OTHM LEVEL 7 CERTIFICATE IN CLINICAL AESTHETIC INJECTABLE THERAPIES

Qualification Ref. No: 603/4261/4

OTHM LEVEL 7 DIPLOMA IN CLINICAL AESTHETIC INJECTABLE THERAPIES

Qualification Ref. No: 603/4262/6

Specification | May 2021

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QUALIFICATION OBJECTIVES

The OTHM Level 7 qualifications in Clinical Aesthetic Injectable Therapies are designed to enable learners/practitioners to provide the highest standards of patient and client care during all stages of delivering cosmetic/aesthetic injectable therapies.

The OTHM Level 7 qualifications in Clinical Aesthetic Injectable Therapies are knowledge and competence based qualifications aimed at a range of healthcare professionals with current professional registration.

Learners will acquire the knowledge, skills and competence to administer treatments safely and appropriately, adhering to the principles of 'do no harm' and promoting public health at all times.

To successfully achieve the qualification, the learner/practitioner will be able to:

- administer injectable cosmetic procedures safely, appropriately, and proficiently.
- communicate effectively and openly with patients/clients
- assess patient/client's needs effectively and accurately
- understand the influences that can affect patient/client choices
- encourage patients to access emotional support and discuss expectations
- identify and explain the risks of proposed treatments and their mitigation
- undertake a thorough client history to inform the treatment and management plan
- identify when treatment is not appropriate for the patient/client
- explain their decisions to treat and not treat, and for choice of treatment modality
- understand and describe the possible interactions between different procedures
- identify and manage complications and adverse events
- minimise the risk of complications, and follow though in their practice
- explain proposed cosmetic/aesthetic interventions to practitioners
- know how to adhere to their duty of candour responsibilities
- know how to deal with complaints, concerns and problems
- apply relevant health and safety legislation and standards at all times
- understand their own skills scope, limitations, and development needs

This qualification is designed to support a role in the workplace. This qualification will assist in updating current skills and continuing professional development (CPD).

Due to a significant increase in the number and type of non-surgical aesthetic procedures performed in the UK, evidence that some practitioners are performing treatments that are considered to put patients at risk, and an increase in complaints about treatments provided by medically trained practitioners, two national bodies were established:

- The Joint Council for Cosmetic Practitioners (JCCP) which oversees voluntary regulation
- The Cosmetic Standards Practice Authority (CPSA) which sets evidence-based practice standards

The JCCP Regulated Qualification and Education Provider Register was established to:

- enable Awarding Organisations and Education Providers in aesthetics to demonstrate 'best practice' in education provision
- Provide approval of Regulated Qualifications , that have been accredited by recognised awarding bodies and meet JCCP standards
- enable practitioners to clearly evaluate the value and status of education and training programmes on offer.

The JCCP has established strict entry requirements for the Regulated Qualifications and Education Provider Register.

The OTHM Level 7 qualifications in Clinical Aesthetic Injectable Therapies is written reflect the CPSA and JCCP standards, see mapping document in ***Annex A***.

The OTHM Level 7 qualifications in Clinical Aesthetic Injectable Therapies also reflect the:

- Royal College of Surgeons (RCS) Professional Standards for Cosmetic Surgery
- General Medical Council (GMC) Guidance for doctors who offer cosmetic interventions.

QUALITY, STANDARDS AND RECOGNITIONS

OTHM Qualifications are approved and regulated by Ofqual (Office of Qualifications and Examinations Regulation). Visit the register of Regulated Qualifications.

The OTHM Level 7 Diploma in Clinical Aesthetic Injectable Therapies qualification is a fully 'Approved Education and Training Qualification' accredited by the Joint Council for Cosmetic Practitioners (JCCP) and is listed on the JCCP Register of Approved Qualifications.

OTHM has progression arrangements with several UK universities that acknowledges the ability of learners after studying Level 3-7 qualifications to be considered for advanced entry into corresponding degree year/top up and master/top-up programmes.

REGULATORY INFORMATION

The Qualification Number (QN) should be used by centres when they wish to register their learners. Each unit within a qualification will also have a unique reference number (Unit code). The qualification and unit reference numbers will appear on learners' final certification documentation. The QN for the qualifications in this publication are:

OTHM Level 7 Certificate in Clinical Aesthetic Injectable Therapies 603/4261/4

OTHM Level 7 Diploma in Clinical Aesthetic Injectable Therapies 603/4262/6

These qualification titles will appear on learners' certificates. Learners need to be made aware of this when they are recruited by the centre and registered.

Regulation Start Date	18-March-2019
Operational Start Date	18-March-2019
Review	14-May-2021 Updated following JCCP approval
Overall Grading Type	Pass
Assessment Methods	Coursework (internally assessed) i.e. Assignment, Short Answer Questions, Observation, Logbook
Language of Study	English

EQUIVALENCES

OTHM qualifications at RQF Level 7 represent practical knowledge, skills, capabilities and competences that are assessed in academic terms as being an equivalent level of study to Master's Degrees, Integrated Master's Degrees, Postgraduate Diplomas, Postgraduate Certificate in Education (PGCE) and Postgraduate Certificates.

Equivalency table

Organisation	Framework	Size	Level	Credits
OTHM Qualifications	RQF	Diploma	Level 7	60 Credits
Ofqual	RQF	Diploma	Level 7	60 Credits
CCEA	RQF	Diploma	Level 7	60 Credits
SQF	SCQF	Post-Graduate Diploma	Level 11	60 Credits
CEDEFOP	EQF	Diploma	Level 7	30 Credits
QAA (UK University)	FHEQ	Postgraduate Certificate	Level 7	60 Credits

QUALIFICATION STRUCTURE

OTHM Level 7 Certificate in Clinical Aesthetic Injectable Therapies

The OTHM Level 7 Certificate consists of 4 mandatory units for a combined total of 34 credits, 340 hours Total Qualification Time (TQT) and 120 Guided Learning Hours (GLH) for the completed qualification.

Unit Number	Unit Reference	Unit Title	Credit	GLH	TQT
1	R/617/5057	Anatomy, Pathophysiology and Dermatology for Aesthetic Injectable Therapies	8	15	80
2	Y/617/5058	Medical Assessment, Consultation and Image Recording	10	45	100
4	D/617/5059	Aesthetic Injectable Therapies for Facial Treatments	12	50	120
5	R/617/5060	Aesthetic Injectable Therapies for Non-Facial Treatments	4	10	40

The purpose of the OTHM Level 7 Certificate is to enable those learners that have already acquired the knowledge of clinical health, safety and welfare in a management and strategic capacity, and have demonstrated experience of professionalism and ethical practice over a number of years, to demonstrate their skills in consulting, delivering, and after care for aesthetic injectable practices.
These learners will not be required to undertake Unit 3, 6 and 7 required for the Diploma.

NOTE: OTHM have accreditation with JCCP but that this ONLY applies to the Diploma. Any learner that has achieved a Certificate may, within 3 years, undertake to achieve the three remaining units to receive the Diploma, and that Diploma will be JCCP approved.

OTHM Level 7 Diploma in Clinical Aesthetic Injectable Therapies

The OTHM Level 7 Diploma consists of 7 mandatory units for a combined total of 60 credits, 600 hours Total Qualification Time (TQT) and 185 Guided Learning Hours (GLH) for the completed qualification.

Unit Number	Unit Reference	Unit Title	Credit	GLH	TQT
1	R/617/5057	Anatomy, Pathophysiology and Dermatology for Aesthetic Injectable Therapies	8	15	80
2	Y/617/5058	Medical Assessment, Consultation and Image Recording	10	45	100
3	Y/617/5061	Clinical Health, Safety and Welfare	10	30	100
4	D/617/5059	Aesthetic Injectable Therapies for Facial Treatments	12	50	120
5	R/617/5060	Aesthetic Injectable Therapies for Non-Facial Treatments	4	10	40
6	H/617/5063	Values, Ethics and Professionalism in Applied Cosmetic Aesthetic Practice	10	25	100
7	D/617/5062	Critical Literature Review	6	10	60

UNDERSTANDING QUALIFICATIONS

Credit value is defined as being the number of credits that may be awarded to a Learner for the successful achievement of the learning outcomes of a unit.

The RQF credit value of the unit will remain constant in all contexts, regardless of the assessment method used or the qualification(s) to which it contributes. Learners will only be awarded credits for the successful completion of whole units. (One credit is awarded for those learning outcomes achievable in 10 hours of learning time).

Total Qualification Time is the number of notional hours which represents an estimate of the total amount of time that could reasonably be expected to be required in order for a Learner to achieve and demonstrate the achievement of the level of attainment necessary for the award of a qualification.

Total Qualification Time (TQT) which are listed on the unit gives the OTHM Centres the number of hours of teacher-supervised or direct study time required to teach a unit of a qualification.

Total Qualification Time is comprised of the following two elements:

a) *the number of hours which an awarding organisation has assigned to a qualification for Guided Learning, and*
b) *an estimate of the number of hours a Learner will reasonably be likely to spend in preparation, study or any other form of participation in education or training, including assessment, which takes place as directed by – but, unlike Guided Learning, not under the Immediate Guidance or Supervision of – a lecturer, supervisor, tutor or other appropriate provider of education or training.*

(Ofqual 15/5775 September 2015)

ENTRY REQUIREMENTS

For entry onto the OTHM Level 7 Clinical Aesthetic Injectable Therapies qualifications, learners must be aged 21 and above and possess a degree or equivalent (e.g. RQF Level 6 or SCQF Level 10).

OTHM centres must comply at all times with all the requirements specified in the Centre Agreement in order to be permitted and continue to deliver approved qualifications and programmes.
Please refer to the OTHM Policy and Procedures page for regulatory policies and guidance for centres, learners and employees for our qualifications.

Additional entry requirements are shown below:

Learners must be registered healthcare professionals e.g. doctors, dentists, nurse prescribers, allied health professionals, independent pharmacist prescribers.

Learners may not be registered for either qualification if they have any conditions noted on their professional health care body registration. OTHM require centres to check applicants' status with regards to PRSB registration prior to registration on the qualification and evidence of this retained for scrutiny by OTHM.

In addition to formal identification documentation and previous qualification certificates, learners must produce evidence of registration with a statutory professional health care regulatory body e.g. General Medical Council, General Dental Council, Nursing and Midwifery Council, Health and Care Professions Council.

Registered healthcare professionals from any group who do not hold prescribing rights must provide evidence of working under the clinical oversight of a professional who has regulated prescribing rights.

Nurses and Allied-healthcare professionals (and those registered with the Health and Care Professions Council) who are not independent prescribers are subject to CPSA / JCCP requirements for working under the clinical oversight of an appropriate professional i.e. they must have access to, and support from, experienced clinicians who are able to deal with medical emergency situations and complications and, have independent prescribing rights.

Applicants registered with non UK regulatory bodies
Applicants who provide evidence of registration on non-UK regulatory bodies e.g. The Medical Board of Australia; will have their registration confirmed and vetted on that register and their eligibility to practice in the UK must be confirmed through the appropriate professional register. If there is no evidence of registration, or conditions are noted on that registration, the applicant will not be eligible to register for the qualification. Non UK regulatory bodies must be nationally recognised to be considered a suitable register. Each application will be evaluated on a case by case or individual basis.

English requirements: If a learner is not from a majority English-speaking country, they must provide evidence of English language competency. For more information visit the English Language Expectations page on the OTHM website.

DELIVERING THE QUALIFICATIONS

OTHM stipulate that centre trainers have the required training and qualifications in line with JCCP requirements.

Teaching staff
This includes those who develop and/or deliver the course content.
This may be undertaken by a team who must demonstrate that within the team, provision is made for subject-specific knowledge.
OTHM recommend it is standard best practice for the qualification to be delivery by qualified teachers. Additionally, in the interest of best practice, teachers should themselves have an accredited academic qualification relating to the core and modality specific knowledge/competence.
Centres must demonstrate that the teaching team possess the required subject knowledge and have achieved academic qualifications of the relevant level to inform, develop and deliver high quality program content in the specific subject, at the required level.
The currency of their practice should also be verified in the application, through explanation of how teachers/educators maintain and update their knowledge skills and competence, through for revalidation, peer review, appraisal or application for recognition from a relevant authority.

In order to deliver this qualification, it is standard best practice teaching staff:

- hold a postgraduate teaching qualification, e.g. Post Graduate Certificate in Education (PGCE) or equivalent
- be occupational experts and have qualifications, knowledge and understanding in the area relevant to the qualification content. This knowledge must be at the same level as or higher than the training being delivered.
- understand the qualification's structure and content, and the learning outcomes they are delivering
- have recent and relevant industry experience in the specific area they are delivering
- undertake activities which contribute to their Continuing Professional Development (CPD)

All those delivering units and/or observing and assessing practice for the OHTM Level 7 Diploma in Aesthetic Injectable Therapies must have all of the following:

- access to appropriate guidance and support; and
- on-going participation in related programme quality assurance processes.

Centre staffing will be checked as part of the centre approval process, in which we will ask for copies of CV's and teaching certificates. Centres are required as part of their signed centre agreement to inform OTHM if there are any changes. The external quality assurer will also review and confirm this at the time of EQA.

Centre staff may undertake more than one role, e.g. tutor and assessor or internal quality assurer but cannot internally verify their own assessments.

Assessors and Internal Quality Assurers
Assessor/Internal Quality Assurer TAQA qualifications are valued as qualifications for centre staff, but they are not currently a requirement for the qualification.

Assessors
To be approved as an assessor, the individual must provide evidence to show they meet the occupational competence criteria specified for the qualification(s) they will be assessing.
Internal assessment includes the synoptic assignment and clinical case studies.

In order to assess learners working towards this qualification, it is standard best practice assessors:

- hold a suitable, relevant assessor qualification or be working towards one.
- be occupational experts and have qualifications, knowledge and understanding in the area relevant to the qualification content. This knowledge must be at the same level as or higher than the training being delivered
- understanding of the assessment process
- undertake activities which contribute to their Continuing Professional Development (CPD)
- have recent and relevant industry experience in the specific area they are assessing
- have credible experience of assessment within a teaching and/or training environment
- Assessors must assess learners' work in accordance with the assessment and grading requirements set out in this specification.

Internal Quality Assurers (IQA)

Centres must have a rigorous internal quality assurance system in place.

Centres must have an IQA to ensure assessment decisions are consistently applied between assessors, and that learner's work meets the required standard. Each assessor's work must be checked and confirmed by the IQA. Assessment decisions must be standardised to ensure that all learners' work has been assessed to the same standard and is fair, valid and reliable.

The IQA must observe assessors carrying out assessments, review assessment decisions from the evidence provided and hold standardisation meetings with the assessment team to ensure consistency in the use of documentation and interpretation of the qualification requirements. Evidence of internal quality assurance must be recorded, retained and made available for the External Quality Assurer (EQA)

Continuing professional development (CPD)

Centres must support their staff to ensure that they have current knowledge of the occupational area, that delivery, mentoring, training, assessment and verification is in line with best practice, and that it takes account of any national or legislative developments. CPD records of all staff members must be available for external quality assurance.

