“Primum Non Nocere, Deinde Decorare”

First, do no harm. Then, beautify.

Global Aesthetic Safety Code (GASC)

Issued by the International Medical Competency Accreditation Council (IMCAC)

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CHAPTER 1: PURPOSE AND SCOPE

1.1 Purpose

*The **Global Aesthetic Safety Code (GASC)** has been developed by the **International Medical Competency Accreditation Council (IMCAC)** as a universal framework to guide safe, ethical, and competency-based practices in aesthetic medicine and surgery.*
Its purpose is to:

- *Establish **consistent international safety benchmarks** for all aesthetic medical professionals and institutions.*
- *Promote **competency-based certification** to ensure that practitioners perform only within their verified skill levels.*
- *Protect **patients and the public** through clear guidelines on clinical safety, product use, and ethical conduct.*
- *Define the **roles and responsibilities** of practitioners, trainers, and accredited institutions under IMCAC.*
- *Serve as a **reference standard** for audits, accreditations, and disciplinary procedures across all member countries.*

1.2 Scope

This Code applies to:

1. ***Licensed medical practitioners** engaged in aesthetic medicine and minimally invasive procedures.*
2. ***Training academies and educational institutions** accredited by IMCAC.*
3. ***Aesthetic clinics and healthcare facilities** offering procedures in injectables, threads, regenerative therapies, energy-based devices, and minor aesthetic surgeries.*
4. ***Supervisory, regulatory, and credentialing bodies** affiliated with IMCAC.*
5. ***Students and trainees** pursuing IMCAC-approved courses or fellowships.*

1.3 Legal Standing

- *The GASC forms part of IMCAC's official governance documents and acts as a **mandatory compliance framework** for certification and accreditation.*
- *Non-compliance may result in **revocation of accreditation, suspension of certification**, and public reporting through the IMCAC Safety Registry.*
- *It complements — but does not override — national medical laws, ethical codes, or health authority regulations of any participating country.*

1.4 Objectives

The Code aims to:

- *Ensure **universal safety protocols** are followed in aesthetic procedures.*
- *Encourage **evidence-based, scientifically validated practices.***
- *Prevent unethical marketing, credential misuse, and patient exploitation.*
- *Standardize **emergency response and complication management** across all IMCAC-affiliated practitioners.*
- *Foster a global network of **accountable, transparent, and competent** professionals.*

1.5 Review & Updates

- *This document is **reviewed biennially** by the **IMCAC Global Ethics and Safety Committee**.*
- *Updates are issued as amendments and communicated officially via IMCAC's portal and global partner councils.*
- *Revised editions supersede all previous versions, and compliance becomes mandatory upon release.*

CHAPTER 2: CORE PRINCIPLES

2.1 Overview

*The foundation of the **Global Aesthetic Safety Code (GASC)** rests on eight universal principles that define ethical, clinical, and professional conduct within aesthetic medicine and surgery.*
These principles serve as the moral and operational compass for all IMCAC-certified professionals, accredited institutions, and affiliates.

*Each principle is both **philosophical and actionable**, ensuring that aesthetic medicine advances safely, responsibly, and with measurable competency.*

2.2 Fundamental Principles

1. Patient Safety First

- *The health, dignity, and well-being of patients shall always take priority over commercial or cosmetic interests.*
- *No aesthetic intervention shall be performed without ensuring patient suitability, safety, and medical necessity.*
- *Risk-benefit assessments must be conducted for every procedure, and patients must be clearly informed of potential complications.*
- *Every clinic or practitioner must maintain access to **emergency protocols and medications** for immediate response to adverse events.*

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2. Competency-Based Practice

- *Only practitioners with verified and current **IMCAC certification** may perform procedures that correspond to their certified level of training.*
- *Practitioners must operate strictly within the **scope of their professional license** and local medical regulations.*
- *Continuing competency development (CPD/CME) is a **mandatory requirement** for certification renewal every 3–5 years.*

- *All new techniques, products, or devices must be introduced only after adequate theoretical and practical training under IMCAC-accredited supervision.*

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3. Ethical Integrity

- *All IMCAC members are expected to act with honesty, transparency, and professionalism in all interactions with patients, peers, and the public.*
- *Misrepresentation of qualifications, false advertising, or the use of misleading before–after images is strictly prohibited.*
- *Practitioners must declare **conflicts of interest** when involved in research, training, or product endorsements.*
- *Bribery, coercion, or undue influence in educational or accreditation processes is grounds for permanent disqualification.*

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4. Informed Consent and Patient Autonomy

- *Patients must be provided with **comprehensive written and verbal information** regarding treatment options, potential risks, expected results, and alternatives.*
- *Consent must be voluntary, signed, and dated by both patient and practitioner prior to treatment.*
- *Practitioners must respect patients' rights to decline or discontinue treatment without coercion.*
- *In the case of minors or medically vulnerable individuals, additional safeguards and guardian consent are required.*

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5. Clinical Transparency and Record Integrity

- *All treatments must be **fully documented** including procedure details, product batch numbers, doses, and complications if any.*
- *Patient records shall be maintained securely in compliance with **GDPR and local data protection laws**.*

- *Falsification, destruction, or tampering with clinical documentation constitutes a severe ethical breach.*
- *IMCAC reserves the right to conduct audits or request documentation for verification during investigations or reviews.*

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6. Respect for Diversity and Equality

- *Practitioners must treat all patients equally, without discrimination based on gender, ethnicity, religion, socioeconomic status, or personal beliefs.*
- *Patient care shall reflect cultural sensitivity and awareness of diverse beauty standards.*
- *All communication must uphold **dignity, respect, and confidentiality.***

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7. Evidence-Based Practice

- *All aesthetic interventions must be supported by clinical research, peer-reviewed data, or recognized medical consensus.*
- *Practitioners are discouraged from offering **unproven or experimental treatments** without proper scientific backing or ethical clearance.*
- *Continuous education in anatomy, pharmacology, device safety, and emerging technologies is expected for all certified professionals.*

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8. Professional Accountability

