



## **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

Programme Specification | March 2019 | Version 1.0

## TABLE OF CONTENTS

QUALIFICATION OBJECTIVES	3
QUALITY, STANDARDS AND RECOGNITIONS	4
REGULATORY INFORMATION	4
EQUIVALENCE	5
QUALIFICATION STRUCTURE	5
UNDERSTANDING QUALIFICATIONS	5
ENTRY REQUIREMENTS	6
DELIVERING THE QUALIFICATIONS	7
ASSESSMENT AND VERIFICATION	7
RECOGNITION OF PRIOR LEARNING (RPL)	9
EQUALITY AND DIVERSITY	9
UNIT SPECIFICATION	10
ANATOMY, PATHOPHYSIOLOGY AND DERMATOLOGY FOR AESTHETIC INJECTABLE THERAPIES	11
MEDICAL ASSESSMENT, CONSULTATION AND IMAGE RECORDING	14
AESTHETIC INJECTABLE THERAPIES FOR FACIAL TREATMENTS	18
AESTHETIC INJECTABLE THERAPIES FOR NON-FACIAL TREATMENTS	22
CLINICAL HEALTH, SAFETY AND WELFARE	25
CRITICAL LITERATURE REVIEW	28
VALUES, ETHICS AND PROFESSIONALISM IN COSMETIC AESTHETIC PRACTICE	31
ANNEX A – MAPPING TO HEE PT.1, GMC AND CPSA STANDARDS	34
IMPORTANT NOTE	39

## 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.

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 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
- know how to minimise the risk of complications, and follow through 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

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 Education and Training Provider Register was established to:

- enable Education and Training Providers in aesthetics to demonstrate 'best practice' in education and training provision
- identify courses, programmes and qualifications that have been accredited by recognised awarding bodies
- 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 Education and Training 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:

- Health Education England (HEE) qualification requirements for the delivery of cosmetic procedures (Non-surgical cosmetic interventions and hair restoration surgery) Part 1 and Part 2
- 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 register of [Regulated Qualifications](#).

Qualifications Wales is a Welsh Government Sponsored Body but independent from the Welsh Government in relation to its qualifications functions for which is directly accountable to the National Assembly for Wales. It is responsible for the regulation of awarding bodies and the quality assurance of qualifications in Wales. It is charged with ensuring that qualifications in Wales are fit for purpose, that the qualification system in Wales is efficient and effective and that there is public confidence in qualifications in Wales. Visit [Qualifications Wales](#) for more information.

OTHM has progression arrangement 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's/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
Overall Grading Type	Pass
Assessment Methods	Coursework (internally assessed) i.e. Assignment, Short answer tests, Observation, Logbook
Language of Study	English

## EQUIVALENCE

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

## QUALIFICATION STRUCTURE

### OTHM Level 7 Certificate in Clinical Aesthetic Injectable Therapies

The Level 7 Certificate consists of 4 units all of which are mandatory in order to gain 34 credits and achieve the full Certificate qualification.

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

### OTHM Level 7 Diploma in Clinical Aesthetic Injectable Therapies

The Level 7 Diploma consists of 7 units all of which are mandatory in order to gain 60 credits and achieve the full Diploma qualification.

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

## 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 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)

OTHM qualifications are generally available in the following sizes:

<b>Award</b>	a qualification with 1 – 12 credits	a qualification with a TQT value of 120 or less
<b>Certificate</b>	a qualification with 13 – 36 credits	a qualification with a TQT value in the range of 121–369
<b>Diploma</b>	a qualification with at least 37 credits	a qualification with a TQT value of 370 or more

## 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) or able to provide evidence of ability to study at degree level.

Additional entry requirements are shown below:

**Registered healthcare professionals** e.g. doctors, dentists, nurse prescribers, independent pharmacist prescribers.

In addition to formal identification documentation and previous qualification certificates, learners must produce evidence of registration with an appropriate professional body e.g. GMC, GDC, NMC.

Registered healthcare professionals who do not hold prescribing rights must provide evidence of working under clinical oversight.

**Allied-healthcare professionals** (and those registered with the Health and Care Professions Council) are subject to Health Education England (HEE) requirements for working under clinical oversight i.e. they must have access to, and support from, experienced clinicians who are able to deal with medical emergency situations and complications and, where appropriate, have independent prescribing rights.

**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 [English Language Expectations](#) page in the OTHM website.

## DELIVERING THE QUALIFICATIONS

OTHM do not specify the mode of delivery for its qualifications, therefore OTHM Centres are free to deliver the Level 7 qualifications using any mode of delivery that meets the needs of their Learners. However, OTHM Centres should consider the Learners' complete learning experience when designing the delivery of the qualification.