Record keeping

Centres must produce and retain records that include:

- learners on programme, including learner name, date of birth, contact details, assessor's name, IQA's name, and registration date with
- assessment plans and IQA sampling plans
- learner assessment records detailing who assessed what and when, the assessment methods used, the location of the supporting evidence, and the assessment decision/grade awarded with supporting evidence
- records of internal quality assurance activity detailing who internally quality assured what and when, the sample selected and its rationale, records of IQA standardisation meetings, assessor and IQA competence records, monitoring records of assessor/IQA progress towards achievement of the relevant assessor/internal quality assurance qualifications and requirements for the retention of learner evidence

DELIVERY METHOD

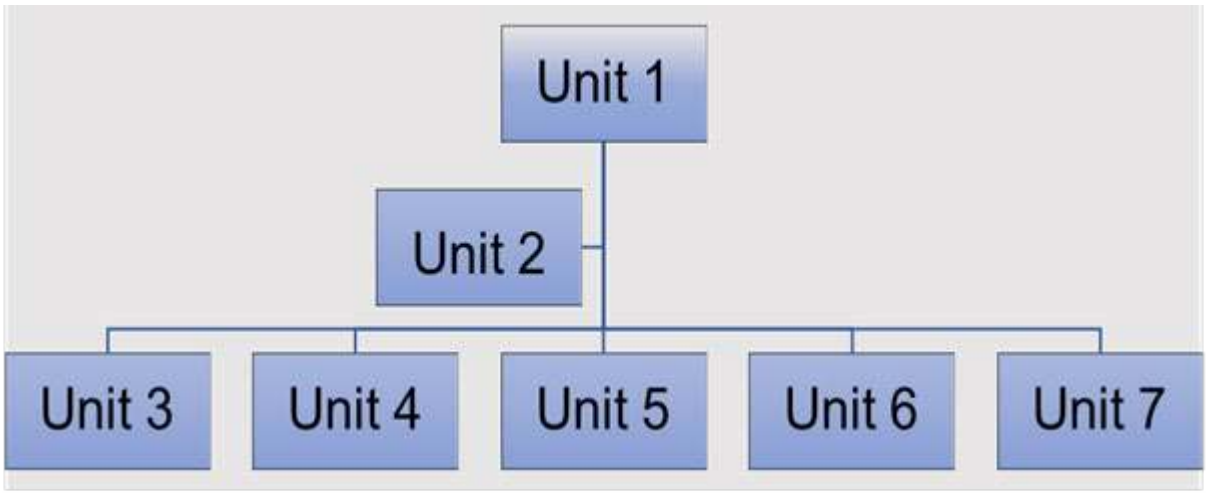
Before learners are permitted to undertake **ANY** clinical practice, they must complete both Unit 1 Anatomy, Pathophysiology and Dermatology for Aesthetic Injectable Therapies and Unit 2 Medical Assessment, Consultation and Image Recording.

Unit 3 Clinical Health, Safety and Welfare underpins the whole qualification and should be referred to throughout the delivery of the whole qualification.

Unit 4 Aesthetic Injectable Therapies for Facial Treatments, Unit 5 Aesthetic Injectable Therapies for Non-Facial Treatments, Unit 6 Values, Ethics and Professionalism in Applied Cosmetic Aesthetic Practice and Unit 7 Critical Literature Review can be delivered according to the delivery mode of the delivery centre.

OTHM Centres should consider the learners' complete learning experience when designing the delivery of the qualification.

The models below illustrate a suggested delivery approach.



Induction	Learning Environment	Theory and Practice	Review and Reflection
•Introduction •Course Structure •Goals •Discussion / Initial Training : •Health and Safety •Risk Management •Policies and Procedures •Prescribing and Managing Medicines •Review meeting with Tutor	•Specification •Delivery Plans •Assessment Plans •Resources •Reading Materials •Training Manuals •Review Meetings with Tutor	•SAQ •Critical Literature Review Assignment •Health and Safety and Risk Management Assignments •Logbook •Portfolio of Evidence •DOPS •Review and Reflection •Review meeting with Tutor	•Collate Evidence •Review meeting with Tutor •Feedback •Assess Evidence •Submission of Evidence to Tutor

Centres must ensure that learners have access to industry standard resources and relevant academic and practice literature /research studies to the subject specialists delivering the units. In some units, the use of assessment evidence drawn from learners' work environments is an essential requirement.

Underpinning knowledge may be delivered remotely using technology, e.g. a virtual learning environment (VLE) which gives learners access to theoretical knowledge. The environment created by a VLE allows learners to share their knowledge and experiences via discussion forums and groups that can be facilitated by clinical tutors offering educational support and guidance.

Clinical skills **must** be taught (and assessed) 'face-to-face' under strict supervision by recognised expert cosmetic/aesthetic practitioners in suitable and appropriate settings.

CENTRE REQUIREMENTS

Staff delivering programmes and conducting the assessments must be familiar with current practice and standards in the sector and in line with JCCP requirements.
Specific required resources are shown in the Resources section for individual units.

Centre premises and standards must meet the JCCP standards in order to be eligible to be considered for approval details of which can be found here:

CCPWS 001 Minimum Requirements all modalities.pdf;
JCCPWS 004 Botulinum toxin ;
JCCPWS 003 Dermal Filler.pdf
JCCP Guidance Statement on Responsible Prescribing for Cosmetic Procedures – this statement can also be found in Annex B at the bottom of this specification.

Centres must possess the physical resources needed to support the delivery of the programme and the assessment of knowledge and skills, which should therefore be up to industry standard.

Resources to include (but not limited to):

- Professional, appropriate clinical environment
- Sink and working taps and/or hand sanitiser/alcohol gel
- PPE (e.g. gloves, sharp bins, apron, mask)
- Standardised data collection sheet, consent and consultation forms
- Skin disinfectant (i.e. chlorhexidine)
- Injecting equipment
- Botulinum toxin (real/mock vials)
- Dermal filler (real/mock vials)
- Hyaluronidase (real/mock vials)
- Injectable facial mannequin
- Digital camera (for mock pre/post treatment photography)

General Resource Requirements

- Centres must have appropriate physical resources (for example equipment, IT, learning materials, teaching rooms) to support the delivery and assessment of the qualification.
- Staff involved in the delivery and assessment process must have relevant expertise and occupational experience.

- There must be systems in place to make sure that there is continuing professional development for staff delivering the qualification.
- Centres must have appropriate health and safety policies in place relating to the use of equipment by learners.
- Centres must deliver the qualifications in accordance with current equality legislation.
- Centres must have a sufficiently rigorous internal quality assurance system in place.

OTHM Centres must ensure that the chosen mode of delivery does not unlawfully or unfairly discriminate, whether direct or indirect, and that equality of opportunity is promoted. Where it is reasonable and practical to do so, it will take steps to address identified inequalities or barriers that may arise.

ASSESSMENT AND VERIFICATION

OTHM will include a clear outline of the assessment method required for each unit within the qualification specification. Where a particular assessment method can be delivered across a range of units this will be highlighted.
The qualifications are criterion referenced, based on the achievement of all the specified learning outcomes and assessment criteria.
Quality assured assessment material are made available to centres by OTHM.

Centres are required to undertake standardisation activities between assessors, internal quality assurance staff and evidence made available to OTHM at the time of external quality assurance or upon request.

To achieve a 'pass' for this qualification a learner must have successfully achieved **all** the assessment criteria for each unit of the qualification.
Award will be confirmed following confirmation by OTHM that all assessment has been undertaken appropriately and internal quality assurance has confirmed application of all required reliability and validity of quality procedures.
At this point, OTHM will undertake external quality assurance to confirm that award can be recommended in accordance with the published OTHM Quality Assurance Policy .

Specific assessment guidance and relevant marking criteria for each unit are made available in the SAQ and Assignment Brief document. These are made available to centres immediately after registration of one or more learners

Assessment will be both formative and summative and will be recorded in a learner logbook to provide a dynamic learning account.

Formative Assessment

A range of clinical skills must be assessed formatively and summatively. The purpose of formative assessment is to provide opportunities for learners to practice their skills to a level where they are deemed 'ready' to be assessed summatively. This is crucially important to minimise the risk of poor practice on real people that will also form part of the learner's summative assessment (see Direct Observation of Procedural Skills (DOPS) below).

Centres must provide clear evidence that each learner has practiced **all** required clinical skills in a simulated environment, such as on an injectable facial mannequin, or similar.

The centre will set-up the simulated sessions to best suit the needs of their learners, giving them the opportunity to demonstrate the **full** and **complete** range of clinical skills required to deliver aesthetic injectable treatments, and to demonstrate 'readiness' to undertake the DOPS.

The centre will use an internal assessor to observe the learner's performance and to sign off learners as 'ready for DOPS'. During this, learners' preparation and technique must be deemed as safe. The formative assessment can be applied as often as required to confirm that the learner is ready to undertake the DOPS.

Learners will receive feedback at each formative opportunity in order to provide learning opportunities in keeping with the principles of formative assessment.

In the event of errors or unsafe preparation/practice, learners should not be entered into a DOPs session to give them time to continue their learning and undertake further simulations until able to demonstrate their readiness to undertake DOPS.

Formative assessment will also be recorded in a learner logbook to provide a dynamic learning account.

Summative Assessment

The purpose of summative assessment is to evaluate learners' competencies and capabilities at the end of a course of study. This can be achieved using a variety of assessment methods, as follows:
Summative assessment is used to evaluate learner competence and progression at the end of a unit or component. Summative assessment should take place when the assessor deems that the learner is at a stage where competence can be demonstrated.

- **Direct Observation of Procedural Skills (DOPS) –** this is a synoptic assessment, meaning that learners will demonstrate their competencies and capabilities across a range of units (see Assessment Mapping section below), bringing together their knowledge and skills in order to provide safe and effective pre-treatment consultations, aesthetic injectable treatments, and post-treatment follow up. The centre will be required to provide a schedule of **all** sessions with OTHM Qualifications who will send an External Quality Assurer (EQA) to observe a random selection of DOPS sessions.

- **Short answer questions (SAQ) –** these are questions set to assess some of the knowledge components in the units.
  OTHM is committed to ensuring all centres administer any required controlled assessments consistently and securely, supporting the management of standards and the integrity of the assessment process.
  The short answer questions (SAQs) will be externally set by OTHM. The completion of the SAQs is a compulsory assessment task to be set under centre controlled conditions. The SAQ assessment tasks must be completed at the centre, under the supervision of the appropriate centre staff. The SAQs are internally marked and verified by the centre assessor and internal verifier and externally quality assured by OTHM.
  Specific assessment guidance and relevant marking criteria for each unit are made available in the SAQ document.
  Learners will be allowed a maximum of three attempts to meet these requirements.
  Centres have overall responsibility for the administration of the SAQ controlled assessment tasks and must follow the guidance in the OTHM Assessment Policy

- **Logbook –** this is a record of delivered clinical treatments, including pre-treatment consultation advice/discussion, images/photographs, treatment descriptions, any adverse events or complications and how these were managed, and relevant learner

reflections. The logbook will record all aspects of clinical treatment and will provide a reflective element in and upon practice to demonstrate development and learning. The logbook will also provide evidence of applying theory to practice in a real context. The logbook is mapped to the qualification assessment criteria and will be assessed by centre assessors against these. Feedback will be provided to learners following each clinical activity to provide dynamic and on-going learning from which the learner can benefit.

- **Written assignments –** these will be used to measure the learner's knowledge and understanding of the supporting theory linked to aesthetic treatments and include tasks on health and safety, risk management, a logbook, and a critical literature review.

The assessment methods given for each unit must be followed. The assessment methods are mapped to the JCCP requirements and the CPSA standards to ensure that the appropriate balance of skills, knowledge and behaviours are assessed in the relevant context to provide a valid measure of learner competence and knowledge.

Learners **must** complete 10 observations prior to commencing supervised treatments. During the synoptic assessment (DOPS) they should undertake a minimum of 10 supervised treatments for **both** toxins and fillers, ie 20 observed treatments, and 20 supervised treatments.

Assessment Conditions

The assessment strategy includes a variety of methods to ensure that learners can be deemed to have sufficient knowledge, skills, capability and competence to carry out safe and effective aesthetic treatments, including appropriate pre- and post-treatment tasks.

Knowledge 'only' assessment is covered by Short Answer Questions (SAQs) and Assignment tasks.

SAQs and Assignments **must** be completed by all learners. The completion of the SAQs is a compulsory assessment task to be set under controlled conditions. The SAQ assessment tasks must be completed at the centre, under the supervision of the appropriate centre staff. Assignments can be non-supervised e.g. completed by the learner in a secure virtual learning environment, however the centre must demonstrate strategies to ensure learners work is authentic. Strategies may include but are not limited to: sampling already answered questions with oral questions, checking learners' writing style with other authenticated work, repeating a small number of questions in supervised conditions for comparison, and combinations thereof. This assessment is internally marked. Both the internal marking **and** internal strategy to authenticate learners are externally quality assured by OTHM Qualifications.

Skills 'only' assessment is covered by the Logbook and is an assessment of learner readiness to move onto the DOPS. It is internally set to meet the requirements of the relevant learning outcomes within the relevant units (see table below). It is marked and assessed and externally quality assured by OTHM Qualifications. These assessments will be randomly observed by OTHM Qualifications External Quality Assurers.

Skills and knowledge assessments are covered by the DOPS and recorded in the logbooks. These assessments **must not** be attempted before learners have been deemed 'ready for DOPS'. These assessments are the real time and real world tasks that demonstrate that the learner can bring together the full range of skills and knowledge to perform pre-treatment consultations, aesthetic clinical treatment delivery and post-treatment

follow-up, including maintaining accurate and sufficient records and documentation, with real clients.

Centres **must not** enter learners into the DOPS until they are confident in their readiness to pass the DOPS assessment safely and effectively and within all legal and regulatory boundaries.

The complete Assessment Strategy that must be followed is given below:

Unit Title	LO Summary	DOPS	Assignment	SAQ	Logbook
Anatomy, Pathophysiology and Dermatology	Skin structure/function			✓	✓
	Cosmeceuticals			✓	
	Location and function of muscles, tissue, nerves, glands, blood supply	✓		✓	
	Process of aging in relation to injectable treatment options	✓		✓	✓
Medical Assessment, Consultation and Image Recording	Client motivations			✓	✓
	Client emotional/psychological needs	✓		✓	✓
	Consultation skills: verbal/non-verbal	✓		✓	✓
	Treatment planning and records	✓			✓
Clinical Health, Safety and Welfare	Health and Safety legislation and standards	✓	✓	✓	✓
	Risk Management	✓	✓		✓
Aesthetic Injectable Therapies for Facial Treatments	Injectable preparations	✓		✓	✓
	Injectable therapies according to presenting anatomy and pathophysiology and treatment options	✓		✓	✓
	Safe clinical practice	✓		✓	✓
	Diagnosing complications (supervised)	✓		✓	✓
	Proposing management pathways for adverse events/complications	✓		✓	✓
	Reviewing own practice	✓		✓	✓
Aesthetic Injectable Therapies for Non-facial Treatments	Recognising hyperhidrosis	✓		✓	✓
	Safe delivery of BoNT therapies	✓			✓
	Proposing management pathways for adverse events/complications	✓		✓	✓
Values, Ethics	Demonstrating core values	✓		✓	✓

and Professionalism in Applied Cosmetic Aesthetic Practice	Demonstrating ethics and professionalism	✓		✓	✓
	Accountability for clinical decision making			✓	✓
Critical Literature Review	Reviewing literature		✓		
	Reporting findings and conclusions		✓		
	Critical reflection		✓		

OPPORTUNITIES FOR LEARNERS TO PASS

Centres are responsible for managing learners who have not achieved a Pass for the qualification having completed the assessment. However, OTHM expects at a minimum, that centres must have in place a clear feedback mechanism to learners by which they can effectively retrain the learner in all the areas required before re-assessing the learner.

RECOGNITION OF PRIOR LEARNING (RPL)

Recognition of Prior Learning (RPL) is a method of assessment that considers whether learners can demonstrate that they can meet the assessment requirements for a unit through knowledge, understanding or skills they already possess and do not need to develop through a course of learning.

RPL policies and procedures have been developed over time, which has led to the use of a number of terms to describe the process. Among the most common are:

- Accreditation of Prior Learning (APL)
- Accreditation of Prior Experiential Learning (APEL)
- Accreditation of Prior Achievement (APA)
- Accreditation of Prior Learning and Achievement (APLA)

All evidence presented must be detailed and evaluated with reference to the stipulated learning outcomes and assessment criteria against the respective unit(s). The assessor must be satisfied that the evidence produced by the learner meets the assessment standard established by the learning outcome and its related assessment criteria at that particular level.

