



QUALIFI

SUCCESS THROUGH LEARNING
RECOGNISED WORLDWIDE

Level 6 Diploma in Aesthetic Practice

Level 6 Certificate in Aesthetic Practice

Level 6 Award in Complication Management for Aesthetic Practice

Level 6 Award in Advanced Aesthetic Procedures: Skin Boosters

Level 6 Award in Vitamin and Mineral Injections for Wellbeing

Specification (For Centres)

October 2025

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About QUALIFI

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

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

Why Choose QUALIFI Qualifications?

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

Our qualifications provide opportunities for learners to:

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

Employer Support for the Qualification Development

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

Equality, Diversity and Inclusion (EDI)

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

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

Qualification Title and Accreditation Number

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

Qualifi Level 6 Diploma in Aesthetic Practice 610/6501/8

Qualifi Level 6 Certificate in Aesthetic Practice 610/6479/8

Qualifi Level 6 Award in Complication Management for Aesthetic Practice 610/6510/9

Qualifi Level 6 Award in Advanced Aesthetic Procedures: Skin Boosters 610/6511/0

Qualifi Level 6 Award in Vitamin and Mineral Injections for Wellbeing 610/6512/2

Qualification Aims and Learning Outcomes

Aims of the QUALIFI Level 6 Diploma in Aesthetic Practice

The aim of the QUALIFI Level 6 Diploma in Aesthetic Practice and associated Certificate and Awards is to provide learners with an understanding of the procedures and essential underpinning knowledge associated to perform mesotherapy, radio frequency and other Level 6 aesthetic procedures included in this qualification safely within their role in field of non-surgical cosmetic procedures. Learners will develop practical skills to progress their career within the field of aesthetics.

Successful completion of the QUALIFI Level 6 Diploma in Aesthetic Practice provides learners with the opportunity to progress to further study or employment within the Aesthetics industry.

Learning Outcomes of the QUALIFI Level 6 Diploma in Aesthetic Practice

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

- **Consultation and Advanced Skin Analysis using Technologies** – learners to be able to recognise skin types and skin lesions using skin analysis technologies. Learners will be able to analyse, evaluate, determine, and manage skin conditions within their scope of practice.
- **Anatomy, Physiology and Morphology of the Ageing Face and Body**– learners will be able to apply their knowledge and understanding of the anatomy, physiology and morphology of the ageing body and skin.
- **Complication Management for Aesthetics Practice** - learners will be able to manage non-surgical cosmetic procedure complications. This unit also requires learners to carry out post-procedure evaluation and reflection for continuous improvement.
- **Advanced Aesthetic Procedures: Radio Frequency** – learners will be able to carry out cosmetic radio frequency procedures to encourage skin rejuvenation and/or regeneration to help improve the appearance and condition of the skin and body.

- **Advanced Aesthetic Procedures: Mesotherapy** - learners will be able to carry out advanced mesotherapy procedures to encourage skin rejuvenation and/or regeneration to help improve the appearance and condition of the skin and scalp.
- **Advanced Aesthetic Procedures: Combining Radio Frequency and Micro-needling** - learners will be able to carry out cosmetic radio frequency combined with micro-needling procedures to encourage skin rejuvenation and/or regeneration to help improve the appearance and condition of the skin and body.
- **Advanced Aesthetic Procedures: Skin Boosters** - learners will be able to carry out skin booster procedures to encourage skin rejuvenation and/or regeneration to help to improve the appearance and condition of the skin and body.
- **Vitamin and Mineral Injections for Wellbeing** – learners will be able to carry out vitamin and mineral injections to support the client’s personal wellbeing and lifestyle.

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

Delivering the Qualification

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

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

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

QUALIFI, unless otherwise agreed:

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

Centre staffing

Staff delivering this qualification should:

- be occupationally competent and technically knowledgeable in the area[s] they are assessing
- have recent relevant experience in the specific area they will be assessing and quality assuring.

- hold, or be working towards, the relevant Assessor/ Internal Quality Assurers (IQAs) qualification (s).

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

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

Continuing professional development (CPD)

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

For the delivery of the QUALIFI Level 6 Diploma in Aesthetic Practice qualification the following centre requirements need to be in place:

Trainer Requirements

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

- A minimum of 2 years' experience in the procedures for which they will be training and supervising.
- A Level 5 Diploma in Education and Training or equivalent.
- Appropriate indemnity insurance
- Undertaken 30 hours Continuing Professional Development (CPD) relating to aesthetic practice to maintain and update their skills and knowledge within the last year
- Current and valid Basic Life Support (BLS) and anaphylaxis management qualification

Assessor Requirements

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

- A minimum of 3 years' experience in the procedures for which they will be assessing.
- A Level 5 Diploma in Education and Training or equivalent.
- A Level 3 Certificate in Assessing Vocational Achievement or be working towards
- Appropriate indemnity insurance
- Undertaken 30 hours Continuing Professional Development (CPD) relating to aesthetic practice to maintain and update their skills and knowledge within the last year
- Current and valid Basic Life Support (BLS) and anaphylaxis management qualification

Internal Quality Assurer Requirements

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

- A minimum of 2 years' experience in the procedures for which they will be internally quality assuring.
- A Level 3 Certificate in Assessing Vocational Achievement
- A Level 4 Award in the Internal Quality Assurance of Assessment Processes and Practice and/or Level 4 Certificate in Leading the Internal Quality Assurance of Assessment Processes and Practice or be working towards
- Appropriate indemnity insurance
- Undertaken 30 hours Continued Professional Development (CPD) relating to aesthetic practice to maintain and update their skills and knowledge within the last year.

Quality assurance

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

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

Learner Recruitment, Induction and Registration

Recruitment

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

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

The qualification has been designed to be accessible without artificial barriers that restrict access. For this qualification, applicants must be aged 19 years or over.

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

Entry Criteria

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

- 3 years' experience and/or qualifications in Mesotherapy, Radio Frequency and Micro-needling at Level 4 or Level 5 including; consultation, health, safety, anatomy and physiology

Or

- Qualifi Level 5 Certificate or Diploma in Aesthetic Practice or equivalent

Plus:

- Current and valid Basic Life Support (BLS) and anaphylaxis management qualification
- Needlestick Injury, Infection Prevention and Control qualification

Learner induction

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

All learners should expect to be issued with the course handbook and a timetable, and meet with their personal tutor and fellow learners. Centres should assess learners carefully to ensure that they can meet the requirements of the qualification and that, if applicable, appropriate pathways or optional units are selected to meet the learner's progression requirements.

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

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

Recognition of Prior Learning

Recognition of Prior Learning (RPL) is a method of assessment (leading to the award of credit) that considers whether learners can demonstrate that they can meet the assessment requirements for a unit through knowledge, understanding or skills they already possess and so do not need to develop through a course of learning.

QUALIFI encourages centres to recognise learners' previous achievements and experiences whether at work, home or at leisure, as well as in the classroom. RPL provides a route for the recognition of the achievements resulting from continuous learning. RPL enables recognition of achievement from a range of activities using any valid assessment methodology. Provided that the assessment requirements of a given unit or qualification have been met, the use of RPL is acceptable for accrediting a unit, units, or a whole qualification.

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

Data Protection

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

Learner Voice

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

Professional Development and Training for Centres

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

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

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

Please contact us for further information.

Progression and Links to other QUALIFI Programmes

Completing the **QUALIFI Level 6 Diploma in Aesthetic Practice** will enable learners to progress to:

- QUALIFI Level 7 Certificate or Diploma in Aesthetic Practice
- Employment in Aesthetic clinics.
- Employment in an associated profession.

Qualification Structure and Requirements

Credits and Total Qualification Time (TQT)

The QUALIFI Level 6 Diploma in Aesthetic Practice is made up of **48** credits, which equates to **480** hours of TQT.

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

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

Guided Learning Hours (GLH): are defined as the time when a tutor is present to give specific guidance towards the learning aim being studied on a programme. This definition includes lectures, tutorials and supervised study in, for example, open learning centres and learning workshops, live webinars, telephone tutorials or other forms of e-learning supervised by a tutor in real time. Guided learning includes any supervised assessment activity; this includes invigilated examination and observed assessment and observed work-based practice.

Rules of Combination for QUALIFI Level 6 Diploma in Aesthetic Practice

To achieve this qualification, a learner must successfully complete the **3** mandatory units and a minimum of **3** optional units. Minimum credits: **48**

Unit Reference	Mandatory Units	Level	TQT	Credit	GLH
K/651/6012	Consultation and Advanced Skin Analysis using Technologies	5	100	10	75
K/651/7940	Anatomy, Physiology and Morphology of the Aging Face and Body	6	100	10	60
L/651/6013	Complication Management for Aesthetic Practice	6	40	4	20
Unit Reference	Optional Units	Level	TQT	Credit	GLH
L/651/7941	Advanced Aesthetic Procedures: Radio Frequency	5	80	8	50

M/651/7942	Advanced Aesthetic Procedures: Mesotherapy	6	80	8	50
R/651/7943	Advanced Aesthetic Procedures: Combining Radio Frequency and Micro-needling	6	80	8	50
T/651/7944	Advanced Aesthetic Procedures: Skin Boosters	6	80	8	50
Y/651/7945	Vitamin and Mineral Injections for Wellbeing	6	80	8	50
Total			480	48	305

Rules of Combination for QUALIFI Level 6 Certificate in Aesthetic Practice

To achieve this qualification, a learner must successfully complete the **3** mandatory units and a minimum of **1** optional units. Minimum credits: **32**

Unit Reference	Mandatory Units	Level	TQT	Credit	GLH
K/651/6012	Consultation and Advanced Skin Analysis using Technologies	5	100	10	75
K/651/7940	Anatomy, Physiology and Morphology of the Aging Face and Body	6	100	10	60
L/651/6013	Complication Management for Aesthetic Practice	6	40	4	20
Unit Reference	Optional Units	Level	TQT	Credit	GLH
L/651/7941	Advanced Aesthetic Procedures: Radio Frequency	5	80	8	50
M/651/7942	Advanced Aesthetic Procedures: Mesotherapy	6	80	8	50
R/651/7943	Advanced Aesthetic Procedures: Combining Radio Frequency and Micro-needling	6	80	8	50
T/651/7944	Advanced Aesthetic Procedures: Skin Boosters	6	80	8	50
Y/651/7945	Vitamin and Mineral Injections for Wellbeing	6	80	8	50
Total			320	32	205

Rules of Combination for QUALIFI Level 6 Award in Complication Management for Aesthetic Practice

To achieve this qualification a learner must successfully complete the **one** mandatory unit – **1** credit.

Unit Reference	Mandatory Unit	Level	TQT	Credit	GLH
L/651/6013	Complication Management for Aesthetic Practice	6	40	4	20
Total			40	4	20

Rules of Combination for QUALIFI Level 6 Award in Advanced Aesthetic Procedures: Skin Boosters

To achieve this qualification a learner must successfully complete the **one** mandatory unit – **1** credit.

Unit Reference	Mandatory Unit	Level	TQT	Credit	GLH
T/651/7944	Advanced Aesthetic Procedures: Skin Boosters	6	80	8	50
Total			80	8	50

Rules of Combination for QUALIFI Level 6 Award in Vitamin and Mineral Injections for Wellbeing

To achieve this qualification a learner must successfully complete the **one** mandatory unit – **1** credit.

Unit Reference	Mandatory/Optional Units	Level	TQT	Credit	GLH
Y/651/7945	Vitamin and Mineral Injections for Wellbeing	6	80	8	50
Total			80	8	50

Achievement Requirements

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

Awarding Classification/Grading

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

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

Assessment Strategy and Methods

QUALIFI will provide the assessment methodology and marking guidelines for each unit of this qualification. Assessments will address all learning outcomes and related assessment criteria, all of which must be demonstrated/passed in order to achieve the qualification.

