Qualification Specification

These qualifications are being withdrawn.
Operational End Date: 01/12/2023
Certification End Date: 01/12/2023

GA Level 6 Certificate in Botulinum Toxin A Administration	603/4318/7
GA Level 6 Certificate in HA Dermal Filler Administration	603/4319/9
GA Level 6 Diploma in Aesthetic Injectables	603/4320/5

These qualifications are subject to the GA Centre Assessment and Standards Scrutiny and General Moderation policy.

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Section 1 - Qualification Overview

1.1 Introduction: About these Qualifications and this Document

The Gatehouse Awards (GA) qualifications in Dermal Filler Administration, Botulinum Toxin A Administration and Aesthetic Injectables are designed to give candidates the knowledge and skills to deliver safe, effective, appropriate aesthetic treatments within the standards of their relevant regulatory body e.g. NMC, GMC, GDC and/or HCPC, in line with best practice.

This specification covers the GA Level 6 Certificate in Dermal Filler Administration, Level 6 Certificate in Botulinum Toxin A Administration and Level 6 Diploma in Aesthetic Injectables.

This document provides centre staff, candidates and employers with a comprehensive overview of the qualification content as well as the assessment and quality assurance requirements for these qualifications.

The qualifications have been developed in association with advanced clinical practitioners and are aimed at meeting the needs of candidates and employers by underpinning high-quality courses with regulated qualifications, and developed with due regard to the JCCP (Joint Council for Cosmetic Practitioners) and CPSA (Cosmetic Practice Standards Authority) Guidance for Practitioners Who Provide Cosmetic Interventions and the relevant Fitness to Practice Procedures.

The qualifications are 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.

These qualifications are not designed to replace any existing qualifications.

1.2 Qualification Titles, Qualification Numbers and Important Dates

Qualification Title and Level	Qualification Number	Operational Start Date	Next Review Date
GA Level 6 Certificate in Botulinum Toxin A Administration	603/4318/7	15/04/2019	31/01/2025
GA Level 6 Certificate in HA Dermal Filler Administration	603/4319/9	15/04/2019	31/01/2025
GA Level 6 Diploma in Aesthetic Injectables	603/4320/5	15/04/2019	31/01/2025

1.3 Qualification Aims and Objectives

The Gatehouse Awards (GA) qualifications in Dermal Filler Administration, Botulinum Toxin A Administration and Aesthetic Injectables are designed to give candidates the knowledge and skills to deliver safe, effective, appropriate aesthetic treatments within the standards of their relevant regulatory body e.g. NMC, GMC, GDC and/or HCPC, in line with best practice.

The qualifications reflect a clear framework in order for practitioners to evidence their knowledge and skills in performing non-surgical aesthetic procedures.

These qualifications can be relied upon by employers to indicate that an individual can undertake a specific role safely in the workplace. The qualifications are within sector subject area 1.2 - Nursing, and subjects and vocations allied to medicine.

1.4 Qualification Structure and Overview: Units, Credit Values, GLH, Study Time & TQT

These qualifications are listed on the Ofqual Register of Regulated Qualifications as part of the Regulated Qualifications Framework (RQF).

The structure of these qualifications is as follows:

GA Level 6 Certificate in HA Dermal Filler Administration - 603/4319/9					
Unit Code	Mandatory Units	Unit Reference	Credits	GLH*	Study Time**
Unit 1F	Consultation Skills & Consent in HA Dermal Filler Administration	M/617/5325	3	15	15
Unit 2F	Anatomy, Physiology & Assessment of the Ageing Face in HA Dermal Filler Administration	K/617/5324	3	15	15
Unit 3F	Pharmacology in HA Dermal Filler Administration	H/617/5323	6	25	35
Unit 4F	The Safe Administration of HA Dermal Filler	D/617/5322	8	40	35
			Total Credits: 20	Total GLH*: 95	TQT**: (100+95) 195

GA Level 6 Certificate in HA Botulinum Toxin A Administration - 603/4318/7					
Unit Code	Mandatory Units	Unit Reference	Credits	GLH*	Study Time**
Unit 1B	Consultation Skills & Consent in Botulinum Toxin A Administration	Y/617/5321	3	15	15
Unit 2B	Anatomy, Physiology & Assessment of the Ageing Face in Botulinum Toxin A Administration	R/617/5320	3	15	15
Unit 3B	Pharmacology in Botulinum Toxin A Administration	D/617/5319	6	25	35
Unit 4B	The Safe Administration of Botulinum Toxin A	Y/617/5318	8	40	35
			Total Credits: 20	Total GLH*: 95	TQT**: (100+95) 195

GA Level 6 Diploma in Aesthetic Injectables - 603/4320/5					
Unit Code	Mandatory Units	Unit Reference	Credits	GLH*	Study Time**
Unit 1BF	Consultation Skills & Consent in Botulinum Toxin A & HA Dermal Filler Administration	T/617/5326	4	20	20
Unit 2BF	Anatomy, Physiology & Assessment of the Ageing Face in Botulinum Toxin A & HA Dermal Filler Administration	A/617/5327	5	25	25
Unit 3B	Pharmacology in Botulinum Toxin A Administration	D/617/5319	6	25	35
Unit 3F	Pharmacology in HA Dermal Filler Administration	H/617/5323	6	25	35
Unit 4B	The Safe Administration of Botulinum Toxin A	Y/617/5318	8	40	40
Unit 4F	The Safe Administration of HA Dermal Filler	D/617/5322	8	40	40
			Total Credits*: 37	Total GLH*: 175	TQT*: (195+175) 370

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

The number of study hours a learner 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 learner to achieve and demonstrate the achievement of the level of attainment necessary for the award of these qualifications.

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 is in line with guidance published by Ofqual on the allocation and expression of Total Qualification Time and Guided Learning Hours.

Level

The qualifications within this specification are designated at Level 6 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 these qualifications are considered by GA to lead to the outcome as follows:

Achievement at Level 6 reflects the ability to hold advanced 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 being able to understand different perspectives, approaches or schools of thought and the theories that underpin them. In addition, achievement at Level 6 reflects the ability to critically analyse, interpret and evaluate complex information, concepts and ideas, and to determine, refine, adapt and use appropriate methods and advanced cognitive and practical skills to address problems that have limited definition and involve many interacting factors. At this level, learners are also able to use and, where appropriate, design relevant research and development to inform actions, evaluating actions, methods and results and their implications.

1.5 Intended Audience, Age and Entry Requirements

These qualifications are available to candidates aged 19 and over, who are working in, or preparing to work within the field of aesthetic medicine.

These qualifications are open to the following currently registered medical professionals only: doctors, nurses (with/ without independent prescribing rights), dentists, dental hygienists, dental therapists, pharmacists, paramedics, physiotherapists and ODPs (GMC, GDC, NMC, GPhC and HCPC).

