



Level 7 Diploma in Clinical Aesthetic Practice

Level 5 Award in Body Dysmorphia Disorder and Psychological First Aid

Level 7 Certificate in Clinical Aesthetic Procedures: Botulinum Toxin Injections

Level 7 Certificate in Clinical Aesthetic Procedures: Dermal Fillers

Specification (For Centres)

January 2026

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About QUALIFI

QUALIFI is recognised and regulated by Ofqual (Office of Qualifications and Examinations Regulator). Our Ofqual reference number is RN5160. Ofqual regulates qualifications, examinations, and assessments in England.

As an Ofqual recognised Awarding Organisation, QUALIFI is required to carry out external quality assurance to ensure that centres approved for the delivery and assessment of QUALIFI's qualifications meet the required standards. This comprises centre approval, qualification approval and ongoing monitoring through our External Quality Assurance and annual centre monitoring processes.

Why Choose QUALIFI Qualifications?

QUALIFI qualifications aim to support learners to develop the necessary knowledge, skills and understanding to support their professional development within their chosen career and/or to provide opportunities for progression to further study.

Our qualifications provide opportunities for learners to:

- apply analytical and evaluative thinking skills
- develop problem-solving and creativity to tackle problems and challenges
- exercise judgement and take responsibility for their decisions and actions
- develop the ability to recognise and reflect on personal learning and improve their personal, social, and other transferable skills.

Employer Support for the Qualification Development

During the development of this qualification QUALIFI consulted with a range of employers, providers and existing centres (where applicable) to ensure rigour, validity and demand for the qualification and to ensure that the development considers the potential learner audience for the qualification and assessment methods.

Equality, Diversity and Inclusion (EDI)

QUALIFI qualifications are developed to be accessible to all learners who are capable of attaining the required standard. QUALIFI promotes equality, diversity and inclusion across all aspects of the qualification process. Centres are required to implement the same standards of EDI and ensure teaching and learning are free from any barriers that may restrict access and progression. For further details please refer to QUALIFI's *Equality, Diversity and Inclusion Policy*.

Learners with any specific learning needs should discuss this in the first instance with their approved centre who will refer to QUALIFI's *Reasonable Adjustment and Special Consideration Policy*.

Qualification Title and Accreditation Number

This qualification has been accredited to the Regulated Qualification Framework (RQF) and has its own unique Qualification Accreditation Number (QAN). This number will appear on the learner's final certification document. Each unit within the qualification has its own RQF code. The QAN for this qualification is as follows:

Qualifi Level 7 Diploma in Clinical Aesthetic Practice 610/7007/5

Qualifi Level 5 Award in Body Dysmorphia Disorder and Psychological First Aid 610/7013/0

Qualifi Level 7 Certificate in Clinical Aesthetic Procedures: Botulinum Toxin Injections 610/7010/5

Qualifi Level 7 Certificate in Clinical Aesthetic Procedures: Dermal Fillers 610/7009/9

Qualification Aims and Learning Outcomes

Aims of the QUALIFI Level 7 Diploma in Clinical Aesthetic Practice

The aim of the QUALIFI Level 7 Diploma in Clinical Aesthetic Practice and associated Certificate and Awards is to provide learners with an understanding of advanced aesthetic procedures and essential underpinning knowledge to perform Botulinum Toxin and dermal fillers safely and effectively. Learners will develop practical skills to progress their career within the field of elective non-surgical cosmetic procedures.

Successful completion of the QUALIFI Level 7 Diploma in Aesthetic Practice provides learners with the opportunity to progress to employment within the Aesthetics industry.

Learning Outcomes of the QUALIFI Level 7 Diploma in Clinical Aesthetic Practice

The overall learning outcomes of the qualification are for learners to:

- **Dermatology, Anatomy and Pathophysiology for Clinical Aesthetic Practice** – learners will develop applied knowledge and understanding of the anatomical structures of the face, including musculature, innervation, vascular supply, and age, gender, and ethnicity-related anatomical variations. Learners will apply this understanding to assess facial characteristics, lines, folds, and volume changes to support safe and effective aesthetic procedures
- **Complication Management for Aesthetic Practice** – learners will be able to manage non-surgical cosmetic procedure complications. This unit also requires learners to carry out post-procedure evaluation and reflection for continuous improvement
- **Body Dysmorphia Disorder and Psychological First Aid in Beauty, Wellness and Aesthetic Practice** - learners cover the importance of gaining informed consent, appropriate referral pathways, and tailored aftercare for clients who present with red flags or potential risk of BDD. Learners are introduced to the principles of Psychological First Aid (PFA) through a trauma-informed lens, equipping practitioners to create psychologically safe environments and uphold professional boundaries when clients present with acute anxiety, emotional trauma, or signs of psychological vulnerability.

- **Clinical Aesthetic Procedures: Botulinum Toxin Injections for the Face** – learners will carry out the consultation, assessment, planning and preparation for clinical aesthetic procedures. Learners will follow the clinical aesthetic procedure protocol, legislative, regulatory and organisational requirements to identify, assess and implement safe, hygienic and effective working practices. Learners will formulate a personalised plan for botulinum toxin procedures to the face, provide the procedure and aftercare advice, and carry out a post-procedure evaluation, and reflect on their results for continuous improvement.
- **Clinical Aesthetic Procedures: Temporary Dermal Fillers for the Face** – learners will carry out the consultation, assessment, planning and preparation for clinical aesthetic procedures. Learners will follow the clinical aesthetic procedure protocol, legislative, regulatory and organisational requirements to identify, assess and implement safe, hygienic and effective working practices. Learners will formulate a personalised plan for dermal filler procedures to the face, provide the procedure and aftercare advice, and carry out a post-procedure evaluation and reflect on their results for continuous improvement.

The learning outcomes and assessment criteria for each unit are outlined in the unit specifications.

Delivering the Qualification

All centres are required to complete an approval process to be recognised as an approved centre. Centres must have the ability to support learners and:

- have in place qualified and experienced assessors. All assessors are required to undertake regular continued professional development (CPD)
- access to the physical resources needed to support the delivery of the qualification and learner achievement.

Centres must commit to working with QUALIFI and its team of External Quality Assurers (EQAs). Approved centres will be monitored by QUALIFI EQAs to ensure compliance with QUALIFI requirements and to ensure that learners are provided with appropriate learning opportunities, guidance, and formative assessment.

QUALIFI, unless otherwise agreed:

- sets all assessments;
- quality assures assessments prior to certification;
- provides the criteria to award the final mark and issues certificates.

Centre staffing

Staff delivering this qualification should:

- be occupationally competent and/or technically knowledgeable in the area[s] they are assessing,

- have recent relevant experience in the specific area they will be assessing and quality assuring.
- hold, or be working towards, the relevant Assessor/ Internal Quality Assurers (IQAs) qualification (s).

Assessors are assessing learner performance in a range of tasks to ensure the evidence they produce meets the requirements of the unit assessment criteria. To do this effectively assessors need a thorough understanding of assessment and quality assurance practices, as well as in-depth technical understanding related to the qualifications they are assessing.

To support assessors and the centre's internal quality systems, IQAs must have appropriate teaching and vocational skills, knowledge and expertise and be familiar with the occupation and technical content covered within the qualification.

Continuing professional development (CPD)

Centres are expected to support the CPD of their staff to maintain current and up-to-date knowledge of the occupational area and ensure best practice in delivery, mentoring, training, assessment and quality assurance.

For the delivery of the QUALIFI Level 7 Diploma in Clinical Aesthetic Practice the following centre requirements need to be in place:

Trainer Requirements

Trainers must be appropriately qualified and occupationally competent in the areas they are training. They must have:

- A minimum of 2 years' experience in the procedures for which they will be training and supervising.
- A L5 Diploma in Education and Training or equivalent.
- Appropriate indemnity insurance
- Undertaken 50 hours Continued Professional Development (CPD) relating to aesthetic practice to maintain and update their skills and knowledge within the last year
- Current and valid Basic Life Support (BLS) and anaphylaxis management qualification

Assessor Requirements

Assessors must be appropriately qualified and occupationally competent in the areas they are assessing. They must have:

- A minimum of 3 years' experience in the procedures for which they will be assessing.
- A L5 Diploma in Education and Training or equivalent.
- A Level 3 Certificate in Assessing Vocational Achievement Or be working towards
- Appropriate indemnity insurance
- Undertaken 50 hours Continued Professional Development (CPD) relating to aesthetic practice to maintain and update their skills and knowledge within the last year

- Current and valid Basic Life Support (BLS) and anaphylaxis management qualification

Internal Quality Assurer Requirements

Internal Quality Assurers must be appropriately qualified and occupationally competent in the areas they are internally quality assuring. They must have:

- A minimum of 2 years' experience in the procedures for which they will be internally verifying.
- A Level 3 Certificate in Assessing Vocational Achievement
- A Level 4 Award in the Internal Quality Assurance of Assessment Processes and Practice and/or Level 4 Certificate in Leading the Internal Quality Assurance of Assessment Processes and Practice or be working towards
- Appropriate indemnity insurance
- Undertaken 50 hours Continued Professional Development (CPD) relating to aesthetic practice to maintain and update their skills and knowledge within the last year.

Quality assurance

Approved Centres must have effective quality assurance systems in place to ensure robust qualification delivery and assessment, which includes internal monitoring and review procedures.

Qualifi will appoint approved External Quality Assurers (EQAs) to monitor the assessment and internal quality assurance carried out by centres and ensure that assessment is valid and reliable. Please see QUALIFI's *External Quality Assurance Policy*.

Learner Recruitment, Induction and Registration

Recruitment

Approved Centres are responsible for reviewing and making decisions as to the applicant's ability to complete the learning programme successfully and meet the demands of the qualification. The initial assessment by the centre will need to consider the support that is readily available or can be made available to meet individual learner needs as appropriate.

During recruitment, approved centres need to provide learners with accurate information on the title and focus of the qualification for which they are studying.

The qualification has been designed to be accessible without artificial barriers that restrict access. For this qualification, applicants must be aged **20 years** or over.

In the case of applicants whose first language is not English, centres may assess their level of language at the time of entry.

Entry Criteria

The qualification has been designed to be accessible without artificial barriers that restrict access and progression. Entry to the qualifications will be through centre interview and learners will be expected to hold the following:

- A Qualifi Level 5 or Level 6 Certificate or Diploma in Aesthetic Practice or equivalent regulated qualification, that must include at least one level 6 unit.

Or

- A Level 6 degree level or equivalent as a qualified health care professional with evidence of relevant skincare and anatomy and physiology knowledge to support the procedures. The health care professional must be registered with a national professional health care statutory regulatory body in the country where the qualification is being delivered. There must be no conditions attached to their practice. (Professional registration numbers will be required)

Plus

- Current and valid Basic Life Support (BLS) and anaphylaxis management qualification*

*Qualified medical/health care professionals, registered with a Professional Health Care Statutory Regulatory Body are exempt, providing they can prove that they have undertaken the mandatory BLS and Management of Anaphylaxis training as part of their continuous CPD.

Examples of National Professional Health Care Statutory Regulatory Bodies in the UK:

- General Dentist Council (GDC)
- General Medical Council (GMC)
- General Pharmaceutical Council (GPhC)
- Health Care Professions Council (HCPC)
- Nursing and Midwifery Council (NMC)
- Pharmaceutical Society of Northern Ireland (PSNI)

Examples of International Professional Health Care Statutory Regulatory Bodies examples:

- American Medical Association (AMA)
- Irish Medical Council
- Medical Council of India (MCI)

In addition, all learners must prove they hold a relevant English language qualification if English is not their first language.

Learner induction

Approved Centres should ensure all learners receive a full induction to their study programme and the requirements of the qualification and its assessment.

All learners should expect to be issued with the course handbook and a timetable and meet with their personal tutor and fellow learners. Centres should assess learners carefully to

ensure that they are able to meet the requirements of the qualification and that, if applicable, appropriate pathways or optional units are selected to meet the learner's progression requirements.

Centres should check the qualification structures and unit combinations carefully when advising learners. Centres will need to ensure that learners have access to a full range of information, advice and guidance to support them in making the necessary qualification and unit choices.

All learners must be registered with QUALIFI within the deadlines outlined in the *QUALIFI Registration, Results and Certification Policy and Procedure*.

Recognition of Prior Learning

Qualifi recognises and accepts credit (s) from regulated awarding organisations and/or universities that are at the same level, or higher, and which can be mapped to the units in our qualifications. For our theory-based qualifications we will only accept a maximum of 70% of prior/existing credits and reserve the right to not accept any credit dependent on where it was earned. All claims for RPL must be supported by a certificate or transcript of achievement issued by the awarding organisation or university. No credit will be given without a certificate or transcript from a regulated awarding organisation or university.

There must be a minimum 70% overlap between units or learning outcomes for Qualifi to consider approving the request for exemption.

A maximum of 70% of units in a qualification can be submitted for exemption using this method. The remaining 30% (or more) need to be units completed in full and learning outcomes demonstrated using Qualifi's assessments.

Evidence of learning must be valid and reliable. For full guidance on RPL please refer to *QUALIFI's Recognition of Prior Learning Policy*.

Data Protection

All personal information obtained from learners and other sources in connection with studies will be held securely and will be used during the course and after they leave the course for a variety of purposes and may be made available to our regulators. These should be all explained during the enrolment process at the commencement of learner studies. If learners or centres would like a more detailed explanation of the partner and QUALIFI policies on the use and disclosure of personal information, please contact QUALIFI via email support@QUALIFI-international.com

Learner Voice

Learners can play an important part in improving the quality through the feedback they give. In addition to the ongoing discussion with the course team throughout the year, centres will have a range of mechanisms for learners to feed back about their experience of teaching and learning.

Professional Development and Training for Centres

QUALIFI supports its approved centres with training related to our qualifications. This support is available through a choice of training options offered through publications or through customised training at your centre.

The support we offer focuses on a range of issues including:

- planning for the delivery of a new programme
- planning for assessment and grading
- developing effective assignments
- building your team and teamwork skills
- developing learner-centred learning and teaching approaches
- building in effective and efficient quality assurance systems.

Please contact us for further information.

Progression and Links to other QUALIFI Programmes

Completing the **QUALIFI Level 7 Diploma in Clinical Aesthetic Practice** will enable learners to progress to employment in an associated profession, within the field of Aesthetics.

Or to further study and progression onto the Qualifi Level 7 Award in Clinical Aesthetic Procedures: Poly-L-Lactic Acid (PLLA) Dermal Fillers and the Qualifi Level 7 Award in Clinical Aesthetic Procedures: Ultrasound-Guided Dermal Fillers

Qualification Structure and Requirements

Credits and Total Qualification Time (TQT)

The QUALIFI Level 7 Diploma in Clinical Aesthetic Practice is made up of 42 credits, which equates to 420 hours of TQT.

Total Qualification Time (TQT): is an estimate of the total amount of time that could reasonably be expected to be required for a learner to achieve and demonstrate the achievement of the level of attainment necessary for the award of a qualification.

Examples of activities that can contribute to Total Qualification Time includes: guided learning, independent and unsupervised research/learning, unsupervised compilation of a portfolio of work experience, unsupervised e-learning, unsupervised e-assessment, unsupervised coursework, watching a prerecorded podcast or webinar, unsupervised work-based learning.

Guided Learning Hours (GLH): are defined as the time when a tutor is present to give specific guidance towards the learning aim being studied on a programme. This definition includes lectures, tutorials and supervised study in, for example, open learning centres and

learning workshops, live webinars, telephone tutorials or other forms of e-learning supervised by a tutor in real time. Guided learning includes any supervised assessment activity; this includes invigilated examination and observed assessment and observed work-based practice.

Rules of Combination for QUALIFI Level 7 Diploma in Clinical Aesthetic Practice

To achieve this qualification, a learner must successfully complete 5 mandatory units.

Minimum credits: 42

Unit Reference	Mandatory/Optional Units	Level	TQT	Credit	GLH
R/651/9194	Dermatology, Anatomy and Pathophysiology for Clinical Aesthetic Practice	7	40	4	25
L/651/6013	Complication Management for Aesthetic Practice	6	40	4	20
T/651/9195	Body Dysmorphia Disorder and Psychological First Aid in Beauty, Wellness and Aesthetic Practice	5	40	4	21
Y/651/9196	Clinical Aesthetic Procedures: Botulinum Toxin Injections for the Face	7	150	15	75
A/651/9197	Clinical Aesthetic Procedures: Temporary Dermal Fillers for the Face	7	150	15	75
Total			420	42	216

Rules of Combination for QUALIFI Level 5 Award in Body Dysmorphia Disorder and Psychological First Aid

To achieve this qualification, a learner must successfully complete 1 mandatory units.