RPL can only be claimed for a maximum of 50% of the outcomes for this qualification. The process involves mapping the evidence presented against the component of the units i.e. learning outcomes and assessment criteria, level and depth of the qualification for equivalency. This is then evaluated by OTHM prior to confirmation or otherwise. All applications for RPL must be made on a case by case basis.

OTHM maintain a record of all RPL applications, and the final decision arrived at, for regulatory audit.

Where evidence is assessed to be only sufficient to cover one or more learning outcomes, or to partly meet the need of a learning outcome, then additional assessment methods should be used to generate sufficient evidence to be able to award the learning outcome(s) for the whole unit. This may include a combination of units where applicable.
OTHM publishes all policies on the website and the RPL policy can be found here OTHM Recognition of Prior Learning Policy.pdf

EQUALITY AND DIVERSITY

OTHM has adopted a policy of providing equal opportunities for all its learners, staff, applicants and others involved in its work. One aspect of this policy is its intention to prevent, as far as possible, the harassment of one person by another, whether on the basis of gender, sexual orientation, sexuality, race or ethnic origin, religion, disability, or any other personal attributes or views held by the person harassed. The qualification is expressly designed to support equality of opportunity and widening access to HE to all who can benefit from it, and it will operate on an inclusive and supportive basis to and for all learners.

UNIT SPECIFICATIONS

Unit 1 Anatomy, Pathophysiology and Dermatology for Aesthetic Injectable Therapies

Unit Reference Number	R/617/5057
Unit Title	Anatomy, Pathophysiology and Dermatology for Aesthetic Injectable Therapies
Unit Level	7
Number of Credits	8
Guided Learning Hours (GLH)	15 Hours
Total Qualification Time (TQT)	80 Hours
Mandatory / Optional	Mandatory
SSAs	1.2 Nursing, and subjects and vocations allied to medicine
Unit Grading Type	Pass

Unit Aims

The aim of this unit is to provide the underpinning knowledge of anatomy, pathophysiology and dermatology required by practitioners to deliver safe and appropriate aesthetic injectable therapies, including Botulinum Toxin (BoNT), dermal fillers and volumising products, and to accurately describe and recognise presenting skin conditions and conditions that require referral to other relevant healthcare professionals.

The unit will deliver a thorough understanding of the facial planes, structures and tissues that is essential to safe practice, and learners will be required to describe, locate and identify appropriate injection sites, those considered 'risk areas', and other appropriate injection sites.

Learners must achieve this unit prior to being deemed ready to undertake treatments.

Learning Outcomes, Assessment Criteria and Indicative Content

Learning Outcomes- **The learner will:**	**Assessment Criteria-** **The learner can:**	**Indicative content**
1. Understand the structure and function of the skin and its appendages and how dermatological and health conditions can impact on aesthetic interventions.	1.1 Describe the structure of skin. 1.2 Explain the functions of skin and its appendages in relation to aesthetic interventions. 1.3 Describe a range of common dermatological and health conditions. 1.4 Explain when these conditions may cause concern and the referral mechanism that may be required.	• Skin: (stratum corneum and viable epidermis), dermis (papillary and reticular), hypodermis, skin appendages, cell types and function - keratinocytes, melanocytes, mast cells, fibroblasts, Langerhan cells, growth factors, melanin response to UV, skin 'turnover', response to injury and wound healing mechanisms,

	1.5 Examine the impact of a range of dermatological conditions and common health conditions which may affect treatment.	microbiology / microbiome. Hair follicle and related pilosebaceous complex Functions: layer dependent - protection, thermoregulation, sensation, vitamin D synthesis, UVR protection, physical barrier, tensile strength, visco-elasticity and compressive quality, histology, • Skin microbiology of relevance to aesthetic medicine: e.g. Physiological and pathological skin flora. Skin microbiome of relevance to aesthetic medicine: e.g. Microbiota, biofilm, contaminants and relation to; treatments, infection and disease. Recognition of concerning skin lesions or dermal abnormalities that require further assessment. • Recognition and deleterious effects including but not limited to skin conditions such as: melasma, benign dyschromias, acne and rosacea, vitiligo, allergic reactions, known skin sensitivities pigmentary lesions, vascular lesions, autoimmune conditions, dermatitis, psoriasis, rosacea, drug eruptions, scarring, diabetes, actinic lentigo, related to sun damage, acne, hirsutism, rosacea, hypertension, cardiovascular disease / stroke, autoimmune disease, immunocompromised patients, those with transmissible infections, alcohol/drug abuse.
2. Understand factors associated with skin health assessment and the role and potential use of a range of cosmeceuticals	2.1 Discuss factors to be considered when undertaking a skin health assessment for cosmeceuticals. 2.2 Examine the role and potential use of a range of cosmeceuticals with reference to skin health assessment.	• To include age, texture, lines and wrinkles, UV damage, areas of redness • Effects of cosmeceuticals, cosmeceutical / medical cosmetic products: sun protection factor (SPF) / photo damage preventatives, pH balancers and ‘anti-ageing’ products, retinoic acid, antioxidants, peptides and growth factors.

3. Be able to critically assess the anatomical features of facial muscles, tissue planes, nerves, glands and blood supply critical to safe injectable practice.	3.1 Describe the facial anatomical features for safe delivery of injectable therapies. 3.2 Evaluate treatment options in line with facial features and presenting conditions.	• Facial anatomy: layers: muscles, tissue planes, SMAS, facial nerves and blood supply relevant to injectable therapies. Static and dynamic wrinkles, safe and unsafe injection sites. Sweat glands. • Assessment of facial shape: Client goals/aims, upper, middle and lower face shape assessment; whole face assessment. • Assessment scales: Glougau scale, laxity, symmetry, 'snap test', L'Oreal scale, Merz aesthetic scales, visual analogue scale (VAS) • Skin typing systems (Fitzpatrick, Ethnic), phenotype versus genotype, skin imaging devices, 'Golden ratios', • Past medical history, e.g. sun exposure, extrinsic factors. Facial marking.
4. Understand factors involved in ageing and volume loss when delivering treatments.	4.1 Examine the impact of the process of ageing in relation to injectable treatment options. 4.2 Analyse alternative treatment options where injectable treatment options are not advised due to ageing processes.	• Intrinsic aging, extrinsic aging, bone resorption, volume loss, facial proportion changes, fat pad distribution, muscular, anatomical and cellular changes, extra cellular matrix, collagen and elastin synthesis, photo-damage, identification of photo-induced skin conditions, sun protection, preventative measures, hormones and the skin, cytokines, role of free radicals and antioxidants, diet and exercise. • Gender differences, muscle patterns, volume loss, skin quality, product placement, site, dose, safe areas versus med and high-risk areas, angle of injection, needle versus cannula delivery, combination therapies. • Alternative therapies: chemical and physical rejuvenation, light-based therapies, radio frequency, plasma rejuvenation, platelet rich plasma (PRP), cosmeceuticals, referral to other healthcare professionals, e.g. surgical

		interventions. Including the option to do nothing.

Assessment methods

To achieve this unit, learners must achieve the learning outcomes and meet the standards specified by all assessment criteria for the unit.

Learning Outcomes to be met	Assessment criteria to be covered	Type of assessment	Assessment parameters
LO1	All	SAQ	SAQ: Assessment to be carried out under centre-controlled conditions and marked by internal assessor.
LO2	All	SAQ	SAQ: Assessment to be carried out under centre-controlled conditions and marked by internal assessor.
LO3	All	SAQ Logbook	SAQ: Assessment to be carried out under centre-controlled conditions and marked by internal assessor. Logbook: References as underpinning knowledge for all treatments observed and supervised, includes learning reflections
LO4	All	SAQ Logbook	SAQ: Assessment to be carried out under centre-controlled conditions and marked by internal assessor. Logbook: References as underpinning knowledge for all treatments observed and supervised, includes learning reflections

Indicative Resource list

Reading List:

- Hartstein, M.E. et al. (Eds.), 2012. Midfacial Rejuvenation, DOI 10.1007/978-1-4614- 1007-2_2, 15 © Springer Science + Business Media.
- Le Louarn C, Buthiau D, and Buis J. 2007. Structural aging: the facial recurve concept. Aesthetic Plast Surg.;31(3):213–8.
- Le Louarn C. 2009. Muscular aging and its involvement in facial aging: the Face Recurve concept. Ann Dermatol Venereol.;136 Suppl 4:S67–72. Little J.W. 2000. Volumetric perceptions in midfacial aging with altered priorities for rejuvenation. Plast Reconstr Surg;105:252-266.
- Macchi V, Tiengo C, and Porzionato A, et al. 2010. Histotopographic study of the fibroadipose connective cheek system. Cells Tissues Organs.;191(1):47–56.

- Anatomy of the Aging Face © ERB2016 Personal use only. Page 5 of 5
- Owsley J.Q, Roberts C.L. 2008. Some anatomical observations on midface aging and long-term results of surgical treatment. Plast Reconstr Surg.;121(1):258–68.
- Penna V, Stark G.B, Eisenhardt S.U, Bannasch H, and Iblher N. 2009. The aging lip: a comparative histological analysis of age-related changes in the upper lip complex. Plast Reconstr Surg.;124(2):624–8.
- Pottier F, El-Shazly N.Z, El-Shazly A.E. 2008. Aging of orbicularis oculi: anatomophysiologic consideration in upper blepharoplasty. Arch Facial Plast Surg.;10(5):346–9.
- Rohrich R.J, Pessa J.E. 2007 The fat compartments of the face: anatomy and clinical implications for cosmetic surgery. Plast Reconstr Surg.;119(7):2219–27.
- Rohrich R.J, Pessa J.E. 2008. The retaining system of the face: histologic evaluation of the septal boundaries of the subcutaneous fat compartments. Plast Reconstr Surg. 2008;121(5):1804–9.
- Vleggaar D, Bauer U. 2004. Facial enhancement and the European experience with Sculptra (poly-l-lactic acid). J Drugs Dermatol.;3:542–7.

Websites:

- http://www.jccp.org.uk/
- http://www.cosmeticstandards.org.uk/
- Azzalure
- Allergan – https://www.allergan.com/products/botox-cosmetic
- Merz - https://www.merzaesthetics.com/products/
- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3404279/
- https://waesthetics.com/pdf/published/81.pdf

Unit 2 Medical Assessment, Consultation and Image Recording

Unit Reference Number	Y/617/5058
Unit Title	Medical Assessment, Consultation and Image Recording
Unit Level	7
Number of Credits	10
Guided Learning Hours (GLH)	45 Hours
Total Qualification Time (TQT)	100 Hours
Mandatory / Optional	Mandatory
SSAs	1.2 Nursing, and subjects and vocations allied to medicine
Unit Grading Type	Pass

Unit Aims

This aim of this unit is to equip learners with the skills to communicate effectively with patients, staff, colleagues. Learners will encounter models and methodologies for consulting with patients, and will apply their skills to manage patient consultations, demonstrating effective patient communication, assessment, and image capture/recording techniques.

Ethical and medico-legal issues of consent will be taught within the framework of clinical governance for non-surgical cosmetic/aesthetic interventions and injectable therapies. Learners will be required to undertake patient consultations to gather medical history and gain informed consent for treatment and for image recording. Learners will know how to identify patients needing emotional or psychological support, for example support for those suffering from obsessive or body dysmorphic disorders. The process and procedures for patient referral will be included as part of consultation.

Patient information leaflets, patient records, screening tools, pre- and post-treatment instructions, adverse incident sheets and consent forms will be used to develop skills in consultation and communication. Learners will be expected to identify their relevant professional body guidance and codes of practice for non-surgical interventions.

DOPS may or may not provide naturally occurring evidence for Learning Outcome 2 during the consultations and treatments carried out. DOPS are expected to provide naturally occurring evidence for Learning Outcome 3 in real time clinical practice.

Learners must achieve this unit prior to being deemed ready to undertake treatments.

Learning Outcomes, Assessment Criteria and Indicative Content

Learning Outcome - The learner will:	Assessment Criterion - The learner can:	Indicative content
1. Understand the external and internal motivations of persons seeking cosmetic and aesthetic therapies.	1.1 Critically evaluate the drivers for seeking cosmetic and aesthetic procedures, with reference to psychological theories of attractiveness and appearance. 1.2 Discuss positive and negative effects of cosmetic / aesthetics procedures on psychological wellbeing with reference to available evidence.	• External and internal motivators, personal aspirations, peer and cultural pressure, marketing, advertising, social norms, expectations, clinical outcomes, procedural prevalence, evidence-based outcomes. Body dysmorphia, psychological well-being, personality disorders. • Searching the evidence base, evidence levels, study types, publications describing the impact upon psychological wellbeing from cosmetic/aesthetic procedures.
2. Understand strategies to identify and respond to patients needing emotional or psychological support.	2.1 Compare and contrast the screening and diagnostic tools available for those seeking cosmetic/aesthetic interventions. 2.2 Explain methods to manage patient expectations, unmet expectations, or regret, including referral processes.	• Screening tools - to detect potential disease indicators. Role and limitations of 'screening' tools, patient's rights to accept/refuse, psychology versus emotional support, patient 'insight', the well-informed patient, emotional and psychological impact of presenting complaint and potential impact of specific treatment, recognition of limits of competence and professional scope of practice, referral processes. • Screening and diagnostic tools for psychological conditions, eg Obsessive Compulsive Disorder (OCD) and Body Dysmorphic Disorder (BDD). NICE Guidelines, 'difficult' patients, mental health issues, managing patient expectations, At risk' groups NICE guidelines. • Screening tools versus diagnostic tools: modality specific, specialist training and patient consent, potential impact of false positives/negatives, to support not replace. • Consultation skills, evaluation of consent, family consultation (if appropriate), identification of safeguarding issues, involvement of multidisciplinary team, onward referral and treatment refusal. Professional boundary setting, adherence to

		legislation and codes of conduct, practitioner and patient safety, practitioner honesty, expectations and ethical considerations Strategies for post-decisional regret, pathways for psychological support: e.g. consultation, shared decision making, care plan development and onward referral to psychological services. Post-treatment; consultation, shared decision making referring to aftercare plan and continuity of care measures and onward referral to psychological services. Strategies for unmet expectations: e.g. consultation, referral to pre-treatment consultation records, evaluation of expectation realism, shared decision making, discussion of reversal options, shared decision making referring to aftercare plan and continuity of care measures and onward referral to psychological services.
3. Be able to demonstrate effective verbal, and non-verbal patient consultation skills.	3.1 Analyse the implications of a patient-centred approach to cosmetic aesthetic medicine. 3.2 Undertake patient consultations with professional communication and in line with legal requirements and informed consent.	• Patient centred treatment models - explain the concept of patient centred care, key communication and consultation skills, exploring patient knowledge, patient support, adapting styles, coaching, decision making, treatment planning, continuity of care, role of practitioner and patient in facilitating changes, patient choices. • Verbal and non-verbal communication, 'open' and 'closed' questioning techniques, 'jargon' versus appropriate use of lay terms, equality and diversity, medical history, patient occupation/lifestyle factors, commonly presenting medical conditions, relative and absolute contraindications to injectable therapies, e.g. drugs/medication, consultation models, respect and privacy of patients, generating treatment plans. Valid versus informed consent, the 'process of consent', capacity, consent to treatment,

		consent for photography/image recording, record keeping, contemporaneous notes, moral theories and principles, confidentiality, patient data, consent. Indications for treatment, contraindications to treatment and common health conditions which may influence or alter treatment plan and clinical outcome, e.g. Diabetes, autoimmune diseases, including medications, drugs and commonly skin conditions
4. Be able to prepare accurate patient treatment records as part of treatment planning for injectable therapies.	4.1 Produce accurate and meaningful written treatment record that includes relevant client medical and psychosocial history and reflects professional/legal requirements. 4.2 Capture, record, store and retrieve and accurate digital/video images pre and post treatment.	• Medico-legal requirements, the 'process' of consent, public liability and clinical negligence indemnity, clinical governance and audit, GDPR, confidentiality, contemporaneous documents, contractual obligations, information governance, role of statutory regulation, knowledge of professional standards, accountability to employers, professional codes of practice and guidance, management of patient complaints, treatment records, storage and retrieval of notes, monitoring and modification of treatment plans with evidence based justification, audit. • Image capture and image recording. Digital technologies, standardised image recording, lighting, colour management, camera settings, consent, copyright, data protection, patient views to capture, anatomical positioning, use of scales, digital image manipulation, storage and retrieval, file types, role of medical photographers, photography as evidence, teledermatology, dermoscopy.