Assessments will enable learners to draw on case studies and clinical practice related information and/or examples wherever possible. Practical skills will need to be demonstrated in a real or simulated clinical environment and observation by an assessor, see Assessment Guidance for further information.

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

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

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

1: Formative Assessment

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

The main function of formative assessment is to provide feedback to enable the learner to make improvements to their work. This feedback should be prompt, so it has meaning and context for the learner and time must be given following the feedback for actions to be complete. Feedback on formative assessment must be constructive and provide clear guidance and actions for improvement. All records should be available for auditing

purposes, as QUALIFI may choose to check records of formative assessment as part of our ongoing quality assurance. Formative assessments will not contribute to the overall mark/achievement of the units.

2: Summative Assessment

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

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

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

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

Unit Specifications

Unit CO501: Consultation and Advanced Skin Analysis using Technologies

Unit code: K/651/6012

RQF level: Level 5

Unit Aim

(NOS: SKCANSC14 Carry out a thorough skin analysis using technologies)

- This unit is for aesthetic practitioners to recognise skin types, skin conditions and skin lesions using technologies. The rationale is to conduct a detailed and accurate assessment for aesthetic procedures for effective outcomes and client satisfaction.
- This unit is based on the NOS standard, part of the non-surgical cosmetic national occupational standards suite, which includes standards related to non-surgical cosmetic procedures to rejuvenate skin.
- Aesthetic practitioners will need to follow the non-surgical cosmetic procedure protocol, legislative, regulatory and organisational requirements to identify, assess and implement safe, hygienic and effective working practices.
- Aesthetic practitioners must have a valid First Aid at Work or Basic Life Support and Management of Anaphylaxis qualification to be able to: carry out basic life support and have access to life support equipment as identified in the complication management and/or emergency plan.

This unit coexists alongside Qualifi units:

CO401: Health, safety and hygiene for aesthetic procedures

CO402: Client consultation for aesthetic procedure.

NOS Performance Criteria (PC)

- follow legal requirements and other relevant standards, insurance guidelines and, organisational protocols when carrying out a **skin analysis**
- maintain your responsibilities for the health, safety, hygiene and welfare of the individual and yourself before, during and after the **skin analysis**
- carry out a concise and comprehensive skin consultation to inform the **skin analysis**.
- discuss and provide the rationale for the proposed **skin analysis** and the protocols for undertaking them.
- ensure the individual's understanding and obtain informed consent for the proposed investigative procedure
- identify and select the technology equipment to be used to carry out the skin analysis to determine, review and monitor the presenting skin condition, following organisational protocols

- record and securely store visual media for future reference and monitoring purposes in accordance with legislative, regulatory and indemnity requirements
- evaluate the presenting **skin type** and **skin condition** against known **skin classifications**
- collate, analyse and evaluate the information gathered from the skin consultation, the **skin analysis** and available evidence base relating to the presenting skin condition to inform the treatment plan
- discuss, formulate and agree with the individual the outcome based on the conclusion of the skin analysis to include:
 - 10.1. the best interests of the individual
 - 10.2. ethical responsibilities working within your scope of practice
 - 10.3. adapting communication styles to meet the individuals needs
 - 10.4. contraindications and potential comorbidities
- refer to other professionals where indicated by the outcome of the **skin analysis**
- record the information gathered and the outcomes of the skin analysis to meet legal requirements and organisational protocols
- review and reflect on your performance to inform continuous professional development

NOS Knowledge and Understanding (KU)

1. the legal requirements and other relevant standards, insurance guidelines and, organisational protocols when carrying out a **skin analysis**
2. how to maintain your role and responsibilities for the health, safety and welfare of the individual and yourself before, during and after the **skin analysis**
3. the importance of working within the scope of your practice
4. the rationale for the proposed skin analysis, expected findings in different skin types and the role of evidence-based practice
5. the protocols for the correct and safe use of skin analysis technologies
6. how to interpret outcomes from the skin analysis procedure
7. how to review and monitor the presenting skin condition, following organisational protocols
8. the importance and requirements of gaining informed consent
9. the reasons for taking consensual visual media of the individual's treatment area and storing in accordance with the service, legislative, insurance and organisational requirements
10. how to evaluate the features and severity of presenting skin conditions in relation to known skin classifications
11. how the skin consultation, initial assessment, available evidence and the skin analysis outcomes collectively inform a bespoke treatment plan
12. how to critically evaluate the evidence base

13. the **anatomy and physiology** relevant to this standard
14. the normal and adverse **signs and patterns** of skin conditions across all skin types
15. the importance of recognising suspicious skin irregularities and lesions, and referring to a relevant healthcare professional
16. the biological variables, associated symptoms, physiological indicators and comorbidities that can contribute to the pathophysiology of the observed skin changes
17. the biochemical markers that can result in skin changes
18. how to develop an agreed treatment plan with the individual based on the conclusion of the skin analysis, to include:
 - 18.1. the impact on the prognosis
 - 18.2. the variety of options available for management
19. how to complete accurate, secure and contemporaneous records of the information gathered and the outcomes of the skin analysis to meet legal requirements and organisational protocols, considering:
 - 19.1. the rights of the individual
 - 19.2. audit and accountability
20. the importance of collaboration with competent professionals to support effective and safe working practices
21. the importance to engage in and document continuous professional development, up-to-date information policies, procedures and best practice guidance.

Behaviours

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

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

Learning Outcomes, and Assessment Criteria

Learning Outcomes. To achieve this unit a learner must be able to:		Assessment Criteria: Assessment of these outcomes demonstrates a learner can:		NOS Ref:
LO1	Prepare for advanced skin analysis using technologies.	1.1	Understand and follow the scope of practice, legal requirements, standards and protocols for carrying out an advanced skin analysis .	PC1 KU1, KU3
		1.2	Understand and maintain responsibility for health, safety and welfare of the client and practitioner throughout the advanced skin analysis .	PC2 KU2
		1.3	Outline the rationale for the proposed advanced skin analysis , expected findings in different skin types and the role of evidence-based practice.	PC4 KU4
LO2	Conduct a thorough consultation and advanced skin analysis using technologies.	2.1	Carry out a concise and comprehensive consultation to inform the advanced skin analysis .	PC3
		2.2	Ensure the client's understanding and obtain informed consent for the proposed investigative procedure.	PC5 KU8
		2.3	Explain the reasons for gaining and storing consensual visual media in accordance with legal, insurance and organisational requirements.	KU9
		2.4	Outline the protocols for the correct and safe use of advanced skin analysis technologies.	KU5
		2.5	Use equipment for advanced skin analysis to determine the presenting skin condition and interpret the outcomes.	PC6 KU6 KU7
		2.6	Explain the anatomy and physiology relevant to the treatment area and the procedure	KU13
		2.7	Describe the normal and adverse signs and patterns of skin conditions across all skin types.	KU14
		2.8	Explain the importance of recognising suspicious skin irregularities and lesions and referring to a healthcare professional.	KU15

		2.9	Explain the biological variables, associated symptoms, physiological indicators and comorbidities that can contribute to the pathophysiology of the observed skin changes.	KU16
		2.10	Describe the biochemical markers that can result in skin changes.	KU17
LO3	Complete the consultation and evaluate the advanced skin analysis.	3.1	Record, maintain and store, detailed procedure records and visual media to meet legal and organisational requirements and considering: <ul style="list-style-type: none"> 1. the client's rights 2. audit and accountability 	PC7 KU19
		3.2	Evaluate the features and severity of the presenting skin type and skin condition against known skin classifications .	PC8 KU10
		3.3	Collate, analyse, and critically evaluate the information from the consultation and skin analysis to inform procedure plan.	PC9 KU11 KU12
		3.4	Document the outcomes of the consultation and skin analysis according to legal requirements and organisational protocols.	PC12
LO4	Plan the course of procedures based on consultation and advanced skin analysis.	4.1	Develop and agree a personalised procedure plan based on: <ul style="list-style-type: none"> • the skin analysis outcome and impact on the prognosis • the options available for procedure management • the client's best interests • ethical responsibilities working within scope of practice • adapting communication styles to meet client's needs • contraindications and potential comorbidities 	PC10 KU18
		4.2	Explain the importance to collaborate with and to refer to other professionals where indicated through the consultation and skin analysis .	PC11 KU20

		4.3	Summarise the importance of engaging in and documenting continuous professional development, having up-to-date information, policies, procedures and best practice guidance	PC13 KU21
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Indicative Content

Skin analysis

- visual examination of the skin
- manual examination of the skin
- magnifying light
- Woods lamp
- digital skin scanner
- derma scope
- hydration monitor/scanner

Skin classification

- Fitzpatrick scale
- Glogau scale photo-damage
- Lancer scale
- Phenotype and genotype
- Monk skin tone scale
- Rubins scale
- **Skin condition**
- lax elasticity
- hyper and hypo pigmentation
- congested
- pustular
- fragile
- vascular
- sensitised
- sensitive
- dehydrated
- photo-sensitive
- photo-aged
- lack-lustre

Skin type

- dry
- oily
- combination

- balanced

Anatomy and Physiology

- anatomy and physiology of the skin
- interdependence of body systems and organs, tissues and cellular organisation and homeostasis,
- the skin barrier function, regulation and impact of wound healing
- relative and absolute contraindications and related pathologies
- intrinsic and extrinsic factors that affect skin condition
- acne grading criteria

Signs and patterns

- the presence, extent and location of erythema
- vascular patterns within the skin
- signs indicative of scarring and fibrosis
- discolouration, hyper or hypopigmentation of the skin
- primary and secondary skin lesions
- benign and suspicious skin lesions
- presence of contact irritant or allergy response
- presence of infection or infestation
- hyper or hypo secretion of sebum and sweat

Glossary:

- **Derma scope** – a handheld device used to magnify the skin, up to 10 times larger than the view from the naked eye, to help identify skin conditions. Used by dermatologists for example to identify skin cancers, skin infestations and hair loss.
- **Digital Skin scanner** – this tool is a device that can take photographs of the skin and allows it to be viewed at a microscopic level. It can identify many different skin conditions and supports the recommendation of the correct skin care, with a customised treatment and homecare plan.
- **Evidence-based practice** -evidence-based practice is based on the best available, current, valid and relevant evidence.
- **Hydration monitor/scanner** - a device that takes precise measurements of the hydration status of the skin.
- **Informed consent** - permission for the practitioner to provide care, treatment or other services given by the individual, or someone acting on their behalf, after receiving all the information they reasonably need to make that decision.
- **Genotype** - inherited genes responsible for characteristics and traits from parent to offspring, based on the dominant and recessive genes, traits that are unlikely to change or can predispose to conditions e.g., eye/hair colour and texture/skin type - ethnicity/blood type/diabetes/heart disease/cancer.
- **Glogau Scale** - a classification system used to measure the severity of photoaging, wrinkles, to help the practitioner to pick the most appropriate procedure for their client.
- **Lancer Scale** – a type of skin classification used based on an individual's ancestry

and geography, as appearances can be deceiving, helping to reduce the risk of adverse reactions.

