



## **Scheme Title: IQ Verify Level 4 in Skin Rejuvenation Techniques for Aesthetic Practitioners.**

**Scheme Owner:** IQ Verify.

### **Definitions/ Links:**

**Health Education England (HEE):** Commissioned by the Department of Health to develop educational/ competency requirements for the delivery of non-surgical cosmetic interventions with the aim of improving and standardising the training available to practitioners. HEE published guidelines in November 2015 that identify these competency requirements both per profession and aesthetic treatment modality ([Link](#)).

*The present certification scheme has been mapped against these competency requirements.*

**Joint Council for Cosmetic Practitioners (JCCP):** Officially launched February 2018 and operate both as custodians of the HEE cosmetic guidelines and voluntary register providers for those meeting the CPSA standards ([Link](#)). In September of 2018 the JCCP published the JCCP Competency Framework for Cosmetic Practice to further define the required competencies of practitioners providing cosmetic treatments ([Link](#)).

*The present certification scheme has been mapped against these competency requirements.*

**Cosmetic Practice Standards Authority (CPSA):** Published guidelines in March 2018 that further identify the competency requirements/ evidence based practice standards for the delivery of non-surgical cosmetic interventions/ training. ([Link](#)).

*The present certification scheme has been mapped against these competency requirements.*

**Industry Qualifications (IQ):** An Ofqual regulated awarding organisation that contributed to the HEE guidelines and have worked alongside the JCCP to produce the first regulated vocational qualification in Injectables for Aesthetic Medicine. This is the only Level 7 vocational qualification currently approved by the JCCP and it has been successfully delivered for over three years ([Link](#)).

**Learning Management System (LMS):** A software application for the administration, documentation, tracking, reporting, and delivery of competency programs.

**Learning Providers/ Outsourcing of Examinations:** IQ Verify deliver this certification scheme through approved Learning Providers who have demonstrated conformity against the IQ Verify Approved Learning Provider scheme, which ensures that CPSA requirements have been met in full. Approved Learning Providers are contracted to IQ Verify and their maintenance of the terms of approval are monitored annually. This includes impartiality and competency.

*For further information please refer to the IQ Verify Approved Learning Provider scheme.*

**Decision Making:** An IQ Verify certification decision making process involving the review and evaluation of candidate competency evidence to conclude conformity against the certification scheme requirements. This process is conducted by an IQV decision maker and Technical Expert, both having been signed off against relevant competency requirements. Certification decision making outcomes are recorded in a submission spreadsheet and on the candidate specific LMS.



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### 8.1: Category of Certification

- **Occupation:** Aesthetic Practitioner
- **Category of Certification:** Level 4 Skin Rejuvenation (Microneedling/ Chemical Peels) Practitioner

### 8.2 (A): Scope of Certification

- **Job title:** Aesthetic Practitioner
- **Phrase:** Aesthetic practitioner delivering skin rejuvenation procedures/ techniques including microneedling (0- 0.5mm to the face and 0- 1.0mm to the body) and very superficial chemical peels to the stratum corneum.
- **Description:** Certified aesthetic practitioners are client-orientated and clinically competent persons tasked with delivering safe and effective cosmetic procedures to clients, including chemical peels and microneedling (face and body), at various depths of skin penetration. They accomplish this by working in accordance with the latest cosmetic guidelines and placing the unique client needs at the heart of every treatment delivered. These practitioners are dedicated to upholding the high standards of ethical and professional practice in the industry.

### 8.2 (B): Job and Task Description

The delivery of skin rejuvenation techniques, microneedling (0- 0.5mm to the face and 0- 1.0mm to the body) and very superficial chemical peels to the stratum corneum, is an essential role for any aesthetic practitioner. For the safe and effective delivery of these cosmetic procedures, a practitioner must understand both core clinical skills and those aspects specific to the context of the treatment modality that is being delivered. These include those specific to the treatment depth and location to which the procedure is being performed.

With the publication of recent cosmetic guidelines (HEE/ CPSA/ JCCP), these requirements have been refined such that a competency framework has been produced that must be demonstrated by any given aesthetic practitioner. Tasks represented within this framework are both procedure and level dependent and include: Client assessment (physical and psychological), consultation, an evaluation of client goals and ideals, shared decision making leading to treatment plan development, informed consent, treatment delivery, equipment management, aftercare plan development, case documentation and client ongoing monitoring/ reassessment at follow up appointments.

The tasks associated with delivering these treatments have been defined by HEE, the CPSA and the JCCP as Level 4 competency criteria, the constituent components of which are detailed within Section C (*below*).

### 8.2 (C): Required Competence

For Level 4 microneedling procedures (0- 0.5mm to the face and 0- 1.0mm to the body) and very superficial chemical peels to the stratum corneum to be performed consistently and safely, for the purpose of skin rejuvenation treatments, practitioners must develop and demonstrate a broad range of clinical competencies.

The present certification scheme has been developed by a multidisciplinary committee in alignment with the latest cosmetic guidelines (HEE/ CPSA/ JCCP Competency Standards) and has been mapped to the UK national qualification framework with regards to the expectations per competency criterion such that it can deliver upon these requirements.

The required clinical competencies to deliver skin rejuvenation techniques at Level 4 can be segmented into 13 distinct clinical categories (from here on referred to as units), as depicted within the **unit tables below**.



Each of these units has a range of competency outcomes which in turn are broken down into distinct competency criteria that must be met in order to demonstrate the achievement of each outcome. Included within the below tables is an identification of the assessment strategy that is to be deployed to reliably assess / verify each competency criteria such that a candidate can demonstrate the knowledge/ skills required to perform the job / task effectively.

To meet the full competency requirements of this Level 4 certification scheme, candidates must successfully demonstrate all of the following:

### **Clinical Practice/ Skills Based Competency Skills**

Where the competency assessment is practical skills based (i.e. clinical log book/ simulation) these criterion have been developed in alignment with those identified by the leading industry authorities (the CPSA and JCCP). Candidates must hold a minimum of one form of valid photographic identification at all times which is to be verified by the clinical supervisor/ examiner as part of their declaration of authenticity for each non-simulated/ simulated case.

### **Non-Simulated Case Requirements (Overview)**

Candidates are required to administer 4 clinical treatments for each of the following modalities of practice:

- (4x) 0- 0.5mm Facial Microneedling
- (4x) 0- 1.0mm Non-Facial Microneedling
- (4x) Very Superficial Chemical Peels to the Stratum Corneum

These 12 treatments will be administered under the guidance and mentoring of an IQ Verify approved clinical supervisor during which candidate to clinical supervisor ratio must not exceed **2:1**. To ensure a standardised level of competency coverage per candidate/ supervised treatment, the scope of practice required of each candidate has been defined with reference to the competency criterion of practical units 9, 11 and 13.

Following the administration of these 12 supervised treatments, each candidate will be examined on a **1:1** basis by an IQ Verify approved clinical examiner uninvolved in candidate training. The examiner will assess candidate clinical competency within each of the following modalities of practice:

- (1x) 0- 0.5mm Facial Microneedling
- (1x) 0- 1.0mm Non-Facial Microneedling
- (1x) Very Superficial Chemical Peel to the Stratum Corneum

Each examined candidate will deliver the full treatment (i.e. all of the relevant treatment competency criterion) without guidance and the examiner will monitor their performance leading to their making of a recommendation with regards to pass/ fail per candidate/ treatment modality.

Those failing will need to repeat the implicated treatment(s) under examination conditions.

For more information/ the competency criterion requirements per candidate for each supervised or examined treatment, please refer to the “Non-Simulated Case Requirements” tables (below).

Candidates will document each of these supervised/ examined procedures within clinical logbook section of their personal LMS in accordance with the relevant CPSA documentation requirements. The clinical supervisor and examiner alike will provide documented and individualised feedback with reference to candidate clinical competency and verify the satisfaction of the relevant competency criterion, per case,



within each candidates LMS logbook. Candidate treatment documentation and clinical supervisor/ examiner feedback will be reviewed by IQ Verify as part of the certification decision making process.

For more information with regards to logbook documentation requirements, please refer to **Appendix A**.  
For clinical supervisor / examiner role requirements, please refer to **Appendix B**.

#### Non-Simulated Case Requirements (Unit Breakdown)

<b>Modality: 0- 0.5mm Facial Microneedling (Unit 9)</b>		
Training/ Mentoring Overview	<b>Candidate: Tutor Ratio</b> 2: 1	<b>Case Count</b> 4
Treatment Division	<b>Candidate 1</b>	<b>Candidate 2</b>
Case 1	Unit 9: Competency Outcomes 1-3	Unit 9: Competency Outcomes 5-6
Case 2	Unit 9: Competency Outcomes 5-6	Unit 9: Competency Outcomes 1-3
Case 3	Unit 9: Competency Outcomes 1-3	Unit 9: Competency Outcomes 5-6
Case 4	Unit 9: Competency Outcomes 5-6	Unit 9: Competency Outcomes 1-3
Clinical Examination Overview	<b>Candidate: Tutor Ratio</b> 1:1	<b>Case Count</b> 1
Scope of Examination	Unit 9: Competency Outcomes 1-3 and 5-6	

<b>Modality: 0- 1.0mm Facial Microneedling (Unit 11)</b>		
Training/ Mentoring Overview	<b>Candidate: Tutor Ratio</b> 2: 1	<b>Case Count</b> 4
Treatment Division	<b>Candidate 1</b>	<b>Candidate 2</b>
Case 1	Unit 11: Competency Outcomes 1-3	Unit 11: Competency Outcomes 5-6
Case 2	Unit 11: Competency Outcomes 5-6	Unit 11: Competency Outcomes 1-3
Case 3	Unit 11: Competency Outcomes 1-3	Unit 11: Competency Outcomes 5-6
Case 4	Unit 11: Competency Outcomes 5-6	Unit 11: Competency Outcomes 1-3
Clinical Examination Overview	<b>Candidate: Tutor Ratio</b> 1:1	<b>Case Count</b> 1
Scope of Examination	Unit 13: Competency Outcomes 1-3 and 5-6	

<b>Modality: Very Superficial Chemical Peels to the Stratum Corneum (Unit 13)</b>		
Training/ Mentoring Overview	<b>Candidate: Tutor Ratio</b> 2: 1	<b>Case Count</b> 4
Treatment Division	<b>Candidate 1</b>	<b>Candidate 2</b>
Case 1	Unit 13: Competency Outcomes 1-3	Unit 13: Competency Outcomes 5-6
Case 2	Unit 13: Competency Outcomes 5-6	Unit 13: Competency Outcomes 1-3
Case 3	Unit 13: Competency Outcomes 1-3	Unit 13: Competency Outcomes 5-6
Case 4	Unit 13: Competency Outcomes 5-6	Unit 13: Competency Outcomes 1-3
Clinical Examination Overview	<b>Candidate: Tutor Ratio</b> 1:1	<b>Case Count</b> 1
Scope of Examination	Unit 13: Competency Outcomes 1-3 and 5-6	



### Simulated Case Requirements (Overview)

In addition to the above specified non-simulated case requirements, candidates must demonstrate and document 5 distinct categories of simulation for each of the following modalities of aesthetic practice:

- (x5) 0- 0.5mm Facial Microneedling
- (x5) 0- 1.0mm Non-Facial Microneedling
- (x5) Very Superficial Chemical Peels to the Stratum Corneum

Simulation is permissible only for competencies for which non-simulation based training would be inconsistent, impractical or unsafe. Those competency criterion requiring simulation are identified within the unit tables of units 9, 11 and 13.

