Qualification Specification

GA Level 7 Diploma in Aesthetic Injectables (610/3660/2)

This qualification is subject to the GA Centre Assessment and Standards Scrutiny and General Moderation policy.

This GA qualification is delivered exclusively in partnership with Skin Group International Ltd.

Contents

Section 1: Qualification Overview

1.1 Introduction

Gatehouse Awards (GA) qualifications are designed to give candidates the skills to be active in the modern labour market and progress in their career and/or into higher level study.

This qualification forms part of the GA Aesthetic Pathway: Non-Surgical Aesthetic Procedures, which has been developed in partnership with Skin College (a division of Skin Group International Ltd).

This document provides centre staff, candidates and employers with an overview of the qualification content as well as the assessment and quality assurance requirements for this qualification.

This qualification is regulated by the Office of Qualifications and Examinations Regulations (Ofqual) in England and are part of the Regulated Qualifications Framework (RQF). All versions of this qualification are listed on the Register of Regulated Qualifications which is operated by Ofqual at http://register.ofqual.gov.uk.

This qualification has been developed with due regard to the National Occupational Standards (NOS) relating to the relevant modalities, as well as standards and recommendations issued by the Joint Council for Cosmetic Practitioners (JCCP), Cosmetic Practitioners Standards Authority (CPSA), and the Health Education England (HEE) publication 'Qualification requirements for the delivery of cosmetic procedures' (2015).

1.2 Qualification Titles, Qualification Numbers and Important Dates

Qualification Title and Level	Qualification Number	Operational Start Date	Operational Review Date
GA Level 7 Diploma in Aesthetic Injectables	610/3660/2	25/01/2024	Jan 2027

1.3 Qualification Aims and Objectives

This qualification is designed to enhance a candidate's job prospects and provide the underpinning knowledge for a successful career in a clinical working environment. The qualification covers both the theory and practical competencies needed to deliver aesthetic injectable treatments using botulinum toxin A and dermal fillers.

The aim of the GA Level 7 Diploma in Aesthetic Injectables qualification is to prepare candidates to provide the highest standards of proficient client-centred care and deliver aesthetic injectable treatments safely and appropriately.

Candidates will adhere to the principles of 'do no harm' and promoting public health at all times, with skills and proficiency underpinned by person-centred care and appropriate theoretical knowledge.

The qualification provides an understanding of the techniques, practices, health and safety, ethical and legal requirements related to providing injectable botulinum toxin A and dermal filler treatments.

The qualification will equip candidates with the skills to safely deliver high quality, client-centred care.

The qualification will encourage engagement in learning and support a role in the workplace.

Individuals receiving non-surgical aesthetic injectable treatments can be referred to as 'clients', 'customers' or 'patients' depending on the context. Throughout this qualification specification, the term 'client' is used.

1.4 Qualification Structure and Overview: Title, GLH, TQT, Unit Titles and Credit Value

The structure of this qualification is as follows:

GA Level 7 Diploma in Aesthetic Injectables (610/3660/2)					
Mandatory Units	Unit Reference	Level	Credits	GLH*	Study Time*
1. Core Principles of Aesthetic Injectable Treatments	L/650/9724	6	14	40	100
2. Anatomy and Physiology for Planning and Carrying out Aesthetic Injectable Treatments	M/650/9725	6	9	30	60
3. Socio-Economic, Cultural and Psychological Constructs in Aesthetic Practice	Y/650/9728	7	7	30	40
4. The Principles of Botulinum Toxin A Injectable Aesthetic Treatments	A/650/9729	7	7	30	40
5. The Practice of Botulinum Toxin A Injectable Aesthetic Treatments	J/650/9731	7	8	20	60
6. The Principles of Dermal Filler Injectable Aesthetic Treatments	A/650/9738	7	7	30	40
7. The Practice of Dermal Filler Injectable Aesthetic Treatments	J/650/9740	7	8	20	60
			Total Credits 60	Total GLH* 200	TQT* (GLH + ST 600

*Guided Learning Hours (GLH): Definition

The activity of a learner in being taught or instructed by – or otherwise participating in education or training under the immediate guidance or supervision of – a lecturer, supervisor, tutor or other appropriate provider of education or training.

**Total Qualification Time (TQT): Definition

The number of Guided Learning Hours assigned, plus an estimate of the number of study hours a candidate will reasonably be likely to spend in preparation, study or any other form of participation in education or training, including assessment, which takes place as directed by – but, unlike Guided Learning, not under the immediate guidance or supervision of a lecturer, supervisor, tutor or other appropriate provider of education or training.

The number of study hours a candidate is expected to undertake in order to complete each unit is expressed in the 'Study Time' above. This, including the GLH, provides the Total Qualification Time, or TQT, and represents an estimate of the total amount of time that could reasonably be expected to be required in order for a candidate to achieve and demonstrate the achievement of the level of attainment necessary for the award of the qualification.

The estimates for Guided Learning Hours and Total Qualification Time above have been produced with due regard to information gathered from those with experience in education and training and are in line with guidance published by Ofqual on the allocation and expression of Total Qualification Time and Guided Learning Hours.

Level

The qualification within this specification is designated at Level 7 on the Regulated Qualification Framework (RQF) according to the Level Descriptors for knowledge and understanding, which build on those used within the Qualifications and Credit Framework (QCF) and the European Qualifications Framework (EQF). This means that the qualifications are considered by GA to lead to the outcome as follows:

Achievement at Level 7 reflects the ability to reformulate and use practical, conceptual or technological knowledge and understanding of a subject or field of work to create ways forward in contexts where there are many interacting factors, and critically analyse, interpret and evaluate complex information, concepts and theories to produce modified conceptions. It reflects an ability to understand the wider contexts in which the area of study or work is located, current developments in the area of study or work and different theoretical and methodological perspectives and how they affect the area of study or work. It also reflects the ability to use specialised skills to conceptualise and address problematic situations that involve many interacting factors, and to determine and use appropriate methodologies and approaches. The candidate will also have the ability to design and undertake research, development or strategic activities to inform or produce change in the area of work or study, and critically evaluate actions, methods and results and their short- and long-term implications.

1.5 Rules of Combination

In order to meet the rules of combination for the GA Level 7 Diploma in Aesthetic Injectables, candidates must achieve all 7 mandatory units, consisting of 23 credits at Level 6 and 37 credits at Level 7.

Candidates must successfully demonstrate their achievement of all the learning outcomes and meet all qualification requirements in order to achieve the qualification.

There are no further rules of combination.

1.6 Intended Audience

This qualification is ideal for candidates who work in, or intend to enter, a role in aesthetic practice, carrying out injectable botulinum toxin A and dermal filler treatments.

This qualification is designed for adult candidates and form part of the GA Aesthetic Pathway: Non-Surgical Aesthetic Procedures.

1.7 Age and Entry Requirements

This qualification is intended for candidates aged 21 and above.

For non-registered healthcare professionals, entry is through previous achievement of the following qualification (or equivalent Ofqual-regulated qualification):

- GA Level 6 Certificate in Injectable Hyaluronic Acid Skin Booster Treatments

OR

Entry is through the candidate evidencing that they are a qualified and registered healthcare professional*

Prior to enrolment on either of this qualification, ALL candidates are required to have:

- a current and appropriate basic life support and anaphylaxis qualification.
- a current and appropriate infection prevention and control qualification.

*the centre must ensure that qualified and registered healthcare professionals also have the relevant knowledge and skills in facial techniques and skincare procedures, as well as appropriate underpinning knowledge and skills in anatomy and physiology, client consultation and clinical skin analysis, assessment and treatment planning.

Registered healthcare professionals with no injectable experience are advised to undertake the GA Level 6 Certificate in Injectable Hyaluronic Acid Skin Booster Treatments prior to commencing the GA Level 7 Diploma in Aesthetic Injectables.

Centre recruitment and enrolment processes must be carried out by suitably qualified and experienced centre staff who understand the procedures delivered and the needs of clients.

In the case of registered healthcare professionals, the recruitment and selection process must include a registration check to evidence the candidate's status with a relevant statutory professional healthcare body, e.g., General Medical Council, General Dental Council, Nursing and Midwifery Council, Health and Care Professions Council, etc and ensure that there are no outstanding fitness to practice issues. Qualified and registered healthcare professionals must not have any conditions attached to their professional registration.

Any candidate registered as a healthcare professional with a non-UK regulatory body will be required to provide evidence of their registration, with acceptance onto the programme considered on an individual basis.

Applicants must have appropriate language, literacy and numeracy, e.g., English and maths at GCSE levels A*- C / Grade 4 or above. Where English is not the applicants' first language, International English at C1 (CEFR) level, or equivalent is required.

It is recommended that prior to commencing a programme of study leading to this qualification, candidates receive detailed advice and guidance from the training provider in order to ensure the programme and qualification will meet their needs.

Candidates are not required to be independent prescribers in order to enter this qualification. Where any candidate does not hold prescribing rights, they must have access to, and support from, an experienced professional who has regulated prescribing rights and can provide clinical oversight and supervision.

1.8 Recognition of Prior Learning and Transfer of Credits

Recognition of Prior Learning (RPL) is a method of assessing whether a candidate's previous experience and achievements meet the standard requirements of a GA qualification, prior to the candidate taking the assessment for the qualification, or part of the qualification, they are registered for.

Any prior learning must be relevant to the knowledge, skills and understanding which will be assessed as part of that qualification, and GA will subsequently amend the requirements which a candidate must have satisfied before they are assessed as eligible to be awarded the qualification.

Where there is evidence that the candidate's knowledge and skills are current, valid and sufficient, the use of RPL may be acceptable for recognising achievement of assessment criteria, learning outcome or unit(s), as applicable. The requirement for RPL in such instances must also include a consideration of the currency of the knowledge gained by the candidate at the time they undertook the prior learning.

RPL cannot be guaranteed in instances where industry practice or legislation has significantly changed in the time since the prior learning was undertaken / a previous award was issued.

Details of the specific arrangements for the use and application of RPL for this qualification is available to approved GA centres.

1.9 Reasonable Adjustments and Special Considerations

Assessment for this qualification is designed to be accessible and inclusive. The assessment methodology is appropriate and rigorous for individuals or groups of candidates.

Please refer to the GA Candidate Access Policy, available on the GA website, which contains information about Reasonable Adjustments and Special Considerations. This policy document provides centre staff with clear guidance on the reasonable adjustments and arrangements that can be made to take account of disability or learning difficulty without compromising the achievement of the qualification.

1.10 Relationship to Other Qualifications and Progression Opportunities

This qualification forms part of the GA Aesthetic Pathway: Non-Surgical Aesthetic Procedures, which has been developed in partnership with Skin College (a division of Skin Group International Ltd).

The Pathway is made up of a suite of knowledge and practical skills-based qualifications, designed to develop the essential skills and competencies of candidates who currently work, or aspire to work in the Aesthetic Sector, predominantly in a clinical working environment. Progression through the Pathway deepens and integrates learning and deals with issues in an increasingly complex way as the level of qualification undertaken increases.

All qualifications within the Pathway have been designed and developed in line with all relevant National Occupational Standards and with due regard to the standards and guidance of relevant regulatory and standard-setting bodies.

The GA Level 7 Diploma in Aesthetic Injectables is an ideal qualification for a candidate to demonstrate their knowledge and competence in safely providing non-surgical injectable botulinum toxin A and dermal filler treatments.

This qualification is ideal for candidates who want to progress onto additional qualifications in non-surgical aesthetics at Level 7, or progress onto employment or self-employment.

1.11 Language of Assessment

This qualification is offered in English. Further information concerning the provision of qualification and assessment materials in other languages may be obtained from GA.

1.12 Registering Candidates and Unique Learner Numbers (ULNs)

Candidates must be registered through the Ark, the GA online Learner Management System.

Owing to the Total Qualification Time of this qualification, the validity period of registrations made will be two years. Should a candidate not have achieved in the timescale, a new registration is required.

Each approved GA centre is provided with a user account to allow approved staff access to the online system.

Where the Unique Learner Number (ULN) of a candidate is known, this should be provided at the point of registration in order for GA to issue updates to the Learner Record Service.

1.13 ID Requirements

It is the responsibility of the centre to have systems in place to confirm each candidate's identity.

Candidates are required to declare that all work submitted for assessment is their own work.

1.14 Record Keeping

Records of candidates' details, their work and any records of Reasonable Adjustments, Special Considerations and records containing candidates' personal details must be kept by the centre in line with the Data Protection Act 2018 (including GDPR and all relevant privacy regulations) for a minimum of 2 years.

The centre must operate a safe and effective system of care and comply with clinical and information governance requirements, with appropriate policies and procedures in place to maintain confidentiality, both related to patients and clients, staff and candidates.

All records must be easily retrievable and made available to GA or the Regulator upon request.

Portfolios must be retained until the following External Quality Assurance visit to allow them to be sampled. Following external moderation and the award of a qualification by GA, the centre may return portfolios to candidates.

Records of all internal quality assurance and moderation activity undertaken must be kept and made available to GA upon request.

1.15 Grading and Recording Achievement

All learning outcomes and assessment requirements must be met before a candidate can be considered as having achieved the qualification.

This qualification is not graded on a scale. Candidates are assessed as Pass or Fail.

The centre must ensure that regulations relating to the resubmission of work are adhered to.

Information regarding the resubmissions of work can be found in Section 2.20 below.

1.16 Qualification Availability

This qualification is available in the UK and internationally. If you would like further information on offering this qualification, please contact us. Our contact details appear on our website, www.gatehouseawards.org

1.17 Results and Certification

The centre may make claims for certification via the Ark when candidates have completed and the Assessor and Internal Moderator have confirmed achievement. Such claims for certification are subject to successful external moderation (EQA). Following the External Moderator's confirmation of a candidate's achievement, GA will authorise claims for the certification of candidates, details of which will be visible to the centre in the centre's Ark account. Certificates are usually issued within 10 working days of the award of the qualification.

The qualification certificate will indicate both the title and the level at which the qualification is achieved.

Certificates will only be issued to candidates who have achieved sufficient credits and met the rules of combination for the qualification they are registered for. If a candidate has not achieved sufficient credits or failed to meet the rules of combination, the qualification certificate will not be issued.

Replacement certificates are available upon request.

Amendments to certificates are available upon request but may require the centre to provide evidence of the need for any amendment (e.g., candidate proof of identification) and will involve the return of the original certificate. Replacements and amendments may incur an additional charge.

1.18 Direct Claims Status (DCS)

Direct Claim Status is not available for this qualification.

1.19 Appeals and Enquiries

GA has an appeals procedure in accordance with the arrangements for regulated qualifications.

General enquiries can be made at any time and should be directed to a GA Centre Administrator.

Section 2: Qualification Delivery, Assessment & Quality Assurance Model

2.1 Qualification Delivery: Teaching, Learning and Assessment Requirements

Course programmes are designed by Skin Group International Ltd. using the assessment requirements and unit specifications content below. Courses leading to this qualification can consist of e-learning, distance learning or classroom-based learning alongside clinical practice.

2.2 Requirement for Teaching and Learning Materials

When devising teaching and learning materials for this qualification, the centre must:

- ensure materials directly address the learning outcomes and sufficiently prepare candidates for assessment.
- structure materials to be accessible and engaging.
- use clear, unambiguous language appropriate for the level.
- align materials to the specific topics and content.
- pitch the level and depth of materials accurately based on the content to be delivered.
- ensure materials can be clearly attributed back to the centre.
- offer opportunities and resources for additional research and study, where appropriate.
- offer opportunity for candidates to relate teaching and learning content to their own experience and, where applicable, their own clinical practice.
- ensure materials provide any relevant guidance to staff on consistent delivery.

Prior to use, the teaching and learning materials devised by the centre must be submitted to GA for 'sign-off' and authorisation. The centre must therefore also:

- review the materials carefully against the sign-off criteria before submission (refer to the *GA External Quality Assurance of Centre-Devised Teaching Materials* form).

The centre should contact their dedicated Centre Administrator for full instructions on how to submit their materials and the timescale required for sign-off.

2.3 Assessment & Quality Assurance Model

This qualification is a centre-assessed qualification. This means that it is internally assessed and internally moderated by centre staff who must clearly show where candidates have achieved the learning outcomes, assessment criteria and qualification requirements.

Detailed Assessment Instructions for each component unit of this qualification is provided in Section 4 *Unit Specifications* below.

Assessment, internal moderation and quality assurance activities are subject to external moderation and quality assurance conducted by GA.

This qualification is subject to the GA Centre Assessment and Standards Scrutiny (CASS) and General Moderation Policy.

Candidates MUST complete the knowledge and Hands-Off Pre-Clinical Practice prior to undertaking any Hands-On Clinical Practice with live clients.

Prior to commencing *Unit 5 The Practice of Botulinum Toxin A Injectable Aesthetic Treatments*, candidates must have completed:

Unit 1 Core Principles of Aesthetic Injectable Treatments
Unit 2 Anatomy and Physiology for Planning and Carrying out Aesthetic Injectable Treatments
Unit 3 Socio-Economic, Cultural and Psychological Constructs in Aesthetic Practice
Unit 4 The Principles of Botulinum Toxin A Injectable Aesthetic Treatments.

Prior to commencing *Unit 7 The Practice of Dermal Filler Injectable Aesthetic Treatments* candidates must have completed:

Unit 1 Core Principles of Aesthetic Injectable Treatments
Unit 2 Anatomy and Physiology for Planning and Carrying out Aesthetic Injectable Treatments
Unit 3 Socio-Economic, Cultural and Psychological Constructs in Aesthetic Practice
Unit 6 The Principles of Dermal Filler Injectable Aesthetic Treatments.

The centre and the candidate are required to complete the *Clinical Readiness Declaration (CRD)* form (available to the approved centre) before the candidate commences Unit 5 and/or Unit 7.

Clinical practice skills in Units 5 and 7 must be delivered face to face in a suitable clinical setting, with treatments carried out on 'live' clients under the direct supervision of the teacher/assessor.

2.4 Order of Delivery

This qualification is designed to provide candidates with the knowledge, skills, and ability to safely and effectively carry out injectable botulinum toxin A and dermal filler treatments in a step-by-step manner.

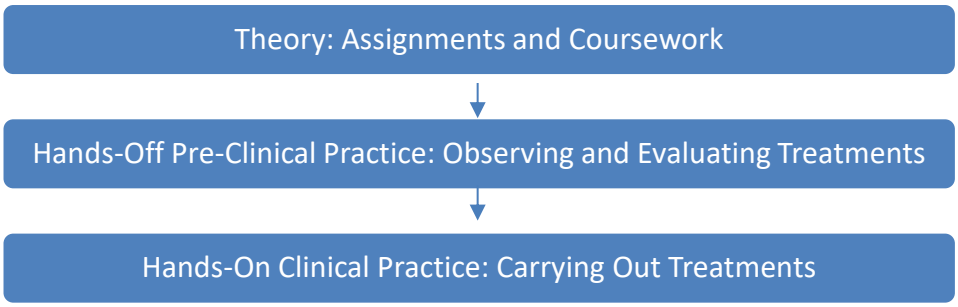
Developing a strong theoretical foundation of the relevant principles, protocols, and best practices is essential prior to the pre-clinical and clinical practice stages. This is achieved through accessing learning materials and completing coursework and assignments.

Once candidates have acquired the underpinning knowledge, they then progress to Hands-Off Pre-Clinical Practice. During this crucial middle stage, candidates will have opportunities to closely observe and evaluate experienced practitioners carrying out treatments.

After developing knowledge and skills through observation and building confidence in their ability to safely use injecting techniques, candidates will transition into the final Hands-On Clinical Practice phase, in which they will conduct treatments themselves under one-to-one supervision. This experiential learning cements theoretical knowledge and learned skills from the earlier phases.

This staged approach provides the confidence that trainees are truly prepared for the rigors of real-world application.

A visual representation of the stages of assessment is provided below:



2.5 Theory: Assignments and Coursework

The candidate must achieve the requisite knowledge and understanding, and evidence of this must be captured in the portfolio.

Assessment of knowledge and understanding is via a variety of internally and externally set assessment activities, including externally set assignments, short answer questions and centre-devised coursework.

Specific assessment guidance and relevant marking criteria for each externally set assignment are made available in the GA-issued Assignment Brief documents. These are made available to the approved centre.

Additional suitable sources of evidence may include the following:

- multiple-choice or short answer written (or online) tests/examinations
- reflective accounts
- oral questioning
- professional discussion
- case studies

The centre must ensure that candidates' work is authentic.

Assurances that candidate work is authentic can be gained via:

1. oral questioning to confirm knowledge and understanding.
2. short-answer questions completed under controlled supervised conditions to compare the candidate's writing style against their other work.

All knowledge and understanding evidence must be marked and assessed by centre Assessors in line with the GA CRAVES requirement (see 2.19 below), clearly indicating where the candidate has achieved the requisite knowledge and understanding and providing feedback and instructions for re-submission, where applicable.

All assessment decisions and internal moderation are externally quality assured by GA.

2.6 Hands-Off Pre-Clinical Practice and Hands-On Supervised Clinical Practice

Practice-based learning must enable candidates to acquire proficiency in carrying out treatments as applicable to the current legislative and regulatory requirements.

It is important that practical skills training is integral to the programme so that the candidate is provided with the opportunity to observe and develop the relevant practical skills and reach proficiency under the correct level of supervision.

Both Hands-Off Pre-Clinical Practice and Hands-On Supervised Clinical Practice are therefore essential components of this qualification.

2.7 Hands-Off Pre-Clinical Practice

In Hands-Off Pre-Clinical Practice, the candidate will further develop their understanding of the practical application of botulinum toxin A and dermal filler treatments by observing and evaluating a minimum of 20 treatments carried out by an experienced practitioner:

- minimum 10x observations of botulinum toxin A treatments.
- minimum 10x observations of dermal filler treatment.

The candidate will also practise treatment techniques on a dummy or injectable facial mannequin to develop the complete range of clinical skills required. The Assessor will observe the candidate's preparation and technique, which must be deemed to be safe prior to the candidate being considered ready to progress to Hands-On Clinical Practice.

Following achievement of all of the learning outcomes of Units 1-3 AND the Hands-Off Pre-Clinical Practice stage in Units 4 and 6, candidates will be ready for Hands-On Clinical Practice in Units 5 and 7. The centre and candidate MUST complete and sign the *Clinical Readiness Declaration* form (available to the approved centre).

2.8 Hands-On Clinical Practice

In Hands-On Clinical Practice, the candidate will carry out a minimum of 20 supervised treatments on 'live' clients (*real people*) in a real clinical working environment:

- minimum 10x supervised treatments of botulinum toxin A.
- minimum 10x supervised treatments of dermal filler.

Over the course of the 20 treatments carried out, candidates must ensure that the Range Statements are covered (listed in Unit 5 The Practice of Botulinum Toxin A Treatments, and Unit 7 The Practice of Dermal Filler Treatments).

All supervised treatments must be deemed to be commercially acceptable, i.e. correspond to commonly accepted commercial practices.

All supervised treatments must follow the relevant Treatment Protocol.

2.9 Botulinum Toxin A Treatment Protocol

All competencies must be achieved in each supervised treatment.