Whichever mode of delivery is used, centres must ensure that learners have access to industry standard resources and to the subject specialists delivering the units. In some units, the use of assessment evidence drawn from learners' work environments is an essential requirement.

Clinical 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.

Staff delivering programmes and conducting the assessments should be familiar with current practice and standards in the sector. Centres will need to meet any specific resource requirements to be approved by OTHM. Specific required resources are shown in the Resources section for individual units.

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.

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.

## ASSESSMENT AND VERIFICATION

All units within this qualification are internally assessed and internally quality assured by the centre and externally quality assured by OTHM. The qualifications are criterion referenced, based on the achievement of all the specified learning outcomes and assessment criteria.

To achieve a 'pass' for a unit, a learner must have successfully passed all the assessment criteria for that unit.

The Assessor should provide an audit trail showing how the judgement of the learner's overall achievement has been arrived at.

All the assessments developed by centres should be reliable, fit-for-purpose and built on the relevant assessment criteria in the unit. Assessments should enable learners to produce valid, sufficient and reliable evidence that relates directly to the specified criteria. Centres must enable learners to produce evidence in a variety of different forms, including:

- **Direct Observation of Procedural Skills (DOPS)** – is a supervised learning event tool, one purpose of which is to provide a structured checklist for giving feedback on the learner’s interaction with a patient, as well as demonstrating evidence of competence
- **Oral questioning** – at the end of an observation, and throughout face to face learning
- **Short answer questions (SAQ)** – completed under supervised or non-supervised conditions.
- **Log book** – of observed and delivered/supervised clinical treatments, including learner reflection and critical appraisal
- **Written Assignments** – these can include essays, case studies, research reports, and critical appraisals.

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 and 10 supervised treatments for **both** toxins and fillers, ie 20 observed treatments, and 20 supervised treatments.

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

Unit	LO Summary	DOPS/Oral questioning	Assignments	SAQ test	Log book
1. Anatomy, Pathophysiology and Dermatology	Skin structure/function	✓		✓	✓
	Cosmeceuticals			✓	
	Location and function of muscles, tissue, nerves, glands, blood supply			✓	
	Selecting treatment areas	✓		✓	✓
2. Medical Assessment, Consultation and Image Recording	Client motivations			✓	✓
	Client emotional/psychological needs	✓		✓	✓
	Consultation skills verbal/non-verbal	✓		✓	✓
	Treatment planning and records	✓			✓
3. Aesthetic Injectable Therapies for Facial Treatments	Injectable preparations	✓		✓	✓
	Aging and volume loss	✓		✓	✓
	Safe clinical practice	✓		✓	✓
	Diagnosing complications (supervised)	✓		✓	✓
	Proposing management pathways for adverse events/complications	✓		✓	✓
	Reviewing own practice	✓		✓	✓
4. Aesthetic Injectable Therapies for Non-facial Treatments	Recognising hyperhidrosis	✓		✓	✓
	Safe delivery of BoNT therapies	✓		✓	✓
5. Clinical Health, Safety and Welfare	Managing risks of injectable procedures	✓		✓	✓
	Complying with Health	✓	✓	✓	✓



	and Safety legislation and standards				
6. Critical Literature Review	Appraising literature		✓		
	Applying citation and referencing standards		✓		
7. Values, Ethics and Professionalism in Clinical Practice	Demonstrating core values	✓	✓		✓
	Demonstrating ethics and professionalism	✓	✓	✓	✓
	Team working, management and leadership			✓	
	Education, innovation and information technology			✓	

## 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 must be 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.

Most often RPL will be used for units. It is not acceptable to claim for an entire qualification through RPL. 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.

## 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 SPECIFICATION

## 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 Hrs
Total Qualification Time (TQT)	80 Hrs
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 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.

### Learning Outcomes and Assessment Criteria

<b>Learning Outcomes- The learner will:</b>	<b>Assessment Criteria- The learner can:</b>
1. Understand the structure and function of the skin and its appendages.	1.1 Critically evaluate the structure and function of skin and its appendages in relation to aesthetic interventions. 1.2 Critically evaluate the impact of a range of dermatological conditions and common health conditions which may affect treatment.
2. Understand the role and potential use of a range of cosmeceuticals with reference to skin health assessment.	2.1 Critically appraise the role and potential use of a range of cosmeceuticals with reference to skin health assessment.
3. Be able to critically examine the location and function of muscles, tissue planes, nerves, glands and blood supply critical to safe injectable practice.	3.1 Critically assess the anatomical features for safe delivery of injectable therapies. 3.2 Critically assess treatment pathways and classify facial features and presenting conditions.
4. Be able to select appropriate treatment areas for injectable therapies.	4.1 Propose appropriate injectable therapies according to presenting anatomy and pathophysiology. 4.2 Propose alternative treatment options.