Minimum credits: 4

Unit Reference	Mandatory/Optional Units	Level	TQT	Credit	GLH
T/651/9195	Body Dysmorphia Disorder and Psychological First Aid in Beauty, Wellness and Aesthetic Practice	5	40	4	21
Total			40	4	21

Rules of Combination for QUALIFI Level 7 Certificate in Clinical Aesthetic Procedures: Botulinum Toxin Injections

To achieve this qualification, a learner must successfully complete 3 mandatory units.
Minimum credits: 23

Unit Reference	Mandatory/Optional Units	Level	TQT	Credit	GLH
R/651/9194	Dermatology, Anatomy and Pathophysiology for Clinical Aesthetic Practice	7	40	4	25
L/651/6013	Complication Management for Aesthetic Practice	6	40	4	20
Y/651/9196	Clinical Aesthetic Procedures: Botulinum Toxin Injections for the Face	7	150	15	75
Total			230	23	120

Rules of Combination for QUALIFI Level 7 Certificate in Clinical Aesthetic Procedures: Dermal Fillers

To achieve this qualification, a learner must successfully complete 3 mandatory units.
Minimum credits: 23

Unit Reference	Mandatory/Optional Units	Level	TQT	Credit	GLH
R/651/9194	Dermatology, Anatomy and Pathophysiology for Clinical Aesthetic Practice	7	40	4	25
L/651/6013	Complication Management for Aesthetic Practice	6	40	4	20
A/651/9197	Clinical Aesthetic Procedures: Temporary Dermal Fillers for the Face	7	150	15	75
Total			230	23	120

Achievement Requirements

Learners must demonstrate they have met all learning outcomes and assessment criteria for all the required units to achieve this qualification. QUALIFI will issue e-certificates directly to all successful learners registered with an approved QUALIFI centre.

Awarding Classification/Grading

This qualification grading is: **Pass/Fail**

All units will be internally assessed through practical observation, underpinning knowledge assessments and professional discussion. Assessments will be internally marked by the QUALIFI approved centre and subject to external quality assurance by QUALIFI.

Assessment Strategy and Methods

QUALIFI will provide [enter assessment method e.g. written assessment tasks] for each unit of this qualification. These tasks will address all learning outcomes and related assessment criteria, all of which must be demonstrated/passed, to achieve the qualification.

The tasks will enable learners to draw on work-related information and/or examples wherever possible. Some assessment tasks will contain a practical assignment which will require observation by an assessor, see Assessment Guidance for further information.

The assessment tasks will require learners to draw on real organisational information or case studies to illustrate their answers. To support this activity during the programme of learning, centres are required to make sure that they include case studies of relevant organisations and, wherever possible, encourage learners to draw on work-place opportunities to undertake research and investigation to support their learning.

QUALIFI provides a user-friendly e-portfolio system for candidates to upload their assessment evidence and assignments for Assessors to mark and IQAs to quality assure. Approved centres should undertake the QUALIFI centre development courses to understand how to use the e-portfolio and the benefits to learners and the centre.

Learner assessments will be internally marked by the approved centre and will be subject to external quality assurance by QUALIFI prior to certification.

All learning outcomes and related assessment criteria must be demonstrated/passed in order to achieve the qualification. To achieve a 'pass' for each of the units, learners must provide evidence to demonstrate that they have fulfilled all the learning outcomes and meet the standards specified by all assessment criteria.

Qualifi will provide a combination of assessment that cover the learning outcomes and assessment criteria. These may be as follows.

1: Formative Assessment

Formative assessment is an integral part of the assessment process, involving both the Tutor/Assessor and the learner about their progress during the course of study. Formative assessment takes place prior to summative assessment and focuses on helping the learner to reflect on their learning and improve their performance and does not confirm achievement of grades/pass-mark, at this stage.

The main function of formative assessment is to provide feedback to enable the learner to make improvements to their work. This feedback should be prompt, so it has meaning and context for the learner and time must be given following the feedback for actions to be complete. Feedback on formative assessment must be constructive and provide clear guidance and actions for improvement. All records should be available for auditing purposes, as QUALIFI may choose to check records of formative assessment as part of our ongoing quality assurance. Formative assessments will not contribute to the overall mark/achievement of the units.

2: Summative Assessment

Summative assessment is used to evaluate learner competence and progression at the end of a unit or component. Summative assessment should take place when the assessor deems that the learner is at a stage where competence can be demonstrated.

Learners should be made aware that summative assessment outcomes are subject to confirmation by the Internal Quality Assurer (IQA) and External Quality Assurer (EQA) and thus is provisional and can be overridden. Assessors should annotate on the learner work where the evidence supports their decisions against the assessment criteria. Learners will need to be familiar with the assessment and grading/marking criteria so that they can understand the quality of what is required.

Formative Assessment	Summative Assessment
used during the learning process	used at the end of the learning process
provides feedback on learning-in-process	evaluates achievement against learning outcomes and assessment criteria
dialogue-based, ungraded	graded Pass / Refer

Evidence of both formative and summative assessment MUST be made available at the time of external quality assurance – EQA.

Unit Specifications

Unit CO701: Dermatology, Anatomy and Pathophysiology for Clinical Aesthetic Practice

Unit code: R/651/9194

RQF Level: 7

Unit Aim

- This unit is for advanced beauty therapists and aesthetic practitioners to develop applied knowledge and understanding of the anatomical structures of the face, including musculature, innervation, vascular supply, age, gender, and ethnicity-related anatomical variations.
- Learners will apply this understanding to assess facial characteristics, lines, folds, and volume changes to support safe and effective aesthetic procedures.
- This unit has been developed using the JCCP Competency Framework and the latest national occupational standards (NOS).

Learning Outcomes, and Assessment Criteria

Learning Outcomes. To achieve this unit a learner must be able to:		Assessment Criteria. Assessment of these outcomes demonstrates a learner can:	
LO1	Understand the complex anatomy of the face relevant to aesthetic injectable practice	1.1	Identify and describe the key muscles of facial expression and their functions in the upper, mid, and lower face
		1.2	Identify the sensory and motor nerve pathways of the face relevant to injection technique and safety zones
		1.3	Describe the venous and arterial supply of the face and its clinical significance for injection safety
		1.4	Analyse variations in facial anatomy based on age, gender, ethnicity, and skin type
		1.5	Discuss how differences in skin type (Fitzpatrick scale) influence assessment and procedure planning
LO2	Understand the functional relationships between facial muscles, nerves, and blood vessels	2.1	Identify and describe the muscles responsible for dynamic rhytids of the face
		2.2	Explain the muscle actions and their role in wrinkle formation
		2.3	Analyse how botulinum toxin affects neuromuscular transmission to reduce dynamic movement

		2.4	Analyse how muscle tone, nerve function, and blood flow contribute to facial movement and appearance
LO3	Recognise and assess skin integrity and abnormalities	3.1	Identify normal skin anatomy and functions relevant to injectable practice
		3.2	Recognise and describe common skin lesions, dermal abnormalities, or contraindications to injectable procedures
		3.3	Assess intrinsic and extrinsic factors affecting skin health, such as ageing, UV exposure, stress, smoking, and nutrition
		3.4	Evaluate how systemic medications and medical conditions can affect skin and muscle tone
LO4	Understand the ageing process of the skin and underlying tissues	4.1	Explain the structural and physiological changes in ageing skin (epidermal thinning, collagen degradation, decreased elasticity)
		4.2	Describe the effects of bone resorption and soft tissue atrophy on facial contour and volume
		4.3	Correlate ageing changes to wrinkle formation, ptosis, and loss of support in the upper, mid, and lower face
LO5	Demonstrate understanding of anatomical risk zones and safe practice parameters in the facial region	5.1	Identify and map high-risk vascular zones to avoid complications in injectable or device-based treatments
		5.2	Justify clinical decisions based on applied anatomy and patient presentation

Indicative Content

Complex Facial Anatomy

- surface anatomy of the face: planes, layers (skin, subcutaneous fat, SMAS, deep fascia, bone)
- muscles of facial expression: origins, insertions, innervations, and actions
- anatomical danger zones: glabella, temple, nasal bridge, infraorbital region
- anatomical variations: age, gender, ethnicity, skin type (Fitzpatrick scale)

Muscles of Facial Expression and Dynamic Rhytids

- dynamic vs static wrinkles
- functional anatomy of muscles contributing to expression lines
- upper third of the face: frown lines, forehead lines, crow's feet
- muscle antagonism and balance in facial aesthetics

- clinical relevance for botulinum toxin injection mapping
- muscles of facial expression (frontalis, orbicularis oculi, zygomaticus major/minor, depressor anguli oris, etc.)
- muscles of mastication (masseter, temporalis, buccinator)
- superficial vs deep musculature
- functional anatomy and relevance to facial animation and ageing

Nerve Supply

- facial nerve (cranial nerve VII): motor branches and distribution
- trigeminal nerve (cranial nerve V): sensory branches (ophthalmic, maxillary, mandibular)
- clinical relevance: sensory landmarks, areas of anaesthesia, nerve injury risks
- implications for neuromodulator (botulinum toxin) placement

Blood Supply

- arterial system: facial, angular, infraorbital, supratrochlear, supraorbital, superficial temporal arteries
- venous system: facial, ophthalmic veins, communication with cavernous sinus, risk of embolism
- identification of high-risk injection zones
- importance of aspiration, slow injection, and cannula use in aesthetics

Skin Health and Pathophysiology

- structure and function of skin layers: epidermis, dermis, hypodermis
- collagen and elastin degradation
- common skin lesions: moles, actinic keratoses, rosacea, acne, dermatitis
- recognising dermal abnormalities and referral red flags
- intrinsic ageing factors: genetics, hormonal changes, cellular senescence
- extrinsic ageing factors: UV exposure, pollution, smoking, alcohol, nutrition, stress
- Fitzpatrick skin types and photoaging patterns
- systemic medications and effects on skin and muscles (e.g., corticosteroids, isotretinoin, anticoagulants, neuromuscular blockers)

Ageing Process and Structural Changes

- chronological vs photoaging
- changes to collagen, elastin, hyaluronic acid, and glycosaminoglycans
- skeletal resorption patterns of the maxilla, mandible, and orbit
- volume loss in fat compartments and muscular atrophy
- changes in facial symmetry, contour, and projection
- clinical implications for aesthetic correction

Facial Characteristics and Variation

- **ethnicity:** bone structure, skin thickness, pigmentation, and soft tissue variation
- **gender:** skeletal and soft tissue dimorphism (mandibular width, cheek projection, brow shape)
- **age:** volume loss, ptosis, dynamic and static lines, skeletal resorption
- **skin type:** Fitzpatrick I–VI, dermal thickness, oil content, healing response, pigmentation risk

Assessment and Analysis

- facial mapping and symmetry assessment
- identification of dynamic vs static wrinkles
- assessment of mid-face volume and contour
- ageing markers by decade
- patient profiling: integrating anatomy with aesthetic goals
- documentation and consultation techniques

Clinical Safety and Application

- vascular danger zones (glabella, nasolabial fold, temple, nose, infraorbital area)
- safe injection planes (subdermal, intramuscular, supraperiosteal)
- aseptic technique and anatomical justification
- managing complications related to anatomy (vascular occlusion, nerve injury)

Glossary

Anatomical landmarks: fixed points used to locate facial structures accurately

Bone resorption: loss of bone density and volume with age, affecting facial support and contour

Cranial nerves: twelve paired nerves arising from the brain; the facial (VII) and trigeminal (V) nerves are most relevant to facial treatments

Danger zones: anatomical regions where arteries and veins are at higher risk during injections

Dynamic rhytids: wrinkles caused by repeated muscle movement

Ethnic variation: differences in facial bone structure, soft tissue, and pigmentation among populations

Extrinsic ageing: ageing caused by environmental factors like UV exposure and smoking

Facial artery: main artery supplying blood to the superficial facial structures

Facial nerve (VII): motor nerve controlling facial expression muscles

Fitzpatrick scale: classification of skin types by melanin content and response to UV light

Gender dimorphism: anatomical differences between male and female faces (e.g., brow, jawline)

Intrinsic ageing: natural, genetically determined ageing processes

Licensed indication: use of a medical product approved by regulatory authorities for specific conditions or areas

Neuromuscular junction: site where nerve endings transmit signals to muscles, targeted by botulinum toxin

Orbicularis oculi: muscle encircling the eye, responsible for blinking and squinting

Periorbital region: area surrounding the eyes

SMAS (Superficial Musculoaponeurotic System): layer connecting facial muscles to the dermis, crucial in facial structure and movement

Static rhytids: lines visible at rest due to dermal thinning and collagen loss

Trigeminal nerve (V): major sensory nerve of the face

Vascular occlusion: blockage of a blood vessel, potentially leading to tissue necrosis or blindness in aesthetics

Volume loss: reduction in subcutaneous fat, muscle, and bone support with age

Zygomaticus major/minor: muscles responsible for lifting the corners of the mouth when smiling

Suggested Resources

- Aging and Aging-Related Diseases: Mechanisms and Interventions: 1086 (Advances in Experimental Medicine and Biology, 1086) 19 Jan. 2019 by Zhao Wang
- Botulinum Toxins in Clinical Aesthetic Practice 3E, Volume Two: Functional Anatomy and Injection Techniques: 2 (Series in Cosmetic and Laser Therapy) 22 Feb. 2018 by Anthony V Benedetto
- Illustrated Guide to Aesthetic Botulinum Toxin Injections (Aesthetic Methods for Skin Rejuvenation) 1 Nov. 2013 by Michael Kane and Gerhard Sattler
- Dermal Fillers: Facial Anatomy and Injection Techniques 10 Jun. 2020 by André Vieira Braz and Thais Harumi Sakuma
- A Practical Guide to Dermal Filler Procedures 1 Dec. 2011 by Rebecca Small and Dalano Hoang
- Essentials for Aesthetic Dermatology in Ethnic Skin: Practice and Procedure 29 May 2023 by Mukta Sachdev and Niti Khunger
- Guide to Minimally Invasive Aesthetic Procedures - 29 Oct 2020 by M. Laurin Council

- The Oxford Handbook of Aesthetics (Oxford Handbooks) – 27 Jan. 2005 by Jerrold Levinson
- Botulinum Toxin in Aesthetic Medicine - 25 Jun. 2007 by Mauricio de Maio, Berthold Rzany
- Aesthetic Procedures: Nurse Practitioner's Guide to Cosmetic Dermatology: Nurses Guide to Cosmetic Dermatology – 5 Oct. 2019 by Beth Haney
- Injectable Fillers in Aesthetic Medicine – 23 Aug. 2016 by Mauricio de Maio, Berthold Rzany
- Facial Danger Zones: Avoiding Nerve Injury in Facial Plastic Surgery Hardcover – 1 Sept. 1994 by Brooke R. Dr. Seckel
- Facial Danger Zones: Staying safe with surgery, fillers, and non-invasive devices – Illustrated, 15 Nov. 2019 by Rod Rohrich
- Illustrated Guide to Aesthetic Botulinum Toxin Injections (Aesthetic Methods for Skin Rejuvenation) – 1 Nov. 2013 by Michael Kane and Gerhard Sattler
- Illustrated Guide to Injectable Fillers: Basics, Indications, Uses (Aesthetic Methods for Skin Rejuvenation) – 28 Mar. 2016 by Gerhard Sattler and Uliana Gout
- Essentials of Medical Aesthetics: Clinical and Scientific Skin Care & Rejuvenation – 22 Nov. 2011 by Dr Honardoust
- The Art of the Aesthetic Practice: 7 Fundamental Steps to Providing the Ultimate Patient Experience and Maximizing Profitability – 11 Sept. 2017 by Ashley Cloud
- Cosmetic Injection Techniques: A Text and Video Guide to Neurotoxins and Fillers –11 Mar. 2019 by Theda C. Kontis (Author), Victor G. Lacombe
- Dermal Fillers: Facial Anatomy and Injection Techniques – 10 Jun. 2020 by André Vieira Braz and Thais Harumi Sakuma
- Dermatology: An Illustrated Colour Text Paperback – Illustrated, 17 Nov. 2020 by David Gawkrödger DSc MD FRCP FRCPE and Michael R. Arden-Jones BSc MBBS FRCP DPhil
- Photographic Atlas of Anatomy 9E International Edition (Lippincott Connect) – 3 April 2021 by Rohen, Johannes W. Yokochi, Chihiro, Lutjen-Drecoll and Elke
- A Practical Guide to Dermal Filler Procedures – 1 Dec. 2011 by Rebecca Small and Dalano Hoang

Unit CO602: Complication Management for Aesthetic Practice

Unit code: L/651/6013

RQF Level: 6

Unit Aim

(NOS: SKANSC15 Complication management for non-surgical cosmetic procedures)

- This unit is for aesthetic practitioners to manage aesthetic procedure complications. They will also be required to do a post-procedure evaluation and reflection for continuous improvement.
- This unit is based on the NOS standard, part of the non-surgical cosmetic national occupational standards suite, which includes standards related to non-surgical cosmetic procedures to rejuvenate skin.
- Aesthetic practitioners will need to follow the non-surgical cosmetic procedure protocol, legislative, regulatory and organisational requirements to identify, assess and implement safe, hygienic and effective working practices.
- Aesthetic practitioners must have a First Aid at Work qualification or equivalent and be able to carry out the functions within SFHCHS36: Basic life support and have access to life support equipment as identified in the complication management and/or emergency plan.

This unit coexists alongside Qualifi units:

CO401: Health, safety and hygiene for aesthetic procedures

CO402: Client consultation for aesthetic procedure.