Botulinum Toxin A Treatment Protocol

In each treatment, the candidate must demonstrate the following professional competencies by having:

- obtained the fulfilled prescription, including client-specific directions, saline reconstitution solutions, device and needle, storage instructions and waste disposal protocol, as applicable.
- ensured professional and appropriate presentation of self.
- ensured the treatment area was prepared effectively, hygienically and safely.
- completed the consultation procedure and established that the client had no contraindications to treatment.
- checked patch test results, where applicable.
- explained the treatment fully and established that a realistic outcome for the treatment was recognised by the client.
- gained 'consent to and request for' treatment documentation.
- gained consent to clinical photographs.
- prepared the client appropriately and made adaptations where needed to ensure client comfort and modesty.
- cleansed the skin appropriately and provided an in-depth visual skin analysis with correct recognition of skin characteristics, issues of damage or dysfunction and skin lesions (using a magnifying lamp and appropriate lighting).
- ensured pre-treatment photographs were obtained and labelled following accepted protocols.
- effectively and professionally explained the procedure to the client.
- confirmed the client's understanding and ensured the client has given informed consent.

- prepared the product and equipment in accordance with manufacturer's instructions and within professional sector boundaries.
- identified anatomical landmarks and correct, safe injection sites and marked out pre-procedure markings (if applicable).
- calculated, and where applicable, adjusted the amount of product for individualised treatments.
- carried out the treatment using appropriate injecting technique, depth and placement, adapting technique where necessary.
- supported the skin effectively throughout the treatment.
- monitored the skin and client responses throughout the treatment and responded quickly and effectively.
- demonstrated good posture and working position throughout.
- addressed adverse events correctly (where applicable).
- selected and hygienically applied appropriate aftercare products.
- removed pre-procedure markings and any residue (if applicable).
- ensured post-treatment photographs were obtained and labelled following accepted protocols.
- discussed aftercare instructions and recommendations for product purchases and further treatment(s).
- provided the client with verbal and written aftercare advice and treatment-specific information.
- ensured the client understands whether a follow-up appointment is recommended.
- accurately recorded all treatment details in accordance with clinic requirements.
- followed all protocols throughout the treatment for tidiness, hygiene and safety, including the use of PPE and disposal of clinical waste.
- maintained professional and appropriate communication with the client throughout the treatment.
- ensured cost effective use of products and sundry items throughout the treatment.
- carried out the treatment within commercially accepted timeframes.
- ensured all risks and hazards were managed throughout.
- correctly answered all oral questions (where applicable).
- satisfactorily evidenced Reflective Practice, client feedback and highlighted areas to focus on for further development.
- thoroughly and accurately completed client review documentation.

2.10 Dermal Filler Treatment Protocol

All competencies must be achieved in each supervised treatment.

Dermal Filler Treatment Protocol

In each treatment, the candidate must demonstrate the following professional competencies by having:

- ensured professional and appropriate presentation of self.
- ensured the treatment area was prepared effectively, hygienically and safely.
- completed the consultation procedure and established that the client had no contraindications to treatment.
- checked patch test results, where applicable.
- explained the treatment fully and established that a realistic outcome for the treatment was recognised by the client.
- gained 'consent to and request for' treatment documentation.
- gained consent to clinical photographs.
- prepared the client appropriately and made adaptations where needed to ensure client comfort and modesty.
- cleansed the skin appropriately and provided an in-depth visual skin analysis with correct recognition of skin characteristics, issues of damage or dysfunction and skin lesions (using a magnifying lamp and appropriate lighting).
- ensured pre-treatment photographs were obtained and labelled following accepted protocols.
- effectively and professionally explained the procedure to the client.
- confirmed the client's understanding and ensured the client has given informed consent.
- prepared the product and equipment in accordance with manufacturer's instructions and within professional sector boundaries.
- identified anatomical landmarks and correct, safe injection sites and marked out pre-procedure markings (if applicable).
- calculated, and where applicable, adjusted the amount of product for individualised treatments.
- carried out the treatment using appropriate injecting technique, depth and placement, adapting technique where necessary.
- supported the skin effectively throughout the treatment.
- monitored the skin and client responses throughout the treatment and responded quickly and effectively.
- demonstrated good posture and working position throughout.
- addressed adverse events correctly (where applicable).
- selected and hygienically applied appropriate aftercare products.

- removed pre-procedure markings and any residue (if applicable).
- ensured post-treatment photographs were obtained and labelled following accepted protocols.
- discussed aftercare instructions and recommendations for product purchases and further treatment(s).
- provided the client with verbal and written aftercare advice and treatment-specific information.
- ensured the client understands whether a follow-up appointment is recommended.
- accurately recorded all treatment details in accordance with clinic requirements.
- followed all protocols throughout the treatment for tidiness, hygiene and safety, including the use of PPE and disposal of clinical waste.
- maintained professional and appropriate communication with the client throughout the treatment.
- ensured cost effective use of products and sundry items throughout the treatment.
- carried out the treatment within commercially accepted timeframes.
- ensured all risks and hazards were managed throughout.
- correctly answered all oral questions (where applicable).
- satisfactorily evidenced Reflective Practice, client feedback and highlighted areas to focus on for further development.
- thoroughly and accurately completed client review documentation.

2.11 The Working Environment and Use of Simulation

Assessment of the competency and skills outcomes of this qualification must be undertaken in a real working environment, in line with all relevant oversight and supervision requirements.

Simulation is not permitted during assessment of the Hands-On Clinical Practice.

All assessment of supervised treatments must be carried out on real fee-paying clients.

2.12 Ratio of Staff to Candidates for Hands-Off Pre-Clinical Practice and Hands-On Clinical Practice

Hands-Off Pre-Clinical Practice – for the practical observations of treatments being carried out, the ratio of Teacher/Practitioner* to candidates must not exceed 1:10.

Hands-On Clinical Practice – for the supervised treatments under the direct supervision of the Teacher/Assessor, the ratio of Teacher/Assessor to candidates must not exceed 1:1.

**The Practitioner demonstrating treatments being carried out for the purposes of the Hands-Off Pre-Clinical Practice does not have to meet the requirements set out for Teachers or Assessors in Section 3 below (e.g., where the Practitioner is a work-based practitioner). However, it is the centre's*

responsibility to ensure that the Practitioner is suitably qualified, experienced, and able to take direct responsibility for the treatment and management of complications.

2.13 Evidencing Hands-Off Pre-Clinical Practice

The candidate must achieve the requisite practical competency and skills, and evidence of this must be captured in the portfolio.

For each treatment they observe during the Hands-Off Pre-Clinical Practice, the candidate must complete an *Observation and Evaluation Record*.

2.14 Evidencing Hands-On Clinical Practice

Each supervised treatment the candidate carries out during the Hands-On Clinical Practice must be documented. Documentation for each treatment must include:

- Assessor Mark Sheet.
- Completed consultation form *(inclusive of any adverse effects, reactions and complications and post-procedure plans)* and any other relevant treatment records.
- Photo or video evidence of the client both before and after the treatment.
- A reflective account of the treatment.

Additional sources of evidence may also include records of oral questioning, records of professional discussion or other assessment formats suitable to evidence the competency and skills being assessed.

All competency and skills evidence must be marked and assessed by centre assessors in line with the GA CRAVES requirement, clearly indicating where the candidate has achieved the requisite competency and skills, and providing feedback and instructions for practical re-assessment, where applicable.

2.15 Client Requirements

This qualification requires the candidate to have fee paying clients.

A *Client Consent* form must be completed to evidence that clients have been made aware that the person carrying out their treatment is being trained and/or assessed.

2.16 Maximum Service Times

Maximum service times have not been specified for the treatments covered in this qualification. This is because service times will vary according to client needs, treatment requirements and service delivery. Treatments using specialist equipment and products may also vary in length according to manufacturers' instructions.

However, candidates must carry out the treatment within commercial realistic timeframes.

2.17 Use of Oral Questioning

Opportunities for candidates to meet assessment criteria may not always naturally occur during practical assessment. In such instances the Assessor may ask questions to elicit evidence of the candidate's competence in a particular area.

The assessor must document the use of oral questioning, should the need for this arise.

2.18 Range Statements

Range statements must be adhered to in the assessment of this qualification. Range statements are used to clarify evidence requirements, assessment conditions or both.

The range statements, where applicable, are listed in the Unit Specification in Section 4 below.

Assessment records must log the range statements covered. All range statements must be covered.

More than one range statement may be covered in a treatment.

2.19 Portfolio & CRAVES Requirements

In order to achieve the qualification, candidates are expected to build a portfolio of evidence, clearly demonstrating where they have met the learning outcomes and assessment criteria. All evidence within the portfolio must meet the CRAVES requirements.

The portfolio and CRAVES requirements apply to all aspects of the assessment of this qualification, inclusive of both knowledge and understanding, and practical competency and skills.

To meet the assessment requirements, candidates must:

- follow a suitable programme of learning.
- maintain and submit a portfolio of all coursework including all materials related to assessment.

Various types of evidence may be used, for example:

- assignments
- short questions and answers
- workbooks
- professional discussions
- observation and evaluation records

- supervised treatment records
- product evidence
- reflective accounts
- records of questioning

Evidence in the portfolio should be mapped against the learning outcomes, reflect the type of evidence supplied and indicate its location within the portfolio. By using portfolio reference numbers, it will enable the candidate, assessor, IQA and EQA to quickly locate the evidence submitted.

Evidence must be confirmed by assessors as 'CRAVES'

- Current: the work is relevant at the time of the assessment
- Reliable: the work is consistent with that produced by other candidates
- Authentic: the work is the candidate's own work
- Valid: the work is relevant and appropriate to the subject being assessed and is at the required level
- Evaluated: where the candidate has not been assessed as competent, the deficiencies have been clearly and accurately identified via feedback to the candidate resulting in improvements in knowledge or competency leading to the award
- Sufficient: the work covers the expected learning outcomes and any range statements as specified in the criteria or requirements in the assessment strategy.

2.20 Resubmissions

GA recommends that the centre operates a policy of allowing candidates to resubmit assessed work a maximum of two times. However, the acceptance and management of resubmissions of assessed work is at the discretion of the centre.

The decision regarding whether to permit a candidate to resubmit work and/or attempt an assessment again will be based on an evaluation of how closely their previous attempts met the passing criteria. This evaluation will consider the extent to which the candidate's work demonstrated progress towards meeting the required standards.

Resubmitted work will be assessed with the same rigour and adherence to standards as the initial submission.

If a candidate does not pass after three attempts at submitting assessed work, the centre must consider the following course of action:

- Additional support – consider whether the candidate could benefit from additional support, remedial guidance, or additional resources to help them understand the material better. This could involve providing extra teaching sessions, study materials, or one-on-one tutoring to address specific areas of difficulty. Sometimes, extending deadlines or providing additional time can alleviate pressure and allow for better comprehension and performance.

- Review and feedback - consider whether sufficient detailed feedback, which highlights areas that need improvement and provides specific guidance on how the candidate can enhance their work, has been provided after each attempt.

- Alternative assessment methods - consider whether an alternative assessment method, such as the use of professional discussion, may provide opportunities for the candidate to demonstrate their understanding. The centre should refer to the GA Candidate Access Policy for further information.

- Reconsideration of participation - assess whether the candidate might need to take a break from the programme or whether, despite supportive measures and multiple attempts, the candidate's progress is not indicative that they will meet the qualification requirements. They may be issued with a final 'Fail' grade or withdraw from the programme.

The centre must ensure that their policies and procedures regarding candidate dismissal or failure are communicated clearly to candidates to maintain fairness and transparency.

2.21 Unit and Portfolio Sign Off

Upon completion, each unit must be signed off by the assessor and IQA to confirm the candidate's achievement.

The content of the portfolio that contains all units the candidate has achieved is subject to final portfolio sign off by the assessor and IQA to confirm that the specific qualification requirements and rules of combination have been met.

The candidate is also required to sign an authenticity declaration, stating that the work contained in their portfolio is their own.

2.22 Internal Moderation and Quality Assurance Arrangements

Internal Moderators (also known as Internal Quality Assurers or IQAs) ensure that Assessors are assessing to the same standards, i.e., consistently and reliably, and that assessment decisions are correct. IQA activities will include:

- ensuring assessors are suitably experienced and qualified in line with the qualification requirements
- sampling assessments and assessment decisions
- ensuring that assessment decisions meet the GA 'CRAVES' requirements (Current, Reliable, Authentic, Valid, Evaluated and Sufficient)
- conducting standardisation and moderation of assessment decisions
- providing Assessors with clear and constructive feedback
- supporting Assessors and providing training and development where appropriate
- ensuring any stimulus or materials used for the purposes of assessment are fit for purpose.

Sampling of assessment will be planned and carried out in line with a clear IQA and moderation strategy, which takes into account the number of candidates, number of Assessors, and the experience and competency of Assessors.

Centre IQAs may wish to refer to the guidance documents provided by GA to approved centres (available on the Ark) in order to formulate an appropriate Sampling Strategy.

2.23 External Moderation and Quality Assurance Arrangements

Assessment and internal moderation and quality assurance activities are subject to external moderation and wider scrutiny and centre controls as per GA's quality assurance arrangements for centre-assessed qualifications.

All GA Approved Centres are entitled to two EQA visits per year. Additional visits can be requested, for which there may be an additional charge.

EQA activities will focus on the centre's continuing adherence to and maintenance of the *GA Centre Approval Criteria* and the criteria and requirements for the specific qualifications for which it holds approval.

Through discussions with centre staff, examining candidate's work, moderation of assessment, talking to candidates and reviewing documentation and systems, the GA EQA will provide the centre with full support, advice and guidance as necessary.

Section 3: Staff and Resource Requirements for Centres

In order to deliver this qualification, the centre must ensure that they meet the following requirements for staff and physical resources.

3.1 General Staff Requirements

It is the centre's responsibility to ensure that all staff involved in the delivery, assessment and internal quality assurance of this qualification are suitably qualified in line with the stipulations for Teachers, Assessors and Internal Quality Assurers detailed below.

The knowledge and experience of all staff involved in course delivery, assessment and quality assurance will be considered during the centre and qualification approval and re-approval process and at EQA visits.

The centre must ensure that they hold up-to-date and detailed information about their staff and must make records available to GA upon request. The information GA expects the centre to hold for each member of staff includes, as a minimum:

- a current up to date CV
- copies of relevant qualification certificates
- relevant and up to date CPD (Continuous Professional Development) records

The centre must ensure that there are an adequate number of suitably qualified and experienced staff members to provide a safe environment for candidates and clients.

Centre staff must be familiar with the qualification requirements prior to offering the qualification or unit and planning the centre's assessment and moderation strategy.

The centre must also ensure that they have the management and administrative staffing arrangements in place which are suitable to support the registration of candidates and the receipt of results and certificates.

3.2 Requirements for Teachers and Assessors

Teaching staff include those who deliver teaching and learning content for knowledge and understanding elements and those who are involved in practical teaching and learning in the clinical environment.

The primary responsibility of an Assessor is to assess a candidate's performance and ensure that the evidence submitted by the candidate meets the requirements of the qualification.

All Teachers and Assessors must:

- be occupationally competent and hold, or be working towards, Ofqual-regulated qualifications (at the level being taught, or at a higher level)*, and knowledge and understanding of the subject they are teaching or assessing.

- hold, or be working towards, a recognised teaching or training qualification at Level 4 or above, e.g., Level 4 Certificate in Education and Training, Level 5 Diploma in Education and Training, or Post-Graduate Certificate in Education (PGCE).

AND

- be able to evidence relevant and up to date teaching/assessing experience.
- understand the qualification structure, unit learning outcomes and criteria related to the teaching and learning being delivered.
- have access to appropriate guidance and support.
- participate in continuing professional development in the specific subject they are teaching and/or assessing, to evidence contemporaneous proficiency and best practice in teaching, learning and assessment (in line with the *GA Continuing Professional Development (CPD) and Revalidation for Centre Staff policy).*

An Assessor must be able to recognise competence, knowledge, skills and understanding in line with the qualification standards and requirements and therefore need to have a thorough understanding of assessment and quality assurance practices, as well as have in-depth technical understanding related to the qualifications for which they are assessing.

Assessors must therefore also:

- hold, or be working towards, a recognised assessor qualification or their recognised equivalent** e.g.,
    - Level 3 Award in Assessing Competence in the Work Environment
    - Level 3 Certificate in Assessing Vocational Achievement
    - A1 Assess Candidate Performance Using a Range of Methods
    - D32 Assess Candidate Performance and D33 Assess Candidate Using Differing Sources of Evidence.

*In the absence of a regulated qualification, Teachers/Assessors are required to demonstrate Continued Professional Development (CPD) for the qualification they are teaching/assessing. They are then required to agree to update their training to a Ofqual-regulated qualification within 18 months of commencing their role in order to continue to deliver the qualification.

**Assessors may be working towards a relevant equivalent qualification in assessing under the guidance of a suitably qualified and experienced Assessor and their IQA. Trainee Assessors' decisions MUST be counter-signed by a suitably qualified, experienced Assessor.

These specific occupational and qualification requirements are to ensure that Teachers and Assessors are able to take direct responsibility for the treatment and the clinical management of complications should they arise during a treatment carried out by a candidate.

3.3 Requirements for IQA (Internal Quality Assurers, also referred to as Internal Moderators).

IQAs are responsible for internal moderation and quality assurance of the qualification to ensure standardisation, reliability, validity and sufficiency of the assessor's assessment decisions.

IQAs therefore need to have a thorough understanding of quality assurance and assessment practices, as well as sufficient technical understanding related to the qualifications that they are internally quality assuring. It is the centre's responsibility to select and appoint IQAs.

Assessors may have one or several appointed IQAs.

To be able to perform the IQA role, an IQA must:

- meet all requirements for Assessors, as outlined above

AND:

- hold a recognised internal quality assurance qualification or their recognised equivalent, e.g.***
    - Level 4 Award in Internal Quality Assurance of Assessment Processes and Practice
    - Level 4 Certificate in Leading the Internal Quality Assurance of Assessment Processes and Practice
    - V1 Conduct Internal Quality Assurance of the Assessment Process
    - D34 Internally Verify the Assessment Process

***Internal Moderators may be working towards a relevant equivalent quality assurance qualification under the guidance of a suitably qualified and experienced IQA. Trainee IQAs' decisions MUST be counter-signed by a suitably qualified, experienced IQA.

Further guidance on the role and responsibilities of IQAs can be found in *Appendix 1: Internal Moderation and Quality Assurance Regulations and Guidance*.

Staff may undertake more than one role within the centre, e.g., Teacher, Assessor and IQA. However, members of staff must NOT IQA their own assessment decisions.

3.4 CPD Requirements

All staff must ensure their role and subject-specific knowledge, understanding and competence is current and therefore must keep up to date with any regulatory and legislative sector changes and developments.

Participation in continuing professional development in order to evidence contemporaneous proficiency must take place regularly and meet the requirements stipulated in the *GA Continuing Professional Development (CPD) and Revalidation for Centre Staff* policy.

Records of CPD activities (both planned and those that have taken place) must be made available to GA at EQA visits or upon request.

3.5 Teaching and Learning Resources

Whether delivering a programme of learning as a classroom-based or e-learning course, the centre must ensure that their teaching and learning resources are high quality and are relevant, up-to-date and of industry standard, in order to allow candidates to adequately prepare for assessment. This will be considered at approval and during the on-going monitoring of the centre.

All delivery and assessment resources should be inclusive of the principles of equality and diversity and the safeguarding of candidates.

The centre is required to obtain 'sign-off' from GA prior to using teaching and learning materials relating to this qualification.

3.6 Venue and Insurance Requirements

Premises used in the delivery of this qualification must meet the requirements stipulated in the *GA Aesthetic Pathway Premises Standards Checklist* to ensure the centre's premises provide a professional and appropriate clinical environment.

Training premises should, wherever possible, provide suitable access in line with Disability Discrimination, Diversity & Equality law and regulations and any other regulations which apply.

The centre must maintain up-to-date health and safety policies and procedures to maintain client, candidate, staff and visitor safety at all times.

The centre, all staff and candidates must be covered by appropriate indemnity insurance.

3.7 Equipment

The centre must ensure that all products and equipment used in the delivery and assessment of this qualification are confirmed as fit for purpose and compliant with current Health and Safety legislation and any other relevant regulations. The centre must ensure that their health and safety policies relate to the use of equipment by candidates. This will be considered at approval and during the on-going monitoring of the centre.

Where specific products and equipment are required for the delivery and assessment of a GA qualification, the suitability of the products and equipment at the centre will be considered during the centre and qualification approval process and at External Quality Assurance Visits.

Candidates must be given access to all products, tools and equipment required.

Suggested equipment for the delivery of this qualification include:

- Venue with sink and working taps, hand sanitiser and alcohol gel
- PPE (gloves, masks, aprons, etc.)
- Sharp bins and waste disposal products
- Client consultation and consent forms
- Skin disinfectant/chlorhexidine
- Injecting equipment
- Injectable facial mannequin
- Botulinum toxin A (real/mock vials)
- Dermal filler (real/mock vials)
- Hyaluronidase (real/mock vials)
- Digital camera or video (for pre/post treatment photography)

3.8 Requirements for Prescribers

It is the centre's responsibility to ensure that candidates who do not hold prescribing rights work under the clinical oversight of a professional regulated prescriber when prescription only medication is required.

The *JCCP Guidance Statement on Responsible Prescribing for Cosmetic Procedures* is provided in Appendix B below.

3.9 Ongoing Support

There are a number of documents on the GA website that centres and candidates may find useful: www.gatehouseawards.org. The website is updated regularly with news, information about GA qualifications, sample materials, updates on regulations and other important notices.

Within the centre, a named Examinations Officer is responsible for ensuring that all information and documents provided to centre staff and candidates are correct and up to date.

GA must be kept up to date with contact details of all changes of personnel so the centre can be provided with the best level of support and guidance.

At the time of approval, the centre is assigned a designated Centre Administrator who is their primary point of contact for all aspects of service or support.

Candidates should always speak to a member of staff at the centre for information relating to GA and our qualifications prior to approaching GA directly.

Contact details for GA can be found on the GA website www.gatehouseawards.org.

Section 4: Unit Specifications

Section 4 below sets out the essential information relating to the unit content and range to be covered in assessment leading to this qualification:

- GA Level 7 Diploma in Aesthetic Injectables (610/3660/2)

The instructions provided are to be followed by centre-appointed staff involved in the assessment, internal moderation and quality assurance of this qualification and should be read in conjunction with the information in Sections 1-3 above and other relevant GA policies and procedures.

4.1 Unit 1: Core Principles of Aesthetic Injectable Treatments

Unit Title: Core Principles of Aesthetic Injectable Treatments							
Credit Value	14	Level	6	GLH	40	Unit Ref	L/650/9724

This unit is a mandatory unit in the GA Level 7 Diploma in Aesthetic Injectables (610/3660/2) qualification.

In this unit, candidates will develop an understanding of the core principles of aesthetic injectable treatments. The unit requires candidates to analyse legislative and regulatory frameworks governing aesthetic injectables and understand the ramifications of non-compliance. They will analyse ethical business behaviours, including in the context of marketing aesthetic treatments, ensuring that practices align with professional standards and ethical guidelines. Candidates will analyse professional ethics related to aesthetic injectable treatments and how these contribute to protecting the psychological and emotional well-being of clients. They will also evaluate the purpose and value of reflective practice in a clinical setting.

Candidates will analyse the healthcare principles of autonomy, beneficence, non-maleficence, and justice, and how these principles are integral in aesthetic injectable practice. They will analyse the principles of clinical decision making in aesthetic injectable practice and evaluate the importance of continuity of care in aesthetic injectable practice.

Candidates will also develop an understanding of the avoidance of risk and the management of complications and medical emergencies in aesthetic injectable practice. Candidates will also gain an understanding of how to implement strategies to minimise risks, effectively manage emergencies, and maintain rigorous record-keeping and reporting standards following any complications or emergencies.