Simulated training must adhere to a **4:1** candidate to clinical supervisor ratio and it is the responsibility of the IQ Verify approved clinical supervisor to facilitate the completion and realism of each simulated scenario. Candidates within this cohort of 4 (maximum) are expected to **engage in group discussion** with reference to the assigned scenario and to **take turns to respond to the simulation expectations, per competency criterion, as directed by the clinical supervisor**.

Candidate responses will be assessed by an IQ Verify approved clinical examiner who will silently observe and examine candidate competency within each simulation leading to their making of a recommendation with regards to pass/ fail per candidate/ simulation.

Those failing will need to repeat the implicated simulation(s) under examination conditions.

Candidates will document and reflect upon their simulated responses within their LMS portfolio. The clinical supervisor and examiner alike will provide documented and individualised feedback with reference to simulated competency and verify the satisfaction of the relevant competency criterion within the candidates LMS. This documentation will be reviewed by IQ Verify as part of the certification decision making process.

For more information with regards to the simulation and simulated documentation requirements, please refer to the “Simulated Case Requirements” table below.

For clinical supervisor / examiner role requirements, please refer to **Appendix B**.





## Simulated Case Requirements (Unit Breakdown/ Documentation Requirements)

### Overview:

For each of units 9, 11 and 13, the below 5 competency criterion (4.1, 4.2, 4.3, 7.1, 7.2) and associated simulation/ documentation requirements must be met in full. There are a total of 15 simulations required within the present Level 4 Certification Scheme.

Competency Criterion	Simulation Expectations (per applicable unit)	Logbook Evidence Requirements (per candidate)	
		Candidate	Clinical Supervisor
<b>4.1 Post-Treatment:</b> Management of Common Side Effects and Complications <ul style="list-style-type: none"><li>0- 0.5mm Facial Microneedling</li><li>0- 1.0mm Non-Facial Microneedling</li><li>Very Superficial Chemical Peels to the Stratum Corneum</li></ul>	<b>Scenario based group discussion and candidate questioning:</b>  Candidates will be <b>set a minimum of <u>one</u></b> common complication based scenario, per treatment modality, by their clinical supervisor. Candidates must respond <b>verbally</b> to this scenario engaging in group discussion as to the potential causes and effects, in addition to describing the approaches that would be taken to manage the assigned common side effect or complication. Where the clinical supervisor directs follow-up questions towards a specific candidate, the candidate must respond to these independently.	Candidate Name	Name of Clinical Supervisor
		Summary of Scenario Response	Date of Simulation
		Reflection upon own Response	Description of Assigned Scenario
			Confirmation of candidate satisfaction of the applicable competency criteria
		Declaration of Authenticity	Declaration of Authenticity
		<b>Clinical Examiner:</b> <ul style="list-style-type: none"><li>Candidate Feedback and Pass/ Fail Recommendation</li><li>Confirmation of Fulfilment of Relevant Competency Criterion</li></ul>	
<b>4.2 Post-Treatment:</b> Management of Serious Adverse Effects and Complications <ul style="list-style-type: none"><li>0- 0.5mm Facial Microneedling</li><li>0- 1.0mm Non-Facial Microneedling</li><li>Very Superficial Chemical Peels to the Stratum Corneum</li></ul>	<b>Scenario based group discussion and candidate questioning:</b>  Candidates will be <b>set a minimum of <u>one</u></b> serious complication based scenario, per treatment modality, by their clinical supervisor. Candidates must respond <b>verbally</b> to this scenario engaging in group discussion as to the potential causes and effects, in addition to describing the approaches that would be taken to manage the assigned serious side effect or complication. Where the clinical supervisor directs follow-up questions towards a specific candidate, the candidate must respond to these independently.	Candidate Name	Name of Clinical Supervisor
		Summary of Scenario Response	Date of Simulation
		Reflection upon own Response	Description of Assigned Scenario
			Confirmation of candidate satisfaction of the applicable competency criteria
		Declaration of Authenticity	Declaration of Authenticity
		<b>Clinical Examiner:</b> <ul style="list-style-type: none"><li>Candidate Feedback and Pass/ Fail Recommendation</li><li>Confirmation of Fulfilment of Relevant Competency Criterion</li></ul>	





<b>4.3 Post-Treatment:</b> Complication Escalation <ul style="list-style-type: none"> <li>• 0- 0.5mm Facial Microneedling</li> <li>• 0- 1.0mm Non-Facial Microneedling</li> <li>• Very Superficial Chemical Peels to the Stratum Corneum</li> </ul>	<b>Candidate specific questioning and group discussion:</b>  Each candidate will be asked by their clinical supervisor to <b>verbally</b> identify and explain a <b>minimum of one</b> scenario or situation, per treatment modality, that requires the escalation of a complication. Candidates must take turns in responding to these requirements, culminating in group discussion and reflection upon the content provided across the simulation.	Candidate Name Summary of Scenario Identified for Escalation Reflection upon own Response Declaration of Authenticity <b>Clinical Examiner:</b> <ul style="list-style-type: none"> <li>• Candidate Feedback and Pass/ Fail Recommendation</li> <li>• Confirmation of Fulfilment of Relevant Competency Criterion</li> </ul>	Name of Clinical Supervisor Date of Simulation Confirmation of candidate satisfaction of the applicable competency criteria Declaration of Authenticity
<b>7.1 Post-Treatment:</b> Non-Immediate Follow Up Consultation <ul style="list-style-type: none"> <li>• 0- 0.5mm Facial Microneedling</li> <li>• 0- 1.0mm Non-Facial Microneedling</li> <li>• Very Superficial Chemical Peels to the Stratum Corneum</li> </ul>	<b>Scenario based group discussion/ role play and candidate questioning:</b>  The clinical supervisor will role play the identity of a <b>minimum of one</b> post-treatment client, per treatment modality. Candidates must respond <b>verbally</b> to this scenario, working collaboratively to simulate the contents of the required follow-up consultation. Where the clinical supervisor directs follow-up questions/ elements of this consultation towards a specific candidate, the candidate must respond to these independently.	Candidate Name Summary of Scenario Response Reflection upon own Response Declaration of Authenticity <b>Clinical Examiner:</b> <ul style="list-style-type: none"> <li>• Candidate Feedback and Pass/ Fail Recommendation</li> <li>• Confirmation of Fulfilment of Relevant Competency Criterion</li> </ul>	Name of Clinical Supervisor Date of Simulation Description of Assigned Scenario Confirmation of candidate satisfaction of the applicable competency criteria Declaration of Authenticity
<b>7.2 Post-Treatment:</b> Communication with Other Professionals <ul style="list-style-type: none"> <li>• 0- 0.5mm Facial Microneedling</li> <li>• 0- 1.0mm Non-Facial Microneedling</li> <li>• Very Superficial Chemical Peels to the Stratum Corneum</li> </ul>	<b>Scenario based group discussion and candidate questioning:</b>  Candidates will be <b>set a minimum of one</b> scenario that will requires communication with other professionals, per treatment modality, by their clinical supervisor. Candidates must respond <b>verbally</b> to this scenario engaging in group discussion as to the justification/ need for the involvement of alternative professionals, and the approaches that would be taken so as to fulfil this requirement. Where the clinical supervisor directs follow-up questions towards a specific candidate, the candidate must respond to these independently.	Candidate Name Summary of Scenario Response Reflection upon own Response Declaration of Authenticity <b>Clinical Examiner:</b> <ul style="list-style-type: none"> <li>• Candidate Feedback and Pass/ Fail Recommendation</li> <li>• Confirmation of Fulfilment of Relevant Competency Criterion</li> </ul>	Name of Clinical Supervisor Date of Simulation Description of Assigned Scenario Confirmation of candidate satisfaction of the applicable competency criteria Declaration of Authenticity



## Knowledge Based Competency Skills:

### MCQ Examination Requirements (Overview)

Competency relevant knowledge is demonstrated and assessed via an MCQ (multiple-choice question) examination- owing to the relevancy of this format of examination to assess Level 4 calibre knowledge.

IQ Verify have developed a bank of questions to assess the knowledge required to deliver microneedling and chemical peel skin rejuvenation treatments at Level 4. These questions were developed and reviewed by a committee consisting of IQ, IQ Verify, and external subject matter experts to ensure their fitness for purpose.

There are a total of 168 questions within each MCQ examination which, for manageability reasons, have been split into three distinct and unit specific assessment papers (A-C). Each paper has a time limit of one hour. For each question there are 4 potential answers (A-D) provided. One of these is the correct answer and three are incorrect 'distractors'. Candidates must select the one answer that best meets the question and record their selection by placing a horizontal pencil line at the relevant location on the provided optical marking paper.

Candidates must achieve a minimum of 75% (126/168) in papers A-C (combined) in order to meet the requirements of the certification scheme. This pass rate has been set based upon the recommendations of our educational and subject matter experts such that it is benchmarked against the grading criteria of vocational and higher education qualifications/ degrees alike- and has been identified as a fair determinant of candidate achievement within the pilot period of this certification schemes launch. Owing to their relevance within clinical treatments, competency criterion examined via MCQ will also be encompassed within the clinical practice/ skills based competency assessments of this certification scheme. This ensures that those criterion unmet within the MCQs (maximum 25%) are addressed and met as part of the clinical examinations.

Negative marking is **not deployed** for the assessment of the MCQ examinations and there is no requirement for all three of the MCQ papers to be taken on the same day/ in one sitting.

Please see the table below for further information.