NOS Performance Criteria (PC)

1. ensure there are protocols in place to deal with the range of emergencies/ complications
2. check the suitability and effectiveness of systems and protocols required to prevent and deal with emergencies associated with non-surgical cosmetic procedures
3. analyse the need for methods of monitoring post non-surgical cosmetic procedures communication and providing post instructions to individuals
4. Identify signs and symptoms of the potential risks and complications with non-surgical cosmetic procedures and refer to the emergency plan including: -
 - 4.1 undertake observations, physical examinations and oral questioning to complete an assessment to determine a potential complication.
 - 4.2 categorise risk in order to select appropriate risk management protocols.
5. manage the **risks** and **complications** associated with nonsurgical cosmetic procedures including: -
 - 5.1 analyse the options available in the event of an adverse reaction post non-surgical cosmetic procedure

5.2 recommend strategies for dealing with common side effects of non-surgical cosmetic procedures

6. manage emergencies when carrying out a non-surgical cosmetic procedure
7. ensure continuous monitoring of the individual during and immediately after the non-surgical cosmetic procedure.
8. complete the individual's non-surgical cosmetic procedure records and store in accordance with data legislation.
9. in the event of an adverse reaction or incident, take prompt corrective action as set out within the emergency plan to include:
 - 9.1 seek and implement immediate medical intervention from the identified healthcare professional trained to deal with complications as set out in the emergency plan
10. report and record using the agreed reporting systems/mechanisms
11. review **risks** and **complications** protocols and documentation through reflective practice and audit
12. Provide all relevant information and **instructions** when handing over care to another professional

NOS Knowledge and Understanding (KU)

1. anatomy and physiology relevant to this standard
2. signs and symptoms of short-term, medium-term and long-term complications arising from non-surgical cosmetic procedures
3. the types of complications that may arise and the action to take
4. the range of healthcare professionals available and the complications they are trained to deal with
5. how to reduce risk and complications associated with non-surgical cosmetic procedures through individual selection and assessment through consultation, assessment and medical history
6. safe working practices to limit risk
7. prescribed and non-prescribed drug, herbal and supplement interactions with cosmetic treatments and emergency medications
8. pre-existing medical (physical, social and mental health) conditions that could increase risk and complications and affect administration of emergency medications and interventions
9. information and aftercare advice constructed to minimise risk and complications
10. how to manage the risks and complications associated with nonsurgical cosmetic procedures
11. why you must comply with ethical practice and work within the health and safety responsibilities in line with legislation

12. the importance of collaboration with competent professionals to support effective and safe working practices
13. how to manage emergencies when performing non-surgical cosmetic procedures
14. the protocols and action to take in the event of a medical emergency that presents a risk to life.
15. the protocols and action to take in the event of a medical emergency that does not present a risk to life
16. the importance of obtaining and following instructions from the identified healthcare professional in the event of an adverse reaction
17. the importance of referring and reporting the complication to a healthcare professional, supplier and manufacturer
18. how and when to seek further advice and support outside the practitioner's remit
19. the importance of discussing, reflecting, evaluating and recording the outcomes with the regulated healthcare professional to inform further action and future procedures
20. your responsibility and the reporting procedures for suspected malpractice
21. the importance of adhering to the emergency plan in the event of an adverse reaction
22. the legislative, insurance and organisational requirements for taking and storing visual media of the individual's treatment area
23. the legislative and regulatory requirements of completing and storing the individual's non-surgical cosmetic procedure records
24. the systems and processes that support quality assurance and non-surgical cosmetic procedure improvements

Behaviours

The following behaviours underpin the delivery of services in the aesthetic sector. These behaviours ensure that clients receive a positive impression of both the organisation and the aesthetic practitioner:

- Meeting the organisation's standards of behaviour
 - Greeting the client respectfully and in a friendly manner
 - Communicating with the client in a way that makes them feel valued and respected
 - Treating the client courteously and helpfully at all times
 - Adapting behaviour to respond effectively to different client behaviour
 - Checking with the client that you have fully understood their expectations
 - Responding promptly and positively to the client's questions and comments
 - Recognising information that the client might find complicated and checking whether they fully understood
25. Explaining clearly to the client any reasons why their needs or expectations cannot be met
 26. Maintaining effective, hygienic and safe working methods

- 27. Adhering to workplace, supplier's and manufacturers' instructions for the safe use of equipment, materials and products
- 28. Meeting both organisational and industry standards of appearance.
- 29. the importance of monitoring the health and wellbeing of the individual

Learning Outcomes, and Assessment Criteria

Learning Outcomes To achieve this unit a learner must be able to:	Assessment Criteria. Assessment of these outcomes demonstrates a learner can:		NOS/KSBs
LO1 Plan how to manage emergencies and complications within aesthetic practice.	1.1	Ensure there are protocols in place to deal with the range of emergencies and complications.	PC1
	1.2	Check the suitability and effectiveness of systems and protocols required to prevent and deal with emergencies associated with aesthetic practice.	PC2
	1.3	Analyse the need for methods of monitoring post-procedure communication and providing client aftercare instructions	PC3
	1.4	Explain the anatomy and physiology relevant to complication management for the aesthetic practice	KU1
LO2 Recognise the potential risks, complications and emergencies associated with aesthetic practice.	2.1	Identify the relevant risks, complications and emergencies associated with aesthetic practice.	PC4
	2.2	Identify and describe the signs and symptoms of common side effects, potential risks, short, medium and long-term complications and emergencies associated with aesthetic practice.	PC4 KU2, KU10 KU13
	2.3	Refer to the emergency plan, undertaking observation, physical examination and oral questioning to assess a potential complication and to determine the action to take.	PC4 KU3

	2.4	Refer to the emergency plan to categorise the risk in order to select appropriate risk management protocols.	PC4
LO3 Manage the risks, complications and emergencies associated with aesthetic practice.	3.1	Identify the range of healthcare professionals available and the complications they are trained to handle.	KU4
	3.2	Explain how to reduce and manage risks and complications associated with aesthetic practice.	PC5 KU5, KU6 KU9
	3.3	Recommend strategies for dealing with common side effects and analyse the options available in the event of a post-procedure adverse reaction.	PC5
	3.4	Explain the prescribed and non-prescribed drug, herbal and supplement interactions with aesthetic procedures and emergency medications.	KU7
	3.5	Describe pre-existing medical (physical, social and mental health) conditions that could increase risk and complications and affect administration of emergency medications and interventions.	KU8
	3.6	Ensure continuous monitoring of the client during and immediately after the aesthetic procedure.	PC7
	3.7	Take prompt corrective action, in the event of an adverse reaction or incident including: <ul style="list-style-type: none"> • following the emergency plan • immediate intervention from the identified healthcare professional, trained to deal with such complications 	PC6 PC9 KU21
	3.8	Complete and store the client's aesthetic procedure records following data legislation.	PC8
LO4 Review, record and report, the risks,	4.1	Record and report the risks and complications using the agreed reporting systems and mechanisms.	PC10

complications and emergencies associated with aesthetic practice.	4.2	Explain the importance of collaboration with competent professionals and compliance with ethical practice, health and safety responsibilities and legislation.	KU11 KU12
	4.3	Review the risks and complications protocols and documentation through reflective practice and audit.	PC11
	4.4	Explain the protocols and actions to take in the event of medical emergencies that do and do not present a risk to life.	KU14 KU15
	4.5	Explain the importance of obtaining and following instructions from the identified healthcare professional in the event of an adverse reaction.	KU16
	4.6	Explain the importance to provide all relevant information and instructions when handing over care to another professional	PC12
	4.7	Explain the importance of referring and reporting the complication to a healthcare professional, supplier and/or manufacturer.	KU17
	4.8	Explain how and when to seek further advice and the importance to review, evaluate and record the outcomes with healthcare professionals to inform further actions and procedures.	KU18 KU19
	4.9	Define responsibilities and the reporting procedures for suspected malpractice.	KU20
	4.10	Outline the legal and organisational requirements for taking and storing client records and visual media.	KU22 KU23

	4.11	Explain the systems and processes that support quality assurance and aesthetic practice improvements.	KU24
	4.12	Explain the importance of monitoring the client's health and wellbeing throughout the aesthetic procedure.	KU25

Indicative Content

Interactions between prescribed medications and supplements and aesthetic procedures

- Medications e.g.: anticoagulants, NSAID, antibiotics, antihistamines, antidepressants, retinoids, immunosuppressants, corticosteroids
- Homeopathic remedies and supplements e.g. St John's Wort
- Herbal and nutritional supplements e.g.: Ginkgo Biloba, Ginseng, Garlic, Turmeric, Ginger,

Risks and complications - *Immediate medical intervention requiring urgent attention*

- Anaphylaxis – severe allergic reaction – acute systemic toxicity
- Vascular occlusion/compression occlusion
- Severe unremitting pain
- Difficulty speaking or swallowing
- Respiratory distress
- Arterial puncture
- Severe abnormal oedema/swelling
- Severe burn
- Severe cuts
- Severe infection - systemic/topical
- Severe haematoma
- Migraine/severe headache
- Severe Nausea/sickness
- Necrosis
- Compromised capillary refill
- Blindness - Bi lateral and unilateral
- Immediate and delayed visual disturbances/double vision
- Vasovagal response/fainting
- Seizures
- Severe injury to eyes

Immediate intervention

- Mild bleeding
- Moderate to mild swelling
- Moderate to mild allergic reactions
- Moderate to mild burn
- Moderate to mild Infection

- Abscess formation
- Cuts and abrasions
- Delayed wound healing response
- Onset delayed auto immune
- Inflammation
- Hives
- Nerve damage
- Hypersensitivity
- Headache
- Biofilm formation
- Mild feeling of nausea
- Flu-like symptoms or respiratory infection
- Erythema/irritation/tenderness of tissues
- Dry eyes/mouth
- Temporary and moderate symptoms or impairment to periorcular or perioral areas
- Changes in skin texture/appearance in adjacent areas
- Pruritus - Mild itchy skin
- Needle stick injuries

Cosmetic Complications Requiring Action

- Sub-optimal cosmetic outcome/asymmetry
- Contour irregularities
- Worsening of cosmetic appearance
- Non-responder/short lived duration
- Migration of product
- Scarring
- Bruising - transitory or definite
- Prolonged/chronic oedema
- Nodule/granuloma formation
- Tyndall effect - dyspigmentation
- Hyper/hypo pigmentation
- Telangiectasia/neovascularisation
- Transitory or definite change of skin colour – hemosiderin
- Transitory or definite skin textural changes
- Transitory or definite formation of skin disorder
- Muscle atrophy
- Petechiae - Small blood blisters

Instructions

- The individual and aesthetic practitioner's legal rights and responsibilities
- Immediate and ongoing support and advice
- Complication management and/or emergency plan
- Post-procedure expectations and associated time frames
- Pre and post-procedure instructions and care

- Restrictions and associated risks
- Future procedures
- Complaints procedure or concerns protocol

Glossary

Adverse reaction - an adverse reaction is an 'unexpected' reaction or outcome following a service, i.e. fainting.

Contra action - a contra-action is an 'expected' reaction or outcome following a service, i.e. erythema

Emergency plan - an emergency plan is a structured set of procedures and guidelines designed to be implemented in response to unexpected and potentially dangerous situations or events. The primary purpose of an emergency plan is to ensure the safety and well-being of individuals.

Evidence-based practice - evidence-based practice is based on the best available, current, valid and relevant evidence.

First aid - first aid can refer to first aid at work qualifications or equivalent and first aid mental health awareness.

Infection Prevention and control measures - refers to evidence-based practices and procedures that, when applied consistently in treatment settings, can prevent or reduce the risk of transmission of microorganisms.

Microbial contamination - microbiological contamination refers to the presence of unwanted microbes such as bacteria, fungi, viruses and spores.

Protocol - a protocol is a standard procedure to ensure best practice and compliance when providing services, i.e. follow manufacturer's instructions.

Risks and complications - an unanticipated problem that arises following, and is a result of, a procedure or treatment.

Universal precautions and standard precautions - universal precautions are relevant if the practitioner is exposed to blood and/or some bodily fluid. It is the responsibility of the practitioner to implement infection prevention and control measures to prevent exposure to blood borne pathogens or Other Potentially Infectious Materials (OPIM). Standard precautions are the basic level of infection control that should be used at all times within the working environment, such as hand hygiene, personal protective equipment, prevention of needle stick and injuries from sharps, risk assessment, respiratory hygiene and cough etiquette, environmental cleaning and waste disposal.

Suggested Resources

Aesthetic Complications and Other Interesting Cases by Dr Patrick Treacy January 2023

Unit CO507: Body Dysmorphia Disorder and Psychological First Aid in Beauty, Wellness and Aesthetic Practice

Unit code: T/651/9195

RQF Level: 5

Unit Aim

- This unit is for practitioners to recognise the symptoms of Body Dysmorphic Disorder (BDD), conduct thorough and psychologically informed consultations, and respond ethically and compassionately to clients who may present with BDD-related concerns or show signs of emotional distress.
- This unit also covers the importance of gaining informed consent, appropriate referral pathways and tailored aftercare for clients who present with red flags or potential risk of BDD.
- This unit also introduces the principles of Psychological First Aid (PFA) through a trauma-informed lens, equipping practitioners to create psychologically safe environments and uphold professional boundaries when clients present with acute anxiety, emotional trauma, or signs of psychological vulnerability.

This unit is linked to the JCCP published HHE Core Competences and the HEE Cosmetic publication part one.

Learning Outcomes, and Assessment Criteria

Learning Outcomes		Assessment Criteria	
To achieve this unit a learner must be able to:		Assessment of these outcomes demonstrates a learner can:	
LO1	Understanding and ethically responding to Body Dysmorphic Disorder (BDD) in Beauty, Wellness and Aesthetic Practice	1.1	Define Body Dysmorphic Disorder (BDD), including those most at risk (e.g. OCD, eating disorders)
		1.2	Explain how aesthetic procedures may heighten symptoms of Body Dysmorphic Disorder (BDD)
		1.3	Explain the importance of conducting face-to-face consultations in identifying Body Dysmorphic Disorder (BDD)
		1.4	Describe how to recognise symptoms and red flags of Body Dysmorphic Disorder (BDD) during a consultation
		1.5	Evaluate the role of screening tools and questionnaires that can be used in assessing the suitability of the client for aesthetic procedures

		1.6	Explain the principles of informed consent and cooling-off periods
		1.7	Describe the course of action to be taken if a client is not suitable for a beauty, wellness or aesthetic procedure
		1.8	Explain how to document the consultation outcomes clearly and ethically
		1.9	Identify appropriate referral pathways and mental health support organisations available
		1.10	Describe effective aftercare and follow-up procedures for clients
		1.11	Summarise the current NICE guidelines in relation to Body Dysmorphic Disorder (BDD)
LO2	Understand the principles of psychological first aid (PFA)	2.1	Define psychological first aid and its purpose, including the core principles of PFA (e.g. look, listen, link)
		2.2	Describe how PFA differs from counselling or therapy
		2.3	Outline when and why PFA may be applied in beauty, wellness and aesthetic practice
LO3	Develop awareness of how emotional distress may present in beauty, wellness and aesthetic practice, including masked or high-functioning presentations	3.1	Identify verbal and non-verbal signs of distress, anxiety, or emotional dysregulation
		3.2	Explain how trauma may present during a consultation, treatment, service, or procedure
		3.3	Describe common mental health concerns seen in salon/clinic settings (e.g. anxiety, low self-esteem)
		3.4	Describe language that should be avoided to prevent re-traumatisation or harm
LO4	Understand the principles of trauma-informed care, including safety, trustworthiness, choice, collaboration, and empowerment	4.1	Demonstrate appropriate verbal and non-verbal communication for supportive interactions
		4.2	Use active listening and validation techniques during emotional disclosure
		4.3	Demonstrate sensitivity to diversity, neurodivergence, and cultural factors affecting emotional presentation
		4.4	Adapt tone, pace, and body language based on the client's emotional state

Indicative content

LO5	Recognise when a client's presentation may require a treatment pause, referral, or safeguarding escalation	5.1	Identify when to pause or postpone treatment or a procedure due to the client's emotional presentation
		5.2	Identify appropriate referral pathways and mental health support services, including culturally competent and inclusive options
		5.3	Explore ethical decision-making in emotionally charged or high-risk scenarios
		5.4	Record client concerns and practitioner actions in line with ethical and legal standards
		5.5	Understand the limits of the practitioner's scope and the importance of signposting rather than diagnosing or treating psychological conditions
		5.6	Embed psychologically informed aftercare and follow-up practices that reinforce dignity, autonomy, and emotional safety
LO6	Maintain your own wellbeing and manage the emotional load.	6.1	Identify the signs of secondary trauma and emotional burnout in practitioners
		6.2	Explain the importance of reflective practice, supervision, and debriefing
		6.3	Develop a personal plan for emotional resilience and self-care
		6.4	Describe organisational and peer strategies to support staff following difficult client interactions

Prevalence and demographic trends

- gender
- age
- culture

Core features and symptoms of BDD

- preoccupation with perceived flaws or defects not observable (or only slightly visible) to others
- compulsive behaviours – mirror checking, skin picking, camouflaging, reassurance seeking, or avoidance
- intrusive thoughts, obsessive comparisons, and distress about appearance
- functional impairment – occupational, social, or relationship difficulties
- links with depression, anxiety, and obsessive-compulsive spectrum disorders, substance, or alcohol abuse

Underlying psychological mechanisms

- distorted body image perception and cognitive biases
- perfectionism and low self-esteem
- influence of trauma, bullying, or appearance-based criticism
- social comparison and internalisation of unrealistic beauty ideals

Industry-specific vulnerabilities

- exposure to beauty ideals and enhancement marketing
- easy access to aesthetic procedures, reinforcing maladaptive body focus
- practitioner reinforcement of appearance anxiety if ethical safeguards are lacking