Upon completion of this unit, candidates will have developed a comprehensive understanding of the principles of aesthetic injectables which will enable them to go on to learn how to conduct safe, effective, and ethically sound treatments within their professional scope.

Assessment Requirements

Assessment of this unit consists of a series of assignments and short answer questions.

These assignments and short answer questions are externally set, internally assessed and internally moderated. The internal assessment and moderation of assessment decisions are externally quality assured by GA.

These assignments and short answer questions are used to measure the candidate's knowledge and understanding of the relevant legislation, regulatory requirements and professional standards, healthcare principles and practices, and the avoidance and management of complications and medical emergencies in aesthetic injectable treatments.

Specific assessment guidance and relevant marking criteria are made available in GA-issued documents. These are made available to the approved centre only.

Learning Outcome: the learner will:	Assessment Criteria:	Indicative Content:
1. Understand legislation, regulatory requirements and professional standards in aesthetic injectable practice.	1.1 Analyse relevant legislative and regulatory requirements for aesthetic injectable treatments.	*Historical timeline of legislation and regulation of the aesthetics industry, including Keogh Report (2013) and developments to present day. Legislative framework: laws governing aesthetic injectable treatments; Health and Care Act 2022; differences in UK wide / devolved regions and local authority regulations. Cosmetic Interventions Regulations; relevant regulatory bodies, e.g., General Medical Council (GMC), Nursing and Midwifery Council (NMC), Care Quality Commission (CQC), Joint Council for Cosmetic Practitioners (JCCP), Cosmetic Practice Standards Authority (CPSA), Chartered Institute of Environmental Health (CIEH), General Pharmaceutical Council (GPhC), the Medicines and Healthcare products Regulatory Agency (MHRA), any other relevant organisation. Licensing and registration: requirements for clinics and practitioners, practitioner licensing; premises licensing; role of face-to-face consultation. The need for a prescriber; supervision requirements; oversight requirements; the treatments that require a prescriber; skill level; experience; adverse reactions; correct usage; licensing*

		requirements; legal compliance; skill development; client safety; risk management; the process of obtaining and maintaining licenses; potential ramifications of non-compliance. Professional accountability and practitioner's obligations to maintain professional standards; implications of negligence or malpractice; disciplinary processes. Client consent: legal standards for informed consent; processes for ensuring transparent and comprehensive client communication; documentation requirements. Data protection: the Data Protection Act and General Data Protection Regulations (GDPR), implications for client records and privacy; managing and storing client data securely. Insurance and indemnity: requirements for malpractice and liability insurance; scope and limitations of coverage. Product regulation: guidelines and standards for injectable products' quality and safety; the UK Medicines and Healthcare products Regulatory Agency (MHRA) role and oversight; Pharmacy Order 2010. Advertisement standards: Advertising Standards Authority (ASA), regulations on advertising and promoting aesthetic treatments; avoiding misleading claims; ensuring client safety and ethical considerations. Hygiene and sterilisation: regulatory requirements for ensuring cleanliness, hygiene, and sterility in the clinical setting, including CIEH standards and restrictions on mobile and residential locations; Health and Safety Executive (HSE) guidelines. Reporting adverse events: procedures and regulations around reporting complications or side effects; role of the Yellow Card Scheme. Training and CPD: regulatory expectations regarding training, qualifications, and continuing professional development for aesthetic injectable practitioners; training requirements from JCCP; CPSA; HEE; Health and Care Act 2022; levels of competence; qualification requirements; CPD requirements; importance of 'hands-on' training and assessment of competency; requirements for regulated qualifications and the size and level of those qualifications; benefits and drawbacks; manufacturers' training courses; registered and non-registered healthcare professionals; specialised treatment specific training; training in wider considerations for aesthetic practice; e.g., safeguarding; body image and mental health awareness; anatomy and physiology; electrical science; client care; skin assessment; skin of colour, core regulations of aesthetic practice; importance of 'hands-on' training and assessment of competency; requirements for regulated qualification; manufacturers' training courses. Competencies, medical oversight,

		risk management, quality assurance, and legal/ethical obligations; collaboration; assessment, duty of care, monitoring and follow-up care; documentation, adverse event reporting, and accountability; required knowledge, decision making skills, continuing education for prescribers. Ethical considerations: the intersection of ethical guidelines and legal requirements; ensuring client dignity and rights. Consumer rights: the rights of clients as consumers under UK law; refund policies; handling complaints and disputes. Post-treatment care: regulatory guidelines on follow-up care, managing potential complications, and ensuring client well-being post-treatment. Advertising and marketing regulations: the guidelines for advertising and marketing aesthetic injectable treatments; the use of before-and-after photos and testimonials; ethical considerations and potential consequences for non-compliant marketing practices.
	1.2 Analyse the implications of non-compliance with legislative and regulatory requirements.	*Legal implications: consequences for practitioners and clinics; potential for injunctions, cessation of practice, imprisonment. Litigation risks: risk of lawsuits from affected clients. Potential financial implications; compensatory and punitive damages. Reputational risks for the practitioner and the clinic or organisation. Insurance implications: nullification of professional indemnity and malpractice insurance; increased insurance premiums; obtaining future insurance coverage. Professional implications: repercussions on professional registration and licensing; disciplinary actions by professional bodies, including suspension or revocation of license; mandatory training or corrective actions; client safety and trust: increased risk of harm or dissatisfaction for clients; erosion of trust. Business implications: loss of business and clients; reputational damage; financial strain; legal costs; compensation payouts; operational disruptions; business closure. Personal and ethical implications: personal accountability and professional integrity; ethical considerations and the duty of care towards clients. Continuous Professional Development (CPD): importance of staying updated with changing laws and regulations; Regular training sessions and workshops to ensure compliance.*
	1.3 Analyse the principles of ethical business behaviour and values and how they can be applied, including the considerations to make when	*Business practices; prioritising client safety and wellbeing; safe working practices and infection prevention and control procedures; following legislative and regulatory requirements; establishing clear values for the business; prioritising duty of care protocols; transparency with fees and payment arrangements; being inclusive and non-discriminatory; age restrictions; safe timing of treatments;*

	marketing aesthetic injectable treatments.	*cooling off periods and cancellation policies. Ethical and responsible advertising and marketing; fees and marketing requirements: details of fees charged, including the possibility of any additional costs; providing detailed written quotes; avoidance of hidden fees; clear details of any financing packages; fees for multiple treatments; explicit about financial implications for complications; avoiding financial packages or offering a 'package deal'; clear terms and conditions relating to fees, deposits, refunds and any time limitations associated. Advertising: avoiding false claims or being misleading or irresponsible; compliance with the Advertising Standards Authority; maintaining a sense of responsibility to clients and society as a whole; use of best practice guidance; ensuring oversight of social media and advertising;* avoiding the use of *coercive marketing tools; use of accurate and unpaid client testimonials; avoiding the use of free consultation or prizes; realistic and accurate images; pre and post treatment images; accurate and transparent information about education, training and experience of practitioners; avoiding the use of commission based referral systems; ensuring that children, young people or vulnerable groups are not exploited; role of the Committee of Advertising Practice (CAP), the UK Code of Non-broadcast Advertising, Sales Promotion and Direct Marketing; Broadcast Committee of Advertising Practice (BCAP); OFCOM.*
	1.4 Analyse professional ethics related to aesthetic injectable treatments and how these contribute to protecting the psychological and emotional well-being of clients.	*Client-centred care; psychological and emotional needs of clients; the link between physical appearance enhancements and self-worth; individualised treatments designed to enhance positive self-image. Autonomy and informed consent; detailed client consultation and treatment plan ensuring clients can make informed decisions; comprehensive information on potential outcomes; the importance of psychological readiness and voluntary choice in aesthetic procedures; addressing body image concerns: recognising potential body dysmorphic disorders (BDD); proactive psychological screening; alternative signposting, support or referrals; ethical implications of treating individuals with unrealistic expectations. Beneficence and non-maleficence: benefit to the client and the duty to do no harm; physical outcomes and psychological impacts of treatments, potential implications for mental health following sub-optimal results, complications or adverse reactions; holistic aftercare to support both body and mind; managing expectations: ethical responsibility; setting and managing realistic*

		outcomes; fostering positive emotional well-being; aligning treatment results with client expectations; managing potential dissatisfaction; sensitivity and empathy, confidentiality and trust, protecting client information; the role of trust in client emotional comfort and confidence. Professional boundaries: maintaining professionalism; emotional vulnerabilities of clients; avoiding actions that might exploit client insecurities or amplify emotional distress. Cultural sensitivity and respect: diverse cultural views on beauty; respecting individual choices; emotional implications of cultural pressures. Feedback and emotional aftercare: emotional health of client post-treatment; gaining feedback; addressing and prioritising emotional concerns; Continual Professional Development (CPD): training that focuses on the psychological aspects of aesthetic treatments; safeguarding; tools to better safeguard the emotional well-being of clients. Mental health considerations: the broader mental health landscape; triggers and vulnerabilities associated with aesthetic treatments; identifying signs of depression, anxiety, or other mental health issues; ensuring a supportive environment; relevant resources or referrals; duty of care for the holistic well-being of clients beyond physical outcomes. Screening tools; multi-disciplinary approaches, adult safeguarding; codes of conduct and professional ethics: conflicts of interest.
	1.5 Evaluate the purpose and value of reflective practice in a clinical setting.	*Definition of reflective practice; the significance of reflective practice in clinical settings; reflective practice models, e.g., Gibbs' Reflective Cycle (1988); Schön's Reflective Practice Theory (1983); Kolb's Experiential Learning Theory (1984); Johns' Model for Structured Reflection (1994); Boud, Keogh & Walker (1985); Rolfe, Freshwater & Jasper (2001); Driscoll's (1994) Model; Benner's Stages of Clinical Competence (1982). Overview of reflective practice models; cyclical approach to reflection; description, feelings, evaluation, analysis, conclusion, and action plan. Reflection in action vs reflection on action; continuous process of experiencing, reflecting, thinking, and acting; structured questions and process to guide reflection. Emphasising the emotional aspect of an experience; value of reflection in skill acquisition stages; personal development: recognising individual strengths and growth areas; setting future professional development goals. Enhanced clinical competence: link between reflection and improved skills; addressing recurring challenges. Improved decision-making: evaluating past clinical decisions. Enhancing clinical judgements and interventions; emotional*

		well-being: managing emotional demands through reflection; recognising and addressing burnout and compassion fatigue; ethical practice: reflecting on ethical challenges faced; ensuring adherence to ethical standards; client-centred care: understanding client perspectives; tailoring care based on reflective insights; quality assurance: reviewing quality of care; implementing changes for enhanced outcomes; team dynamics and collaboration: assessing team interactions and collaborations; enhancing teamwork effectiveness; feedback and peer review: incorporating peer feedback into reflective processes; valuing constructive criticism. Legal and regulatory compliance: reflecting on adherence to guidelines and standards; ensuring client and practitioner safety; continual learning and CPD: Identifying areas for further learning; actively seeking relevant training based on reflective findings; utilising reflective practice; optimal client care; upholding clinical excellence.
2. Understand healthcare principles and practices in aesthetic injectable treatments.	2.1 Analyse how the principles of autonomy, beneficence, non-maleficence, and justice can be applied in aesthetic injectable practice.	*The key healthcare principles of autonomy, beneficence, non-maleficence, and justice. Balancing non-maleficence by avoiding harm and beneficence by providing benefit; training to minimise risks, e.g., of necrosis; blindness; knowledge of anatomy and physiology. Initiating with low or minimal dosages; respect for client autonomy. Client-centred care; respecting clients' preferences, needs, and values; tailoring treatments to individual requirements. Evidence-based practice: clinical expertise; clinical evidence from systematic research; latest research and developments in aesthetic injectables. Ethics and confidentiality: upholding client's right to privacy; understanding the ethical implications in aesthetic practice; obtaining informed consent and ensuring transparent communication; safety and hygiene: adhering to best practices for infection control, ensuring a clean and sterile environment; understanding potential complications and how to prevent them. Continuity of care: recognising the importance of follow-up appointments, monitoring treatment results, and addressing any issues or complications. Interprofessional collaboration: collaborating with other healthcare and aesthetic professionals for comprehensive client care, referrals, and obtaining medical history or second opinions. Continuing professional development (CPD): importance of ongoing training, attending workshops, conferences. Client education: benefits, risks, alternative procedures; post-treatment care instructions. Accountability: responsibility for actions, understanding the scope of*

		practice; own competence level. Cultural competency: recognising and respecting diverse cultural backgrounds; tailoring care accordingly. Quality assurance and improvement: reviewing and improving practice protocols; seeking feedback; implementing quality improvement measures. Regulatory compliance: regulations and standards; ensuring compliance; withholding personal bias; justice: equitably serving clients; considering client requests and health needs over profit motives; avoiding discriminatory practices; cost and access should not impede care; maintaining professional boundaries; prioritising client physical and mental health; upholding stringent safety standards.
	2.2 Analyse the principles of clinical decision making in aesthetic injectable practice.	*Decision making models in evidence-based practice, such as Ask, Acquire, Appraise, Apply, Analyse, Adjust; factors that influence clinical decisions, including scientific evidence, practitioner experience, client preferences/values, resources, legislation, ethics; cognitive biases and heuristics that can impact clinical judgment (e.g. anchoring, availability bias, premature closure); justification and defending clinical decision-making; evaluating clinical decisions; using research studies to determine and support clinical decisions; clinical reasoning skills; the role of reflection, metacognition and self-awareness; shared decision making practices.*
	2.3 Evaluate the importance of continuity of care in aesthetic injectable practice.	*Continuity of care: consistency and quality in client treatment and follow-up; treatment outcomes: monitoring the longevity and effects of injectables, noting gradual changes, achieving and maintaining desired outcomes. Adverse reactions: managing and rectify complications; infections; nodules; over-correction; unwanted effects. Client trust and comfort: reinforcing client-practitioner trust by providing a consistent point of contact and building a history of treatments and responses. Client records: pre-screening; updated records of treatments; informing future interventions; past procedures; complications; client feedback. Long-term planning: setting, revising, and maintaining aesthetic goals; ongoing treatments. Evolving needs: adapting treatments. Post-treatment guidance: consistent advice; dynamic and responsive aftercare advice; product usage; sun exposure; physical activity; diet; skincare. Referrals and collaborative care: referral to alternative/specialist treatments. Ongoing learning: feedback to inform future treatments; follow-up appointments. Legislative, regulatory, and ethical considerations; regulatory bodies' standard of continuity of care; client*

		confidentiality; informed consent for ongoing treatments. Economic perspective; continuity of care and better client retention; sustainability of the aesthetic business. Emotional and psychological considerations: psychological implications of aesthetic treatments; continuous monitoring; body dysmorphic disorder; other mental health issues; excessive reliance on treatments; overtreating.
3. Understand avoidance and management of complications and medical emergencies in aesthetic injectable practice.	3.1 Explain strategies to avoid and minimise risks of complications in aesthetic injectable practice.	*Legal and regulatory considerations relating to complications and medical emergencies; reporting, compliance, malpractice, product regulations, medicines management (i.e., CE marks, storage, shelf life/expiry dates); health and safety legislation; the Emergency Plan; emergency contacts (internal and external); emergency equipment and supplies; suitable insurance and liability; risk avoidance strategies; the emergency plan; knowledge and avoidance of danger zones; risk assessments; avoidance of off license product use, inoculations; training; First Aid training including anaphylaxis* and *basic life support; general health and safety working practices; knowledge of appropriate anatomy and physiology; understanding of the pharmacology of products; infection prevention and control, the working environment; consultation with the healthcare professional/regulated independent prescriber and legislative prescription protocol (where applicable); medicine management; collaboration with appropriate personnel professionals; data management; audit and accountability; prescription protocol; safe disposal of waste; standard precautions including hand hygiene; universal precautions when exposed to blood and/or bodily fluids; PPE; prevention and sharps injuries; respiratory hygiene and protocols; environmental cleaning and waste disposal; use of aseptic techniques; use of equipment and products in line with manufacturer's instructions. Client consultation, patch tests, informed consent, client expectation management relating to what could go wrong; acquired medical history; assessment of the client's physical and emotional suitability; treatment plans, pre and post instructions and advice; use visual aids to best inform clients of physical effects of treatment; risk assessments to identify the hazards and risk (likelihood and severity) with appropriate control measures; recommendations and (where applicable) justification for modifying working practices; risk assessment focussed on relevant legislation, health and safety of clients, prevention and control of infection, storing and handling products and equipment, the clinical environment, COSHH, moving and handling regulations, needle stick injuries, correct safe*

		handling and disposal of waste including clinical waste, fire safety, record-keeping; how risks can be communicated to others.
	3.2 Analyse emergency protocols in aesthetic injectable practice.	*Emergency protocol development: rationale and importance of establishing clear and specific emergency protocols. Process of creating, updating, and reviewing protocols regularly. Identification and initial response: recognising signs and symptoms of common emergencies in the clinical environment; immediate steps and actions to take upon identification. Roles and responsibilities: clearly defined roles of each team member during an emergency; ensuring all staff are trained and competent in their allocated roles. Communication: effective communication methods during emergencies; guidelines on when and how to inform next of kin, other healthcare professionals, and relevant authorities. Equipment and resources: essential emergency equipment, its placement, and usage; regular checks to ensure equipment is functional, accessible, and all team members are trained to use it. Specific emergency scenarios: protocols for specific emergencies such as anaphylactic reactions, cardiac events, respiratory distress, seizures, and others; tailoring emergency responses based on the nature and severity of the situation. Referral and handover: established pathways for referring clients to specialists or hospitals; effective handover techniques to ensure continuity of care. Documentation and reporting: importance of accurate and timely documentation during and after an emergency; reporting mechanisms to relevant regulatory and professional bodies. Post-emergency review: debriefing sessions with involved staff to review and learn from the incident; incorporating feedback into protocol updates and staff training. Training and drills: regular training sessions for staff to familiarise with emergency protocols; conducting drills to test the effectiveness of protocols and identify areas for improvement. Ethical considerations: ensuring client rights and dignity are upheld even in emergency situations; identifying and addressing potential dilemmas that may arise. Legal implications: the legal aspects of managing emergencies, including issues related to consent, negligence, and malpractice. Public relations and media handling: guidelines on managing potential media attention post-emergency; developing clear communication strategies to address public concerns and uphold the institution's reputation. Continual improvement: monitoring and analysing*

		outcomes from emergencies to drive continual improvement; reporting; incorporating feedback from staff, clients, and external agencies to refine and enhance emergency protocols.
	3.3 Analyse record keeping and reporting requirements following a complication, adverse event or emergency in aesthetic injectable practice.	*Foundations of record keeping: the importance of accurate, timely, and confidential record keeping; legal and ethical obligations surrounding client data protection; types of records: medical history, treatment notes, consent forms, photographs, and other relevant documentation. Essential components of clinical records: personal details of the client; treatment plans and objectives; detailed notes of the procedure including product used, quantity, and injection sites; post-treatment observations and client feedback; follow-up appointments and outcomes. Secure storage & data protection: physical storage considerations: locked filing systems, secure premises; digital storage: encryption, secure servers, regular data backups; compliance with the General Data Protection Regulation (GDPR), Data Protection Act and related privacy laws and regulations; Information Commissioner's Office (ICO) registration; duration of record retention: how long to retain medical records in line with UK regulations; the process for safe disposal of records after the retention period. Definition and types of adverse events; importance of prompt reporting for client safety and public health; reporting adverse events: procedures and regulations around reporting complications or side effects; role of the Yellow Card Scheme in the UK; origins and purpose of the Yellow Card Scheme; types of reports under the Yellow Card Scheme: suspected adverse drug reactions (ADRs) for various products; role of the Yellow Card Scheme in ensuring client and user safety. Role of the Medicines and Healthcare Products Regulatory Agency (MHRA): the MHRA's mission and core functions; MHRA's responsibility in monitoring the safety of healthcare products. Reporting issues related to medical devices available on the UK market; concerns about defective medicines and their quality; identification and reporting of fake or counterfeit medicines and medical devices. Significance of reporting: the critical role that reporting plays in identifying new or emerging problems with medical products; collective responsibility; understanding of product safety; MHRA's review process: how the MHRA reviews reports submitted through the Yellow Card Scheme. Potential outcomes of a review: from product advisories to recalls; importance of balancing risks and benefits for the*

		public's health; actions against counterfeit products; ensuring public benefit; the process of informing clients if an adverse event has occurred. Importance of transparent communication for trust and legal protection; inter-professional collaboration: collaborating with other healthcare professionals for comprehensive reporting; sharing knowledge and insights on adverse events for broader client safety. Review and audit: regularly reviewing and auditing record-keeping practices to ensure compliance; using audit outcomes to refine and improve clinical and reporting practices; CPD to keep updated with changes in record-keeping and reporting regulations; attending training and workshops on effective record keeping and reporting practices. Legal ramifications of inaccurate or insufficient record keeping; potential legal consequences of not reporting adverse events.

4.2 Unit 2: Anatomy and Physiology for Planning and Carrying out Aesthetic Injectable Treatments

Unit 2: Anatomy and Physiology for Planning and Carrying out Aesthetic Injectable Treatments							
Credit Value	9	Level	6	GLH	30	Unit Ref	M/650/9725

This unit is a mandatory unit in the GA Level 7 Diploma in Aesthetic Injectables (610/3660/2) qualification.

In this unit, the candidate will develop an in-depth understanding of anatomy and physiology as it relates to planning and carrying out aesthetic injectable treatments.

The candidate will develop their understanding of how skin and health conditions can affect and be affected by aesthetic injectable treatments.

The candidate will review the bones, blood supply, nerves, glands, muscles and tissue planes of the face and neck, analysing how facial anatomy and physiology contributes to facial expressions.

The candidate will analyse how to identify safe injection sites, the importance of surface anatomy landmarks when planning injection sites and danger zones and safe areas for injecting.

They will also develop their understanding of the physiology of skin ageing and resultant changes in appearance, including the physiological changes of the ageing skin, how ageing leads to changes in appearance and analyse the aesthetic injectable treatment options to address signs of ageing.

Upon successful completion, candidates will have developed the knowledge of anatomy and physiology necessary for planning and carrying out safe, effective and client-centred aesthetic injectable treatments.

Assessment Requirements

Assessment of this unit consists of centre-devised coursework.

The coursework is internally set and assessed and internally moderated. The internal assessment and moderation of assessment decisions are externally quality assured by GA.

Guidance for centres

When devising assessment materials for this unit:

- Ensure assessment methods such as e-assessments or varied question types directly measure the learning outcomes.
- Structure tasks that are fully accessible to candidates.
- Use clear, unambiguous language.
- Relate tasks tightly to the specific assessment criteria.
- Pitch the level accurately.
- Ensure the evidence candidates submit is clearly attributable to them.
- Consider offering a choice between comparable tasks.
- Ensure that marking criteria, mark schemes or other guidance to Assessors permits Assessors to consistently differentiate candidate performance.

Prior to use, the assessment materials devised by the centre must be submitted to GA. The centre must therefore also:

Review the materials carefully against the sign-off criteria before submission (refer to the *GA External Quality Assurance of Centre-Devised Assessment Materials* form).

The centre should contact their dedicated Centre Administrator for full instructions on how to submit their materials and the timescale required for sign-off.