- *Every practitioner and institution is accountable for their conduct, outcomes, and adherence to the IMCAC Code.*
- *Complaints and violations will be reviewed by the **IMCAC Global Ethics & Safety Committee**, with the right to impose sanctions, suspension, or revocation of credentials.*
- *Institutions are responsible for ensuring that **all teaching faculty and staff maintain valid IMCAC certification**.*

2.3 Implementation of Core Principles

To uphold these principles:

- *Each certified clinic or institution must **display the IMCAC Code visibly** within patient areas.*
- *Practitioners must include **safety and ethical compliance** modules in their continuing education programs.*
- *Annual **self-audit reports** must confirm adherence to GASC standards.*
- *Violations may result in **corrective action plans, supervision mandates, or disciplinary review**.*

CHAPTER 3 – CLINICAL STANDARDS

3.1 Overview

*The **Clinical Standards** section establishes the minimum safety and operational requirements for aesthetic medical practice under IMCAC accreditation.*
These standards ensure that every patient receives treatment in a controlled, ethical, and medically compliant environment—irrespective of geography or procedure type.

Clinical standards apply to:

- *Individual practitioners (certified by IMCAC)*
- *Accredited clinics and healthcare facilities*
- *Training centers, academies, and educational institutions under IMCAC*
- *Manufacturers and product suppliers who partner in training or procedural activities*

3.2 Facility Standards

3.2.1 Environment and Infrastructure

1. *Every IMCAC-accredited facility must maintain a **clean, well-ventilated, and aseptic environment** suitable for medical procedures.*
2. *Procedure rooms must include:*
    - *Washable surfaces and non-porous flooring*
    - *Adequate lighting and temperature control*
    - *Dedicated hand-washing or sanitizing stations*
    - *Biohazard waste disposal systems (as per local health authority requirements)*
3. *All treatment areas must be **accessible, private, and respectful of patient dignity**.*

4. *Non-medical staff must receive **annual safety and hygiene training** certified by the clinic director or IMCAC representative.*

3.2.2 Equipment and Devices

1. *Only **CE, FDA, or nationally approved medical devices** are permitted for use in aesthetic practice.*
2. *Each device must have:*
    - *A valid user manual*
    - *Maintenance log and calibration record*
    - *Serial number and certificate of origin*
3. *Devices must undergo **routine inspection and service** every 6–12 months by qualified technicians.*
4. ***Unauthorized device modification or unverified imports** are strictly prohibited.*
5. *Emergency equipment—such as **oxygen cylinder, BP monitor, and crash cart**—must be readily available.*

3.2.3 Emergency Preparedness

Every IMCAC-accredited clinic must:

- *Maintain an updated **Emergency Kit** containing:*
    - *Epinephrine, Corticosteroids, Antihistamines, Hyaluronidase, and Aspirin*
    - *Glucose/Dextrose solution, Saline, and Oxygen supply*
- *Display a visible **Emergency Contact Sheet** listing the nearest hospital and on-call emergency physician.*
- *Conduct **mock emergency drills** at least twice per year, documented in clinic safety records.*
- *Ensure all staff hold valid **Basic Life Support (BLS)** certification.*

3.3 Procedure Standards

3.3.1 Practitioner Scope and Authorization

1. *Only **licensed medical professionals** may perform invasive procedures, including injections, threads, laser resurfacing, and regenerative therapies.*

2. ***Nurses and physician assistants** may perform procedures only under the **supervision of a certified aesthetic physician or surgeon**.*

3. ***Non-medical practitioners** are limited to surface-level, non-invasive skincare and may not administer injectables or use energy-based medical devices.*

4. *Procedures must always align with the **scope of training and certification** validated by IMCAC.*

3.3.2 Patient Evaluation and Recordkeeping

1. *A comprehensive **medical history and aesthetic evaluation** must be performed for every patient prior to treatment.*

2. *Documentation must include:*

    - *Demographics, allergies, and medication list*
    - *Previous aesthetic or surgical procedures*
    - *Photographic baseline (with consent)*
    - *Signed informed consent form*

3. *Patient records must be **stored securely for a minimum of five years** (or per local law).*

4. *All procedures must be logged in the **IMCAC Clinical Audit Template**, available through the verification portal.*

3.3.3 Procedure Execution and Supervision

1. *The operating practitioner must verify all products, devices, and consumables prior to beginning the procedure.*

2. *A **sterile field** must be maintained throughout treatment.*

3. *Assistants must be trained and briefed on emergency response and procedural flow.*

4. *Post-procedure care must be documented and explained verbally and in writing to the patient.*

5. *Complications must be managed immediately according to the **IMCAC Complication Response Algorithm** (see Appendix A).*

3.4 Product Standards

3.4.1 Procurement and Verification

1. *Products must be obtained exclusively from **licensed distributors or official manufacturers**.*

2. *Clinics must maintain a **Product Register** detailing:*

    - *Brand name, batch number, lot number, expiry date*

    - *Supplier and import documentation*

3. *Expired, relabeled, or untraceable products are **strictly prohibited**.*

4. *Samples used for training must also be documented with proper labeling and storage conditions.*

3.4.2 Storage and Handling

1. *All products must be stored per manufacturer's temperature and light requirements.*

2. *Sensitive materials such as botulinum toxin or PRP kits must be kept in **temperature-controlled environments** (2–8°C).*

3. *Used or opened vials may not be reused between patients.*

4. *All waste, sharps, and biologic materials must be disposed of through **authorized biomedical waste services**.*

3.4.3 Product Traceability and Reporting

1. *Each product batch used in patient treatment must be **logged and linked** to the patient's medical record.*

2. *Any product-related complication (infection, allergic reaction, etc.) must be reported to IMCAC within **72 hours**.*

3. *Repeated safety incidents from a single product line must trigger an **IMCAC review** for possible suspension of that supplier's accreditation.*

3.5 Monitoring and Compliance

3.5.1 Internal Audits

- *Accredited institutions must perform **quarterly self-audits** using IMCAC's Clinical Compliance Checklist.*

- *Records of self-audits must be available for review during IMCAC inspection visits.*

3.5.2 External Audits

- *IMCAC may conduct **scheduled or surprise audits** at any accredited facility.*