Scheme	MCQ Paper/ Scope	No. Questions	Duration	Pass Mark	Passing Percentage
Level 4	<b>Paper A:</b> Units 1-3	56	60 minutes	126 / 168	75%
	<b>Paper B:</b> Units 4-6	53	60 minutes		
	<b>Paper C:</b> Units 7-8, 10 and 12	59	60 minutes		

### MCQ Examinations Procedure

Learning providers are provided with the MCQ papers following the registration of the intended date of examination with IQ Verify. Learning Providers are required to provide confirmation of examination booking to IQ Verify at least 10 days prior to examination. Upon receipt of the booking form IQ Verify will conduct a review to ensure candidates are registered and any resits are noted on the system to ensure the same paper cannot be taken twice.

MCQ papers must be delivered under exam conditions at the premises of an IQ Verify approved Learning Provider. Candidate seating plans are to be documented and submitted to IQ Verify as part of the required assessment documentation (see below).



An IQ Verify approved invigilator is required to invigilate each MCQ examination so as to ensure that candidate work is their own and the examination time limits are adhered to. Candidates must have a valid form of photographic identification available and visible throughout each examination which is to be verified by the invigilator as part of their role.

A video camera will be set up at the back of the examinations room such that the full examination can be monitored and later reviewed at the request of IQ Verify.

Following the conclusion of the MCQ examinations (papers A-C), MCQ papers are to be destroyed by the Learning Provider. Completed optical marking papers and seating plans, per cohort, must be sent through to IQ Verify via recorded delivery **within two working days** of the examination having been taken. IQ Verify will grade these papers using a mark scheme leading to a decision being made with regards to pass/ fail per candidate as part of the IQ Verify certification decision making process. Those failing will need to repeat the three MCQ examination papers (A-C), using alternative assessment materials provided by IQ Verify, under examination conditions.

New examination questions and assessment papers will be commissioned on a need dependant basis - dependant on paper usage. This will be reviewed and recorded as part of the Management Review meetings. Papers will be retired 3 years after the first date of examination.

For invigilator role requirements, please refer to **Appendix B**.

### **Recognition of Prior Learning (RPL)**

Recognition of Prior Learning (RPL) is a method of assessment that considers whether candidates can demonstrate that they can meet the assessment requirements for a unit through knowledge, understanding or skills they already possess and so not need to develop through a course of learning. For RPL to be recognised, evidence pertaining to and supporting RPL application must be collated and provided to IQ Verify in accordance with the agreed submission procedures (above).

RPL will only be accepted for clinical practice conducted by a candidate that occurred prior to their registration with IQ Verify and IQ Verify must be notified of all RPL applications as part of the candidate registration process.

Following registration with IQ Verify, RPL candidates will be provided with access to the LMS such that that they can develop a logbook of pre-registration clinical practice as described below:

- (4x) 0- 0.5mm Facial Microneedling
- (4x) 0- 1.0mm Non-Facial Microneedling
- (4x) Very Superficial Chemical Peels to the Stratum Corneum

Documentation of each of these clinical cases must meet the logbook documentation requirements specified in **Appendix A**. Learning Providers are required to verify that candidates can meet these documentation requirements as part of the candidate registration process. Those candidates that cannot meet these requirements will need to undertake the non-RPL route of qualification- partial RPL applications will not be accepted.

Completion of the above will subsume the need for the RPL candidate to undertake those non-simulated treatments led by the clinical supervisor within the standard certification pathway (see “Non-Simulated Case Requirements”).



RPL does not entitle exemption to any of the examinations procedures/ requirements described previously. RPL candidates will therefore additionally need to complete and document each of the following in order to be considered by IQ Verify for certification.

Examination Overview	Requirements
<b>Non Simulated Treatment Examinations:</b>	
<ul style="list-style-type: none"> <li>(1x) 0- 0.5mm Facial Microneedling</li> <li>(1x) 0- 1.0mm Non-Facial Microneedling</li> <li>(1x) Very Superficial Chemical Peel to the Stratum Corneum</li> </ul>	Candidate to clinical examiner ratio 1:1
	Examination procedure as described within the “Clinical Practice/ Skills Based Competency Skills- Non-Simulated Case Requirements” section above.
	Case documentation as per <b>Appendix A</b> .
<b>Simulated Treatment Examinations:</b>	
<ul style="list-style-type: none"> <li>(x5) 0- 0.5mm Facial Microneedling</li> <li>(x5) 0- 1.0mm Non-Facial Microneedling</li> <li>(x5) Very Superficial Chemical Peels to the Stratum Corneum</li> </ul>	Candidate to clinical supervisor ratio 4:1
	Examination procedure/ documentation requirements as described within the “Clinical Practice/ Skills Based Competency Skills- Simulated Case Requirements” section above.
<b>MCQ Examinations:</b>	
<ul style="list-style-type: none"> <li>Papers (A-C)</li> </ul>	Invigilated MCQ examinations
	Examination procedure as described within “Knowledge Based Competency Skills- MCQ Examination Requirements” section above.

All RPL documentation will be reviewed by IQ Verify as part of the certification decision making process.

### **IQ Verify Certification Decision Making**

Four IQ Verify standardisation and decision making meetings will be held per year to scrutinise candidate assessment evidence and to conclude results. All units and assessments must be met and recorded as described previously for a candidate to be eligible for consideration.

Please refer to the table below for view of the submission deadlines- at which point IQ Verify must have been provided with all of the required assessment evidence/ documentation such that a certification decision can be reached. Submissions that do not meet the full scope of evidence requirements will not be considered and will require resubmission at the next available submission deadline.

Results will be issued within 31 days following each of these submission deadlines

Submission Deadline	Results Released By*
31 <sup>st</sup> December	31 <sup>st</sup> January
31 <sup>st</sup> March	30 <sup>th</sup> April
30 <sup>th</sup> June	31 <sup>st</sup> July
30 <sup>th</sup> September	31 <sup>st</sup> October

*\*IQ Verify reserves the right to withhold results in the case of there being specific concerns.*



## Unit 1- Generic Knowledge and Skills

### Unit Description

Unit Level: 4

Throughout this knowledge only unit, candidates will demonstrate understanding and competency in the following areas: The various role(s) of an aesthetic practitioner; common types of aesthetic treatment (including indications); multidisciplinary working; clinical governance; basic principles of research methodology; evidence based practice and environmental and sustainable working practices.

Competency Outcomes: The practitioner can....	Competency Criteria: The practitioner will.....		Exam Method
1. Understand the role of an aesthetic practitioner	1.1	Describe the skills and responsibilities of an aesthetic practitioner	MCQ
	1.2	Calculate dilution protocols	MCQ
	1.3	Identify recent non-surgical aesthetic practice guidelines	MCQ
2. Understand a range of non- surgical aesthetic treatments	2.1	Identify indications for an aesthetic treatment	MCQ
	2.2	Identify a range of common aesthetic facial and non-facial non-surgical treatments	MCQ
3. Understand the role of multi-disciplinary working within aesthetic medicine	3.1	Identify situations that may require multi-disciplinary collaboration	MCQ
	3.2	Explain the value of working within a multi-disciplinary team	MCQ
	3.3	Describe who can perform aesthetic treatments with reference to recent guidance	MCQ
	3.4	Describe methods to promote multi-disciplinary collaboration	MCQ
	3.5	Describe a range of pitfalls associated with lone working and working in isolation	MCQ
	3.6	Describe methods to promote best practice when working within a multi-disciplinary team	MCQ
	3.7	Describe methods to develop skills in supervision, mentoring and training	MCQ
	3.8	Describe methods to manage conflict within a multi-disciplinary team	MCQ
4. Understand the role of clinical governance in aesthetic medicine	4.1	Explain the role of clinical governance in aesthetic medicine	MCQ
	4.2	Describe processes and procedures that promote client safety	MCQ
	4.3	Describe the role of routine audits within aesthetic practice	MCQ
5. Understand the basic principles of research methodology	5.1	Describe methods to undertake a literature search	MCQ



6. Understand evidence based practice in aesthetic medicine	6.1	Explain the benefits of evidence based practice	MCQ
	6.2	Explain the importance of continual professional development (CPD) to an aesthetic practitioner	MCQ
	6.3	Describe methods to update knowledge and skills whilst working within the aesthetic medicine sector	MCQ
	6.4	Describe statistical methods to evaluate clinical evidence	MCQ
7. Understand the role of environmental and sustainable working practices in aesthetic medicine	7.1	Identify a range of methods for environmental sustainability within aesthetic practice	MCQ



## Unit 2- Professionalism, Policy, Law and Ethics in Aesthetic Medicine

### Unit Description

Unit Level: 4

Throughout this knowledge only unit, candidates will demonstrate understanding and competency in the following areas: The principles of professionalism in aesthetic medicine; key legislation and the management of client information.

Competency Outcomes: The practitioner can....	Competency Criteria: The practitioner will.....		Exam Method
1. Understand the principles of professionalism in aesthetic medicine	1.1	Explain the factors that contribute toward excellence in client care	MCQ
	1.2	Explain professional accountability and responsibility for the delivery of cosmetic procedures	MCQ
	1.3	Explain the contribution of the following within continual professional development: - Education, - Reflective Practice - Peer Review	MCQ
	1.4	Explain client-centred practice within aesthetic medicine	MCQ
	1.5	Describe the role of ethics within aesthetic practice	MCQ
	1.6	Explain a practitioners duty of candour in responding to a suboptimal therapeutic outcome	MCQ
	1.7	Explain how to document and manage client complaints	MCQ
	1.8	Explain the principles of medical negligence	MCQ
	1.9	Describe the response of an aesthetic practitioner unable to provide care due to a moral, religious or personal belief	MCQ
2. Understand key legislation within aesthetic practice	2.1	Describe key legalisation within aesthetic medicine	MCQ
	2.2	Describe regulatory standards that impact upon commercial aspects of aesthetic practice	MCQ
	2.3	Explain the importance of an inclusive approach to equality and diversity	MCQ
3. Understand how to manage client information	3.1	Describe the principles of information governance within aesthetic practice	MCQ
	3.2	Explain how to manage client information	MCQ





### Unit 3 - Facilities, Premises, Health and Safety

#### Unit Description

Unit Level: 4

Throughout this knowledge only unit, candidates will demonstrate understanding and competency in the following areas: The risks associated with aesthetic practice; key principles of health and safety in aesthetic medicine; the vasovagal reflex; the use of anaesthetic(s); the relationship between health and safety and equipment management; premises requirements for aesthetic practice and the role and practice of infection control.