Vulnerable Groups

- LGBTQ+ individuals
- disabled individuals
- long-term health conditions
- adolescents
- individuals with mental health conditions

Potential triggers during practice

- mirrors, lighting, photography, consultation discussions, before/after imagery
- procedure outcomes not meeting unrealistic expectations
- social media influences and “selfie culture” pressures

Influences

- impact of social media
- perfection culture
- peer pressure
- cultural, social, and historical factors
- religious beliefs
- ethnic identity
- cultural norms/ appearance

Client communication indicators

- excessive preoccupation with a specific feature despite normal appearance
- inability to be reassured by professional opinion
- requests for repeated, unnecessary, or extreme procedures
- distress disproportionate to perceived imperfection

Consultation ethics

- cooling off periods
- face-to-face consultation/assessments
- identifying disordered body image concerns
- informed consent
- use of inclusive language
- communicate to support shared decision making, informed consent and outcome accordance

Scope of practice and duty of care relating to BDD

- understanding that aesthetic practitioners are *not* qualified to diagnose or treat BDD
- ethical responsibility to recognise and manage risk appropriately
- balancing commercial interests with client wellbeing
- adherence to professional codes of conduct and mental health safeguarding principles
- understanding of the psychology of appearance and the drivers behind cosmetic requests

- awareness of the evidence base for psychological outcomes following aesthetic procedures

Informed consent considerations

- ensuring clients have *capacity* and realistic expectations
- recognising when emotional or cognitive distress may impair consent
- ethical obligation to refuse or defer the procedure if BDD is suspected
- emotional support and referral as part of the consent process
- recognition and response to sudden deterioration in a client's psychological or emotional state

Avoiding exploitation and coercion

- avoiding sales-driven or manipulative marketing to vulnerable clients
- ensuring transparency, honesty, and compassion in all client communications
- respecting client dignity and autonomy
- use of sample scripts, red flag check lists and referral resources

Screening and assessment awareness

- red flags in consultation (behavioural, verbal, and emotional indicators)
- example questions to explore client motivation safely and sensitively
- awareness of validated screening tools (e.g., Body Dysmorphic Disorder Questionnaire [BDDQ]) – for practitioner awareness only, not diagnosis

Key red flags

- obsessive mirror-checking
- surgery/clinic/salon hopping
- unrealistic expectations
- emotional manipulation or distress during the consultation
- recognition that some clients may mask distress or present with high-functioning perfectionism

Decision-making protocols

- when to *pause* or *decline* treatment
- steps for *referral* to appropriate mental health support (GP, psychologist, counselling services)
- documentation and record-keeping of professional judgment and actions
- maintaining professionalism and empathy when refusing treatment
- referral pathways and emotional support options

Collaborative approaches

- working alongside mental health professionals when appropriate
- promoting positive body image and self-acceptance messages
- educating clients about healthy appearance expectations and holistic wellbeing

Relevant legislation and guidance

- Mental Health Act and Mental Capacity Act (consent where appropriate)
- Advertising Standards Authority (ASA) and CAP Codes – avoiding misleading claims and reinforcing harmful beauty ideals
- General Data Protection Regulation (GDPR) – confidentiality and record security

- Professional standards from aesthetic and wellbeing regulatory bodies (e.g., JCCP, CPSA, BABTAC etc.)
- NICE Guidelines on BDD and OCD (CG31)
- GMC/NMC/GDC/HCPC professional codes relating to mental health referral

Safeguarding responsibilities

- recognising risk of self-harm or suicidal ideation linked to appearance distress
- knowing when and how to escalate safeguarding concerns
- ethical documentation and multi-agency communication
- implementing ethical marketing - diversity in representation, body positivity, and transparency about outcomes
- post procedure management of psychological issues, including heightened emotional arousal and post-decisional regret

Managing expectation and risk

- techniques to manage client expectations with aesthetic procedures
- recognising emotional distress and manipulation techniques
- understanding how aesthetic procedures may exacerbate BDD symptoms

Psychological first aid core principles

- core PFA models (e.g. WHO, Red Cross: Look, Listen, Link)
- look – identify safety needs and immediate concerns
- listen – provide compassionate, non-judgmental attention
- link – connect individuals with support and practical help

PFA vs. counselling or therapy

- boundaries of the practitioner's role
- differentiation between therapeutic intervention from emotional first aid

Application in aesthetics and wellness settings

- supporting clients experiencing emotional distress during or after procedures
- cultural sensitivity and individual differences in emotional expression and coping
- maintenance of professional boundaries e.g. what not to do or offer clients, offering decision trees for pausing, referring or escalating.

Communication skills

- active listening
- empathy
- grounding techniques
- maintaining a calm presence

Common causes of distress

- body image concerns
- low self-esteem
- trauma triggers
- procedural anxiety
- unmet expectations

Presentations of distress:

- overt signs – crying, agitation, withdrawal, panic, irritability

- masked or high-functioning distress – perfectionism, excessive control, humour, overconfidence, detachment
- somatic indicators – gastrointestinal upset, fatigue, restlessness, tension, altered breathing

Psychological underpinnings

- anxiety
- BDD
- depression
- neurodivergence – masking behaviours
- phobias
- trauma responses (fight/flight/freeze/fawn)

Recognising subtle cues

- tone
- body language
- pacing
- avoidance behaviours

Professional responses

- communication pacing
- grounding
- reassurance
- maintaining a calm therapeutic environment /sensory adaptations
- trauma-informed communication and boundary setting

Core principles of trauma informed care:

- safety – physical, emotional, and psychological safety for clients and practitioners
- trustworthiness and transparency – honesty, clarity, and predictable boundaries
- choice – respecting autonomy, informed consent, and decision-making power
- collaboration and mutuality – shared decision-making, practitioner–client partnership
- empowerment – building confidence and self-efficacy, focusing on strengths

Creating trauma-informed environments

- privacy, language use
- sensory awareness
- consent check-ins
- respect for limits

Relevance to the beauty, aesthetics and wellness sector

- avoiding coercive sales
- managing vulnerability
- understanding trauma triggers related to appearance, touch, or medical settings

Indicators for pausing or declining treatment

- heightened anxiety or panic during consultation
- unrealistic expectations, body dysmorphic features, fixation on flaws
- emotional instability or recent traumatic experience

Referral pathway

- mental health professionals (e.g., GP, counsellor, psychologist)
- local/national support organisations (e.g. Mind, NHS, Samaritans, BDD Foundation)
- safeguarding leads or external authorities if risk of harm to self or others

Safeguarding responsibilities

- recognising abuse, exploitation, neglect, or coercion

Documentation and confidentiality

- appropriate record-keeping and lawful sharing of concerns
- legal and ethical documentation

Practitioner wellbeing and reflective practice

- emotional impact of working with distressed or fixated clients
- guidance on moral injury and debriefing after complex consultations
- recognising practitioner limits and avoiding frustration or burnout
- supervision, peer discussion, and reflective journaling as tools for ethical growth
- developing emotional intelligence and resilience when managing complex consultations
- commitment to CPD in psychological awareness, ethics, and communication

Professional boundaries and scope of practice

- avoiding dual relationships or overstepping therapeutic roles

Understanding emotional labour

- impact of empathy, client stories, and exposure to distress

Recognising practitioner fatigue and burnout

- signs such as irritability, detachment, compassion fatigue

Self-care strategies:

- debriefing and supervision
- peer support networks
- reflection and journaling
- mindfulness, rest, and work-life balance

Setting professional boundaries

- managing emotional investment
- knowing limits

Resilience and self-awareness

- monitoring own triggers and emotional regulation

Creating psychologically safe workplaces

- supportive culture
- open communication
- access to mental health resources
- case supervision and professional boundary setting
- routine audits of outcomes

Glossary:

Active Listening: a communication technique that involves fully concentrating, understanding, responding, and remembering what the other person says — key to identifying client distress.

Boundaries: professional limits that define appropriate interactions between practitioners and clients to ensure emotional safety and ethical care.

Burnout: a state of emotional, mental, and physical exhaustion often caused by prolonged stress or overwork, common in caring professions like beauty, aesthetics and wellness.

Body Dysmorphic Disorder (BDD): a psychological disorder characterised by a persistent preoccupation with one or more perceived flaws or defects in the individual's physical appearance that are not observable or appear minor to others.

Client Disclosure: when a client voluntarily shares personal information or mental health concerns, practitioners must manage disclosures sensitively and confidentially.

Clinical Oversight: supervision or guidance provided by a medically qualified professional to support safe and ethical practice, especially when dealing with complex psychological conditions.

Cognitive Behavioural Therapy (CBT): a structured psychological treatment focusing on identifying and changing unhelpful thoughts and behaviours. One of the most effective therapies for BDD.

Comorbidity: when two or more psychological or medical conditions occur together, such as BDD with anxiety, depression, or obsessive-compulsive disorder (OCD).

Compassion Fatigue: emotional exhaustion resulting from repeated exposure to others' distress, reducing a practitioner's capacity to empathise effectively.

Compulsive Behaviour: repetitive actions performed to reduce anxiety or distress e.g. mirror checking, excessive grooming, or seeking reassurance about their appearance.

Confidentiality: the ethical principle of keeping client information private unless disclosure is necessary to protect the client or others from harm.

Coping Mechanisms: strategies individuals use to manage stress or difficult emotions — may be adaptive (e.g., talking, exercising) or maladaptive (e.g., avoidance, substance use).

Crisis: an event or situation that overwhelms an individual's ability to cope, such as a traumatic incident, distressing aesthetic outcome, or emotional breakdown during or after a treatment or incident.

De-escalation: a series of verbal and non-verbal techniques used to reduce emotional intensity or agitation, helping to calm an anxious or distressed client safely.

Early Intervention: timely support provided to address distress before it escalates into a more serious mental health concern.

Emotional Distress: a state of mental suffering or upset that may manifest as anxiety, sadness, fear, anger, or withdrawal. Common in clients experiencing dissatisfaction, shock, or vulnerability.

Emotional Regulation: the ability to manage and respond to emotional experiences in a healthy way. An important skill for practitioners when supporting distressed clients.

Emotional Triggers: situations or stimuli that evoke strong emotional reactions, often linked to past experiences or insecurities.

Empathy: the ability to understand and share another person's feelings without judgment. An essential skill for providing emotional support and building trust in PFA.

Ethical Responsibility: the moral duty of practitioners to protect their client's wellbeing, including recognising mental health conditions and avoiding treatments that could worsen psychological harm.

Grounding Techniques: methods used to help individuals refocus on the present moment during acute distress e.g., deep breathing, sensory awareness, or physical movement.

Informed Consent: the process of ensuring a client fully understands the nature, risks, and limitations of a treatment. Especially important when psychological vulnerability is suspected.

Insight: the individual's awareness and understanding of their condition. People with poor insight may firmly believe their perceived flaw is real and severe, even when reassured otherwise.

Perceptual Distortion: a misinterpretation or altered perception of one's own appearance, often central to BDD, where individuals see flaws that are not visible to others.

Practitioner Competence: the knowledge, skills, and judgement required to recognise and appropriately manage clients who may have BDD, including knowing when to decline treatment or refer them to an appropriate professional.

Preoccupation: an excessive and repetitive focus on a particular thought or concern — in BDD, this usually relates to their appearance or perceived physical defects.

Professional Boundaries: limits that define appropriate interactions between practitioners and clients, ensuring objectivity and client safety, especially in emotionally sensitive cases.

Psychological Distress: emotional suffering or discomfort often linked to anxiety, depression, or low self-esteem — may be intensified by dissatisfaction with appearance.

Psychological First Aid: supporting emotional wellbeing following distressing events using the core principles of look, listen and link.

Psychological Safety: a sense of trust and emotional security that allows clients to express their feelings openly without fear of judgment or harm.

Red Flags: warning signs or indicators suggesting a client may have psychological distress or an underlying condition such as BDD, e.g., unrealistic expectations, excessive dissatisfaction, or repeated procedures.

Referral Pathway: a structured process that guides practitioners on how to refer clients to the appropriate professionals (e.g., GPs, psychologists, or psychiatrists) when BDD or other mental health concerns are identified.

Reflective Practice: a process by which practitioners evaluate their interactions and responses to improve their professional judgement, empathy, and self-awareness in PFA delivery.

Resilience: the capacity of an individual to recover quickly from difficulties or emotional stress, which PFA seeks to promote in both clients and practitioners.

Risk Assessment: an evaluation of potential psychological or physical risks before treatment, ensuring the client's safety and suitability for treatments/ procedures.

Safeguarding: protecting clients from harm, neglect, or exploitation by recognising risk factors and acting in their best interest, including referring to the appropriate mental health professionals when needed. Including taking appropriate steps if a client discloses distress or self-harm thoughts.

Screening and Assessment: the process of identifying individuals who may be exhibiting signs of BDD before an aesthetic procedure through structured questioning and observation.

Screening Tools: standardised questionnaires or assessment frameworks (e.g., the BDD Questionnaire) used to identify possible symptoms of Body Dysmorphic Disorder.

Selective Serotonin Reuptake Inhibitors (SSRIs): a type of antidepressant medication often prescribed to treat BDD by helping to regulate mood and reduce obsessive-compulsive symptoms.

Self-Care: deliberate actions taken by practitioners to maintain their own physical, mental, and emotional wellbeing to avoid burnout and compassion fatigue.

Self-Efficacy: a person's belief in their ability to cope and recover from distressing events. PFA aims to strengthen this through reassurance and empowerment.

Support Network: a group of professionals, friends, or family members who provide emotional and practical support to an individual in distress.

Trauma-Informed Practice: an approach that recognises the impact of trauma and seeks to provide care that avoids re-traumatisation, prioritising safety, choice, and empowerment.

Therapeutic Relationship: a professional, trust-based relationship between the practitioner and client, developed through empathy, respect, honesty, and clear communication.

Treatment Refusal: the ethical decision to decline a procedure when the practitioner believes it may cause harm or exacerbate psychological distress.

Unrealistic Expectations: beliefs or goals that are unattainable through aesthetic procedures, often associated with clients who have underlying BDD or low self-esteem.

Wellbeing Practice: an approach that prioritises the client's overall physical, emotional, and mental health, not just the aesthetic outcomes.

Wellbeing Practitioner: a professional in beauty, aesthetics, or wellness who provides services that enhance physical appearance and emotional wellbeing while recognising signs of psychological distress.

Suggested Resources

- [HEE Cosmetic publication part one.pdf](#)
- JCCP's published HHE Core Competencies, [Structure of the Register](#)
- Training Provider Guidance: Patient emotional and psychological safety : iccp.org.uk/Home/AgentResource?id=1&type=4
- A selection of publications from the sectors only peer reviewed journal:
- [Journal of Aesthetic Nursing - Kimberley Cairns](#) www.aestheticnursing.co.uk
- Hamilton Fraser (Cosmetic Insurance) Blog: [Psychology and Licensing of Non-Surgical Cosmetic Procedures](#)
- Latest publication in the aesthetics journal : The Last Word: BDD in Patients with Male Pattern Hair Loss.
- Emotional labour and burnout in the hair and beauty industry <https://www.sciencedirect.com/science/article/pii/S2590291124002754>
- Body Perceptions and Psychological Well-Being: A Review of the Impact of Social Media and Physical Measurements on Self-Esteem and Mental Health with a Focus on Body Image Satisfaction and Its Relationship with Cultural and Gender Factors <https://www.mdpi.com/2227-9032/12/14/1396>
- <https://www.consultingroom.com/Blog/466/cosmetic-consultations-part-1:-managing-client-expectations>
- <https://www.nhs.uk/mental-health/conditions/body-dysmorphia/>
- Veale, D., & Neziroglu, F. (2010). *Body Dysmorphic Disorder: A Treatment Manual*
- Pikoos, T., & Rossell, S. L. (2021). *BDD and Cosmetic Procedures: A Psychological Perspective*
- **NICE Guidelines on BDD:** www.nice.org.uk/guidance/cg31
- **BDD Foundation Practitioner Resources:** www.bddfoundation.org
- **Mental Health Screening Tools:** PHQ-9, GAD-7, and BDDQ (free to access online)
- **Mental Health Matters :** www.mhm.org.uk
- **NHS** <https://www.nhs.uk/nhs-services/mental-health-services/>
<https://www.nhs.uk/mental-health/>
- **Mind:** www.mind.org.uk
- **MANUP?:** www.manup.how
- **Men's Minds Matter:** www.mensmindsmatter.org
- **Shout:** www.giveusashout.org

Unit AP707: Clinical Aesthetic Procedures: Botulinum Toxin Injections for the Face

Unit code: Y/651/9196

RQF Level: 7

Unit Aim

(NOS SKANSC3 perform muscle relaxing procedures using botulinum toxin type A)

- This unit is based on the NOS for performing botulinum toxin type A injections to the face to relax muscles to temporarily disguise signs of ageing.
- This unit is for experienced aesthetic practitioners wishing to undertake advanced non-surgical cosmetic procedures. It stresses the need for safe working practices and controlling hazards. Emphasis is placed on the importance of a thorough client consultation to identify the skin conditions to be treated.
- Aesthetic practitioners will formulate a personalised procedure plan, provide procedure and aftercare advice, and complete a post-procedure evaluation and reflection for continuous improvement.
- The aesthetic practitioner must have a Basic Life Support and Anaphylaxis Management or a First Aid at Work qualification or equivalent and be able to carry out the functions within SFHCHS36: Basic life support and have access to life support equipment as identified in the complication management plan.
- To achieve this unit, Aesthetic practitioners will need to ensure that their practices reflect up-to-date information, policies, procedures and best practice guidance.