In addition, those undertaking the qualification must have a proficient level of spoken and written English and, if English is not the candidate's first language, they must hold a formal English language qualification of at least Level 2, e.g.

- ESOL International (CEFR: C1 or C2)

Prior to commencing a programme of study leading to any of these qualifications, candidates must receive detailed advice and guidance from the centre in order to ensure these qualifications will meet their needs.

All candidates will be assessed individually on experience, skills and knowledge prior to being registered on these qualifications. Centres must retain records of each candidate's:

- identity
- professional registration
- level of English language

1.5 Rules of Combination

The component units of each qualification are listed in 1.4 above. There are no optional units within these qualifications.

There are no further Rules of Combination.

1.7 Recognition of Prior Learning and Transfer of Credits

Recognition of Prior Learning (RPL) is a method of assessing whether a learner's previous experience and achievements meet the standard requirements of a GA unit or units 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 a unit, units or whole qualification, i.e.

- **The Safe Administration of HA Dermal Filler - D/617/5322**
- **The Safe Administration of Botulinum Toxin A - Y/617/5318**

Arrangements for RPL with each individual candidate will depend on the level of prior knowledge and experience the candidate has.

Candidates currently working as an aesthetics practitioner may provide evidence of clinical practice that occurred prior to the candidate starting their qualification.

Centres must apply sound assessment decision-making strategies relating to the evidence presented as RPL, ensuring the evidence is Current, Reliable, Authentic, Valid, Evaluated and Sufficient (CRAVES) in addition to meeting the individual unit requirements.

Records relating to the above must be maintained for QA purposes.

The requirement for RPL must 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.

No transfer of credits is permitted for these qualifications.

1.8 Relationship to Other Qualifications & Progression Opportunities

The GA Aesthetics qualifications are designed to provide medical practitioners with the skills and knowledge to work in the field of Aesthetic Injectables.

Candidates may progress onto further qualifications, or other qualifications at a higher level in a variety of areas.

1.9 Language of Assessment

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

1.10 Grading

All learning outcomes and assessment requirements must be met before a learner can be considered having achieved these qualifications.

These qualifications are not graded on a scale. Learners are assessed as Pass or Fail. Learners who aren't successful can resubmit work within the registration period.

1.11 Qualification Availability

These qualifications are available via GA Approved Centres in the UK and internationally. If you would like further information on offering these qualifications, please contact us.

Our contact details appear on our website, www.gatehouseawards.org

Section 2 – Qualification Delivery, Assessment Model & Quality Assurance Model

2.1 Teaching and Learning Requirements

Courses leading to these qualifications may be delivered by approved GA Centres using a variety of methods, e.g. classroom sessions, E-Learning, structured clinical examinations, clinical demonstrations, supervised clinical practice and blended learning. Candidates can therefore undertake learning and assessment on a flexible basis.

Candidates are required to participate in self-directed study alongside teacher support.

Candidates must have suitable access to teaching and assessment staff. Specialist staff, high quality learning materials and access to assessment opportunities are essential for all centres.

Further details and guidance on the content of teaching and learning for each unit can be found in the Unit Specifications in Section 4 below.

2.2 Assessment & Quality Assurance Model

This qualification is a centre-assessed qualification. This means that it is internally assessed and internally moderated by centre staff to clearly show where learners have achieved the learning outcomes and qualification requirements. There is no requirement for external summative assessment.

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.

2.3 Portfolio Requirements

Learners are expected to build a portfolio of evidence, clearly demonstrating where they have met the learning outcomes and qualification requirements.

Various types of evidence may be used, for example:

- essays/assignments
- short questions and answers
- workbooks
- professional discussions
- observations of performance in the workplace
- product evidence
- reflective accounts

- witness testimony
- 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.

All evidence must meet CRAVES requirements (see Section 2.4 below).

2.4 Assessment of Learners: CRAVES

Assessors must ensure that all evidence within the learner's portfolio judged to meet GA's 'CRAVES' requirements is:

- current: the work is relevant at the time of the assessment
- reliable: the work is consistent with that produced by other learners
- 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 learner has not been assessed as competent, the deficiencies have been clearly and accurately identified via feedback to the learner
- sufficient: the work covers the expected learning outcomes and any range statements as specified in the criteria or requirements in the assessment strategy.

2.5 Minimum Evidence Requirements

In order to achieve these qualifications, minimum evidence requirements must be met and evidenced within the candidate's portfolio. These are:

GA Level 6 Certificate in HA Dermal Filler Administration (603/4319/9)

- A minimum of 5 Patient Logs must be submitted to evidence competent treatments have been carried out.

- A minimum of 10 areas should be injected with HA Dermal Filler, with a minimum of 3 of the same area. For example, the Candidate will need to evidence that they have carried out 3 treatments on the nasolabial folds with HA Dermal Filler.

Each Patient Log must contain the following as a minimum:

- Completed consultation form (including patient and practitioner details, date, time, skin preparation and quality, details of product used including lot/ batch number and expiry

date, dose, dilutant, needle type, anatomical site, volume of filler, additional products injected).
- Picture evidence of the patient both before and after the treatment.
- Description and reflection of the treatment including any adverse effects, reactions and complications and post-procedure.

GA Level 6 Certificate in HA Botulinum Toxin A Administration (603/4318/7)

- A minimum of 5 Patient Logs must be submitted to evidence competent treatments have been carried out.

- A minimum of 15 areas should be injected with Botulinum Toxin A, with a minimum of 3 of the same area. For example, the candidate will need to evidence that they have carried out 3 treatments on the forehead (frontalis) with Botulinum Toxin A.

Each Patient Log must contain the following as a minimum:

- Completed consultation form including patient and practitioner details, prescriber details (if applicable), date, time, skin preparation and quality, details of product used including lot/ batch number and expiry date, dose, dilutant, anatomical site.
- Picture evidence of the patient both before and after the treatment.
- Description and reflection of the treatment including any adverse effects, reactions and complications and post-procedure information.

GA Level 6 Diploma in Aesthetic Injectables (603/4320/5)

- A minimum of 10 Patient Logs (five for Botulinum Toxin A and five for HA Dermal Filler) must be submitted to evidence competent treatments have been carried out.

- A minimum of 15 areas should be injected with Botulinum Toxin, with a minimum of 3 of the same area. For example, the candidate will need to evidence that they have carried out 3 treatments on the forehead (frontalis) with Botulinum Toxin.

- A minimum of 10 areas should be injected with HA Dermal Filler, with a minimum of 3 of the same area. For example, the Candidate will need to evidence that they have carried out 3 treatments on the nasolabial folds with HA Dermal Filler.

Each Patient Log must contain the content as listed above.

2.6 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 incorporates 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.

2.7 External Moderation and Quality Assurance Arrangements

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.

2.8 Registering Candidates and Unique Learner Numbers (ULNs)

Learners 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 1 year. Should a learner 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.