Competency Outcomes: The practitioner can....	Competency Criteria: The practitioner will.....		Exam Method
1. Understand the occupational risks associated with aesthetic practice	1.1	Describe a range of occupational hazards associated with being an aesthetic practitioner	MCQ
	1.2	Explain approaches aesthetic practitioners can use to reduce the risk of occupational hazards	MCQ
2. Understand key principles of health and safety in aesthetic medicine	2.1	Explain the role of health and safety in aesthetic medicine	MCQ
	2.2	Identify key legislation supporting health and safety in aesthetic medicine	MCQ
	2.3	Describe why basic life support is an essential competency for an aesthetic practitioner	MCQ
3. Understand the vasovagal reflex in relation to aesthetic practice	3.1	Identify the symptoms of vasovagal reflex	MCQ
	3.2	Explain the practitioners response to a client exhibiting the vasovagal reflex	MCQ
4. Understand the use of anaesthetic within an aesthetic treatment	4.1	Describe the contraindications and risks associated with the use of anaesthetics within aesthetic practice	MCQ
	4.2	Describe the benefits of incorporating a topical anaesthetic within an aesthetic treatment	MCQ
	4.3	Describe the benefits of incorporating a local anaesthetic within an aesthetic treatment	MCQ
5. Understand the relationship between health and safety and equipment management	5.1	Explain the procedural dependency of equipment choice	MCQ
	5.2	Describe the use of manufacturers guidelines to inform equipment use	MCQ
	5.3	Explain when to dispose of equipment used in aesthetic practice	MCQ
	5.4	Explain the necessity of equipment disposal in accordance with manufacturer's instructions	MCQ
	5.5	Describe potential causes of needlestick injuries	MCQ
	5.6	Explain a practitioners response to a needlestick injury	MCQ
6. Understand premises requirements for aesthetic practice	6.1	Identify guidelines that address premises requirements for aesthetic practice	MCQ
	6.2	Describe a range of treatment type specific premises requirements	MCQ
7. Understand infection control in aesthetic medicine	7.1	Explain the role of infection control within aesthetic medicine	MCQ
	7.2	Describe methods to reduce risk of infection within aesthetic practice	MCQ

### Unit 4 - Principles of Client Consultation and Treatment Plan Development



## Unit Description

Unit Level: 4

Throughout this knowledge only unit, candidates will demonstrate understanding and competency in the following areas: Client-centred practice within pre-treatment assessment; the role of an examination of skin type/ condition; the recognition and response to high risk or vulnerable client groups; the role of communication within informed consent; post-treatment care-plan development and the necessity of record keeping with reference to client consultations.

Competency Outcomes: The practitioner can....	Competency Criteria: The practitioner will.....	Exam Method
1. Understand client-centred practice within pre-treatment assessment	1.1 Describe how to tailor communication strategies to client needs	MCQ
	1.2 Explain how to adapt the consultation in accordance to client needs with reference to: - Physical Needs - Sensory Needs - Treatment Needs	MCQ
	1.3 Describe the optimal environment for a consultation setting	MCQ
	1.4 Identify the key information to be ascertained within a client consultation	MCQ
	1.5 Identify a range of contraindications for aesthetic practice	MCQ
	1.6 Explain the necessity of physically examining a client prior to aesthetic practice	MCQ
2. Understand the role of an examination of skin within a pre-treatment assessment	2.1 Describe methods to assess skin type	MCQ
	2.2 Explain the importance of an examination of skin type	MCQ
	2.3 Identify common signs of skin disease	MCQ
	2.4 Describe the practitioner response to the identification of skin lesions/ abnormalities within the planned treatment area	MCQ
3. Understand how to recognise and respond to vulnerable clients in aesthetic practice	3.1 Identify high risk and vulnerable client groups	MCQ
	3.2 Explain why pain threshold and sensitivity and sensitivity can vary between clients	MCQ
	3.3 Explain the practitioners response to a high risk or vulnerable client	MCQ
	3.4 Identify the potential impacts of a failure to recognise and respond to the psychosocial needs of a client	MCQ
4. Understand the role of communication within informed consent	4.1 Explain the potential discrepancy between client goals and best interest decisions	MCQ
	4.2 Explain a practitioners response to a discrepancy between client goals and best interest decisions	MCQ
	4.3 Explain shared decision making in the context of aesthetic medicine	MCQ
	4.4 Explain how the provision of treatment information factors into informed consent	MCQ
	4.5 Describe the relationship between practitioner communication and client outcome expectations	MCQ



	4.6	Explain the importance of providing clients with decisional time prior to formalising a treatment decision	MCQ
	4.7	Explain how a treatment plan is determined by information obtained through consultation	MCQ
5. Understand continuity of care and the related development of a post-treatment care-plan	5.1	Explain the importance of continuity of care	MCQ
	5.2	Explain the key components of a post-treatment care-plan	MCQ
	5.3	Identify methods to communicate a post-treatment care-plan to a client	MCQ
	5.4	Describe approaches to monitor client post-treatment care-plan adherence	MCQ
6. Understand the role of record keeping with reference to client consultations	6.1	Describe the importance of record keeping with reference to client/ practitioner consultations	MCQ



## Unit 5- Anatomy and Physiology

### Unit Description

Unit Level: 4

Throughout this knowledge only unit, candidates will demonstrate understanding and competency in the following areas: The structure and function of the skin and hair; the impacts of age and dermatological condition upon the skin and the key anatomy and physiology with impact upon aesthetic treatments.

Competency Outcomes: The practitioner can....	Competency Criteria: The practitioner will.....		Exam Method
1. Understand the structure and function of the skin and hair	1.1	Describe the structure of the skin	MCQ
	1.2	Explain the function of the skin	MCQ
	1.3	Describe the structure of hair	MCQ
	1.4	Explain the function of hair	MCQ
	1.5	Explain the skin flora of relevance to a skin rejuvenation treatment	MCQ
2. Understand the impacts of age and dermatological condition upon the skin	2.1	Describe intrinsic skin ageing	MCQ
	2.2	Describe extrinsic skin ageing	MCQ
	2.3	Describe the facial shape changes associated with ageing	MCQ
	2.4	Describe the impact of a range of dermatological conditions upon appearance	MCQ
	2.5	Identify factors that promote the optimum functioning metabolism and appearance of the skin	MCQ
3. Understand the internal anatomy and physiology with impact upon aesthetic treatments	3.1	Describe the features of cardiovascular system of relevance to aesthetic treatments	MCQ
	3.2	Describe the features of the lymphatic system of relevance to aesthetic treatments	MCQ
	3.3	Describe the features of the nervous system of relevance to aesthetic treatments	MCQ
	3.4	Describe the features of the muscular system of relevance to aesthetic treatments	MCQ
	3.5	Describe the features of the skeletal system of relevance to aesthetic treatments	MCQ
	3.6	Describe the features of the endocrine system of relevance to aesthetic treatments	MCQ
	3.7	Describe skin healing processes	MCQ
	3.8	Describe the inflammation process	MCQ



## Unit 6 - Principles of Psychology in Aesthetic Medicine

### Unit Description

Unit Level: 4

Throughout this knowledge only unit, candidates will demonstrate understanding and competency in the following areas: Drivers for cosmetic procedures within aesthetic medicine; the identification of psychologically 'at risk' client groups and the practitioner's response to a range of psychological issues.

Competency Outcomes: The practitioner can....	Competency Criteria: The practitioner will.....		Exam Method
1. Understand the key drivers for cosmetic procedures within aesthetic medicine	1.1	Describe the drivers for cosmetic procedures	MCQ
	1.2	Describe the relationship between social changes and the practice of aesthetic medicine	MCQ
	1.3	Describe evidence supporting the impact of aesthetic treatments upon psychological wellbeing	MCQ
2. Understand the key 'at risk' groups with reference to aesthetic medicine	2.1	Identify the key psychologically 'at risk' groups with reference to aesthetic procedures	MCQ
	2.2	Describe evidence that might suggest the presentation of a specific mental health condition	MCQ
	2.3	Explain how the client consultation can be used to support the identification of 'at risk' clients	MCQ
3. Understand how to respond to a range of psychological issues	3.1	Explain the importance of professional boundary setting	MCQ
	3.2	Describe psychological strategies to manage post-treatment unmet expectations	MCQ
	3.3	Describe psychological strategies to manage post-treatment post decisional regret	MCQ



## Unit 7- Principles of Topical Skin Therapy within Skin Rejuvenation

### Unit Description

Unit Level: 4

Throughout this knowledge only unit, candidates will demonstrate understanding and competency in the following areas: The role of topical skin therapy within skin rejuvenation; the interaction of topical compounds with the skin; the use of cosmeceuticals within skin rejuvenation treatments; the use of topical local anaesthetics within skin rejuvenation treatments; risks associated with the administration of topical skin therapy and the associated management options.

Competency Outcomes: The practitioner can....	Competency Criteria: The practitioner will.....		Exam Method
1. Understand the role of topical skin therapy within skin rejuvenation	1.1	Describe evidence supporting the use of cosmeceuticals within skin rejuvenation	MCQ
	1.2	Identify a range of cosmeceutical agents proven to rejuvenate the skin	MCQ
	1.3	Describe evidence supporting the use of topical local anaesthetics within skin rejuvenation	MCQ
	1.4	Identify a range of topical local anaesthetics used within skin rejuvenation treatments	MCQ
	1.5	Explain the differences between cosmeceuticals and local anaesthetics	MCQ
2. Understand how treatment relevant topical compounds interact with the skin	2.1	Explain the mechanism of action of a range of cosmeceuticals	MCQ
	2.2	Explain how cosmeceuticals can impact upon the recovery and healing process of the skin	MCQ
	2.3	Explain the mechanism of action of topical local anaesthetics	MCQ
	2.4	Explain how the use of topical local anaesthetics can impact upon the recovery and healing process of the skin	MCQ
3. Understand the use of cosmeceuticals within skin rejuvenation treatments	3.1	Identify dermatological conditions for which the use of cosmeceuticals may have benefit	MCQ
	3.2	Explain the use of cosmeceuticals for a range of dermatological conditions	MCQ
	3.3	Describe the limitations of topical skin therapy within skin rejuvenation treatments	MCQ
	3.4	Describe contraindications for the use of topical skin therapy within skin rejuvenation treatments	MCQ
	3.5	Describe potential sensory reactions resulting from the interaction of topical skin therapies with the skin	MCQ
4. Understand the use of topical local anaesthetics within skin rejuvenation treatments	4.1	Explain the exclusion criteria associated with topical local anaesthetics	MCQ
	4.2	Explain how to apply a topical local anaesthetic within a skin rejuvenation treatment	MCQ
	4.3	Explain the dosage of a range of topical local anaesthetics used within skin rejuvenation treatments	MCQ
	4.4	Identify the risks associated with the use of topical local anaesthetics	MCQ
	5.1	Identify high risk treatment areas for topical skin therapy	MCQ



5. Understand the risks associated with the administration of topical skin therapy	5.2	Explain the risks associated with topical skin therapy	MCQ
	5.3	Explain potential adverse effects associated with topical skin therapy	MCQ
6. Understand the management options available in the event of an adverse effect post the administration of topical skin therapy	6.1	Describe the management options available in the event of an adverse effect post topical skin therapy	MCQ





## Unit 8- Principles of Facial Microneedling (0- 0.5mm)

### Unit Description

Unit Level: 4

Throughout this knowledge only unit, candidates will demonstrate understanding and competency in the following areas: The role of 0- 0.5mm facial microneedling for skin rejuvenation; the interaction between 0- 0.5mm facial microneedling and the skin; clinical indications affecting the use of 0- 0.5mm facial microneedling; the impacts of client-dependent factors upon the usage of 0- 0.5mm facial microneedling; risks associated with the administration of 0- 0.5mm facial microneedling and the associated management options.