NOS Performance Criteria (PC)

You must be able to:

1. Acquire and discuss the individual's consultation outcomes and documentation for the botulinum toxin type A procedure from the regulated independent prescriber to include:
 - 1.1 individual procedure plan to include areas to be treated
 - 1.2 advice, support and guidance
 - 1.3 emergency plan
 - 1.4 medicine management policy
 - 1.5 pain management strategy
2. Agree and obtain the botulinum toxin type A prescription from the regulated independent prescriber in accordance with the botulinum toxin type A procedure protocol, legislative, regulatory requirements, organisational policies and procedures
3. Carry out a concise and comprehensive consultation face to face with the individual and maintain your responsibilities for health and safety pre, during and post the botulinum toxin type a procedure
4. Discuss the individual's objectives, concerns, expectations and desired outcomes to inform the botulinum toxin type a procedure plan to include:
 - 4.1 alternative treatment options
5. Establish the botulinum toxin type A procedure plan **in accordance with legislative requirements and organisational policies and procedures

6. Reiterate, confirm and agree with the individual, they have understood the proposed botulinum toxin type A procedure and pain management to include:
 - 6.1 contra-actions
 - 6.2 adverse reactions
7. Obtain the individual's written informed consent for the botulinum toxin type A procedure and pain management, allowing an adequate time scale for the individual to make an informed choice
8. Review the written informed consent for the botulinum toxin type A procedure and pain management
9. Collect with the individual's informed consent, the fulfilled prescription from a pharmacist to include:
 - 9.1 patient specific direction
 - 9.2 saline reconstitution solutions
 - 9.3 device and needle
 - 9.4 storage instructions
 - 9.5 waste disposal protocol
10. Select an effective hygiene preparation product to meet the individual's needs in accordance with the manufacturer's instructions
11. Prepare the individual's treatment area in accordance with the botulinum toxin type A procedure protocol and associated risk avoidance strategies to include:
 - 11.1 mark out pre-procedure markings if applicable
12. Inject the botulinum toxin type A solution with a sterile, single use needle **in accordance with the botulinum toxin type A procedure protocol to include:
 - 12.1 adaptation of injection techniques, depth and placement
 - 12.2 in accordance with the pre-procedure markings if applicable
13. Monitor the individual's health, wellbeing and skin reaction throughout the botulinum toxin type A procedure in accordance with legislative requirements and organisational policies and procedures
14. In the event of an adverse reaction or incident, the aesthetic practitioner must take prompt corrective action as set out within the emergency plan to include:
 - 14.1 seek and implement immediate medical intervention from the identified healthcare professional trained to deal with complications as set out in the emergency plan when a prescription only medication is required
15. Conclude the procedure in accordance with the botulinum toxin type A procedure protocol, legislative requirements and organisational policies and procedures to include:
 - 15.1 removing any pre-procedure markings if applicable
16. Take and store consensual visual media of the individual's treatment area in accordance with insurance requirements, organisational policies and procedures
17. Complete the individual's non-surgical cosmetic procedure records and store in accordance with data legislation
18. Use reflective practice to evaluate the botulinum toxin type A procedure and take appropriate action
19. Provide and obtain confirmation of receipt of the verbal and written instructions and advice given to the individual pre and post procedure to include:
 - 19.1 the regulated independent prescribers contact details
 - 19.2 emergency plan

- 19.3 contingency plan in the event of absence
- 20. Discuss, evaluate and record the outcomes with the regulated independent prescriber and agree further action and future procedures
- 21. Discuss the outcomes and agree future procedures with the individual

Knowledge and understanding (KU)

You need to know and understand:

1. The importance of collaboration with competent professionals to support effective and safe working practices
2. The roles and responsibilities of the independent regulated prescriber
3. Why you must comply with ethical practice and work within the legislative requirements
4. the importance to engage in, and document continuous professional development to include, up-to-date information policies, procedures and best practice guidance
5. the **anatomy and physiology** relevant to this standard
6. the types, composition and pharmacological effects of chemical compounds in botulinum toxin solutions to include:
 - 6.1 how religion and belief can prohibit a botulinum toxin type A procedure
7. the physiological effect of botulinum toxin type A solution has on the targeted and surrounding facial muscle structures to include:
 - 7.1 adaptation of injection techniques
 - 7.2 adaptation of depth and placement
8. the purpose, use and limitations of botulinum toxin type A procedures in relation to:
 - 8.1 past and current medical history
 - 8.2 previous non-surgical cosmetic and/or dental procedure history
 - 8.3 relevant lifestyle factors
 - 8.4 contraindicated medication and medical conditions
 - 8.5 the individual's physical and psychological suitability for the non-surgical cosmetic procedure
 - 8.6 individual's expectations
9. The **adverse reactions** associated with a botulinum toxin type A procedure
10. How to implement the correct course of action in the event of an adverse reaction or incident, to include:
 - 10.1 why and when immediate medical intervention is necessary
11. The **risk avoidance strategies**
12. The regulatory and legislative requirements for prescription only medicines to include:
 - 12.1 licensed and off license product use
13. the licensed indicated use of prescription only medicines and when and why it can be used off license considering:
 - 13.1 safety
 - 13.2 treatment area
 - 13.3 suitability
 - 13.4 agreement with the regulated independent prescriber
14. The types of pain management and associated risks
15. The legislative requirements and restrictions for sourcing, storing and using licensed topical anaesthetics
16. The health and safety responsibilities in line with legislation before, during and after the botulinum toxin type A procedure
17. The importance of acquiring and discussing the consultation outcomes with the regulated independent prescriber

18. The importance of obtaining and following instructions from the regulated independent prescriber in line with the medicines management policy, legislative and regulatory requirements to include:
 - 18.1 access
 - 18.2 use
 - 18.3 storage
 - 18.4 longevity and expiry
 - 18.5 waste disposal policy
 - 18.6 audit and accountability
19. How the regulated independent prescriber's consultation outcomes inform the botulinum toxin type A procedure plan
20. Why it is important to discuss and establish the individual's objectives, concerns, expectations, desired outcomes and agree the botulinum toxin type A procedure plan
21. The importance of using **visual aids** to inform the individual of the physical effects
22. The fee structures and treatment options
23. Why it is important to allow time for the individual to reflect before confirming and agreeing to receive the elective non-surgical cosmetic procedure
24. The importance of obtaining written informed consent for the botulinum toxin type A procedure and pain management
25. The legislative and indemnity requirements of gaining signed, informed consent for the elective non-surgical cosmetic procedure
26. The types of hygiene products for the skin and the importance of following manufacturer's instructions
27. The importance to adhering to the botulinum toxin type A procedure protocol
28. The importance of monitoring the health and wellbeing of the individual during and post procedure
29. The importance of adhering to the emergency plan in the event of an adverse reaction **
30. The legislative, insurance and organisational requirements for taking and storing visual media of the individual's treatment area
31. The legislative and regulatory requirements of completing and storing the individual's medical and non-surgical cosmetic procedure records
32. The expected outcomes from a botulinum toxin type A procedure
33. The importance of discussing, reflecting, evaluating and recording the outcomes with the regulated independent prescriber to inform further action and future procedures
34. How to collate, analyse, summarise and record evaluation feedback in a clear and concise way
35. The importance to record the outcome and evaluation of the botulinum toxin type A procedure
36. The **instructions** and advice pre and post the botulinum toxin type A procedure

Learning Outcomes, and Assessment Criteria

Learning Outcomes. To achieve this unit a learner must be able to:		Assessment Criteria. Assessment of these outcomes demonstrates a learner can:		NOS/KSBs
LO1	Adhere to legal, ethical and professional standards for botulinum toxin procedures	1.1	Obtain and discuss the client's consultation outcomes and prescription for the botulinum toxin type A procedure from the regulated independent prescriber to include: <ul style="list-style-type: none"> • legal, regulatory and organisational requirements • client procedure plan and areas to be treated • advice, support and guidance • emergency plan • medicine management policy • pain management strategy 	PC1, PC2 KU1, KU2, KU3 KU18 KU19
		1.2	Describe the types, composition and pharmacological effects of chemical compounds in botulinum toxin solutions to include: <ul style="list-style-type: none"> • how religion and belief can prohibit a botulinum toxin type A procedure 	KU6
		1.3	Explain the physiological effect botulinum toxin type A solution has on the targeted and surrounding facial muscle structures to include: <ul style="list-style-type: none"> • adaptation of injection techniques • adaptation of depth and placement 	KU7

Indicative Content

- use of universal infection control precautions, clean and disinfected environment, effective handwashing, use of PPE (gloves, masks, visors, eyewear, apron), sharps
- safety, aseptic techniques for injection sites, sterilised tools and equipment and skin preparation to reduce risk of infection
- adhere to botulinum toxin manufacturer's guidelines and treatment protocols – where applicable ensure an accountable prescriber has prescribed treatment specifically for the client requesting the procedure

Skin analysis

- visual examination of the skin

		1.5	<p>Explain the purpose, use and limitations of botulinum toxin type A procedures in relation to:</p> <ul style="list-style-type: none"> • past and current medical history • previous non-surgical cosmetic and/or dental procedure history • relevant lifestyle factors • contraindicated medication and medical conditions • the client's physical and psychological suitability for the non-surgical cosmetic procedure • client expectations 	KU8
		1.6	<p>Explain the regulatory and legislative requirements for prescription-only medicines to include licensed and off-label product use</p>	KU12
		1.7	<p>Explain the licensed indicated use of prescription-only medicines and when and why they can be used off-label considering:</p> <ul style="list-style-type: none"> • safety • treatment area • suitability • agreement with the regulated independent prescriber 	KU13
		1.8	<p>Explain the legislative requirements and restrictions for sourcing, storing and using licensed topical anaesthetics</p>	KU15
		1.9	<p>Describe the health and safety responsibilities in line with legislation before, during and after the botulinum toxin type A procedure</p>	KU16
		1.10	<p>Explain the legislative and indemnity requirements for gaining signed, informed consent for the elective non-surgical cosmetic procedure</p>	KU25

- manual examination of the skin
- magnifying light

		1.11	Explain the legislative, insurance and organisational requirements for taking and storing visual media of the client's treatment area	KU30
		1.12	Explain the legislative and regulatory requirements for completing and storing the client's medical and non-surgical cosmetic procedure records	KU31
LO2	Conduct a client consultation and develop a personalised procedure plan for botulinum toxin procedures	2.1	Conduct a structured face-to-face client consultation, ensuring compliance with health and safety before, during, and after the botulinum toxin type A procedure, and effectively use visual aids to explain anticipated physical effects	PC3 KU17, KU21, KU32
		2.2	Discuss client objectives, concerns, expectations and desired outcomes to inform the botulinum toxin type A procedure plan including; fee structure, treatment options, and alternative treatment options	PC4 KU20, KU22
		2.3	Establish the botulinum toxin type A procedure plan in accordance with legislative requirements and organisational policies and procedures	PC5
		2.4	Reiterate, confirm and agree with the client that they have understood the proposed botulinum toxin type A procedure and pain management to including: <ul style="list-style-type: none"> • contra-actions • adverse reactions 	PC6 KU9, KU11
		2.5	Obtain and review the client's written informed consent for the botulinum toxin type A procedure and pain management, allowing an adequate time scale for the client to make an informed choice	PC7, PC8 KU14, KU23, KU24

- digital skin scanner

		2.6	Obtain the fulfilled prescription from the pharmacist with the client's informed consent to include: <ul style="list-style-type: none"> • patient-specific direction • saline reconstitution solutions • device and needle type • storage instructions • waste disposal protocol 	PC9
LO3	Deliver botulinum toxin procedures safely and effectively	3.1	Select an effective hygiene preparation product to meet the client's needs in accordance with the manufacturer's instructions	PC10, KU26
		3.2	Prepare the client's treatment area in line with botulinum toxin type A protocol and risk management strategies, including marking the procedure sites where applicable	PC11
		3.3	Inject the botulinum toxin type A solution with a sterile, single-use needle following the botulinum toxin type A procedure protocol to include: <ul style="list-style-type: none"> • adaptation of injection techniques, depth and placement • in accordance with the pre-procedure markings if applicable 	PC12, KU27
		3.4	Monitor the client's health, wellbeing and skin response throughout the botulinum toxin type A procedure, ensuring compliance with legislative requirements and organisational policies and procedures	PC13 KU28
		3.5	In the event of an adverse reaction or incident, the aesthetic practitioner must take prompt corrective action following the emergency plan to include: <ul style="list-style-type: none"> • promptly obtain medical intervention from the designated healthcare professional when complications arise and 	PC14 KU9, KU10, KU29

			prescription-only medicine is required	
		3.6	Conclude the procedure in line with the botulinum toxin type A protocol, legislative requirements and organisational procedures to include: <ul style="list-style-type: none"> removing any pre-procedure markings if applicable 	PC15
		3.7	Capture and securely store client-approved images of the procedure area in compliance with insurance and organisation requirements	PC16
		3.8	Complete the client's non-surgical cosmetic procedure records and store in line with data legislation	PC17
LO4	Provide aftercare for botulinum toxin procedures and review procedure outcomes	4.1	Provide verbal and written instructions and confirm the client's receipt of pre and post-procedure advice to include: <ul style="list-style-type: none"> the regulated independent prescriber's contact details emergency plan contingency plan in the event of absence 	PC19 KU36
		4.2	Discuss the outcomes and agree future procedures with the client	PC21
		4.3	Discuss, evaluate and record the outcomes with the regulated independent prescriber and agree further action and future procedures	PC20 KU34, KU35
LO5	Reflect on practice and engage in continuing professional development	5.1	Keep a reflective journal, review the botulinum toxin procedure and evaluate own strengths and areas for improvement	PC18, KU33
		5.2	Explain the importance in engaging in, and documenting continuous professional development including keeping updated on policies, procedures and best practice guidance	KU4

- hydration monitor/scanner

Skin classification

- Rubins scale (severity from 0-4)

- dynamic wrinkles
- fine wrinkles
- static wrinkles
- gravitational folds
- Merz Aesthetic Facial Rating Scales (severity from 0-4)
 - cheeks – volume loss
 - crow’s feet
 - lips (volume, shape, symmetry)
 - marionette lines
 - nasolabial folds

Phenotype

- face shape - heart, oval, round, square
- craniofacial ratios
- golden ratio observations
- symmetry check - symmetrical, mild asymmetry, notable asymmetry
- fat distribution
- bone projection and contour

Genotype

- prone to hypopigmentation
- prone to keloid or hypertrophic scarring
- thick oily skin with delayed ageing
- thin or fragile skin with signs of early ageing
- strong inflammatory response
- acne-prone/enlarged pores
- slow wound healing
- highly sensitive skin (irritated by products/procedures)
- resistant to collagen stimulation
- ethnic or melanin-rich skin type (Fitzpatrick IV-VI)

Skin condition

- lax elasticity
- localised lack of elasticity in the upper orbital rim
- hyper and hypo pigmentation
- congested
- pustular
- fragile
- vascular
- sensitised
- sensitive
- dehydrated
- photo-sensitive
- photo-aged
- lack-lustre

Skin type

- dry
- oily
- combination
- balanced

Signs and patterns

- the presence, extent and location of erythema
- vascular patterns within the skin
- signs indicative of scarring and fibrosis
- discolouration, hyper or hypopigmentation of the skin
- primary and secondary skin lesions
- benign and suspicious skin lesions
- presence of contact irritant or allergy response
- presence of infection or infestation
- hyper or hypo secretion of sebum and sweat
- upper eyelid heaviness/ natural ptosis of upper eyelid
- previous dermal filler procedures (product in the skin)

Disclosed conditions

- contraindications
- body dysmorphic disorders
- dissatisfaction with previous procedures
- physical, and psychological condition
- previous complications from injectable procedures
- safeguarding
- vulnerability issues

Rights

- reflection time/period to make an informed choice
- informed consent
- financial/contractual agreement
- post procedure support and review
- the right to request the practitioner's qualifications, training and indemnity insurance

Visual media

- photographic
- video

Legislation

- The Human Medicines Regulations 2012
- General Data Protection Regulation (GDPR)
- Information Commissioner's Office (ICO)

Anatomy and physiology

- skin structure
- blood vessels
- facial nerves
- facial fat pads

- face and neck muscles

Client consultation outcomes

- client concerns, expectations, motivations and desired outcomes
- facial characteristics, client's anatomy, ethnicity, gender, age, skin type
- general and specific medical history, including pregnancy, breast-feeding or trying to conceive, relevant family history, current prescribed, self-prescribed medications and supplements
- any historical and/or planned surgical treatments
- historical and/or planned non-surgical treatments
- recognition of contra-indications or restrictions
- allergies and any previous reactions to products or interventions
- social and work activities which may impact treatment /outcomes
- lifestyle assessment- intrinsic/ extrinsic factors affecting skin health and ageing factors
- skin assessment – Glogau, Merz and Fitzpatrick scales, type and condition
- facial characteristics and morphology
- appropriate response and referral to an appropriate professional, for disclosed or identified concerns for example; safeguarding issues, dermal lesions or abnormalities, psychological conditions like body dysmorphic disorder
- voluntary informed client consent to agreed plan of care recorded and stored in line with current data protection guidelines and agreed by an accountable practitioner (where appropriate)