## Indicative content

### Learning Outcome 1

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, 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 and deleterious effects of; including but not limited to: 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.

### Learning Outcome 2

Cosmeceutical / medical cosmetic products: sun protection factor (SPF) / photo damage preventatives, pH balancers and 'anti-ageing' products, retinoic acid, antioxidants, peptides and growth factors.

### Learning Outcome 3

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 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, facial proportions, 'Golden ratios', upper, mid and lower face assessment, past medical history, e.g. sun exposure, extrinsic factors. Facial marking.

### Learning Outcome 4

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	DOPS*, SAQ, Log book	DOPS: Observed by assessor SAQ: Unsupervised, marked by internal assessor Log book: References all treatments observed and supervised, includes learning reflections
LO2	All	SAQ	SAQ: Open book, marked by internal assessor
LO3	All	SAQ	SAQ: Open book, marked by internal assessor
LO4	All	DOPS*, SAQ, Log book	DOPS: Observed by assessor SAQ: Open book, marked by internal assessor Log book: References all treatments observed and supervised, includes learning reflections

\*DOPS: All learners will carry out 10 supervised treatments for toxins, 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

### Websites:

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

## 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 Hrs
Total Qualification Time (TQT)	100 Hrs
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, advisory bodies and inspectorates. 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 be required 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.

### Learning Outcomes and Assessment Criteria

Learning Outcome - The learner will:	Assessment Criterion - The learner can:
1. Understand the external and internal motivations of persons seeking cosmetic and aesthetic therapies.	1.1 Critically evaluate the drivers for seeking procedures, with reference to psychological theories of attractiveness and appearance. 1.2 Analyse the evidence based literature for data describing the impact upon psychological wellbeing from cosmetic/aesthetic procedures.
2. Understand strategies to respond to patients needing emotional or psychological support.	2.1 Critically evaluate screening and diagnostic tools for persons seeking cosmetic/aesthetic interventions. 2.2 Outline methods to manage patient expectations, unmet expectations or regret.
3. Be able to demonstrate effective verbal, and non-verbal patient consultation skills.	3.1 Critically evaluate the implications of a patient-centred approach to cosmetic aesthetic medicine. 3.2 Undertake patient consultations using appropriate questioning and listening skills.

<p>4. Be able to prepare accurate patient treatment records as part of treatment planning for injectable therapies.</p>	<p>4.1 Produce accurate and meaningful written treatment records. 4.2 Capture, record, store and retrieve accurate digital/video images pre and post treatment.</p>
---	---

## Indicative content

### Learning Outcome 1

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.

### Learning Outcome 2

Role and limitations of 'screening' tools, patient's rights to accept/refuse, psychology versus emotional support, patient 'in-sight', 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 Obsessive Compulsive Disorder (OCD) and Body Dysmorphic Disorder (BDD). NICE Guidelines, 'difficult' patients, mental health issues, managing patient expectations, 'high risk' groups', NICE guidelines. Screening tools versus diagnostic: 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), 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.

### Learning Outcome 3

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/life style 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.

#### Learning Outcome 4

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: Supervised, marked by internal assessor Log book: References all treatments observed and supervised, includes learning reflections
LO2	All	DOPS* SAQ Logbook	DOPS: Observed by assessor SAQ: Open book, marked by internal assessor Log book: References all treatments observed and supervised, includes learning reflections
LO3	All	DOPS* SAQ Logbook	DOPS: Observed by assessor, SAQ: Open book, marked by internal assessor Log book: References all treatments observed and supervised, includes learning reflections
LO4	All	DOPS* Logbook	DOPS: Observed by assessor Log book: References all treatments observed and supervised, includes learning reflections
*DOPS: All learners will carry out 10 supervised treatments for toxins, 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:

- Health Education England (HEE): Qualification requirements for cosmetic procedures:
- Stakeholder consultation document. 9 December 2015. Available via: <https://nwl.hee.nhs.uk/our-work/non-surgical-cosmetic-interventions/>
- 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](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](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](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](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>
- American Society of Plastic Surgeons: Photographic Standards in Plastic Surgery'. Available from:
- [http://trebol.sirexmedica.com/download/Photographic\\_Standards.pdf](http://trebol.sirexmedica.com/download/Photographic_Standards.pdf)
- <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

## 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 Hrs
Total Qualification Time (TQT)	120 Hrs
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 and Assessment Criteria