- **Monk skin tone scale** – developed by Dr Ellis Monk in partnership with Google’s AI Team. It is a 10-shade scale used to improve the representation of skin tone in technology and products by examining skin tone, stratification and colourism.
- **Phenotype** - observable physical characteristics and appearance that can change in response to genotype, evolution, the environment and the aging process - nature (inherited genes) and nurture (lifestyle impact): e.g., weight/height/health/disposition/ skin type - characteristics/hair type.
- **Refer** – to refer is to ask someone else to provide care, treatment or other services which are beyond the scope of the practitioner’s practice, or where relevant because the individual has requested a second opinion.
- **Rubins scale** - is used to classify signs of skin aging. It recognises skin changes in texture and pigment and changes in pigment related to ultraviolet damage. E.g. ephelides in young people and lentiginos in older individuals.
- **Scope of practice** - scope of practice is the procedures, actions and processes that a practitioner is allowed to undertake according to their specific education, level of expertise and competency.
- **Skin Types and Skin Classification:** The Fitzpatrick skin classification was developed to predict a person’s lifetime risk of developing skin cancer. This used a scale (typically I – VI) to judge how skin reacts to light, in particular whether it is likely to burn or tan. Most practitioners use a combination of hair and skin colour, eye colour and burn/tan response to determine the initial test patch and treatment settings.
- **Visual media** - visual media is used to cover all images recorded including video, photography and digital microscopic images of the hair and/or scalp. This must be carried out with the individual's consent.
- **Woods lamp/light.** - a tool used to examine the skin, hair and scalp. The lamp emits an ultraviolet light, or black light. This makes certain types of cells glow or change colour. It is quick and painless and is used to identify skin conditions and bacterial, fungal and parasitic conditions.

Suggested Resources

Beauty Therapist's Guide to Professional Practice and Client Care Andrea Barham Nov 2020

<https://www.hse.gov.uk/>

<https://www.hee.nhs.uk/sites/default/files/documents/HEE%20Cosmetic%20publication%20part%20one.pdf>

<https://www.aestheticsforms.com/>

<https://cosmeticcourses.co.uk/5-steps-perfect-consultation/>

<https://assets.publishing.service.gov.uk>

<https://www.bmla.co.uk>

<https://www.consultingroom.com/Blog/466/cosmetic-consultations-part-1:-managing-client-expectations>

<https://www.nhs.uk/mental-health/conditions/body-dysmorphia/>

Unit CO601: Anatomy, Physiology and Morphology of the Ageing Face and Body

Unit code: K/651/7940

RQF level: Level 6

Unit Aim

- This unit is for aesthetic practitioners to give them the relevant anatomy and physiology to support non-surgical aesthetic procedures.
- This unit is based on the NOS national occupational standards for the non-surgical cosmetic procedures covered in this qualification:

NOS SKANSC5 Provide rejuvenation of the skin using mesotherapy procedures

NOS SKAB36 Provide cosmetic radio frequency treatments

NOS Knowledge

K53 the intercellular structure and functions of the skin (including epidermis, dermis and its appendages and subcutaneous layer)

K54 the variances and location of skin thickness and adipose tissue deposits within different regions of the face and neck

K55 the structure and function of the lymphatic system, including lymphatic vessels, nodes and lymph of the body

K56 the function of blood

K57 the structure, function and location of blood vessels

K58 the principles of circulation, blood pressure and pulse

K59 the interaction of lymph and blood within the circulatory system

K60 the principles and functions of the endocrine, digestive and excretory systems and why these are relevant to cosmetic radio frequency treatments

K61 the interrelationship between the cellular reactions and the body processes necessary for effective healing

K62 the impact of a compromised healing process and how to recognise and respond to it

K63 the ageing process of the skin including the effects of genetics, lifestyle and the environment (including photo damage, smoking alcohol, diet, premature ageing)

K64 the process of collagen and elastin synthesis including fibroblastic stimulation

K65 the skin healing process (including immediate response, erythema and oedema, histamine response; long term healing of tissue generation)

K66 the physiology and grading of cellulite

K67 the structure and function of adipose cells and lipolysis

Learning Outcomes, and Assessment Criteria

Learning Outcomes When awarded credit for this unit, a learner will:	Assessment Criteria Assessment of this learning outcome will require a learner to demonstrate that they can:		NOS/KSBs
LO1 Understand the structure and function of the skin	1.1	Explain the intercellular structure and functions of the skin (including the epidermis, dermis and its appendages and subcutaneous layer)	K53
	1.2	Describe the variances and location of skin thickness and adipose tissue deposits within different regions of the face and neck	K 54
	1.3	Describe the impact of a compromised healing process and how to recognise and respond to it	K62
	1.4	Explain the chronological ageing process of the skin including; the effects of genetics, lifestyle and the environment (including photo damage, smoking, alcohol, diet, premature ageing)	K63
	1.5	Describe the process of collagen and elastin synthesis including; fibroblastic stimulation	K64
	1.6	Explain the skin healing process including; immediate response, erythema and oedema, histamine response; long-term healing of tissue generation	K65
	1.7	Explain compromised barrier function and describe the skin regeneration processes	SKANSC5 range
	1.8	Describe the physiology and grading of cellulite	K66

	1.9	Explain the effects that medications have on the skin.	SKANSC18 range
	1.10	Describe skin pathologies associated with ageing	SKANSC18 <i>SKANSC23</i> range
LO2 Understand the circulatory and lymphatic systems of the body	2.1	Explain the structure and function of the lymphatic system, including lymphatic vessels, nodes and lymph of the body	K55
	2.2	Describe the functions of blood	K56
	2.3	Describe the structure, function and location of blood vessels	K57
	2.4	Explain the principles of circulation, blood pressure and pulse	K58
	2.5	Describe the interaction of lymph and blood within the circulatory system	K59
	2.6	Identify the complex facial and body anatomy and venous and arterial blood supply	SKANSC18 range
	2.7	Describe pathologies associated with the circulatory and lymphatic systems of the body relative to ageing	SKANSC18 <i>SKANSC23</i> range
LO3 Understand the endocrine, digestive, excretory and skeletal systems of the body	3.1	Describe the principles and functions of the endocrine system	K61
	3.2	Describe pathologies associated with the endocrine system relative to ageing	SKANSC18 <i>SKANSC23</i> range
	3.3	Describe the principles and functions of the digestive system	K61
	3.4	Describe pathologies associated with the digestive system relative to ageing	SKANSC18 <i>SKANSC23</i> range

	3.5	Describe the principles and functions of the excretory systems	K61
	3.6	Describe pathologies associated with the excretory system relative to ageing	SKANSC18 <i>SKANSC23</i> range
	3.7	Explain the interrelationship between the cellular reactions and the body processes necessary for effective healing	K62
	3.8	Describe the principles and functions of the skeletal system	K61
	3.9	Explain the effects of bone resorption on the facial and body anatomy	SKANSC18 range
	3.10	Describe pathologies associated with the skeletal system relative to ageing	SKANSC18 <i>SKANSC23</i> range

Indicative content:

Anatomy and physiology

1. the structure and function of the body systems and their interdependence on each other
2. structure and function of skin and skin appendages
3. skin and systemic pathologies, diseases, disorders and conditions
4. study of the ageing process of the skin and underlying tissues/effects of bone reabsorption and understanding of complex body anatomy and venous and arterial blood supply
5. the ageing process of the skin including the effects of genetics, lifestyle and environment
6. the compromised barrier function and skin regeneration processes
7. severe adverse event pathologies

Skin structure

- epidermis- epithelial tissue, stratum corneum, lucidum, granulosum, spinosum, germinativum, keratinocytes, melanocytes
- dermis - connective tissue, reticular and papillary layers, elastin, collagen fibres
- hypodermis/ subcutaneous – connective tissue adipose tissue
- appendages – sebaceous glands, hair follicles, arrector pili muscles, sudoriferous glands, blood vessels, nails, nerves – Merkel’s discs, Meissner’s corpuscles, Pacinian Corpuscles, Ruffini endings, Krause end bulbs

Functions of the skin

- absorption
- communication (expression of emotions e.g. blushing)
- excretion
- protection
- sensation
- thermoregulation
- vitamin D production

Ageing processes

- antioxidants
- desquamation of corneocytes
- enzymes – matrix metalloproteinases (MMPS), tissue inhibitors of metalloproteinases (TIMPS), proteolytic
- extracellular fluid
- glycation, advanced glycation end products (AGES) and the role of macrophages
- glycosaminoglycans (GAGS)
- immune and lymphatic system
- life cycle of keratinocytes
- protein formation/life cycle (collagen and elastin)
- angiogenesis
- melanogenesis
- micro circulation
- skin barrier defence
- natural moisturising factor (NMF)
- trans epidermal water loss (TEWL)
- oxygenation

Characteristics of an ageing skin

- decreased barrier function
- dropped contours, muscle atrophy and loss of muscle tone
- excess keratinisation
- glycation
- hair growth
- impaired immune system – puffy eyes, swelling of ankles, feet, fingers, cellulite, weight fluctuations
- increased lines and wrinkles
- loss of hyaluronic acid
- loss of skin adhesion, elastin, superficial and deep fascia
- loss of structural integrity
- pigmentation change
- reduced elasticity
- reduced epidermal cell turnover
- sebaceous gland activity changes
- skin density changes

- vascular damage

Extrinsic ageing factors

- alcohol intake
- current skincare regime
- diet including gut health
- exposure to UV light
- general health and illnesses
- general lifestyle
- medication /supplements
- occupation
- pollution
- smoking or vaping
- stress levels
- temperature changes e.g. central heating, air conditioning

Intrinsic ageing factors

- chronological age
- free radicals
- hereditary factors
- hormones
- matrix metalloproteinase (MMP) activation
- senescence

Effects of medication on the skin

- diabetes e.g. allergic reactions, infections
- anaemia e.g. rashes and allergic reactions
- endometriosis e.g. acne, oily skin, hair growth
- diuretic medication e.g. dryness, rashes, photosensitivity
- the effect of oestrogen levels post menopause e.g. can improve dryness, wrinkles, age spots, could increase risk of hormonal acne/hyperpigmentation

Skin healing process

- inflammatory response - a protective mechanism triggered by injury, infections or treatments examples, micro-needling, chemical peels, mesotherapy.
- phases: - Haemostasis, immediate clotting response to prevent excessive bleeding and platelet activation
- inflammation (0-72 hrs), immune cells (macrophages, neutrophils) remove debris and release growth factors
- proliferation (3-14 days), fibroblasts stimulate collagen production and new skin cell formation
- remodelling/maturation (weeks to months), stronger collagen (Type I) replaces weaker initial collagen (Type III), improving skin integrity and elasticity, extracellular matrix (ECM) organisation

- key Inflammatory Mediators: - Histamine, increases blood flow and permeability, causing redness and swelling - Cytokines and growth factors, stimulate repair processes, examples TGF- β , FGF
- skin remodelling and healing post-treatment: - Collagen and ECM formation, fibroblasts produce new collagen, elastin, and hyaluronic acid - Myofibroblast action, contracts wound edges and aids scar formation - Angiogenesis, new blood vessels develop, enhancing oxygen and nutrient supply - Restoration of skin barrier, epidermal renewal for improved texture and resilience
- factors influencing skin recovery: - Age and genetics, slower healing in mature skin due to reduced fibroblast activity - Lifestyle and nutrition, hydration, vitamins (A, C, E), and reduced smoking/alcohol aid recovery - External Influences, UV exposure, pollution, and skincare products impact skin healing and remodelling

Cellulite

- adipose tissue (connective tissue)
- fat cell protrusions
- fibrous bands
- hormonal factors
- poor circulation
- reduced collagen production

Grading of Cellulite

- Grade 1 (Mild) -slight dimples or wrinkles when skin is pinched
- Grade 2 (Moderate) – visible dimpling when standing
- Grade 3 (Severe) – visible at all times- cottage cheese/orange peel appearance
- Grade 4 (Advanced) -severed dimpling/nodules, painful/uncomfortable

Skin pathologies associated with ageing

- acne
- allergies
- cellulite
- cherry angiomas
- decreased cellular renewal
- dehydrated skin
- diffused redness
- dry skin
- elastosis
- haemangiomas
- haematomas
- hyperplasia
- increased incidence of skin disorders such as psoriasis, eczema, pressure ulcers
- increased incidence of skin infections
- inflammatory pigmentation
- keloids
- keratoacanthomas
- lentigines and lentigo