- *Repeated minor non-conformities will result in a **Corrective Action Plan (CAP)**; major non-conformities may lead to **temporary suspension**.*

3.5.3 Corrective Action

- *Facilities must resolve reported deficiencies within **30 days** of notice.*

- *Failure to comply may result in revocation of accreditation or public listing under the **IMCAC Non-Compliance Register.***

3.6 Summary

IMCAC's Clinical Standards represent the foundation of patient safety and quality assurance within aesthetic practice. Compliance ensures:

- *Protection of patients and practitioners alike*
- *Ethical medical conduct*
- *Recognition of certified competence globally*

CHAPTER 4 – ETHICAL & PROFESSIONAL CONDUCT

4.1 Overview

*The **Ethical and Professional Conduct** framework defines the behavioral, moral, and professional obligations of all IMCAC-certified practitioners, educators, and institutions. It aims to ensure that all actions in aesthetic medicine are guided by honesty, transparency, respect, and patient-centered integrity.*

*This chapter forms the foundation for disciplinary action, ensuring all certified members uphold the **trust and credibility** associated with IMCAC credentials.*

4.2 Ethical Values in Aesthetic Medicine

*IMCAC recognizes that the field of aesthetic medicine demands a unique combination of **medical ethics** and **artistic integrity**. Practitioners are expected to maintain the following values in all professional engagements:*

1. ***Integrity:** Always act truthfully and avoid misleading statements about qualifications, procedures, or outcomes.*
2. ***Accountability:** Take full responsibility for professional decisions, outcomes, and patient safety.*
3. ***Respect:** Treat every patient, colleague, and staff member with dignity and fairness.*
4. ***Confidentiality:** Protect all patient data and clinical records in compliance with GDPR and local privacy laws.*
5. ***Transparency:** Disclose any potential conflicts of interest, financial affiliations, or sponsorships.*
6. ***Non-Maleficence:** Do no harm—never perform or delegate any procedure beyond your competence or certification.*

4.3 Professional Conduct Guidelines

4.3.1 Professionalism in Clinical Practice

- *Maintain a clean, ethical, and professional environment for all patient interactions.*
- *Adhere strictly to IMCAC clinical standards, infection control protocols, and safety codes.*
- *Refrain from unethical practices such as unnecessary upselling, over-treatment, or misrepresentation of results.*
- *Display valid **IMCAC certification and registration details** within the clinic.*
- *Avoid using unapproved titles (e.g., "Board-Certified Specialist") unless formally awarded by IMCAC or a recognized board.*

4.3.2 Professional Behavior in Training & Education

- *Trainers and lecturers must maintain academic neutrality and prioritize education over product promotion.*
- *IMCAC-approved faculty must ensure their teaching materials are evidence-based, up-to-date, and non-biased.*
- *All live demonstrations must comply with consent, privacy, and safety standards.*
- *Students must not be encouraged to perform procedures beyond their certified competency level.*
- *Co-organizing private or independent training under the IMCAC name or logo without authorization is prohibited.*

4.3.3 Ethical Marketing & Public Representation

- *Advertising must be factual, balanced, and verifiable.*
- *Avoid exaggerated claims such as "100% safe" or "instant results."*
- *Before-and-after photos must be used only with **written patient consent** and without manipulation or enhancement.*
- *Social media content should reflect professionalism and respect for patient dignity.*

- *Use of IMCAC, partner, or affiliate logos requires prior written approval and must comply with the **IMCAC Brand Usage Policy**.*

4.4 Conflict of Interest Policy

1. *Practitioners must declare any **financial or commercial relationships** that may influence clinical judgment or training outcomes.*
2. *IMCAC representatives, assessors, and auditors must disclose all affiliations with training institutions or product companies prior to inspections.*
3. *No IMCAC officer, faculty member, or council representative may endorse or financially benefit from a specific product during educational sessions unless explicitly declared.*
4. *Violation of disclosure obligations may lead to **disciplinary review** and **temporary suspension** of certification or faculty status.*

4.5 Confidentiality and Patient Rights

1. *All patient information must be handled as confidential and disclosed only when required by law or written patient authorization.*
2. *Digital records must be encrypted and stored in secure databases or HIPAA/GDPR-compliant software.*
3. *Practitioners must ensure **respect, modesty, and consent** in all physical examinations or aesthetic evaluations.*
4. *Photographic documentation should be anonymized unless explicit consent for publication is obtained.*
5. *Patients reserve the right to request access to their records or withdraw consent for future use.*

4.6 Research, Innovation, and Publication Ethics

1. *Research conducted under IMCAC affiliation must follow **ethical review and informed consent** principles.*

2. *All claims made in lectures, presentations, or marketing must be **scientifically validated**.*

3. *Plagiarism, data falsification, or manipulation of results are considered major ethical breaches.*

4. *Any innovation involving patient treatment must undergo prior ethical assessment or clinical trial registration.*

4.7 Disciplinary Procedures and Sanctions

IMCAC enforces a transparent and fair disciplinary framework:

Type of Breach	*Action Taken*	*Authority*
Minor Misconduct (improper communication, late report submission)	*Written Warning or Corrective Action Plan*	*IMCAC Regional Office*
Major Violation (ethical breach, falsified certificate, illegal practice)	*Suspension pending investigation*	*IMCAC Ethics Committee*
Severe Misconduct (fraud, patient harm, credential misuse)	*Revocation of certification/accreditation + public notice*	*IMCAC Global Council*

*All disciplinary actions are recorded in the **IMCAC Global Integrity Register**, accessible through the official verification portal.*

4.8 Professional Conduct in Partnerships

1. *IMCAC-accredited academies and event partners must align with all ethical standards outlined herein.*

2. *Collaborations with commercial entities must maintain educational independence.*

3. *Sponsorships are acceptable only when declared transparently and without influence on curriculum or faculty selection.*

4. *Repeated partnership misconduct may result in **termination of affiliation** and public red-listing.*

4.9 Enforcement

- *IMCAC reserves the right to investigate all alleged ethical or professional breaches through its **Global Ethics & Conduct Committee**.*