<b>Learning Outcomes- The learner will:</b>	<b>Assessment Criteria- The learner can:</b>
1. Understand commercial injectable preparations for cosmetic/aesthetic interventions.	1.1 Critically evaluate the composition, pharmacology and rheology of currently available biologics and dermal fillers. 1.2 Explain the mechanisms of action of currently available commercial biologics and dermal fillers.
2. Understand factors involved in aging and volume loss.	2.1 Critically examine the process of aging in relation to injectable treatment options.
3. Be able to demonstrate safe clinical practice in the delivery of biologic and dermal filler injectable therapies.	3.1. Critique and perform appropriate aseptic techniques in the preparation and handling of products and treatment environment. 3.2. Perform safe and appropriate biologic and dermal filler therapies to upper, mid and lower face regions. 3.3. Critically evaluate clinical outcomes of injectable therapies.

4. Be able to differentially diagnose commonly presenting complications arising from cosmetic/aesthetic interventions.	4.1 Categorise the stages of adverse events. 4.2 Distinguish between granulomas, nodules, infections, and biofilms. 4.3 Identify signs and symptoms of vascular events and vessel compression.
5. Be able to propose appropriate management pathways for a given presenting adverse event or complication.	5.1. Explain strategies to minimise complications or adverse events. 5.2. Propose effective management of presenting complications or adverse events.
6. Be able to review own practice.	6.1. Critically evaluate personal practice for the safe and appropriate preparation and delivery of a given cosmetic/aesthetic intervention.

## Indicative content

### Learning Outcome 1

Clostridium botulinum, history of botulinum toxin, 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, 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.

Neuromuscular junctions, mechanism of action, 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.

Mechanism of action: stimulatory fillers, permanent, semi-permanent, temporary, local anaesthetics.

### Learning Outcome 2

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.

### Learning Outcome 3

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 Sharps 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), post treatment care plans, recognising adverse effects, e.g. ptosis, recognising and managing adverse events, e.g. swelling, bruising, referral and follow-up. Recognising emerging adverse events and sub optimal treatment outcome.

#### Learning Outcome 4

Early-, delayed-, late- onset complications. Identify by symptoms including- blanching, pain, 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.

#### Learning Outcome 5

ANTT, hyaluronidase, iopidine, glyceryl trinitrate GTN, aspirin, oxygen therapy, compression, massage, alert reporting to regulatory authorities / company reporting schemes, referral pathways, antibiotics, histology.

Consensus documents, algorithms, emergency medicine.

#### Learning Outcome 6

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, Log book	DOPS: Observed by assessor, SAQ: Open book and supervised, marked by internal assessor Log book: References all treatments observed and supervised, includes learner reflections
LO2	All	DOPS*, SAQ, Log book	DOPS: Observed by assessor, SAQ: Open book and supervised, marked by internal assessor Log book: References all treatments observed and supervised, includes learner reflections
LO3	All	DOPS*, SAQ, Log	DOPS: Observed by assessor, SAQ: Open book and supervised, marked by

		book	internal assessor Log book: References all treatments observed and supervised, includes learner reflections
LO4	All	DOPS*, SAQ, Log book	DOPS: Observed by assessor, SAQ: Open book and supervised, marked by internal assessor Log book: References all treatments observed and supervised, includes learner reflections
LO5	All	DOPS*, SAQ, Log book	DOPS: Observed by assessor, SAQ: Open book and supervised, marked by internal assessor Log book: References all treatments observed and supervised, includes learner reflections
LO6	All	DOPS*, SAQ, Log book	DOPS: Observed by assessor, SAQ: Open book and supervised, marked by internal assessor Log book: References all treatments observed and supervised, includes learner reflections
<p>*DOPS: All learners will carry out 10 supervised treatments for toxins, 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.</p>			

## 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](https://www.gmc-uk.org/guidance/good_medical_practice/professionalism_in_action.asp)
- Health Education England (HEE): Qualification requirements for cosmetic procedures: Stakeholder consultation document. 9 December 2015. Available via: <https://nwl.hee.nhs.uk/our-work/non-surgical-cosmetic-interventions/>
- <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/>

## 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 Hrs
Total Qualification Time (TQT)	40 Hrs
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 and Assessment Criteria

<b>Learning Outcomes- The learner will:</b>	<b>Assessment Criteria- The learner can:</b>
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.
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. 2.5 Evaluate clinical outcomes of BoNT injectable therapies.

### Indicative content

#### Learning Outcome 1

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.

## Learning Outcome 2

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.

Desirable clinical endpoints (CEP), post treatment care plans, recognising adverse effects, e.g. swelling, bruising, referral and follow-up.