- loss of subcutaneous tissue
- malignant tumours (squamous cell carcinomas or prickle-cell cancers, basal cell carcinomas or rodent ulcers, melanoma)
- melanomas
- miliaria rubra
- pigmentation disorders e.g. chloasma, melasma, ephelides, vitiligo
- poikiloderma
- poor thermoregulation
- seborrheic or senile warts
- skin tumours
- solar elastosis
- solar keratosis
- telangiectasia
- thin skin
- urticaria
- vascular naevi
- verrucae filiformis or skin tags

Circulatory and Lymphatic Systems

Lymphatic system

- lymph nodes of face – mastoid, maxillary, occipital, parotid, submandibular, submental,
- lymph nodes of the neck – superficial cervical, inferior deep cervical, superior deep cervical
- lymph nodes of body – axillary, inguinal, popliteal
- lymph ducts - right lymphatic duct, thoracic duct
- lymph organs- thymus, cisterna chili, Peyer's patches, tonsils
- lymph vessels – network found throughout the body similar to blood vessels
- lymph fluid – colourless fluid containing white blood cells, proteins, water
- lymph nodes – bean shaped, made up of a capsule, cortex, medulla

Functions of lymphatic system

- maintain fluid balance/homeostasis
- support immune response
- filter waste products/toxins

Lymphatic pathologies associated with ageing

- cancer
- chronic wounds and ulcer
- inflammation and swelling
- lower immune system – more susceptible to infections
- lymphoedema
- neurodegenerative diseases e.g. Parkinson's or Alzheimer's

- skin renewal slows down, can lead to higher risk of eczema/dermatitis

Circulatory System

- arteries of the face and neck – superficial temporal, ophthalmic, maxillary, facial, lingual, occipital, internal and external carotid, common carotid, subclavian, lacrimal, supraorbital, angular, infraorbital, inferior and superior labial, zygomaticofacial, lateral nasal
- veins of face and neck -facial, temporal, maxillary, occipital, lingual, external and internal jugular, brachiocephalic
- main arteries of the body - thoracic aorta, abdominal aorta, iliac, axillary, brachial, ulnar and radial, femoral, popliteal, anterior tibial, posterior tibial, dorsalis pedis arteries
- main veins of the body – basilic, cephalic, radial, ulnar, brachial, axillary, anterior tibial, posterior tibial, fibular/peroneal, popliteal, femoral, great saphenous, small saphenous, external iliac, common iliac
- vessels – arteries, arterioles, capillaries, venules, veins
- heart – atria, ventricles, septum, epicardium, myocardium, endocardium, tricuspid, pulmonary, mitral/bicuspid, aortic valves, aorta, pulmonary artery, pulmonary veins, superior and inferior vena cavae
- blood composition -erythrocytes, leucocytes, platelets/thrombocytes, plasma
- circulation – pulmonary and systemic
- blood pressure – systolic and diastolic, pulse

Functions of the circulatory system

- transport - oxygen, nutrients, hormones (chemical messengers)
- immunity
- remove waste and carbon dioxide
- maintain body temperature

Circulatory pathologies associated with ageing

- atherosclerosis
- hypertension
- congestive heart failure
- arrhythmia (irregular heartbeat)
- anaemia
- strokes
- peripheral artery disease

Endocrine Glands and their hormones

- hypothalamus -growth hormone releasing hormone(GHRH), thyrotrophin releasing hormone (TRH) gonadotrophin releasing hormone (GnRH and Corticotrophin-releasing hormone (CRH)
- pituitary – growth hormone (GH) prolactin, thyroid stimulating hormone (TSH), adrenocorticotrophic hormone (ACTH), follicle stimulating hormone (FSH), luteinising hormone (LH) and oxytocin

- pineal - melatonin
- thyroid – thyroxine (T4) and triiodothyronine (T3)
- parathyroid -parathormone (PTH)
- adrenals – cortisol (, epinephrine (adrenaline), norepinephrine (noradrenaline), aldosterone, androgens and oestrogen
- pancreas – insulin and glycogen
- ovaries -oestrogen, progesterone, testosterone
- testes – testosterone

Function of the endocrine system

- co-ordinates the body's stress response
- growth and development
- influence mood, emotions and sleep patterns
- produce hormones
- regulate bodily processes by sending hormones/chemical messengers to target organs
- regulate metabolism and blood sugar levels
- reproduction

Endocrine pathologies associated with ageing

- general hormone decline – reduced protein synthesis, decreased bone mass, decreased lean body mass, increased fat mass, insulin resistance, higher risk of metabolic syndrome
- hypogonadism -female hormone decline – osteoporosis, menopause symptoms e.g. mood changes, vasomotor issues, brain fog, joint problems, hair loss, facial hair growth, skin dryness and irritation, male hormone decline -decreased muscle mass, reduced libido erectile dysfunction
- cardio vascular disease
- cognitive function issues
- diabetes
- hypothyroidism
- metabolic syndrome
- osteoporosis

Digestive System organs and enzymes

- mouth, teeth, tongue and salivary glands -salivary amylase
- oesophagus
- stomach -hydrochloric acid, pepsin, gastric lipase
- liver - bile
- gall bladder
- pancreas -pancreatic enzymes, lipase, protease, amylase (secreted into the small intestine)
- small intestine, duodenum, ileum, jejunum -proteases, sucrase, lactase, maltase, peptidases
- colon

- rectum
- anus

Functions of the digestive system

- breakdown food into smaller molecules to enable the body to absorb it
- energy
- growth
- repair
- ingestion
- digestion
- absorption
- elimination

Digestive pathologies associated with ageing

- celiac disease
- colon cancer
- constipation
- diverticulosis
- dysphagia
- gastric ulcers
- gastroesophageal reflux (GERD)
- gut microbiome changes
- inflammatory bowel disease
- lactose intolerance
- reduced appetite leading to malnutrition

Excretory System

- kidneys – renal capsule, renal cortex, renal medulla, renal pyramids, renal sinus, calyces, renal pelvis, nephrons, glomerulus, Bowman’s capsule
- ureters – mucosa, muscularis, adventitia
- bladder – apex or dome, body, fundus, neck, rugae, trigone
- urethra – mucosa layer, erectile layer, muscular layer, internal and external urethral sphincters, Cowper’s glands

Functions of the Excretory System

- elimination of metabolic waste
- water and electrolyte balance
- pH balance
- blood pressure regulation
- erythropoietin

Excretory pathologies associated with ageing

- Chronic kidney disease (CKD)
- renal cysts

- glomerulosclerosis
- tubulointerstitial fibrosis
- incontinence
- urinary retention e.g. from enlarged prostate gland
- urinary tract infections
- overactive bladder
- Benign prostatic hyperplasia (BPH)

Skeletal system

- bones of the cranium – frontal, parietal, temporal, occipital, sphenoid and ethmoid
- bones of the face – mandible, maxilla, nasal, lacrimal zygomatic, palatine, vomer, inferior nasal concha
- bones of axial skeleton – skull, cervical vertebrae, thoracic vertebrae, lumbar vertebrae, sacral vertebrae, coccygeal vertebrae, ribs sternum, hyoid, ossicles of the middle ear
- bones of the appendicular skeleton, clavicle, scapula, humerus, radius, ulna, carpals, metatarsals, phalanges, ilium, ischium and pubis bones of the pelvis, femur, tibia, fibula, patella, tarsals, metatarsals and phalanges

Functions of the skeletal system

- blood cell production
- mineral storage
- movement
- protection
- support

Pathologies associated with ageing of the skeletal system

- bone loss/resorption – related to menopause in women, lower testosterone contributes for men
- changes to gait and balance
- contractions of the muscles
- height loss
- joint issues
- osteoarthritis
- osteoporosis - fractures
- reduced mobility
- sarcopenia

Suggested Resources

- Aging and Aging-Related Diseases: Mechanisms and Interventions: 1086 (Advances in Experimental Medicine and Biology, 1086) 19 Jan. 2019 by Zhao Wang

Unit CO602: Complication Management for Aesthetic Practice

Unit code: L/651/6013

RQF level: Level 6

Unit Aim

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

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

This unit coexists alongside Qualifi units:

CO401: Health, safety and hygiene for aesthetic procedures

CO402: Client consultation for aesthetic procedure.

NOS Performance Criteria (PC)

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

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

NOS Knowledge and Understanding (KU)

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

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

Behaviours

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

25. Meeting the organisation's standards of behaviour
26. Greeting the client respectfully and in a friendly manner
27. Communicating with the client in a way that makes them feel valued and respected
28. Treating the client courteously and helpfully at all times
29. Adapting behaviour to respond effectively to different client behaviour
30. Checking with the client that you have fully understood their expectations
31. Responding promptly and positively to the client's questions and comments
32. Recognising information that the client might find complicated and checking whether they fully understood

33. Explaining clearly to the client any reasons why their needs or expectations cannot be met
34. Maintaining effective, hygienic and safe working methods
35. Adhering to workplace, supplier's and manufacturers' instructions for the safe use of equipment, materials and products
36. Meeting both organisational and industry standards of appearance.
37. the importance of monitoring the health and wellbeing of the individual

Learning Outcomes, and Assessment Criteria

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

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

	3.8	Complete and store the client's aesthetic procedure records following data legislation.	PC8
LO4 Review, record and report, the risks, complications and emergencies associated with aesthetic practice.	4.1	Record and report the risks and complications using the agreed reporting systems and mechanisms.	PC10
	4.2	Explain the importance of collaboration with competent professionals and compliance with ethical practice, health and safety responsibilities and legislation.	KU11 KU12
	4.3	Review the risks and complications protocols and documentation through reflective practice and audit.	PC11
	4.4	Explain the protocols and actions to take in the event of medical emergencies that do and do not present a risk to life.	KU14 KU15
	4.5	Explain the importance of obtaining and following instructions from the identified healthcare professional in the event of an adverse reaction.	KU16
	4.6	Explain the importance to provide all relevant information and instructions when handing over care to another professional	PC12
	4.7	Explain the importance of referring and reporting the complication to a healthcare professional, supplier and/or manufacturer.	KU17
	4.8	Explain how and when to seek further advice and the importance to review, evaluate and record the outcomes with healthcare professionals to inform further actions and procedures.	KU18 KU19
	4.9	Define responsibilities and the reporting procedures for suspected malpractice.	KU20

	4.10	Outline the legal and organisational requirements for taking and storing client records and visual media.	KU22 KU23
	4.11	Explain the systems and processes that support quality assurance and aesthetic practice improvements.	KU24
	4.12	Explain the importance of monitoring the client's health and wellbeing throughout the aesthetic procedure.	KU25

Indicative Content

Interactions between prescribed medications and supplements and aesthetic procedures

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

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

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

Immediate intervention

- Mild bleeding

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

Cosmetic Complications Requiring Action

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

Instructions

- The individual and aesthetic practitioner's legal rights and responsibilities

- Immediate and ongoing support and advice
- Complication management and/or emergency plan
- Post-procedure expectations and associated time frames
- Pre and post-procedure instructions and care
- Restrictions and associated risks
- Future procedures
- Complaints procedure or concerns protocol

Glossary

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

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

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

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

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

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

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

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

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

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

Suggested Resources

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

Unit AP506: Advanced Aesthetic Procedures: Radio Frequency

Unit code: L/651/7941

RQF level: Level 5

Unit Aim

(NOS SKAB36 Provide cosmetic radio frequency treatments)

- This unit is based on the NOS for performing rejuvenation and/or regeneration of the skin using radio frequency techniques for cosmetic purposes to improve the body and facial skin condition.
- This unit is for advanced beauty therapists and aesthetic practitioners. It stresses the need for safe working practices and controlling hazards. Emphasis is placed on the importance of a thorough client consultation to identify the skin conditions to be treated.
- Aesthetic practitioners will formulate an individual procedure plan, provide procedure and aftercare advice, and do a post-procedure evaluation and reflection for continuous improvement.
- The aesthetic practitioner must have a Basic Life Support and Anaphylaxis Management or a First Aid at Work qualification or equivalent and be able to carry out the functions within SFHCHS36: Basic life support and have access to life support equipment as identified in the complication management plan.
- To achieve this unit Aesthetic practitioners will need to ensure that their practices reflect up-to-date information, policies, procedures and best practice guidance.