- *The Committee's decision is binding unless successfully appealed through the IMCAC Appeals Board.*

- *Disciplinary outcomes may include:*

    - *Re-education or supervision requirement*

    - *Temporary suspension*

    - *Certificate revocation*

    - *Public disclosure on IMCAC website*

4.10 Summary

- *Ethical conduct lies at the heart of IMCAC's mission to uphold **competency, credibility, and trust** in global aesthetic medicine.*

- *Every certified professional, educator, and institution is expected to demonstrate integrity, respect, and accountability—ensuring that **patient well-being** remains the cornerstone of aesthetic practice.*

CHAPTER 5 – COMPLICATION & EMERGENCY MANAGEMENT

5.1 Overview

The management of complications and emergencies is a core component of safe and responsible aesthetic medical practice.
This chapter provides globally aligned guidelines for ***prevention, recognition, response, and documentation*** *of adverse events occurring during or after aesthetic procedures.*

All IMCAC-certified practitioners and accredited institutions are required to:

- *Maintain* ***clinical readiness and emergency preparedness***
- *Document all complications systematically*
- *Report significant adverse events to the* ***IMCAC Global Safety Registry (GSR)***
- *Undergo periodic* ***training and evaluation*** *in complication response*

5.2 Classification of Complications

5.2.1 Based on Onset

Category	*Timeframe*	*Examples*
Immediate	*During or within 1 hour of procedure*	*Vascular occlusion, anaphylaxis, vasovagal syncope*
Early	*Within 1–7 days*	*Infection, edema, bruising, early filler migration*

Delayed	*After 1 week to 6 months*	*Granulomas, nodules, fibrosis, biofilm formation*
Chronic	*After 6 months or later*	*Scarring, long-term pigment changes, chronic inflammation*

5.2.2 Based on Severity

- ***Minor Complications:*** *Manageable within the clinic (e.g., bruising, mild swelling)*
- ***Moderate Complications:*** *Require medical intervention or prescription management (e.g., infection, allergic rash)*
- ***Major Complications:*** *Require hospitalization, surgical correction, or specialist referral (e.g., vascular occlusion, blindness)*

5.3 Preparedness Requirements

5.3.1 Complication Management Kit

Every IMCAC-accredited facility must maintain a complete, up-to-date ***Complication Kit****, which includes (at minimum):*

A. Injectable & Pharmacological Agents

- *Hyaluronidase (multiple vials)*
- *Adrenaline (Epinephrine) 1:1000*
- *Hydrocortisone 100mg/mL*
- *Chlorpheniramine or Cetirizine (antihistamine)*
- *Aspirin 300mg (antiplatelet)*
- *Oral Prednisolone tablets*
- *Normal saline, sterile water, and antiseptics*
- *Topical antibiotics and sterile dressings*

B. Equipment & Tools

- *2–5 ml syringes and 27–30G needles*
- *Cannulas (25G–27G)*
- *Cold compress packs*
- *Pulse oximeter and blood pressure monitor*
- *Oxygen cylinder with nasal cannula*
- *Glucometer and disposable lancets*

C. Support Documents

- *IMCAC Complication Response Protocol (displayed)*
- *Local hospital/emergency referral list*
- *Patient emergency consent form*

5.4 Complication Management Protocols

5.4.1 General Response Framework

*All practitioners must follow the **IMCAC 4-Step Response Model**:*

1. ***Recognize** – Identify signs of complication early (pain, blanching, swelling, dyspnea, etc.)*
2. ***Respond** – Implement immediate first-line action (as per algorithm)*
3. ***Record** – Document event, management steps, and outcomes*
4. ***Report** – Submit case report to IMCAC within 72 hours*

5.4.2 Standardized Management Algorithms

A. Vascular Occlusion (Injectables)

Recognition: *Sudden pain, blanching, dusky discoloration, livedo pattern, capillary refill >3s*
Immediate Action:

- *Stop injection immediately*
- *Apply warm compress & massage area gently*
- *Inject **Hyaluronidase 150–300 units** across the affected area*
- *Administer **Aspirin 300mg oral** (if not contraindicated)*
- *Monitor for improvement and repeat Hyaluronidase if necessary after 1 hour*
- *If ocular involvement → **Immediate ophthalmology referral***

B. Anaphylaxis

Recognition: *Dyspnea, wheezing, hypotension, rash, or collapse*
Immediate Action:

- *Administer **Adrenaline 0.5mg IM (1:1000)** into mid-thigh, repeat every 5–10 min if needed*
- *Lay patient supine with legs elevated*
- *Administer oxygen 6–8 L/min*
- *Antihistamine and IV hydrocortisone as adjunct*
- *Call emergency services immediately*

C. Infection

Recognition: *Pain, erythema, discharge, fever*
Action:

- *Culture if discharge present*
- *Start empirical oral antibiotics (e.g., Amoxicillin-Clavulanate)*
- *Drain abscesses if indicated*
- *Report to IMCAC if biofilm suspected or multiple patient clusters appear*

D. Filler Migration or Nodules

Action:

- *Massage and warm compress for mild cases*
- *Inject Hyaluronidase 10–30 units per site if HA filler*
- *If non-HA product → steroid injection or surgical referral*

E. Thread Complications

Recognition: *Puckering, infection, thread visibility*
Action:

- *Apply local antibiotics and anti-inflammatories*
- *If infection persists → remove thread under aseptic conditions*
- *Avoid excessive manipulation to prevent tissue damage*

F. Syncope / Vasovagal Reaction

Action:

- *Lay patient supine, legs elevated*
- *Loosen clothing, ensure airway*
- *Monitor pulse and BP*
- *Administer oxygen if needed*
- *Reassure and hydrate post-event*

5.5 Documentation and Reporting

5.5.1 Clinical Documentation

Every incident must be recorded in the ***IMCAC Complication Report Form****, including:*

- *Patient details (anonymous code for privacy)*
- *Date, time, and procedure type*

- *Description of event and management steps*
- *Products or devices involved*
- *Practitioner's name and certification number*
- *Outcome and follow-up status*