Learning Outcome: the learner will:	Assessment Criteria:	Indicative Content:
1. Understand conditions affecting aesthetic injectable treatments.	1.1 Analyse how skin conditions may affect or be affected by aesthetic injectable treatments.	*Skin conditions; acne-active breakouts, cystic acne, open wounds and risk of infection; vulnerability of inflamed, irritated skin; skin infections; xeroderma (dry skin); post-inflammatory hyperpigmentation; alopecia limiting injection points or techniques around the eyebrows and forehead; actinic keratosis - pre-cancerous skin lesions; nevi and moles; rosacea; rosacea subtypes – redness, sensitivity and the risk of reactions or irritation; eczema/dermatitis; atopic dermatitis; psoriasis and plaque psoriasis lesions; vitiligo - loss of facial pigment and psychological contraindications; keloids and hypertrophic scarring; scars from injuries or procedures; cold sores/herpes; cysts; existing implants; sun damage and severely photo-damaged skin - impact of this on laxity, wrinkles and pigmentation; skin thickness; skin cancers; hypersensitivity allergies; autoimmune skin disorders; vascular conditions; pigmentation disorders; cellulitis; elastosis; allergic contact dermatitis; dermal filler migration; sensory nerve disorders.*
	1.2 Analyse how health conditions may affect or be affected by aesthetic injectable treatments.	*Common health conditions; bleeding disorders and the risk of bleeding and bruising; neurological conditions e.g., myasthenia gravis, motor neuropathy and the risk of further muscle weakness; autoimmune conditions and localised reactions; Raynaud's syndrome, scleroderma (localised scleroderma (morphoea) and systemic sclerosis); history of anaphylaxis; pregnancy/breastfeeding; medications taken e.g., anticoagulants, aspirin; previous facial/eye surgery, scarring, anatomical changes; facial palsy or asymmetry; psychological issues and mental health conditions; body dysmorphia and unrealistic expectations; eating disorders; chronic illnesses; diabetes; hypertension; thyroid disorders; blood clotting disorders; haemophilia; liver disease; kidney disease; cancer; autoimmune diseases (e.g., lupus, rheumatoid arthritis); neurological disorders (e.g., multiple sclerosis); viral infections (e.g., HIV, hepatitis); allergies; seizure disorders; cardiac conditions (e.g., arrhythmias); respiratory conditions (e.g., asthma); recent surgery (not limited to facial surgery); history of keloids or hypertrophic scarring; medication allergies or sensitivities; hormonal imbalances; recognising conditions that can increase risk, negatively impact outcomes, or where injectables may be contraindicated. Appropriate client screening and precautions.*
2. Understand facial anatomy and physiology	2.1 Review the regions, bones, blood supply, nerves, glands,	*Regions of the face and neck: upper face - frontal, temple gabellar, lateral and medical canthus, orbital region; mid face - malar prominence, dorsal region, tear trough, preauricular region, nasolabial fold, alar triangle, zygomatic, buccal regions, infra orbital region, nasojugal*

for aesthetic injectable treatments.	muscles tissue planes and fascial layers of the face and neck.	*groove, tragus; lower face - philtrum column, vermillion border, cupids bow marionette line, pogonion, gnathion, mental region, mandibular angle, infraorbital region, buccal region, alar region; neck - submental region, clavicle region, décolleté. Facial bones: maxilla, mandible, nasal, zygomatic, lacrimal, vomer, palatine, inferior nasal conchae, hyoid, etc. Structure, landmarks, and articulations; temporal; parietal; occipital. musculature: temporalis; masseter; buccal fat pad; depressor labii inferioris muscle depressor septi muscle frontalis, procerus, corrugator supercilii, orbicularis oculi, nasalis, levator labii superioris, zygomaticus major/minor, risorius, platysma, buccinator, orbicularis oris, mentalis, depressor anguli oris, etc. Origins, insertions, actions. Facial nerves: trigeminal (ophthalmic, maxillary, mandibular branches), facial, cervical plexus. Sensory and motor innervations of the face; glossopharyngeal nerve (CN IX); accessory nerve (CN XI); hypoglossal nerve (CN XII); cervical nerves. Facial arteries: facial, transverse facial, supraorbital, supratrochlear, dorsal nasal, angular, labial arteries, occipital, posterior auricular; superficial temporal etc. Blood supply to facial tissues; retromandibular vein. Glands: salivary (parotid, submandibular, sublingual), lacrimal apparatus, sebaceous glands; Locations and secretions. Tissue planes and fascial layers: buccopharyngeal fascia, carotid sheath; alar fascia; retropharyngeal space; superficial musculoaponeurotic system (SMAS), parotidomassetric fascia, investing layer of deep cervical fascia.*
	2.2 Analyse how facial anatomy and physiology contributes to and controls facial expression.	*The main effectors of facial expressions: the muscles - orbicularis oculi, zygomaticus, risorius, platysma, etc; how coordinated contractions produce facial expressions. Facial nerves - cranial nerve VII. Neuromuscular junction: overview of the neuromuscular junction, where nerve impulses from facial nerves transmit signals to muscles; motor input to the facial muscles stimulating them to contract; different muscle fibre types (e.g., fast-twitch and slow-twitch) and their role in facial muscle contractions; facial muscle attachments: where facial muscles attach to bones and other muscles, influencing their actions. Facial arteries and blood supply: how the facial arteries provide oxygen and nutrients to facial muscles during contractions; the trigeminal nerve providing sensory input. Motor cortex in frontal lobe – origin of voluntary facial expressions; signals to facial nuclei in the brainstem. Facial nuclei - clustered motor neuron cell bodies in the pons which receive input from the cortex and provide output signals. Reticular formation – the extensive neural network. Emotional pathways – origins of involuntary expressions in limbic system areas, i.e., amygdala and cingulate cortex; signals sent to facial nuclei. Feedback loops – how sensory input from face to CNS provides feedback on muscle contractions to refine expressions. Synkinesis - aberrant,*

		simultaneous firing of facial muscle groups due to injury to facial nerve pathways. Facial asymmetry and how damage to facial nerves or muscles can cause one sided weakness or paralysis leading to asymmetry. Facial paralysis conditions: conditions that can cause facial paralysis, such as Bell's palsy or stroke, and their effects on facial expressions; how facial expressions vary across cultures and individuals. Aging and facial muscles: how facial muscles change with age and the role of these changes in facial aging.
3. Understand safe injection sites for aesthetic injectable treatments	3.1 Analyse surface anatomy landmarks and how they are used to plan safe injection sites.	*The role of accurate surface anatomy assessment to plan injection sites; The role of client-specific anatomy in determining injection sites; identifying surface anatomy landmarks to help prevent accidental injections into critical structures, nerves, or blood vessels avoiding complications such as hematoma, vascular compromise, and nerve injury; How precise identification of injection sites based on surface anatomy ensures the effectiveness of treatments. Achieving desired aesthetic outcomes by targeting specific anatomical features. Individualised assessments of client's anatomy to determine appropriate injection sites and techniques, variations in bone structure, muscle distribution, and skin thickness. Factors such as muscle strength, volume loss, and dynamic facial expressions; achieving natural-looking results that enhances features without distorting them. identifying sensory nerves and pain-sensitive areas to minimise patient discomfort during injections. Facial surface anatomy landmarks; glabella: frown lines (glabellar lines); temporal region: temporal hollowing or contour irregularities. Lateral canthus: lateral periorbital lines; zygomatic arch: cheek volume and contour. Nasolabial fold; reducing prominence. Marionette Lines: minimising appearance. Vermilion border: lip augmentation procedures. Cupid's bow: lip enhancement. Chin: augmentation or contouring. Jawline: definition. Submental region: reduction of submental fat. Supraorbital ridge: the position of the supraorbital artery. Infraorbital ridge: infraorbital nerve and artery. Temporal artery avoidance; angular artery: injecting the nasolabial fold. Mental foramen: mental nerve and vessels pass. Brow ridge (supraorbital rim): Location of the supraorbital nerve. Frontalis muscle: raising the eyebrows, relevant for forehead injections. Temporalis muscle: chewing, temporal injections. Masseter muscle: chewing, jawline injections. Facial arteries and veins: facial arteries (e.g., facial artery, transverse facial artery) and veins (e.g., retromandibular vein) to prevent vascular complications. Sensory nerves: understanding the sensory nerve distribution (e.g., supraorbital and infraorbital nerves) for patient comfort during injections. Neck and chest surface anatomy landmarks. Mental region; protuberance of the mandible. Platysma bands; vertical bands of the platysma muscle on the neck. Cervical lymph nodes; sternum; clavicles (collarbones); infraclavicular fossa: cleavage area*

		(decolletage): body surface anatomy landmarks; deltoid muscle; gluteus maximus; the gluteal fold; pectoral region: the pectoralis major and pectoralis minor; hand surface anatomy. Landmarks for aesthetic injections: metacarpophalangeal (MCP) joints; thenar eminence: hypothenar eminence. Vascular mapping: avoiding major vessels: precise anatomy assessment: The importance of precise surface anatomy assessment to identify safe areas and danger zones.
	3.2 Analyse danger zones and safe areas for injecting.	*Understanding the Importance of safe areas and danger zones; variation of safe areas based on the specific procedure and individual client characteristics; proper positioning of clients for safe access to treatment areas. Understanding that safe areas minimise the risk of complications such as vascular occlusion, nerve injury, and discomfort; vascular mapping and avoidance: the importance of vascular mapping to identify arteries and veins; the need to avoid major blood vessels during injections; consequences of inadvertently injecting into a blood vessel. Nerve awareness: the distribution of sensory and motor nerves in the treated areas; Recognition of nerve-rich regions to prevent nerve damage or adverse sensory effects; danger zones: periorbital; presence of important structures like the eyes, lacrimal gland, and angular artery; complications, such as blindness or vascular occlusion, associated with injections in this area; nasal danger zone: damage to the nasal artery and potential necrosis; temple danger zone: risk of injury to the superficial temporal artery; glabellar danger zone: the risk of vascular occlusion; nasolabial fold danger zone: the risks of injecting in the nasolabial fold area due to the presence of the angular artery; upper lip danger zone: potential damage to the superior labial artery; chin danger zone: mental nerve, nerve damage, sensory disturbances, and discomfort; danger zones of the body; neck: carotid artery and jugular vein: risk of vascular complications. chest: clavicle, sternum, risk of injury; major blood vessels, lymph nodes; hands: vascular structures, tendons and bones; safe areas. safe areas with lower risk of complications; face; forehead: frontal region, lateral temporal area; temples: temporal region; eyebrows: brow area; periorbital region; nasolabial folds and cheeks: cheek area; lips and perioral region; neck: anterior neck area; chest: infraclavicular fossa; body; upper arms (deltoid): deltoid area; buttocks (gluteus maximus): gluteal area; hands: metacarpophalangeal (MCP) joints: MCP joints; thenar and hypothenar eminences: thenar and hypothenar eminences.*
4. Understand the physiology of ageing skin and	4.1 Analyse physiological changes in ageing skin.	*Natural aging process and its impact on the skin; intrinsic & extrinsic factors contributing to skin ageing; how genetics, lifestyle, and other factors influence the aging process; hormonal changes and the skin; cytokines; free radicals and antioxidants; link to lifestyle, diet and*

resultant changes in appearance.		*exercise; anatomical and cellular muscle changes, impact of slower cell production. The progressive decline in collagen production with age. The role of collagen in maintaining a smooth and youthful skin texture; collagen as the primary structural protein in the skin; role in maintaining skin elasticity, firmness, and resilience; types of collagen present in the skin; fat distribution. Glycation and collagen damage; how glycation contributes to the aging of the skin and the formation of advanced glycation end products (AGEs); implications for collagen function and skin health. Loss of collagen fibres: the progressive loss of collagen fibres with age; how this loss contributes to changes in skin thickness, suppleness, and the development of wrinkles. The impact on the skin's overall appearance. Effects on skin texture: how collagen degradation affects skin texture; resulting thinning of the skin, reduced resilience, and increased susceptibility to bruising and tearing. UV radiation and collagen breakdown: The effects of ultraviolet (UV) radiation on collagen fibres. The role of collagenase enzymes in breaking down collagen when exposed to UV rays; how chronic sun exposure accelerates collagen degradation; the distribution of subcutaneous fat in youthful skin; how fat distribution contributes to a youthful and full facial appearance; the role of subcutaneous fat in supporting the skin's structure; the redistribution of facial fat as a part of the aging process; tendency of fat to shift from the upper face to the lower face, leading to volume loss; the relationship between bone resorption and fat loss in facial aging; how changes in facial bone structure can contribute to changes in fat distribution; loss of elasticity; collagen and elastin synthesis, adipose changes; loosening of ligaments; superficial musculoaponeurotic system (SMAS); organised fibrous network; platysma muscle, parotid fascia, and fibromuscular layer covering the cheek.*
	4.2 Analyse how ageing leads to changes in appearance.	*Skin health and aesthetic appearance: consideration of facial aging status and severity; evaluation of facial proportion changes, fat pad distribution volume loss; skin quality, including texture and elasticity; effects of aging on skin texture, leading to thinning, dryness, and reduced elasticity; the role of collagen and elastin breakdown in skin sagging and the development of rhytides (wrinkles, creases, and fine lines); static versus dynamic wrinkles; changes in melanin production leading to hyperpigmentation and age spots. Loss of facial volume and a hollowed appearance; changes in fat distribution and tissue atrophy contributing to volume loss; the effects of gravity on facial tissues, leading to sagging and the development of jowls; changes in facial contours and the loss of youthful definition; age-related changes in the eye area, including under-eye bags, dark circles, and ptosis (drooping eyelids); how changes in fat distribution and skin laxity affect the eyes; development of*

		nasolabial folds (smile lines) and marionette lines due to the loss of facial support structures. Thinning lips due to a decreased definition of the vermilion border; the role of collagen loss in lip volume reduction. Hair changes with age, including greying, thinning, and changes in texture. influence of genetics, hormones, and environmental factors on hair aging; bone resorption in the facial skeleton as a contributor to facial changes; how changes in bone structure can lead to alterations in facial shape; how aging can affect facial symmetry and contribute to facial asymmetry; the impact of bone, muscle, and fat changes on facial balance; differences in the effects of aging between genders, including structural and hormonal variations. Comparison of the aging process in the face and neck with other areas of the body.

4.3 Unit 3: Socio-Economic, Cultural and Psychological Constructs in Aesthetic Practice

Unit 3: Socio-Economic, Cultural and Psychological Constructs in Aesthetic Practice							
Credit Value	7	Level	7	GLH	30	Unit Ref	Y/650/9728

This unit is a mandatory unit in the GA Level 7 Diploma in Aesthetic Injectables (610/3660/2) qualification.

In this unit, the candidate will develop a comprehensive and analytical understanding of key aspects of the aesthetics industry relating to socio-economic, cultural and psychological constructs in order to inform their own practice and allow them to provide the best possible client care.

Candidates will develop their understanding of the complex range of socioeconomic and cultural factors driving consumer demand and industry growth in the non-surgical aesthetics sector and the multifaceted biological and psychological influences shaping perceptions of facial beauty, attractiveness, and self-image.

Candidates will also develop their understanding of contemporary innovations and debates in the non-surgical aesthetics sector, and consider client-centred care that meets legal and ethical obligations for client safety and psychological wellbeing.

Assessment Requirements

Assessment of this unit consists of a series of assignments and short answer questions.

These assignments and short answer questions are externally set, internally assessed and internally moderated. The internal assessment and moderation of assessment decisions are externally quality assured by GA.

These assignments and short answer questions are used to measure the candidate's knowledge and understanding of the socio-economic and cultural factors driving industry growth, how perceptions of beauty and self-image contribute, how the sector responds with new innovations and the associated ethical considerations to be made in aesthetic injectable practice.

Specific assessment guidance and relevant marking criteria are made available in GA-issued documents. These are made available to the approved centre only.

Learning Outcome: the learner will:	Assessment Criteria:	Indicative Content:
1. Understand the socio-economic and cultural factors driving the non-surgical aesthetics sector.	1.1 Discuss how socioeconomic trends impact consumer motivations and the non-surgical aesthetics market.	*Economic trends and impact of economic health: economic booms and recessions influencing consumer spending on aesthetic treatments; the correlation between economic stability and increased investment in personal appearance and wellness; disposable income and market expansion: the relationship between rising disposable incomes and the growth of the facial aesthetics market; how economic prosperity leads to heightened demand for aesthetic procedures. Emerging markets and globalisation: identifying emerging markets in the industry and their growth drivers; the impact of globalisation on spreading awareness and acceptance of aesthetic treatments. Social media and digital influence; the role of social media in shaping consumer perceptions and motivations in different socioeconomic contexts; how digital platforms democratise information about aesthetic treatments and influence diverse demographic groups. Cultural and socioeconomic diversity: how cultural and socioeconomic factors influence beauty standards and the popularity of certain treatments; the effect of cultural globalisation in beauty standards across different socioeconomic groups. Affordability and accessibility: the impact of pricing strategies on the accessibility of aesthetic treatments across different socioeconomic groups; financing options and package deals making treatments more accessible to a broader audience. Technological advancements and cost reduction: advancements in technology making aesthetic treatments more affordable and accessible; implications of new, cost-effective treatment methods on market expansion. Consumer education and awareness: the role of consumer education in driving demand; increased awareness about treatment options and safety influencing consumer motivations. Shifts in demographic profiles, including how aging populations influence the aesthetics market. Demand for anti-aging treatments: how attitudes drive demand for aesthetic treatments;*

		the popularity of anti-aging treatments in cultures where there is a high value placed on youthful appearances. Demographic variations in aesthetic preferences.
	1.2 Explain how religious, spiritual, ethical and personal values can shape attitudes and decision-making about non-surgical aesthetic treatments.	*Ethical considerations for practitioners: the importance of respecting clients' religious, spiritual, ethical, and personal values during consultations and treatments; strategies for sensitively navigating consultations with clients from diverse religious and cultural backgrounds. Decision making: the influence of religious, spiritual, ethical, and personal values on clients' decision-making processes; ensuring informed consent is obtained without conflict with these values and beliefs. Religious doctrines and cosmetic procedures: perspectives from major religions on altering the human body; specific teachings and interpretations within these religions that may prohibit or discourage elective aesthetic alterations; examples of religious prohibitions or guidelines regarding body modifications or enhancements. Aging and aesthetics in religious and spiritual contexts: how religious and spiritual views on aging and beauty can affect the perception of and desire for aesthetic treatments. Ethical and personal values: vegan ethics and aesthetic treatments: the rationale behind vegan principles e.g., relating to the use of animal-derived ingredients in beauty and aesthetic products. Animal testing and cosmetic procedures: historical context of animal testing in cosmetic product development; the current global stance on animal testing for cosmetic purposes; alternative ingredients and methods in aesthetic treatments that align with animal welfare principles; the growing market demand for vegan and cruelty-free aesthetic treatments. Personal health and wellness beliefs: holistic and natural approaches to health and beauty; treatments that align with these values; beliefs regarding the body's natural aging process affecting the decision to pursue or avoid aesthetic interventions. Gender identity and expression: how aesthetic treatments align with an individual's gender identity and expression; the role of aesthetic treatments in gender transition processes for transgender and non-binary individuals. Other reasons for treatment: facial feminisation, masculinisation, correcting facial asymmetry, scar correction etc. Ethical views on medical intervention: ethical reservations about medical interventions for aesthetic purposes; ethical considerations regarding the medicalisation of beauty and its societal implications. Environmental concerns: the environmental impact of products and treatments; preferences for eco-friendly and sustainable options; the*

		carbon footprint of certain treatments and products. Sustainability and environmental ethics: the environmental impact of aesthetic treatments and products; sustainable practices and eco-friendly options in the industry. Global trends and diversity: global trends in aesthetics and how they intersect with varying religious, spiritual, and ethical beliefs. Continuous professional development for practitioners to stay informed about diverse client needs and ethical practices in the evolving aesthetics market. Marketing and communication: ethical considerations in marketing aesthetic services to populations with strong religious, spiritual and ethical beliefs; tailoring communication to respect diverse value systems.
	1.3 Analyse the interacting drivers of supply and demand in the non-surgical aesthetics sector.	*Development in treatments: orphan treatments and how new treatment modalities have expanded the range of services offered in clinics; evolving consumer demands and expectations. Supply-related factors: availability of skilled practitioners: availability of educational and training programmes in aesthetics to meet demand for qualified practitioners; the impact of healthcare practitioners leaving public service healthcare roles to pursue a career in aesthetics; the correlation between the availability of skilled practitioners and the geographic distribution of services. Challenges in maintaining safety with the increased demand for aesthetic treatments. Regulatory environment: how changes in aesthetics and healthcare regulations impact the availability and scope of aesthetic treatments; the influence of safety standards and certification requirements on practice operations; the role of professional bodies in setting industry standards and best practices. Cost of treatments: varied pricing strategies across different services and regions; price sensitivity among different consumer segments and the effect of this on service uptake; the differences between high-value, premium services and more affordable treatment options. Financing options: availability of financing options for aesthetic procedures and how this impacts consumer access. Cultural and societal influences: influence of societal norms and values on the popularity of certain treatments. The drivers for treatment and the specific techniques or products used. Marketing and promotion: advertising strategies; the effectiveness of various marketing channels (social media, traditional media, influencer partnerships) in the aesthetics sector; the ethical considerations and regulatory compliance in aesthetic service advertising. The*

		competitive landscape: market saturation levels in various aesthetic services. Competitive pricing and service differentiation: the interplay between price, service quality, and reputation in consumer decision-making. Industry investment and growth: trends in financial investment in the aesthetics sector, including venture capital and private equity; the emergence of new clinics and service providers due to increased industry growth; economic indicators predicting future growth areas in aesthetic services. Economic factors: disposable income and economic climate and the correlation between consumer disposable income levels and the demand for aesthetic procedures.
2. Understand innovation and current debates relevant to non-surgical injectable aesthetic treatments.	2.1 Evaluate the risks vs benefits of innovation in products, procedures and technology in non-surgical injectable aesthetic treatments.	*Overview of current innovations: products, procedures, treatments and technological advancements in non-surgical aesthetics. Benefits of innovations: enhanced efficacy and results, how new technologies and products have improved treatment outcomes. Increased safety and comfort: advancements that have made procedures safer and more comfortable for clients. Customisation and precision: the ability to tailor treatments to individual needs due to technological advancements. Reduced downtime: the impact of innovations on reducing recovery time and increasing convenience for clients. Risks associated with Innovations: safety concerns, side effects and adverse effects associated with new treatments; long-term effects: consideration of unknown long-term effects due to the novelty of some products, procedures, treatments and technologies. Overuse and misuse: risks associated with the overuse or incorrect application of new aesthetic technologies. Regulatory and ethical considerations: the regulatory landscape governing new aesthetic technologies and ethical considerations; Cost-effectiveness and accessibility: the cost implications of new technologies for clients. Accessibility issues: whether innovations are making aesthetic treatments more accessible or creating a gap due to high costs. Consumer perception and market response; client demand and expectations, how consumer expectations have evolved with innovations. Responsible marketing: strategies for ethically marketing new technologies and treatments. Informed consent: ensuring clients are fully informed about the risks and benefits of new treatment options. Research and development: the need for ongoing research to fully understand the implications of new technologies, products and procedures. Risks vs. benefits of artificial intelligence (AI) in aesthetics; enhanced precision and customisation,*

		predictive analysis for treatment outcomes: efficiency and timesaving: accuracy and reliability concerns; biases in AI algorithms, the de-personalisation of client interactions, potentially overlooking the human element in aesthetic judgment Risks associated with use of personal and facial data by AI systems. Cost Implications: Investment vs. return: the cost of implementing new products, procedures and technologies v potential returns in terms of improved outcomes, client satisfaction and accessibility for smaller clinics.
	2.2 Analyse current debates and controversies around non-surgical aesthetic treatments.	*Safety and regulation: ongoing debates regarding the safety of non-surgical aesthetic procedures; appropriateness of current regulatory standards, the qualifications and experience requirements of aesthetic practitioners and the impact on treatment outcomes and safety. The ethical implications of the commodification of beauty and its impact on societal standards, marketing tactics of aesthetic treatments, ethical considerations in targeting vulnerable demographics. Debates around the increasing medicalisation of healthy physical features and its impact on individuals' body image and self-esteem. Balancing client autonomy in choosing aesthetic treatments with ethical considerations of promoting certain beauty standards. How gender norms and expectations influence the demand and acceptance of aesthetic procedures. The rapid evolution of technology in non-surgical aesthetics; ethical considerations in the adoption of new technologies without extensive testing, ethical considerations of modern technology and tools used in research to quantify and analyse facial attractiveness, future advancements and their potential impact on the aesthetics industry.*
3. Understand biological and psychological influences shaping perceptions of beauty, attractiveness and self-image.	3.1 Evaluate standards of beauty and attractiveness in relation to facial symmetry, skin quality and youthfulness.	*Facial symmetry: how facial symmetry is linked to beauty and attractiveness; evolutionary perspectives and psychological theories explaining the preference for symmetrical faces; cultural variations in the perception of symmetry. Averageness in facial features: the concept of 'averageness' in facial features and attractiveness; the blend of features that constitutes 'average' and its appeal across different cultures and societies. Youthfulness and its perceived attractiveness: the link between youthful appearance and attractiveness; the role of skin quality, facial volume, and features commonly associated with youth in shaping perceptions of beauty. Skin quality and attractiveness: studies linking clear, healthy skin with perceptions of attractiveness; impact of skin tone evenness,*

		texture, and the presence of blemishes or aging signs on attractiveness ratings. How cultural and societal norms influence the standards of beauty in relation to facial symmetry, skin quality and youthfulness; the role of media and social influence in shaping standards of beauty and attractiveness; changing standards of beauty and attractiveness.
	3.2 Analyse psychological factors influencing perceptions of body image and self-worth.	*How individuals' attitudes and behaviours are influenced by the attractiveness of others, including unconscious biases in social and professional settings; Perception impact: how the perception of one's own attractiveness affects mental health; body image, self-esteem, and overall well-being; Cultural and media influences: how media portrayals of beauty standards shape individual perceptions of attractiveness and the psychological impacts of this; how the perception of attractiveness interacts with individuals' self-esteem and self-worth; social and peer influences: the role of social interactions and peer feedback in shaping one's perception of their attractiveness and self-esteem. Age-related changes: how changes in appearance due to aging impact self-esteem and body image over time. Confidence levels: how individuals' perceptions of their own attractiveness affect their confidence in various aspects of life. Social success and relationships: how perceived attractiveness influences social interactions, relationships, and perceptions of social success. Self-image: how an individual views themselves, which can be influenced by physical appearance, strengths, weaknesses, and unique characteristics. Self-esteem: how much value people place on themselves and how worthy they feel; how closely an individual's self-image aligns with their ideal self. Identity: how individuals define themselves in relation to the world around them, including their role in relationships, their profession, and their cultural identity. Capabilities and competencies: An individual's understanding of their abilities and skills. Stigma and stereotyping: the negative aspects of societal focus on attractiveness, including stigmatisation and stereotyping based on appearance. Psychological consequences of negative body image: Body Dysmorphic Disorder (BDD); the link between dissatisfaction with facial appearance and the development of anxiety, depression, and other mental health issues. Resilience and coping mechanisms: strategies for building resilience and healthy coping mechanisms in dealing with body image issues. Therapeutic*