## 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: Open book and supervised, marked by internal assessor Log book: References all treatments observed and supervised, includes learners reflections
LO2	All	DOPS* SAQ Logbook	DOPS: Observed by assessor SAQ: Open book and supervised, marked by internal assessor Log book: References all treatments observed and supervised, includes learners reflections

\*DOPS: All learners will carry out 10 supervised treatments for toxins, 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:

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/>



## 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 Hrs
Total Qualification Time (TQT)	100 Hrs
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.

### Learning Outcomes and Assessment Criteria

<b>Learning Outcomes- The learner will:</b>	<b>Assessment Criteria- The learner can:</b>
1. Be able to manage the risks associated with cosmetic/aesthetic injectable procedures.	1.1 Propose methods to minimise risk of complications arising from cosmetic/aesthetic injectable procedures. 1.2 Identify and treat signs of adverse events.
2. Be able to comply with health and safety legislation, guidance and professional standards in a clinical injectable therapy setting.	2.1 Appraise the key regulations, standards and guidance relevant to cosmetic/aesthetic injectable practice. 2.2 Comply with health and safety legislation, guidance & standards for safe clinical practice.

### Indicative content

#### Learning Outcome 1

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.

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.

## Learning Outcome 2

Acts, regulations, guidance, quality assurance, register of clinicians, human resources policies and procedures, e.g. diversity & equality, appointment of staff, Disclosure & Barring Service (DBS) checks, bullying and harassment, 'Whistle Blowing'. Operational procedures, practicing privileges, patient consultation, records management, order and storage of medicines, Medicines Act, GDPR, Freedom of Information Act, patient-centred care, risk assessment and risk management, National Patient Safety Agency (NPSA), Patient Group Directions (PGD), Summary of Product Characteristics (SPC), NICE Guidelines, professional body guidance, MHRA, advertising and promotion of medicines, audit methodologies for the safe selection, procurement, supply, storage, documentation, disposal and review Commercial aspects of cosmetic practice: marketing, advertising, PR, social media.

Risk assessment, prevention and control of infection, provision and use of work equipment, clinical facility design, fire safety, COSHH 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.

## 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* SAQs Logbook	DOPS: Observed by assessor, risk log completed SAQ: Supervised, marked by internal assessor Log book: References all treatments observed and supervised, includes learners reflections
LO2	All	DOPS* SAQ Assignment Logbook	DOPS: Observed by assessor SAQ: Supervised, marked by internal assessor Assignment: 1000 - 1500 word essay Log book: References all treatments observed and supervised, includes learners reflections
*DOPS: All learners will carry out 10 supervised treatments for toxins, 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:

- <https://www.resus.org.uk/resuscitation-guidelines/>
- CQC Guidance for Providers: Available via: <http://www.cqc.org.uk/content/guidance-providers>
- CQC Fundamental Standards. Available via: <http://www.cqc.org.uk/content/regulations-service-providers-and-managers>
- Health Education England (HEE): Qualification requirements for cosmetic procedures: Stakeholder consultation document. 9 December 2015. Available via:
  - <https://nwl.hee.nhs.uk/our-work/non-surgical-cosmetic-interventions/>
  - <https://www.empactonline.org/whatisempact>
  - <https://www.gov.uk/government/organisations/medicines-and-healthcare-products-regulatory-agency>
  - <http://www.hse.gov.uk/>
  - <http://www.jccp.org.uk/>
  - <http://www.cosmeticstandards.org.uk/>

## 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 Hrs
Total Qualification Time (TQT)	60 Hrs
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' 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 to develop research questions, 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 and Assessment Criteria

Learning Outcomes- The learner will:	Assessment Criteria- The learner can:
1. Be able to appraise scientific and clinical literature.	1.1 Justify the use of different study designs for different research questions. 1.2 Explain the strengths and limitations of different quantitative and qualitative study designs. 1.3 Appraise a range of scientific and clinical literature.
2. Be able to comply with standards and best practice in critical writing, citation and referencing.	2.1 Write critically, clearly and concisely with accurate citation using a standardised referencing system such as Harvard or Vancouver.

### Indicative Content

#### Learning Outcome 1

**Key theories and concepts:** How data has been previously studied/published (epistemological and methodological perspectives). Main issues researched to date and major debates of the topic. How have approaches to issues been addressed? Are there any gaps? What are the hypotheses? What are the null hypotheses? What are the actual outcomes?

**Developing research questions:** Identifying and research a problem; moving from problem to question; focusing the research question; from question to appropriate study design.