5.5.2 Reporting to IMCAC

- ***Minor complications:*** *Report quarterly in clinical audit summaries*
- ***Major or life-threatening complications:*** *Report within* ***72 hours***
- ***Pattern recognition:*** *If multiple similar events occur in one facility, a* ***safety review*** *may be initiated*

Reports must be submitted via the ***IMCAC Global Safety Registry (GSR)*** *portal or emailed to the* ***Regional Safety Officer****.*

5.6 Training and Review

1. *All IMCAC-accredited practitioners must undergo* ***annual refresher training*** *in Complication and Emergency Management.*
2. *Simulation-based training in* ***vascular occlusion and anaphylaxis response*** *is recommended every 12 months.*
3. *IMCAC will conduct* ***Safety Audits*** *during institutional reviews to ensure:*
    - *Presence of updated kits*
    - *Valid BLS/ACLS certifications*
    - *Evidence of staff training logs*

5.7 Escalation and Referral

- *When a complication exceeds the scope of the clinic's resources, **immediate referral** to a higher medical facility is mandatory.*
- *The treating physician remains responsible for initial stabilization and documentation before referral.*
- *Follow-up with the patient must be maintained until resolution is confirmed.*

5.8 Continuous Safety Improvement

- *Each institution must maintain a **Complication Register** to analyze trends and implement preventive measures.*
- *Annual review of complication data should form part of the **IMCAC Institutional Audit Report.***
- *Recurring or preventable complications may result in:*
    - *Targeted re-training*
    - *Corrective action plans*
    - *Disciplinary review by IMCAC*

5.9 Summary

*This chapter emphasizes that **complications are not failures, but opportunities for learning and system improvement.***
IMCAC promotes a transparent, evidence-based approach where complications are reported honestly, analyzed ethically, and used to enhance patient safety globally.

CHAPTER 6 – INSTITUTIONAL COMPLIANCE

6.1 Overview

*The **Institutional Compliance** framework establishes the standards, audit mechanisms, and quality assurance processes that every **IMCAC-accredited institution** must adhere to. It ensures that training academies, hospitals, clinics, and educational facilities maintain continuous alignment with IMCAC's global standards of competency, ethics, and safety.*

*Institutional compliance underpins **trust, consistency, and accountability**, providing assurance to students, professionals, and the public that accredited entities operate within verified ethical and academic frameworks.*

6.2 Institutional Accreditation Requirements

6.2.1 Eligibility Criteria

To qualify for IMCAC accreditation, an institution must:

1. *Be legally registered as a medical, educational, or training entity under local jurisdiction.*
2. *Have verifiable **clinical or educational infrastructure** suitable for aesthetic or medical competency programs.*
3. *Employ **qualified faculty** with valid IMCAC certification or recognized equivalent credentials.*
4. *Demonstrate a proven record of ethical operations, transparent assessment systems, and active student welfare policies.*
5. *Maintain **dedicated facilities** for training, evaluation, and research.*

6.2.2 Accreditation Tiers

IMCAC offers three levels of accreditation, based on capability and program scope:

Tier	Designation	Description
Tier I	*Global Competency Center*	*Full-service institution conducting multi-specialty courses, exams, and audits*
Tier II	*National Training Academy*	*Conducts accredited aesthetic programs and assessments under IMCAC supervision*
Tier III	*Affiliate or Satellite Center*	*Offers IMCAC-certified short-term training under approved supervision*

Each tier is subject to different inspection cycles, faculty ratios, and student intake limits as defined by IMCAC Accreditation Policy 2025.

6.3 Accreditation Cycle

6.3.1 Validity and Renewal

- *Accreditation is valid for **three (3) years** from the date of issuance.*
- *Renewal requires a **comprehensive institutional review** covering academic quality, safety audits, faculty evaluation, and compliance verification.*
- *Failure to apply for renewal within 60 days of expiry may result in **temporary suspension** of accreditation status.*

6.3.2 Interim Reporting

*Accredited institutions must submit an **Annual Compliance Report (ACR)** including:*

- *List of active programs and participant data*
- *Faculty updates and training credentials*
- *Complication or incident reports (if any)*
- *Summary of internal audits and corrective measures*

6.4 Audit and Monitoring System

6.4.1 Internal Audits

- *Institutions must conduct **biannual internal audits** using the **IMCAC Self-Assessment Template (SAT-IM/2025)**.*
- *Audits must cover training quality, safety readiness, and documentation practices.*
- *Audit outcomes must be discussed in an institutional review meeting and submitted to IMCAC Regional Office for acknowledgment.*

6.4.2 External Audits

- *IMCAC conducts **external audits** annually or as required.*
- *These may be scheduled or unannounced, covering documentation, teaching sessions, and compliance records.*
- *Non-conformities are categorized as:*
    - ***Minor:** Administrative or documentation issues*
    - ***Major:** Operational deficiencies affecting training or safety*
    - ***Critical:** Ethical violations, fraud, or unqualified practice*

6.4.3 Corrective Action Process

Following an audit, institutions must:

1. *Submit a **Corrective Action Plan (CAP)** within 30 days of receiving an audit report.*
2. *Implement all required changes within 60 days.*
3. *Provide supporting evidence of correction (photos, logs, or reports).*
4. *Institutions failing to comply may face suspension or revocation of accreditation.*

6.5 Faculty and Trainer Compliance

6.5.1 Faculty Qualifications

- *All trainers must possess valid IMCAC or equivalent board certification in their respective specialty.*
- *Faculty must maintain **active CME/CPD participation** and demonstrate updated knowledge of techniques and safety protocols.*
- *Guest faculty or visiting lecturers must receive **temporary teaching authorization** from IMCAC.*

6.5.2 Faculty Conduct

- *Trainers must maintain professional integrity, neutrality, and avoid commercial bias during educational sessions.*
- *Violation of IMCAC Faculty Code (e.g., promoting personal clinics or unverified products) may result in **disciplinary action** or **teaching ban**.*

6.6 Student and Participant Protection

1. *Institutions must ensure **fair admission policies** and transparent assessment systems.*
2. *Students must be informed of the **scope and limitations** of training certificates.*
3. *Misleading promotion of "board-certified doctor" titles for unlicensed trainees is strictly prohibited.*
4. *Grievance mechanisms must be established for students to report misconduct, discrimination, or academic concerns.*
5. *All complaints must be acknowledged within 7 days and resolved within 30 days.*

6.7 Institutional Documentation Standards

Each accredited institution must maintain the following records:

- *Accreditation Certificate and Renewal Letters*

- *Faculty licenses and training logs*
- *Curriculum and course outlines approved by IMCAC*
- *Patient consent forms (for clinical training)*
- *Complication Register and Audit Reports*
- *Annual Compliance Report (ACR)*

These documents must be readily available during IMCAC audits or reviews.