Competency Outcomes: The practitioner can....	Competency Criteria: The practitioner will.....		Exam Method
1. Understand the role of 0- 0.5mm facial microneedling for skin rejuvenation	1.1	Describe evidence supporting the use of 0- 0.5mm facial microneedling for skin rejuvenation	MCQ
2. Understand how 0- 0.5mm facial microneedling interacts with the skin	2.1	Explain the mechanism of action of 0- 0.5mm facial microneedling	MCQ
	2.2	Describe the skin physiology relevant to recovery and healing following the administration of a 0- 0.5mm facial microneedling treatment	MCQ
	2.3	Contrast automated and manual microneedling	MCQ
	2.4	Explain why microneedling equipment is single use only	MCQ
3. Understand the clinical indications affecting the use of 0- 0.5mm facial microneedling for skin rejuvenation	3.1	Identify a range of dermatological conditions for which the use of 0- 0.5mm facial microneedling may have benefit	MCQ
	3.2	Describe the limitations of 0- 0.5mm facial microneedling within skin rejuvenation treatments	MCQ
4. Understand how client-dependent factors can affect the usage of 0- 0.5mm facial microneedling	4.1	Describe contraindications for the use of 0- 0.5mm facial microneedling within skin rejuvenation treatments	MCQ
5. Understand the risks associated with 0- 0.5mm facial microneedling	5.1	Identify areas of the skin unsuitable for 0- 0.5mm facial microneedling	MCQ
	5.2	Explain the treatment specific risks associated with the administration of 0- 0.5mm facial microneedling	MCQ
	5.3	Explain potential adverse effects associated with the administration of 0- 0.5mm facial microneedling	MCQ
6. Understand the management options available in the event of an adverse effect post the administration of a 0- 0.5mm facial microneedling treatment	6.1	Describe the management options available in the event of an adverse effect post the administration of a 0- 0.5mm facial microneedling treatment	MCQ



## Unit 9 - Practice of Facial Microneedling (0- 0.5mm)

### Unit Description

Unit Level: 4

Throughout this practical only unit, candidates will demonstrate competency across a range of clinical skills of relevance to the administration of a 0- 0.5mm facial microneedling treatment. These include: Client assessment and consultation; treatment plan development; obtaining informed consent; the administration of a 0- 0.5mm facial microneedling treatment; the practitioner response to an adverse reaction (**simulated**); post-procedure consultation; aftercare plan development; treatment documentation and follow-up procedures to facilitate the continuity of care (**simulated**).

Competency Outcomes: The practitioner can....	Competency Criteria: The practitioner will.....		Exam Method
1. Undertake a client assessment for the administration of a 0- 0.5mm facial microneedling treatment	1.1	Adapt the client assessment to meet individual needs	Logbook
	1.2	Obtain treatment relevant client information to assess the presenting concern	Logbook
	1.3	Perform a holistic and structured consultation relating to the administration of 0-0.5mm facial microneedling	Logbook
	1.4	Perform a client examination to inform treatment options	Logbook
2. Formulate an individualised 0- 0.5mm facial microneedling treatment plan and obtain informed consent	2.1	Formulate a treatment plan in partnership with the client	Logbook
	2.2	Provide the client with treatment relevant information	Logbook
	2.3	Obtain informed consent	Logbook
3. Administer the agreed 0- 0.5mm facial microneedling treatment	3.1	Select the product(s) to be used based upon the client's needs	Logbook
	3.2	Interpret the manufactures' usage guidelines for the selected product(s)	Logbook
	3.3	Prepare the clinical environment for the administration of a 0- 0.5mm facial microneedling treatment	Logbook
	3.4	Administer a 0- 0.5mm facial microneedling treatment in accordance with the treatment plan	Logbook
	3.5	Monitor the client throughout the procedure for adverse reactions	Logbook
	3.6	Safely dispose of used microneedling equipment	Logbook
4. Respond to adverse reactions resulting from the treatment	4.1	Identify how to manage common side effects and complications resulting from the administration of a 0- 0.5mm facial microneedling treatment	Simulation
	4.2	Identify how to manage serious adverse side effects and complications resulting from the administration of a 0- 0.5mm facial microneedling treatment	Simulation
	4.3	Identify situations requiring escalation of a complication	Simulation
5. Formulate a post-treatment care plan for the purpose of aftercare	5.1	Perform a post-treatment consultation	Logbook
	5.2	Formulate an individualised post-treatment aftercare plan	Logbook
	5.3	Assess client understanding of the agreed post-treatment care-plan	Logbook



6. Document and record the treatment	6.1	Document client consultations and treatments	<i>Logbook</i>
	6.2	Take standardised pre and post-treatment photography	<i>Logbook</i>
	6.3	Store client records in accordance with relevant legislation	<i>Logbook</i>
7. Facilitate continuity of care	7.1	Perform a follow up consultation	<i>Simulation</i>
	7.2	Communicate with other professionals to support the continuity of care	<i>Simulation</i>



## Unit 10- Principles of Non-Facial Microneedling (0- 1.0mm)

### Unit Description

Unit Level: 4

Throughout this knowledge only unit, candidates will demonstrate understanding and competency in the following areas: The role of 0- 1.0mm non-facial microneedling for skin rejuvenation; the interaction between 0- 1.0mm non-facial microneedling and the skin; clinical indications affecting the use of 0- 1.0mm non-facial microneedling; the impacts of client-dependent factors upon the usage of 0- 1.0mm non-facial microneedling; risks associated with the administration of 0- 1.0mm non-facial microneedling and the associated management options.

Competency Outcomes: The practitioner can....	Competency Criteria: The practitioner will.....		Exam Method
1. Understand the role of 0- 1.0mm non-facial microneedling for skin rejuvenation	1.1	Describe evidence supporting the use of 0- 1.0mm non-facial microneedling for skin rejuvenation	MCQ
2. Understand how 0- 1.0mm non-facial microneedling interacts with the skin	2.1	Explain the mechanism of action of 0- 1.0mm non-facial microneedling	MCQ
	2.2	Describe the skin physiology relevant to recovery and healing following the administration of a 0- 1.0mm non-facial microneedling treatment	MCQ
3. Understand the clinical indications affecting the use of 0- 1.0mm non-facial microneedling for skin rejuvenation	3.1	Identify a range of dermatological conditions for which the use of 0- 1.0mm non-facial microneedling may have benefit	MCQ
	3.2	Describe the limitations of 0- 1.0mm non-facial microneedling within skin rejuvenation treatments	MCQ
4. Understand how client dependent factors can affect the usage of 0- 1.0mm non-facial microneedling	4.1	Describe contraindications for the use of 0- 1.0mm non-facial microneedling within skin rejuvenation treatments	MCQ
5. Understand the risks associated with 0- 1.0mm non-facial microneedling	5.1	Identify areas of the skin unsuitable for 0- 1.0mm non-facial microneedling	MCQ
	5.2	Explain the treatment specific risks associated with the administration of 0- 1.0mm non-facial microneedling	MCQ
	5.3	Explain potential adverse effects associated with the administration of 0- 1.0mm non-facial microneedling	MCQ
6. Understand the management options available in the event of an adverse effect post the administration of a 0- 1.0mm non-facial microneedling treatment	6.1	Describe the management options available in the event of an adverse effect post the administration of a 0- 1.0mm non-facial microneedling treatment	MCQ



## Unit 11- Practice of Non-Facial Microneedling (0- 1.0mm)

### Unit Description

Unit Level: 4

Throughout this practical only unit, candidates will demonstrate competency across a range of clinical skills of relevance to the administration of a 0- 1.0mm non-facial microneedling treatment. These include: Client assessment and consultation; treatment plan development; obtaining informed consent; the administration of a 0- 1.0mm non-facial microneedling treatment; the practitioner response to an adverse reaction (**simulated**); post-procedure consultation; aftercare plan development; treatment documentation and follow-up procedures to facilitate the continuity of care (**simulated**).

Competency Outcomes: The practitioner can....	Competency Criteria: The practitioner will.....		Exam Method
1. Undertake a client assessment for the administration of a 0- 1.0mm non-facial microneedling treatment	1.1	Adapt the client assessment to meet individual needs	Logbook
	1.2	Obtain treatment relevant client information to assess the presenting concern	Logbook
	1.3	Perform a holistic and structured consultation relating to the administration of 0-1.0mm non-facial microneedling	Logbook
	1.4	Perform a client examination to inform treatment options	Logbook
2. Formulate an individualised 0- 1.0mm non-facial microneedling treatment plan and obtain informed consent	2.1	Formulate a treatment plan in partnership with the client	Logbook
	2.2	Provide the client with treatment relevant information	Logbook
	2.3	Obtain informed consent	Logbook
3. Administer the agreed 0- 1.0mm non-facial microneedling treatment	3.1	Select the product(s) to be used based upon the client's needs	Logbook
	3.2	Interpret the manufactures' usage guidelines for the selected product(s)	Logbook
	3.3	Prepare the clinical environment for the administration of a 0- 1.0mm non-facial microneedling treatment	Logbook
	3.4	Administer a 0- 1.0mm non-facial microneedling treatment in accordance with the treatment plan	Logbook
	3.5	Monitor the client throughout the procedure for adverse reactions	Logbook
	3.6	Safely dispose of used microneedling equipment	Logbook
4. Respond to adverse reactions resulting from the treatment	4.1	Identify how to manage common side effects and complications resulting from the administration of a 0- 1.0mm non-facial microneedling treatment	Simulation
	4.2	Identify how to manage serious adverse side effects and complications resulting from the administration of a 0- 1.0mm non-facial microneedling treatment	Simulation
	4.3	Identify situations requiring escalation of a complication	Simulation
5. Formulate a post-treatment care plan for the purpose of aftercare	5.1	Perform a post-treatment consultation	Logbook
	5.2	Formulate an individualised post-treatment aftercare plan	Logbook
	5.3	Assess client understanding of the agreed post-treatment care-plan	Logbook



6. Document and record the treatment	6.1	Document client consultations and treatments	<i>Logbook</i>
	6.2	Take standardised pre and post-treatment photography	<i>Logbook</i>
	6.3	Store client records in accordance with relevant legislation	<i>Logbook</i>
7. Facilitate continuity of care	7.1	Perform a follow up consultation	<i>Simulation</i>
	7.2	Communicate with other professionals to support the continuity of care	<i>Simulation</i>



## Unit 12 - Principles of Very Superficial Chemical Peels to the Stratum Corneum

### Unit Description

Unit Level: 4

Throughout this knowledge only unit, candidates will demonstrate understanding and competency in the following areas: The role of very superficial chemical peels to the stratum corneum for skin rejuvenation; the interaction between very superficial chemical peels and the skin; clinical indications affecting the use of very superficial chemical peels; the impacts of client-dependent factors upon the usage of very superficial chemical peels; risks associated with the administration of very superficial chemical peels and the associated management options.