This unit coexists alongside Qualifi units:

CO601: Anatomy, Physiology and Morphology of the Ageing Face and Body

CO602: Complications Management for Aesthetic Practice

NOS Performance criteria

Maintain safe and effective methods of working when providing cosmetic radio frequency treatments

P1 set up and monitor the treatment area to meet safety, legal, hygiene, organisation procedures and manufacturers' instructions

P2 wear suitable personal protective equipment, when necessary

P3 make sure that environmental conditions are suitable for the client and the treatment

P4 ensure your personal hygiene, protection and appearance meets accepted industry and organisational requirements

P5 effectively disinfect your hands prior to and after treatment

P6 ensure your own posture and position minimises fatigue and risk of injury whilst working P7 ensure all tools and equipment are cleaned using the correct methods

P8 position equipment and products for ease and safety of use

- P9 ensure the client is in a comfortable and relaxed position suitable for the treatment
- P10 maintain accepted industry hygiene and safety practices throughout the treatment
- P11 adopt a positive, polite and reassuring manner towards the client throughout the treatment
- P12 maintain the client's modesty, privacy and comfort at all times
- P13 check the client's wellbeing at regular intervals according to organisational policy
- P14 dispose of waste materials safely and correctly following current legal requirements
- P15 ensure the treatment is cost effective and is carried out within a commercially viable time
- P16 ensure client record cards are up-to-date, accurate, complete, legible and signed by the client and practitioner
- P17 leave the treatment area and equipment in a condition suitable for future treatments.

Consult, plan and prepare for treatments with clients

- P18 use consultation and evaluation techniques in a polite and friendly manner to determine the client's treatment needs
- P19 refuse cosmetic radio frequency treatments for people under the age of 18
- P20 obtain signed, written informed consent from the client prior to carrying out the treatment
- P21 clearly explain to the client what the treatment entails in a way they can understand
- P22 use consultation and evaluation techniques which accurately identify the client's medical history, skin classifications, treatment objectives, areas to be treated, skin condition and sensitivity and emotional state
- P23 ask your client appropriate questions to identify if they have any contraindications to treatments
- P24 accurately record your client's responses to questioning
- P25 encourage clients to ask questions and clarify any points of which they are unsure
- P26 take the necessary action in response to any identified contraindications
- P27 give client advice without reference to a specific medical condition and without causing undue alarm and concern
- P28 take consistent, high quality pre-treatment photographs of the areas to be treated following organisational practices
- P29 clearly explain the physical sensation and appearance created by the treatment and the need for post treatment care

- P30 correctly carry out thermal and tactile tests to accurately determine the client's skin response to heat and pressure stimuli
- P31 establish with your client a scale to use to communicate the level of accumulated heat they are experiencing
- P32 carry out a test patch following manufacturer's instructions, if recommended for the product used
- P33 recommend alternative treatments which are suitable for the client's condition and needs if contra-indicated for cosmetic radio frequency treatments
- P34 give written aftercare procedures to the client and gain their commitment to follow them
- P35 confirm details on any existing records are correct and post treatment reactions are recorded
- P36 clearly explain and agree the projected cost, likely duration, frequency and form of treatment needed
- P37 agree in writing the client's needs, expectations and treatment objectives, ensuring they are realistic and achievable
- P38 ensure that the client's skin is clean and suitably prepared for cosmetic radio frequency treatment
- P39 select suitable equipment and related products to suit the treatment objectives.

Carry out cosmetic radio frequency treatments

- P40 leave the areas to be treated cleaned and coated with sufficient contact medium prior to treatment
- P41 clearly mark the area to be treated
- P42 explain the treatment procedure to the client in a clear and simple way at each stage in the process
- P43 safely use the correct treatment settings and applicators throughout the treatment to meet manufacturers' instructions for area being treated
- P44 ensure the applicator remains in contact with the skin throughout the treatment whilst the radio frequency is being emitted
- P45 work systematically to cover the areas to be treated using movements in the direction recommended in the manufacturer's instructions
- P46 adjust the intensity and duration of the treatment to suit the client's skin characteristics
- P47 adjust the intensity and duration of the treatment to suit the client's body conditions
- P48 take prompt remedial action and discontinue treatment if the client experiences excessive and prolonged discomfort or contra-actions
- P49 leave the areas treated cleaned, moisturised and protected with a suitable sun protection product post treatment
- P50 conclude treatment by returning the cosmetic radio frequency system back into de-activated mode

P51 ensure the finished result at the end of the course achieves the best possible outcome for the client within the agreed treatment objectives

P52 take consistent, clear high quality post-treatment course photographs of the treated area following organisational practices

Provide aftercare advice

P53 give advice and recommendations accurately and constructively

P54 give your clients suitable advice specific to their individual needs.

NOS Knowledge and understanding

Organisational and legal requirements

K1 your responsibilities under current health and safety legislation, standards and guidance, including the Health and Safety at Work Act (and any other relevant, current legislation such as Electrical Safety Regulations)

K2 the importance of not discriminating against clients with illnesses and disabilities and why (including Disability Discrimination Act)

K3 the importance of checking current insurance guidelines for the delivery of cosmetic radio frequency treatments

K4 the legal significance of gaining signed, informed client consent to treatment

K5 manufacturers' and organisational requirements for waste disposal

K6 the importance of the correct storage of client records in relation to the Data Protection Act

K7 the importance of producing consistent high quality photographic evidence before and after treatment in line with organisational practices

K8 how to complete the client records used in your organisation and the importance of and reasons for keeping records of treatments and gaining client signatures

K9 your responsibilities and reasons for maintaining your own personal hygiene, protection and appearance according to accepted industry and organisation requirements

K10 your organisation's requirements for client preparation

K11 your organisation's service times and charges for cosmetic radio frequency treatments

K12 your organisation's and manufacturers' requirements for treatment area, equipment maintenance and equipment cleaning regimes

K13 the importance and reasons for adhering to organisation and treatment protocols for treatment procedures, salon management, client consultation, record keeping, waste management, cosmetic skin safety and aftercare procedures.

How to work safely and effectively when providing cosmetic radio frequency treatments

K14 how to set up the work area for cosmetic radio frequency treatments

K15 the necessary environmental conditions for cosmetic radio frequency treatments (including lighting, heating, ventilation and general comfort) and why these are important

K16 the type of personal protective equipment that should be worn and why

K17 the importance and reasons for disinfecting hands and how to do this effectively

K18 how to position yourself and the client for cosmetic radio frequency treatments

K19 reasons for maintaining client modesty, privacy and comfort during the treatment

K20 why it is important to maintain standards of hygiene and the principles of avoiding cross-infection

K21 why it is important to check the client's wellbeing at regular intervals

K22 the risks and dangers associated with the delivery of cosmetic radio frequency treatments and how these can be minimised.

Client consultation

K23 how to use effective consultation techniques when communicating with clients from different cultural and religious backgrounds, age, disabilities and gender for this treatment

K24 the reasons why cosmetic radio frequency treatments should not be carried out on clients under the age of 18

K25 the importance of effective communication and discussion

K26 why it is important to encourage and allow time for clients to ask questions

K27 the importance of questioning clients to establish any contra-indications to cosmetic radio frequency treatments

K28 why it is important to record client responses to questioning

K29 the legal significance of client questioning and recording the client's responses

K30 the importance of explaining the client commitment required to achieve and retain optimum results

K31 how to give effective advice and recommendations to clients

K32 the importance of gaining informed consent

K33 how to assess skin characteristics

K34 how to assess body conditions

K35 how to take body measurements

K36 how to work out body mass index (BMI)

K37 how to position the client for consistent treatment photographs

K38 the reasons why it is important to encourage clients with suspected contra-indications to seek medical advice

K39 the importance of and reasons for not naming specific contra-indications when encouraging clients to seek medical advice

K40 how to ensure that the client's treatment expectations are realistic and achievable

- K41 the contents of a record card and preparation of a treatment plan
- K42 how to match treatment specifications and variables to suit skin classifications and treatment objectives
- K43 the importance of considering the client's previous treatment, sun exposure and medical history
- K44 the importance of when to use test patches and how to carry them out to determine a client's suitability for treatment
- K45 how to describe the physical sensation of the treatment to the client
- K46 how skin reaction is affected by other treatments which may inhibit treatment
- K47 why it is important to maintain clients' modesty and privacy.
- K48 how different skin characteristics affect the application of cosmetic radio frequency treatments
- K49 the characteristics of different body conditions (including cellulite, uneven fat deposits, poor body contouring and skin laxity) and how they affect the application of cosmetic radio frequency treatments
- K50 the importance of using cosmetic radio frequency treatments in conjunction with other treatments, healthy eating, drinking and exercise to maximise results
- K51 the types of treatments that could be given in conjunction with, or after, cosmetic radio frequency treatments
- K52 the types of alternative treatments which could be recommended in the event of contra-indications to cosmetic radio frequency treatments.

Anatomy and physiology

- K53 the intercellular structure and functions of the skin (including epidermis, dermis and its appendages and subcutaneous layer)
- K54 the variances and location of skin thickness and adipose tissue deposits within different regions of the face and neck
- K55 the structure and function of the lymphatic system, including lymphatic vessels, nodes and lymph of the body
- K56 the function of blood
- K57 the structure, function and location of blood vessels
- K58 the principles of circulation, blood pressure and pulse
- K59 the interaction of lymph and blood within the circulatory system
- K60 the principles and functions of the endocrine, digestive and excretory systems and why these are relevant to cosmetic radio frequency treatments
- K61 the interrelationship between the cellular reactions and the body processes necessary for effective healing
- K62 the impact of a compromised healing process and how to recognise and respond to it
- K63 the ageing process of the skin including the effects of genetics, lifestyle and the environment (including photo damage, smoking alcohol, diet, premature ageing)

- K64 the process of collagen and elastin synthesis including fibroblastic stimulation
- K65 the skin healing process (including immediate response, erythema and oedema, histamine response; long term healing of tissue generation)
- K66 the physiology and grading of cellulite
- K67 the structure and function of adipose cells and lipolysis
- K68 the anatomical effects and benefits of cosmetic radio frequency treatments on soft tissues and underlying skeletal structures.

The Science of Radio Frequency

- K69 radio frequency and its relationship to the electromagnetic spectrum
- K70 how radio frequency is measured
- K71 radio frequency and tissue interaction
- K72 the difference between monopolar, bipolar and tripolar radio frequency

Contra-indications and contra-actions

K73 those contra-indications which prevent cosmetic radio frequency treatment and why (including diabetes, contagious skin diseases, dysfunction of the nervous system, heart disease/disorder, pacemaker, metal pins or plates, implants and IUDs specific to device used, any cancer related treatments, recent scar tissue in treatment area, undiagnosed lumps, inflammations and swellings, medication using a thinning or inflammation of the skin, (including steroids, Roaccutane), diagnosed scleroderma; pregnancy; acne; rosacea; impaired liver function; impaired kidney function)

K74 those contra-indications which restrict treatment and why (including epilepsy, history of circulatory disorders, metal pins or plates, implants and IUDs specific to device used, presence of inserted plastic, silicon or dermal fillers; medication, piercings, anxiety, varicose veins, cuts, abrasions, bruises, recent dermabrasion or chemical peels, IPL or laser, botulinum toxins and epilation)

K75 possible contra-actions which may occur during the treatment and how to deal with them (including erythema, excessive pain, irritation)

K76 possible contra-actions which may occur after treatment and how to identify and deal with them (including burns, blistering, bruising, scarring, irritation, allergic reaction, excessive, oedema, hyper-pigmentation etc)

Equipment and products

- K77 how to prepare and use the equipment and products for cosmetic radio frequency treatments
- K78 the importance of following manufacturer's instructions in relation to the use of equipment and controls (including user interface, foot switches)

K79 the importance of following manufacturer’s instructions for use of applicators, use and limitations of products and equipment used for cosmetic radio frequency treatments

K80 methods of disinfecting, sterilising and maintaining equipment

Treatment specific knowledge

K81 how to select, use and adapt the use of cosmetic radio frequency equipment to suit different skin characteristics, body conditions and treatment objectives and why

K82 the importance of cleansing the skin prior to treatment

K83 the reasons for the use of contact medium in conjunction with cosmetic radio frequency treatments

K84 the physical effects created by the use of the equipment in the range

K85 why treatments should be conducted in a certain direction

K86 the types of post-treatment products available and the benefits of their use

K87 how to evaluate the effectiveness of cosmetic radio frequency treatments

K88 the necessity for a course of treatment and its benefits

K89 why it is important to give aftercare advice.