6.8 Compliance Evaluation & Scoring

*IMCAC uses a standardized **Institutional Compliance Scoring Matrix (ICSM)** based on 100 points:*

Category	***Weight (%)***	***Evaluation Criteria***
Academic Quality	*25*	*Curriculum alignment, assessment system, outcomes*
Faculty Credentials	*20*	*Verified trainers, ongoing CME, conduct compliance*
Facility & Safety	*20*	*Equipment, environment, emergency preparedness*
Documentation & Audits	*15*	*Record accuracy, self-audit consistency*
Ethics & Governance	*10*	*Transparency, equality, no complaints*

Student Welfare	*10*	*Support services, grievance mechanism*

*Scores below **70%** trigger a **probationary notice**, and scores below **50%** result in **suspension of accreditation** until corrective measures are verified.*

6.9 Revocation and Suspension of Accreditation

*IMCAC reserves the right to **revoke or suspend accreditation** under any of the following conditions:*

1. *Issuance of falsified certificates or unapproved credentials*
2. *Non-compliance with safety or audit requirements*
3. *Breach of ethical standards or misuse of IMCAC logo/brand*
4. *Repeated student or patient complaints verified by investigation*
5. *Refusal of inspection or audit access*

*Revoked institutions will be listed publicly under the **IMCAC Global Non-Compliance Register** and barred from reapplication for a minimum of 12 months.*

6.10 Reinstatement Procedure

Institutions seeking reinstatement after revocation must:

1. *Submit a **Formal Reinstatement Application (RIA)** with supporting corrective evidence.*
2. *Undergo a **fresh audit** and pay re-inspection fees.*
3. *Attend an IMCAC compliance hearing to review findings.*
4. *Receive a minimum compliance score of **85%** before reaccreditation is granted.*

6.11 Summary

- *Institutional compliance is the foundation of IMCAC's credibility.*
- *By upholding transparency, ethical governance, and continuous audit readiness, accredited entities reinforce global trust in aesthetic education and practice.*
- *Compliance is **not a one-time requirement**—it is a continuous responsibility and a reflection of professional integrity.*

CHAPTER 7 – PUBLIC AWARENESS & TRANSPARENCY

7.1 Overview

Transparency is the foundation of public trust in medical education, certification, and practice.
*This chapter ensures that IMCAC-certified professionals, accredited institutions, and the general public have **clear, verifiable, and secure access** to credential and accreditation information.*

*IMCAC upholds the principle that **credibility must be verifiable**, and that public awareness of authentic qualifications protects both patients and practitioners from fraud, misinformation, and unsafe practices.*

7.2 Objectives

1. *To establish a **global verification framework** allowing patients, students, and regulators to authenticate credentials issued by IMCAC.*
2. *To promote **public understanding** of competency-based education and accreditation in aesthetic medicine.*
3. *To combat **fraudulent credentialing and misrepresentation** by maintaining a transparent and accessible public record of verified professionals and institutions.*
4. *To encourage ethical communication between practitioners, patients, and media regarding qualifications, scope, and safety.*

7.3 IMCAC Verification & Transparency System

7.3.1 IMCAC Verification Portal

*The **IMCAC Verification Portal** is the official digital platform for verifying all IMCAC-issued credentials and institutional accreditations.*
*Accessible at **www.imcac.org/verify**, the portal includes:*

- *Practitioner and Institution verification by **Certificate ID / QR Code***
- *Public registry of currently **Board-Certified Professionals***
- *Registry of **Accredited Training Institutions***
- ***Revocation & Non-Compliance List** (terminated accreditations or suspended members)*
- ***Credential Cross-Verification Tool** for partner councils (IMCAC, IEBDAMS, WAMSCCA, ACAMS)*

Each certificate and accreditation is embedded with:

- *A **unique serial number***
- ***QR code** linked to real-time verification data*
- *Details including credential title, issue date, validity period, and verification status*

7.3.2 IMCAC Global Credential Registry (GCR)

*The **Global Credential Registry** is IMCAC's centralized database containing all validated certifications, accreditations, and revocations.*
It provides:

- ***Transparency for patients** seeking qualified professionals*
- ***Credibility for practitioners** in global markets*
- ***Traceability for educational institutions** and government bodies*

*Access is publicly available but governed by **data protection and privacy laws** to ensure ethical handling of personal data.*

7.4 Public Awareness Programs

7.4.1 Educational Outreach

IMCAC runs regular awareness campaigns to educate the public on:

- *The importance of **competency-based certification** in medical aesthetics*
- *The **risks of unlicensed or non-accredited treatments***
- *How to identify **verified professionals and institutions***
- *Ethical patient behavior (consent, aftercare, and complaint procedures)*

These campaigns may include:

- *Webinars and public health workshops*
- *Information brochures distributed at clinics and conferences*
- *Collaboration with government health departments and professional societies*

7.4.2 Patient Protection Framework

*To safeguard public interest, IMCAC maintains a **Patient Protection Protocol (PPP)** that includes:*

- *Verification hotline and email (verify@imcac.org)*
- *Complaint and investigation mechanisms for reported malpractice or misrepresentation*
- *Legal support for victims of fraudulent or non-accredited training or treatment*
- *Coordination with national medical councils for enforcement of disciplinary actions*

7.5 Transparency Standards for Practitioners and Institutions

7.5.1 Practitioner Responsibilities

- *Practitioners must **display valid IMCAC certificates** in clinics and include QR-verified links on websites or business listings.*
- *Any **expired, revoked, or pending certificate** must not be presented as active.*