Competency Outcomes: The practitioner can....	Competency Criteria: The practitioner will.....		Exam Method
1. Understand the role of very superficial chemical peels to the stratum corneum for skin rejuvenation	1.1	Describe evidence supporting the use of very superficial chemical peels to the stratum corneum for skin rejuvenation	MCQ
	1.2	Identify the very superficial chemical peels proven to rejuvenate the skin	MCQ
	1.3	Describe the relationship between depth of chemical peel and clinical outcome	MCQ
2. Understand how very superficial chemical peels interact with the skin	2.1	Explain the mechanism of action of very superficial chemical peels	MCQ
	2.2	Describe potential reactions resulting from the interaction of very superficial chemical peels with the skin	MCQ
	2.3	Describe the skin physiology relevant to recovery and healing following the application of a very superficial chemical peel	MCQ
3. Understand the clinical indications affecting the use of very superficial chemical peels for skin rejuvenation	3.1	Identify a range of dermatological conditions for which the use of very superficial chemical peels to stratum corneum may have benefit	MCQ
	3.2	Describe the limitations of very superficial chemical peels to stratum corneum within skin rejuvenation treatments	MCQ
	3.3	Evaluate the impact of skin type classification upon the administration of a very superficial chemical peel	MCQ
4. Understand how client-dependent factors can affect the usage of very superficial chemical peels	4.1	Identify common allergens to very superficial chemical peels	MCQ
	4.2	Describe contraindications for the use of very superficial chemical peels within skin rejuvenation treatments	MCQ
5. Understand the risks associated with the administration of very superficial chemical peels	5.1	Identify high risk treatment areas for very superficial chemical peels	MCQ
	5.2	Explain the treatment specific risks associated with the administration of a very superficial chemical peel	MCQ
	5.3	Explain potential adverse effects associated with the administration of a very superficial chemical peel	MCQ
6. Understand the management options available in the event of an adverse effect post the administration of a very superficial chemical peel	6.1	Describe the management options available in the event of an adverse effect post the administration of a very superficial chemical peel	MCQ





## Unit 13 - Practice of Very Superficial Chemical Peels to the Stratum Corneum

### Unit Description

Unit Level: 4

Throughout this practical only unit, candidates will demonstrate competency across a range of clinical skills of relevance to the administration of a very superficial chemical peel to the stratum corneum. These include: Client assessment and consultation; treatment plan development; obtaining informed consent; the administration of a very superficial chemical peel; the practitioner response to an adverse reaction (**simulated**); post-procedure consultation; aftercare plan development; treatment documentation and follow-up procedures to facilitate the continuity of care (**simulated**).

Competency Outcomes: The practitioner can....	Competency Criteria: The practitioner will.....		Exam Method
1. Undertake a client assessment for the administration of a very superficial chemical peel to the stratum corneum	1.1	Adapt the client assessment to meet individual needs	Logbook
	1.2	Obtain treatment relevant client information to assess the presenting concern	Logbook
	1.3	Perform a holistic and structured consultation relating to the administration of a very superficial chemical peel	Logbook
	1.4	Perform a client examination to inform treatment options	Logbook
2. Formulate an individualised very superficial chemical peel treatment plan and obtain informed consent	2.1	Formulate a treatment plan in partnership with the client	Logbook
	2.2	Provide the client with treatment relevant information	Logbook
	2.3	Obtain informed consent	Logbook
3. Administer the agreed very superficial chemical peel procedure	3.1	Select the product(s) to be used based upon the client's needs	Logbook
	3.2	Interpret the manufactures' usage guidelines for the selected product(s)	Logbook
	3.3	Prepare the clinical environment for the administration of a very superficial chemical peel to the stratum corneum	Logbook
	3.4	Administer a very superficial chemical peel in accordance with the treatment plan	Logbook
	3.5	Monitor the client throughout the procedure for adverse reactions	Logbook
	3.6	Safely dispose of very superficial chemical peel waste	Logbook
4. Respond to adverse reactions resulting from the treatment	4.1	Identify how to manage common side effects and complications resulting from the administration of a very superficial chemical peel to the stratum corneum	Simulation
	4.2	Identify how to manage serious adverse side effects and complications resulting from the administration of a very superficial chemical peel to the stratum corneum	Simulation
	4.3	Identify situations requiring escalation of a complication	Simulation
5. Formulate a post-treatment care plan for the purpose of aftercare	5.1	Perform a post-procedure consultation	Logbook
	5.2	Formulate an individualised post-procedural after care-plan	Logbook
	5.3	Assess client understanding of the agreed post-treatment care-plan	Logbook



6. Document and record the treatment	6.1	Document client consultations and treatments	<i>Logbook</i>
	6.2	Take standardised pre and post-treatment photography	<i>Logbook</i>
	6.3	Store client records in accordance with relevant legislation	<i>Logbook</i>
7. Facilitate continuity of care	7.1	Perform a follow up consultation	<i>Simulation</i>
	7.2	Communicate with other professionals to support the continuity of care	<i>Simulation</i>



## **8.2 (D): Abilities**

Due to the clinical nature of this certification scheme, applicants with adverse physical or mental health conditions will require assessment for impact upon fitness to practice. It is the responsibility of the Learning Provider to ensure that all registrants are able to meet scheme demands. Please refer to the following legislation / guidance for further information:

Medical Act (1983); Professional Behavior and Fitness to Practice: Guidance for Medical Schools and their Students (GMC).

This is to be confirmed by both the candidate and the Learning Provider within the candidate agreement prior to the commencement of the certification scheme.

## **8.2 (E): Prerequisites**

Entry criteria are set in accordance with the HEE Requirements for the delivery of cosmetic procedures (2015) and the JCCP Competency Framework for Cosmetic Practice (2018) so as to meet the competence requirements of 8.2(C).

### **Level of Qualification**

The minimum entry criteria for those without a science or health care related university degree is a Level 3 Qualification in cosmetic practice and/or beauty therapy- including but not limited to: Level 3 Certificate in the Principles of Cosmetic Practice; Level 3 Diploma in Beauty Therapy (General/ Massage Route) (etc.)

### **Level of English**

If English is not the applicant's first / native language, an English language level of International English Language Testing System (IELTS) 6.5 in all components, or equivalent, will be required. Only IELTS scores less than two years old will be accepted. Acceptable equivalents include but are not limited to:

- TOEFL iBT: 90
- TEEP: 6.5
- OIBEC: Pass
- Cambridge ESOL (Skills for Life): Level 1
- GCSE English Language: C
- CEFR: B2
- International Baccalaureate: 4 in SL EL
- European Baccalaureate: 80% in EL
- WASSCE English: C6
- The completion of a first or postgraduate degree, taught in English in a majority native English speaking country

Evidence supporting the satisfaction of each of the above must be provided at the point of candidate enrolment and retained for quality assurance purposes. In the case of registered healthcare professionals, this includes their unique professional registration number.



## Application / Enrolment Documentation

Candidates are required to complete and sign an IQV candidate agreement. The application form contains:

- Scheme Name
- Scope of Certification
- Method of Assessment
- Fees
- Assessment Scope and Type
- Overview of Certification Process
- Candidate Rights and Duties
- Candidate Name
- Address
- E Mail Address
- Mobile Phone Number
- Date of Birth
- Statements from Candidate as Follows:
  - Agree to comply with certification requirements and to supply any information needed for an assessment.
  - Agree to supply any supporting information to demonstrate objectively compliance with the scheme prerequisites (where appropriate).
  - Understands they have the opportunity to declare, within reason, a request for accommodation of special needs.
  - Agree to inform IQ Verify, without delay, of matters that can affect their capability to continue to fulfil the certification requirements.
  - Agree that they are not aware of any undisclosed pre-existing medical condition that may affect their ability to complete the certification scheme.

Each candidate application is reviewed by IQ Verify to ensure the applicant complies with requirements as set out within this scheme document. Confirmation is provided back to the Learning Provider within 'IQV Review and Decision – Candidate agreement' stating the outcome and decision for each candidate. This document confirms candidate number (of successful), candidate surname and first name and decision. This is signed and dated by an IQ Verify decision maker.

## 8.2 (F) Code of Conduct

The IQ Verify logo must not to be used without permission (see 8.3 Certification).

## 8.3 (A-B): Criteria for Initial Certification and Recertification

**Initial Certification:** Successful demonstration of the competence requirements identified in 8.2 (C), which is to be verified by IQ Verify as part of the IQ Verify certification decision making process. Candidates failing to meet these criterion will be required to undergo a resit using alternative assessment material/ clinical cases until a point at which these requirements can be met.

**Recertification:** The certification period is set to **three years** in accordance with the 'IQV Calculation of Certification Period - Certification scheme – Aesthetics'. The recertification requirements have been set in accordance with the ongoing appraisal requirements identified by the CPSA. Candidates must submit the following post certification competency evidence to an IQ Verify approved Learning Provider in order for their certification to be maintained:





**CPD Logbook:** Practitioners must perform **50hrs of CPD** that meets the following criteria:

- CPD must be relevant to skin rejuvenation
- 20 of the 50 hours must be external (e.g. courses, conferences, external teaching etc.)
- CPD must be documented within a CPD logbook that meets and addresses the following criteria: Date, Description of CPD type, Description of CPD event coverage/ content and the number of hours per event.

**Competency Logbook:** Practitioners must develop a **32 case competency logbook**, based upon their own post-certification practice that meets the following criteria:

- The safe conduct of **10x** single agent chemical peel treatments
- The safe conduct of **10x** combination chemical peel treatments
- The safe conduct of **12x** 0-0.5mm facial/ 0-1.0mm non-facial microneedling treatments

Learning Providers are required to verify that the above evidence requirements have been met. Candidates meeting these requirements will be put forward to a clinical examination meeting the same requirements as those identified in the “Non-Simulated Care Requirements” section of 8.2 (C).