**Quantitative study designs:** Experimental and observational human participant designs, association – causation; bias, confounding and chance. Appraising experimental and observational studies - Bias, critical appraisal, critical appraisal checklists, assessing risk of bias and risk of bias tools.

**Qualitative study designs:** Interviews, focus groups, and observations; positionality and reflexivity; credibility, transferability, dependability, trustworthiness. Appraising qualitative study designs; - Credibility, transferability, dependability, trustworthiness; Ethical issues in clinical and healthcare related research.

**Ethical principles:** gaining ethical approval and dealing with situational ethics, consent, ethical validation.

## Learning Outcome 2

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.

## 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	Assignment	2000 – 2500 word critical appraisal of published research papers/articles relating to a single topic that uses different types of study design.
LO2	All		

## Indicative Resource list

### Textbooks:

Wallace, M., Wray, A. (2016), '*Critical Reading and Writing for Postgraduates*', 3rd Ed. Sage Study Skills Series, ISBN-10: 1412961823

### Resources:

- How to read a paper: the basics of evidence-based medicine - Trisha Greenhalgh 2014
- 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
- How to Write a Paper | 5th edition | ebook 2012

**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/>

## Values, Ethics and Professionalism in Cosmetic Aesthetic Practice

Unit Reference Number	H/617/5063
Unit Title	Values, Ethics and Professionalism in Cosmetic Aesthetic Practice
Unit Level	7
Number of Credits	10
Guided Learning Hours (GLH)	25 Hrs
Total Qualification Time (TQT)	100 Hrs
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 their practice.

The unit also aims to develop learners' knowledge of team working, leadership and management as it applies to a clinical setting. Learners will explore the role of innovation, education and information technology in supporting continuous improvement in clinical practice.

### Learning Outcomes and Assessment Criteria

<b>Learning Outcomes- The learner will:</b>	<b>Assessment Criteria- The learner can:</b>
1. Be able to demonstrate core values in clinical practice.	1.1 Demonstrate the values of commitment, compassion, honesty and personal integrity, respect for others, community and competence in clinical practice.
2. Be able to demonstrate ethics and professionalism in clinical practice.	2.1 Demonstrate ethics and professionalism in clinical practice.
3. Understand the role of team working, leadership and management in clinical practice.	3.1 Critically evaluate the factors involved in effective team working in a clinical practice setting. 3.2 Critically evaluate the factors involved in effective leadership and management in a clinical practice setting.
4. Understand the contribution of education, innovation and information technology to clinical practice.	4.1 Explain the role of innovation and education in clinical practice. 4.2 Critically assess the role of information technology in clinical practice.

## Indicative content

### Learning Outcome 1

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 Understands 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.

### Learning Outcome 2

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.

### Learning Outcome 3

Concepts of teams, collaboration, standard settings, monitoring compliance, supervision, mentoring, feedback, planning.

Concepts of roles of leadership, role models, communication, setting aims, objectives, work planning, targets, use of resources.

### Learning Outcome 4

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.

Information technology, IT skills, patient administration systems, electronic patient records, image archiving, security and confidentiality, data collection and analysis, consent.

## 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	Assess type	Assessment parameters
LO1	All	DOPS* Assignment Logbook	DOPS: Observed by assessor Assignment: Case study using images, forms, contemporaneous notes etc from initial



			consultation through to review at least 4 week following a course of treatment. Refer to H/S. 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. Minimum 2,500 words excluding forms, images, treatment plans. Log book: References all treatments observed and supervised, includes learner reflections
LO2	All	DOPS* Assignment SAQ Logbook	DOPS: Observed by assessor Assignment: as above SAQ: Supervised, marked by internal assessor Log book: References all treatments observed and supervised, includes learner reflections
LO3	All	SAQ	SAQ: Unsupervised, marked by internal assessor
LO4	All	SAQ	SAQ: Unsupervised, marked by internal assessor
*DOPS: All learners will carry out 10 supervised treatments for toxins, 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](http://www.medicalteacher.org/MEDTEACH_wip/pages/home.htm)

### Websites:

- [https://www.gmc-uk.org/guidance/good\\_medical\\_practice/professionalism\\_in\\_action.asp](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>