- *Practitioners must **disclose certification level and scope** clearly to patients (e.g., Level 4 – Injectables; Level 5 – Regenerative Aesthetics).*

- *Misuse of the IMCAC logo or altering credentials constitutes an ethical violation subject to disciplinary review.*

7.5.2 Institutional Responsibilities

- *Accredited institutions must display their **Accreditation Certificate and Validity Period** publicly at reception and online platforms.*

- *All marketing materials, social media, and event posters must **mention IMCAC accreditation accurately** and refrain from implying direct regulatory authority.*

- *Institutions must submit regular updates to IMCAC's registry, including faculty list, program changes, and student certifications issued.*

7.6 Transparency in Communication and Media

7.6.1 Ethical Public Statements

- *Certified professionals must ensure all public statements, interviews, or promotional material are **factual and educational**.*

- *Practitioners must not make unverified claims such as "internationally licensed" or "government-recognized board-certified" unless substantiated.*

- *Comparative advertising that discredits other practitioners or institutions is prohibited.*

7.6.2 Responsible Social Media Conduct

- *Social media must be used as an **educational tool**, not a marketing weapon.*

- *Before-and-after photos must include clear disclaimers ("Results may vary") and written consent.*

- *IMCAC encourages members to **report fraudulent or misleading profiles** to maintain industry integrity.*

7.7 Non-Compliance and Disciplinary Actions

Failure to comply with IMCAC transparency standards may result in:

Violation Type	*Consequence*
Misuse of IMCAC logo, name, or certificate	*Immediate cease order + suspension*
Refusal to update institutional or practitioner data	*Temporary removal from portal*
False or misleading claims of IMCAC affiliation	*Public notice and revocation*
Concealment of revoked accreditation	*Permanent blacklisting from future reapplication*

*All actions are recorded in the **IMCAC Global Non-Compliance Register**.*

7.8 Data Protection and Confidentiality

*IMCAC commits to **protecting the privacy** of all certified professionals and students.*
Data displayed in public registries is limited to:

- *Full name*
- *Country of registration*
- *Certification level and validity*
- *Institution of training (if applicable)*
  Sensitive personal or contact information remains confidential unless explicit consent is provided.

IMCAC complies fully with:

- ***GDPR (General Data Protection Regulation – UK/EU)***
- ***Data Protection Act 2018 (UK)***
- ***Global Digital Ethics Framework (IMCAC 2025)***

7.9 Summary

- *Public trust is earned through transparency, accountability, and verifiable integrity.*
- *IMCAC's commitment to open verification, ethical communication, and continuous education ensures that patients, practitioners, and institutions operate in a globally secure and trustworthy ecosystem.*

Transparency is not optional — it is the foundation of credibility.

CHAPTER 8 – ENFORCEMENT & REVIEW

8.1 Overview

*This chapter defines the **mechanisms for enforcement, investigation, and review** of violations of the Global Aesthetic Safety Code (GASC).*
IMCAC enforces this Code to preserve the integrity, safety, and credibility of aesthetic medicine globally.

All certified professionals, accredited institutions, and affiliated organizations are subject to this enforcement policy.
*IMCAC's disciplinary framework ensures **fairness, transparency, and due process**, while maintaining **zero tolerance** for misconduct, fraud, or patient harm.*

8.2 Enforcement Authority

1. *The **IMCAC Global Ethics & Safety Committee (GESC)** is the primary enforcement body responsible for oversight, investigation, and disciplinary actions under this Code.*

2. *The Committee operates under the supervision of the **IMCAC Board of Governors** and in accordance with IMCAC's Constitution and Global Policy Handbook.*

3. *Regional and National Committees may assist in investigations, but all final disciplinary decisions rest with the **IMCAC Global Council**.*

4. *IMCAC reserves the right to share investigation outcomes with partner bodies (e.g., WAMSCCA, IEBDAMS, ACAMS) for cross-verification and credential enforcement.*

8.3 Classification of Violations

Violations of this Code are classified into three tiers, depending on severity and impact:

Category	Description	Examples
Level 1 – Minor Non-Conformity	*Administrative or procedural lapse not compromising patient safety*	*Late report submission, missing audit form*
Level 2 – Major Non-Compliance	*Breach of ethics or safety requiring investigation*	*Misleading claims, incomplete records, unapproved product use*
Level 3 – Critical Violation	*Gross misconduct or deliberate fraud causing patient risk or institutional damage*	*Fake certificates, unlicensed procedures, falsified data, patient harm*

8.4 Investigation Procedure

8.4.1 Reporting a Violation

- *Violations may be reported by patients, faculty, students, or the public via:*
    - *The IMCAC **Complaint & Incident Reporting Portal***
    - *Email to **ethics@imcac.org***
    - *Official written complaint submitted to the Regional Office*
- *Anonymous complaints are accepted but must include verifiable evidence.*

8.4.2 Investigation Phases

1. ***Preliminary Review:***
   The GESC reviews the complaint for validity within 10 working days.
2. ***Notice to Respondent:***
   A formal notification is issued to the practitioner/institution with a request for explanation within 15 days.
3. ***Evidence Gathering:***
   Includes interviews, document review, and cross-verification with partners.
4. ***Hearing and Decision:***
   A disciplinary hearing is conducted by a minimum of three IMCAC Council members.
5. ***Resolution:***
   The Committee issues its final decision within 45 days of receiving all evidence.

8.5 Sanctions and Disciplinary Measures

IMCAC enforces progressive discipline based on the nature of the violation.