**Clinical Examination:** Each candidate will be examined on a **1:1** basis by an IQ Verify approved clinical examiner uninvolved in candidate training. The examiner will assess candidate clinical competency within each of the following modalities of practice:

- (1x) 0- 0.5mm Facial Microneedling (Unit 9: Competency Outcomes 1-3 and 5-6)
- (1x) 0- 1.0mm Non-Facial Microneedling (Unit 11: Competency Outcomes 1-3 and 5-6)
- (1x) Very Superficial Chemical Peel to the Stratum Corneum (Unit 13: Competency Outcomes 1-3 and 5-6)

Each examined candidate will deliver the full treatment (i.e. all of the relevant treatment competency criterion- see above) without guidance and the examiner will monitor their performance leading to their making of a recommendation with regards to pass/ fail per candidate/ treatment modality.

Those failing will need to repeat the implicated treatment(s) under examination conditions prior to consideration for recertification.

Candidates will document each of these supervised/ examined procedures within clinical logbook section of their personal LMS in accordance with the relevant CPSA documentation requirements. The clinical examiner will provide documented and individualised feedback with reference to candidate clinical competency and verify the satisfaction of the relevant competency criterion, per case, within each candidates LMS logbook.

Candidate recertification evidence will be reviewed by IQ Verify as part of the certification decision making process (see 8.2C). For view of the recertification submission deadlines, please refer to the table below.

For clinical examiner role requirements, please refer to **Appendix B**.

Submission Deadline	Results Released By*
31 <sup>st</sup> December	31 <sup>st</sup> January
31 <sup>st</sup> March	30 <sup>th</sup> April
30 <sup>th</sup> June	31 <sup>st</sup> July
30 <sup>th</sup> September	31 <sup>st</sup> October



## **Certification**

Upon conclusion of the IQ Verify certification decision making process, IQ Verify will notify each candidate of their certification/ recertification outcome. For those who have been successful, a hardcopy certificate will be issued and the candidate certification details will be held by IQ Verify and made publicly available upon request.

The name and certification mark for IQ Verify, is a registered trademark of IQ Verify Ltd, therefore there are restrictions placed upon the use of the name and certification mark of IQ Verify, by certified clients (see 8.2F)

It is vital that the IQ Verify brand and identity is correctly and consistently applied. The guidelines set out within IQ Verify Brand Guidelines document (available upon request / issued to all certified clients) must be followed when using the IQ Verify certification mark or referring to IQ Verify or any IQ Verify certification scheme.

Once a certificate has been issued then the certificated candidate has the right to publish the fact and to apply the relevant mark of conformity to their web based communications and promotional material relating only to their assessed scope of certification.

IQ Verify require each certified candidate, to ensure that they:

- Conform to the requirements of IQ Verify when making reference to its certification status in communication media such as the internet, brochures or advertising, or other documents;
- Does not make or permit any misleading statement regarding certification;
- Does not use or permit the use of a certification document or any part thereof in a misleading manner;
- Upon withdrawal of its certification, discontinues its use of all advertising matter that contains a reference to certification, as directed by the certification body;
- Amends all advertising matter when the scope of certification has been reduced;
- Does not imply that the certification applies to activities and sites that are outside the scope of certification;
- Does not use its certification in such a manner that would bring the certification body and/or certification system into disrepute and lose public trust.

IQ Verify Ltd reserve the right to request immediate removal of the trademark or part thereof, from documentation in the circumstances outlines within IQ Verify Brand Guidelines document.

### **8.3 (C): Surveillance Methods and Criteria (if applicable)**

Not applicable beyond that of the protocol outlined for initial and re-certification (8.2C and 8.3A /B).

### **8.3 (D): Criteria for Suspending and Withdrawing Certification**

IQ Verify may suspend certification in any of the following circumstances;

- Evidence comes to light that the certification process was compromised (including by conflict of interest), pending investigation
- Assessment decisions were repeatedly subject to question following poor administrative controls at the Learning Provider
- The scheme is suspended or revoked





IQ Verify may withdraw certification in any of the following circumstances;

- Upon the date of the expiry of the certification
- An investigation determines that the examination was not conducted in accordance with agreed processes and procedures
- An investigation determines that the certification was fraudulently obtained

### **8.3 (E): Criteria for Changing the Scope or Level of Certification**

It is the responsibility of the Learning Provider to inform IQ Verify of any changes that occur affecting approval or certification within the certification period. The impact of any such changes on the QMS, validity of the initial assessment and certification decision shall be assessed. Where no significant changes are identified, and on-going conformity is assured, then the certificate will remain valid, subject to the ongoing scheme requirements. Where significant changes are identified, which affect the validity and scope of the certification, actions necessary to address these changes will be communicated to the Learning Provider. The certificate may be suspended, or withdrawn until the issues have been addressed satisfactorily.

### **8.4 (A): The Involvement of Appropriate Experts**

This certification scheme was developed and reviewed with the involvement and/or oversight of a diverse range of subject matter experts and opinion leaders within the fields of aesthetic training and education, all of whom had expertise directly linked to the competencies within this scheme.

These included the following categories of personnel:

- Health Education England (HEE) Representatives
- Joint Council for Cosmetic Practitioner (JCCP) Representatives
- Cosmetic Practice Standards Authority (CPSA) Representatives
- British Association of Cosmetic Nurses (BACN) Representatives
- Aesthetic Training Centres/ Representatives
- Regulated Awarding Organisation (IQ) Development and Quality Assurance Personnel
- Higher Education Assessment Personnel
- College/ Clinic Learning and Development Personnel
- Doctors/ Other Healthcare Professionals
- Representatives from the Beauty/ non Health Care Professional Industry

Development commenced June 2016 and continued through to August 2019. Throughout this period the certification scheme underwent continual review so as to maintain alignment to the latest cosmetic standards/ guidelines (HEE/ CPSA/ JCCP).

**8.4 (B): Structure and Fair Representation:** The use of an appropriate structure that fairly represents the interests of all parties significantly concerned, without any interest predominating

Through the involvement of the above specified personnel it was ensured that the development of this certification scheme was conducted such that the interests of all parties were met – in accordance with the latest standards of cosmetic practice- and that the principles of equality and diversity were upheld for all those applicable for enrolment. Upon conclusion of this process, Learning Providers and the JCCP/ CPSA alike have been provided with a copy of the full certification scheme requirements with the opportunity to review and feedback any areas requiring amendment- which have subsequently been actioned.

Documentation/ correspondence to support this assertion is available upon request.



#### **8.4 (C): Alignment of Prerequisites with Competence Requirements**

Prerequisite requirements were identified in accordance with the HEE requirements for delivery of cosmetic procedures (2015) and the JCCP Competency Framework for Cosmetic Practice (2018) for Level 4 Chemical Peel and Skin Rejuvenation (CPSR) competency programmes.

#### **8.4 (D): Alignment of Assessment Mechanisms with Competence Requirements**

Assessment mechanisms were developed in alignment with the knowledge/ practice competency requirements identified within the HEE, CPSA and JCCP cosmetic guidelines/ standards. The mechanisms deployed per competency criterion were further reviewed by the regulated Awarding Organisation (IQ) to verify their alignment with those required of the UK national qualification framework- thereby ensuring cross-framework comparability of competency requirements at the intended level of certification.

These requirements were further reviewed following a UKAS- pre-assessment meeting to improve the validity and efficacy of the IQ Verify certification decision making process.

Please see section 8.2(C) for further information with regards to the assessment mechanisms deployed per competency criterion.

#### **8.4 (E): A job or practice analysis that is conducted and updated to:**

**Identify the Tasks for Successful Performance:** The initial task analysis for Level 4 Skin Rejuvenation was conducted and published by HEE (2015). This analysis was updated and supplemented by both the CPSA and JCCP and these updated requirements have been implemented within this certification scheme.

**Identify the Required Competence for Each Task:** The initial task based competency analysis for Level 4 Skin Rejuvenation was conducted and published by HEE (2015). This competency analysis was updated and supplemented by both the CPSA and JCCP and these updated requirements have been implemented within this certification scheme.

**Identify the Prerequisites (if applicable):** The initial prerequisite analysis was conducted and published by HEE (2015). This prerequisite analysis was updated and supplemented by the JCCP and these updated requirements have been implemented within this certification scheme.

**Confirm the Assessment Mechanisms and Examination Content:** The initial analysis of assessment requirements was conducted and published by HEE (2015). These requirements have been updated and supplemented by both the CPSA and JCCP and these updated requirements have been implemented within this certification scheme. MCQ examinations have been successfully piloted and the pass mark reviewed as a fair determinant of pass/ fail per candidate. See also **8.4(D)** for further information.

**Identify the Recertification Requirements and Interval:** Recertification requirements have been set in alignment with the appraisal criteria identified by the CPSA and the outcomes of the IQ Verify-UKAS pre-assessment meeting conducted to review the present certification scheme. Recertification frequency has been determined on the basis of risk using the 'IQV Calculation of Certification Period - Certification scheme – Aesthetics'.

#### **8.5: Scheme Lifespan and Review Period**

Schemes will usually have a default lifespan of five years, at which point it will have a full review and adjustment made to reflect changes in technology, standard, environment etc.



Each scheme is to be systematically reviewed by IQ Verify each year to ensure that it continues to meet the needs of the industry– this will be based on 12 months from the scheme approval date. This review may be conducted earlier on the basis of feedback received from the relevant cosmetic standard setting bodies (JCCP/ CPSA) and/ or approved Learning Providers.

## **8.6 Scheme Ownership**

NA. IQ Verify are the scheme owners.

## **9.8 Complaints**

IQ Verify welcome any comments, suggestions, compliments and feedback about the service you have experienced when contacting us or when using any of our services, our employees are here to help ensure your experience with us remains as positive as possible.

However, if you do not feel satisfied with our service, or the service you received please contact us in line with the complaints policy that is available via the IQ Verify website.

IQ Verify aim to ensure that we:

- deal with your complaint promptly and politely,
- ensure your confidentiality, where appropriate;
- respond appropriately, e.g. by giving you an explanation or an apology where we have got things wrong, and provide an appropriate rectification where possible

Complaints can be made by all persons including but not limited to those with involvement with the certification scheme itself or those certificated against its requirements.

You cannot appeal against a complaint, although you are entitled to submit both an appeal and complaint. You can complain about your appeal.