2.9 ID Requirements

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

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

2.10 Record Keeping

Records of learner's details, their work and any records of Reasonable Adjustments, Special Considerations and records containing learners' 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 learners.

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, centres may return portfolios to learners.

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

Section 3 – Centre Requirements: Assessment & Quality Assurance

Course providers offering these GA qualifications must ensure that they have the following resources in place.

3.1 General Staff Requirements

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

The course provider must ensure that they hold up-to-date and detailed information about the staff involved with the delivery and quality assurance of these qualifications and must make records available to GA upon request. The information GA expects the course provider to hold for each member of staff includes, as a minimum:

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

Centres must ensure that there are an adequate number of staff members to provide a safe environment for learners and patients/clients.

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

3.2 Requirements for Teachers and Assessors

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

It is the centre's responsibility to ensure that all staff involved in the delivery and assessment of these qualifications are suitably qualified.

The GA Aesthetics qualifications contain elements of both knowledge and competence and therefore must be delivered by a knowledgeable and competent practitioner who is able to assess candidates' knowledge, skills and understanding of Aesthetic Injectables.

Delivery staff must be registered medical practitioners, e.g. doctors, nurses (with independent prescribing rights), dentists, dental hygienists, dental therapists, pharmacists, paramedics, physiotherapists and ODPs (GMC, GDC, NMC, GPhC and HCPC).

To be able to assess learners, Assessors must:

- have a minimum of 3 years work experience in a related occupational field
- hold a recognised teaching or training qualification
- hold evidence of relevant teaching experience in an education or training context
- have access to appropriate guidance and support
- participate regularly in related assessment and quality assurance processes such as standardisation
- have up-to-date working knowledge and experience of best practice in assessment
- hold one of the following qualifications or their recognised equivalent:
    - 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; and
- show current evidence of continuing professional development in assessment and quality assurance.

Assessors may be working towards a relevant equivalent teaching/assessing qualification under the guidance of a suitably qualified and experienced Assessor and their Internal Moderator.

Assessors are required to evidence contemporaneous proficiency in the treatment(s) being delivered, and evidence of meeting the requirements of the *GA Continuing Professional Development (CPD) and Revalidation for Centre Staff*.

Assessors must have relevant occupational experience. The Assessor must hold relevant qualifications in the particular subject area being assessed. They must hold, or be working towards, a regulated qualification at least at the level of the qualification they are assessing and hold appropriate indemnity insurance.

In the absence of a regulated qualification, Assessors are required to demonstrate Continued Professional Development (CPD) with accredited training providers, for the qualification they are assessing. Assessors are then required to agree to update their training to a full qualification within 18 months of commencing their role in order to continue to deliver the qualification.

These specific occupational and qualification requirements are to ensure that the Assessor is able to take direct responsibility for the consequences of treatment and clinical management of complications, should they arise during a treatment carried out by a learner.

3.3 Requirements for Internal Moderators (also referred to as an Internal Quality Assurers or IQA)

Assessors may have one or several appointed Internal Moderators.

These qualifications are assessed by an Assessor and internally moderated and quality assured by an Internal Moderator to ensure standardisation, reliability, validity and sufficiency of the Assessor's assessment decisions.

Delivery staff must be registered medical practitioners, e.g. doctors, nurses (with independent prescribing rights), dentists, dental hygienists, dental therapists, pharmacists, paramedics, physiotherapists and ODPs (GMC, GDC, NMC, GPhC and HCPC).

Internal Moderators 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 Internal Moderators.

To be able to perform the internal moderation and quality assurance role, an Internal Moderator must:

- have up-to-date working knowledge and experience of the specific occupational field
- have up-to-date working knowledge and experience of best practice in assessment and quality assurance
- hold one of the following Assessor qualifications or their recognised equivalent:
    - 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
- hold one of the following internal quality assurance qualifications or their recognised equivalent:
    - 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
- show current evidence of continuing professional development in assessment and quality assurance.

- In addition, Internal Moderators must be familiar with GA's qualification requirements.

Internal Moderators may be working towards a relevant equivalent quality assurance qualification under the guidance of a suitably qualified and experienced Internal Moderator.

The Internal Moderator must have relevant occupational experience and hold relevant qualifications in the particular subject area being assessed. They must hold a regulated qualification at least at the level of the qualification they are assessing.
Internal Moderators are required to evidence of contemporaneous proficiency in the treatment(s) being delivered, and evidence of meeting the *GA Continuing Professional Development (CPD) and Revalidation for Centre Staff*.

The knowledge and experience of Teachers, Assessors and Internal Moderators will be considered during the centre and qualification approval process and at External Quality Assurance Visits.

3.4 External Moderation (also referred to as External Quality Assurance or EQA)

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.

3.5 Venue Requirements

Training premises must be suitable for the relevant clinical procedures being carried out. It is the Centre's responsibility to ensure the environment is safe, sterile, suitably equipped, suitably staffed and complies with all regulatory requirements and legal requirements.

Training premises used in the delivery of teaching and assessment of this qualification, they must have suitable access, in line with Disability Discrimination and 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 patient/client, learner, staff and visitor safety at all times.

3.6 Equipment

Centres must ensure that all products and equipment used in the delivery and assessment of this qualification must be authorised by GA and confirmed as fit for purpose and compliant with current Health and Safety legislation and any other relevant regulations. This will be considered at approval and during the on-going monitoring of centres.

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.

Equipment necessary to deliver these qualifications includes the following (this is not an exhaustive list):

- Botulinum toxin (real/mock vials)
- Camera (for pre/post treatment photography)
- Consent forms
- HA Dermal filler (real/mock vials)
- Hyaluronidase (real/mock vials)
- Injectable facial manikin
- Injecting equipment
- PPE (gloves, sharp bins)
- Sink and/or hand sanitizer
- Skin disinfectant (e.g. chlorhexidine)

3.8 Results and Certification

Following a successful external moderation (EQA) visit, claims for certification are made via the Ark, the GA Learner Management System. Certificates are usually issued within 10 working days.

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

Certificates will only be issued to learners who have achieved sufficient credits and met the rules of combination for the qualification they are registered for. If a learner 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. learner proof of identification) and will involve the return of the original certificate. Replacements and amendments may incur an additional charge.

3.9 Direct Claims Status (DCS)

Direct Claim Status is not available for this qualification.

3.10 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.

3.11 Ongoing Support

There are a number of documents on the GA website that centres and learners 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 learners are correct and up to date.

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

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

Learners 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 Specification

4.1 UNIT 1B - Consultation Skills & Consent in Botulinum Toxin A

Unit title	Unit Number
Consultation Skills & Consent in Botulinum Toxin A	**1B (Y/617/5321)**
Unit aims: This unit aims to provide Candidates with the knowledge and understanding of the working context of carrying out a clear and rigorous consultation for Botulinum Toxin treatments. Candidates will develop their skills in conducting consultations with individual patients.	
Specified Evidence or Assessment Requirements	Assessment of this unit may consist of a range of assessment types, e.g. observation, witness testimony, product evidence. The Candidate's portfolio must reflect the content of section 2.3 Minimum Evidence Requirements above. The required Patient Logs must support the evidence of achievement for this unit. Candidates must sign a declaration of authenticity to confirm that the work contained within their portfolio is their own.