Assessment Methods

To achieve this unit, learners must achieve the learning outcomes and meet the standards specified by all assessment criteria for the unit.

Learning Outcomes to be met	Assessment criteria to be covered	Type of assessment	Assessment parameters
LO1	All	SAQ Logbook	SAQ: Assessment to be carried out under centre-controlled conditions and marked by internal assessor. Logbook: References all treatments observed and supervised, includes learning reflections
LO2	All	DOPS* SAQ Logbook	DOPS: Observed by assessor SAQ: Assessment to be carried out under centre-controlled conditions and marked by internal assessor. Logbook: References all treatments observed and supervised, includes learning reflections
LO3	AC 3.1 AC 3.2 AC 3.2	SAQ DOPS* Logbook	SAQ: Assessment to be carried out under centre-controlled conditions and marked by internal assessor. DOPS: Observed by assessor Logbook: References all treatments observed and supervised, includes learning reflections
LO4	All	DOPS* Logbook	DOPS: Observed by assessor Logbook: References all treatments observed and supervised, includes learning reflections
*DOPS: All learners will carry out 10 supervised treatments for toxins (8 for facial treatments and 2 for hyperhydrosis), and 10 supervised treatments for fillers . The evidence required for meeting the assessment criteria for each unit may come from one such supervised treatment, or more, as required to meet the criteria.			

Indicative Resource list

Core Texts:

- Maclean, A. (2009) *Autonomy, Informed Consent and Medical Law: A Relational Challenge,* Cambridge University Press
- Herring, J. (2010) *Medical Law and Ethics*, Oxford University Press
- Mason, J.K., Laurie, J.T. (2010) *Mason and McCall Smiths Law and Medical Ethics*, Oxford University Press
- Hope, T. (2003), *Medical Ethics and Law: The Core Curriculum*, Churchill Livingstone

Journals:

- Lau CK, Schumacher HH, Irwin MS. (2010), '*Patients' perception of medical photography'*. J. Plast Reconstr Aesthet Surg; 63: pp507–11

Websites:

- CPSA guidance on cosmetic practice standards for injectable treatments and code of practice
- JCCP competency framework for cosmetic practice – core and modality specific competencies for injectable treatments
- NICE Guidelines for OCD and BDD. Available at: https://www.nice.org.uk/guidance/CG31?UNLID=13608881420158244025
- GMC Guidelines Cosmetic Interventions. Available at: http://www.gmc-uk.org/guidance/news_consultation/27171.asp
- Royal College of Surgeons. Professional Standards for Cosmetic Practice. Available at http://www.rcseng.ac.uk/publications/docs/professionalstandards-for-cosmetic-practice
- Cosmetic Medical and Surgical Procedures: A National Framework. Final Report. Australian Health Minister's Advisory Council. 2012. Available at http://www.health.nsw.gov.au/pubs/2012/cosmetic_surgery.html
- General Medical Council. Good Medical Practice. 2013. Available at http://www.gmcuk.org/GMP_2013.pdf_51447599.pdf
- See also GMC. Consent Guidance: patients and doctors making decisions together. Available at
- http://www.gmcuk.org/guidance/ethical_guidance/consent_guidance_index.asp
- Medical Protection Fact Sheets Available at: http://www.medicalprotection.org/uk/resources/factsheets/england
- http://www.jccp.org.uk/
- http://www.cosmeticstandards.org.uk/

Other:

- Specialist resources – patient consultation forms, patient information leaflets, manufacturer product specification sheets
- Video material – in-house recording of example patient consultations and medical history taking

Unit 3 Clinical Health, Safety and Welfare

Unit Reference Number	Y/617/5061
Unit Title	Clinical Health, Safety and Welfare
Unit Level	7
Number of Credits	10
Guided Learning Hours (GLH)	30 Hours
Total Qualification Time (TQT)	100 Hours
Mandatory / Optional	Mandatory
SSAs	1.2 Nursing, and subjects and vocations allied to medicine
Unit Grading Type	Pass

Unit Aims

The aim of this unit is to provide learners with a thorough understanding of health, safety and welfare legislation and standards, and their related processes and procedures, and to develop the skills to manage clinical facilities, including compliance, governance, clinical audit, medical emergencies, the potential risks associated with the prescribing and injecting of medicines and medical devices.

Learners will understand the importance of management systems and staff training and the principles, policies and procedures that must be in place within healthcare facilities for the management of emergencies or complications that may arise following treatment (e.g. from injectable treatments). Learners are required to show appropriate professional body registration, indemnity insurance, external training and education in subjects of life support, safe prescribing, and administration of injectable treatments.

DOPS are also expected to provide naturally occurring evidence for Learning Outcome 2 in real time clinical practice, ie that during the delivery of all treatments, the learner has complied with health and safety legislation, guidance and standards for safe aesthetic clinical practice. This naturally occurring evidence is supplementary and additional to the evidence from the learner SAQ answers, assignment and treatment logbooks.

Learning Outcomes, Assessment Criteria and Indicative Content

Learning Outcomes- The learner will:	Assessment Criteria- The learner can:	Indicative Content
1. Apply health and safety legislation, guidance and professional standards in a clinical injectable therapy setting.	1.1 Adhere to the key regulations, standards, and guidance relevant to cosmetic/aesthetic injectable practice. 1.2 Comply with health and safety legislation, guidance, and standards for safe aesthetic clinical practice. 1.3 Safely prescribe and administer medicines relevant to cosmetic/aesthetic injectable practice. 1.4 Discuss the limitations of prescribing and administration of medicines relevant to cosmetic/aesthetic injectable practice.	**Adherence:** regulations, standards, guidance, quality assurance, register of clinicians, human resources policies and procedures: Examples include: • Health and Safety at Work Act 1974 (England, Scotland and Wales) and The Health and Safety at Work Order 1978 (Northern Ireland) • The Management of Health and Safety at Work Regulations 1999 (England, Scotland and Wales) and The Management of Health and Safety at Work Regulations 2000 (Northern Ireland) • Health and Safety (First Aid) • Control of Substances Hazardous to Health (COSHH) • Personal Protective Equipment at Work Regulations (PPE) • Coronavirus Act 2020 (legislation.gov.uk) • GDPR, Freedom of Information Act • Disclosure & Barring Service (DBS) checks, bullying and harassment, 'Whistle Blowing • National Patient Safety Agency (NPSA), Patient Group Directions (PGD), Summary of Product Characteristics (SPC), NICE Guidelines, Medicines & Healthcare products Regulatory Agency (MHRA), • Professional Statutory Regulators (the General Medical Council and the General

		Dental Council, Royal Pharmaceutical Society) the JCCP and the CPSA (The Cosmetic Practice Standards Authority) • Medicines Act • Operational procedures ie practicing privileges, patient consultation, records management, order and storage of medicines, GDPR, Freedom of Information Act, patient-centred care, risk assessment and risk management, **Compliance:** • Reporting of Injuries, Diseases and Dangerous Occurrence Regulations (RIDDOR) • Awareness of Coronavirus disease 2019 (COVID-19) legislation and responsibility. • Employer's and employees' responsibilities: ie insurance, staff training and development, provision of Personal Proctective Equipment (PPE) • Carrying out safe working practices with good standards of hygiene and maintenance • Effective Risk assessment, management and evaluation strategies • Awareness of electrical safety, emergency and fire procedures, and health and safety policies and procedures. • Implementing an effective health and safety policy that sets standards and is well managed • Positive attitudes towards health and safety from all members of staff • Well informed and trained managers and

		staff who communicate with each other • Positive attitudes towards health and safety from all members of staff • Efficient reporting system for accidents, ill health and safety defects • Continuous professional development is maintained to keep up to date with changes or new product usage information. • Employee welfare: misuse of Alcohol/Drugs, stress management. • **Medicines:** Role of the prescriber: must be familiar with legislative and regulatory requirements • Standards and guidelines for example Professional Statutory Regulators (the General Medical Council and the General Dental Council, Royal Pharmaceutical Society) the JCCP and the CPSA (The Cosmetic Practice Standards Authority) • NICE (England), Scottish Medicines Consortium and Health Improvement Scotland (including the Scottish Intercollegiate Guidelines Network) (Scotland) c Department for Health, Social Services and Public Safety (Northern Ireland) d All-Wales Medicines Strategy Group (Wales) e medical royal colleges and other authoritative sources of specialty specific clinical guidelines • Professional Records Standards Body (PRSB: o Responsibilities for assessment prior to prescribing o Responsibilities for assessment of outcomes and responding to adverse

		incidents o Responsibilities when delegating o Requirements for adverse incident reporting (MHRA) o Ethical considerations when prescribing in a commercial environment. • Works within JCCP prescribing guidelines as agreed by statutory regulators – • JCCP / CPSA Guidance Statement – Responsible Prescribing for Cosmetic Procedures. • A Non-Medical Prescriber is a registered healthcare professional who has undertaken further training, allowing them to prescribe medications to patients within their field of expertise. Advanced Clinical Practitioners are often Non-Medical Prescribers, enabling them to provide a holistic care experience for the patient. They may come from a range of professionally registered healthcare backgrounds such as nursing, midwifery, and some allied health professions. . • Non-Medical Prescribers are highly trained and must complete a course approved or accredited by their professional regulator, enabling them to prescribe safely and effectively. Depending on their profession, Non-Medical Prescribers may be able to prescribe independently and/or as a supplementary prescriber or as a Community Practitioner Nurse Prescriber (District Nurses and Specialist Community Public Health Nurses). • Specific General Pharmaceutical Council

		(GPhC), Nursing and Midwifery Council (NMC) and PRSB guidance for prescribing and delegating in aesthetic practice • Management and administration of medication : Storing of medicines • Cold link chain and storage for specific brands of botulinum toxin • Where medicines are held as stock they must be: - Procured through recognised wholesalers, i.e. registered UK pharmacy Administered against a valid prescription date, full prescriber details, full patient details, full drug details, and signature. Issued in line with PSRB recognised standards for prescribing in cosmetic medicine • Stored securely and in the correct environment as recommended by the manufacturer (temperature monitoring and cold chain, • Audited at regular intervals • Recorded appropriately when administered - Where a patient's medicines are held this must be agreed by the patient and administered to the named patient only • Standards and guidelines for example Professional Statutory Regulators (the General Medical Council and the General Dental Council, Royal Pharmaceutical Society) the JCCP and the CPSA (The Cosmetic Practice Standards Authority) • NICE (England), Scottish Medicines Consortium and Health Improvement Scotland (including the Scottish Intercollegiate Guidelines Network)

		(Scotland) c Department for Health, Social Services and Public Safety (Northern Ireland) d All-Wales Medicines Strategy Group (Wales) e medical royal colleges and other authoritative sources of specialty specific clinical guidelines. • Standard Operating Procedures (SOPs) : o SOPs should be in place covering all aspects of the medicines process o There must be evidence that practitioners have read and understood the SOPs. o SOPs should be regularly reviewed and updated. • Prescription - Prescription Only Medicine (POMs) must only be administered against a valid prescription written by a . a doctor b. a dentist c. a supplementary prescriber d. a nurse independent prescriber e. a pharmacist independent prescriber f. other Health and Care Professions Council (HCPC) registrants following administration, appropriate records should be made in the patient's notes • Protocols for administering Pharmacy only (P) medicine when it is prescribed or supplied under the direction of a pharmacist. • Emergency medicines : those medicines listed in Schedule 19 of the Human Medicines Regulations may be administered without a prescription for the purpose of saving life in an emergency • Medicines stocked for the purpose of emergency use must be risk assessed.

		• The practitioner must be competent to administer the medicines Controlled drugs (CDs) • The Misuse of Drugs Regulations 2001 place additional controls on medicines that could be misused. • Controlled drugs may be subject to: - Additional prescription writing requirements Additional storage requirements • Additional record keeping requirements - Home Office licence requirements • Directions for use in accordance with the manufacturer's guidance. Over the counter doses must not be exceeded unless there is a prescription. • Patients must not be asked to stockpile medicines • Exceed recommended doses and/or recommended surface area coverage • Advertising and promotion of medicines, audit methodologies for the safe selection, procurement, supply, storage, documentation, disposal and review Commercial aspects of cosmetic practice: appropriate marketing, advertising, PR, social media.- legislation and guidance • Prescribing legislation and regulation within the context of cosmetic/aesthetic injectable practice. • Good practice in ordering, prescribing, administering, storing, disposing of and managing medicines.
2. Be able to identify and manage the risks associated with	2.1 Conduct a risk assessment for a cosmetic/aesthetic injectable procedure.	• Definition of risk assessment • Identification of potential risks and hazards

cosmetic/aesthetic injectable procedures.	2.2 Manage risk of complications / adverse events arising from cosmetic/aesthetic injectable procedures.	within the clinic environment – • Hazards – anything that has the potential to cause harm, for example inadequately maintained toilet facilities • Risks – a chance, high or low, that harm caused by the hazard may occur, for example cross-infection from poor hygiene • Importance of risk assessment in the clinic • Risk assessment for • Staff • Patients • Workplace • Treatments/procedures • Processes involved in risk assessment • Employer and employee collaboration on risk assessment process • Methods of minimising risk in the clinic, for example establishing and documenting new workplace procedures/protocols, clear and defined roles and responsibility for managing and training • Infection control, single point of contact (SPOC) • Risk assessment notification - clinic signage, publication on website Implications for insurance • Informal risk assessment would include a visual inspection and appraisal of possible hazards in all work areas prior to use. Any new risks identified would need to be recorded formally. • Formal risk assessment would include the completion of a written risk assessment form to identify the hazards and the

		likelihood and severity of harm and ensure appropriate control measures are in place to prevent accidents. • Formal risk assessment reports should be reviewed and updated regularly. • Risk assessment: of health, safety and security practices (effectiveness of practices); recommendations and justification for modifications to existing practices; implementing new practices; reliability and effectiveness of risk assessment; importance of practices eg compliance with current and relevant legislation, ensuring health and safety of staff/clients • Risk assessment, prevention and control of infection, provision and use of work equipment, clinical facility design, fire safety, COSHH Regulations, COVID 19 regulations, moving and handling, recording of accidents, needle stick injuries, clinical waste, single use devices, adverse incidents. CME, CPD • External accreditation/registration with appropriate national inspection body, e.g. CQC, voluntary registers, insurance, etc. Seven pillars of clinical governance; Service user, carer and public involvement, Risk management, Clinical audit, Staffing and staff management, Education and training, Clinical effectiveness, Clinical information Equipment management, resuscitation trolleys, automated external defibrillators (AEDs), team working, policies and procedures. Clinical audit.