Client guidance and information

- prepare the client for the procedure, with the opportunity to have a chaperone if requested
- treatment options and alternatives
- treatment limitations and realistic expectations
- products to support the treatment, medical (prescribed) and non-medical (where appropriate)
- treatment suitability, where it is not suitable or in the best interest of the client
- initial and actual treatment costs and future commitment and costs to maintain results
- treatment risks, adverse reactions and possible interventions
- verbal and written pre and post treatment instructions and advice, to include recovery time, pain management, possible or likely further interventions and recommended treatment intervals to maintain results.
- use of photographs to explain stages of the treatment, and show before and after images
- written treatment information
- clear explanation for client where the procedure is not appropriate
- support pathways, when required
- time for reflection (cooling off period)

Strategies to ensure a client-centred approach and voluntary and informed decisions

- demonstrate appropriate interpersonal skills
- spend sufficient time with client

- involve client in the decision-making process
- adapt consultation style to suit client's needs for example: social, spiritual and cultural requirements and language issues
- respect client preferences and expressed needs
- respect for client individuality, dignity, privacy, respect and rights
- encourage client to ask questions
- encourage mutual trust
- discuss alternatives to the suggested treatment or the option of no treatment
- describe the clinical issue and suggested treatment
- assess the clients understanding of the information provided
- record information gained as part of the clinical discussion, including baseline photographs, in line with professional guidelines and current data protection regulations

Procedure Areas:

- upper face – frontalis, orbicularis oculi, corrugator supercilii, procerus,
- lower face and neck – masseter, mentalis, platysma, nasalis, levator labii superioris, orbicularis oris, depressor anguli oris

Botulinum toxin type A procedure protocol

- working environment
- health and safety
- risk management plan
- infection prevention and control
- consultation outcomes from the regulated independent prescriber
- emergency plan
- medicine management
- procedure plan
- informed consent
- appropriate professionals
- data management
- audit and accountability
- instructions and advice
- waste management
- evidence based and reflective practice

Client's objectives

- muscle relaxant
- cosmetic

Details of procedure:

- review of informed consent documentation after cooling off period, confirmed and signed by the client and accountable practitioner
- date and time of procedure
- prescriber and practitioner names
- lot/ batch number
- expiry date

- product and brand
- dose
- reconstitution
- diluent
- anatomical sites/needle placement
- tissue depth
- volume
- techniques
- adverse effects/ complications
- patient reported outcome measures (PROMs)
- post procedural advice, verbally and written, photographs (at least two views) and treatment follow up instructions

Pharmacology:

- mechanism of action
- anticipated longevity
- dilution
- diffusion
- onset
- duration of action
- reconstitution
- metabolism
- toxicity
- safe disposal of all equipment in line with current guidance
- management of spillage/excess
- storage
- suitability for treatment area
- precautions and contra-indications
- medical or therapeutic use

Record and report issues of concern, adverse events and product safety concerns:

- CPSA and PSRB code of practice and whistleblowing
- CPSA reporting mechanism
- Yellow card
- Pharma company
- Peer networks

Contra-actions

- hyperaemia
- micro wounds
- bruising
- oedema

Glossary

Adverse reactions : adverse reactions are also known as adverse incidents or associated risks. An Adverse reaction is an unexpected physical or physiological reaction from a procedure carried out.

Anatomical landmarks: fixed points used to locate facial structures accurately.

Botulinum toxin type A: a neurotoxic protein that inhibits acetylcholine release, temporarily reducing muscle contraction

Contra-action : contra action is an expected temporary reaction from a procedure.

Contraindicated: a specific situation in which a drug, procedure, or surgery should not be used because it may be harmful to the person.

Craniofacial ratios - Vertical Thirds (Facial Height) and Horizontal Fifths (Facial Width) methods are taken and are used to ensure facial symmetry and are pivotal for both the planning of non-surgical and surgical aesthetic procedures.

Cranial nerves: twelve paired nerves arising from the brain; the facial (VII) and trigeminal (V) nerves are most relevant to facial treatments

Danger zones: the anatomical regions where arteries and veins are at higher risk during injections.

Derma scope – a handheld device used to magnify the skin, up to 10 times larger than the view from the naked eye, to help identify skin conditions. Used by dermatologists for example to identify skin cancers, skin infestations and hair loss.

Digital Skin scanner – this tool is a device that can take photographs of the skin and allows it to be viewed at a microscopic level. It can identify many different skin conditions and supports the recommendation of the correct skin care, with a customised treatment and homecare plan.

Dynamic rhytids: wrinkles caused by repeated muscle movement

Emergency plan: the emergency plan is the responsibility of the regulated independent prescriber. The emergency plan includes the appropriate onsite response, healthcare referral process and access to an emergency kit suitable to deal with adverse reactions or incidents. The regulated independent prescriber has a duty of care to their patients to follow regulatory guidelines set by their Professional, Statutory and Regulated Body.

Extrinsic ageing: the ageing caused by environmental factors like UV exposure and smoking.

Evidence-based practice -evidence-based practice is based on the best available, current, valid and relevant evidence.

Facial artery: the main artery supplying blood to the superficial facial structures

Genotype - inherited genes responsible for characteristics and traits from parent to offspring, based on the dominant and recessive genes, traits that are unlikely to change or can predispose to conditions e.g., eye/hair colour and texture/skin type - ethnicity/blood type/diabetes/heart disease/cancer.

Glogau Scale - a classification system used to measure the severity of photoaging, wrinkles, to help the practitioner to pick the most appropriate procedure for their client.

Golden ratio observations – used in aesthetics as a guideline to create/achieve proportional harmony balance and symmetry to create 'beauty'. Key proportional

methods include facial thirds, length to width ratio, eye and nose width, length of nose, chin and lip proportions. ($\phi \approx 1.618$)

Hydration monitor/scanner - a device that takes precise measurements of the hydration status of the skin.

Informed consent - permission for the practitioner to provide care, treatment or other services given by the individual, or someone acting on their behalf, after receiving all the information they reasonably need to make that decision.

Intrinsic ageing: the natural, genetically determined ageing processes

Licensed indication: the use of a medical product approved by regulatory authorities for specific conditions or areas

Neuromuscular junction: the site where nerve endings transmit signals to muscles, targeted by botulinum toxin

Patient-specific direction: prescription specific to the individual and procedure to be carried out.

Periorbital region: the area surrounding the eyes.

Phenotype - observable physical characteristics and appearance that can change in response to genotype, evolution, the environment and the aging process - nature (inherited genes) and nurture (lifestyle impact): e.g., weight/height/health/disposition/skin type - characteristics/hair type.

Pre-procedure markings: Pre-procedure markings should be carried out using a sterile single use surgical pen. Pre-procedure markings are used to create guidelines to identify injection sites as set out in the non-surgical cosmetic procedure plan.

Refer – to refer is to ask someone else to provide care, treatment or other services which are beyond the scope of the practitioner's practice, or where relevant because the individual has requested a second opinion.

Regulated independent prescriber: regulated independent prescribers are regulated by Professional Statutory Regulatory Bodies. Regulated independent prescribers will hold the relevant qualifications to receive their registration and pin.

Regulated independent prescribers who collaborate with other personnel to carry out botulinum toxin type A procedures are responsible to check the aesthetic practitioner is adequately trained and experienced to administer prescription only medicines.

Rubins scale - is used to classify signs of skin aging. It recognises skin changes in texture and pigment and changes in pigment related to ultraviolet damage. E.g. ephelides in young people and lentigines in older individuals.

Scope of practice - scope of practice is the procedures, actions and processes that a practitioner is allowed to undertake according to their specific education, level of expertise and competency.

Skin Types and Skin Classification: The Fitzpatrick skin classification was developed to predict a person's lifetime risk of developing skin cancer. This used a scale (typically I – VI) to judge how skin reacts to light, in particular whether it is likely to burn or tan. Most practitioners use a combination of hair and skin colour, eye colour and burn/tan response to determine the initial test patch and treatment settings.

SMAS (Superficial Musculoaponeurotic System): the layer connecting facial muscles to the dermis, crucial in facial structure and movement.

Static rhytids: lines visible at rest due to dermal thinning and collagen loss.

Universal precautions and standard precautions: universal precautions are relevant if the practitioner is exposed to blood and/or some bodily fluid. It is the responsibility of the practitioner to implement infection prevention and control measures to prevent exposure to blood borne pathogens or Other Potentially Infectious Materials (OPIM).

Standard precautions are the basic level of infection control that should be used at all times within the working environment, such as hand hygiene, personal protective equipment, prevention of needlestick and injuries from sharps, risk assessment, respiratory hygiene and cough etiquette, environmental cleaning and waste disposal.

Vascular occlusion: the blockage of a blood vessel by filler or external pressure causing ischemia.

Visual media - visual media is used to cover all images recorded including video, photography and digital microscopic images of the hair and/or scalp. This must be carried out with the individual's consent.

Woods lamp/light. - a tool used to examine the skin, hair and scalp. The lamp emits an ultraviolet light, or black light. This makes certain types of cells glow or change colour. It is quick and painless and is used to identify skin conditions and bacterial, fungal and parasitic conditions.

Working environment: the working environment requirements should comply with Health and Safety legislation and be in accordance with guidelines set out either by your local authority or governing body.

Risk assessments should be undertaken and control methods implemented and documented, updated regularly and/or if changes occur. The working environment should be hygienic and fit for purpose for the non-surgical cosmetic procedures to be conducted safely and effectively using aseptic techniques. Infection prevention and control procedures are required to minimise risk of infection and transmission of microbes.

Personal protective equipment must be fit for purpose and available. Equipment and products must be maintained in line with the manufacturer's instructions and legislative requirements. It is advisable to create a complication management and/or emergency plan for all non-surgical cosmetic procedures in the event of an adverse reaction or incident.

Suggested Resources

- Beauty Therapist's Guide to Professional Practice and Client Care Andrea Barham Nov 2020
- <https://www.hse.gov.uk/>
- <https://www.hee.nhs.uk/sites/default/files/documents/HEE%20Cosmetic%20publication%20part%20one.pdf>
- <https://www.aestheticsforms.com/>
- <https://cosmeticcourses.co.uk/5-steps-perfect-consultation/>
- <https://assets.publishing.service.gov.uk>
- <https://www.bmla.co.uk>
- <https://www.consultingroom.com/Blog/466/cosmetic-consultations-part-1:-managing-client-expectations>

- <https://www.nhs.uk/mental-health/conditions/body-dysmorphia/>
- Aging and Aging-Related Diseases: Mechanisms and Interventions: 1086 (Advances in Experimental Medicine and Biology, 1086) 19 Jan. 2019 by Zhao Wang
- Botulinum Toxins in Clinical Aesthetic Practice 3E, Volume Two: Functional Anatomy and Injection Techniques: 2 (Series in Cosmetic and Laser Therapy) 22 Feb. 2018 by Anthony V Benedetto
- Illustrated Guide to Aesthetic Botulinum Toxin Injections (Aesthetic Methods for Skin Rejuvenation) 1 Nov. 2013 by Michael Kane and Gerhard Sattler
- Essentials for Aesthetic Dermatology in Ethnic Skin: Practice and Procedure 29 May 2023 by Mukta Sachdev and Niti Khunger
- Guide to Minimally Invasive Aesthetic Procedures - 29 Oct 2020 by M. Laurin Council
- The Oxford Handbook of Aesthetics (Oxford Handbooks) – 27 Jan. 2005 by Jerrold Levinson
- Botulinum Toxin in Aesthetic Medicine - 25 Jun. 2007 by Mauricio de Maio, Berthold Rzany
- Aesthetic Procedures: Nurse Practitioner's Guide to Cosmetic Dermatology: Nurses Guide to Cosmetic Dermatology – 5 Oct. 2019 by Beth Haney
- Injectable Fillers in Aesthetic Medicine – 23 Aug. 2016 by Mauricio de Maio, Berthold Rzany
- Facial Danger Zones: Avoiding Nerve Injury in Facial Plastic Surgery Hardcover – 1 Sept. 1994 by Brooke R. Dr. Seckel
- Facial Danger Zones: Staying safe with surgery, fillers, and non-invasive devices – Illustrated, 15 Nov. 2019 by Rod Rohrich
- Illustrated Guide to Aesthetic Botulinum Toxin Injections (Aesthetic Methods for Skin Rejuvenation) – 1 Nov. 2013 by Michael Kane and Gerhard Sattler
- Essentials of Medical Aesthetics: Clinical and Scientific Skin Care & Rejuvenation – 22 Nov. 2011 by Dr Honardoust
- The Art of the Aesthetic Practice: 7 Fundamental Steps to Providing the Ultimate Patient Experience and Maximizing Profitability – 11 Sept. 2017 by Ashley Cloud
- Cosmetic Injection Techniques: A Text and Video Guide to Neurotoxins and Fillers –11 Mar. 2019 by Theda C. Kontis (Author), Victor G. Lacombe
- Dermatology: An Illustrated Colour Text Paperback – Illustrated, 17 Nov. 2020 by David Gawkrödger DSc MD FRCP FRCPE and Michael R. Arden-Jones BSc MBBS FRCP DPhil
- Photographic Atlas of Anatomy 9E International Edition (Lippincott Connect) – 3 April 2021 by Rohen, Johannes W. Yokochi, Chihiro, Lutjen-Drecoll and Elke

Unit AP708: Clinical Aesthetic Procedures: Temporary Dermal Fillers for the Face

Unit code: A/651/9197

RQF Level: 7

Unit Aim

(NOS SKANSC4 Perform rejuvenation, regeneration and/or enhancement of the skin using dermal filler procedures)

- This unit is based on the NOS for performing rejuvenation and/or regeneration of the skin using dermal filler techniques for cosmetic purposes to improve the facial skin condition.
- This unit is for experienced aesthetic practitioners wishing to undertake advanced non-surgical cosmetic procedures. It stresses the need for safe working practices and controlling hazards. Emphasis is placed on the importance of a thorough client consultation to identify the skin conditions to be treated.
- Aesthetic practitioners will formulate an individual procedure plan, provide procedure and aftercare advice, and do a post-procedure evaluation and reflection for continuous improvement.
- The aesthetic practitioner must have a Basic Life Support and Anaphylaxis Management or a First Aid at Work qualification or equivalent and be able to carry out the functions within SFHCHS36: Basic life support and have access to life support equipment as identified in the complication management plan.

To achieve this unit Aesthetic practitioners will need to ensure that their practices reflect up-to-date information, policies, procedures and best practice guidance.

NOS Performance criteria (PC)

1. Carry out a concise and comprehensive consultation face to face with the individual and maintain your responsibilities for health and safety pre, during and post the dermal filler procedure
2. Discuss to establish the **individual's objectives**, concerns, expectations and desired outcomes to inform the dermal filler procedure plan to include:
 - 2.1 alternative treatment options
3. Develop an emergency plan with the identified healthcare professional/regulated independent prescriber trained to deal with adverse reactions to dermal fillers
4. Establish the dermal filler procedure plan ****in accordance with legislative requirements and organisational policies and procedures to include:**
 - 4.1 the individual procedure plan
 - 4.2 advice, support and guidance
 - 4.3 emergency plan
 - 4.4 pain management strategy
5. Reiterate, confirm and agree with the individual, they have understood the proposed dermal filler procedure and pain management to include:
 - 5.1 **contra-actions**

5.2 adverse reactions

6. Obtain the individual's written informed consent for the dermal filler procedure and pain management, allowing an adequate time scale for the individual to make an informed choice
7. Review the written informed consent for the dermal filler procedure and pain management
8. Select an effective hygiene preparation product to meet the individual's needs in accordance with the manufacturer's instructions
9. Prepare the individual's treatment area in accordance with the dermal filler procedure protocol and associated risk avoidance strategies to include:
 - 9.1 mark out pre-procedure markings if applicable
10. Source and select the hyaluronic acid dermal filler, detailing the G prime, viscosity and longevity of the product to meet the individual's needs and area to be treated, including associated risks
11. Inject the dermal filler with the sterile single use needle and/or cannula in accordance with the dermal filler procedure protocol to include:
 - 11.1 adaptation of **injection techniques**, depth and placement
 - 11.2 in accordance with the pre-procedure markings if applicable
12. Monitor the individual's health, wellbeing and skin reaction throughout the dermal filler procedure in accordance with legislative requirements and organisational policies and procedures
13. In the event of an adverse reaction or incident, the aesthetic practitioner must take prompt corrective action as set out within the emergency plan to include:
 - 13.1 seek and implement immediate medical intervention from the identified healthcare professional trained to deal with complications as set out in the emergency plan when a prescription only medication is required
14. Conclude the procedure in accordance with the dermal filler procedure protocol, legislative requirements and organisational policies and procedures to include:
 - 14.1 removing any pre-procedure markings if applicable
15. Take and store consensual visual media of the individual's treatment area in accordance with insurance requirements, organisational policies and procedures
16. Complete the individual's non-surgical cosmetic procedure records and store in accordance with data legislation
17. Use reflective practice to evaluate the dermal filler procedure and take appropriate action
18. Provide and obtain confirmation of receipt of the verbal and written instructions and advice given to the individual pre and post procedure to include:
 - 18.1 the aesthetic practitioners contact details
 - 18.2 emergency plan
 - 18.3 contingency plan in the event of absence