		Interventions: psychological interventions aimed at improving confidence related to appearance.
	3.3 Evaluate how non-surgical injectable aesthetic treatments may positively or negatively affect self-image and mental health.	*Positive effects of successful aesthetic treatments on self-image, confidence, self-esteem and mental health. Studies showing improvements in body image and a stronger sense of personal identity post-treatment. The positive impact of aesthetic treatments for transgender and non-binary individuals, aiding in gender affirmation and reducing gender dysphoria. Social acceptance and Inclusion: The role of aesthetic treatments in enhancing social interactions and feelings of acceptance, especially in cultures where certain beauty standards are highly valued. Mental health benefits: therapeutic effects for individuals with conditions like alopecia, vitiligo, or acne scars, where aesthetic treatments can alleviate psychological distress. Negative effects on self-image and mental health: unrealistic expectations and disappointment: The risk of dissatisfaction due to unrealistic expectations or suboptimal results, leading to emotional distress or decreased self-esteem. Body Dysmorphic Disorder (BDD): The potential for aesthetic treatments to exacerbate symptoms in individuals with BDD, focusing excessively on perceived flaws; dependency and self-worth issues. Risks of developing an unhealthy reliance on cosmetic procedures for self-worth, leading to repeated treatments and psychological dependency. Cultural pressures and stigma: negative mental health impacts due to cultural pressures to conform to specific beauty standards. Status symbolism: how aesthetic treatments can be perceived as a status symbol, influencing self-image. Stigma or judgment in certain cultures or communities regarding undergoing aesthetic treatments; economic impact and accessibility: psychological impact due to the economic burden of treatments, especially when motivated by societal pressure. Mental health effects stemming from the inaccessibility of desired treatments due to financial constraints. Diversity and representation: Psychological outcomes: studies on long-term satisfaction, whether these changes are temporary or long-term. The balance between aesthetic enhancements and maintaining individual uniqueness and diversity.*
4. Understand the ethical considerations	4.1 Analyse the ethical considerations and efficacy of strategies to protect clients'	*Identifying signs of vulnerability in clients; the effectiveness and limitations of existing mental health screening methods; the ethical boundaries of screening for mental health conditions and psychological vulnerabilities; the legitimacy and*

and efficacy of strategies to protect clients' mental health and psychological wellbeing in non-surgical injectable aesthetic practice.	mental health and psychological wellbeing in non-surgical injectable aesthetic practice.	*efficacy of mental health screening to accurately identify psychological vulnerabilities and mental health issues; the ethical challenges involved in implementing mental health screenings, including issues of privacy, autonomy, and potential bias; risks of aesthetic practitioners overstepping professional boundaries; the need for specialised training for aesthetic practitioners in mental health screening; Analysing the legal and regulatory requirements surrounding mental health screening in aesthetics. The challenges of refusing and delaying treatments due to psychological and mental health concerns. Potential benefits and challenges of collaboration between aesthetic practitioners and mental health professionals. The efficacy and practicality of customised psychological care plans: the execution of psychological care plans; post-treatment follow-ups; integration of mental wellness strategies tailored to individual client profiles. Principles of client autonomy, informed consent, and confidentiality. The level of training and competency required for aesthetic practitioners to support client's emotional wellbeing; psychological wellbeing and mental health concerns in relation to unmet expectations and regret; Referral Pathways for Specialist Care: The need for and challenges of establishing referral pathways to specialist mental health support; potential negative psychological impacts of aesthetic treatments; Strategies for monitoring and supporting clients' mental health post-procedure; considering client's psychological wellbeing when upselling or promoting additional treatments during post-care.*

4.4 Unit 4: The Principles of Botulinum Toxin A Injectable Aesthetic Treatments

Unit 4: The Principles of Botulinum Toxin A Injectable Aesthetic Treatments							
Credit Value	7	Level	7	GLH	30	Unit Ref	A/650/9729

This unit is a mandatory unit in the GA Level 7 Diploma in Aesthetic Injectables (610/3660/2) qualification.

In this unit, the candidate will develop their understanding of the history, benefits, contraindications, and regulatory requirements for botulinum toxin A treatments. The candidate will learn about the biochemistry and mechanism of action of botulinum toxin A, as well as the instruments and techniques used for administering treatments.

Candidates will also understand how to identify and address contra-actions, adverse reactions, and suboptimal results during and post-treatment.

Candidates will observe and evaluate a series of botulinum toxin A treatments being carried out. They will also practice the methods and techniques of injecting botulinum toxin A on a facial mannequin/dummy.

Upon successful completion of this unit, the candidate will have gained the knowledge required to enable them to progress onto clinical practice carrying out botulinum toxin A treatments safely and effectively.

Assessment Instructions

Assessment of this unit consists of a series of assignments and short answer questions. Candidates will also complete the Hands-Off Pre-Clinical Practice requirements.

The assignments and short answer questions are externally set and internally assessed and internally moderated. The internal assessment and moderation of assessment decisions are externally quality assured by GA.

These assignments and short answer questions are used to measure the candidate's knowledge and understanding of the history, benefits and contraindications of botulinum toxin A treatments, the biochemistry and mechanism of action of botulinum toxin A, injectable instruments and techniques used in botulinum toxin A treatments, and the contra-actions, adverse reactions and suboptimal results that may occur.

Specific assessment guidance and relevant marking criteria are made available in GA-issued documents. These are made available to the approved centre only.

Hands-Off Pre-Clinical Practice

In the Hands-Off Pre-Clinical Practice, the ratio of practitioner/candidate ratio must not exceed 1:10.

Candidates are required to:

1. observe and produce written evaluations of a minimum of 10x botulinum toxin A treatments - these observations and subsequent written evaluations are used to measure the candidate's knowledge and understanding of the practical application of botulinum toxin A treatments. The centre must ensure that the clinical practice demonstrated to candidates includes a variety of treatments being carried out on a range of different clients.

2. practise treatment techniques on a dummy or injectable facial mannequin - these simulated injecting activities provide candidates with the opportunity to develop the complete range of clinical skills required. The Assessor will observe the candidate's preparation and technique, which must be deemed to be safe prior to the candidate being considered ready to progress to Hands-On Clinical Practice.

Learning Outcome: the learner will:	Assessment Criteria:	Indicative Content:
1. Understand the history, benefits and contraindications to botulinum toxin treatments.	1.1 Examine the origins, history and current trends in botulinum toxin treatments.	*Historical background and early uses, discovery and early research; identification of the clostridium botulinum bacterium; initial understanding of botulism and its effects on the body; isolation and purification; processes used to isolate and purify the toxin for research purposes; first medical applications; early uses of the toxin in the treatment of strabismus (gaze misalignment), hemifacial spasm, blepharospasm (uncontrollable blinking); musculoskeletal*

		disorders and spasticity; treatment of lower sympathetic nervous system activity; cosmetic applications; discovery of potential for treating hyperkinetic facial lines (wrinkles); the launch of botulinum toxin as a cosmetic treatment; evolution of various cosmetic applications; expansion to other medical conditions; use in treating conditions like chronic migraines, cervical dystonia, overactive bladder, Meiges syndrome, and hyperhidrosis; development of different brands and derivatives; differences, similarities, and specific applications of different brand; safety and efficacy; early concerns and findings regarding safety; clinical trials and significant research outcomes; global acceptance and regulations; evolution of regulatory guidelines across different countries; FDA approvals and other international regulatory milestones; societal and cultural impact; how botulinum toxin A has influenced societal perceptions of aging and beauty; controversies, myths, and misconceptions; advancements in delivery techniques; evolution of injection techniques, equipment, and protocols; future potential; ongoing research; new uses being researched; improvements in formulations or delivery mechanisms; comparison with other aesthetic procedures; combining botulinum toxin A treatments with other vs; dermal fillers, lasers, and other aesthetic treatments; economic impact; the growth of the botulinum toxin market; economic implications on the broader aesthetic and medical industries; case studies showcasing the historical significance; unique applications of botulinum toxin A; economic considerations and market trends; the cost-benefit analysis for clients; current market trends and future projections for botulinum toxin treatments; regulatory and legal aspects; approval statuses in UK; changes in guidelines for advertising and promoting botulinum toxin treatments; clinical trials; relevant studies highlighting benefits and drawbacks; ongoing research and potential new indications; new formulations or delivery mechanisms in development; future developments and research.

	1.2 Evaluate the different types and purported benefits of botulinum toxin aesthetic injectable treatments.	*Types of botulinum toxin; different serotypes of botulinum toxin (A-G) and their properties; botulinum toxin type A brands available in the market; dilution/reconstitution and dose; regulatory and legislative requirements regarding prescription only medicines; licensed and off license product use, when and why products can be used off licence, considering safety, treatment areas and suitability; clinical indications for aesthetic use; purported benefits of botulinum toxin treatments; cosmetic enhancements and rejuvenation; non-surgical approach with minimal downtime; prophylactic use against the deepening of wrinkles; improved self-esteem and confidence; potential therapeutic benefits (e.g., pain reduction in chronic migraines); feminisation and masculinisation of features; acne scarring; correction of nostril flare - alar portion of nasalis muscle, gummy smile - philtrum, lip flip - vermillion border and oral commissure, pixie tip – columellar; glabellar lines (frown lines); crow's feet (lateral canthal lines); forehead lines; brow lift; bunny lines (nasalis lines); perioral lines and chin; platysmal bands (neck); masseter reduction for facial slimming; hyperhidrosis (excessive sweating); comparative analysis of different brands; onset of action; duration of effect; diffusion characteristics; storage requirements; advancements in application techniques; overview of injection techniques (e.g., microdroplet, Nefertiti lift); safety guidelines for injection depths, points, and doses; use of adjunct tools such as electromyography or ultrasound for guidance; combination treatments with botulinum toxin; synergistic benefits and considerations for combination treatments; identifying suitable candidates; client expectations; use as a muscle relaxant and/or for cosmetic purposes.*
	1.3 Determine the contraindications to botulinum toxin treatments.	*Absolute and relative contraindications to treatment, individual risk versus benefit; importance of client consultation to determine contraindications; relative and absolute contraindications; pregnancy and breastfeeding; lack of data on safety and risks to the foetus or infant; under 18s; diabetes, autoimmune diseases, including medications, drugs and common skin conditions; allergy or hypersensitivity to any ingredients in the botulinum toxin product, including botulinum toxins or human albumin; history of anaphylaxis; infection at the proposed injection sites; neurological or neuromuscular conditions such as myasthenia gravis, Lou Gehrig's disease (ALS), or Lambert-*

		Eaton syndrome; bleeding disorders or use of blood thinners; increased bruising or bleeding risk at injection sites; pre-existing ptosis; other pre-existing eyelid or brow conditions; history of skull or facial bone surgery; skin infection or chronic disease present at/near the proposed treatment areas; Immunological concerns; compromised immune system due to conditions like HIV/AIDS or ongoing cancer treatments; neurological sensitivity: heightened sensitivity or disorders affecting the nervous system; cardiovascular conditions; existing muscle weakness in the treatment area; zinc deficiency; skin conditions: active acne, psoriasis, eczema, or rashes in the treatment area; recent alcohol consumption or recreational drug use; previous allergic reactions to botulinum toxin; recent significant sunburn or heat exposure in the treatment area; medication interactions; medications or supplements that may interact with botulinum toxin A and increase the risk of adverse reactions; recent facial procedures: e.g. dermal fillers, laser treatments, or chemical peels which can affect the outcome or increase the risk of complications; psychological factors: unrealistic expectations, mental health conditions, body dysmorphic disorder; addiction issues; alcohol or substance misuse.
	1.4 Evaluate when and how to refuse, delay, or suggest alternative treatment options.	*Potential reasons and appropriate courses of actions to refuse or delay treatments; referral to alternative treatments; safeguarding and signposting to appropriate support; the critical role of client consultation; client history and assessment; importance of a thorough medical history; importance of considering client's mental and emotional wellbeing; identifying potential contraindications; psychological assessment; screening tools; NICE guidelines; identifying body dysmorphic disorder and other psychological conditions; the role of psychological counselling before treatment; ethical considerations in treating clients with psychological concerns; physical evaluation; analysing skin type, facial anatomy, and existing conditions; the role of age, gender, and ethnicity in treatment decisions; contraindications to botulinum toxin A treatment; explaining rationale of contraindications to clients; treatment goals and expectations; discussing realistic outcomes and managing client expectations; cases when client expectations don't align with potential results; ethical considerations; signs of overtreatment; lacking capacity for decision making; informed consent and the importance of client autonomy; financial*

		implications; financial motivations as a driver for treatments; previous aesthetic treatments; evaluating outcomes and complications from previous treatments; determining whether additional treatments are safe or effective; alternative treatment options; presenting and discussing dermal fillers, lasers, and other aesthetic treatments; deciding on combination treatments or standalone alternatives; clinical case studies; reviewing real-world examples where treatments were refused, delayed, or alternatives were suggested; discussing the rationale and outcomes for each case; communication skills; techniques for discussing treatment options with clients effectively and empathetically; handling negative reactions or disappointment; follow-up and monitoring; strategies for monitoring clients who've been refused or delayed treatment; guidelines on when and how to re-evaluate treatment decisions; legal considerations; understanding the legal implications of refusing treatment; liability concerns and informed refusal documentation; continuous education and updates; guidelines regarding treatment refusal or alternatives; evaluating new products and technologies in the aesthetic market; support and advice from peers and trusted colleagues, mentors.
2. Understand legislative and regulatory requirements for botulinum toxin A treatments.	2.1 Critically analyse the experience, training and certification requirements for practitioners carrying out botulinum toxin A treatments.	*Legislative and regulatory requirements for education and training; guidance as published by relevant professional statutory regulatory bodies, e.g. JCCP, CPSA etc.; Health and Care Act 2022; registration requirements; prior experience and recognition of prior learning; recognition of prior experience; requirements for healthcare practitioners; training: specialised training in facial aesthetics and injection techniques; importance of 'hands-on' training and assessment of competency; requirements for regulated qualifications and the size and level of those qualifications; non-regulated training and CPD: benefits and drawbacks; manufacturers' training courses; working with an independent prescriber; registered and non-registered healthcare professionals; clinic requirements: role of e.g. Care quality Commission (CQC): how clinics and facilities providing botulinum toxin A meet safety standards; insurance: insurance, including indemnity and malpractice insurance; experience: recommendations to observe treatments; recommendations for supervision before independent practice; requirements for supervisors and others providing clinical oversight.*

	2.2 Examine the professional, legal and ethical responsibilities relating to prescribing botulinum toxin A.	*Legislation pertaining to the acquisition and use of the medication/devices; recognition of own scope of practice; administering botulinum toxin A as prescribed; unlicensed use of medicines/devices (including the appropriate defensible decision-making,); guidance as published by relevant professional statutory regulatory bodies, e.g. JCCP, CPSA etc; collaborative practice; building and maintaining a trusted professional relationship with the prescriber; the distinct roles and responsibilities of practitioner and prescriber; client assessment and referral: conducting thorough assessments; effective communication with the prescriber about treatment plans, potential risks, client history, and any contraindications; treatment records: coordinating with the prescriber to maintain comprehensive, accurate, and shared documentation of all assessments, treatments, and follow-ups; product knowledge: keeping updated with the specifics of botulinum toxin A, its applications, and potential side effects, while relying on the prescriber's expertise for in-depth pharmacological insights; prescription handling: understanding the legal protocols for receiving, handling, and administering prescriptions; ensuring clarity on dosage and administration as directed by the prescriber; sharing prescriber details with the client where applicable; post-treatment collaboration; coordinating post-treatment reviews and check-ins, managing complications, and seeking guidance from the prescriber when necessary; professional boundaries: recognising and maintaining the distinction between the roles of the aesthetic practitioner and prescriber, avoiding overstepping professional boundaries; duty of care: multi-disciplinary working; collaborating with the prescriber to ensure the client's safety throughout the treatment process and in post-treatment care; collaborating with the prescriber in line with medicined management policy, to include: access, use, storage, longevity and expiry of products, wasted disposal, audit and accountability responsibilities; consent and confidentiality: working together to ensure the client is well-informed, consents to the treatment, and that their privacy is respected at all times; GDPR and privacy legislation; ongoing training: joint professional development opportunities; latest research and guidelines; sharing insights and updates with the prescriber; legal responsibilities: being aware of the shared and individual legal responsibilities, prescription collection and handling, client consent, and*

		treatment administration; emergency plan; seeking immediate medical intervention; medicine management policy; feedback and learning: actively seeking feedback from the prescriber; improving practices and protocols; complaints procedure; ethical decision-making; collaboratively addressing ethical challenges, such as managing unrealistic client expectations or handling requests for off-label use of botulinum toxin A; insurance and accountability: understanding the shared and distinct liabilities and ensuring that both the aesthetic practitioner and prescriber are appropriately insured.
3. Understand the biochemistry and mechanism of action of botulinum toxin A.	3.1 Review the biochemistry of botulinum toxin A.	*The structure of botulinum toxins; core structure; components, and molecular weight; molecular structure; protein composition, complex protein subunits, function of each chain: heavy chain (HC), light chain (LC), receptor binding, dual receptor model, tertiary and quaternary structure, folded conformation, stability, modifications and isoforms; different strains; post-translational modifications; the protein structure of botulinum toxin A; natural source: clostridium botulinum bacteria; different brands and types; dilution and reconstitution; solvents used: saline solutions and their specific concentrations; stability and storage: how the toxin maintains its efficacy and the importance of cold storage; purification process: the extraction and purification techniques that lead to the finished botulinum toxin A product; summary of product characteristics; preparation and reconstitution; dilution and concentration; appropriate dose range.*
	3.2 Analyse the mechanisms of action of botulinum toxin A.	*The botulinum toxin mechanism of action and neuromuscular synaptic transmission: e.g., binding, internalisation, blocking, sprouting and re-establishment of sprouts; enzyme activation, depolarisation, neuro-transmitters, synaptic machinery/proteins; anticipated longevity; dilution; diffusion; onset; duration of action; duration of effect: breakdown and metabolism: how the body processes and eliminates the toxin; duration and longevity: the typical timeframe for the effectiveness of treatment and contributing factors; reconstitution; metabolism; toxicity; suitability for treatment area; medical or therapeutic use; product comparison; different botulinum toxin brands commercially available for cosmetic treatments; differences in biochemistry, effectiveness, and clinical applications between type A and other botulinum toxins; differences in storage; doses; reconstitution techniques across different manufacturers.*