Aftercare advice for clients

K90 visual skin changes and recovery time

K91 the lifestyle factors and changes that may be required to improve the effectiveness of the treatment

K92 post-treatment restrictions and future treatment needs (including avoiding dermal fillers, topical retinol)

K93 products for home use that will benefit and protect the client and those to avoid and why (including minimum SPF30 UVA and UVB sun protection)

K94 how current skin care, eating, drinking and exercise habits can affect the effectiveness of treatment

K95 post treatment contra-actions and how to deal with them

K96 on-going maintenance to retain optimum results

K97 the importance of giving the client written aftercare advice

K98 the importance of ensuring the client is given a post treatment point of contact

Learning Outcomes, and Assessment Criteria

Learning Outcomes	Assessment Criteria	NOS/KSBs
When awarded credit for this unit, a learner will:	Assessment of this learning outcome will require a learner to demonstrate that they can:	

LO1 Understand the science and risks of radio frequency aesthetic procedures	1.1	Describe the physiological effects of cosmetic radio frequency (RF) energy in dermal and subdermal tissue and underlying skeletal structures	K68
	1.2	Explain the science of radio frequency and its relationship to the electromagnetic spectrum, how it is measured, tissue interaction, and the differences between monopolar, bipolar and tripolar radio frequency	K69, K70, K71, K72
	1.3	Explain the risks and dangers associated with the delivery of cosmetic radio frequency procedures and how these can be minimised	K22
LO2 Apply legal, ethical and professional standards for radio frequency aesthetic procedures	2.1	Explain the importance of informed consent and accurate procedure documentation	
	2.2	Explain the reasons that radio frequency aesthetic procedures would be refused for people under the age of 18	P19, K1, K24
	2.3	Set up and monitor the radio frequency procedure area to meet legal, safety, hygiene, organisation protocols, environmental conditions and manufacturer's instructions	P1, P3, P6 K1, K2, K3, K4, K5, K12, K13, K14, K15, K29, K77, K78, K79, K80
	2.4	Ensure personal hygiene, protection and appearance meet accepted industry and organisational requirements	P2, P4, P5, K9, K16, K17
	2.5	Ensure personal posture and position minimises fatigue and risk of injury whilst working and maintaining client comfort and modesty	P6, P8, P9, P12 K18, K19, K47
	2.6	Maintain accepted industry hygiene and safety practices throughout the cosmetic radio frequency procedure	P10, K20, K80
LO3 Conduct a client consultation and develop	3.1	Use consultation, skin assessment tools and evaluation techniques to determine the clients: <ul style="list-style-type: none"> • medical and previous treatment history 	P18, P22, P23, P24, P25, K25,

a personalised procedure plan for radio frequency		<ul style="list-style-type: none"> • skin classification • treatment objectives and areas to be treated • skin and/or body condition • body measurements and BMI • sensitivity and emotional state 	K26, K33, K44, K35, K36, K42, K43
	3.2	Respond to any identified contraindications and provide non-medical advice without causing undue alarm and concern for the client	P26, P27 K29, K38, K39, K73, K74
	3.3	Describe the characteristics of different body conditions and how they affect the application of cosmetic radio frequency procedures	K49
	3.4	Clearly explain so the client understands what the procedure entails, the necessity for a course of treatments and the benefits	P21, K88
	3.5	Describe the physical effects, sensation, skin appearance, possible contra-actions of the procedure, and the need for post-procedure care	P29, K11, K45, K75, K84, K86
	3.6	Describe possible contra-actions , which may occur post-procedure and how to identify and deal with them	K76
	3.7	Obtain signed informed consent from the client prior to carrying out radio frequency	P20, K4, K32
	3.8	Take consistent, high quality before and after photographs of the areas to be treated following legal and organisational protocols	P28, P52 K7, K37
	3.9	Correctly carry out thermal and tactile tests to accurately determine the client's skin response to heat and pressure stimuli	P30, K11, K44
	3.10	Establish with your client a scale to use to communicate the level of accumulated heat they are experiencing	P31
	3.11	Carry out a test patch following manufacturer's instructions, if recommended for the product used	P32, K10, K44, K78, K79

	3.12	Recommend alternative treatments which are suitable for the client's condition and needs if contra-indicated for radio frequency procedures	P33, K52
	3.13	Give written aftercare procedures to the client and gain their commitment to follow them	P34, K90, K91, K92, K93, K94, K95, K96, K97, K98
	3.14	Explain the importance of using radio frequency procedures in conjunction with other treatments, healthy eating, drinking and exercise to maximise results	K50, K51
	3.15	Confirm details on any existing records are correct and post treatment reactions are recorded	P35, K29, K41, K46, K86
	3.16	Clearly explain and agree the projected cost, likely duration, frequency and form of the procedure needed	P36, K11 K30, K88
	3.17	Agree in writing the client's needs, expectations and treatment objectives, ensuring they are realistic and achievable	P37, K28, K31, K40, K42
LO4 Deliver radio frequency procedures safely and effectively	4.1	Adopt a positive and reassuring manner towards the client, checking their wellbeing throughout the procedure according to organisational policy	P11, P13, K12, K21, K23
	4.2	Ensure that the client's skin is prepared, clearly marked and coated with sufficient contact medium for the radio frequency procedure	P38, P40 P41, K10, K77, K81, K82, K83
	4.3	Select suitable equipment and related products to suit the treatment objectives.	P39, K41, K77, K81
	4.4	Explain the procedure to the client clearly and concisely at each stage in the process	P42, K10
	4.5	Safely use the correct settings and applicators throughout the procedure to meet manufacturers' instructions for area being treated	P43, K10, K77, K78, K79, K81

	4.6	Work systematically ensure the applicator remains in contact with the skin, to cover the areas to be treated using movements in the direction recommended in the manufacturer's instructions	P44, P45, K10, K78, K79, K85
	4.7	Adjust the intensity and duration of the treatment to suit the client's skin characteristics or body conditions identified	P46, P47 K48
	4.8	Monitor client comfort, skin response and take prompt remedial action and discontinue treatment if the client experiences excessive and prolonged discomfort or contra-actions	P48, K75
	4.9	Leave the areas treated cleaned, moisturised and protected with a suitable sun protection product post-procedure	P49, K86
	4.10	Ensure the procedure is cost-effective and is carried out within a commercially viable time	P15, K11
	4.11	Post-procedure, return the radio frequency system to the de-activated mode	P50
	4.12	Ensure the finished result at the end of the course achieves the best possible outcome for the client within the agreed treatment objectives	P51, K42
	4.13	Ensure client records are up-to-date, accurate, complete, legible and signed by the client and practitioner and stored according to Data Protection Legislation	P16, K6, K8, K29, K41
	4.14	Safely dispose of waste in compliance with legal and environmental requirements and leave the area and equipment ready for future use	P14, P17, K12, K80
LO5 Provide aftercare for radio frequency and review procedure outcomes	5.1	Provide clear evidence-based aftercare advice to support the client to effectively and confidently manage common side effects	P53, P54 K31, K89, K97
	5.2	Recognise and respond to complications that require medical input	
	5.3	Review and revise future procedure plans based on the client's reactions, progress and feedback	

LO6 Reflect on practice and engage in continuing professional development	6.1	Keep a reflective journal reviewing own performance in radio frequency procedures	
	6.2	Evaluate own strengths and areas for improvement within your aesthetic clinical practice	K87
	6.3	Use clients' and assessor feedback to develop a personal CPD plan that builds skills and meets industry standards	

Indicative Content

Equipment

- cosmetic radio frequency only device
- cosmetic radio frequency device with vacuum suction
- face applicator
- body applicator

Consultation and evaluation techniques

- questioning
- visual inspection
- manual
- reference to client records

Treatment objectives

- reduction of fine lines and wrinkles
- improved skin condition
- body contouring
- facial skin tightening
- improved appearance of cellulite
- circumference reduction

Areas to be treated

- face
- neck
- abdomen
- knees
- thighs
- buttocks
- upper arms

Necessary action

- explaining why the treatment cannot be carried out
- encouraging the client to seek medical advice
- modification of treatment.

Skin characteristics

- level of sensitivity
- thickness
- hydration level

Body conditions

- cellulite
- uneven fat deposits
- poor body contour
- skin laxity

Contra-actions

- burns, blistering
- bruising, scarring
- irritation, allergic reaction,
- excessive pain, oedema,
- hyper-pigmentation

Advice

- avoidance of activities which may cause contra-actions
- future treatment needs
- modifications to lifestyle patterns
- healthy eating, drinking and exercise advice
- suitable home care products and their use.

Glossary

Ablative RF - a form of radiofrequency that removes the surface layers of the epidermis to stimulate deeper tissue repair and collagen remodelling.

Bipolar RF – this is when radiofrequency energy is delivered between two closely positioned electrodes for controlled superficial heating, typically targeting the dermis.

Capacitive Coupling – this is a method of RF energy transfer where heat is generated by oscillating electric fields between electrode plates.

Collagen Denaturation – this is a process where the structure of collagen proteins are altered by heat, triggering the body's natural wound healing response and collagen production.

Conductive Gel – a medium applied to the skin surface to improve the delivery of RF energy and prevent the risk of surface burns or discomfort.

Cryogen Cooling - cooling used in conjunction with RF devices to protect the epidermis while allowing effective dermal heating.

Dermal Remodelling – this is the physiological process where heat stimulates the fibroblasts in the dermis to produce new collagen and elastin fibres, improving the skin's firmness and elasticity.

Electromagnetic Spectrum – this is the range of frequencies over which electromagnetic radiation extends; RF treatments typically use frequencies in the range of 0.3–10 MHz

Fractional RF - this is a technique where RF energy is delivered in a grid-like pattern, creating microscopic zones of thermal injury surrounded by healthy tissue for faster healing.

Impedance - this is the resistance of body tissues to electrical current; understanding impedance is crucial to deliver safe and effective RF energy.

Monopolar RF - this is when radiofrequency delivered from a single electrode to a grounding pad, enabling deeper penetration for body contouring and skin tightening.

Neocollagenesis – the body’s natural process of creating new collagen, particularly during wound repair or as a reaction to certain stimuli such as heat from RF.

Non-Ablative RF - this is a RF procedure that heats deeper layers of the skin without removing the outer skin surface, stimulating tissue tightening with minimal downtime.

Ohm’s Law - this is a principle describing the relationship between voltage, current, and resistance in an electrical circuit, it is relevant to RF device safety and calibration.

Radiofrequency (RF) – this is a form of electromagnetic energy used in aesthetic medicine to heat tissues and stimulate collagen production for tightening and rejuvenation.

Skin Laxity - this is a loss of skin firmness and elasticity which may be treated with RF devices to promote collagen remodelling.

Subdermal Heating - this is a controlled heating beneath the skin’s surface that stimulates fibroblasts and induces neocollagenesis.