### **Process**

Please submit your complaint and any relevant evidence to [info@iqverify.org.uk](mailto:info@iqverify.org.uk) or provide it by post to:

Business Improvement Team, IQ Verify Ltd, Sentinel House, The Courtyard Harris Business Park, Hanbury Road, Bromsgrove, B60 4DJ

As well as the nature of your complaint, please ensure you include:

- Your full name
- Your IQ Verify ref number (IQV0000) if known
- Your details (name, address)
- Details of the relevant certification service
- Contact details : email address, address and phone number

### **Investigation**

On receipt of a formal complaint, IQ Verify shall:

- Complete a complaint form taking gathering and verifying all necessary information (as far as possible) to progress the complaint to a decision
- appoint an appropriate person to investigate the matter on your behalf and inform you who is responsible for dealing with your complaint
- aim to resolve complaint within 20 working days but we will advise you if we need a longer period to fully address your complaint
- provide progress report and formal notice to the complainant of the outcome and the end of the investigation



- Apply appropriate correction and corrective action where required.



If the complaint relates to:

- Certification activities which IQ Verify are responsible for, we will take necessary action to resolve the complaint.
- A certified candidate, an investigation will take place as above and the candidate in question will be contacted and informed at an appropriate time.

IQ Verify will determine, together with the candidate and the complainant, whether and, if so to what extent, the subject of the complaint and its resolution will be made public.

### **Conflicts of Interest**

Where any person responsible for tasks outlined within this policy is considered to be in conflict an appropriate nominee will be appointed by agreement of at least 2 members from the Senior Management Team to undertake the tasks ordinarily assigned to the role within this policy.

The decision resolving the complaint or appeal shall be made by, or reviewed and approved by, person(s) not involved in the certification activities, or other aspects of service, related to the complaint or appeal.

### **Outcome**

You should receive a response within 20 working days of receipt of the complaint. Where this is not possible within the timeframe, correspondence providing details for the reason for the delay will be sent.

Our response will usually include an explanation of the situation that has led to your outcome, and any corrective action taken.

### **Review**

We aim to improve our business processes and our response to clients in the light of learning from the feedback we receive. The outcome of the complaint will be reported and reviewed at Management review meetings to identify root causes and trends.

If you are not satisfied with the outcome or progress of your complaint, you can take the matter further by asking for the complaint to be escalated to the appropriate manager who will evaluate all the information and ensure the correct process has been carried out.

## **9.9 Appeals Procedure**

If a candidate wishes to appeal against any decision for whatever reason including suspension or withdrawal of a certificate, the candidate will begin the appeals procedure of which there are two stages. For both stages appeals must be made to the IQ Verify Enquiries and Appeals team, within 30 working days of having been served with a decision. Appeals must be outlined on the appeal form and must be accompanied by all relevant supporting evidence.

IQ Verify is responsible for all decisions at all levels of the appeals-handling process. All persons engaged in the appeals-handling process / appeal panel are different from those who carried out the assessments and made the certification decisions. To ensure that there is no conflict of interest, personnel who have provided consultancy for the client, or been employed by the client, shall not be used by IQ Verify within the appeals process for that client within two years following the end of the consultancy or employment.

### **Stage One: Report and Decision Reviewed**

Assessment documentation will be re-examined by a different decision maker from the one that made the first decision. If the appeal is with regard to a decision not to certificate, the justifications within the report that will be reviewed by the appeals panel to ascertain whether further investigations or assessments are necessary.





## Stage Two: Impartiality Committee Review

If the candidate is not satisfied with the result of Stage One review, Stage Two requires a full IQ Verify Impartiality Committee review. The process will focus on whether IQ Verify appropriately used the correct procedures in arriving at its decision.

All appeal decisions will be ratified by the IQ Verify Appeals panel.

If at the end of ANY of the two stages IQ Verify find the decision to be **correct** it will set out its reasons in writing with supporting evidence.

If at the end of ANY of the two stages IQ Verify the decision is proved to be **incorrect**, IQ Verify will revise and re-issue the report and, if necessary, appropriate certification.

If other audit or certification decisions might be affected by the result of such an appeal, all similar results will be recalled and reviewed in the same way.

IQ Verify will give formal notice to the client of the end of the appeals-handling process.



## Appendix A: Non-Simulated Logbook Documentation Requirements

Documentation of **each of these non-simulated cases within the treatment logbook** must be typed and meet the following criteria:

### Supervised/ Examined Treatment Case Documentation (per case):

Allocation	Required Documentation (per allocation)
Candidate	Own Name; Date of Procedure; Time of Procedure; Treatment Description (see below for treatment modality specific documentation requirements); Treatment Reflection; Treatment Photography*; Declaration of Authenticity.
Clinical Supervisor	Own Name; Candidate Feedback; Confirmation of Fulfilment of Relevant Competency Criterion; Declaration of Authenticity.
Clinical Examiner	Own Name; Candidate Feedback; Confirmation of Fulfilment of Relevant Competency Criterion; Recommendation (Pass/ Fail); Declaration of Authenticity.

**\*Treatment Photography** must meet the following criteria:

For every treatment, the client must have provided written consent for the taking, storage and educational use of treatment photography. Before and after treatment photography must be taken for each logbook applicable clinical administration. Treatment photography must be standardised (e.g. background; client position; client facial expression; lighting; camera) and include AP/ PA and lateral views at a minimum. One pre and one post-treatment photograph must be included within the competency logbook, per clinical administration, to evidence the completion of the treatment. **It is recommended that post-treatment photography is taken immediately following the treatment so as to ensure that the required assessment evidence is fully obtained.**

**Additional Documentation for Microneedling:** Skin Preparation; Local Anaesthetic Product; Local Anaesthetic Quantity; Product; Technique; Depth; Skin Quality/ Condition; Anatomical Site; Adverse Effects/ Reactions and Post-Treatment Instructions/ Aftercare.

**Additional Documentation for Chemical Peels:** Skin Preparation; Product Name; Batch Number; Strength; Skin Quality/ Condition; Length of Skin Contact Time; Depth of Peel; Anatomical Site; Adverse Effects/ Reactions and Post-Treatment Instructions/ Aftercare.





## Appendix B: Tutor/ Examiner/ QA Role Requirements

There are four distinct tutor/ examiner roles required for the delivery of IQ Verify Level 4 Certification Scheme in Skin Rejuvenation: Clinical Examiner; Clinical Supervisor; Internal Verifier; Invigilator.

Personnel intending to fulfil each of these roles must demonstrate competency in accordance with the role requirements identified and must be approved by IQ Verify prior to their deployment within the present certification scheme. Whilst approved Learning Provider personnel may be approved for multiple roles, it is not permitted that they operate in more than one of these roles for any one candidate.

### 1. Clinical Examiner Requirements:

**Role Overview:** Individual(s) responsible for examining candidate clinical competency per treatment modality (0- 0.5mm Facial Microneedling; 0- 1.0mm Non-Facial Microneedling; Very Superficial Chemical Peels to the Stratum Corneum) leading to a recommendation being made as to the candidates suitability for certification against the requirements associated with each of these non-simulated and simulated clinical competencies (see units 9, 11 and 13 for a breakdown of the necessary competency criterion). This individual is not permitted to be involved in any capacity within the training of a candidate for whom they are examining.

#### Clinical Examiner Role Requirements:

Category	Criteria
<b>Experience</b>	A minimum of three years' experience delivering the procedures for which they will be demonstrating/ supervising <b>OR</b> records that evidence their safe delivery of 150 of the qualification relevant procedures (75 for each of chemical peels and microneedling)
	A minimum of 25hrs of CPD in aesthetics within the last year
<b>Qualifications</b>	A teaching qualification, which could include any of the following: Level 3 Award in Education and Training, PTLLS, DTLLS, MSc Education or a PGCE
	A Level 3 Diploma in Beauty (General) (as a minimum)
	Current and Valid Basic Life Support (BLS) Training
<b>Insurance</b>	Appropriate indemnity insurance
<b>Attributes</b>	Possess clear guidance from the Learning Provider on their duties and responsibilities (including duty of candour)
	Organisational skills
	English language fluency
<b>Other</b>	All practitioners must have a cleared basic DBS check
	As part of ongoing CPD, all practitioners must attend an MDT meeting at least twice yearly, to facilitate: Case based discussions; Morbidity/complication review; Review current literature and Present audit or research

### 2. Clinical Supervisor:

**Role Overview:** Individual(s) responsible for assisting candidates to develop knowledge and practical skills throughout the learning programme including but not limited to: Provision of candidate e-learning support and supervision/ mentorship/ training during the non-simulated and simulated clinical practice components of this certification scheme.



### Clinical Supervisor Role Requirements:

Category	Criteria
<b>Experience</b>	A minimum of three years' experience delivering the procedures for which they will be demonstrating/ supervising <b>OR</b> records that evidence their safe delivery of 150 of the qualification relevant procedures (75 for each of chemical peels and microneedling)
	A minimum of 25hrs of CPD in aesthetics within the last year
<b>Qualifications</b>	A teaching qualification, which could include any of the following: Level 3 Award in Education and Training, PTLLS, DTLLS, MSc Education or a PGCE
	A Level 3 Diploma in Beauty (General) (as a minimum)
	Current and Valid Basic Life Support (BLS) Training
<b>Insurance</b>	Appropriate indemnity insurance
<b>Attributes</b>	Possess clear guidance from the Learning Provider on their duties and responsibilities (including duty of candour)
	Organisational skills
	English language fluency
<b>Other</b>	All practitioners must have a cleared basic DBS check
	As part of ongoing CPD, all practitioners must attend an MDT meeting at least twice yearly, to facilitate: Case based discussions; Morbidity/complication review; Review current literature and Present audit or research

### 3. Internal Verifier(s) (IV)

**Role Overview:** Individual(s) responsible for the internal quality assurance of internal assessment procedures including: Clinical practice and logbook development (both simulated and non-simulated) and MCQ examination and invigilation processes.

#### Internal Verifier Role Requirements:

Category	Criteria
<b>Experience</b>	A minimum of 25hrs of CPD in aesthetics within the last year
<b>Qualifications</b>	An IV qualification, which could include any of the following: Level 4 Award in the Internal Quality Assurance of Assessment Processes and Practice, Level 4 Certificate in Leading the Internal Quality Assurance of Assessment Processes and Practice (etc.)
<b>Attributes</b>	Possess clear guidance from the Learning Provider on their duties and responsibilities
	Organisational skills
	English language fluency
	Ability to work with integrity, respecting the confidentiality of the role

### 4. Invigilator(s)

**Role Overview:** Individuals responsible for the invigilation of MCQ examinations including the verification of candidate identification and the enforcement of the time limit per examination paper.

#### Invigilator Role Requirements:

Category	Criteria
<b>Attributes</b>	Administrative skills
	Communication skills
	Organisational skills
	Able to work with integrity, respecting the confidentiality of the role