## ANNEX A – MAPPING TO HEE PT.1, GMC AND CPSA STANDARDS

Document/ Assessment Criterion	<a href="#">Health Education England (HEE) Qualification requirements for delivery of cosmetic procedures: Non-surgical cosmetic interventions and hair restoration surgery Part 1 (November 2015)</a>	<a href="#">General Medical Council Guidance for doctors who offer cosmetic interventions (April 2016)</a>	<a href="#">Clinical Practice Standards Authority CPSA Standards (February 2018) - Overarching principles</a> , <a href="#">CPSA Standards (February 2018) - Dermal Filler</a> and <a href="#">CPSA Standards (February 2018) - Toxins</a>
<b>Anatomy, Pathophysiology and Dermatology for Aesthetic Injectable Therapies</b>			
1.1	Tb2.2a i, xiii	KP S&Q: 11	Overarching Principles • Education & Training • Patient Journey
1.2	Tb2.2a iv, viii, x	CP&T: 14, 17, 18, 19	
2.1	Tb2.2a ii, xvi	KP S&Q: 12	
3.1	Tb2.1e Tb.2.2c xv Tb2.2d i, ii, iii, vi	KP KP&S: 1	
3.2	Tb2.2c i, ii, iii, iv Tb2.2d iv, vi	KP CP&T: 17, 18, 19, 21, 22, 23	
4.1	Tb2.2c vii, x, xii, xiv, xv, xvii Tb2.2d iv, vi, ix, xi, xiii	KP S&Q: 10, 11, 12, 13 CP&T: 14, 15, 16, 17, 18, 19, 22, 23, 24, 26, 28, 29, 36, 38, 39	Overarching Principles • Education & Training • Patient Journey Dermal Filler & Toxin • Box 3 - Education & Training • Box 5 - Administration • Box 6 - Record of Procedure
4.2	Tb2.2a vi, xv	KP CP&T:18,21,24,26	Dermal Filler & Toxin • Box 1 - Identified risk level and cooling off
<b>Medical Assessment, Consultation and Image Recording</b>			
1.1	Tb2.1c vii Tb2.1a ii, iv, v, vi	KP KS&P: 4, 5 S&Q: 7, 10 CP&T: 14, 15, 16, 17, 18, 19	Overarching Principles • Education & Training • Patient Journey

1.2	Tb2.1c i, ii, iv, vi, vii	KP KS&P: 4 S&Q: 7	Dermal Filler & Toxin • Box 1 - Identified risk level and cooling off • Box 5 - Administration
2.1	Tb2.1e ii, iii, iv Tb2.1f i, ii, iii, iv, v, vi, vii Tb2.3a, b, c, f	KP KS&P: 4 S&Q: 7	
2.2	Tb2.1f v, vii, ix, xi, xii	KP KP&S: 5 S&Q: 12 CP&T: 17, 18, 19, 21	
3.1	Tb2.1f ii Tb2.2a viii, ix Tb2.3a, b, c, d, e, f, g, h, i	KP	
3.2	Tb2.1c i, ii, iii, iv, v Tb2.1e ii, iii, iv Tb2.1f v, vi, vii Tb2.2a vi, vii, ix, xi, xiv, xx, xxx, Tb2.3 a-n	KP CP&T: 14, 15, 16, 17, 20-29	
4.1	Tb2.1d i, ii, iii, v, vi Tb2.1e iii, vi	KP KS&P: 4 S&Q: 7 CP&T: 39, 40, 41, 47, 48, 49	
4.2	Tb2.1d i, ii, iii, v, vi Tb2.2a xxxii	KP CP&T: 40, 41	Overarching Principles • Education & Training • Patient Journey • Medical Records & information governance  Dermal Filler & Toxin • Box 6 - Record of Procedure • Box 7 - Patient Follow up
<b>Aesthetic Injectable Therapies for Facial Treatments</b>			
1.1	Tb2.1d i, ii, iii, v, vi Tb2.1e ix Tb2.2c vii, ix	KP KS&P: 2, 3, 4 S&Q: 7	Overarching Principles • Education & Training • Patient Journey • Medical Records & information governance
1.2	Tb2.1e ix, xi Tb2.2c i, vi, vii, xvi, xvii	KP KS&P: 2, 3, 4	

