromise, localised swelling, bruising, ecchymosis and pain. Related value for clients with externally facing job roles. Cannula disadvantages; complexity/ increased training requirements, increased cost of tooling and most advantages are dependent upon practitioner skill

4. Understand the risks and the management options, referring to adverse effects, associated with dermal filler administration	4.1	Analyse the contraindications for the use of dermal fillers	Dermal filler contraindications: E.g. History of product allergic reaction/anaphylaxis, pregnancy, breast feeding, infection at injection site and client mental health concerns
	4.2	Explain high risk treatment areas with reference to the use of dermal fillers	High risk treatment areas: E.g. Deep nasolabial folds and tear trough
	4.3	Explain the potential adverse effects associated with dermal filler administration	Potential adverse effects: E.g. Bruising, swelling, ecchymosis, vascular compromise, vascular occlusion/embolization, pain, headache, hypersensitivity, allergic/anaphylactic reaction, biofilm, granuloma, nodule formation with suppuration and abscess formation
	4.4	Analyse the management options available in the event of an adverse effect post dermal filler administration	Adverse effect management options: E.g. Client communication and consultation, application of pressure on bleed, topical product administration, treatment 'cooldown' period, follow-up appointments, flooding of treatment area with hyaluronidase and onward referral
	4.5	Identify indications for hyaluronidase application	Indications for hyaluronidase application: E.g. Excessive quantities of HA filler injected, evidence of; nodule formation, necrosis or ocular complications
	4.6	Explain the effects of hyaluronidase induction	Effects of hyaluronidase induction: E.g. Dissolution of HA fillers; dissolving of subcutaneous nodule(s)
	4.7	Explain the potential adverse effects associated with hyaluronidase induction	Potential adverse effects: E.g. Bleeding, redness, bruising, swelling, pain, allergic/anaphylactic reaction and unintended dissolution of other filler treatments

Unit 7: Guidance on Delivery and Assessment

Delivery

This compensatory unit covers the knowledge and understanding that the candidate needs to understand the key principles of dermal filler use in aesthetic medicine. These include the biochemistry and pharmacology of a range of dermal fillers, in addition to dermal filler relevant; anatomy, administration techniques, risks and management strategies. It can be delivered via lectures or lectures and E-learning, in addition to practical demonstrations and an OSCE (objective structured clinical examination) station. It is based upon **three** separate sources of guidance:

1) HEE: Qualification requirements for the delivery of cosmetic procedures (November 2015)
2) GMC: Guidance for doctors who offer cosmetic interventions (April 2016)
3) JCCP: Education and Training Standards (2018)

Assessment

The assessment for this unit comprises an assignment consisting of five short answer questions (SAQs) and one dermal filler focussed OSCE station.

All SAQs require booking through the Industry Qualifications IQR system. Each SAQ will cover one or more assessment criteria within the unit. These SAQs are externally set, internally marked, internally verified and quality assured by IQ moderation and awarding panel. Candidates are expected to adhere to the word count, provided as a range within the question text. A 10% leeway either side of this range is permitted before marks will be deducted. There is no formal time limit for the completion of the SAQs, besides that of the validity of assessment materials. SAQ responses will be compiled within and submitted as a singular word document, contributing towards the candidate's portfolio of evidence.

The OSCE station will cover one or more assessment criteria within the unit. It is externally set, internally marked, internally verified and quality assured by IQ moderation and awarding panel. Approximately four hours of candidate preparation will be required prior to the sitting of the one hour OSCE station examination. Marks can be lost for clinically important omissions and the examination will be filmed. All OSCE's require booking through the Industry Qualifications IQR system. Completed OSCE assessment documentation will be submitted towards the candidate's portfolio of evidence. OSCE station footage will be sampled at the moderation and awarding meeting and centres will be made aware of the cohort specific sampling requirements in advance of each meeting. Footage must be maintained securely on site for a minimum of three years and made available to the external verifier (EV) when requested.

The portfolio of evidence will contain all elements necessary to map and claim knowledge and competence and so can be thought of as the achievement record for the present qualification. Within the portfolio of evidence, candidates will be required to sign a statement of authenticity, confirming all evidence provided as their own.

This unit must be met to achieve the qualification.

Links

This unit was developed in line with the HEE qualification requirements for the delivery of cosmetic procedures (2015) and GMC guidance for doctors who offer cosmetic interventions (2016). It meets the requirements of the JCCP Education and Training Standards (2018). For additional resources, please refer to the resources and useful websites section located at the end of this document.