19. Record the outcome and evaluation of the dermal filler procedure to agree and inform future procedures
20. Discuss and agree future procedures with the individual

Knowledge and understanding (KU)

You need to know and understand:

1. The importance of collaboration with competent professionals to support effective and safe working practices
2. Your role and responsibilities in performing non-surgical cosmetic procedures and the importance of working within your competence
3. Why you must comply with ethical practice and work within the legislative requirements
4. The importance to engage in, and document continuous professional development to include, up-to-date information policies, procedures and best practice guidance
5. The **anatomy and physiology** relevant to this standard
6. The types, composition and pharmacological effects of chemical compounds in dermal filler solutions to include:
 - 6.1. the physiological effect of hyaluronic acid solution has on facial anatomy, skin tissue and blood supply
7. How to adapt injection techniques to place hyaluronic acid solution safely beneath the skin tissue into underlying structures to meet the individual's needs
8. The **adverse reactions** associated with a dermal filler procedure to include:
 - 8.1 knowledge and avoidance of danger zones
 - 8.2 non-Hyaluronic Acid dermal fillers (semi-permanent)
9. How to implement the correct course of action in the event of an adverse reaction or incident to include:
 - 9.1 why and when immediate medical intervention is necessary
10. The **risk avoidance strategies**
11. The importance of obtaining and following instructions from the identified healthcare professional/regulated independent prescriber in the event of an adverse reaction
12. The purpose, use and limitations of dermal filler procedures in relation to:
 - 12.1 past and current medical history
 - 12.2 previous non-surgical cosmetic and/or dental procedure history
 - 12.3 relevant lifestyle factors
 - 12.4 contraindicated medication and medical conditions
 - 12.5 the individual's physical and psychological suitability for the non-surgical cosmetic procedure
 - 12.6 individual's expectations
 - 12.7 hyper-immune response management
 - 12.8 anaphylaxis management
13. The regulatory and legislative requirements for 'medical devices'
14. The regulatory and legislative requirements for sourcing, recording and administering dermal filler to include:

- 14.1 product name
- 14.2 batch number
- 14.3 expiry date
- 14.4 material data sheets
- 14.5 storage
- 14.6 disposal
- 14.7 audit and accountability
- 15. The types of pain management and associated risks
- 16. The legislative requirements and restrictions for sourcing, storing and using licensed topical anaesthetics
- 17. The health and safety responsibilities in line with legislation before, during and after the dermal filler procedure
- 18. Why it is important to discuss and establish the individual's objectives, concerns, expectations, desired outcomes and agree the non-surgical cosmetic procedure plan
- 19. The importance of using **visual aids** to inform the individual of the physical effects
- 20. The fee structures and treatment options
- 21. The legislative and indemnity requirements of gaining signed, informed consent for the dermal filler procedure
- 22. Why it is important to allow time for the individual to reflect before confirming and agreeing to receive the elective non-surgical cosmetic procedure
- 23. The importance of obtaining written consent for the dermal filler procedure and pain management strategy
- 24. The types of hygiene products for the skin and the importance of following manufacturer's instructions
- 25. The importance of adhering to the **dermal filler procedure protocol**
- 26. The importance of monitoring the health and wellbeing of the individual during and post procedure
- 27. The importance of adhering to the emergency plan in the event of an adverse reaction
- 28. The legislative, insurance and organisational requirements for taking and storing visual media of the individual's treatment area
- 29. The legislative and regulatory requirements of completing and storing the individual's non-surgical cosmetic procedure records
- 30. The expected outcomes from a dermal filler procedure
- 31. The purpose of reflective practice and evaluation and how it informs future procedures
- 32. How to collate, analyse, summarise and record evaluation feedback in a clear and concise way
- 33. The importance to record the outcome and evaluation of the dermal filler procedure
- 34. The **instructions** and advice pre and post the dermal filler procedure

Learning Outcomes, and Assessment Criteria

Learning Outcomes. To achieve this unit a learner must be able to:		Assessment Criteria: Assessment of these outcomes demonstrates a learner can:		NOS/ BKS
LO1	Adhere to legal, ethical and professional standards for dermal filler procedures	1.1	Evaluate your role and responsibilities in performing non-surgical cosmetic procedures and the importance of working within your competence	KU2
		1.2	Explain why you must comply with ethical practice and work within the legislative requirements	KU3
		1.3	Describe the regulatory and legislative requirements for 'medical devices'	KU13
		1.4	Explain the regulatory and legislative requirements for sourcing, recording and administering dermal filler to include: <ul style="list-style-type: none"> • product name • batch number • expiry date • material data sheets • storage • disposal • audit and accountability 	KU14
		1.5	Explain the legislative requirements and restrictions for sourcing, storing and using licensed topical anaesthetics	KU16
		1.6	Describe the health and safety responsibilities in line with legislation before, during and after the dermal filler procedure	KU17
		1.7	Explain the legislative and indemnity requirements of gaining signed, informed consent for the dermal filler procedure	KU21

		1.8	Explain the legislative, insurance and organisational requirements for taking and storing visual media of the client's treatment area	KU22
		1.9	Explain the legislative and regulatory requirements of completing and storing the client's non-surgical cosmetic procedure records	KU29
		1.10	Develop an emergency plan with the identified healthcare professional/regulated independent prescriber trained to deal with adverse reactions to dermal fillers	PC3 KU1,KU11, KU27
LO2	Conduct a client consultation and develop a personalised procedure plan for dermal filler procedures	2.1	Conduct a structured face-to-face client consultation, ensuring compliance with health and safety before, during, and after the dermal filler procedure, and effectively use visual aids to explain anticipated physical effects	PC1 KU12, KU19
		2.2	Discuss client objectives , concerns, expectations and desired outcomes to inform the dermal filler procedure plan including; fee structure, treatment options, and alternative treatment options	PC2 KU18, KU20, KU30
		2.3	Establish the dermal filler procedure plan in accordance with legislative requirements and organisational policies and procedures to include: <ul style="list-style-type: none"> • the personal procedure plan • advice, support and guidance • emergency plan • pain management strategy 	PC4 KU10, KU15

Indicative Content

- use of universal infection control precautions, clean and disinfected environment, effective handwashing, use of PPE (gloves, masks, visors, eyewear, apron), sharps

		2.4	Reiterate, confirm and agree with the client, that they have understood the proposed dermal filler procedure and pain management to include: <ul style="list-style-type: none"> • contra-actions • adverse reactions 	PC5 KU8
		2.5	Obtain and review the client's written informed consent for the dermal filler procedure and pain management, allowing an adequate time scale for the client to make an informed choice	PC6, PC7 KU21, KU22, KU23
		2.6	Compare the types, composition and pharmacological effects of chemical compounds in dermal filler solutions to include the physiological effect hyaluronic acid solution has on facial anatomy, skin tissue and blood supply	KU6
LO3	Deliver dermal filler procedures safely and effectively	3.1	Select an effective hygiene preparation product to meet the client's needs in accordance with the manufacturer's instructions	PC8 KU24
		3.2	Prepare the client's treatment area in line with the dermal filler procedure protocol and risk avoidance strategies to include marking out the procedure sites where applicable	PC9
		3.3	Source and select the hyaluronic acid dermal filler, detailing the G prime, viscosity and longevity of the product to meet the client's needs and area to be treated, including associated risks	PC10
		3.4	Inject the dermal filler with the sterile single-use needle and/or cannula following the dermal filler procedure protocol to include:	PC11 KU7

- safety, aseptic techniques for injection sites, sterilised tools and equipment and skin preparation to reduce risk of infection

			<ul style="list-style-type: none"> • adaptation of injection techniques, depth and placement • in line with the pre-procedure markings if applicable 	
		3.5	Monitor the individual's health, wellbeing and skin response throughout the dermal filler procedure, ensuring compliance with legislative requirements and organisational policies and procedures	PC12 KU26
		3.6	In the event of an adverse reaction or incident, the aesthetic practitioner must take prompt corrective action following the emergency plan to include: <ul style="list-style-type: none"> • promptly obtain medical intervention from the designated healthcare professional when complications arise and prescription-only medicine is required 	PC13 KU9
		3.7	Conclude the procedure in line with the dermal filler procedure protocol, legislative requirements and organisational procedures to include: <ul style="list-style-type: none"> • removing any pre-procedure markings if applicable 	PC14
LO4	Provide aftercare for dermal filler procedures and review procedure outcomes	4.1	Capture and securely store client-approved images of the procedure area in compliance with insurance and organisation requirements	PC15
		4.2	Complete the individual's non-surgical cosmetic procedure records and store in line with data legislation	PC16
		4.3	Provide verbal and written instructions and confirm the client's receipt of pre and post-procedure advice to include: <ul style="list-style-type: none"> • the aesthetic practitioner's contact details 	PC18 KU34

			<ul style="list-style-type: none"> • emergency plan • contingency plan in the event of absence 	
		4.4	Discuss, record and evaluate the outcomes and agree future procedures with the client	PC19. PC20 KU33
LO5	Reflect on practice and engage in continuing professional development	5.1	Keep a reflective journal, review the dermal fillers procedure and evaluate own strengths and areas for improvement	PC17 KU30
		5.2	Explain the importance in engaging in, and documenting continuous professional development including keeping updated on policies, procedures and best practice guidance	KU4

- adhere to dermal filler manufacturer's guidelines and treatment protocols -where applicable ensure an accountable prescriber has prescribed treatment specifically for the client requesting treatment.

Client's objectives

- safety
- anti-ageing
- skin tissue augmentation
- remedial

Skin analysis

- visual examination of the skin
- manual examination of the skin
- magnifying light
- digital skin scanner
- hydration monitor/scanner

Skin classification

- Rubins scale (severity from 0-4)
 - dynamic wrinkles
 - fine wrinkles
 - static wrinkles
 - gravitational folds
- Merz Aesthetic Facial Rating Scales (severity from 0-4)
 - cheeks volume loss
 - crow's feet
 - lips (volume, shape, symmetry)
 - marionette lines
 - nasolabial folds

Phenotype

- face shape - heart, oval, round, square
- craniofacial ratios
- golden ratio observations
- symmetry check - symmetrical, mild asymmetry, notable asymmetry
- fat distribution
- bone projection and contour

Genotype

- prone to hypopigmentation
- prone to keloid or hypertrophic scarring
- thick oily skin with delayed ageing
- thin or fragile skin with signs of early ageing
- strong inflammatory response
- acne prone / enlarged pores
- slow wound healing
- highly sensitive skin (irritated by products/procedures)
- resistant to collagen stimulation
- ethnic or melanin rich skin type (Fitzpatrick IV-VI)

Skin condition

- lax elasticity
- localised lack of elasticity in the upper orbital rim
- hyper and hypo pigmentation
- congested
- pustular
- fragile
- vascular
- sensitised
- sensitive
- dehydrated
- photo-sensitive
- photo-aged
- lack-lustre

Skin type

- dry
- oily
- combination
- balanced

Signs and patterns

- the presence, extent and location of erythema
- vascular patterns within the skin
- signs indicative of scarring and fibrosis

- discolouration, hyper or hypopigmentation of the skin
- primary and secondary skin lesions
- benign and suspicious skin lesions
- presence of contact irritant or allergy response
- presence of infection or infestation
- hyper or hypo secretion of sebum and sweat
- upper eyelid heaviness/ natural ptosis of upper eyelid
- previous dermal filler procedures (product in the skin)

Disclosed conditions

- contraindications
- body dysmorphic disorders
- dissatisfaction with previous procedures
- physical, and psychological condition
- previous complications from injectable procedures
- safeguarding
- vulnerability issues

Rights

- reflection time/period to make an informed choice
- informed consent
- financial/contractual agreement
- post procedure support and review
- the right to request the practitioner's qualifications, training and indemnity insurance

Visual media

- photographic
- video

Legislation

- The Human Medicines Regulations 2012
- General Data Protection Regulation (GDPR)
- Information Commissioner's Office (ICO)

Anatomy and physiology

- skin structure
- blood vessels
- facial nerves
- facial fat pads
- face and neck muscles

Client consultation outcomes

- client concerns, expectations, motivations and desired outcomes
- facial characteristics, clients anatomy, ethnicity, gender, age, skin type
- general and specific medical history, including pregnancy, breast feeding or trying to conceive, relevant family history, current prescribed, self-prescribed medications and supplements
- any historical and/or planned surgical treatments
- historical and/or planned non-surgical treatments

- recognition of contra-indications or restrictions
- allergies and any previous reactions to products or interventions
- social and work activities which may impact treatment /outcomes
- lifestyle assessment- intrinsic/ extrinsic factors affecting skin health and ageing factors
- skin assessment – Glogau, Merz and Fitzpatrick scales, type and condition
- facial characteristics and morphology
- appropriate response and referral to an appropriate professional, for disclosed or identified concerns for example; safeguarding issues, dermal lesions or abnormalities, psychological conditions like body dysmorphic disorder
- voluntary informed client consent to agreed plan of care recorded and stored in line with current data protection guidelines and agreed by an accountable practitioner (where appropriate)

Client guidance and information

- prepare the client for the procedure, with the opportunity to have a chaperone if requested
- treatment options and alternatives
- treatment limitations and realistic expectations
- products to support the treatment, medical (prescribed) and non-medical (where appropriate)
- treatment suitability, where it is not suitable or in the best interest of the client
- initial and actual treatment costs and future commitment and costs to maintain results
- treatment risks, adverse reactions and possible interventions
- verbal and written pre and post treatment instructions and advice, to include recovery time, pain management, possible or likely further interventions and recommended treatment intervals to maintain results.
- use of photographs to explain stages of the treatment, and show before and after images
- written treatment information
- clear explanation for client where the procedure is not appropriate
- support pathways, when required
- time for reflection (cooling off period)

Strategies to ensure a client-centred approach and voluntary and informed decisions

- demonstrate appropriate interpersonal skills
- spend sufficient time with client
- involve client in the decision-making process
- adapt consultation style to suit clients' needs for example: social, spiritual and cultural requirements and language issues
- respect client preferences and expressed needs
- respect for client individuality, dignity, privacy, respect and rights
- encourage client to ask questions
- encourage mutual trust
- discuss alternatives to the suggested treatment or the option of no treatment
- describe the clinical issue and suggested treatment
- assess the clients understanding of the information provided

- record information gained as part of the clinical discussion, including baseline photographs, in line with professional guidelines and current data protection regulations

Treatment Areas

- midface - nasolabial lines, zygomatic, cheek augmentation
- lower face - marionette lines, peri-oral lines, lip line and lip volumisation, chin, jawline contouring

Injection techniques

- bolus
- intradermal
- micro-papular
- linear threading
- cross hatching
- fanning
- tenting

Treatment methods:

- needle and cannula

Details of treatment:

- review of informed consent documentation after cooling off period, confirmed and signed by the client and accountable practitioner
- minimise risk through, marking danger zones appropriate to procedure, using prick or patch testing
- date and time of procedure
- prescriber and practitioner names
- lot/ batch number
- expiry date
- product and brand
- type of filler
- dose range
- reconstitution
- diluent
- volume injected
- needle or cannula administration
- anatomical sites
- tissue depth e.g. intradermal, sub dermal, periosteal
- techniques
- adverse effects/ complications
- patient reported outcome measures (proms)
- additional products/medicines injected
- post procedural advice, verbally and written, photographs (at least two views) and treatment follow up instructions

- follow up appointments, correct asymmetry and top ups

Biochemistry:

- mechanism of action
- treatment indications
- interaction with skin
- suitability for treatment area
- anticipated longevity
- viscosity
- diffusion
- storage
- disposal
- precautions and contra-indications

Anaesthetics:

- topical, local infiltration, field block and nerve block
- indications for use
- mode of action
- pharmacokinetics
- limitations and precautions
- recognising and managing side effects

Record and report issues of concern, adverse events and product safety concerns:

- CPSA and PSRB code of practice and whistleblowing
- CPSA reporting mechanism
- Yellow card
- Pharma company
- Peer networks

Contra-actions

- hyperaemia
- wounds
- bruising
- oedema

Adverse reactions

- infection
- pigment irregularities
- nausea
- allergic reaction
- anaphylaxis
- medicine toxicity/incompatibility/ contraindications
- vasovagal syncope
- asymmetry
- palpability of the filler
- blindness
- necrosis
- nodules
- vascular occlusion
- Tindal effect
- arterial occlusion
- compression occlusion
- migration of the dermal filler
- body dysmorphia
- reduced lymphatic drainage
- granulomas
- needlestick injuries
- stroke
- death
- pulmonary embolism

Risk avoidance strategies

- emergency plan
- risk assessment(s)
- acquired medical history
- procedure plan(s)
- restrictive treatment areas
- pre and post instructions and advice
- avoidance of off license use
- inoculations
- first aid at work qualification and basic life support or equivalent
- general health and safety working practices
- infection prevention and control
- working environment
- collaboration with healthcare professional/regulated independent prescriber/appropriate professionals
- legislative prescription protocol
- medicine management
- informed consent
- data management

- audit and accountability
- understanding of the pharmacology
- working knowledge of facial and neck anatomy
- waste management
- assessment of the individual's physical and emotional suitability

Visual aids

- illustrative images
- illustrative diagrams
- pre-procedure markings

Dermal filler procedure protocol

- working environment
- health and safety
- risk management plan
- infection prevention and control
- identified healthcare professional/regulated independent prescriber
- emergency plan
- procedure plan
- informed consent
- appropriate professionals
- data management
- audit and accountability
- instructions and advice
- waste management
- evidence based and reflective practice

Instructions

- the individual, regulated independent prescriber and aesthetic practitioner's legal rights and responsibilities
- emergency plan
- post procedure expectations and associated time frames
- pre and post procedure instructions and care
- restrictions and associated risks
- future procedures
- complaints procedure or concerns protocol

Glossary

Adverse reactions: adverse reactions are also known as adverse incidents or associated risks. An Adverse reaction is an unexpected physical or physiological reaction from a procedure carried out

Aseptic Technique: procedures performed under sterile conditions to prevent infection

Anatomical landmarks: fixed points used to locate facial structures accurately.