		• Assess all areas of the workplace, identify hazard, state who or what is at risk, determine the level of risk, recommend risk management strategies, record all findings, inform staff, review as required. • Auditing records, reference point for algorithms for dealing with complications. Standard operating procedures (SOP), bench marking adverse incidents, patient transfer/referral/discharge, staff training, 'out of hours' procedures, practising privileges, planning, prioritisation, policies, clinical registries. **Adverse events, incident reporting and evaluation of compliance :** • Aftercare and effects, Minimising the risk of side effects, developing an aftercare plan • Importance of having an emergency plan. • Knowledge of events reporting associated with medicines and medical devices, made to the MHRA via the Yellow Card Scheme • Central Alerting System (CAS) • Completion of regular, formal and recorded review of currently offered procedures, techniques and equipment should be carried out. • Risks posed through lack of PPE and unsafe clinical environment, effects include; psychological and pathogenic, dispose of all used equipment safely and appropriately following relevant guidance. • Emergency medicines : those medicines listed in Schedule 19 of the Human Medicines Regulations may be administered without a prescription for the

		purpose of saving life in an emergency. • Medicines stocked for the purpose of emergency use must be risk assessed. • The practitioner must be competent to administer the medicines Controlled drugs (CDs) • Manage needle-stick injuries in line with national and CPSA guidance. Communication with patient, post-exposure prophylaxis, blood test for transmissible pathogens, document and report the injury, onward referral (if appropriate), post-incident debriefing and reflective practice. • Anaphylaxis response management. • Emergency medicine and equipment must be regularly checked and recorded to be functioning and in-date • Any other emergency medicine deemed appropriate based on risk assessment. Recognise and treat anaphylactic shock. • Resuscitation Council (UK) guidelines, Basic and Advanced Life support (ALS), management of anaphylactic shock, emergency medical equipment and drugs, resuscitation equipment, resuscitation policies, vessel occlusion, algorithms for management of complications, test patch and administration of hyaluronidase. • Anaesthetics : How to source, store and administer local and topical anaesthesia to the treatment area, how to recognise the main adverse events associated with this type of anaesthesia (anaphylaxis, toxicity, etc.) and how to treat them accordingly. • Equipment management, resuscitation

		trolleys, automated external defibrillators (AEDs). • Management options for emergency/adverse events • Aesthetic Consensus Expert Guidelines (ACE) for complications • The role of patient upon adverse effect orientated management options: for example, aftercare and continuity of care • Procedures for 'cooldown' period, follow-up appointments and onward referral.

Assessment methods

To achieve this unit, learners must achieve the learning outcomes and meet the standards specified by all assessment criteria for the unit.

Learning Outcomes to be met	Assessment criteria to be covered	Type of assessment	Assessment parameters
LO1	All	Logbook Assignment SAQ	Logbook: References all treatments observed and supervised, includes learner reflections using images, forms, contemporaneous notes etc from initial consultation through to review at least 4 weeks following a course of treatment. Include reflective account of what was done, why and when, include what went well, not so well, what would do differently in similar future circumstances. 2 tasks - Marked by internal assessor SAQ: Assessment to be carried out under centre-controlled conditions and marked by internal assessor.
LO2	All	DOPS* Logbook Assignment	DOPS: Observed by assessor. Logbook: References all treatments observed and supervised, includes learner reflections using images, forms, contemporaneous notes etc from initial consultation through to review at least 4 weeks following a course of treatment. Include reflective account of what was done, why and when, include what went well, not so well, what would do differently in similar future circumstances. 2 tasks – Marked by internal assessor
*DOPS: All learners will carry out 10 supervised treatments for toxins (8 for facial treatments and 2 for hyperhydrosis), and 10 supervised treatments for fillers. The evidence required for meeting the assessment criteria for each unit may come from one such supervised treatment, or more, as required to meet the criteria.			

Indicative Resource list

Textbooks:

- Dalton, T. et al, (2011), Emergency Medical Patients: Assessment, Care, and Transport, Pearson

Websites:

- CQC Guidance for Providers - www.cqc.org.uk/content/guidance-providers
- CQC Fundamental Standards - http://www.cqc.org.uk/content/regulations-service-providers-and-managers
- JCCP competency framework for cosmetic practice – core and modality specific competencies for injectable treatments http://www.jccp.org.uk/
- JCCP and CPSA Guidance for Practitioners Who Provide Cosmetic Interventions - JCCP&CPSA Code of Practice_v2.pdf
- The Cosmetic Practice Standards Authority (CPSA) - cosmeticstandards.org.uk
- JCCP and CPSA guidance on cosmetic practice standards for injectable treatments and code of practice -
- Managing risks and risk assessment at work - www.hse.gov.uk/simple-health-safety/risk/index.htm
- Resuscitation Council UK's guideline https://www.resus.org.uk/resuscitation-guidelines/
- Emergency Medical Patients: Assessment, Care and Transport (EMPACT) - https://www.empactonline.org/whatisempact
- Medicines & Healthcare Product Regulatory Agency - www.gov.uk/government/organisations/medicines-and-healthcare-products-regulatory-agency
- Good practice in prescribing and managing medicines and devices - General Medical Council (gmc-uk.org)
- Who can prescribe what? : PSNC Main site
- Institution of Occupational Safety and Health IOSH - www.iosh.com
- UK Health and Safety Executive - www.hse.gov.uk/index.htm
- Coronavirus Act 2020 (legislation.gov.uk)
- Close contact services - Working safely during coronavirus (COVID-19) - Guidance - GOV.UK (www.gov.uk)

- Making your workplace COVID-secure during the coronavirus pandemic - www.hse.gov.uk/coronavirus/working-safely/index.htm

Unit 4 Aesthetic Injectable Therapies for Facial Treatments

Unit Reference Number	D/617/5059
Unit Title	Aesthetic Injectable Therapies for Facial Treatments
Unit Level	7
Number of Credits	12
Guided Learning Hours (GLH)	50 Hours
Total Qualification Time (TQT)	120 Hours
Mandatory / Optional	Mandatory
SSAs	1.2 Nursing, and subjects and vocations allied to medicine
Unit Grading Type	Pass

Unit Aims

This aim of this unit is to provide learners with the in-depth knowledge and understanding required for safe and proficient patient-centred care in the delivery of botulinum toxin and dermal fillers for medical/aesthetic indications, including knowledge of the pharmacology, toxicology, mechanisms of action, safety and efficacy profiles of biologics and dermal fillers, and management of complications.

Learners will apply the principles of evidence-based practice, and use medical history case studies and patient's notes, to accurately assess a patient's needs, justify decisions to treat or not treat, and in their choice of product, quantity, placement, and treatment modality, and also to minimise the risk of complications and recommend pre- and post-treatment regimes, including clinical imaging.

Learners will understand influences that affect patient choices, and use appropriate sources of support, information and advice, communicating these effectively and openly with patients.

Learning Outcomes, Assessment Criteria and Indicative Content

Learning Outcomes- The learner will:	Assessment Criteria- The learner can:	Indicative Content
1. Understand aspects of safety and efficacy with regards to commercial injectable preparations for cosmetic/aesthetic interventions.	1.1 Evaluate the safety and effectiveness of pharmacology and rheology of currently available biologics and dermal fillers. 1.2 Discuss the mechanisms of action of currently available commercial biologics and dermal fillers.	• Clostridium botulinum, structure & serotypes, pharmacology, protein loading, storage & shelf life, reconstitution, diluents, product conversion ratios, toxicity, safe handling, safe disposal, side effects. Product history, product biochemistry and pharmacology, basics of dermal filler rheology, temporary vs permanent, fillers vs. volumisers, hyaluronic acid, collagen, calcium hydroxylapatite, poly-L-lactic acid (PLLA), polymethylmethacrylate (PMMA), cross linking, product ranges, medical devices, FDA approved products, anaesthesia, storage & shelf life, safe handling, safe disposal, side effects. • Mechanism of Action: Neuromuscular junctions, depolarisation, enzyme activation, effect of protein loading, light and heavy chains, binding sites/receptors, acetylcholine (ACh), duration of action, spread versus diffusion, evidence based medicine, stimulatory fillers, permanent, semi-permanent, temporary, local anaesthetics.
2. Be able to propose appropriate treatment areas for injectable therapies.	2.1 Justify appropriate injectable therapies according to presenting anatomy and pathophysiology. 2.2 Propose alternative treatment options where injectable therapies are contraindicated.	• patient's needs, make decisions to treat or not treat, medical history, 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 • Alternative therapies: chemical and physical rejuvenation, light-based therapies, radio frequency, plasma rejuvenation, platelet rich plasma (PRP), cosmeceuticals, referral to other healthcare

		professionals, e.g. surgical interventions. Including the option to do nothing.
3. Be able to demonstrate safe and appropriate clinical practice in the delivery of biologic and dermal filler injectable therapies.	3.1. Perform appropriate aseptic techniques in the preparation and handling of products. 3.2. Apply requirements for safe treatment environments. 3.3. Perform safe and appropriate biologic and dermal filler therapies to upper, mid and lower face regions. 3.4. Evaluate clinical outcomes of injectable therapies.	• Preparing the treatment room, treatment trolleys, product, needle, cannula and syringe choices, diluents, storage of medicines, safe working practice, personal protective equipment, infection control, aseptic non touch techniques (ANTT), key parts and key sites, clean working areas, correct disposal of sharps and clinical waste, hygiene issues, dealing with needle stick injuries, reconstitution of products, conversion ratios, adjustment of dose, emergency equipment, hyaluronidase, local anaesthetic / analgesia. • Patient positioning, sterile working, cleansing and marking skin, injection sites, diluents, reconstitution, converting between BoNT products, calculating safe and effective doses, aseptic techniques, injection techniques, infection control, minimising bruising, avoiding ptosis and unwanted effects, e.g. natural versus 'frozen' look. Minimal entry injection points, injection techniques, individualised treatment according to facial mapping and anatomy for upper, mid and lower face regions, eg Nasolabial lines, Zygomatic, Marionette lines, Peri-oral lines, Lip line, Lip volumisation; and to account for dynamic rhytides of the face caused by the action of glabellar complex, the frontalis, and the orbicularis occuli, and compensatory mechanisms for lifting or lowering eyebrow. Sharp handling, disposal of waste, professionalism, knowledge, communication Post treatment procedures (aftercare advice, treatment regimes and frequency), treatment advice sheets, follow up, record keeping, photography. • Desirable clinical endpoints (CEP), audit/evaluation

		of outcomes against CPSA guidance, post treatment care plans, recognising adverse effects, e.g. ptosis, recognising and managing adverse events, e.g. swelling, bruising, pain management, referral and follow-up. Recognising emerging adverse events and sub optimal treatment outcome. Informing clients of any post-treatment costs.
4. Be able to differentially diagnose commonly presenting complications arising from cosmetic/aesthetic interventions.	4.1 Discuss the stages of adverse events and how these can be recognised 4.2 Describe the characteristics of granulomas, nodules, infections, and biofilms. 4.3 Identify signs and symptoms of vascular events and vessel compression.	• Early-, delayed-, late- onset complications. Identify by symptoms including- blanching, pain, occlusion, necrosis, discolouration, bruising, ecchymosis, hypertrophic scarring, loss of sensation, tingling, telangiectasia, blindness. • Granulomas, lumps, nodules, infections, biofilms, Tyndall effect, swelling, migration, defects. • Identification of vessels linked with significant complications, e.g. blindness, i.e. dorsal nasal artery/supraorbital and supratrochlear arteries.
5. Be able to propose appropriate management pathways for a given presenting adverse event or complication.	5.1 Discuss strategies to minimise complications or adverse events resulting from cosmetic/aesthetic interventions. 5.2 Examine the management and reporting of presenting complications or adverse events resulting from cosmetic/aesthetic interventions.	• ANTT, hyaluronidase, iopidine, glyceryl trinitrate GTN, aspirin, oxygen therapy, compression, massage, alert reporting to regulatory authorities / company reporting schemes, referral pathways, antibiotics, histology. • Alert reporting to regulatory authorities / company reporting schemes, referral pathways, antibiotics, histology, consensus documents, algorithms, emergency medicine. ACE guidance
6. Be able to evaluate own practice.	6.1. Critically evaluate own personal practice for the safe and appropriate preparation and delivery of a given cosmetic/aesthetic intervention.	• Critical thinking, reflective practice models, reflective writing skills, developing evidence to show knowledge and understanding of the avoidance and management of complications and how it can inform and influence clinical practice.

Assessment methods

To achieve this unit, learners must achieve the learning outcomes and meet the standards specified by all assessment criteria for the unit.

Learning Outcomes to be met	Assessment criteria to be covered	Type of assessment	Assessment parameters
LO1	All	DOPS* SAQ Logbook	DOPS: Observed by assessor. SAQ: Assessment to be carried out under centre controlled conditions and marked by internal assessor. Logbook: References all treatments observed and supervised, includes learner reflection s using images, forms, contemporaneous notes etc from initial consultation through to review at least 4 weeks following a course of treatment. Include reflective account of what was done, why and when, include what went well, not so well, what would do differently in similar future circumstances.
LO2	All	DOPS* SAQ Logbook	DOPS: Observed by assessor. SAQ: Assessment to be carried out under centre controlled conditions and marked by internal assessor. Logbook: References all treatments observed and supervised, includes learner reflections using images, forms, contemporaneous notes etc from initial consultation through to review at least 4 weeks following a course of treatment. Include reflective account of what was done, why and when, include what went well, not so well, what would do differently in similar future circumstances.
LO3	AC 3.1, 3.2, 3.3 AC 3.1, 3.2, 3.3 AC 3.4	DOPS* Logbook SAQ	DOPS: Observed by assessor. Logbook: References all treatments observed and supervised, includes learner reflections using images, forms, contemporaneous notes etc from initial consultation through to review at least 4 weeks following a course of treatment. Include reflective account of what was done, why and when, include what went well, not so well, what would do differently in similar future circumstances. SAQ: Assessment to be carried out under centre controlled conditions and marked by internal assessor.
LO4	All	DOPS*, SAQ, Logbook	DOPS: Observed by assessor. SAQ: Assessment to be carried out under centre controlled conditions and marked by internal assessor. Logbook: References all treatments observed and supervised, includes learner reflections

			using images, forms, contemporaneous notes etc from initial consultation through to review at least 4 weeks following a course of treatment. Include reflective account of what was done, why and when, include what went well, not so well, what would do differently in similar future circumstances.
LO5	All	DOPS* SAQ Logbook	DOPS: Observed by assessor. SAQ: Assessment to be carried out under centre controlled conditions and marked by internal assessor. Logbook: References all treatments observed and supervised, includes learner reflections using images, forms, contemporaneous notes etc from initial consultation through to review at least 4 weeks following a course of treatment. Include reflective account of what was done, why and when, include what went well, not so well, what would do differently in similar future circumstances.
LO6	All	DOPS* Logbook	DOPS: Observed by assessor. Logbook: References all treatments observed and supervised, includes learner reflections using images, forms, contemporaneous notes etc from initial consultation through to review at least 4 weeks following a course of treatment. Include reflective account of what was done, why and when, include what went well, not so well, what would do differently in similar future circumstances.
*DOPS: All learners will carry out 10 supervised treatments for toxins (8 for facial treatments and 2 for hyperhydrosis), and 10 supervised treatments for fillers. The evidence required for meeting the assessment criteria for each unit may come from one such supervised treatment, or more, as required to meet the criteria.			

Indicative Resource list

Textbooks:

- Small, R. et al., (2012), '*A Practical Guide to Botulinum Toxin Procedures (Cosmetic Procedures)*', 1st ed. Lippincott Williams & Wilkins
- Small, R. et al., (2012), '*A Practical Guide to Dermal Filler Procedures)*', 1st ed. Lippincott Williams & Wilkins
- De Maio, M., Rzany, B. (2014), '*Injectable Fillers in Aesthetic Medicine*', 2nd ed. Springer
- Kim, HJ. Et al, (2016), '*Clinical Anatomy of the Face for Filler and Botulinum Toxin Injection*' 1st ed., Springer

- Carruthers, J, Carruthers, A. (2017), '*Soft Tissue Augmentation E-Book: Procedures in Cosmetic Dermatology Series*', 4th ed. Elsevier

Websites:

- https://www.gmc-uk.org/guidance/good_medical_practice/professionalism_in_action.asp
- CPSA guidance on cosmetic practice standards for injectable treatments and code of practice
- JCCP competency framework for cosmetic practice – core and modality specific competencies for injectable treatments
- https://www.merz.com/our-competencies/neurotoxins/
- http://www.allergan.co.uk/Products/MedicalAesthetics.aspx
- http://www.jccp.org.uk/
- http://www.cosmeticstandards.org.uk/

Unit 5 Aesthetic Injectable Therapies for Non-Facial Treatments

Unit Reference Number	R/617/5060
Unit Title	Aesthetic Injectable Therapies for Non-Facial Treatments
Unit Level	7
Number of Credits	4
Guided Learning Hours (GLH)	10 Hours
Total Qualification Time (TQT)	40 Hours
Mandatory / Optional	Mandatory
SSAs	1.2 Nursing, and subjects and vocations allied to medicine
Unit Grading Type	Pass

Unit Aims

The aim of this unit is to develop learners' knowledge of hyperhidrosis, its diagnosis, treatment and management using injectable therapies such as botulinum toxin. Learners will be required to undertake safe and proficient patient-centred care in the delivery of botulinum toxin, for treatment of hyperhidrosis, underpinned by knowledge of the pharmacology, toxicology, mechanisms of action, safety and efficacy profiles of biologics, and management of complications.