Learning Outcome - The learner will:		Indicative Content
1	Establish rapport with patients	Respectful of social, cultural linguistic considerations; explores the purpose of the consultation (patient & clinician perspectives); puts the patient at ease: body language; physical comfort; use of appropriate language; verbal and non-verbal communication and interpersonal skills.

2	Present a professional approach to managing patients and their expectations	Adheres to legislation, guidelines, organisational policies and protocols and relevant codes of conduct; works within own area of competence and demonstrates honesty and transparency re scope of practice; demonstrates positive professional appearance; demonstrates professional attitude, presentation and organisation; refer on appropriately, concerns e.g. body dysmorphia, depression, skin lesions; documentation & storage of health records & GDPR/privacy/data protection regulations; uses personal protective clothing and additional protective equipment.
3	Assess patient capacity to provide valid consent for treatment	Determine patient's competency to understand the process; their capacity to provide valid consent; no external influences (coercion, drugs, alcohol etc.) using recognised guidelines.
4	Undertake consultation including full medical, family & social histories	Patient concerns, expectations and desired outcomes; current medication - prescribed & over the counter medications, supplements etc; allergies; lifestyle choices (including relevant intrinsic and extrinsic factors and social/occupational activities which may impact outcomes); pregnancy/breastfeeding status; age, general and specific medical and family history of relevance; planned surgeries/other treatments; psycho-social history and reasons for seeking procedure; previous aesthetic experiences/reactions; use appropriate skin assessment tools (e.g. Glogau, Fitzpatrick) to undertake assessment of the skin to be treated and its ageing status; the need for additional information from other clinicians and how to obtain this.
5	Discuss with patients the rationale for Botulinum Toxin A treatment and other options	Rationale for and cost of treatment and other options / available alternatives; recognising when treatment is inappropriate or not a 'best-interest' option; advises on the effectiveness of treatment options in relation to the evidence base; risks, limitations and benefits of the treatment; management of risks; likely follow-up interventions and intervals to maintain outcome; pain management and pre, during and aftercare requirements; required pre-treatment procedures; treatment duration and required frequency for maintenance (including costs); confirming patient's knowledge and understanding of the procedure; provide additional information (verbal and written)

		where required; provide general skin and health advice; legislation of the acquisition of medication/medical treatment device; how to decline treatment.
6	Gain informed and valid consent from the patient for Botulinum Toxin A treatment	Obtain and document written consent; ensure the provision of a cool-off period prior to administration of treatment; documenting permission for pre- and post-photograph storage; permission or refusal for use of photographs/videos for promotional activities/educational purposes.

4.2 UNIT 1F - Consultation Skills & Consent in HA Dermal Filler Administration

Unit title		Unit Number
Consultation Skills & Consent in HA Dermal Filler Administration		**1F (M/617/5325)**
Unit aims: This unit aims to provide Candidates with the knowledge and understanding of the working context of carrying out a clear and rigorous consultation for HA Dermal Filler treatments. Candidates will develop their skills in conducting consultations with individual patients.		
Specified Evidence or Assessment Requirements	Assessment of this unit may consist of a range of assessment types, e.g. observation, witness testimony, product evidence etc., as appropriate. The Candidate's portfolio must reflect the content of section 2.3 Minimum Evidence Requirements above. The required Patient Logs must support the evidence of achievement for this unit. Candidates must sign a declaration of authenticity to confirm that the work contained within their portfolio is their own.	
Learning Outcome - The learner will:		Indicative Content
1	Establish rapport with patients	Respectful of social, cultural linguistic considerations; explores the purpose of the consultation (patient & clinician perspectives); puts the patient at ease: body language; physical comfort; use of appropriate language; verbal and non-verbal communication and interpersonal skills.
2	Present a professional approach to managing patients and their expectations	Adheres to legislation, guidelines, organisational policies and protocols and relevant codes of conduct; works within own area of competence and demonstrates honesty and transparency re scope of practice; demonstrates positive professional appearance; demonstrates professional attitude, presentation and organisation; refer on appropriately, concerns e.g. body dysmorphia, depression, skin lesions; documentation & storage of health records & GDPR/privacy/data protection regulations; uses personal protective clothing and additional protective equipment.

3	Assess patient capacity to provide valid consent for treatment	Determine patient's competency to understand the process; their capacity to provide valid consent; no external influences (coercion, drugs, alcohol etc.) using recognised guidelines.
4	Undertake consultation including full medical, family & social histories	Patient concerns, expectations and desired outcomes; current medication - prescribed & over the counter medications, supplements etc; allergies; lifestyle choices (including relevant intrinsic and extrinsic factors and social/occupational activities which may impact outcomes); pregnancy/breastfeeding status; age, general and specific medical and family history of relevance; planned surgeries/other treatments; psycho-social history and reasons for seeking procedure; previous aesthetic experiences/reactions; use appropriate skin assessment tools (e.g. Glogau, Fitzpatrick) to undertake assessment of the skin to be treated and its ageing status; the need for additional information from other clinicians and how to obtain this.
5	Discuss with a patient the rationale for Dermal Filler treatment and other options	Rationale for and cost of treatment and other options / available alternatives; recognising when treatment is inappropriate or not a 'best-interest' option; advises on the effectiveness of treatment options in relation to the evidence base; risks, limitations and benefits of the treatment; management of risks; likely follow-up interventions and intervals to maintain outcome; pain management and pre, during and aftercare requirements; required pre-treatment procedures; treatment duration and required frequency for maintenance (including costs); confirming patient's knowledge and understanding of the procedure; provide additional information (verbal and written) where required; provide general skin and health advice; legislation of the acquisition of medication/medical treatment device; how to decline treatment.
6	Gain informed and valid consent from the patient for Dermal Filler treatment	Obtain and document written consent; ensure the provision of a cool-off period prior to administration of treatment; documenting permission for pre- and post-photograph storage; permission or refusal for use of photographs/videos for promotional activities/educational purposes.

4.3 UNIT 1BF - Consultation Skills & Consent in Botulinum Toxin A & HA Dermal Filler Administration

Unit title	Unit Number
Consultation Skills & Consent in Botulinum Toxin A & HA Dermal Filler Administration	**1BF (T/617/5326)**
Unit aims: This unit aims to provide Candidates with the knowledge and understanding of the working context of carrying out a clear and rigorous consultation for Botulinum Toxin A and HA Dermal Filler treatments. Candidates will develop their skills in conducting consultations with individual patients.	
Specified Evidence or Assessment Requirements	Assessment of this unit may consist of a range of assessment types, e.g. observation, witness testimony, product evidence etc., as appropriate. The Candidate's portfolio must reflect the content of section 2.3 Minimum Evidence Requirements above. The required Patient Logs must support the evidence of achievement for this unit. Candidates must sign a declaration of authenticity to confirm that the work contained within their portfolio is their own.