Violation Type	Sanction	Duration / Condition
Level 1	Written warning, corrective plan	Up to 30 days
Level 2	Suspension of certification or accreditation	3–12 months
Level 3	Revocation and public notice	Permanent or until reviewed by Board
Credential Misuse	Certificate nullified, name listed on IMCAC Non-Compliance Register	Permanent
Ethical Misconduct	Removal from faculty or trainer panel	2–5 years
Fraudulent or Fake Certificates	Legal referral + permanent blacklisting	Permanent

*All sanctions are published (if public impact exists) in the **IMCAC Global Non-Compliance Register (GNCR)**.*

8.6 Appeal and Review Mechanism

8.6.1 Right to Appeal

*Any individual or institution subject to disciplinary action has the right to appeal within **30 days** of receiving the decision notice.*
*Appeals must be submitted to the **IMCAC Global Appeals Board (GAB)**.*

8.6.2 Appeal Procedure

1. *Submission of written appeal with new evidence or clarification.*
2. *Independent review by GAB members not involved in the original case.*
3. *GAB decision issued within 45 working days.*
4. *The decision of the GAB is **final and binding**.*

8.7 Enforcement of Revocation

When accreditation or certification is revoked:

1. *All rights to use the **IMCAC name, logo, or title** are immediately terminated.*
2. *Digital certificates and registry entries are deactivated.*
3. *The individual or institution is publicly listed on the **IMCAC Revocation & Compliance Portal**.*
4. *Any continued representation as "IMCAC-certified" is treated as **fraudulent impersonation** and subject to legal action.*

8.8 Inter-Agency Coordination

IMCAC may coordinate enforcement or disciplinary actions with:

- *National medical councils or licensing authorities*
- *International accreditation bodies*
- *Law enforcement or regulatory agencies (where applicable)*
- *Affiliated organizations such as IEBDAMS, WAMSCCA, and ACAMS*

Such cooperation ensures that violations are recognized globally and that unethical practitioners cannot evade accountability by relocating jurisdictions.

8.9 Annual Review of the Code

8.9.1 Review Cycle

*The Global Aesthetic Safety Code (GASC) undergoes **biennial review** by the **IMCAC Global Ethics & Policy Board**.*
*Amendments are approved by the Board of Governors and published as **GASC Revisions (R1, R2, etc.)**.*

8.9.2 Continuous Improvement

- *All registered institutions must contribute to the feedback process through annual self-assessments.*
- *Recommendations from audits, conferences, and expert committees are integrated into updates.*
- *Revisions take effect 30 days after publication unless otherwise specified.*

8.10 Reporting and Public Disclosure

*IMCAC maintains a **policy of limited transparency** in disciplinary reporting to balance accountability and privacy:*

- *Public notices are published for revoked or suspended credentials.*
- *Detailed case records remain confidential within IMCAC archives.*
- *Annual summaries of disciplinary statistics are included in the **IMCAC Global Integrity Report**.*

8.11 Summary

- *The enforcement and review process ensures that **competency-based accreditation** remains credible, respected, and secure.*
- *By holding all members accountable under a clear legal and ethical framework, IMCAC reinforces its mission:*

"To uphold integrity, safeguard patient trust, and sustain global excellence in aesthetic medical education and practice."

CHAPTER 9 – DECLARATION

9.1 Preamble

*The **Global Aesthetic Safety Code (GASC)** represents the official ethical, clinical, and institutional governance framework of the **International Medical Competency Accreditation Council (IMCAC)**.*
This Declaration affirms the collective commitment of IMCAC, its accredited institutions, and certified professionals to uphold the highest standards of safety, integrity, and professionalism in aesthetic and regenerative medicine.

*All signatories to this declaration agree to adhere to the principles, standards, and enforcement policies defined within this Code as a **condition of certification, accreditation, and continued recognition** under IMCAC.*

9.2 Declaration Statement

*We, the undersigned, on behalf of the **International Medical Competency Accreditation Council (IMCAC)** and its global network of affiliates, hereby declare our unified pledge to:*

1. ***Protect Patient Safety:** Ensure that every aesthetic and regenerative procedure is conducted with the utmost care, skill, and responsibility.*
2. ***Uphold Competency-Based Standards:** Certify only those practitioners and institutions that meet IMCAC's verified standards of competency and ethical conduct.*
3. ***Promote Transparency:** Maintain open and verifiable systems for credential verification, institutional audits, and public awareness.*
4. ***Ensure Accountability:** Enforce all policies under this Code without bias or exception, protecting the integrity of IMCAC certification globally.*
5. ***Advance Global Education:** Foster the development of safe, evidence-based, and internationally recognized training programs.*
6. ***Preserve Ethical Practice:** Commit to honesty, respect, and professionalism in all interactions with patients, colleagues, and the public.*

*By signing this declaration, all certified individuals and institutions acknowledge that adherence to the **Global Aesthetic Safety Code** is **mandatory**, not optional, and that violations may result in revocation of certification or accreditation.*

9.3 Institutional Commitment

Each IMCAC-accredited academy, training center, and clinical partner shall:

- *Display a copy of this Declaration prominently within the institution.*
- *Ensure all faculty, students, and staff are oriented to the GASC standards annually.*
- *Integrate safety and ethics education as a required component of all IMCAC-endorsed programs.*
- *Submit a signed institutional compliance statement during each accreditation cycle.*

9.4 Practitioner's Oath of Compliance

> *"I pledge to uphold the principles of the **Global Aesthetic Safety Code** in both word and action.*
> *I shall treat every patient with respect, compassion, and professionalism.*
> *I will practice only within my verified competency, maintain continuous education, and prioritize safety above all.*
> *I accept that integrity is the foundation of credibility, and I will represent the IMCAC name with honor, responsibility, and truth."*
>
> *— IMCAC Certified Practitioner's Oath*

9.5 Endorsement and Signatures

Position	Name / Signature	Date
Chairperson, IMCAC Global Council	_____	_____
Director, Global Ethics & Safety Committee	_____	_____
Head, Accreditation & Institutional Affairs	_____	_____
Legal and Policy Advisor, IMCAC	_____	_____

Institutional Representative / Partner Academy	_____	_____
Certified Practitioner (Representative Signatory)	_____	_____

9.6 Final Declaration

This Code shall come into effect on the date of publication and shall remain in force until amended or superseded by the IMCAC Board of Governors.
All prior policies inconsistent with this Code are hereby repealed.

Adopted and Ratified on this day, [----------], by the
International Medical Competency Accreditation Council (IMCAC)
Registered in India CIN: U94990MH2025NPL451709