Learning Outcomes, Assessment Criteria and Indicative Content

Learning Outcomes- The learner will:	**Assessment Criteria- The learner can:**	**Indicative content**
1. Be able to recognise the presenting condition of hyperhidrosis amenable to BoNT injectable therapies.	1.1 Use appropriate assessment methods to diagnose the condition of hyperhidrosis.	• Assessment of severity of sweating including practical, qualitative, and quantitative methods to confirm the diagnosis, e.g. rate of sweating, gravimetric measurements, evaporimetry, hyperhidrosis disease severity scale (HDSS), Minor's starch-iodine test, printing tests, quality of life, impairment of daily activities Primary and secondary hyperhidrosis. Body location effects: axilla, hands, feet, face.

2. Be able to demonstrate safe clinical practice in the delivery of BoNT therapies for hyperhidrosis.	2.1 Undertake patient consultations to deliver safe and appropriate BoNT therapies. 2.2 Prepare the clinical environment for safe delivery of BoNT injectable therapies. 2.3 Perform safe and appropriate treatment for hyperhidrosis. 2.4 Propose appropriate alternative treatments.	• Consultation skills, patient planning, starch tests (hyperhidrosis). Treatment planning, consultation and consent, identification of contraindications, pre-treatment procedures, (medical history, informed consent, skin cleansing and preparation, photography, marking-out), treatment protocols. Pre and Post treatment procedures (aftercare advice, treatment regimes and frequency), treatment advice sheets, follow up, record keeping. • Preparing the treatment room, treatment trolleys, product, needle and syringe choices, diluents, storage of medicines, safe working practice, personal protective equipment, infection control, clean working areas, correct disposal of sharps and clinical waste, hygiene issues, dealing with needle stick injuries. • Patient positioning, injection sites, diluents, reconstitution, converting between BoNT products, calculating safe and effective doses, aseptic techniques, injection techniques, infection control, minimising bruising. • Alternative therapies: medications, e.g. antiperspirant, astringents, glycopyrrolate, nerve blocking medications, antidepressants, microwave therapy, sweat gland removal, nerve surgery, clothing, lifestyle and exercise choices.
3. Be able to propose appropriate management pathways for a given presenting adverse event or complication.	3.1 Explain the strategies used to minimise complications or adverse events resulting from non-facial treatments. 3.2 Propose effective management of presenting complications or adverse events. 3.3 Evaluate management strategies used for presenting complications or adverse events	• Consultation skills, the importance of a compete medical history (allergies, health issues, fear of needle), complete documentation, Health and safety, infection control, ANTT, emergency equipment that may be required • Knowledge/use of care pathways available in local area for management and/ or referral for

	resulting from non-facial treatments.	complications or cosmetic emergency. • Alert reporting to regulatory authorities / company reporting schemes, referral pathways, antibiotics, histology, consensus documents, algorithms, emergency medicine. • Appraise management strategies used include the procedure and process to follow and evaluate the strategies for management emergency/adverse events.

Assessment methods

To achieve this unit, learners must achieve the learning outcomes and meet the standards specified by all assessment criteria for the unit.

Learning Outcomes to be met	Assessment criteria to be covered	Type of assessment	Assessment parameters
LO1	All	DOPS* Logbook	DOPS: Observed by assessor. Logbook: References all treatments observed and supervised, includes learner reflections using images, forms, contemporaneous notes etc from initial consultation through to review at least 4 weeks following a course of treatment. Include reflective account of what was done, why and when, include what went well, not so well, what would do differently in similar future circumstances.
LO2	All	DOPS* Logbook	DOPS: Observed by assessor Logbook: References all treatments observed and supervised, includes learner reflections using images, forms, contemporaneous notes etc from initial consultation through to review at least 4 weeks following a course of treatment. Include reflective account of what was done, why and when, include what went well, not so well, what would do differently in similar future circumstances.
LO3	All	DOPS* Logbook SAQ	DOPS: Observed by assessor. Logbook: References all treatments observed and supervised, includes learner reflections using images, forms, contemporaneous notes etc from initial consultation through to review at least 4 weeks following a course of treatment. Include reflective account of what was done, why and when, include what went well, not so well, what would do differently in similar

			future circumstances. SAQ: Assessment to be carried out under centre controlled conditions and marked by internal assessor
***DOPS: All learners will carry out 10 supervised treatments for toxins (8 for facial treatments and 2 for hyperhydrosis). The evidence required for meeting the assessment criteria for each unit may come from one such supervised treatment, or more, as required to meet the criteria.**			

Indicative Resource list

Textbooks:

- Giuseppe Sitom Ed. '*Hyperhidrosis, Clinician's Guide to Diagnosis and Treatment*', Springer International Publishing, DOI. 10.1007/978-3-319-26923

Journals:

- Augustin M, Radtke MA, Herberger K, Kornek T, Heigel H, Schaefer I (2013) *Prevalence and disease burden of hyperhidrosis in the adult population*. Dermatology 227:10–13
- Doolittle, J., Walker, P., Mills, T. et al. Arch Dermatol Res (2016) 308: 743. https://doi.org/10.1007/s00403-016-1697-9
- Cina CS, Clase CM (1999) *The illness intrusiveness scale: a measure of severity in individuals with hyperhidrosis*. Qual Life Res 8:693–698
- Glaser DA, Galperin TA (2014) *Managing hyperhidrosis: emerging therapies*. Dermatol Clin 32:549–553
- Hamm H (2014) *Impact of hyperhidrosis on quality of life and its assessment*. Dermatol Clin 32:467–476
- Naumann MK, Hamm H, Lowe NJ (2002*) Effect of botulinum toxin type A on quality of life measures in patients with excessive axillary sweating: a randomized controlled trial*. Br J Dermatol 147:1218–1226

Websites:

- https://www.sweathelp.org/education-and-resources/online-learning/53-hyperhidrosis-treatments.html
- https://hyperhidrosisnetwork.com/forums/topic/interesting-books-on-hyperhidrosis/

- http://www.jccp.org.uk/
- http://www.cosmeticstandards.org.uk/

Unit 6 Values, Ethics and Professionalism in Applied Cosmetic Aesthetic Practice

Unit Reference Number	H/617/5063
Unit Title	Values, Ethics and Professionalism in Applied Cosmetic Aesthetic Practice
Unit Level	7
Number of Credits	10
Guided Learning Hours (GLH)	25 Hours
Total Qualification Time (TQT)	100 Hours
Mandatory / Optional	Mandatory
SSAs	1.2 Nursing, and subjects and vocations allied to medicine
Unit Grading Type	Pass

Unit Aims

The aim of this unit is to develop learners' understanding of the core values, ethics and professionalism that underpin good clinical practice, and be able to apply these to practice.

Learners will also explore concepts of professional accountability.

DOPS are also expected to provide naturally occurring evidence for Learning Outcomes 1 and 2 in real time clinical practice, ie the learner has demonstrated the stated values in clinical practice, as well as ethical and professional practice during their delivery of treatments.

Learning Outcomes, Assessment Criteria and Indicative Content

Learning Outcomes- The learner will:	Assessment Criteria- The learner can:	Indicative Content
1. Be able to demonstrate core values in clinical practice.	1.1 Analyse the importance of core values as applied to cosmetic aesthetic practice. 1.2 Demonstrate commitment, compassion, honesty , personal integrity, respect for others, communication and competence in clinical practice. 1.3 Discuss the key principles of social responsibility in relation to cosmetic aesthetics. 1.4 Critically analyse ethical and moral responsibilities to	• Patient knowledge and opinions, concerns and anxieties, respect for confidentiality and follows guidance from the GMC, principle of providing full information to the patient, privacy, dignity, confidentiality and legal constraints on the use of patient data, sensitivity in handling patients with cognitive disturbance and/or communication problems. GDPR rules.

	be considered when marketing aesthetics practice.	• Contribution of other healthcare professionals and support workers, strives to address ignorance, injustice, poverty, racism and bias in personal and professional life and act as patient advocate, recognises influence that cultures and beliefs have on patients perceptions of health, communication with other health professionals, role of supporter and advocate for the patient, facilitating excellent functioning of professional teams, importance of providing necessary information in a clear, timely way • Concepts of excellence, attention to detail, professional appearance and manner, supervision by a more experienced colleague, calmness under pressure. • Appropriate, timely and relevant communication with the clinical team members, adherence to policies, local and national guidelines relating to workplace behaviour and clinical practice, whistleblowing policy. • **Social responsibility** : Business behaviours/values • Behave ethically, for example, establishing protocols/working practices to protect the health of staff, patients and visitors, working accordance with regulatory requirements, staying up to date with changes in business regulations and practices • Be accountable, for example, having a clear mission statement. • Infection control policies ie COVID-19 • Procedures and risk assessment in respect of upholding high standards of hygiene to increase patient confidence and prevent the spread of infection, identification of business practices and values, duty of care, undertaking regular review of policies and procedures • Be transparent, for example, providing staff, patients

		and suppliers/visitors with clear guidelines on clinic protocols such as premises layout, operating procedures, social distancing, deliveries, for example signage, email communications. • Demonstrate respect for human rights, for example, considering all patients equally, being non-discriminatory, inclusive staffing • Comply with legislation/law, for example, COVID-19 trading restrictions, instructions from authorities in the event of new local restrictions etc. • Promote sustainable working practices, for example, low energy equipment, recycling. • Marketing requirements: must be factual, non-exploitative, clear and not misleading, age appropriate, provide time to cool off and not pressurise the individual. • Not to use promotional tactics to pressure ill-considered ideas and not mislead patients as to possible risks from procedure. • Guidelines offered by regulators such as GMC.: • Not to be offered as a prize. • Not to be offered as “procedure packages” • Role of Advertising Standards Agency (ASA) • Non-statutory organisation whose codes broadly reflect legislation. • Enforce best practice with regard to marketing and marketing activities, ensure professional advertising standards are upheld. • Use of Social media in marketing • Children & Vulnerable Groups : marketers should ensure that cosmetic surgery ads do not exploit the insecurities of children, young people and vulnerable groups, and TV ads, are scheduled responsibly in order to minimise the risk of children seeing an ad

		which has the potential to have a negative impact on their body image (Group Healthcare Ltd, 2 July 2014). • Role of the Committee of Advertising Practice (CAP) Body that created and maintains the UK Code of Non-broadcast Advertising, Sales Promotion and Direct Marketing which regulates non-broadcast marketing communications • Broadcast Committee of Advertising Practice (BCAP) Body responsible for setting standards for television and radio advertisements under powers contracted-out to it by OFCOM, the UK's communications regulator • The UK Code of Non-broadcast Advertising, Sales Promotion and Direct Marketing (the CAP Code) • The UK Code of Broadcast Advertising (the BCAP Code)
2. Be able to demonstrate ethics and professionalism in clinical practice.	2.1 Examine the main principles of health care ethics within the context of aesthetic practice. 2.2 Demonstrate ethics and professionalism in clinical practice.	• Four principles of health care ethics: • Autonomy: refers to the right of the patient to retain control over his or her body. A health care professional can suggest or advise, but any actions that attempt to persuade or coerce the patient into making a choice are violations of this principle. In the end, the patient must be allowed to make his or her own decisions – whether or not the medical provider believes these choices are in that patient's best interests – independently and according to his or her personal values and beliefs. • Beneficence: This principle states that health care providers must do all they can to benefit the patient in each situation. All procedures and treatments recommended must be with the intention to do the most good for the patient. To ensure beneficence, medical practitioners must develop and maintain a high level of skill and knowledge, make sure that they

		are trained in the most current and best medical practices, and must consider their patients' individual circumstances; what is good for one patient will not necessary benefit another. • Non-Maleficence: means "to do no harm." This principle is intended to be the end goal for all of a practitioner's decisions and means that medical providers must consider whether other people or society could be harmed by a decision made, even if it is made for the benefit of an individual patient. • Justice: The principle of justice states that there should be an element of fairness in all medical decisions: fairness in decisions that burden and benefit, as well as equal distribution of scarce resources and new treatments, and for medical practitioners to uphold applicable laws and legislation when making choices. • Concepts of critical appraisal of medical literature, research, inter-professional cooperation, audits, personal learning plans, seeking learning opportunities, critical reflection on safe practice, feedback, journal keeping. • Pre-treatment assessment planning, maintaining current knowledge, skills and competence, near misses, incidents, accidents, role of human factors, risk assessment, safeguarding, procedures, protocols, national and local initiatives, communication, medical ethics, governance. • Ethical principles in healthcare. Codes of practice, and guidelines (e.g. BMA, NMC, FoH, GMC, The British Advertising, Sales and Direct Marketing guidelines). Accountability. Professional Skills. Current and future ethical issues.

3. Understand accountability for clinical decision making in the context of clinical aesthetics.	3.1 Examine the principles of clinical decision-making in relation to cosmetic aesthetics. 3.2 Analyse the importance of professional accountability in a clinical practice setting.	• The clinical decision-making process; consultation, negotiation, co-operation. • Involve clients / patients in decision-making is essential to providing high quality care. • Patients are vulnerable and health professionals have power over patients. Respect for autonomy of patient / client freedom of choice and dignity whilst enabling informed consent. Practitioners must be equipped to justify and defend clinical decision-making. • Personal professional accountability - communicate and behave in a professional manner. Assist others to resolve problems. Follow safe and hygienic working practices. • Follow clinic code of conduct. • Refer problems e.g. emergency, security, health, angry or distraught client/ colleagues, service difficulties, lack of knowledge to complete task. • Continuing professional development.
4. Understand the contribution of education, innovation and information technology to clinical practice	4.1 Explain the role of education in applied cosmetic aesthetic practice. 4.2 Explain the importance of innovation in in applied cosmetic aesthetic practice. 4.3 Assess the role of information technology in applied cosmetic aesthetic practice.	• Audits, personal learning plans, seeking learning opportunities, critical reflection on safe practice, feedback, journal keeping, personal development plan, developing and maintaining a personal portfolio, concepts of critical appraisal of medical literature, research, inter-professional cooperation, maintaining and presenting transcripts including curriculum vitae, continually ensuring they are aware of current industry trends/regulations/standards/ products etc. • Innovation: use of latest products, originality, improvement to existing products/resources, use of latest technology, value, research, advancement, product knowledge, social media marketing • Information technology: General Data Protection

		Regulation (GDPR), security and confidentiality, data collection and analysis, staff training of new technology and IT skills, patient administration systems, electronic patient records, image archiving, electronic storage of medical data, Social Media marketing tools.

Assessment methods

To achieve this unit, learners must achieve the learning outcomes and meet the standards specified by all assessment criteria for the unit.