4. Understand injectable instruments and techniques for botulinum toxin A treatments.	4.1 Analyse the types, components, and suitability of different injectable instruments for botulinum toxin A treatments.	*Characteristics of botulinum toxin A products; product compatibility with different instruments; selection and customisation of instruments; appropriate instrument choice; customising/combining instrument selection based on client anatomy and desired outcomes; types of aesthetic injectable instruments: syringes, needles, cannula etc. and their key components; syringes: types of syringes, e.g., standard syringes, insulin syringes, tuberculin syringes, barrel, plunger, and tip; how these elements affect injection performance; precise fluid measurement; precise injection control; proper handling and preparation of syringes, including drawing and expelling fluids aseptically; convenience and accuracy; the range of needle sizes and gauges; needle insertion techniques for various treatment areas; alternative instruments; key advantages and disadvantages of use of syringes; precise control and dosage; ability to aspirate and check placement; different barrel sizes; variable product amounts; ergonomic designs; limited by gauge and length, requires needle for product delivery; deep product placement; bevelled tips; pain on insertion; risk of bending; precision; speed; coverage; depth; impact on client comfort, treatment goals and outcomes; individual client factors.*
	4.2 Analyse injection techniques, depth, placement and adaptations for botulinum toxin A treatments.	*Importance of understanding facial musculature and anatomy, danger zones and safe sites, vascular structures, nerve locations, and other landmarks; significance of pre-treatment evaluations, facial symmetry, dynamic vs static wrinkles, muscular strength, and skin type; client positioning: optimal positions for different treatment areas, importance of relaxed muscles; tissue mobility: adjusting for skin thickness and laxity, importance of skin stretch and stabilisation. use of pre-procedure markings; injectable techniques and treatments; the injection techniques to each treatment area: the muscle/muscles treated, positioning and preparation; precautions to each of these areas, including dosage (of varying anti-wrinkle brands, where applicable); microdroplet technique; relating treatment technique to outcome; skin breaches; tethering; anchoring; intradermal (blanching); subdermal; intramuscular; skin to needle time; needle placement; pressure and depth, angle, individualised adjustment as required; accurate dosage calculation; administration in medication delivery and medical procedures; understanding*

		the instruments' functionalities in achieving specific treatment outcomes; wrinkle reduction; avoidance of thyroid when injecting neck.
	4.3 Analyse the importance of maintaining aseptic conditions during botulinum toxin A treatments.	*Asepsis and its role in medical and aesthetic procedures; microbiology; microorganisms relevant to botulinum toxin A treatments; bacteria; structure and function of bacteria; common pathogenic bacteria; staphylococcus aureus; pseudomonas aeruginosa; propionibacterium acnes; gram positive vs. gram negative; viruses; viral structure and replication methods; viral infections; fungi; fungal organisms; pathogenic fungi; protozoa; single-celled eukaryotic organisms; misfolded proteins; neurodegenerative diseases; routes of transmission; direct contact: airborne; aerosol generation; fomites: body's defence mechanisms; skin and mucous membranes; immune response; importance of sterilisation and aseptic technique; outcomes of contamination; microbial resistance; antibiotic-resistant strains; implications for treatment; the importance of asepsis in medical and aesthetic procedures; microbiology; microorganisms relevant to botulinum toxin A treatments; pathogen contamination; contamination of product; contamination of site; risks of contamination; complications arising from non-aseptic practices; infections; granulomas; importance of using PPE, such as gloves and masks, and the proper techniques for donning and doffing to prevent contamination; treatment failures; client trust and reputation; the role of strict aseptic practices in building trust with clients; maintaining the clinic's reputation for safety and quality care; legislation, guidelines and organisational procedures; local and international standards and guidelines on instrument sterilisation and handling; case studies: review of real-world incidents related to breach of aseptic conditions.*
	4.4 Explain sterilisation methods and proper handling of instruments and products used in botulinum toxin A treatments.	*Skin preparation; cleaning and disinfecting the skin prior to botulinum toxin A injections; types of hygiene products for the skin; selection and application of antiseptics; sterile product handling; opening, handling, and disposing of botulinum toxin A vials to maintain sterility; equipment and tool sterilisation: procedures for ensuring that all equipment, including needles and syringes, remain sterile during the treatment process; treatment environment; maintaining a clean and sterile environment; air quality; surface disinfection; overall clinic hygiene; waste management: safe disposal of used materials,*

		sharps, and other waste; prevention of contamination; exposure risks; post-treatment care: guidelines for aftercare to ensure the injection site remains free from contamination; client instructions; types of sterilisation methods; instrument handling protocols; pre-cleaning; initial removal of contaminants; regular checks for instrument integrity, sharpness, and functionality; packaging; use of pouches or wraps that maintain sterility after the process; storage of sterilised instruments to prevent contamination; instrument classification and sterilisation; critical, semi-critical and non-critical instruments; instruments that penetrate skin or mucous membranes and require stringent sterilisation; appropriate level of disinfection or sterilisation required; validation and monitoring of sterilisation; biological indicators: use of spore tests to ensure the effectiveness of sterilisation; chemical indicators: heat-sensitive tapes and strips; identification and labelling: instruments designed for one-time use; disposal protocols; documentation and record keeping: importance of maintaining accurate records for each sterilisation cycle, including date, method, and operator; pre-treatment preparation; storage; stock rotation; sterile packaging; hand hygiene; gloves; during treatment: no touch technique (NTT); personal protective equipment (PPE): importance of using PPE; techniques for donning and doffing; client post treatment instructions; continuous monitoring and feedback; protocols for monitoring aseptic techniques; mechanisms for feedback and continuous improvement; training and professional development; regular training on aseptic techniques.
	4.5 Review ways to manage pain and discomfort for botulinum toxin A treatments.	*Sourcing, storing and using anaesthetics; anaesthetic delivery methods; administration and dosage calculation; adverse effects; topical anaesthetics and nerve blocks to manage pain and discomfort during injectable treatments; anaesthetic delivery methods; types of anaesthetics: topical creams and gels: e.g., lidocaine, EMLA, benzocaine, prilocaine; mechanism of action; nerve transmission interruption; how anaesthetics block pain signals at the nerve endings; application techniques; optimal time to apply before the botulinum toxin A treatment; thickness of application; impact on absorption and efficacy; benefits; client comfort: reduction of pain and anxiety during procedures; enhanced treatment experience; allowing for more precise placements of injections; limitations and risks; allergic reactions; identifying and managing*

		potential allergies; overapplication; risks of excessive use and systemic absorption; choosing the appropriate anaesthetic; skin type considerations; area of treatment: sensitivity; legal and professional guidelines; prescribing rights; the role of prescribers in accessing anaesthetics; storage and handling; ensuring the correct storage conditions and expiry checks; alternative pain management techniques; cooling methods; cold packs or cooling sprays; distraction techniques; vibration or other sensory distractions; aftercare; post-anaesthetic skin care; managing potential skin reactions; client education and information; lingering numbness or tingling; environmental safety; disposal: safe and compliant disposal methods for used anaesthetic containers and materials; cleanliness; sterile environment when applying anaesthetics.
5. Understand and address contra-actions, adverse reactions and suboptimal results in botulinum toxin A treatments.	5.1 Analyse contra-actions and adverse reactions to botulinum toxin A treatments.	*Safety profile and side effects; short-term and long-term safety data; common and rare side effects; strategies to mitigate potential complications; client selection and management; safety of botulinum toxin treatments; potential side effects: nodules or granulomas, bruising, headache, eyelid ptosis; visual disturbances, eye injuries, facial asymmetry; systemic effects, allergic reactions and anaphylaxis; risks associated with overdose; infection, nausea, botulism, micro wounds, needlestick injuries, inability to swallow/neck paralysis, necrosis, hematoma, pulmonary embolism, venous, arterial and nerve injury, voice changes, respiratory difficulty, ecchymosis, surface or periorbital oedema, hyperaemia, facial paresis, dry eyes and/or mouth, difficulty speaking. Detailed pharmacology; dose-response relationship; systemic distribution and metabolism; management of side effects and complications; proactive measures to reduce risk; immediate and long-term management strategies; special considerations in treatment planning; importance of client's medical history; consideration of client's mental and emotional safety and wellbeing; interaction with other drugs or treatments.*
	5.2 Explain appropriate courses of action to take in the event of adverse reactions or incidents arising from botulinum toxin A treatments.	*Identification of adverse reactions; immediate reactions, delayed reactions; immediate management, first aid; steps to alleviate immediate pain or discomfort; hydration; importance of fluid intake in certain reactions; cold compress; managing swelling and bruising; referral and consultation; dermatologists: when to refer to skin specialists; ophthalmologists: referral in the event of ocular complications; emergency services; when a reaction requires*

		immediate medical attention; seeking immediate medical intervention; post-treatment care; follow-up appointments; regular check-ins; monitoring the progression of reactions; prescription medications; potential use of steroids; antibiotics, or other treatments; client communication: transparency; informing clients about the risks and potential reactions before treatment; post-reaction discussion: addressing client concerns and fears post-incident; legal considerations; consent forms; importance of detailed consent; potential adverse reactions; liability insurance; the role and scope of malpractice and indemnity insurance; prevention and risk mitigation; emergency plan; client assessment; pre-treatment evaluations to identify potential risk factors; technique refinement; injection techniques; continued education: regularly updating knowledge on potential adverse reactions and their management; documentation and reporting; incident log; records of the adverse reaction or incident; photographic evidence; before and after treatment and during the onset of reactions; regulatory reporting: understanding requirements for reporting serious incidents to regulatory bodies such as the MHRA; psychological impact; client distress: recognising and addressing the emotional toll of adverse reactions; referral for counselling; professional psychological support; reputation management; client reviews: handling negative feedback and reviews stemming from adverse reactions; public relations; addressing public concerns if incidents become widely known.
	5.3 Propose courses of action to address a range of suboptimal results arising from botulinum toxin A treatments.	*Types of suboptimal results; overcorrection, under correction, asymmetry, eyelid droop (ptosis), unwanted facial expressions; client consultation: re-evaluation of initial concerns, understanding client expectations vs. achieved results; corrective procedures: techniques for addressing overcorrection, strategies for dealing with under-treated areas; time frames: optimal timing for re-treatment or corrective measures post-initial treatment; client communication: approaching dissatisfaction, managing expectations, informed consent for corrective actions; aftercare guidance: recommendations post-corrective procedure, potential side effects, follow-up appointment scheduling; documentation and record keeping: accurate reporting of suboptimal results, corrective actions taken, and any client feedback; continual professional development: importance of training in minimising suboptimal results and*

		enhancing corrective techniques; peer review: collaborative discussions with colleagues about challenging cases and proposed solutions; ethics and professionalism: handling mistakes with integrity, open communication with the client, considering client well-being above all else.
6. Understand the practical application of botulinum toxin A treatments.	6.1 Observe and evaluate a series of botulinum toxin A treatments.	*Observations of a series of botulinum toxin A treatments; evaluation of client consultation process, administration protocol, documentation, client responses. Evaluation and personal reflection: what has been learned from each demonstration, strengths and areas for improvement in techniques observed, how analysis might inform own practice.*
	6.2 Safely inject botulinum toxin A on a facial mannequin.	*Undertake a series of simulated activities, demonstrating safe injection techniques for botulinum toxin A treatments.*

4.5 Unit 5: The Practice of Botulinum Toxin A Injectable Aesthetic Treatments

Unit 5: The Practice of Botulinum Toxin A Injectable Aesthetic Treatments							
Credit Value	8	Level	7	GLH	20	Unit Ref	J/650/9731

This unit is a mandatory unit in the GA Level 7 Diploma in Aesthetic Injectables (610/3660/2) qualification.

In this unit, the candidate will be required to demonstrate competency in preparing for and administering injectable botulinum toxin A treatments, carrying out post-treatment procedures, and reflecting on and evaluating their own practice.

The centre and candidate MUST complete and sign the *Clinical Readiness Declaration* form prior to commencing this unit. Upon successful completion of this unit, the candidate will have gained the practical skills related to safe and effective botulinum toxin A treatments.

Assessment Requirements

Assessment of this unit consists of the Hands-On Clinical Practice requirements.

In the Hands-On Clinical Practice, the ratio of practitioner/candidate ratio must not exceed 1:1.

Candidates are required to complete a minimum of 10x supervised botulinum toxin A injectable aesthetic treatments. Candidates must follow the treatment protocol and achieve all competencies in each treatment.

Additional guidance for Assessment Criteria 3.2: follow-up appointments may not be required for every treatment. A minimum of one follow-up appointment must be evidenced in the candidate portfolio.

All Range Statements below must be covered during the supervised treatments.

Range Statements	
Treatment Objective	
a	Treating dynamic rhytides of the face caused by the action of glabellar complex
b	Treating dynamic rhytides of the face caused by the action of frontalis
c	Treating dynamic rhytides of the face caused by the action of orbicularis occuli
d	Compensatory mechanisms for lifting or lowering eyebrows

Learning Outcome: the learner will:	Assessment Criteria:	Indicative Content:
1. Prepare for botulinum toxin A treatments.	1.1 Carry out client consultation, taking into account all relevant factors including medical history, contraindications, and the psychological and emotional needs of the client.	*Client consultation to identify key skin health indicators and treatment indications; detailed skin assessment to determine treatment planning; identifying appropriate treatment; client consultation form; client treatment records; patch and sensitivity tests; skin health assessment; visual documentation: clinical photograph consent: obtaining permission for pre and post-treatment photographs; pre-and post-treatment photographs: taking and sharing photographs from various angles (profile, oblique, lateral) and capturing the client's range of facial expressions for before-and-after comparisons; key indicators to skin health and condition; indications for treatment and product use; suitable assessment tools; client's suitability for treatment; medical history assessment: understanding past surgeries, allergies, current medications, and overall health status, UV damage; contraindications review: identifying factors that might make the treatment unsuitable, e.g., certain medications, allergies, skin conditions, or existing neuromuscular disorders; complications and risks: treatment explanation and setting expectations; procedure overview: a clear explanation of the botulinum toxin A treatment steps; outcome expectations: discussing potential results and ensuring client understanding of realistic outcomes; limitations and timeframes: making the client aware of the potential limitations and duration of effects; discussing potential side effects and complications*

		such as bruising, asymmetry, or allergic reactions; anaesthesia options: discussing indications and contraindications for topical anaesthesia or nerve blocks; psychosocial influences that may impact on the provision of the treatment medical history; emotional and psychological assessment: recognising mental health conditions, potential body dysmorphia or unrealistic expectations, and understanding the client's motivations and concerns; current medical treatments; medications; general wellness; phenotype and genotype; lancer scale; documentation completed in accordance with legal requirements and best practice protocols. care plan records: documenting discussions and decisions made during the consultation for reference in future sessions; after-care requirements: informing the client about post-treatment care, potential follow-ups, and continuity of care; ensure adequate time for the client to make an informed choice and give consent; adequate cooling off period.
	1.2 Construct, reiterate, confirm, and agree a treatment and pain management plan for the botulinum toxin A treatment.	*Developing and recording a clear treatment plan; facial assessment: facial shape, mapping of facial muscles, recognising areas of concern, analysing facial symmetry and lines (static, sleep and dynamic lines); dosage calculation: determining the appropriate amount of botulinum toxin A for the desired result, considering client-specific factors; selection of needle depth for the skin classification and characteristics and treatment objectives; injection techniques: identifying optimal injection sites, depths, and angles for desired outcomes; treatment phases: outlining pre-treatment preparations, during treatment procedures, and post-treatment care; discussing and agreeing treatment objectives and plan with client; use of visual aids (illustrative images and diagrams and pre procedure markings to inform the client of physical effects); valid and written informed consent; signing of necessary waivers and disclaimer documentation; pain management; product prescription including: patient specific direction, saline reconstitution solutions; device and needle; storage instructions; waste disposal protocol; cost discussion: providing a clear breakdown of costs for the procedure and follow up appointments; treatment plan sharing: detailing the number of sessions, products used, and techniques; aftercare recommendations: guidance on immediate post-treatment activities, potential side effects, follow-up appointments; risk management: identifying potential complications, contra-actions and possible adverse reactions; formulating strategies for prevention and management; ensure adequate time for the client to make an informed choice and give valid and written consent; adequate cooling off period; documentation: recording product details (lot number, expiration date), dosage*

		administered, injection sites, and any client-specific notes; client feedback: incorporating client preferences and concerns into the plan; review and adjustments: planning for subsequent sessions, adjusting based on treatment outcomes and client feedback.
2. Administer botulinum toxin A treatments.	2.1 Administer botulinum toxin A, following the botulinum toxin A treatment protocol.	*(See treatment protocol in Section 2.9)*
	2.2 Demonstrate core values, professionalism, ethical practice and professional accountability in the clinical environment.	*Core values in aesthetic and clinical practice; client safety, dignity, and respect; continuous learning and improvement; collaboration and teamwork; professionalism: appropriate attire and demeanour; effective communication with clients, colleagues, and other healthcare professionals; respecting boundaries; understanding the importance of punctuality, preparedness, and reliability; ethical practice: principles of autonomy, beneficence, non-maleficence, and justice; informed and written consent; respecting client confidentiality and privacy; client-centred care: viewing clients holistically; client involvement in decision-making; respecting client autonomy; addressing client concerns and questions; cultural sensitivity; ensuring an inclusive and non-discriminatory clinical environment; cultural nuances informing client expectations and outcomes of treatment; managing conflicts of interest; promoting honesty and transparency in all interactions; professional accountability; maintaining appropriate records and documentation; reflective practice and self-assessment; reporting and addressing errors or adverse events; seeking feedback and acting on it for continual improvement; guidelines and standards set by relevant regulatory bodies; licensing, training and CPD requirements; interdisciplinary collaboration: working cooperatively with other healthcare and aesthetic professionals; signposting. referrals and consultations with specialists when required; links with appropriate healthcare professionals; probity: abiding by codes of conduct, strong moral principles, honestly and integrity, client safety and wellbeing first priority, recognise vulnerable clients, deferring or refusing treatment and signposting to relevant support where appropriate, honestly and transparency in financial and commercial dealings, honesty and transparency regarding conflicts of interest; duty of candour; transparency and honesty regarding anything going wrong with treatments, taking steps to rectify problems, giving full explanations regarding problems and any lasting effects they may cause; efficacy of treatments; transparency and honesty regarding the efficacy of treatments, avoiding making false or misleading claims, evidenced based planning for*

		effective treatments; appropriate and valid indemnity; working within scope of practice and/or indemnity.
3. Carry out post-treatment procedures.	3.1 Safely carry out post-treatment procedures.	*Provide post-treatment advice and after care; risk mitigation and communicating expected outcomes; provide necessary post-treatment medicines/equipment; provide follow up instructions and interim strategies including prompt reporting of adverse effects; when, why and how to contact the practitioner and prescriber or other appropriate sources of advice and treatment; follow-up appointments; obtain and share post-treatment photos with the client (profile, oblique, lateral; client's range of facial expressions); apply standard precautions for infection prevention and control post-procedure; recognise undesirable outcomes and their causes – asymmetry, lid ptosis, ectropion, dry eye, malar oedema, diplopia, brow heaviness/drop, mouth drop, other complications; respond to any adverse reactions safely and professionally; onward referral where necessary; dispose of toxin and clinical waste items safely; document all relevant information (expiry, lot, diluent, date reconstituted, timed, dated, signed, printed, pin) in accordance with professional standards, legislation, guidelines and organisational procedures; reporting of adverse incidents; contact with client's GP if appropriate; verbal and written instructions and advice including: prescriber's contact details, emergency plan and contingency plan in the event of absence, liaise with prescriber to agree further action and future procedures.*
	3.2 Carry out a follow up appointment.	*Appointment preparation: review of initial treatment notes, expectations set, and any adverse reactions reported post-treatment; client communication: building rapport, immediate concerns; physical examination: assessment of treatment areas for results, side effects, or complications; client feedback collection: structured questionnaires; open-ended questions; client feedback; client satisfaction with treatment; side effects experienced; documentation: client records, post-treatment observations, feedback, additional procedures or interventions; comparative analysis: before-and-after photographs or measurements; objective comparison of results; adverse reaction management: addressing, documenting, and managing any complications or undesired outcomes from the treatment; future treatment planning: longevity of results, potential for future treatments, alternative procedures based on the current results and client's goals; post-treatment care instructions: reiterating or updating any aftercare advice, skincare routines or activity restrictions; feedback loop closure: addressing feedback given*

		during or immediately after the initial treatment, discussing implemented changes or rationale; consent & data protection: additional treatments or photographs; consent; storage; scheduling: follow-up appointment; treatments as required or recommended.
4. Reflect on and evaluate own practice.	4.1 Gather client feedback and evaluate treatment outcomes.	*Collect, collate, analyse, summarise and record evaluation feedback clearly and concisely; feedback collection methods: surveys, face-to-face interviews, digital feedback tools; key questions: effective questions for gauging satisfaction, understanding areas of concern, and capturing overall experience; physical assessment: post-treatment visual and tactile examination, comparison to pre-treatment photographs; treatment efficacy metrics: measuring degree of muscle relaxation, wrinkle reduction, or treatment-specific outcomes; adverse reactions: identifying and documenting side effects, complications, or unexpected results; client's subjective experience: capturing feelings of comfort, pain levels, satisfaction with aesthetic outcomes; long-term results: monitoring the longevity of treatment effects, potential need for follow-ups or touch-ups; analysing feedback: identifying patterns, common concerns, areas of improvement based on aggregate client responses; quality improvement: adapting protocols, techniques, and client communication based on gathered feedback; follow-up procedures: establishing protocols for checking in with clients post-treatment, managing any concerns or issues; feedback documentation: maintaining records of client feedback for future reference, quality assurance, and professional development.*
	4.2 Critically analyse own performance, highlighting areas of good practice and areas to focus on for further development.	*Self-reflection techniques: importance of self-awareness, journaling, and introspection in performance evaluation; performance metrics: identifying quantitative and qualitative metrics relevant to personal and professional growth in botulinum toxin A treatments; peer feedback: gathering and interpreting constructive feedback from colleagues and mentors; comparison benchmarks: using industry standards, peer benchmarks, and best practices as a comparison for personal performance; strengths identification: recognising and capitalising on personal strengths in technique, client communication, and procedural knowledge; areas for improvement: pinpointing specific technical skills, soft skills, or knowledge areas needing enhancement; continuous professional development: importance of ongoing education, attending workshops, and staying updated with industry advancements; goal setting: constructing measurable, attainable, relevant, and time-bound (smart) goals for professional growth; action planning: outlining steps and strategies to improve areas of weakness and further enhance strengths; ethical considerations: ensuring adherence to industry ethics, standards, and best practices*

		throughout self-evaluation; client feedback integration: using client feedback as a tool for self-reflection and pinpointing areas for development; documentation & record keeping: maintaining a comprehensive record of self-assessments, peer reviews, and client feedback to track progress over time.

4.6 Unit 6: The Principles of Dermal Filler Injectable Aesthetic Treatments

Unit 6: The Principles of Dermal Filler Injectable Aesthetic Treatments							
Credit Value	7	Level	7	GLH	30	Unit Ref	A/650/9738

This unit is a mandatory unit in the GA Level 7 Diploma in Aesthetic Injectables (610/3660/2) qualification.

In this unit, the candidate will develop their understanding of the history, benefits, contraindications, and regulatory requirements for dermal filler treatments. The candidate will learn about the biochemistry and mechanism of action of dermal filler, as well as the instruments and techniques used for administering treatments.

Candidates will also understand how to identify and address contra-actions, adverse reactions, and suboptimal results during and post-treatment.

Candidates will observe and evaluate a series of dermal filler treatments being carried out. They will also practice the methods and techniques of injecting dermal filler on a facial mannequin/dummy.

Upon successful completion of this unit, the candidate will have gained the knowledge required to enable them to progress onto clinical practice carrying out dermal filler treatments safely and effectively.

Assessment Instructions

Assessment of this unit consists of a series of assignments and short answer questions. Candidates will also complete the Hands-Off Pre-Clinical Practice requirements.

The assignments and short answer questions are externally set and internally assessed and internally moderated. The internal assessment and moderation of assessment decisions are externally quality assured by GA.

These assignments and short answer questions are used to measure the caniddat'es knowledge and understanding of the history, benefits and contraindications of dermal filler treatments, the biochemistry and mechanism of action of dermal filler, injectable instruments and techniques used in dermal filler treatments, and the contra-actions, adverse reactions and suboptimal results that may occur.

Specific assessment guidance and relevant marking criteria are made available in GA-issued documents. These are made available to the approved centre only.

Hands-Off Pre-Clinical Practice

In the Hands-Off Pre-Clinical Practice, the ratio of practitioner/candidate ratio must not exceed 1:10.

Candidates are required to:

1. observe and produce written evaluations of a minimum of 10x dermal filler treatments - these observations and subsequent written evaluations are used to measure the candidate's knowledge and understanding of the practical application of dermal filler treatments. The centre must ensure that the clinical practice demonstrated to candidates includes a variety of treatments being carried out on a range of different clients.

2. practise treatment techniques on a dummy or injectable facial mannequin - these simulated injecting activities provide candidates with the opportunity to develop the complete range of clinical skills required. The Assessor will observe the candidate's preparation and technique, which must be deemed to be safe prior to the candidate being considered ready to progress to Hands-On Clinical Practice.