Learning Outcome - The learner will:		Indicative Content
1	Establish rapport with patients	Respectful of social, cultural linguistic considerations; explores the purpose of the consultation (patient & clinician perspectives); puts the patient at ease: body language; physical comfort; use of appropriate language; verbal and non-verbal communication and interpersonal skills.
2	Present a professional approach to managing patients and their expectations	Adheres to legislation, guidelines, organisational policies and protocols and relevant codes of conduct; works within own area of competence and demonstrates honesty and transparency re scope of practice; demonstrates positive professional appearance; demonstrates professional attitude, presentation and organisation; refer on appropriately, concerns e.g. body dysmorphia, depression, skin lesions; documentation & storage of health records & GDPR/privacy/data protection regulations; uses personal protective clothing and additional protective equipment.

3	Assess patient capacity to provide valid consent for treatment	Determine patient's competency to understand the process; their capacity to provide valid consent; no external influences (coercion, drugs, alcohol etc.) using recognised guidelines.
4	Undertake consultation including full medical, family & social histories	Patient concerns, expectations and desired outcomes; current medication - prescribed & over the counter medications, supplements etc; allergies; lifestyle choices (including relevant intrinsic and extrinsic factors and social/occupational activities which may impact outcomes); pregnancy/breastfeeding status; age, general and specific medical and family history of relevance; planned surgeries/other treatments; psycho-social history and reasons for seeking procedure; previous aesthetic experiences/reactions; use appropriate skin assessment tools (e.g. Glogau, Fitzpatrick) to undertake assessment of the skin to be treated and its ageing status; the need for additional information from other clinicians and how to obtain this.
5	Discuss with patients the rationale for Botulinum Toxin A treatment and other options	Rationale for and cost of treatment and other options / available alternatives; recognising when treatment is inappropriate or not a 'best-interest' option; advises on the effectiveness of treatment options in relation to the evidence base; risks, limitations and benefits of the treatment; management of risks; likely follow-up interventions and intervals to maintain outcome; pain management and pre, during and aftercare requirements; required pre-treatment procedures; treatment duration and required frequency for maintenance (including costs); confirming patient's knowledge and understanding of the procedure; provide additional information (verbal and written) where required; provide general skin and health advice; legislation of the acquisition of medication/medical treatment device; how to decline treatment.
6	Gain informed and valid consent from the patient for Botulinum Toxin A treatment	Obtain and document written consent; ensure the provision of a cool-off period prior to administration of treatment; documenting permission for pre- and post-photograph storage; permission or refusal for use of photographs/videos for promotional activities/educational purposes.

7	Discuss with a patient the rationale for Dermal Filler treatment and other options	Rationale for and cost of treatment and other options / available alternatives; recognising when treatment is inappropriate or not a 'best-interest' option; advises on the effectiveness of treatment options in relation to the evidence base; risks, limitations and benefits of the treatment; management of risks; likely follow-up interventions and intervals to maintain outcome; pain management and pre, during and aftercare requirements; required pre-treatment procedures; treatment duration and required frequency for maintenance (including costs); confirming patient's knowledge and understanding of the procedure; provide additional information (verbal and written) where required; provide general skin and health advice; legislation of the acquisition of medication/medical treatment device; how to decline treatment.
8	Gain informed and valid consent from the patient for Dermal Filler treatment	Obtain and document written consent; ensure the provision of a cool-off period prior to administration of treatment; documenting permission for pre- and post-photograph storage; permission or refusal for use of photographs/videos for promotional activities/educational purposes.

4.4 UNIT 2B - Anatomy, Physiology & Assessment of the Ageing Face in Botulinum Toxin A

Unit title	Unit Number
Anatomy, Physiology & Assessment of the Ageing Face in Botulinum Toxin A	**2B (R/617/5320)**

Unit aims: This unit aims to provide Candidates with the knowledge and understanding of anatomy and physiology and assessment of the ageing face in Botulinum Toxin A administration. Candidates will develop their knowledge of facial anatomy and physiology, the skin, assessment of the skin, contra indications and contra actions and best practice in order to carry out safe and effective Botulinum Toxin A treatments.

Specified Evidence or Assessment Requirements	Assessment of this unit may consist of a range of assessment types, e.g. examinations, assignments, product evidence, professional discussion, Q&A (written or verbal), etc., as appropriate. Candidates must sign a declaration of authenticity to confirm that the work contained within their portfolio is their own.

Learning Outcome - The learner will:		Indicative content:
1	Understand facial anatomy and physiology	The facial* muscles and facial muscle vectors, i.e. zygomatic major, zygomatic minor, orbicularis occuli, frontalis, procerus, depressor supercilli; the facial* vasculature; facial* artery & its branches; facial* nerves & branches; facial* fat compartments; blood supply. (*including the neck, where applicable)
2	Understand anatomy and physiology of the skin	Structure of the skin: epidermis, dermis and hypodermis; function of the skin: layer dependent; thermos-regulation, UV protection, physical barrier, tensile strength, sensation, visco-elasticity and compressive quality; how facial muscles attach to the skin (SMAS); impact of facial expression on appearance; impact on appearance of

		dermatological condition, e.g. pigmentary lesions, acne, autoimmune conditions, dermatitis, psoriasis, rosacea, drug eruptions and scarring.
3	Understand the ageing process of the skin and the resultant changes in appearance	Intrinsic & extrinsic factors contributing to skin ageing; lifestyle factors impacting upon skin health & aesthetic appearance; consideration of facial ageing status and severity, including bone density and muscle changes, folds & lines, volume loss; causation of rhytides; impact of slower cell production and loss of elasticity; adipose changes; skincare and its importance in facial health/aesthetic.
4	Understand contra-indications and contra-actions that affect treatment	Ability to undertake a skin analysis and identify abnormal findings; contraindications of Botox; knowledge of referral pathways for abnormal findings and/or issues beyond the practitioners existing scope of practice; common skin reactions and rarer complications associated with treatment.
5	Research and review information on aesthetic solutions that inform best practice in Botulinum Toxin A treatment	Best practice in the administration of Botulinum Toxin A treatment; ways of addressing common challenges faced by practitioners; use a range of research methodologies; consult a range of sources of information and evidence within own field and scope of practice, including guidance as published by relevant Professional Statutory Regulatory Bodies, e.g. JCCP, CPSA etc.