Unit 8: Practice of Dermal Filler Use in Aesthetic Medicine

Estimated Unit TQT: 37
Estimated Unit GLH: 25
Level: 7

Unit Description: This unit covers the competence elements of dermal filler administration. The learner will develop the ability to administer dermal filler treatments, individualised to the needs of a client, including all stages of client consultation and care plan development. Additionally, the learner will be able to demonstrate the use of hyaluronidase with regard to complication management.

Learning Outcome - The learner will:	Assessment Criteria - The learner can:		Indicative Contents:
1. Be able to perform client assessments relating to the use of dermal fillers	1.1	Assess facial shape	Assessment of facial shape: E.g. Client goals/aims, upper, middle and lower face shape assessment; whole face assessment
	1.2	Assess facial proportions	Assessment of facial proportions: E.g. Client goals/aims, whole face assessment, upper, middle and lower face proportion assessment; relating to skin changes, lip thinning, fat pad migration, muscle atrophy/hypertrophy and bone demineralisation
	1.3	Assess skin folds	Assessment of skin folds: E.g. Client goals/aims, whole face skin fold assessment; relating to location, depth, length and intercepts. Consideration of impact; textural and perceptual
2. Be able to develop a range of treatment plans relating to the use of dermal fillers	2.1	Formulate a treatment plan for facial shape	Facial shape treatment plan: E.g. Application of clinical knowledge to formulate medically sound clinical judgements; upper cheek volume enhancement and individualised treatment plans with reference to unit 8 assessment criteria 1.1
	2.2	Formulate a treatment plan for facial proportions	Facial proportion treatment plan: E.g. Application of clinical knowledge to formulate medically sound clinical judgements; upper cheek volume enhancement, lip volume enhancement and individualised treatment plans with reference to unit 8 assessment criteria 1.2
	2.3	Formulate a treatment plan for skin folds	Skin fold treatment plan: E.g. Application of clinical knowledge to formulate medically sound clinical judgements; textural enhancements, perceptual enhancements and individualised treatment plans with reference to unit 8 assessment criteria 1.3

3. Be able to administer dermal fillers	3.1	Perform a pre-treatment practitioner-client consultation	Pre-treatment consultation: E.g. Address client; goals/aims, needs, voluntariness, risk, medical history and questions/concerns. Provide written and verbal information regarding; treatment options and associated costs, realistic treatment expectations/limitations, possible treatment complications/risks, conflicts of interest, alternative treatment options and the options/requirements relating to aftercare and continuity of care. Write; individualised client consultation records
	3.2	Develop a pre-procedural care plan with a client	Pre-procedural care plan development: E.g. With reference to unit 8 assessment criteria 3.1, provide; time for client pre-procedural reflection and information supporting the client's ability to change their mind. With reference to client procedural selection, ensure; the client is instrumental in all decisions/shared decision making processes, treatment parameters are selected based upon client needs, the client is provided with written and verbal procedure specific information including risks, the client is given information detailing the specific aftercare and continuity of care implications of the treatment, the client is free of duress/coercion, alternative professionals/authorities are consulted if required and the client is provided with relevant emergency contact details. For treatment to continue, the client must; be able to provide informed consent and sign the necessary waivers and disclaimers. The practitioner must document within the client records; care plan discussions, considerations and conclusions
	3.3	Demonstrate clean/sterile techniques	Demonstrate clean/sterile techniques: E.g. Practitioner handwashing, instrument sterilisation/disposal and use of chlorhexidine
	3.4	Determine the product to be used during the procedure based upon client needs	Determine product based upon client needs: E.g. Consideration of client; goals, preferences and medical history. Awareness of the use dependency of a range of dermal filler products; superficial lines/temporary augmentation; HA. Deep lines; calcium hydroxyapatite. Long term/reconstructive correction; PMMA. G-Prime fillers; range of indications for application. Harder fillers; periosteal injection. Softer fillers; mucosal and superficial injections
	3.5	Take standardised pre and post-treatment client photographs	Take standardised pre and post-treatment client photographs: E.g. Profile, oblique and lateral client photographs. Include; a range of client facial expressions. Timing; immediately before and after treatment