Learning Outcome: the learner will:	Assessment Criteria:	Indicative Content:
1. Understand the history, benefits and contraindications	1.1 Examine the origins, history and current trends in dermal filler treatments.	*Historical roots and initial applications of dermal fillers; early practices involving facial feature alterations using rudimentary materials; the progression from hazardous substances to more researched and safer alternatives; the concept of filling facial deficits; the progression from harmful substances like liquid silicone to safer alternatives; early research of dermal fillers; facial volume enhancement; initial scientific studies of facial rejuvenation; the initial understanding of*

to dermal filler treatments.		*skin aging, volume loss; development and refinement of dermal fillers; extraction, purification, and use of hyaluronic acid; processes used to refine and stabilise fillers for safe cosmetic use; first medical applications; early uses of dermal fillers to treat facial lipoatrophy, scars, and other congenital and acquired deficits; applications beyond aesthetics, such as HIV-associated facial lipoatrophy; cosmetic applications; emergence in treating signs of aging; from fine lines to deep folds and volume loss; launch of various brands of dermal fillers in the aesthetic market; development of different brands and variants; differences, similarities, and specific applications of various filler brands. Introduction of longer-lasting and specialty fillers; safety and efficacy; early concerns and findings regarding safety; clinical trials and significant research outcomes; global acceptance and regulations; evolution of regulatory guidelines across different countries; FDA approvals and other international regulatory milestones; societal and cultural impact; how dermal fillers have influenced societal perceptions of aging and beauty; controversies, myths, and misconceptions; advancements in delivery techniques; evolution of injection techniques, equipment, and protocols; future potential; ongoing research; new uses being researched; improvements in formulations or delivery mechanisms; comparison with other aesthetic procedures; combining dermal filler treatments with others; economic impact; the growth of the dermal filler market; economic implications on the broader aesthetic and medical industries; case studies showcasing the historical significance; unique applications of dermal fillers; economic considerations and market trends; the cost-benefit analysis for clients; current market trends and future projections for dermal filler treatments; regulatory and legal aspects; approval statuses in UK; overview of UK guidelines regarding dermal fillers; regulation and certification requirements; guidelines for advertising and promoting dermal filler treatments; clinical trials; relevant studies highlighting benefits and drawbacks; ongoing research and potential new indications; new formulations or delivery mechanisms in development; future developments and research.*
	1.2 Evaluate the different types and purported benefits of dermal filler aesthetic injectable treatments.	*Types of dermal fillers: differentiating between hyaluronic acid fillers, calcium hydroxylapatite fillers, poly-l-lactic acid fillers, and polymethylmethacrylate fillers; brands on the market; concentration and properties: varying concentrations and molecular properties of each filler type; effect on treatment outcomes; regulatory and legislative requirements; licensed and off-license product use; factors such as safety, treatment areas, and suitability; clinical indications for aesthetic use; feminisation and masculinisation of features; acne scarring; lip augmentation, cheek and jawline enhancement, tear trough correction, nasolabial folds, and marionette lines; comparative analysis of different brands; onset of action, longevity, potential side effects, ease of reversibility, and user satisfaction; purported benefits of dermal filler treatments; safety; anti-*

		ageing; skin tissue rejuvenation; remedial cosmetic enhancements and rejuvenation; the appeal of a non-surgical approach with minimal downtime; their role in volume restoration and skin hydration; the potential psychological boost in self-esteem and confidence; advancements in application techniques; comprehensive overview of injection techniques, such as threading, fanning, cross-hatching, and serial puncture. Consideration of safety guidelines surrounding injection depths and zones, as well as the use of cannulas vs. needles; combination treatments with dermal fillers: the synergistic benefits and considerations of integrating dermal fillers with other treatments. Importance of identifying suitable candidates: factors to consider such as skin type, age, aesthetic goals, and medical history; use for volume restoration and rejuvenation: harnessing fillers for restoring lost volume due to ageing, as well as their role in facial contouring and sculpting.
	1.3 Determine the contraindications to dermal filler treatments	*Contraindications of treatment, relative and absolute contraindications; risks associated with the common treatment areas; allergy or hypersensitivity to any ingredients in the dermal filler product, active skin conditions (e.g., acne, infections, herpes outbreaks); Previous cosmetic treatments with permanent fillers or silicone injections. Current or recent facial surgery. Pregnancy and breastfeeding; lack of data on safety and risks to the foetus or infant; under 18s; bleeding disorders or use of blood thinners; increased bruising or bleeding risk at injection sites; history of skull or facial bone surgery; Autoimmune disorders (e.g., lupus, rheumatoid arthritis); Use of specific supplements that increase bleeding risk (e.g., fish oil, vitamin E); immunosuppression or compromised immune systems; history of keloid or hypertrophic scarring; neuromuscular disorders (e.g., myasthenia gravis, Eaton-Lambert syndrome); skin infection or chronic disease present at/near the proposed treatment areas; individual risk versus benefit; importance of client consultation to determine contraindications, recent alcohol consumption or recreational drug use; previous allergic reactions to Dermal Filler; recent significant sunburn or heat exposure in the treatment area; medication interactions; medications or supplements that may interact with dermal filler and increase the risk of adverse reactions; recent facial procedures: e.g. botulinum toxin, laser treatments, or chemical peels which can affect the outcome or increase the risk of complications; Psychological factors: unrealistic expectations, mental health conditions, body dysmorphic disorder; addiction issues; alcohol or substance misuse.*

	1.4 Evaluate when and how to refuse, delay, or suggest alternative treatment options.	*Potential reasons and appropriate courses of actions to refuse or delay treatments; referral to alternative treatments; safeguarding and signposting to appropriate support; the critical role of client consultation; client history and assessment; importance of a thorough medical history; importance of considering client's mental and emotional wellbeing; identifying potential contraindications; psychological assessment; screening tools; identifying body dysmorphic disorder and other psychological conditions; the role of psychological counselling before treatment; ethical considerations in treating clients with psychological concerns; physical evaluation; analysing skin type, facial anatomy, and existing conditions; the role of age, gender, and ethnicity in treatment decisions; contraindications to dermal filler treatment; medical contraindications; current medications and potential interactions; treatment goals and expectations; discussing realistic outcomes and managing client expectations; cases when client expectations don't align with potential results; ethical considerations; signs of overtreatment; lacking capacity for decision making; informed consent and the importance of client autonomy; financial implications; financial motivations as a driver for treatments; previous aesthetic treatments; evaluating outcomes and complications from previous treatments; determining whether additional treatments are safe or effective; presenting and discussing alternative treatment options; deciding on combination treatments or standalone alternatives; clinical case studies; reviewing real-world examples where treatments were refused, delayed, or alternatives were suggested; discussing the rationale and outcomes for each case; communication skills; techniques for discussing treatment options with clients effectively and empathetically; handling negative reactions or disappointment; follow-up and monitoring; strategies for monitoring clients who've been refused or delayed treatment; guidelines on when and how to re-evaluate treatment decisions; legal considerations; understanding the legal implications of refusing treatment; liability concerns and informed refusal documentation; continuous education and updates; guidelines regarding treatment refusal or alternatives; evaluating new products and technologies in the aesthetic market; support and advice from peers and trusted colleagues, mentors.*
2. Understand legislative and regulatory requirements for dermal filler treatments.	2.1 Critically analyse the experience, training and certification requirements for	*Legislative and regulatory requirements for education and training; guidance as published by relevant professional statutory regulatory bodies, e.g. JCCP, CPSA etc.; Health and Care Act 2022; registration requirements; prior experience and recognition of prior learning; recognition of prior experience; requirements for healthcare practitioners; training: specialised training in facial aesthetics and injection techniques; importance of 'hands-on' training and assessment of competency; requirements for regulated qualifications and the size and level of those*

	practitioners carrying out dermal filler treatments.	*qualifications; non-regulated training and CPD: benefits and drawbacks; manufacturers' training courses; working with an independent prescriber; registered and non-registered healthcare professionals; clinic requirements: role of e.g. Care Quality Commission (CQC): how clinics and facilities providing dermal filler treatments meet safety standards; insurance: insurance, including indemnity and malpractice insurance; experience: recommendations to observe treatments; recommendations for supervision before independent practice; requirements for supervisors and others providing clinical oversight.*
3. Understand the biochemistry and mechanism of action of dermal filler.	3.1 Review the biochemistry of dermal filler.	*The structure of dermal fillers: basic makeup and molecular composition; primary components: hyaluronic acid (HA), biocompatibility; molecular structure: cross-linked, mesh-like network; stability of the filler; resistance to rapid degradation in the body; viscosity and cohesiveness: flow and spreading properties; particle size and calibration; gel carrier matrix; varieties and derivatives: calcium hydroxylapatite, poly-L-lactic acid, and polymethylmethacrylate beads; varied uses and longevity profiles; biosynthesis: bacterial fermentation; stabilisation techniques: chemical cross-linking; inclusion of stabilising agents; degradation pathways: bodily enzymes responsible for their breakdown; safety and biocompatibility: molecular makeup mimicking substances found in the skin; minimising the risk of adverse reactions or complications; primary ingredients, such as hyaluronic acid: source, synthesis, and properties.*
	3.2 Analyse the mechanisms of action of dermal filler.	*Physical volume addition: immediate volume upon injection; the space-filling properties of dermal fillers to plump up areas of tissue depression or volume loss; physical composition; injection dynamics; hydrophilic nature of hyaluronic acid (HA); tissue integration; structural support; correction of tissue depression; immediate biocompatibility; elasticity and moldability; duration of effect; hyaluronic acid-based fillers: hydration mechanism: the ability of ha to bind water molecules, contributing to its volumising effect; biocompatibility: the natural occurrence of HA in the body and its role in tissue hydration and joint lubrication; stimulation of collagen production; collagen stimulation at the molecular level; effect on skin texture and elasticity; integrative blending; the biochemical interactions that facilitate blending; longevity and degradation: the metabolic pathways through which fillers are broken down in the body; factors influencing the duration of filler effects, such as cross-linking in HA fillers; bioactive effects; anti-inflammatory or antioxidant effects; how bioactive properties can influence skin health and appearance; viscoelastic properties; the rheological properties of fillers; the filler's behaviour post-injection; suitability for different treatment areas; safety mechanisms; natural safety mechanisms that reduce the risk of adverse reactions; biodegradability of HA fillers; the role of enzymes in dissolving HA fillers in case of complications; hyaluronidase; combination with other treatments;*

		synergistic effects when combined with other aesthetic procedures; the underlying mechanisms that make combinations effective or beneficial; adverse reactions and their causes; biochemical reasons for adverse reactions; ways to mitigate them; different dermal filler brands commercially available for cosmetic treatments; differences in biochemistry, effectiveness, and clinical applications; differences in storage; doses and techniques.
4. Understand injectable instruments and techniques for dermal filler treatments.	4.1 Analyse the types, components, and suitability of different injectable instruments for dermal filler treatments.	*Types, components, and suitability of different injectable instruments for dermal filler treatments; characteristics of dermal filler products; product compatibility with different instruments; selection and customisation of instruments; appropriate instrument choice; customising/combining instrument selection based on client anatomy and desired outcomes; types of aesthetic injectable instruments: syringes, cannulas, etc. and their key components; syringes: types of syringes, e.g., standard syringes, luer-lock syringes, slip-tip syringes, barrel, plunger, and tip; how these elements affect injection performance; precise fluid measurement; precise injection control; proper handling and preparation of syringes, including drawing and expelling dermal fillers aseptically; convenience and accuracy; the range of needle and cannula sizes and gauges; needle and cannula insertion techniques for various treatment areas; alternative instruments; key advantages and disadvantages of use of syringes; precise control and dosage; ability to aspirate and check placement; different barrel sizes; variable product amounts; ergonomic designs; limited by gauge and length, requires needle or cannula for product delivery; deep or superficial product placement; rounded or bevelled tips; pain on insertion; risk of bruising with needles vs. cannulas; precision; speed; coverage; depth; impact on client comfort, treatment goals and outcomes; individual client factors.*
	4.2 Analyse injection techniques, depth, placement and adaptations for dermal filler treatments.	*Importance of understanding facial topography, fat pads, potential spaces, vascular structures, nerve locations, and other critical landmarks; significance of pre-treatment evaluations, skin quality, existing volume loss, asymmetries, and potential risk areas; client positioning: optimal positions for different treatment zones, ensuring a relaxed facial posture; tissue handling: assessing skin and subcutaneous tissue properties, evaluating underlying bone structures, using proper stretch and stabilisation. Use of pre-procedure grid or marking; injectable techniques tailored for fillers; specific techniques for each treatment area: the anatomical layers targeted, positioning and preparation; precautions for each area, considering filler type, viscosity, and rheological properties; linear threading technique; fanning technique; cross-hatching technique; bolus; intradermal; micro-papular; tenting; serial puncture; relating treatment technique to desired volumising and sculpting outcomes; ensuring proper filler placement and depth for desired outcomes; handling complications like vascular occlusion; introduction of cannula use,*

		advantages over needles, depth, and safety considerations; individualised filler amount and placement for harmonious outcomes; accurate product calculation to achieve desired fullness without overfilling; recognising the significance of product spread and potential migration; understanding the role of massage and moulding post-injection to ensure even distribution; volume restoration and enhancement.
	4.3 Analyse the importance of maintaining aseptic conditions during dermal filler treatments.	*Asepsis and its role in medical and aesthetic procedures; microbiology; microorganisms relevant to dermal filler treatments; bacteria; structure and function of bacteria; common pathogenic bacteria; staphylococcus aureus; pseudomonas aeruginosa; propionibacterium acnes; gram positive vs. gram negative; viruses; viral structure and replication methods; viral infections; fungi; fungal organisms; pathogenic fungi; protozoa; single-celled eukaryotic organisms; misfolded proteins; neurodegenerative diseases; routes of transmission; direct contact: airborne; aerosol generation; fomites: body's defence mechanisms; skin and mucous membranes; immune response; importance of sterilisation and aseptic technique; outcomes of contamination; microbial resistance; antibiotic-resistant strains; implications for treatment; the importance of asepsis in medical and aesthetic procedures; microbiology; microorganisms relevant to dermal filler treatments; pathogen contamination; contamination of product; contamination of site; risks of contamination; complications arising from non-aseptic practices; infections; granulomas; importance of using PPE, such as gloves and masks, and the proper techniques for donning and doffing to prevent contamination; treatment failures; client trust and reputation; the role of strict aseptic practices in building trust with clients; maintaining the clinic's reputation for safety and quality care; legislation, guidelines and organisational procedures; local and international standards and guidelines on instrument sterilisation and handling; case studies: review of real-world incidents related to breach of aseptic conditions.*
	4.4 Explain sterilisation, proper handling, sanitation and disinfection processes in dermal filler treatments.	*Skin preparation; cleaning and disinfecting the skin prior to dermal filler injections; types of hygiene products for the skin; selection and application of antiseptics; sterile product handling; opening, handling, and disposing of dermal filler vials to maintain sterility; equipment and tool sterilisation: procedures for ensuring that all equipment, including cannulas, needles and syringes remain sterile during the treatment process; treatment environment; maintaining a clean and sterile environment; air quality; surface disinfection; overall clinic hygiene; waste management: safe disposal of used materials, sharps, and other waste; prevention of contamination; exposure risks; post-treatment care: guidelines for aftercare to ensure the injection site remains free from contamination; client instructions; instrument handling protocols; pre-cleaning; initial removal of contaminants; regular checks for instrument integrity, sharpness, and functionality; packaging;*

		use of pouches or wraps that maintain sterility after the process; storage of sterilised instruments to prevent contamination; instrument classification and sterilisation; critical, semi-critical and non-critical instruments; instruments that penetrate skin or mucous membranes and require stringent sterilisation; appropriate level of disinfection or sterilisation required; validation and monitoring of sterilisation; biological indicators: use of spore tests to ensure the effectiveness of sterilisation; chemical indicators: heat-sensitive tapes and strips; identification and labelling: instruments designed for one-time use; disposal protocols; documentation and record keeping: importance of maintaining accurate records for each sterilisation cycle, including date, method, and operator; pre-treatment preparation; storage; stock rotation; sterile packaging; hand hygiene; gloves; during treatment: no touch technique (NTT); personal protective equipment (PPE): importance of using PPE; techniques for donning and doffing; client post treatment instructions; continuous monitoring and feedback; protocols for monitoring aseptic techniques; mechanisms for feedback and continuous improvement; training and professional development; regular training on aseptic techniques.
	4.5 Review the use of anaesthetics and nerve blocks to manage pain and discomfort for dermal filler treatments.	*Sourcing, storing and using anaesthetics; anaesthetic delivery methods; administration and dosage calculation; adverse effects; topical anaesthetics and nerve blocks to manage pain and discomfort during injectable treatments; anaesthetic delivery methods; types of anaesthetics: topical creams and gels: e.g., lidocaine, EMLA, benzocaine, prilocaine; injectable nerve blocks: inferior alveolar nerve block, infraorbital nerve block, mental nerve block; mechanism of action; nerve transmission interruption; how anaesthetics block pain signals at the nerve endings; application techniques; optimal time to apply before the dermal filler treatment; thickness of application; impact on absorption and efficacy; benefits; client comfort: reduction of pain and anxiety during procedures; enhanced treatment experience; allowing for more precise placements of injections; limitations and risks; allergic reactions; identifying and managing potential allergies; overapplication; risks of excessive use and systemic absorption; choosing the appropriate anaesthetic; skin type considerations; area of treatment: sensitivity; legal and professional guidelines; prescribing rights; the role of prescribers in accessing anaesthetics; storage and handling; ensuring the correct storage conditions and expiry checks; alternative pain management techniques; cooling methods; cold packs or cooling sprays; distraction techniques; vibration or other sensory distractions; aftercare; post-anaesthetic skin care; managing potential skin reactions; client education and information; lingering numbness or tingling; environmental safety; disposal: safe and compliant disposal methods for used anaesthetic containers and materials; cleanliness; sterile environment when applying anaesthetics.*

5. Understand and address contra-actions, adverse reactions and suboptimal results in dermal filler treatments.	5.1 Analyse contra-actions and adverse reactions to dermal filler treatments.	*Safety profile and side effects; short-term and long-term safety data; common and rare side effects; strategies to mitigate potential complications; client selection and management; safety of dermal filler treatments; detailed pharmacology; dose-response relationship; systemic distribution and metabolism; management of side effects and complications; proactive measures to reduce risk; immediate and long-term management strategies; special considerations in treatment planning; importance of client's medical history; consideration of client's mental and emotional safety and wellbeing; interaction with other drugs or treatments; contra-actions: bruising, wounds; oedema; hyperaemia; adverse reactions; facial asymmetry; 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.*
	5.2 Explain appropriate courses of action to take in the event of adverse reactions or incidents arising from dermal filler treatments.	*Identification of adverse reactions; immediate reactions, delayed reactions, immediate management, first aid; protocols for managing rare but severe reactions; referral and expert consultation; emergency services; when a reaction requires immediate medical attention; importance of seeking immediate medical intervention for severe reactions like vascular occlusion or anaphylaxis; post-treatment care; follow-up appointments; regular check-ins; monitoring the progression of reactions; prescription medications; potential use of antihistamines for allergic reactions, steroids for inflammation, antibiotics for infections, or other treatments; steps to alleviate immediate pain or discomfort; hydration; importance of fluid intake in certain reactions; cold compress; managing swelling and bruising; referral and consultation; dermatologists: when to refer to skin specialists; for reactions including granulomas and pigment irregularities; ophthalmologists: referral in the event of ocular complications; blindness; client communication: transparency; informing clients about the risks and potential reactions before treatment; post-reaction discussion: addressing client concerns and fears post-incident; legal considerations; consent forms; importance of detailed consent; potential adverse reactions; liability insurance; the role and scope of malpractice and indemnity insurance; prevention and risk mitigation; emergency plan; client assessment; pre-treatment evaluations to identify potential risk factors; technique refinement; injection techniques; continued education: regularly updating knowledge on potential adverse reactions and their management; documentation and reporting; incident log; records of the adverse reaction or incident; photographic evidence; before and after treatment and during the onset of reactions; regulatory reporting: understanding*

		requirements for reporting serious incidents to regulatory bodies such as the MHRA; psychological impact; client distress: recognising and addressing the emotional toll of adverse reactions; referral for counselling; professional psychological support; reputation management; client reviews: handling negative feedback and reviews stemming from adverse reactions; public relations; addressing public concerns if incidents become widely known.
	5.3 Propose courses of action to address a range of suboptimal results arising from dermal filler treatments.	*Types of suboptimal results; overfilling; unnatural or disproportionate appearance; underfilling; asymmetry; uneven distribution of the filler or formation of nodules; Tyndall effect; migration; visible filler; palpability; incorrect product choice; irregular contouring; uneven or waxy appearance; overcorrection; bruising and swelling; inappropriate placement; short duration of results; delayed onset nodules; skin discolouration; scarring; facial imbalance; client consultation: re-evaluation of initial concerns, understanding client expectations vs. achieved results; corrective procedures: techniques for addressing overcorrection, strategies for dealing with under-treated areas; time frames: optimal timing for re-treatment or corrective measures post-initial treatment; client communication: approaching dissatisfaction, managing expectations, informed consent for corrective actions; aftercare guidance: recommendations post-corrective procedure, potential side effects, follow-up appointment scheduling; documentation and record keeping: accurate reporting of suboptimal results, corrective actions taken, and any client feedback; continual professional development: importance of training in minimising suboptimal results and enhancing corrective techniques; massage and manual manipulation: gentle manipulation of filler to correct minor irregularities; techniques to smooth out lumps or bumps; considerations for timing post-injection; additional filler placement: techniques to balance asymmetries or underfilled areas; importance of understanding facial anatomy and symmetry; selecting the appropriate filler type for touch-ups; use of complementary treatments; combination of dermal fillers with other aesthetic treatments, such as botulinum toxin A, to achieve desired results; ultrasound or laser therapy to help with filler adjustments; cold compress application; reducing immediate post-injection swelling; proper techniques for application to avoid skin damage; revision techniques; considerations for removing and re-injecting fillers; risks associated with revisions; evaluating when revision is more appropriate than other corrective measures; patient education and aftercare; advising patients on post-treatment care to ensure optimal results; importance of informing patients about potential touch-ups or adjustments; avoiding overcorrection; techniques for layered filling to avoid excessive volume; regular patient reviews post-treatment; monitoring and follow-ups; importance of scheduled follow-ups to assess results and determine if corrections are needed; utilising photographs for before-after*

		comparisons; recognising the need for specialist intervention in complicated cases; collaborating with dermatologists or plastic surgeons for complex corrections; legal and ethical considerations; importance of obtaining informed consent for corrective procedures; addressing patient concerns and managing expectations; continuous professional development; importance of staying updated with the latest corrective techniques and products in the market; regularly attending training sessions, workshops, and seminars to refine correction technique; peer review: collaborative discussions with colleagues about challenging cases and proposed solutions; ethics and professionalism: handling mistakes with integrity, open communication with the client, considering client well-being above all else.
	5.4 Analyse dissolution techniques and use of hyaluronidase.	*Dissolution techniques: use of hyaluronidase as an enzyme to break down hyaluronic acid-based fillers; correct dilution and administration; potential risks and considerations when using hyaluronidase; importance of caution around sensitive areas, such as eyes. allergic reactions: monitoring for signs like redness, swelling, or difficulty breathing; preparedness to manage anaphylactic reactions; infection risk: potential for infection at the injection site; importance of using aseptic technique; awareness of signs of infection, including increased pain, redness, or discharge; unintended dissolution: risk of dissolving unintended areas of filler; requirement for precision in application; understanding of facial anatomy to avoid dissolving filler in adjacent areas; skin necrosis: possibility of skin cell damage or death if hyaluronidase is injected into arteries; vigilance for signs of blanching, reticulated erythema, or immediate intense pain; hyaluronic acid depletion: effects on the natural hyaluronic acid in the skin; potential impact on skin hydration and volume; variability in results: acknowledging individual variations; setting and managing patient expectations accordingly; under correction/overcorrection: risk of not dissolving enough or dissolving too much filler; necessity for careful assessment and planning; possibility of need for further treatments for balance and symmetry; ocular complications: when used around the eyes, risk of causing damage; requirement for extreme care and consideration of alternative correction methods if necessary; pregnancy and breastfeeding: lack of conclusive studies on the safety of hyaluronidase in pregnant or breastfeeding individuals; considering alternative treatments or advising postponement. Drug interactions: awareness of potential interactions with other medications or substances; thorough patient medical history review to avoid adverse drug interactions; patch testing. Patient anxiety and discomfort: possibility of pain or discomfort during the procedure; importance of calming anxious patients; consideration for use of topical anaesthetics or pain relief methods. Legal and ethical considerations: necessity for informed consent specifically for the use of hyaluronidase; discussion of potential risks;*

		adherence to legal standards and regulations; skill and experience requirement: understanding of the precise technique; commitment to ongoing education and practice improvement; alternatives to hyaluronidase, e.g., surgical removal options.
	5.5 Analyse the use of hyaluronidase as a prescription only medicine (POM).	*Hyaluronidase as a POM: Identification of POM classification; understanding POM status of hyaluronidase; rationale behind POM classification; safety precautions necessitating prescription-only access; specific regulatory requirements; understanding the legal considerations surrounding POMs; prescriber qualifications; identification of healthcare professionals authorised to prescribe hyaluronidase; prescription issuance process; understanding proper prescribing protocols; patient/client assessment criteria; evaluating patient suitability for hyaluronidase treatment; prescription validity; key elements of a valid prescription; documentation and record-keeping; maintaining accurate and confidential patient records; storage and handling requirements; appropriate storage conditions for hyaluronidase; handling procedures to maintain potency and efficacy; administration guidelines; recognising approved indications for use; contraindications and precautions; awareness of potential adverse reactions and interactions; patient consent; obtaining informed consent prior to treatment; patient education; providing patients with essential information regarding treatment risks and expectations; post-treatment care and monitoring; necessary follow-up and monitoring procedures after hyaluronidase administration; reporting obligations; understanding mandatory reporting requirements for adverse events and reactions; professional responsibility and accountability; adherence to ethical and professional standards in prescribing and administering hyaluronidase.*
6. Understand the practical application of botulinum toxin A treatments.	6.1 Observe and evaluate a series of dermal filler treatments.	*Observations of a series of dermal filler treatments; evaluation of client consultation process, administration protocol, documentation, client responses. Evaluation and personal reflection: what has been learned from each demonstration, strengths and areas for improvement in techniques observed, how analysis might inform own practice.*
	6.2 Safely inject dermal filler on a facial mannequin.	*Undertake a series of simulated activities, demonstrating safe injection techniques for dermal filler treatments.*