Learning Outcomes	Assessment criteria	Type of Assessment	Assessment parameters
LO1	AC 1.2 AC 1.2 AC 1.1 1.3 1.4	DOPS* Logbook SAQ	DOPS: Observed by assessor Logbook: References all treatments observed and supervised, includes learner reflections using images, forms, contemporaneous notes etc from initial consultation through to review at least 4 weeks following a course of treatment. Include reflective account of what was done, why and when, include what went well, not so well, what would do differently in similar future circumstances. Assessment to be carried out under centre-controlled conditions and marked by internal assessor
LO2	AC 2.2 AC 2.1	DOPS* Logbook SAQ	DOPS: Observed by assessor Logbook: References all treatments observed and supervised, includes learner reflections using images, forms, contemporaneous notes etc from initial consultation through to review at least 4 weeks following a course of treatment. Include reflective account of what was done, why and when, include what went well, not so well, what would do differently in similar future circumstances. Assessment to be carried out under centre-controlled conditions and marked by internal assessor
LO3	AC3.2 All	DOPS SAQ	Logbook: References all treatments observed and supervised, includes learner reflections using images, forms, contemporaneous notes etc from initial consultation through to review at least 4 weeks following a course of treatment. Include reflective account of what was done, why and when, include what went well, not so well, what would do differently in similar future circumstances. SAQ: Assessment to be carried out under centre-controlled conditions and marked by internal assessor.
LO4	All	SAQ	SAQ: Assessment to be carried out under centre-controlled conditions and marked by internal

			assessor
*DOPS: All learners will carry out 10 supervised treatments for toxins (8 for facial treatments and 2 for hyperhydrosis), and 10 supervised treatments for fillers. The evidence required for meeting the assessment criteria for each unit may come from one such supervised treatment, or more, as required to meet the criteria.			

Indicative Resource list

Textbooks:

- Breen, K. et al (2010), '*Good Medical Practice: Professionalism, Ethics and Law*', Cambridge University Press, ISBN: 978052118341

Journals:

- Measuring Medical Professionalism; Understanding Doctors' Performance, BMJ 2006; 333 doi: https://doi.org/10.1136/bmj.333.7557.49
- CMAJ. Collier, R. Professional: Can it be Taught? 2012; 184(11): 1234–1236. doi:0.1503/cmaj.109-4232
- http://www.medicalteacher.org/MEDTEACH_wip/pages/home.htm

Websites:

- https://www.gmc-uk.org/guidance/good_medical_practice/professionalism_in_action.asp
- http://www.jccp.org.uk/
- http://www.cosmeticstandards.org.uk/
- http://www.medicalprotection.org/uk/advice-booklets/professionalism-an-mps-guide/chapter-1-medical-professionalism-what-do-we-mean
- https://www.rcoa.ac.uk/CCT/AnnexA

Unit 7 Critical Literature Review

Unit Reference Number	D/617/5062
Unit Title	Critical Literature Review
Unit Level	7
Number of Credits	6
Guided Learning Hours (GLH)	10 Hours
Total Qualification Time (TQT)	60 Hours
Mandatory / Optional	Mandatory
SSAs	1.2 Nursing, and subjects and vocations allied to medicine
Unit Grading Type	Pass

Unit Aims

This unit will support learners' literature review and critical writing skills in the context of peer-reviewed journal articles and conference paper publications in the field of aesthetic medicine.
The aim of this unit is to develop learners' skills in gathering and appraising scientific literature to support their decision-making, and the professional development of their own and colleagues' practice on the basis of the best available evidence.
Learners will understand how different research designs are used to answer different research questions, and the strengths and limitations of quantitative and qualitative research. They will appraise existing studies in their area of professional interest.

Learning Outcomes, Assessment Criteria and Indicative Content

Learning Outcomes- The learner will:	**Assessment Criteria- The learner can:**	**Indicative Content**
1. Be able to apply systematic methods to review literature within the field of aesthetic injectable therapies.	1.1 Identify a research question or topic within the field of aesthetic injectable therapies. 1.2 Develop a proposal for critical appraisal of the topic 1.3 Appraise a range of scientific and clinical literature in the field of aesthetic injectable therapies. 1.4 Analyse the evidence in the literature pertinent to aesthetic injectable therapies.	• Research problem selection and justification: research topic identification; understanding the research context; research problem identification for investigation; the conceptualisation of a research problem; rationale of the proposed research; research question and hypothesis formulation • defining concepts

		• map the research terrain or scope • systemise relationships between concepts • identify gaps in the literature • Main issues researched to date and major debates of the topic. How have approaches to issues been addressed? Are the any gaps? What are the hypotheses? What are the null hypotheses? What are the actual outcomes? • Selection of source material, evaluating currency and relevance. Reputably sourced from experts within the field. Analysis of information, checking key points, contradictions, multisources of information covering different aspects of a topic or perspective • Selection of organisation methods such as chronological, publication dates, historical, thematic. • Development processes, introduction – explanation of the thesis, background and context. Main body details on piece of research analysed, summarised with relevance and connections identified. Conclusion, recapitulate key findings, identify any flaws, inconsistencies and additional areas to explore
2. Be able to report findings and conclusions appropriately.	2.1 Report on findings and conclusions from the literature review. 2.2 Apply academic conventions to write critically, clearly and concisely with accurate use of standardised referencing system.	• Definition of plagiarism and collusion, self-plagiarism, consequences of plagiarism, detection software for plagiarism and collusion. Critical writing, style, sentence structure, grammar, punctuation, argument, setting out. Presentation of research findings. • Referencing and Citation: Selection of organisation methods such as chronological, publication dates, historical, thematic. Development processes, introduction –

		explanation of the thesis, background and context. Main body details on piece of research analysed, summarised with relevance and connections identified. Conclusion, recapitulate key findings, identify any flaws, inconsistencies and additional areas to explore • Use of citations and academic referencing systems such as APA, Harvard, Oxford.
3. Critically reflect on own practice within the context of aesthetic injectable therapies.	3.1 Evaluate the implications of findings and conclusions on own practice.	• Report writing, rationale, purpose, theoretical background, data collection, findings, conclusions, action • SMART goals (specific, measurable, achievable, relevant, and time-bound) • Planning/recommendations, presentation skills • Strengths and areas for improvement • Reflective practice, models of reflection (e.g. Gibbs, Schön, Brookfield), • SWOT analysis (strengths, weaknesses, opportunities, threats)

Assessment methods

To achieve this unit, learners must achieve the learning outcomes and meet the standards specified by all assessment criteria for the unit.

Learning Outcomes to be met	Assessment criteria to be covered	Type of assessment	Assessment parameters
LO1 LO2 LO3	All	Assignment	Undertake a review of the literature available in relation to a chosen research question or topic within the field of aesthetic injectable therapies. (2000 words) Marked by internal assessor

Indicative Resource list

Textbooks:

- Wallace, M., Wray, A. (2016), '*Critical Reading and Writing for Postgraduates*', 3rd Ed. Sage Study Skills Series, ISBN-10: 1412961823
- Chilsa, B. (2012) *Indigenous Research Methodologies*. London: Sage
- Denzin, N.K., Lincoln Y.S., and Tuhiwai Smith, L. (2008, Eds.) *Handbook of Critical and Indigenous Methodologies* London: Sage
- Hantrais, Linda (2009). *International Comparative Research: Theory, Methods and Practice*. Basingstoke and New York: Palgrave
- Piekkari, R. and Welch, C. (2011, Eds.): *Rethinking the Case Study in International Business and Management Research*, Cheltenham, UK: Edward Elgar
- Marschan-Piekkari, R. and Welch, C. (2004, Eds.): *Handbook of Qualitative Research Methods for International Business*, Cheltenham, UK and Northampton, MA: Edward Elgar
- Neuman, W.L. (2011) *Social research methods: qualitative and quantitative approaches*. Boston and London: Pearson Education

Resources:

- How to read a paper: the basics of evidence-based medicine | ebook - Trisha Greenhalgh 2014
- How to read a paper | The BMJ | online resource
- Understanding clinical papers| ebook - David Bowers 2013
- Understanding clinical papers - David Bowers 2006
- Scientific writing and communication: papers, proposals, and presentations - Angelika Hofmann c2017

Websites:

- http://www.eapfoundation.com/writing/critical/

- https://intranet.birmingham.ac.uk/as/libraryservices/library/skills/asc/documents/public/pgtcriticalwriting.pdf
- http://www.sussex.ac.uk/skillshub/?id=256
- http://www.jccp.org.uk/
- http://www.cosmeticstandards.org.uk/

Annex A - OTHM Level 7 Diploma Clinical Aesthetic Injectable Therapies - JCCP Competency Framework Mapping

CORE COMPETENCIES FOR ANY MODALITY	OTHM Unit	Learning outcome
Demonstrate holistic assessment to elicit suitability for cosmetic procedure	R/617/5857 Y/617/5058 H/617/5063 R/617/5057	2, 3, 4 3 1, 2 3
Determine the patient's competence to understand the intervention assessment process and their capacity to give valid consent using recognised guidelines, ensuring they are not under the influence of alcohol, drugs or other illicit substances	R/617/5857	2, 3
Undertake a concise and comprehensive cosmetic consultation and assessment to include: • Client concerns, expectations and desired outcomes • Age, general and specific medical & family history of relevance • Psycho-social history and reasons for seeking cosmetic intervention • Current medication- prescribed, over the counter and supplements • Current pregnancy, breast feeding or trying to conceive • Allergies and any previous reactions to products or interventions • Historical and planned surgical treatments Previous adverse outcomes to cosmetic /aesthetic treatments • Lifestyle assessment- intrinsic/ extrinsic factors affecting skin or hair health • Social and work activities which may impact treatment /outcomes	R/617/5857 H/617/5063	2, 3, 4 1, 2

• Assessment of the skin using; • aesthetic scales or tools as appropriate, including but not limited to; Merz scales, wrinkle assessment scale, visual analogue scale, Fitzpatrick skin typing, ethnic skin typing)	R/617/5057	3
Demonstrate appropriate consultation process, using appropriate verbal and non- verbal communication and interpersonal skills considering social, spiritual cultural and language issues.	Y/617/5058	1, 2,3
Identify the need for additional information from other clinicians involved with the patient and understand how this can be obtained in compliance with confidentiality and consent guidance and the General Data Protection Regulation *(*GDPR*)*	Y/617/5061 H/617/5063	2 1,4
Recognise, respond and refer appropriately in relation to any concerns disclosed or identified, including but not limited to: • Psychological conditions e.g. body dysmorphic disorder • Safeguarding issues • Skin lesions or dermal abnormalities • Other	H/617/5063 Y/617/5058 R/617/5057	1,2,3 1,2,3,4 1,2,3
Document the assessment in line with relevant professional guidelines, including baseline photographs where appropriate using CPSA advised approach.	Y/617/5060	2
Demonstrate defensible decision making and competence in planning the management of care with the client / patient	Y/617/5058	3, 4
Demonstrate application of legal, ethical, clinical and professional guidelines including CPSA/JCCP standards and code of practice to shared decision making. Demonstrate ability to explain clearly to patients, with evidence-based rationale • when treatment is not appropriate or in the best interest of the patient • possible treatment options and alternatives available • effectiveness of treatment based upon current evidence including limitations of the evidence base • realistic outcomes that can be achieved & limitations of cosmetic interventions • potential risks and adverse incident associated with the intervention(s) • pain and pain management relevant to intervention • pre- treatment procedures as may be required • aftercare required • possible/likely further interventions and recommended treatment intervals to maintain outcome	Y/617/5058 H/617/5063	2, 2,3
Elicit and clarify patient's knowledge and understanding in order to enable informed consent in line with professional guidance about the proposed treatment(s)	H/617/5063	4
Provide supplementary verbal and/or written information as required.	H/617/5063	4

Seek informed consent in writing for treatment and consent for pre and post images and document appropriately following relevant professional guidance	Y/617/5058	3
Demonstrate effective communication skills in negotiating and agreeing a suitable treatment plan and appropriate care for the individual patient using an evidence based /best practice approach which includes; • Preventative interventions related to patient specific risk factors • Gaining written consent & explaining /providing cooling off period • Prescription and supply of products where required • Time scale for treatments, recovery and required follow up • Possibility of adverse events & actions to be taken	Y/617/5058 D/617/5059 H/617/5063 D/617/5059	3 3 1 4
Document the agreed plan of care in line with professional /CPSA guidance	R/617/5060	2, 4
Implement non clinical interventions to address skin/hair health care		
Identify lifestyle factors amenable to change to improve skin or hair health in specific patients, e.g. extrinsic ageing due to factors including but not limited to; smoking, sun exposure, diet, sleep, product use	R/617/5060 R/617/5057	2,3 3, 4
Explore with patient(s) evidence-based information on an appropriate skin/ hair treatment plan.	Y/617/5058 D/617/5059	1, 2, 3 1,2,3
Assesses patient's readiness for change using an evidence based brief intervention scale, e.g. motivation/ confidence	Y/617/5058 D/617/5062 H/617/5063	2, 3 1, 2 2
Employ evidence based, motivational risk reduction/ brief intervention approaches to facilitate behaviour change for lifestyle factors	H/617/5063 Y/617/5058	3 1, 2,3, 4
Evaluate patient motivation/ confidence to change post intervention	Y/617/5058 D/617/5059	3, 4 2, 3
Implemented the agreed cosmetic treatment within the agreed plan of care	Y/617/5058	2, 3, 4

	D/617/5059 R/617/5060	3 2
Review informed consent post cooling off period and ensure it is documented and signed in accordance with professional guidance	Y/617/5058 H/617/5063	3, 4 1, 2
Ensure patient is adequately prepared for the procedure, with opportunity to have a chaperone where requested.	Y/617/5058 D/617/5059 R/617/5060 H/617/5063	3, 4 3 2,3 1, 2
Prepare appropriate equipment and environment for agreed treatment as per CPSA standards for each modality	D/617/5059 R/617/5060	3 2, 3
Demonstrate ability to identify relevant anatomical landmarks related to agreed procedure	R/617/5057 Y/617/5058 D/617/5059	1 3 3
Use universal infection control precautions including but not limited to; aseptic no touch technique (ANTT), handwashing and appropriate skin preparation to minimise risk of infection Demonstrate aseptic technique during administration of agreed treatment (see specific criteria following)	Y/617/5061	1, 2
Apply knowledge of topical local anaesthetic techniques indications for use, • mode of action, pharmacokinetics • limitations and precaution • recognising and demonstrating ability to manage potential side effects	Y/617/5058 D/617/5059	1, 3 1, 3
Where applicable, prescribe appropriate treatment in line with prescribing legislation and medicine management guidance (see specific criteria)	Y/617/5061	2
Administer appropriate treatment (see modality specific criteria) in line with prescription and medicines management policy & CPSA standards for that modality maintaining patient privacy and dignity.	Y/617/5058 D/617/5059	1, 3 1, 3

Dispose of all used equipment safely and appropriately following relevant guidance	Y/617/5061 H/617/5063	1, 2 1, 2
Record clearly and contemporaneously treatment provided as per professional guidance • Pre- treatment/baseline image recording • At treatment episode; product name, batch code, expiry date, dosage, site, technique, depth, volume • Device specification and treatment settings as applicable; e.g wavelength(s), fluence/energy/power, pulse duration, pulse delay, cooling, etc. • Post treatment image recording using CPSA advised approach • Post treatment aftercare advice and follow up information or advice given verbally, in writing, e-mail or text.	Y/617/5058 D/617/5059 R/617/5060 Y/617/5061	4 3, 5 2, 3 2
Provide relevant advice to patients undergoing interventions to encompass; • Aftercare required • Recognition of complications / adverse reaction and actions to take including who to contact if you are not available • Importance of seeking urgent care • Required follow up and monitoring process	Y/617/5058 D/617/5059 R/617/5060 Y/617/5061	4 3, 5 2, 3 2
Recognise and differentiate between common side effects and adverse events	D/617/5059 R/617/5060 Y/617/5061	1, 4, 5 3 1, 2
Recognise emergency events Demonstrate ability to provide basic life support	Y/617/5061	1, 2
Manage emergency /adverse events using evidence based protocols for; • Vascular occlusion • Necrosis • Allergy • Anaphylaxis • Arterial puncture	Y/617/5061 D/617/5059	1, 2 4, 5
Recognise when to seek expert /professional guidance for complications/ adverse events	Y/617/5058	4