Thermal Injury Zone - this is the area of tissue that is affected by the RF heat, where controlled damage prompts repair and collagen synthesis.

Thermal Relaxation Time - this is the time taken for the tissue to cool by 50% after being heated, this is critical for the prevention of burns in RF procedures.

Tripolar RF - this is a system using three electrodes to deliver RF energy deeper and more uniformly for facial and body skin tightening.

Viscoelasticity – this is the property of skin that combines viscosity and elasticity, it is essential for a youthful appearance and is responsive to RF stimulation.

Suggested Resources

Essentials of Medical Aesthetics: Clinical and Scientific Skin Care & Rejuvenation Paperback – 22 Nov. 2011 by Dr Honardoust

The Art of the Aesthetic Practice: 7 Fundamental Steps to Providing the Ultimate Patient Experience and Maximizing Profitability Paperback – 11 Sept. 2017 by Ashley Cloud

Aesthetic Procedures: Nurse Practitioner's Guide to Cosmetic Dermatology 1st ed. 2020 Edition, Kindle Edition by Beth Haney

Unit: AP604 Advanced Aesthetic Procedures: Mesotherapy

Unit code: M/651/7942

RQF level: Level 6

Unit Aim

(NOS SKANSC5 Provide rejuvenation of the skin using mesotherapy procedures)

- This unit is based on the NOS for performing rejuvenation an /or regeneration of the skin using advanced mesotherapy techniques.
- This unit is for advanced beauty therapists and aesthetic practitioners. It stresses the need for safe working practices and controlling hazards. Emphasis is placed on the importance of a thorough client consultation to identify the skin conditions to be treated.
- Aesthetic practitioners will formulate an individual procedure plan, provide procedure and aftercare advice, and do a post-procedure evaluation and reflection for continuous improvement.
- The aesthetic practitioner must have a Basic Life Support and Anaphylaxis Management or a First Aid at Work qualification or equivalent and be able to carry out the functions within SFHCHS36: Basic life support and have access to life support equipment as identified in the complication management plan.
- To achieve this unit Aesthetic practitioners will need to ensure that their practices reflect up-to-date information, policies, procedures and best practice guidance.

This unit coexists alongside Qualifi units:

CO601: Anatomy, Physiology and Morphology of the Ageing Face and Body

CO602: Complications management

Performance criteria

You must be able to:

1. carry out a concise and comprehensive consultation face to face with the individual and maintain your responsibilities for health and safety pre, during and post the mesotherapy procedure
2. discuss to establish the individual's objectives, concerns, expectations and desired outcomes to inform the mesotherapy procedure plan to include:
 - 2.1 alternative treatment options
 - 2.2 skin classification, characteristics and condition
 - 2.3 **preparatory skin priming programme
3. discuss and agree the pain management **strategy considering the individual's tolerance level, following legislative requirements and organisational policies and procedures
4. reiterate, confirm and agree with the individual, they have understood the proposed mesotherapy procedure and pain management to include:

4.1 contra-actions

4.2 adverse reactions

5. obtain the individual's written informed consent for the mesotherapy procedure and pain management, allowing an adequate time scale for the individual to make an informed choice
6. select an effective hygiene preparation product to meet the individual's needs in accordance with the manufacturer's instructions
7. prepare the individual's treatment area in accordance with the mesotherapy procedure protocol
8. select the mesotherapy device and activating solution for the skin classification, characteristics, individual's objectives* and individual's *treatment area
9. follow the mesotherapy procedure protocol to ensure even coverage of the treatment area to include:

9.1 adaptation of techniques and activating solution for different zones

10. monitor the individual's health, wellbeing and skin reaction throughout the mesotherapy procedure
11. implement the correct course of action in the event of an adverse reaction
12. conclude the procedure in accordance with the mesotherapy procedure protocol, legislative requirements and organisational policies and procedures
13. take and store consensual visual media of the individual's treatment area in accordance with insurance requirements, organisational policies and procedures
14. complete the individual's non-surgical cosmetic procedure records and store in accordance with data legislation
15. use reflective practice to evaluate the mesotherapy procedure and take appropriate action
16. provide and obtain confirmation of receipt of the verbal and written instructions and advice given to the individual pre and post procedure
17. record the outcome and evaluation of the mesotherapy procedure to agree and inform future procedures
18. discuss and agree future procedures with the individual

Knowledge and understanding

You need to know and understand:

1. the importance of collaboration with competent professionals to support effective and safe working practices
2. your role and responsibilities in performing non-surgical cosmetic procedures and the importance of working within your competence

3. why you must comply with ethical practice and work within the legislative requirements
4. the importance to engage in, and document continuous professional development to include, up-to-date information policies, procedures and best practice guidance
5. the anatomy and physiology relevant to this standard
6. the chronological skin ageing process and the relationship to intrinsic and extrinsic factors
7. the types, composition of activating solutions and the physiological effects in the epidermis
8. the history of mesotherapy
9. the electroporation technique used in no needle mesotherapy
10. the types, purpose, use and limitations of mesotherapy equipment and activating solutions taking account of:
 - 10.1* skin *classification
 - 10.2* skin *characteristics
 - 10.3 individual's objectives
 - 10.4 procedure plan
 - 10.5 the individual's treatment area
 - 10.6* *the individual's physical and psychological suitability for the non-surgical cosmetic procedure
11. the sourcing, storage, handling, usage and disposal of mesotherapy equipment and activating solutions in accordance with the manufacturer's instructions and legislative requirements
12. the types of pain management and associated risks
13. the legislative requirements and restrictions for sourcing, storing and using licensed topical anaesthetics
14. the adverse reactions associated with a mesotherapy procedure and how to respond
15. the health and safety responsibilities in line with legislation before, during and after the mesotherapy procedure
16. why it is important to discuss and establish the individual's objectives, concerns, expectations, desired outcomes and agree the non-surgical cosmetic procedure plan
17. the importance of using visual aids to inform the individual of the physical effects
18. the fee structures and treatment options **
19. the procedures that could be carried out in conjunction with a mesotherapy procedure and associated risks
20. the types of skin priming programmes and its relevance to the success of the mesotherapy procedure

21. the legislative and indemnity requirements of gaining signed, informed consent for the mesotherapy procedure and pain management
22. the importance of adhering to the mesotherapy procedure protocol* *
23. the types of hygiene products for the skin and the importance of following manufacturer's instructions
24. the reasons for working systematically to cover the individual's treatment area and in line with the mesotherapy procedure protocol to include:
 - 24.1 activating solution and techniques and how they differ according to zones
25. the importance of monitoring the health and wellbeing of the individual during and post the mesotherapy procedure
26. how to implement the correct course of action in the event of an adverse reaction
27. how to conclude the procedure in accordance with the mesotherapy procedure protocol, legislative requirements and organisational policies and procedures
28. the types, benefits and use of pre and post procedure products
29. the legislative, insurance and organisational requirements for taking and storing visual media of the individual's treatment area
30. the legislative and regulatory requirements of completing and storing the individual's mesotherapy procedure records
31. the expected outcomes of a mesotherapy procedure
32. the purpose of reflective practice and evaluation and how it informs future procedures
33. how to collate, analyse, summarise and record evaluation feedback in a clear and concise way
34. the importance to record the outcome and evaluation of the mesotherapy procedure
35. the instructions and advice pre and post the mesotherapy procedure

Behaviours

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

1. Meeting the organisation's standards of behaviour
2. Greeting the client respectfully and in a friendly manner
3. Communicating with the client in a way that makes them feel valued and respected
4. Treating the client courteously and helpfully at all times
5. Adapting behaviour to respond effectively to different client behaviour
6. Checking with the client that you have fully understood their expectations
7. Responding promptly and positively to the client's questions and comments
8. Recognising information that the client might find complicated and checking whether they fully understood

9. Explaining clearly to the client any reasons why their needs or expectations cannot be met
10. Maintaining effective, hygienic and safe working methods
11. Adhering to workplace, supplier's and manufacturer's instructions for the safe use of equipment, materials and products
12. Meeting both organisational and industry standards of appearance.

Learning Outcomes, and Assessment Criteria

The following unit has been mapped to the National Occupational Standard

NOS SKANSC5 Provide rejuvenation of the skin using mesotherapy procedures

Please refer to the NOS in full to support unit delivery

Learning Outcomes, and Assessment Criteria

Learning Outcomes	Assessment Criteria		NOS/KSBs
When awarded credit for this unit, a learner will:	Assessment of this learning outcome will require a learner to demonstrate that they can:		
LO1 Understand the principles, practices and science behind mesotherapy procedures	1.1	Explain the historical development and scientific basis of mesotherapy procedures	K8
	1.2	Evaluate the pharmacology of active ingredients commonly used in mesotherapy procedures	K7, K10
	1.3	Analyse the different types of mesotherapy procedures and their mechanisms of action e.g., <ul style="list-style-type: none"> • Needle/no-needle • electroporation • canula 	K9, K10
	1.4	Explain health, safety, and infection control protocols specific to mesotherapy	K15
LO2 Maintain safe and effective methods of working when providing mesotherapy	2.1	Explain the importance of collaboration with competent professionals to support effective and safe working practices	K1
	2.2	Summarise relevant UK laws and regulations governing mesotherapy procedures and equipment, including: <ul style="list-style-type: none"> • Use of visual media, • Sourcing, storage, handling, usage, disposal. • Activating solutions, licensed topical anaesthetics, pain management, • Insurance, indemnity, informed consent, completing and storing client records 	K11, K13, K15, K21, K27, K29, K30

	2.3	Evaluate the importance of clinical oversight and escalation protocols in advanced mesotherapy techniques	
LO3 Conduct a client consultation and develop personalised procedure plan for mesotherapy	3.1	Perform a thorough face to face consultation with the client and maintain responsibility for health and safety pre, during and post the mesotherapy procedure using visual aids	S1, K15, K17
	3.2	Explain the procedures that could be carried out in conjunction with a mesotherapy procedure and identify the associated risks	K19
	3.3	Establish the client's objectives, concerns, expectations and desired outcomes to inform the mesotherapy procedure plan	S2, K16, K31
	3.4	Discuss and agree the pain management strategy considering the client's tolerance level, following legal and organisational policies and procedures	S3, K12, K21
	3.5	Reiterate, confirm and agree the client has understood the proposed mesotherapy procedure, costings and pain management, including contractions and adverse reactions	S4, S11, K14, K18
	3.6	Obtain written client consent for mesotherapy and pain relief, allowing time for informed choice while upholding ethics and confidentiality	S5 K3, K12, K21
	3.7	Create a personalised procedure plan based on mesotherapy protocols, skin analysis and client needs within your professional scope	S7, K2, K24
LO4 Apply mesotherapy techniques safely and effectively	4.1	Select an effective hygiene preparation product to meet the client's needs following manufacturer's instructions	S6, K23
	4.2	Select the mesotherapy device and activating solution for the skin classification, characteristics, client objectives and the treatment area	S8, K7, K20, K24
	4.3	Follow the mesotherapy procedure protocol ensure even coverage of the treatment area adapting the technique and activating solution for different zones	S9, K7, K9, K22, K24

	4.4	Monitor the client's health, wellbeing and skin reaction throughout the mesotherapy procedure	S10, K25, K26
	4.5	Conclude the procedure in accordance with the mesotherapy procedure protocol, legal organisational requirements and policies	S12, K27
LO5 Provide aftercare for mesotherapy and review procedure outcomes	5.1	Ensure client records are up-to-date, accurate, complete, legible and signed by the client and practitioner and that along with consensual visual media of the treatment area are stored according to Data Protection Legislation	S13, S14, K29
	5.2	Confirm receipt of verbal and written instructions, post-procedure aftercare and recommendations for future procedures	S16, S18 K28, K35
	5.3	Record and evaluate the mesotherapy procedure outcomes against the objectives to guide improvements for future procedures	S17, K33, K34
	5.4	Explain the importance of engaging in, and documenting continuing professional development including up to date information, policies, procedures and best practice guidance	K4
LO6 Reflect on practice and engage in continuing professional development	6.1	Keep a reflective journal reviewing own performance in mesotherapy procedures	
	6.2	Evaluate own strengths and areas for improvement within your aesthetic clinical practice	
	6.3	Use clients' and assessor feedback to develop a personal CPD plan that builds skills and meets industry standards	