4.7 Unit 7: The Practice of Dermal Filler Injectable Aesthetic Treatments

Unit 7: The Practice of Dermal Filler Injectable Aesthetic Treatments							
Credit Value	8	Level	7	GLH	20	Unit Ref	J/650/9740

This unit is a mandatory unit in the GA Level 7 Diploma in Aesthetic Injectables (610/3660/2) qualification.

In this unit, the candidate will be required to demonstrate competency in preparing for and administering dermal filler treatments using both needle and cannula methods, carrying out post-treatment procedures, and reflecting on and evaluating their own practice.

The centre and candidate MUST complete and sign the *Clinical Readiness Declaration* form prior to commencing this unit. Upon successful completion of this unit, the candidate will have gained the practical skills related to safe and effective dermal filler treatments.

Assessment Requirements

Assessment of this unit consists of the Hands-On Clinical Practice requirements.

In the Hands-On Clinical Practice, the ratio of practitioner/candidate ratio must not exceed 1:1.

Candidates are required to complete a minimum of 10x supervised dermal filler injectable aesthetic treatments. Candidates must follow the treatment protocol and achieve all competencies in each treatment.

Additional guidance for Assessment Criteria 3.2: follow-up appointments may not be required for every treatment. A minimum of one follow-up appointment must be evidenced in the candidate portfolio.

All Range Statements below must be covered during the supervised treatments.

Range Statements			
Treatment Objectives/Area		Injection Techniques	
a	Nasolabial lines	g	Bolus
b	Zygomatic	h	Threading
c	Marionette lines	i	Cross Hatching
d	Peri-oral lines	j	Fanning
e	Lip line	k	Use of needle
f	Lip volumisation	l	Use of cannula

Learning Outcome: the learner will:	Assessment Criteria:	Indicative Content:
1. Prepare for dermal filler treatments.	1.1 Carry out client consultation, taking into account all relevant factors including medical history, contraindications, and the psychological and	*Client consultation to identify key skin health indicators and treatment indications; detailed skin assessment to determine treatment planning; identifying appropriate treatment; client consultation form; client treatment records; patch and sensitivity tests; skin health assessment; visual documentation: clinical photograph consent: obtaining permission for pre and post-treatment photographs; pre-and post-treatment photographs: taking and sharing photographs from various angles (profile, oblique, lateral) and capturing the client's range of facial expressions for before-and-after comparisons; key indicators to skin health and condition; indications for treatment and product use; suitable assessment tools; client's suitability for treatment; medical history assessment: understanding past surgeries, allergies, current medications, and overall health status; contraindications review: identifying factors that might make the treatment unsuitable, e.g., certain medications, allergies, skin conditions, or existing neuromuscular disorders; complications and risks: treatment explanation and setting expectations; procedure overview: a clear explanation of the*

	emotional needs of the client.	*dermal filler treatment steps; outcome expectations: discussing potential results and ensuring client understanding of realistic outcomes; limitations and timeframes: making the client aware of the potential limitations and duration of effects; discussing potential side effects and complications such as pain, bruising, inflammation, bleeding, infection, blindness, vascular occlusion, anaphylaxis or allergic reactions; hypersensitivity, granuloma, biofilm, asymmetry; anaesthesia options: discussing indications and contraindications for topical anaesthesia or nerve blocks; psychosocial influences that may impact on the provision of the treatment medical history; emotional and psychological assessment: recognising mental health conditions, potential body dysmorphia or unrealistic expectations, and understanding the client's motivations and concerns; current medical treatments; medications; general wellness; selection of needle depth and injection techniques for the skin classification and characteristics and treatment objectives; phenotype and genotype; lancer scale; documentation completed in accordance with legal requirements and best practice protocols. Care plan records: documenting discussions and decisions made during the consultation for reference in future sessions; after-care requirements: informing the client about post-treatment care, potential follow-ups, and continuity of care; ensure adequate time for the client to make an informed choice and give consent; adequate cooling off period.*
	1.2 Construct, reiterate, confirm, and agree a treatment and pain management plan for the dermal filler treatment.	*Developing and recording a clear treatment plan; facial assessment: mapping of facial muscles, recognising areas of concern, analysing facial symmetry and dynamic lines. Determining the appropriate type and amount of dermal filler for the desired result, considering client-specific factors; injection techniques: identifying optimal injection sites, depths, and angles for desired outcomes; treatment phases: outlining pre-treatment preparations, during treatment procedures, and post-treatment care; discussing and agreeing treatment objectives and plan with client; use of visual aids (illustrative images and diagrams and pre procedure markings to inform the client of physical effects); valid and written informed consent; signing of necessary waivers and disclaimer documentation; pain management; product prescription including: patient specific direction, saline reconstitution solutions; device and needle or canula; storage instructions; waste disposal protocol; cost discussion: providing a clear breakdown of costs for the procedure and follow up appointments; treatment plan sharing: detailing the number of sessions, products used, and techniques; aftercare recommendations: guidance on immediate post-treatment activities, potential side effects, follow-up appointments; risk management: identifying potential complications, contra-actions and possible adverse reactions; formulating strategies for prevention and management; ensure adequate time for the client to make an informed choice and give valid and written consent; adequate cooling off period; documentation: recording product details (lot number, expiration date), dosage administered,*

		injection sites, and any client-specific notes; client feedback: incorporating client preferences and concerns into the plan; review and adjustments: planning for subsequent sessions, adjusting based on treatment outcomes and client feedback.
2. Administer dermal filler treatments.	2.1 Administer dermal filler, following the treatment protocol.	*(See treatment protocol in Section 2.10).*
	2.2 Demonstrate core values, professionalism, ethical practice and professional accountability in the clinical environment.	*Core values in aesthetic and clinical practice; client safety, dignity, and respect; continuous learning and improvement; collaboration and teamwork; professionalism: appropriate attire and demeanour; effective communication with clients, colleagues, and other healthcare professionals; respecting boundaries; understanding the importance of punctuality, preparedness, and reliability; ethical practice: principles of autonomy, beneficence, non-maleficence, and justice; informed and written consent; respecting client confidentiality and privacy; client-centred care: viewing clients holistically; client involvement in decision-making; respecting client autonomy; addressing client concerns and questions; cultural sensitivity; ensuring an inclusive and non-discriminatory clinical environment; cultural nuances informing client expectations and outcomes of treatment; managing conflicts of interest; promoting honesty and transparency in all interactions; professional accountability; maintaining appropriate records and documentation; reflective practice and self-assessment; reporting and addressing errors or adverse events; seeking feedback and acting on it for continual improvement; guidelines and standards set by relevant regulatory bodies; licensing, training and CPD requirements; interdisciplinary collaboration: working cooperatively with other healthcare and aesthetic professionals; signposting. referrals and consultations with specialists when required; links with appropriate healthcare professionals; probity: abiding by codes of conduct, strong moral principles, honestly and integrity, client safety and wellbeing first priority, recognise vulnerable clients, deferring or refusing treatment and signposting to relevant support where appropriate, honestly and transparency in financial and commercial dealings, honestly and transparency regarding conflicts of interest; duty of candour; transparency and honestly regarding anything going wrong with treatments, taking steps to rectify problems, giving full explanations regarding problems and any lasting effects they may cause; efficacy of treatments; transparency and honesty regarding the efficacy of treatments, avoiding making false or misleading claims, evidenced based planning for effective treatments; appropriate and valid indemnity; working within scope of practice and/or indemnity.*

3. Carry out post-treatment procedures.	3.1 Safely carry out post-treatment procedures.	*Provide post-treatment advice and after care; risk mitigation and communicating expected outcomes; provide necessary post-treatment medicines/equipment; provide follow up instructions and interim strategies including prompt reporting of adverse effects; when, why and how to contact the practitioner and prescriber or other appropriate sources of advice and treatment; follow-up appointments; obtain and share post-treatment photos with the client (profile, oblique, lateral; client's range of facial expressions); apply standard precautions for infection prevention and control post-procedure; recognise undesirable outcomes and their causes; asymmetry: unevenness or lack of proportion in facial features after treatment; overfilling: excessive volume added, leading to an unnatural appearance; underfilling: insufficient volume added, yielding less-than-desired results; formation of noticeable and irregular textured areas in the treated zone; bruising: swelling; puffiness and inflammation in the area where the fillers were injected; infection; necrosis; granulomas; movement of filler material from the original injection site to adjacent areas; skin discolouration; hyperpigmentation or hypopigmentation; skin texture irregularities; scarring; blindness; allergic reaction; vascular occlusion; numbness; degradation or loss of skin or underlying tissue in the treated area; other complications; responding to any adverse reactions safely and professionally; onward referral where necessary; dispose of toxin and clinical waste items safely; document all relevant information (expiry, lot, diluent, date reconstituted, timed, dated, signed, printed, pin) in accordance with professional standards, legislation, guidelines and organisational procedures; reporting of adverse incidents; contact with client's GP if appropriate; verbal and written instructions and advice including: prescriber's contact details, emergency plan and contingency plan in the event of absence, liaise with prescriber to agree further action and future procedures.*
	3.2 Carry out a follow up appointment.	*Appointment preparation: review of initial treatment notes, expectations set, and any adverse reactions reported post-treatment; client communication: building rapport, immediate concerns; physical examination: assessment of treatment areas for results, side effects, or complications; client feedback collection: structured questionnaires; open-ended questions; client feedback; client satisfaction with treatment; side effects experienced; documentation: client records, post-treatment observations, feedback, additional procedures or interventions; comparative analysis: before-and-after photographs or measurements; objective comparison of results; adverse reaction management: addressing, documenting, and managing any complications or undesired outcomes from the treatment; future treatment planning: longevity of results, potential for future treatments, alternative procedures based on the current results and client's goals; post-treatment care instructions: reiterating or updating any aftercare advice, skincare routines or activity restrictions; feedback loop closure: addressing feedback given during or immediately after the initial treatment,*

		discussing implemented changes or rationale; consent & data protection: additional treatments or photographs; consent; storage; scheduling: follow-up appointment; treatments as required or recommended.
4. Reflect on and evaluate own practice.	4.1 Gather client feedback and evaluate treatment outcomes.	*Collect, collate, analyse, summarise and record evaluation feedback clearly and concisely; feedback collection methods: surveys, face-to-face interviews, digital feedback tools; key questions: effective questions for gauging satisfaction, understanding areas of concern, and capturing overall experience; physical assessment: post-treatment visual and tactile examination, comparison to pre-treatment photographs; treatment efficacy metrics: measuring degree of muscle relaxation, wrinkle reduction, or treatment-specific outcomes; adverse reactions: identifying and documenting side effects, complications, or unexpected results; client's subjective experience: capturing feelings of comfort, pain levels, satisfaction with aesthetic outcomes; long-term results: monitoring the longevity of treatment effects, potential need for follow-ups or touch-ups; analysing feedback: identifying patterns, common concerns, areas of improvement based on aggregate client responses; quality improvement: adapting protocols, techniques, and client communication based on gathered feedback; follow-up procedures: establishing protocols for checking in with clients post-treatment, managing any concerns or issues; feedback documentation: maintaining records of client feedback for future reference, quality assurance, and professional development.*
	4.2 Critically analyse own performance, highlighting areas of good practice and areas to focus on for further development.	*Self-reflection techniques: importance of self-awareness, journaling, and introspection in performance evaluation; performance metrics: identifying quantitative and qualitative metrics relevant to personal and professional growth in dermal filler treatments; peer feedback: gathering and interpreting constructive feedback from colleagues and mentors; comparison benchmarks: using industry standards, peer benchmarks, and best practices as a comparison for personal performance; strengths identification: recognising and capitalising on personal strengths in technique, client communication, and procedural knowledge; areas for improvement: pinpointing specific technical skills, soft skills, or knowledge areas needing enhancement; continuous professional development: importance of ongoing education, attending workshops, and staying updated with industry advancements; goal setting: constructing measurable, attainable, relevant, and time-bound (smart) goals for professional growth; action planning: outlining steps and strategies to improve areas of weakness and further enhance strengths; ethical considerations: ensuring adherence to industry ethics, standards, and best practices throughout self-evaluation; client feedback integration: using client feedback as a tool for self-reflection and pinpointing areas for development; documentation & record keeping: maintaining a comprehensive record of self-assessments, peer reviews, and client feedback to track progress over time.*

Appendix 1: Internal Moderation and Quality Assurance Regulations and Guidance

Introduction to Internal Moderation

Internal Moderation is a centre's internal system that ensures candidate evidence is complete and genuinely meets all the required criteria by which the candidate is judged to have met in order to be awarded a qualification. The process involves regularly sampling and evaluating the centre's assessment practices and decisions, and it is the Internal Moderator's responsibility to act on their findings to ensure consistency and fairness.

Ensuring quality standards are maintained and are consistent within and across a centre's provision is the responsibility of the head of centre, who must ensure that suitable staff are in place to act as Internal Moderator(s) and provide full support and standards scrutiny of the centre's Assessment decisions.

Internal Moderation Processes

Internal Moderation involves three key processes: co-ordination of the assessment process, standardisation of assessment practice, and sampling of assessed work.

These processes are conducted by one Internal Moderator or, if there is more than one, a team of Internal Moderators who are under the direction of a Lead Internal Moderator.

Information about the experience and qualification requirements for Internal Moderators is provided in the *Qualification Specification*.

Co-ordination of the Assessment Process

Prior to delivery commencing, it is the Internal Moderator who will confirm that assessment tasks are appropriate. This may involve checking that proposed assessment activities, plans for practical assessments, or the briefs of any assignments or reports are fit for purpose. It may also include checking that internal tests or examination materials are fit for purpose.

In order to ensure that the planned assessment activities and materials are fit for purpose, the Internal Moderator will consider and judge whether the activities and materials provide inclusive opportunities for all candidates to meet the assessment objectives and generate evidence which is current, reliable, authentic, valid, able to be evaluated and sufficient to meet the requirements of the qualification.

During delivery of assessment, Internal Moderators will work with the Assessment team, ensuring that assessment practices are being carried out correctly. This may involve observing assessment taking place.

Standardisation of Assessment

The standardisation process helps to ensure that all centre staff involved in the delivery, assessment and quality assurance are consistent and fair to all candidates and interpret and follow the requirements of the qualification in the same way.

Internal Moderators are expected to ensure high levels of consistency across Assessors and centre delivery sites through sharing good practice and providing feedback and support, doing so accurately and in good time. The internal Moderator may highlight areas for further CPD or additional training as necessary.

Sampling Process

When planning and carrying out internal moderation activities, it is important that the Internal Moderator works to a sound sampling strategy to ensure that standardisation of assessment decisions can take place.

A centre's sampling strategy involves reviewing the quality of Assessor's judgements, which will include reviewing candidate work.

The candidate work may be sampled before the candidate has completed the full qualification, for example by sampling one or two assignments, topic areas or units, as the candidate completes them.

The Internal Moderator should check that planning and reviewing has taken place and feedback is given to candidates by the Assessor. The Internal Moderator will also check and confirm the accuracy of the application of any mark schemes, guidance and overall assessment decisions.

The Internal Moderator will therefore be able to evaluate the quality and consistency of the Assessor's assessment decisions and be able to identify any problems at an early stage. It will highlight individual Assessor training and development needs, which in turn can inform the programme of CPD for the assessment team as a whole.

The Internal Moderator must plan their sampling activities as outlined below.

Establishing a Sampling Strategy

Sampling should enable the Internal Moderator to evaluate how Assessors have reached their decisions. They must be able to follow documentation which clearly shows that Assessors have checked that the evidence presented meets the rules of evidence.

Evidence must be confirmed by Assessors as 'CRAVES'

- Current: the work is relevant at the time of the assessment
- Reliable: the work is consistent with that produced by other candidates
- Authentic: the work is the candidate's own work
- Valid: the work is relevant and appropriate to the subject being assessed and is at the required level
- Evaluated: where the candidate has not been assessed as competent, the deficiencies have been clearly and accurately identified via feedback to the candidate resulting in improvements in knowledge or competency leading to the award
- Sufficient: the work covers the expected learning outcomes and any range statements as specified in the criteria or requirements in the assessment strategy.

Planning Sampling Activities

The Internal Moderator should consider the following when considering the volume of work that they should sample:

- the candidates' ethnic origin, age and gender to ensure a representative range of candidates are sampled
- the Assessors' experience and qualifications, workload and their occupational competence. For example, if Assessors are qualified and experienced it may not be necessary to look at everything in a candidate's portfolio. If Assessors have less than 12 months' experience, are new to the centre or a particular qualification, or perhaps have not assessed for a length of time, the Internal Moderator will need to sample substantially more of their decisions for the first 6 - 12 months
- the full range of assessment methods used for any one qualification, for example observation, witness testimony, professional discussion, reflective accounts, questioning, assignments, products, RPL, simulation, etc and ensure a good, representative range of assessment evidence is sampled
- previous feedback to Assessors regarding good practice and/or involved highlighting development needs, for example If the Internal Moderator has a particular concern regarding the assessment decisions of a particular Assessor they should focus on increasing the volume of work from that Assessor to continue increased monitoring and evaluation of risk
- whether any changes have been implemented relating to the assessment of the qualification or its units, for example if there have been amendments to the qualification specification, or instances where industry practice or legislation has changed
- the range of locations where assessments have taken place
- the sampling process must not be determined by any rule of thumb such as '10%.'

Producing a Sampling Plan

The Internal Moderator must develop a sampling plan at the beginning of the candidate's (or cohort's) programme and record, on the plan, which topic areas/assessment methods they plan to sample, and when.

Copies of sampling plans should be made available to other Internal Moderators and the assessment team, and sampling carried out according to the plan.

Where variations are made, these should be recorded on the plan.

Completing a Sample Record

The Internal Moderator should record the quality assurance sampling activities on a Sample Record. As a minimum, this record must indicate the Assessor's decision, the content of the sample, the Internal Moderator's decision and relevant feedback to the Assessor.

Where the Internal Moderator agrees with the assessment decisions, certification claims can go ahead.

Where the Internal Moderator does not agree with the assessment decisions, full feedback must be given to the Assessor, with action points agreed which relate to the Assessor's areas for improvement and instructions for how the candidate can be supported to produce the required evidence of knowledge and skills.

Sampling must take place before any certification claims are made by the centre and all records, including those of standardisation meetings, feedback to Assessors and CPD activity should be made available to the GA-appointed External Moderator (also referred to as the EQA) upon request.

Appendix 2: JCCP Guidance Statement – Responsible Prescribing for Cosmetic Procedures.

JCCP Guidance Statement – Responsible Prescribing for Cosmetic Procedures.

Remote Prescribing

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

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

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

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

The JCCP has shared this statement with the General Medical Council and the General Dental Council who have both reviewed this Guidance Statement and advised that it is consistent with their own guidance. The Royal Pharmaceutical Society has also advised that *'In our view as the professional body for pharmacy, the JCCP statement is consistent with the approach of the professional regulators and will be useful for the RPS to signpost to".*

Delegation

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

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

Supply of prescription medicines

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

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

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

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

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

Repeat prescribing

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

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

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

Competing interests

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

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

Further Guidance

The JCCP would refer Practitioners/Registrants to further guidance on Prescribing that has been published by the Professional Statutory Healthcare Regulators with specific acknowledgment that all regulators (both statutory and voluntary) advocate paramount responsibility for prescribing and promoting ethical and professional behaviours within the context of their 'Codes' and associated

fitness to practise procedures. In particular the JCCP has considered and built on advice provided to Registrants by The General Medical Council, The General Dental Council, The Nursing and Midwifery Council, The General Pharmaceutical Council, The Health Care Professions Council and by the Royal Pharmaceutical Society.

(JCCP, July 18th 2019).

Document Specification:					
Purpose:	To detail the specification of the GA Level 7 Diploma in Aesthetic Injectables ((610/3660/2)) qualification.				
Accountability:	GA Governing Body		Responsibility:	GA Compliance Manager	
Version:	1.0	Effective From:	Jan 2024	Indicative Review Date:	Jan 2027
Links to Ofqual GCR:	E3; G6; G7; H2	Other relevant documents:	GA Centre Handbook GA Candidate Access Policy GA Malpractice & Maladministration Policy GA Syllabus, Assessment & Internal Moderation Handbook for the unit(s) within the qualification GA Continuing Professional Development (CPD) and Revalidation for Centre Staff (Aesthetic Pathway). GA CASS Strategy and General Moderation Policy		