4.5 UNIT 2F - Anatomy, Physiology & Assessment of the Ageing Face in HA Dermal Filler Administration

Unit title		Unit Number
Anatomy, Physiology & Assessment of the Ageing Face in HA Dermal Filler Administration		**2F (K/617/5324)**
Unit aims: This unit aims to provide Candidates with the knowledge and understanding of anatomy and physiology and assessment of the ageing face in HA Dermal Filler administration. Candidates will develop their knowledge of facial anatomy and physiology, the skin, assessment of the skin, contra indications and contra actions and best practice in order to carry out safe and effective HA Dermal Filler treatments.		
Specified Evidence or Assessment Requirements	Assessment of this unit may consist of a range of assessment types, e.g. examinations, assignments, product evidence, professional discussion, Q&A (written or verbal), etc., as appropriate. Candidates must sign a declaration of authenticity to confirm that the work contained within their portfolio is their own.	
Learning Outcome - The learner will:		Indicative content:
1	Understand facial anatomy and physiology	The facial* muscles and facial muscle vectors, i.e. zygomatic major, zygomatic minor, orbicularis occuli, frontalis, procerus, depressor supercilli; the facial* vasculature; facial* artery & its branches; facial* nerves & branches; facial* fat compartments; blood supply. (*including the neck, where applicable)
2	Understand anatomy and physiology of the skin	Structure of the skin: epidermis, dermis and hypodermis; function of the skin: layer dependent; thermos-regulation, UV protection, physical barrier, tensile strength, sensation, visco-elasticity and compressive quality; how facial muscles attach to the skin (SMAS); impact of facial expression on appearance; impact on appearance of

		dermatological condition, e.g. pigmentary lesions, acne, autoimmune conditions, dermatitis, psoriasis, rosacea, drug eruptions and scarring.
3	Understand the ageing process of the skin and the resultant changes in appearance	Intrinsic & extrinsic factors contributing to skin ageing; lifestyle factors impacting upon skin health & aesthetic appearance; consideration of facial ageing status and severity, including bone density and muscle changes, folds & lines, volume loss; causation of rhytides; impact of slower cell production and loss of elasticity; adipose changes; skincare and its importance in facial health/aesthetic.
4	Understand contra-indications and contra-actions that affect treatment	Ability to undertake a skin analysis and identify abnormal findings; contraindications of HA Dermal Filler; knowledge of referral pathways for abnormal findings and/or issues beyond the practitioners existing scope of practice; common skin reactions and rarer complications associated with treatment.
5	Research and review information on aesthetic solutions that inform best practice in Dermal Filler treatment	Best practice in the administration of HA Dermal Filler treatment; ways of addressing common challenges faced by practitioners; use a range of research methodologies; consult a range of sources of information and evidence within own field and scope of practice, including guidance as published by relevant Professional Statutory Regulatory Bodies, e.g. JCCP, CPSA etc.

4.6 UNIT 2BF - Anatomy, Physiology & Assessment of the Ageing Face in Botulinum Toxin A & HA Dermal Filler Administration

Unit title	Unit Number
Anatomy, Physiology & Assessment of the Ageing Face in Botulinum Toxin A & HA Dermal Filler Administration	**2BF (A/617/5327)**

Unit aims: This unit aims to provide Candidates with the knowledge and understanding of anatomy and physiology and assessment of the ageing face in Botulinum Toxin A and HA Dermal Filler administration. Candidates will develop their knowledge of facial anatomy and physiology, the skin, assessment of the skin, contra indications and contra actions and best practice in order to carry out safe and effective Botulinum Toxin A and HA Dermal Filler treatments.

Specified Evidence or Assessment Requirements	Assessment of this unit may consist of a range of assessment types, e.g. examinations, assignments, product evidence, professional discussion, Q&A (written or verbal), etc., as appropriate. Candidates must sign a declaration of authenticity to confirm that the work contained within their portfolio is their own.

Learning Outcome - The learner will:		Indicative content:
1	Understand facial anatomy and physiology	The facial* muscles and facial muscle vectors, i.e. zygomatic major, zygomatic minor, orbicularis occuli, frontalis, procerus, depressor supercilli; the facial* vasculature; facial* artery & its branches; facial* nerves & branches; facial* fat compartments; blood supply. (*including the neck, where applicable)
2	Understand anatomy and physiology of the skin	Structure of the skin: epidermis, dermis and hypodermis; function of the skin: layer dependent; thermos-regulation, UV protection, physical barrier, tensile strength, sensation, visco-elasticity and compressive quality; how facial muscles attach to the skin (SMAS); impact of facial expression on appearance; impact on appearance of

		dermatological condition, e.g. pigmentary lesions, acne, autoimmune conditions, dermatitis, psoriasis, rosacea, drug eruptions and scarring.
3	Understand the ageing process of the skin and the resultant changes in appearance	Intrinsic & extrinsic factors contributing to skin ageing; lifestyle factors impacting upon skin health & aesthetic appearance; consideration of facial ageing status and severity, including bone density and muscle changes, folds & lines, volume loss; causation of rhytides; impact of slower cell production and loss of elasticity; adipose changes; skincare and its importance in facial health/aesthetic.
4	Understand contra-indications and contra-actions that affect treatment	Ability to undertake a skin analysis and identify abnormal findings; contraindications of Botox and HA Dermal Filler; knowledge of referral pathways for abnormal findings and/or issues beyond the practitioners existing scope of practice; common skin reactions and rarer complications associated with treatment.
5	Research and review information on aesthetic solutions that inform best practice in Dermal Filler treatment	Best practice in the administration of HA Dermal Filler treatment; ways of addressing common challenges faced by practitioners; use a range of research methodologies; consult a range of sources of information and evidence within own field and scope of practice, including guidance as published by relevant Professional Statutory Regulatory Bodies, e.g. JCCP, CPSA etc.
6	Research and review information on aesthetic solutions that inform best practice in Botulinum Toxin A treatment	Best practice in the administration of Botulinum Toxin A treatment; ways of addressing common challenges faced by practitioners; use a range of research methodologies; consult a range of sources of information and evidence within own field and scope of practice, including guidance as published by relevant Professional Statutory Regulatory Bodies, e.g. JCCP, CPSA etc.