	Tb2.2d v, vi, vii, viii Tb2.3j, l Tb2.4l, m, n		Dermal Filler & Toxin • Box 6 - Record of Procedure • Box 7 - Patient Follow up
2.1	Tb2.2a xii Tb2.2c ii, iii, iv Tb2.2d ii, iv, vi	KP KS&P: 1, 2, 3	Overarching Principles • Education & Training • Patient Journey
3.1	Tb2.1e i-xii Tb2.1f iii, iv, v, vi, vii, ix, x, xi, xii Tb2.2a i-xxxii Tb2.2c i – xvii	KP KS&P: 1, 2, 3 S&Q: 7, 13 CP&T: 14, 15, 16, 17, 20-29	Overarching Principles Dermal Filler Toxin
3.2	Tb2.2d i-xvii Tb2.3 Tb2.4	KP KS&P: 1, 2, 3 S&Q: 7, 11, 12, 13 CP&T: 16, 17, 18, 19, 20, 22, 23, 24, 25, 26, 28, 29, 36, 37, 38, 39, 40, 41 MT: 51	
3.3		CP&T: 18, 19 S&Q: 12	
4.1	Tb2.1e iii, iv, v, vi, vii, x, xi, xii	KP	
4.2	Tb2.2a xxii, xxiii, xxv, xxx	CP&T: 22, 23, 27, 36, 37, 38, 39, 43, 44, 45	Overarching Principles Dermal Filler Toxin
4.3	Tb2.2c xii, xv Tb2.2d xiv, xv, xvi, xvii Tb2.4a, b, g, l, m, n		
5.1	Tb2.1d x, xi, xii	KP S&Q: 9, 10 Q&S: 7 CP&T: 22, 23, 27, 36, 37, 38, 39, 43, 44, 45	Overarching Principles Dermal Filler Toxin
5.2	Tb2.2a xxii, xxiii, xxiv, xxv, xxix, xxx, xxxi Tb2.2c xii, xv Tb2.2d xiii, xiv, xv, xvi, xvii Tb2.3 Tb2.4		
6.1	Tb2.1d iv	KP KS&P: 1, 3, 4, 6 S&Q: 12	Overarching Principles
<b>Aesthetic Injectable Therapies for Non-facial Treatments</b>			
1.1	Tb2.1e ii, iv	KP	Overarching Principles

	Tb2.2a xxx, xxxii	KS&P: 1, 2, 3 S&Q: 11 CP&T: 17, 18, 19	Toxin
2.1	Tb2.1a iv Tb2.2a i, iv, vi, vii, xiii, xiv, xvii, xx	KP KS&P: 1, 2, 3 S&Q: 7, 13	
2.2	Tb2.1c i-ix Tb2.2a xxvi, xxix Tb2.2d vi, vii, viii, ix, x, xi, xiv, xv, xvi, xvii Tb2.3g, l, j, k, l, m, n Tb2.4a, b, d, e, f, g, l, m, o	KP KS&P: 1, 2, 3 S&Q: 7, 11, 12, 13	
2.3	Tb2.2c viii, ix, x, xi, xiv, xv	KP KS&P: 1, 2, 3 S&Q: 7, 11, 12, 13 CP&T: 16, 17, 18, 19, 20, 22, 23, 24, 25, 26, 28, 29, 36, 37, 38, 39, 40, 41 MT: 51, 52, 53, 54	
2.4	Tb2.2a vi, xv	KP CP&T: 19	
2.5	Tb2.2c xv	KP KS&P: 6 S&Q: 7, 12 CP&T: 23	
<b>Clinical Health, Safety and Welfare</b>			
1.1	Tb2.1d i-vi Tb2.2a vi, vii, xi, xvii, xxi, xxii, xxiii, xxiv, xxv, xxvi, xxvii, xxix, xxx, xxxi, xxxii Tb2.2c v, xi, xii, xiv, xv Tb2.2d i, iv, v, viii, ix, x, xi, xii, xiii, xiv, xv, xvi, xvii Tb2.3 j Tb2.4 a, b, d, e, f, g, m, o	S&Q: 7, 8, 9, 11, 12, 13 CP&T: 24, 25, 27	Overarching Principles Dermal Filler Toxin
1.2	Tb2.1d vi, ix, xi Tb2.2a xxiii, xxv Tb2.2c xii	KP CP&T: 22, 23, 36, 37, 38, 42, 43, 44, 45	

	Tb2.2d xv, xvi, xvii		
2.1	Tb2.1d i, ii, v, vi Tb2.3a-n	KS&P: 1, 3, 4 S&Q: 7, 13	
2.2	Tb2.1e xii Tb2.3a-n Tb2.4a-h, j-o		
<b>Critical literature review</b>			
1.1	Tb2.1a i, ii, iii, iv, v, vi Tb2.1c ix Tb2.1d iv	KS&P: 4 S&Q: 7	Overarching Principles
1.2	Tb2.1a i, ii, iii, iv, v, vi		
1.3			
2.1	Tb2.1a vi Tb2.1b ii, iii Tb2.1c v Tb2.1d iii, vi		Overarching Principles Dermal Filler Toxin
<b>Values, Ethics and Professionalism in Cosmetic Aesthetic Practice</b>			
1.1	Tb2.1a-d	KP All content related to professionalism	
2.1	Tb2.3a-n		
3.1			
3.2			
4.1			
4.2			

## 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](http://www.othm.org.uk).

You can call us on +44 (0)20 7118 4243 or email to [info@othm.org.uk](mailto:info@othm.org.uk)