	3.6	Administer a dermal filler	Administer a dermal filler: E.g. Adhere to client consented care plan, demonstrate; safe syringe preparation, accuracy referring to injection; site depth, volume and dosage and safe injection techniques
	3.7	Utilise pre and post-treatment client photographs within practitioner-client meetings	Utilise pre and post-treatment client photographs: E.g. To; evidence treatment impact, evaluate treatment outcome, identify recovery expectations and, with reference to unit 8 assessment criteria 3.1-3.2, demonstrate adherence to initial client aims/goals
	3.8	Develop an aftercare plan and continuity of care measures with a client	Aftercare plan development: E.g. With reference to unit 8 assessment criteria 3.1-3.2, provide recommendations for outcome; promotion, maintenance and risk mitigation. Contact; client GP (if appropriate). Provide; necessary post-treatment medicines/equipment and information regarding/supporting prompt adverse event reporting and management. Identify to the client; required follow-up appointments, available support networks and referral options. Document within the client records; aftercare plan discussions, considerations and conclusions
4. Be able to address adverse effects, arising from the use of dermal fillers, using hyaluronidase	4.1	Determine the required dilution of hyaluronidase	Dilution of hyaluronidase: E.g. Dilution using sterile saline solution, use dependent dosage and associated dose dependent efficacy
	4.2	Demonstrate the administration of hyaluronidase	Administration of hyaluronidase: E.g. Sterile conditions, safe syringe preparation, accuracy referring to transcutaneous injection; site, depth and dosage and safe injection techniques
	4.3	Determine the threshold for onward referral	Threshold for onward referral: E.g. Persistence of complications post hyaluronidase, additional complications post hyaluronidase and any indication of visual/ocular problems

Unit 8: Guidance on Delivery and Assessment

This unit contains both compensatory and non-compensatory components. It covers the competence that the candidate needs to administer dermal filler treatments, individualised to the needs of a client. It can be delivered via a combination of OSCE (objective structured clinical examination) stations, supervised practices and clinical practice sessions, the latter occurring across both treatment observation and administration modalities. It is based upon **three** separate sources of guidance:

1) HEE: Qualification requirements for the delivery of cosmetic procedures (November 2015)
2) GMC: Guidance for doctors who offer cosmetic interventions (April 2016)
3) JCCP: Education and Training Standards (2018)

Assessment

The assessment for this unit is both compensatory and non-compensatory:

The compensatory component consists of three OSCE stations. These focus upon a range of procedures key to any dermal filler treatment.

Each OSCE station will cover one or more assessment criteria within the unit. They are externally set, internally marked, internally verified and quality assured by IQ moderation and awarding panel. Approximately four hours of candidate preparation will be required prior to the sitting of each one hour OSCE station examination. Marks can be lost for clinically important omissions and the examinations will be filmed. All OSCE's require booking through the Industry Qualifications IQR system. Completed OSCE assessment documentation will be submitted towards the candidate's portfolio of evidence. OSCE station footage will be sampled at the moderation and awarding meeting and centres will be made aware of the cohort specific sampling requirements in advance of each meeting. Footage must be maintained securely on site for a minimum of three years and made available to the external verifier (EV) when requested.

The non-compensatory component requires candidates to engage in clinical practice, satisfying the following requirements:

1) Candidates must observe a total of 10 dermal filler treatments administered to 10 different clients.
   - The ratio between observing candidates and trainers must not exceed 10:1.
2) Candidates must administer a total of 10 dermal filler treatments to 10 different clients.
   - The ratio between administering candidates and trainers must not exceed 1:1

In adherence with GMC guidelines, it is an additional requirement that the first instance of treatment observation (1) precedes that of the first instance of treatment administration (2).

For each instance of requirements (1) and (2) above, the entirety of learning outcome 3 (assessment criteria 3.1-3.8) will be covered.

These clinical practice elements are internally set, marked and verified, quality assured by IQ moderation and awarding panel. The time taken for their completion will be dependent upon both the client needs and the associated procedure to be observed/ administered.

Confirmation of the relevant assessment criteria fulfilment, for each instance of requirements (1) and (2) above, will be indicated by the trainer whose name and signature must be documented within the candidate portfolio of evidence alongside the appropriate date.
All assessment criteria must be met for the treatment to contribute towards one of the required 10 dermal filler observations (1) or administrations (2) (contribution dependent upon the modality of practice).

Time and date stamped client before and after treatment photographs will be additionally used to evidence the achievement of each instance of requirements (1) and (2) above. A minimum of 40 client photographs will therefore be required for the assessment of this unit:

- 10x before treatment photographs; one for each of the 10 required treatment observations
- 10x before treatment photographs; one for each of the 10 required treatment administrations
- 10x after treatment photographs; one for each of the 10 required treatment observations
- 10x after treatment photographs; one for each of the 10 required treatment administrations

Client photographs will be submitted to and compiled within the candidate portfolio of evidence.