4.7 UNIT 3B - Pharmacology in Botulinum Toxin A Administration

Unit title		Unit Number
Pharmacology in Botulinum Toxin A Administration		**3B (D/617/5319)**
Unit aims: This unit aims to provide Candidates with the knowledge and understanding of pharmacology in Botulinum Toxin A administration. Candidates will develop their knowledge of the mode of action, different medications and devices, legislation and operational policies, contraindications, risks and adverse effects associated with Botulinum Toxin A administration and how to address them in order to carry out safe and effective Botulinum Toxin A treatments.		
Specified Evidence or Assessment Requirements	Assessment of this unit may consist of a range of assessment types, e.g. examinations, assignments, product evidence, professional discussion, Q&A (written or verbal), etc., as appropriate. Candidates must sign a declaration of authenticity to confirm that the work contained within their portfolio is their own.	
Learning Outcome - The learner will:		Indicative content:
1	Understand the mode of action of Botulinum Toxin A	The Botulinum toxin mode of action and neuromuscular synaptic transmission: e.g. binding, internalization, blocking, sprouting and re-establishment of sprouts; enzyme activation, depolarisation, neuro-transmitters, synaptic machinery/proteins
2	Understand different Botulinum Toxin A medications and devices	The structure of Botulinum Toxins; indications; Summary of Product Characteristics documentation; safe storage, preparation and reconstitution, dilution and concentration, appropriate dose range, syringe preparation; needle placement and depth; safe disposal of products and equipment; management of spillages/excess

		administration; biochemistry of devices and interactions with the skin; excipients in relation to allergies/dietary restrictions.
3	Understand legislation and operational policies in the administration of Botulinum Toxin A	Legislation pertaining to the acquisition and use of the medication/devices; recognition of own scope of practice; role and responsibilities of a prescriber; 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.
4	Understand the contraindications, risks and adverse effects associated with botulinum toxin A administration and how to address them	Contraindications of treatment; risks associated with the common treatment areas; infection, bruising/swelling, ecchymosis, surface or periorbital oedema, facial paresis or asymmetry, ptosis, dry eyes and/or mouth, difficulty swallowing or speaking, allergic reactions and anaphylactic reaction; ways to address common and non-routine adverse effects; follow-up appointments.

4.8 UNIT 3F - Pharmacology in HA Dermal Filler Administration

Unit title	Unit Number
Pharmacology in HA Dermal Filler Administration	**3F (H/617/5323)**

Unit aims: This unit aims to provide Candidates with the knowledge and understanding of pharmacology in HA Dermal Filler administration. Candidates will develop their knowledge of the mode of action and use of HA Dermal Filler, legislation and operational policies, contraindications, risks and adverse effects associated with HA Dermal Filler in order to carry out safe and effective HA Dermal Filler treatments.

Specified Evidence or Assessment Requirements	Assessment of this unit may consist of a range of assessment types, e.g. examinations, assignments, product evidence, professional discussion, Q&A (written or verbal), etc., as appropriate. Candidates must sign a declaration of authenticity to confirm that the work contained within their portfolio is their own.

Learning Outcome - The learner will:		Indicative content:
1	Understand the mode of action of Dermal Fillers	Identification of different types of fillers, e.g. permanent, semi-permanent and temporary; naturally occurring HA and its location in tissue and skin; role of HA (nutrient transport, hydration and cushioning and lubricating agent); the HA Dermal Filler mode of action e.g. action of hyaluronic acid (HA) to fill in lines and wrinkles, restore volume, strengthen skin, restore elasticity; duration of effects.
2	Understand the use of HA Dermal Filler	The structure of HA Dermal Filler; elasticity ('G-force'); HA preparation and cross-linking; lift capacity; monophasic, free and biphasic HAs; cohesivity, concentration and viscosity; factors affecting clinical outcomes (including the unique biochemistry and

		metabolism of patient); areas for treatment: product selection; appropriate doses; injection techniques, needle and cannula techniques; linear thread and serial puncture; cross-hatching, fanning etc; needle placement, pressure and depth; pain management; safe storage and disposal of products and equipment; management of spillages/excess administration.
3	Understand legislation and operational policies in the administration of HA Dermal Filler	Legislation pertaining to the acquisition and use of HA filler; insurance and use of regulated products; recognition of own scope of practice; guidance as published by relevant Professional Statutory Regulatory Bodies, e.g. JCCP, CPSA etc, including legislation and controls impacting cosmetic practice, commercial aspects of practice, confidentiality and generic legislation relevant to all healthcare professionals.
4	Understand the contraindications, risks and adverse effects associated with HA Dermal Filler administration and how to address them	Contraindications of treatment; risks associated with the common treatment areas; pain, prolonged blanching; vascular complications; infection; granuloma; migration; bruising and ecchymosis, swelling, puffiness; allergic reaction and anaphylactic reaction; herpes simplex; hyaluronidase; facial asymmetry; emergency reconstitution; ways to address common and non-routine adverse effects; follow-up appointments.

4.9 UNIT 4B - The Safe Administration of Botulinum Toxin A

Unit title		Unit Number
The Safe Administration of Botulinum Toxin A		**4B (Y/617/5318)**
Unit aims: This unit aims to provide Candidates with the knowledge and understanding of the safe administration of Botulinum Toxin A. Candidates will develop their knowledge of professional accountability in aesthetic practice, how to assess a patient, construct and agree a treatment plan in order to carry out professional, safe and effective Botulinum Toxin A treatments and safely carry out post-administration procedures.		
Specified Evidence or Assessment Requirements	Assessment of this unit may consist of a range of assessment types, e.g. observation, witness testimony, product evidence. The Candidate's portfolio must reflect the content of section 2.3 Minimum Evidence Requirements above. The required Patient Logs must support the evidence of achievement for this unit. Candidates must sign a declaration of authenticity to confirm that the work contained within their portfolio is their own.	
Learning Outcome - The learner will:		Indicative content:
1	Assess a patient and construct a treatment plan for the administration of Botulinum Toxin A	Conduct full consultation (refer to Unit 1 Consultation Skills and Consent). Assessment of patient; use of suitable assessment tools for facial rhytides; use of clinical expertise, knowledge and understanding of the facial muscles of expression and facial rhytides; application of the knowledge of the facial muscles of expression: frontalis, procerus, depressor supercilli, depressor angularis oris, zygomatic major, zygomatic minor and orbicularis occuli, narrowing / atrophy; nasal scrunch and flare; platysmal bands, nasalis / upper lip; treatment indications in the glabellar, eye area (crow's feet) and forehead muscles and lines, lower lid, upper lid, ability to make

		appropriate clinical decisions and establish a clear treatment plan; enable onward referral where required; determine costs and constraints.
2	Agree a treatment plan for the administration of Botulinum Toxin A	Share treatment plan; gain valid and informed consent; signing of necessary waivers and disclaimer documentation; share and agree costs, treatment expectations / limitations; achievable results and timeframes; indications and contraindications for topical anaesthesia; complications and risks; requirements for after-care and continuity of care. Obtain and share pre-treatment photos with the patient (profile, oblique, lateral; patient's range of facial expressions); record care plan discussions.
3	Safely administer Botulinum Toxin A	Demonstrate a professional approach in the role; adhere to legislation, guidelines, organisational policies and protocols and relevant codes of conduct; work within own area of competence; seek advice where appropriate; demonstrate positive appearance, attitude, presentation and organisation; use personal protective clothing and equipment, gather and prepare necessary products and equipment for the procedure (including safe syringe preparation); use of clean and sterile techniques; prepare the environment and patient for the procedure; apply standard precautions for infection prevention and control when preparing for and administering the procedure; apply knowledge to mark-up injection points; maintain safe margins; reconstitution of toxin in adherence with guidelines; administer the reconstituted toxin – depth, angle, dose; individualised adjustment as required; appropriate injection techniques in relation to skin breaches / tethering or anchoring / skin to needle time; check for adverse effects during and immediately post-procedure; take appropriate action to minimise discomfort; manage the reconstituted toxin safely – storage and dealing with toxin spillages and clinical waste safely; respond appropriately to emergency situations (allergy, anaphylaxis, arterial puncture etc).