	D/617/5059 H/617/5063 R/617/5060 Y/617/5061	3, 5 1,2 2, 3 2
Demonstrate knowledge/use of care pathways available in local area for management and/ or referral for complications or cosmetic emergency	Y/617/5058 D/617/5059 R/617/5060 Y/617/5061	4 3, 5 2, 3 2
Record and report adverse events and product safety concerns to the CPSA using agreed reporting mechanism • Yellow card system • Pharma company • Peer networks	D/617/5059 H/617/5063	5 1, 2
Record any queries or correspondence including • photographs received from patient • advice given in response to queries with timeline for action	H/617/5063 Y/617/5058	1, 2, 3 4
Manage needle-stick injuries in line with national and CPSA guidance	Y/617/5061	1, 2
Apply principles of clinical governance, audit and quality to evaluate the outcomes of clinical and non-clinical interventions		
Demonstrate ability to critically review patient needs and effectiveness of planned treatment(s) against current evidence base and guidelines for practice	D/617/5062 H/617/5063 Y/617/5058 D/617/5059	1, 2 1, 2 1, 2 3, 4, 5 6
Collect patient reported outcome measures (PROM) for treatments provided and use in discussion with peers/professional body to improve practice.	H/617/5063	1, 2, 3
Amend the treatment plan appropriately in partnership with patient to improve outcomes	Y/617/5058	3, 4

Evaluate effectiveness of treatment(s) provided • Audit of overall treatment quality and aftercare provided for a defined number of patients/clients following CPSA guidance per modality • Identify issues for continuous quality improvement including review of accepted protocols	R/617/5057 D/617/5059	3 3, 6
Engage in reflective practice with supervisor /appraiser to develop personal learning	D/617/5059 H/617/5063	6 1, 2, 3 4
Identify and address future personal and professional development and learning needs and validation requirements in line with regulatory body and CPSA requirements	H/617/5063	1, 2, 3 4
Identify issues of concern and exercise accountability and whistleblowing requirements of PSRB and CPSA	Y/617/5058 Y/617/5061 H/617/5063	4 1, 2 1, 2, 3 4
Level 7: Administer temporary/semi- permanent dermal fillers within the agreed treatment plan		
Demonstrate applied knowledge of anatomy of the face including musculature, tissue planes, nerves and blood supply	R/617/5057	1, 3
Demonstrate understanding of product biochemistry/rheology for each dermal filler through explanation to assessor of the • Mechanism of action (e.g. volumisation, collagenesis) • Suitability for treatment area • Anticipated longevity • Precautions and contraindications	D/617/5059	1, 2, 3
Use the appropriate Summary of Product Characteristics for the chosen device, to ensure familiarity with the appropriate dose range, reconstitution, needle placement, and injection depth	Y/617/5061 D/617/5059	2 1,2,3
Assess appropriateness of the patient for specific treatment (see core competencies)	R/617/5057 Y/617/5058	1, 2, 3 2,3
Explain, as part of informed and valid consent, the risks and benefits associated with dermal fillers: • Pain • Bleeding • Inflammation • Infection • Blindness • Vascular occlusion • Anaphylaxis • Hypersensitivity	Y/617/5058 R/617/5060	2, 3, 4 2, 3

• Granuloma • Biofilm • Bruising		
Assess facial characteristics and plan and administer treatment appropriate to • Patient medical history • patient's anatomy • ethnicity • gender • intrinsic and extrinsic ageing factors • skin type	R/617/5057	1, 2, 3, 4
Minimise risk through • Identifying and avoiding danger zones appropriate to procedure • Using prick testing or patch testing	Y/617/5061 Y/617/5058	1 4
Apply all medicines legislation, particularly those unlicensed for cosmetic use or whose use is "off label", including manufacturer's instructions on storage, administration and disposal of medicines	Y/617/5061	2
Select and demonstrate safe and appropriate injection techniques using both needle and cannula methods for the treatment of lines, contouring and facial volume loss, using temporary dermal fillers **These may include**; Midface • Nasolabial lines • Zygomatic Lower face • Marionette lines • Peri-oral lines • Lip line • Lip volumisation Undertake and log as per CPSA guidance • a minimum of 10 observed cases • a **minimum** of 10 supervised cases **Specific programmes should record explicitly which areas are taught and assessed in the log**. **Practitioners who achieve these competencies and wish to extend and advance their scope of practice with temporary or semi-permanent dermal fillers, should do so through access to appropriate education and supervised practice**.	D/617/5059	1 2 3 4
Record details of treatment provided including brand, lot/batch number, expiry date, product, diluent, filler type, volume injected, needle or cannula administration, additional products /medicines injected	Y/617/5058	4
Recognise emergency/adverse events associated with dermal fillers injections Demonstrate ability to provide basic life support Manage emergency /adverse events using evidence based protocols • Vascular occlusion • Necrosis • Allergy • Anaphylaxis	Y/617/5058 D/617/5059 Y/617/5061	4 4,5 4

• Arterial puncture		
Demonstrate appropriate and effective use of hyaluronidase in the management complications	D/617/5059	4, 5
Agree an appropriate follow up plan with Agree an appropriate follow up plan with patient	D/617/5059	3, 6
Level 7: Administer botulinum toxin within the agreed treatment plan		
Demonstrate applied knowledge of anatomy & physiology of the face including • the muscles of facial expression • tissue planes, • nerves • blood supply	R/617/5057	1,3 4
Demonstrate understanding of the pharmacology of different Botulinum Toxin products through explanation to supervisor of • Mechanism of action • Suitability for treatment area • Anticipated longevity • Precautions and contraindications • Storage • Reconstitution • Unit equivalence • Dosage • Management of spillages/excess product • Safe disposal	R/617/5057 D/617/5059 R/617/5060	2 1 2,3
Identify the appropriate Summary of Product Characteristics (SPC) for the chosen drug, to ensure familiarity with the appropriate dose range, reconstitution, needle placement, and injection depth	D/617/5059	1, 2
Assess appropriateness of the patient for specific treatment (see core competencies)	Y/617/5058	1, 2, 3
Record pre-procedure images as per CPSA guidelines with consent	Y/617/5058	4
Explain as part of informed and valid consent the risks and benefits associated with botulinum toxin injections as per the SPC, including but not limited to; • Mild transient symptoms to upper face, neck • Moderate transient symptoms or impairment to periocular or perioral area • Systemic toxic effect which may be life threatening	Y/617/5058 D/617/5059	3 4, 5
Apply all medicines legislation to the prescription of botulinum toxins (particularly those unlicensed for cosmetic use or whose use is “off label”), including defensible decision-making drawing upon best evidence and manufacturer’s instructions on storage, administration and disposal of medicines	Y/617/5061	2
Demonstrate safe and appropriate injection technique in line with; product characteristics, licenced and off license indications of available botulinum toxins for the treatment of, or intervention in: • Dynamic rhytides of the face caused by the action of glabellar complex, the frontalis, and the orbicularis occuli • Compensatory mechanisms for lifting or lowering eyebrow • undertake and log as per CPSA guidance	D/617/5059 R/617/5057	3 3, 4

• a minimum of 10 observed cases • a **minimum** of 10 supervised cases **Practitioners who have achieved these competencies and wish to extend and advance their practice with the use of Botulinum Toxin, should undertake appropriate education and supervised practice**.		
Record details of treatment provided for each patient including skin preparation, anatomical site, product, brand, lot/batch number, expiry date, dose, diluent used, date and time of treatment, prescribing and administering practitioner, adverse effects and after care and follow up instructions given.	D/617/5059 R/617/5057	3 3, 4
Record post procedure images as per CPSA guidelines with consent	Y/617/5058	4
Provide clear aftercare instructions detailing specific complications of injections and botulinum toxin treatment and what to do if they occur	Y/617/5058 D/617/5059 R/617/5060	2 3 2, 3
Recognise emergency/adverse events associated with botulinum toxin Demonstrate ability to provide basic life support Manage emergency /adverse events using evidence- based protocols	Y/617/5058 D/617/5059	3 4, 5
Review efficacy and outcome of treatment at follow up appointment and correct asymmetry where required, taking further images with patient consent ensuring that 'review' treatment where required is administered within 4 weeks of original treatment	D/617/5059	6

Annex B : JCCP Guidance Statement – Responsible Prescribing for Cosmetic Procedures.

Remote Prescribing

In line with several Professional Statutory Regulators (the General Medical Council and the General Dental Council and in accordance with guidance set down by the Royal Pharmaceutical Society) the JCCP and the CPSA (The Cosmetic Practice Standards Authority) have set down their decision not to endorse or permit the remote prescribing of any prescription medicine when used for specifically for non-surgical cosmetic treatments. When the prescriber delegates treatment to other practitioners, then the JCCP reminds the prescriber that the patient remains under the oversight of the prescriber, requiring that the prescriber must be familiar with the patient through an initial face to face consultation and diagnostic assessment of the patient's suitability for treatment. This applies to the routine/planned administration of medicines that are used specifically for cosmetic purposes, such as botulinum toxins, injected local anaesthetic or topical adrenaline, and the emergency use of medicines such as hyaluronidase.

Anytime that a designated Prescriber prescribes medicines or treatments, they must exercise their professional and clinical judgement, have adequate knowledge of the patient's physical and psychological health status and be satisfied the medication serves the person's needs. This applies to all medicines used specifically for cosmetic purposes that are 'Prescription Only Medicines' (POM) whether they be injectable, topical or oral.

The JCCP does not therefore endorse or permit the use of remote prescribing of injectable, topical or oral prescription medication for non-surgical cosmetic treatments in any circumstances. Examples of this include the off-label use of adrenaline when applied topically, to enhance pain control and limit bleeding. The JCCP reminds all prescribers of the need to carry out a physical examination of patients before prescribing injectable prescription only cosmetic medicines. Prescribers must not therefore prescribe such medicines by telephone, video link, online or at the request of others for patients whom they have not examined personally.

The JCCP recognises the important role that technology will play increasingly in the effective and efficient delivery of effective and productive prescribing and is cognisant of the need to ensure that the JCCP and the Professional Statutory Healthcare Regulators work together (wherever possible) to make sure that our approaches to regulation do not become barriers to innovation.

The JCCP has shared this statement with the General Medical Council and the General Dental Council who have both reviewed this Guidance Statement and advised that it is consistent with their own guidance. The Royal Pharmaceutical Society has also advised that '*In our view as the professional*

body for pharmacy, the JCCP statement is consistent with the approach of the professional regulators and will be useful for the RPS to signpost to".

Delegation

Having prescribed the treatment, the prescriber may then delegate the administration to a responsible and competent person. When delegating, the JCCP supports the GMC position which recommends that wherever possible non-surgical cosmetic treatments are delegated to a PSRB regulated practitioner but recognises also that prescribers may delegate the use of prescription only medicines for use by non-PSRB registered practitioners. We would remind prescribing practitioners that, if they do delegate, they retain an overarching and ongoing responsibility to the patient, including assessment of outcomes and intervention in and reporting of adverse incidents. Further, they must be satisfied that the person to whom they delegate is both competent and proficient to administer the medication prior to agreeing to prescribe any prescription only medicine.

When the prescriber delegates the treatment after a face to face consultation, the JCCP purports also that the prescriber must be satisfied that it is safe to do so (safe administration, safe premises, safe storage of medicines/products etc) and reminds prescribers that if delegating to a non-registered practitioner the legal and professional liability for the delegation of the use of the medicine remains with the prescriber. The prescribing practitioner therefore accepts, in these circumstances, responsibility not only for oversight of the patient but also for the medicines they prescribe and for their subsequent use in accordance with expected professional practice and in accordance with appropriate legal parameters.

Supply of prescription medicines

If after a consultation a prescription is to be issued for an injectable prescription only medicine, this medicine may then be dispensed by a pharmacy. In these circumstances the purpose of this prescription is usually for the *supply* of the medicine only and is not commonly indicative of the treatment or dose required by the patient.

Therefore, the JCCP reminds prescribers that a **Patient Specific Direction** (PSD) is a legal method of prescribing and that, particularly when delegating, a PSD must be provided, and treatment given in accordance with it. JCCP would expect to see a PSD to include, at a minimum:

- Name of patient and/or other individual patient identifiers
- Name, form and strength of medicine (generic or brand name where appropriate)
- Route of administration
- Dose (per facial area for complex treatments such as botulinum toxin)
- Date
- Signature of prescriber.

Doctors and dentists are eligible to hold a stock (i.e. where the medicines have not been dispensed by a pharmacist) of prescription medicines and are required to also complete a PSD when administering injectable medicines from this stock. In these circumstances the JCCP would remind such practitioners of their professional responsibilities when combining their roles of prescribing and dispensing. However, medical and dental practitioners are *not* permitted to provide advance stock of prescription medicines to other non-medical practitioners. The MHRA advise that the supply of medicines from stock is only permissible where the doctor/dentist delegates to a practitioner employed within the same employing organisation. The JCCP reminds doctors and dentists in these circumstances that they are accountable for the safe use and storage of these medicines.

The MHRA has advised nurse prescribers are not eligible to be supplied with prescription medicines as stock. In Scotland, Healthcare Improvement Scotland advise that *'with regard to nurses and*

people operating registered independent clinics obtaining wholesale supplies of medicines (in Scotland), the legal position is that a nurse or a nurse independent prescriber cannot order and stock prescription only medicines (POM) or pharmacy medicines in their own right' and advise further that any "persons carrying on the business of an independent clinic" are able to order and stock prescription only and pharmacy medicines in connection with the running of the clinic. Furthermore, they advise that "If the service is registered with Healthcare Improvement Scotland you do not need to be a prescriber to order and hold stock. However, the practitioner must be a prescriber to prescribe from the stock allocation - this relates to all types of clinic, not just non-surgical aesthetic clinic".

Repeat prescribing

The JCCP does not consider an initial face to face consultation to have met the requirement for all future prescribing decisions. A cornerstone of prescribing practice is the requirement for shared decision making. A follow up face to face consultation is therefore required whenever:

- A new medicine is prescribed
- There is a change to the dose of a previously prescribed medication
- There is a change to the medical history of the patient
- There is an adverse incident.
- More than 6 months have passed since the last consultation

When the prescriber is considering issuing a repeat prescription in the absence of a further face to face assessment of the patient, they must satisfy themselves that none of the above conditions apply and that mechanisms are in place to make an accurate assessment of these conditions.

Competing interests

All prescribers must recognise and address the existence of competing interests. When making a prescribing decision, practitioners must place the needs of the patient first and be transparent about their actions. The approach to shared decision making with the patient concerned should allow for the psychological needs and signs of vulnerability to be considered and should not be influenced by personal gain or commercial interest. In support of this, the JCCP endorses the Nolan principles to be adopted as an ethical framework for safe and ethical cosmetic prescribing practice:

- Selflessness
- Integrity
- Objectivity
- Accountability
- Openness
- Honesty
- Leadership
-

Further Guidance

The JCCP would refer Practitioners/Registrants to further guidance on Prescribing that has been published by the Professional Statutory Healthcare Regulators with specific acknowledgment that all regulators (both statutory and voluntary) advocate paramount responsibility for prescribing and promoting ethical and professional behaviours within the context of their 'Codes' and associated fitness to practise procedures. In particular the JCCP has considered and built on advice provided to Registrants by The General Medical Council, The General Dental Council, The Nursing and Midwifery Council, The General Pharmaceutical Council, The Health Care Professions Council and by the Royal Pharmaceutical Society.

July 18th 2019

IMPORTANT NOTE

Whilst we make every effort to keep the information contained in programme specification up to date, some changes to procedures, regulations, fees matter, timetables, etc. may occur during the course of your studies. You should therefore, recognise that this document serves only as a useful guide to your learning experience. For updated information please visit our website www.othm.org.uk.

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