Cannula: a blunt-tipped instrument used to reduce the risk of vascular injury during filler procedures

Contra-action: contra action is an expected temporary reaction from a procedure

Contraindicated: a specific situation in which a drug, procedure, or surgery should not be used because it may be harmful to the person.

Craniofacial ratios - Vertical Thirds (Facial Height) and Horizontal Fifths (Facial Width) methods are taken and are used to ensure facial symmetry and are pivotal for both the planning of non-surgical and surgical aesthetic procedures.

Cranial nerves: twelve paired nerves arising from the brain; the facial (VII) and trigeminal (V) nerves are most relevant to facial treatments

Danger zones: the anatomical regions where arteries and veins are at higher risk during injections.

Dermis: the middle layer of skin where collagen and elastin fibres are found

Derma scope – a handheld device used to magnify the skin, up to 10 times larger than the view from the naked eye, to help identify skin conditions. Used by dermatologists for example to identify skin cancers, skin infestations and hair loss.

Digital Skin scanner – this tool is a device that can take photographs of the skin and allows it to be viewed at a microscopic level. It can identify many different skin conditions and supports the recommendation of the correct skin care, with a customised treatment and homecare plan.

Dynamic rhytids: wrinkles caused by repeated muscle movement

Ethnic variation: the differences in facial bone structure, soft tissue, and pigmentation among populations

Emergency plan: the emergency plan is the responsibility of the aesthetic practitioner that includes use and access to the emergency kit. An identified healthcare professional will act as the regulated independent prescriber if a prescription only medication is required in the event of an adverse reaction. The regulated independent prescriber has a duty of care to their patients to follow regulatory guidelines set by their Professional, Statutory and Regulated Body

Evidence-based practice -evidence-based practice is based on the best available, current, valid and relevant evidence.

Extrinsic ageing: the ageing caused by environmental factors like UV exposure and smoking

Facial artery: the main artery supplying blood to the superficial facial structures

Fanning Technique: a filler injection method where the needle or cannula is inserted and product is deposited in multiple radial directions.

Gender dimorphism: the anatomical differences between male and female faces (e.g., brow, jawline).

Genotype - inherited genes responsible for characteristics and traits from parent to offspring, based on the dominant and recessive genes, traits that are unlikely to change or can predispose to conditions e.g., eye/hair colour and texture/skin type - ethnicity/blood type/diabetes/heart disease/cancer.

Glogau Scale - a classification system used to measure the severity of photoaging, wrinkles, to help the practitioner to pick the most appropriate procedure for their

client.

Golden ratio observations – used in aesthetics as a guideline to create/achieve proportional harmony balance and symmetry to create ‘beauty’. Key proportional methods include facial thirds, length to width ratio, eye and nose width, length of nose, chin and lip proportions. ($\phi \approx 1.618$)

Granuloma: a type of delayed immune response causing a firm lump under the skin

Hydration monitor/scanner - a device that takes precise measurements of the hydration status of the skin.

Informed consent - permission for the practitioner to provide care, treatment or other services given by the individual, or someone acting on their behalf, after receiving all the information they reasonably need to make that decision.

Intrinsic ageing: the natural, genetically determined ageing processes

Licensed indication: the use of a medical product approved by regulatory authorities for specific conditions or areas

Neocollagenesis: the process of new collagen formation, stimulated by dermal fillers

Patient specific direction: prescription specific to the individual and procedure to be carried out.

Periorbital region: the area surrounding the eyes.

Phenotype - observable physical characteristics and appearance that can change in response to genotype, evolution, the environment and the aging process - nature (inherited genes) and nurture (lifestyle impact): e.g., weight/height/health/disposition/skin type - characteristics/hair type.

Pre-procedure markings: Pre-procedure markings should be carried out using a sterile single use surgical pen. Pre-procedure markings are used to create guidelines to identify injection sites as set out in the non-surgical cosmetic procedure plan.

Reconstitution: the process of mixing PLLA powder with sterile water to prepare it for injection.

Refer – to refer is to ask someone else to provide care, treatment or other services which are beyond the scope of the practitioner’s practice, or where relevant because the individual has requested a second opinion.

Regulated independent prescriber: regulated independent prescribers are regulated by Professional Statutory Regulatory Bodies. Regulated independent prescribers will hold the relevant qualifications to receive their registration and pin.

Regulated independent prescribers who collaborate with other personnel to carry out dermal filler procedures are responsible to check the aesthetic practitioner is adequately trained and experienced to administer prescription only medicines e.g. hyaluronidase.

Retrograde Threading: injection technique where filler is deposited while withdrawing the needle or cannula

Rubins scale - is used to classify signs of skin aging. It recognises skin changes in texture and pigment and changes in pigment related to ultraviolet damage. E.g. ephelides in young people and lentigines in older individuals.

Scope of practice - scope of practice is the procedures, actions and processes that a practitioner is allowed to undertake according to their specific education, level of expertise and competency.

Skin Types and Skin Classification: The Fitzpatrick skin classification was developed to predict a person's lifetime risk of developing skin cancer. This used a scale (typically I – VI) to judge how skin reacts to light, in particular whether it is likely to burn or tan. Most practitioners use a combination of hair and skin colour, eye colour and burn/tan response to determine the initial test patch and treatment settings.

SMAS (Superficial Musculoaponeurotic System): the layer connecting facial muscles to the dermis, crucial in facial structure and movement.

Static rhytids: lines visible at rest due to dermal thinning and collagen loss.

Treatment area: the indicative area to be treated, can also be referred to as treatment site or the anatomical name

Universal precautions and standard precautions: universal precautions are relevant if the practitioner is exposed to blood and/or some bodily fluid. It is the responsibility of the practitioner to implement infection prevention and control measures to prevent exposure to blood borne pathogens or Other Potentially Infectious Materials (OPIM).

Standard precautions are the basic level of infection control that should be used at all times within the working environment, such as hand hygiene, personal protective equipment, prevention of needlestick and injuries from sharps, risk assessment, respiratory hygiene and cough etiquette, environmental cleaning and waste disposal.

Vascular occlusion: the blockage of a blood vessel by filler or external pressure causing ischemia.

Visual media - visual media is used to cover all images recorded including video, photography and digital microscopic images of the hair and/or scalp. This must be carried out with the individual's consent.

Volume loss: the reduction in subcutaneous fat, muscle, and bone support with age.

Woods lamp/light. - a tool used to examine the skin, hair and scalp. The lamp emits an ultraviolet light, or black light. This makes certain types of cells glow or change colour. It is quick and painless and is used to identify skin conditions and bacterial, fungal and parasitic conditions.

Working environment: the working environment requirements should comply with Health and Safety legislation and be in accordance with guidelines set out either by your local authority or governing body.

Risk assessments should be undertaken and control methods implemented and documented, updated regularly and/or if changes occur. The working environment should be hygienic and fit for purpose for the non-surgical cosmetic procedures to be conducted safely and effectively using aseptic techniques. Infection prevention and control procedures are required to minimise risk of infection and transmission of microbes.

Personal protective equipment must be fit for purpose and available. Equipment and products must be maintained in line with the manufacturer's instructions and legislative requirements. It is advisable to create a complication management and/or emergency plan for all non-surgical cosmetic procedures in the event of an adverse reaction or incident.

Suggested Resources

- Beauty Therapist's Guide to Professional Practice and Client Care Andrea Barham Nov 2020
- <https://www.hse.gov.uk/>
- <https://www.hee.nhs.uk/sites/default/files/documents/HEE%20Cosmetic%20publicatio%20part%20one.pdf>
- <https://www.aestheticsforms.com/>
- <https://cosmeticcourses.co.uk/5-steps-perfect-consultation/>
- <https://assets.publishing.service.gov.uk>
- <https://www.bmla.co.uk>
- <https://www.consultingroom.com/Blog/466/cosmetic-consultations-part-1:-managing-client-expectations>
- <https://www.nhs.uk/mental-health/conditions/body-dysmorphia/>
- Aging and Aging-Related Diseases: Mechanisms and Interventions: 1086 (Advances in Experimental Medicine and Biology, 1086) 19 Jan. 2019 by Zhao Wang
- Dermal Fillers: Facial Anatomy and Injection Techniques 10 Jun. 2020 by André Vieira Braz and Thais Harumi Sakuma
- A Practical Guide to Dermal Filler Procedures 1 Dec. 2011 by Rebecca Small and Dalano Hoang
- Essentials for Aesthetic Dermatology in Ethnic Skin: Practice and Procedure 29 May 2023 by Mukta Sachdev and Niti Khunger
- Guide to Minimally Invasive Aesthetic Procedures - 29 Oct 2020 by M. Laurin Council
- The Oxford Handbook of Aesthetics (Oxford Handbooks) – 27 Jan. 2005 by Jerrold Levinson
- Aesthetic Procedures: Nurse Practitioner's Guide to Cosmetic Dermatology: Nurses Guide to Cosmetic Dermatology – 5 Oct. 2019 by Beth Haney
- Injectable Fillers in Aesthetic Medicine – 23 Aug. 2016 by Mauricio de Maio, Berthold Rzany
- Facial Danger Zones: Avoiding Nerve Injury in Facial Plastic Surgery Hardcover – 1 Sept. 1994 by Brooke R. Dr. Seckel
- Facial Danger Zones: Staying safe with surgery, fillers, and non-invasive devices – Illustrated, 15 Nov. 2019 by Rod Rohrich
- Illustrated Guide to Injectable Fillers: Basics, Indications, Uses (Aesthetic Methods for Skin Rejuvenation) – 28 Mar. 2016 by Gerhard Sattler and Uliana Gout
- Essentials of Medical Aesthetics: Clinical and Scientific Skin Care & Rejuvenation – 22 Nov. 2011 by Dr Honardoust
- The Art of the Aesthetic Practice: 7 Fundamental Steps to Providing the Ultimate Patient Experience and Maximizing Profitability – 11 Sept. 2017 by Ashley Cloud

- Cosmetic Injection Techniques: A Text and Video Guide to Neurotoxins and Fillers –11 Mar. 2019 by Theda C. Kontis (Author), Victor G. Lacombe
- Dermal Fillers: Facial Anatomy and Injection Techniques – 10 Jun. 2020 by André Vieira Braz and Thais Harumi Sakuma
- Dermatology: An Illustrated Colour Text Paperback – Illustrated, 17 Nov. 2020 by David Gawkrödger DSc MD FRCP FRCPE and Michael R. Ardern-Jones BSc MBBS FRCP DPhil
- Photographic Atlas of Anatomy 9E International Edition (Lippincott Connect) – 3 April 2021 by Rohen, Johannes W. Yokochi, Chihiro, Lutjen-Drecoll and Elke
- A Practical Guide to Dermal Filler Procedures – 1 Dec. 2011 by Rebecca Small and Dalano Hoang

Assessment Guidance

All assessment of occupational competence will be conducted in a realistic work i.e., salon or clinic environment. Simulation is not allowed. Learners' competence will be assessed using methods that are appropriate for the assessment of skills, knowledge and understanding.

Assessment observations of **practical performance** will be recorded and will confirm that **all** the competence-based assessment criteria have been met. Observation records may include oral questioning and learner responses. Observations will be signed and dated by the learner and assessor and recorded on the unit assessment checklist. Supporting evidence of learner competency e.g., client case studies/before and after procedure photographs, tasks, assignments etc. should be referenced and retained in learners' portfolios of evidence.

Holistic assessment is encouraged, and one piece of evidence may be used to meet the requirements of more than one learning outcome/unit or assessment criterion.

For the assessment of knowledge and understanding criteria, learners are required to provide oral or written responses to questions, tasks and assignments. Questions, tasks and assignments provided by Qualifi are listed below.

Written Assessments and Tasks:

The qualification/s overall are graded: Pass/Fail

MCQs and SAQs are graded: <64% = Fail >65% = Pass

Unit % will be based on the mark achieved for the summative SAQ assessment.

All assessments – formative and summative must be completed.

(Unless stated otherwise, all assessments are summative)

Assessments:

- **Unit CO701: Dermatology, Anatomy, Pathophysiology for Clinical Aesthetic Practice**
 - **Formative assessment**
 - LO1 – LO4 knowledge and understanding will be assessed through 1 x MCQ – multiple choice question paper (online)
 - **Summative assessment**
 - LO1 – LO4 knowledge and understanding will be assessed through 1 x SAQ – short answer questions
 - LO1 – LO4 knowledge and understanding will also be assessed holistically through the professional discussion for the procedure*
- **Unit CO602: Complication Management for Aesthetic Practice**
 - LO1 – LO4 will be assessed 2 tasks: create a complications management form and develop complication protocols

- LO1 – LO4 performance criteria outcomes will require practical competency to be observed by the Assessor via successfully completing the client’s complications management form and implementing their protocols via simulation
- LO1 – LO4 knowledge and understanding will be assessed through 1 x SAQ – short answer question paper
LO1 – LO4 knowledge and understanding will also be assessed holistically through the professional discussion for the procedure
- **Unit CO507: Body Dysmorphia Disorder and Psychological First Aid in Beauty, Wellness and Aesthetic Practice**
 - Formative assessment**
 - LO1 – LO5 knowledge and understanding will be assessed through 1 x MCQ – multiple choice question paper (online)
 - Summative assessment**
 - LO1 – LO5 knowledge and understanding will be assessed through 1 x SAQ – short answer questions
LO6 knowledge and assessment will be assessed through 2 x Tasks
Professional discussion including scenario-based role plays
- **Unit AP707: Clinical Aesthetic Procedures: Botulinum Toxin Injections for the Face**
 - LO1 – LO4 skills will be assessed through observations to cover the range in the indicative content:
10 x formative Botulinum Toxin procedures
10 x summative Botulinum Toxin procedures
Oral questions
 - LO1 – LO4 knowledge and understanding will be assessed through:
1 x ERQ – extended response questions
Professional discussion (based on completed portfolio of evidence)
 - LO5 – Completed Reflective Journal
- **Unit AP708: Clinical Aesthetic Procedures: Temporary Dermal Fillers for the Face**
 - LO1 – LO4 skills will be assessed through observations to cover the range in the indicative content:
10 x formative Dermal Fillers procedures
10 x summative Dermal Fillers procedures
Oral questions
 - LO1 – LO4 knowledge and understanding will be assessed through:
1 x ERQ – extended response questions
Professional discussion (based on completed portfolio of evidence)
 - LO5 – Completed Reflective Journal

Special Considerations and Reasonable Adjustments

This qualification and its assessments have been designed to best support accessibility and inclusion for all learners. In the design and development of qualifications and assessment Qualifi complies with the requirements of the Equality Act 2010 and the appropriate Ofqual general conditions of regulation. In some instances individuals will have diverse learning needs and need reasonable adjustments to be able fully participate in the qualification and have fair access to assessment. Reasonable adjustments, including additional time or alternative evidence formats, are intended to enable learners with individual needs to demonstrate their skills and knowledge without changing the demands of the assessment. Centres are responsible for making sure that learners can access the requirements of the qualification at the start of a programme of learning.

Special consideration can be given after an assessment has taken place for learners who have been affected by adverse circumstances, such as illness. Special considerations can be in relation to the amount of time given for evidence to be provided or the format of the assessment as long as this is equally valid. However, centres must not agree to the use of alternative forms of evidence to those stipulated in a unit, or to the omission of any assessment criteria when judging attainment.

For further details please see QUALIFI's *Reasonable Adjustment and Special Consideration Policy* and *Access to Fair Assessment Policy and Procedure*.

Malpractice and Maladministration

Centre or learner malpractice undermines the integrity and validity of assessment and/or the certification of qualifications and can arise or be suspected in relation to any unit or type of assessment within the qualification.

Centres are required to take steps to prevent malpractice and to investigate instances of suspected malpractice. Centres will investigate the allegation in compliance with their own published and QUALIFI approved policy and procedures.

Incidents of maladministration, unintentional errors in the delivery or assessment of QUALIFI qualifications that may affect the assessment of learners, should also be reported in the same way.

QUALIFI may conduct an investigation if we believe that internal assessment and/or internal quality assurance is not being carried out in line with our policies. QUALIFI reserves the right to withhold the issuing of results and/or certificates while an investigation is in progress.

For further details regarding malpractice and how to report suspected malpractice please see QUALIFI's *Malpractice and Maladministration Policy* and *Plagiarism, Collusion and Cheating Policy*.

Where centres have concerns about learner use of Artificial Intelligence (AI) please refer to the *QUALIFI Guidance statement to centres on the risk of AI*.

Contact Details

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