4	Safely carry out post-administration 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 or other appropriate sources of advice and treatment); follow-up appointments; obtain and share post-treatment photos with the patient (profile, oblique, lateral; patient's range of facial expressions); apply standard precautions for infection prevention and control post-procedure; 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 and legislation; reporting of adverse incidents; contact patient's GP if appropriate, 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.
5	Maintain professional role and professional accountability in aesthetic practice	Practitioners' responsibilities and accountability in relation to current legislation, national guidelines and local policies and protocols; working within own areas of competence and accountability to the patient, organisation and the public; when and how to seek advice when faced with situations outside your area of competence; extent of the action you can take, justification of actions taken, information you can give in relation to clinical issues; appearance and presentation, attitude and organisation; relevant codes of conduct; legislation regarding data protection, sharp instruments; patient rights; maintaining CPD in own areas of practice; application of research to inform best practice.

4.10 UNIT 4F - The Safe Administration of HA Dermal Filler

Unit title	Unit Number
The Safe Administration of HA Dermal Filler	**4F (D/617/5322)**

Unit aims: This unit aims to provide Candidates with the knowledge and understanding of the safe administration of HA Dermal Filler. Candidates will develop their knowledge of professional accountability in aesthetic practice, how to assess a patient, construct and agree a treatment plan in order to carry out professional, safe and effective HA Dermal Filler treatments and safely carry out post-administration procedures.

Specified Evidence or Assessment Requirements	Assessment of this unit may consist of a range of assessment types, e.g. observation, witness testimony, product evidence. The Candidate's portfolio must reflect the content of section 2.3 Minimum Evidence Requirements above. The required Patient Logs must support the evidence of achievement for this unit. Candidates must sign a declaration of authenticity to confirm that the work contained within their portfolio is their own.

Learning Outcome - The learner will:		Indicative content:
1	Assess a patient and construct a treatment plan for the administration of HA Dermal Filler	Conduct full consultation (refer to Unit 1 Consultation Skills and Consent) Assessment of patient, taking into account (1) facial shape, (2) proportions, (3) skin folds; use of suitable assessment tools for the aging face; use of clinical expertise, knowledge and understanding of facial anatomy and physiology of the skin and aging face; muscles, nerves, vasculature; treatment indications in the nanolabial folds, melolabial folds, upper lip lines and other areas with fine facial lines; ability to make appropriate clinical decisions and establish a clear treatment plan for patient's face

		shape, proportions, skin folds; enable onward referral where required; determine costs and constraints.
2	Agree a treatment plan for the administration of HA Dermal Filler	Share treatment plan; gain valid and informed consent; signing of necessary waivers and disclaimer documentation; share and agree costs, treatment expectations / limitations; achievable results. Indications and contraindications for topical anaesthesia; complications and risks; requirements for after-care and continuity of care. Obtain and share pre-treatment photos with the patient (profile, oblique, lateral; patient's range of facial expressions); record care plan discussions.
3	Safely administer HA Dermal Filler	Demonstrate a professional approach in the role; adhere to legislation, guidelines, organisational policies and protocols and relevant codes of conduct; work within own area of competence; seek advice where appropriate; demonstrate positive appearance, attitude, presentation and organisation; use personal protective clothing and equipment. Identify appropriate product(s) based on assessment of the patient; gather and prepare necessary products and equipment for the procedure; use of clean and sterile techniques; prepare the environment and patient for the procedure; apply standard precautions for infection prevention and control when preparing for the procedure. Apply knowledge of injection techniques for the administration – bolus, blanching, fanning, cross-hatching, cannula vs needle choices and select the most appropriate device; administration of the chosen medical device – depth of placement, angle, dose, injection technique, site; continual re-evaluation of effects as they unfold; check for capillary refill and adverse effects during and immediately after post-procedure; take appropriate action to minimise discomfort; recognise undesirable outcomes and their causes – asymmetry, bruising, swelling, vessel occlusion, allergy, necrosis, granuloma, Tyndall effect, infection, where device placement is too superficial or too deep; ability to address adverse effects; knowledge of reversal procedures, emergency use of hyalase, it's reconstitution and skin testing; knowledge of reporting adverse incidents; respond appropriately to emergency situations (allergy, anaphylaxis, arterial puncture etc).

4	Safely carry out post-administration procedures	Provide post-treatment advice and after care; provide follow up instructions (including when, why and how to contact the practitioner or other appropriate sources of advice and treatment); obtain and share post-treatment photos with the patient (profile, oblique, lateral; patient's range of facial expressions); respond to any adverse reactions safely and professionally; onward referral where necessary; apply standard precautions for infection prevention and control post-procedure; dispose of clinical waste items safely; document all relevant information (expiry, lot, volumes, placement areas, injection techniques and equipment used, timed, dated, signed, printed, PIN) in accordance with professional standards and legislation.
5	Maintain professional role and professional accountability in aesthetic practice	Practitioners' responsibilities and accountability in relation to current legislation, national guidelines and local policies and protocols; working within own areas of competence and accountability to the patient, organisation and the public; when and how to seek advice when faced with situations outside your area of competence; extent of the action you can take, justification of actions taken, information you can give in relation to clinical issues; appearance and presentation, attitude and organisation; relevant codes of conduct; legislation regarding data protection, sharp instruments; patient rights; maintaining CPD in own areas of practice; application of research to inform best practice.

Appendix 1: Internal Moderation and Quality Assurance Regulations and Guidance

3.1 Introduction to Internal Moderation

Internal Moderation is a centre's internal system that ensures learner evidence is complete and genuinely meets all the required criteria by which the learner 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.

3.2 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*.

3.3. 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 learners 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.

3.4 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 learners 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.

3.5. 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 learner work.

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

The Internal Moderator should check that planning and reviewing has taken place and feedback is given to learners 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.

3.6 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 learners
- Authentic: the work is the learner's own work
- Valid: the work is relevant and appropriate to the subject being assessed and is at the required level
- Evaluated: where the learner has not been assessed as competent, the deficiencies have been clearly and accurately identified via feedback to the learner 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.

3.7 Planning Sampling Activities

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

- the learners' ethnic origin, age and gender to ensure a representative range of learners 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 learner'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%.'

3.8 Producing a Sampling Plan

The Internal Moderator must develop a sampling plan at the beginning of the learner'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.

3.9 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 learner 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.

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