Achievement for each of the above requirements (1) and (2) will take the form of a pass/fail. Those failing will be encouraged to repeat the relevant form of clinical practice (observation/administration) until all of the assessment criteria within learning outcome 3 are met and can evidenced 10x. These non-compensatory components must be met to achieve the qualification.

The portfolio of evidence will contain all elements necessary to map and claim knowledge and competence and so can be thought of as the achievement record for the present qualification. Within the portfolio of evidence, candidates will be required to sign a statement of authenticity, confirming all evidence provided as their own.

This unit must be met to achieve the qualification.

Links

This unit was developed in line with the HEE qualification requirements for the delivery of cosmetic procedures (2015) and GMC guidance for doctors who offer cosmetic interventions (2016). It meets the requirements of the JCCP Education and Training Standards (2018). For additional resources, please refer to the resources and useful websites section located at the end of this document.

Resources

Training

Centres may use their own, or published learner support materials in delivering the qualification. Whatever support materials centres choose to use, they should ensure that their delivery methodology adequately prepares the candidate for assessment.

IQ endorses published training resources and candidate support materials by submitting the materials to a rigorous and robust quality assurance process, thus ensuring such materials are relevant, valid and appropriately support the qualification.

Useful Websites

1. Health and Safety Executive
   www.hse.gov.uk

2. The National Archives (for all UK legislation)
   www.legislation.gov.uk

3. Health and Safety Executive for Northern Ireland
   www.hseni.gov.uk

4. GMC guidance (general)
   http://www.gmc-uk.org/guidance/ethical_guidance.asp

5. Department of Health (England): Review of the regulation of cosmetic interventions (2013)
   www.gov.uk/government/publications/review-of-the-regulation-of-cosmetic-interventions

6. Scottish Cosmetic Interventions Expert Group: Scottish government report (2015)
   http://www.gov.scot/Resource/0048/00481504.pdf

7. HEE qualification requirements for delivery of cosmetic procedures (November 2015)
   www.hee.nhs.uk/sites/default/files/documents/HEE%20Cosmetic%20publication%20part%20one%20update%20v1%20final%20version.pdf

8. GMC guidance for doctors who offer cosmetic interventions (April 2016)
   www.gmc-uk.org/Guidance_for_doctors_who_offer_cosmetic_interventions_210316.pdf_65254111.pdf

9. Joint Council for Cosmetic Practitioners (JCCP)
   https://www.jccp.org.uk/Home/

10. Cosmetic Practice Standards Authority (CPSA)
    http://www.cosmeticstandards.org.uk/

11. The Care Quality Commission's advice regarding effective clinical supervision (July 2013)
    www.cqc.org.uk/sites/default/files/documents/20130625_800734_v1_00_supporting_information-effective_clinical_supervision_for_publication.pdf

12. Medicines and Healthcare products Regulatory Agency: Reporting product safety concerns
    www.gov.uk/government/organisations/medicines-and-healthcare-products-regulatory-agency

13. The Private Healthcare Information Network (PHIN): Surgical information to inform patient choice
    www.phin.org.uk/#!/

14. GMC guidance: Openness and honesty when things go wrong
www.gmc-uk.org/guidance/ethical_guidance/27233.asp

15. GMC guidance: Doctors acting as responsible consultants or clinicians
www.gmc-uk.org/guidance/ethical_guidance/25335.asp

16. Royal College of Anaesthetists: Safe sedation practice for healthcare procedures, standards and guidance
www.rcoa.ac.uk/document-store/safe-sedation-practice-healthcare-procedures-standards-and-guidance

17. GMC guidance: Delegation and referral
www.gmc-uk.org/guidance/ethical_guidance/21187.asp

18. The Committee of Advertising Practice: Marketing of cosmetic interventions (2013)
www.cap.org.uk/~/media/Files/CAP/Help%20notes%20new/CosmeticSurgeryMarketingHelpNote.ashx

19. Treatments You Can Trust: Policy statement on the advertising and promotion of non-surgical cosmetic injectable treatments by providers on the treatments you can trust register (2015)
www.gmc-uk.org/TYCT_policy_statement_advertising_non_surgical_cosmetic_treatments_2015__2_.pdf_64613628.pdf