Indicative Content

Client's objectives

- improve skin rejuvenation
- improve skin condition
- anti-ageing
- body skin toning and firming

Skin classification

- Fitzpatrick scale
- Glogau photo-damage

Skin characteristics

- oily
- dry
- combination
- sensitivity
- mature
- dehydrated
- pigmentation irregularities
- skin density

Areas to be treated

- scalp
- face
- neck and chest
- hands
- abdomen

Contra-actions

- hyperaemia
- bruising
- discomfort
- oedema

Mesotherapy techniques

- electroporation
- picotage
- nappage
- freehand injection papule technique (up to 4 mm)
- mesotherapy gun
- with and without canula
- Bio Aesthetic Points (BAP)

Activating solutions

- hyaluronic acid
- vitamins and minerals
- amino acids
- bespoke meso-cocktail

Anatomy and physiology

- the structure and function of the body systems and their interdependence on each other
- structure and function of skin and skin appendages
- skin diseases, disorders and conditions
- the ageing process of the skin including the effects of genetics, lifestyle and environment
- the compromised barrier function and skin regeneration processes

Adverse reactions

- hyperpigmentation

- infection
- scarring
- sensitivity/irritation
- allergic reaction
- papules
- excessive histamine reaction
- compromised healing process
- dizziness
- fainting
- nausea
- pain
- excessive oedema
- necrosis
- infection
- anaphylaxis
- blindness
- vascular occlusion

Visual aids

- Illustrative images
- Illustrative diagrams

Mesotherapy procedure protocol

- working environment
- health and safety
- risk management plan
- infection prevention and control
- complication management
- procedure plan
- informed consent
- data management
- audit and accountability
- instructions and advice
- waste management
- evidence based and reflective practice

Instructions

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

Glossary

Aseptic Technique - procedures that are used to prevent contamination by pathogens, helping to ensuring a sterile field during aesthetics procedures.

Bio Aesthetic Points (BAP) technique – a strategic method used for injecting skin boosters into specific points on the face to ensure the maximum spread and effectiveness of the skin booster applied.

Bio remodelling - a skin rejuvenation process triggered by injectable substances that stimulate fibroblast activity and enhance dermal structure.

Cross-linked Hyaluronic Acid - A modified form of hyaluronic acid (HA) where molecules are chemically bonded to increase viscosity and longevity in the tissue.

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

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

Dermis – found below the epidermis, the dermis is the thick layer of connective tissue that contains blood vessels, nerves, collagen and elastin fibres.

Elasticity - the skins ability to return to its original shape after stretching or compression, this depletes with age.

Epidermis - the outermost layer of the skin, made up of five layers of epithelial tissue, it is responsible for barrier function and skin tone; made up mainly of keratinocytes.

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

Fibroblasts – these are cells found within the dermis; they are responsible for producing collagen, elastin, and other extracellular matrix components.

Fitzpatrick Skin Type - a classification system for human skin colour and reaction to UV light, ranging from Type I (very fair) to Type VI (very dark).

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

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

Glycation – this is a process where sugar molecules bind to proteins like collagen, leading to stiffness and accelerated skin aging.

Hyaluronic Acid (HA) – this is a naturally occurring sugar molecule found in the skin that retains water, it contributes to hydration, volume, and elasticity.

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

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

Intrinsics/Extrinsic Ageing - internal (genetic) and external (environmental) factors that contribute towards skin ageing.

Lancer scale – a type of skin classification used based on an individual's ancestry and geography, as appearances can be deceiving, helping to reduce the risk of adverse reactions

Microdroplet Technique - a skin booster injection technique using very small droplets of product deposited superficially in the dermis.

Mesotherapy - mesotherapy equipment can often be referred to as a mesotherapy gun or automated device. The technique is known as nappage mesotherapy which is a series of superficial injections that place vitamins, minerals, amino acids and hyaluronic acids into the epidermal layers of the skin.

Monk skin tone scale – developed by Dr Ellis Monk in partnership with Google's AI Team. It is a 10-shade scale used to improve the representation of skin tone in technology and products by examining skin tone, stratification and colourism

Nappage technique- this is a mesotherapy technique where lots of shallow injections/micro injections, approx. 2mm deep at a 45° angles, whilst applying constant pressure on the syringes plunger, skin boosters are injected every 2-4mm over the planned area to be treated to introduce skin boosters into the epidermal layers of the skin.

Neocollagenesis - this process occurs in the dermis and results in new collagen formation, often stimulated by skin booster treatments.

No needle mesotherapy can be referred to as electro mesotherapy or electroporation. A microbiology technique that uses radio frequency or ultrasound to increase permeability of the cell membrane to absorb vitamins, minerals, amino acids and hyaluronic acids in to the dermal layer of the skin.

Papule Injection Technique - an injection method that creates small, raised bumps on the skin surface which flatten as the product integrates into tissue.

Peptides - short chains of amino acids that signal skin cells to perform specific functions such as repair or collagen synthesis.

Picotage technique – involves surface non-invasive microinjections of skin booster solutions to approximately 1 mm deep and 1 cm apart in a grid like pattern.

pH Scale – a scale used to measure the acidity or alkalinity of a substance/surface the scale goes from 0–14, it is important for an aesthetic practitioner as it helps them to gain an understanding of skin sensitivity and product compatibility.

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

Post-inflammatory Hyperpigmentation (PIH) – these are often seen as dark spots or patches that appear after trauma or inflammation to the skin.

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

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

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

Skin Booster – a product, usually hyaluronic acid based, used with needle and no-needle techniques to help to improve skin hydration, elasticity, and skin quality without changing facial volume.

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

Trans-epidermal Water Loss (TEWL) – this is the amount of water that passively evaporates through the skin; it is an indicator of skin barrier function.

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

Viscoelasticity – this is the combination of viscosity (fluid resistance) and elasticity found in skin tissue; it is crucial in maintaining structure and bounce.

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

Vascular Occlusion- this is a rare but serious complication where an injected material blocks a blood vessel, which could potentially lead to tissue necrosis if left untreated.

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

Working environment The working environment requirements should comply with Health and Safety legislation and be in accordance with guidelines set out either by your local authority or governing body. Risk assessments should be undertaken and control methods implemented and documented, updated regularly and/or if changes occur. The working environment should be hygienic and fit for purpose for the non-surgical cosmetic procedures to be conducted safely and effectively using aseptic techniques. Infection prevention and control procedures are required to minimise risk of infection and transmission of microbes. Personal protective equipment must be fit for purpose and available. Equipment and products must be maintained in line with the manufacturer's instructions and legislative requirements. It is advisable to create a complication management and/or emergency plan for all nonsurgical cosmetic procedures in the event of an adverse reaction or incident.

Suggested Resources

Essentials of Medical Aesthetics: Clinical and Scientific Skin Care & Rejuvenation Paperback – 22 Nov. 2011 by Dr Honardoust

The Art of the Aesthetic Practice: 7 Fundamental Steps to Providing the Ultimate Patient Experience and Maximizing Profitability Paperback – 11 Sept. 2017 by Ashley Cloud

Aesthetic Procedures: Nurse Practitioner's Guide to Cosmetic Dermatology 1st ed. 2020 Edition, Kindle Edition by Beth Haney

Unit AP605: Advanced Aesthetic Procedures: Combining Radio Frequency and Micro-needling

Unit code: R/651/7943

RQF level: Level 6

Unit Aim

(NOS SKAB36 Provide cosmetic radio frequency treatments)

- This unit is based on the NOS for performing rejuvenation and/or regeneration of the skin through the combination of radio frequency techniques with micro-needling for aesthetic purposes to improve the body and facial skin condition.
- This unit is for advanced beauty therapists and aesthetic practitioners. It stresses the need for safe working practices and controlling hazards. Emphasis is placed on the importance of a thorough client consultation to identify the skin conditions to be treated.
- Aesthetic practitioners will formulate an individual procedure plan, provide procedure and aftercare advice, and do a post-procedure evaluation and reflection for continuous improvement.
- The aesthetic practitioner must have a Basic Life Support and Anaphylaxis Management or a First Aid at Work qualification or equivalent and be able to carry out the functions within SFHCHS36: Basic life support and have access to life support equipment as identified in the complication management plan.
- To achieve this unit Aesthetic practitioners will need to ensure that their practices reflect up-to-date information, policies, procedures and best practice guidance.

This unit coexists alongside Qualifi units:

CO601: Anatomy, Physiology and Morphology of the Ageing Face and Body

CO602: Complications management

Performance criteria

Maintain safe and effective methods of working when providing cosmetic radio frequency treatments

- P1 set up and monitor the treatment area to meet safety, legal, hygiene, organisation procedures and manufacturers' instructions
- P2 wear suitable personal protective equipment, when necessary
- P3 make sure that environmental conditions are suitable for the client and the treatment
- P4 ensure your personal hygiene, protection and appearance meets accepted industry and organisational requirements
- P5 effectively disinfect your hands prior to and after treatment
- P6 ensure your own posture and position minimises fatigue and risk of injury whilst working
- P7 ensure all tools and equipment are cleaned using the correct methods
- P8 position equipment and products for ease and safety of use

- P9 ensure the client is in a comfortable and relaxed position suitable for the treatment
- P10 maintain accepted industry hygiene and safety practices throughout the treatment
- P11 adopt a positive, polite and reassuring manner towards the client throughout the treatment
- P12 maintain the client's modesty, privacy and comfort at all times
- P13 check the client's wellbeing at regular intervals according to organisational policy
- P14 dispose of waste materials safely and correctly following current legal requirements
- P15 ensure the treatment is cost effective and is carried out within a commercially viable time
- P16 ensure client record cards are up-to-date, accurate, complete, legible and signed by the client and practitioner
- P17 leave the treatment area and equipment in a condition suitable for future treatments.

Consult, plan and prepare for treatments with clients

- P18 use consultation and evaluation techniques in a polite and friendly manner to determine the client's treatment needs
- P19 refuse cosmetic radio frequency treatments for people under the age of 18
- P20 obtain signed, written informed consent from the client prior to carrying out the treatment
- P21 clearly explain to the client what the treatment entails in a way they can understand
- P22 use consultation and evaluation techniques which accurately identify the client's medical history, skin classifications, treatment objectives, areas to be treated, skin condition and sensitivity and emotional state
- P23 ask your client appropriate questions to identify if they have any contraindications to treatments
- P24 accurately record your client's responses to questioning
- P25 encourage clients to ask questions and clarify any points of which they are unsure
- P26 take the necessary action in response to any identified contraindications
- P27 give client advice without reference to a specific medical condition and without causing undue alarm and concern
- P28 take consistent, high quality pre-treatment photographs of the areas to be treated following organisational practices
- P29 clearly explain the physical sensation and appearance created by the treatment and the need for post treatment care

- P30 correctly carry out thermal and tactile tests to accurately determine the client's skin response to heat and pressure stimuli
- P31 establish with your client a scale to use to communicate the level of accumulated heat they are experiencing
- P32 carry out a test patch following manufacturer's instructions, if recommended for the product used
- P33 recommend alternative treatments which are suitable for the client's condition and needs if contra-indicated for cosmetic radio frequency treatments
- P34 give written aftercare procedures to the client and gain their commitment to follow them
- P35 confirm details on any existing records are correct and post treatment reactions are recorded
- P36 clearly explain and agree the projected cost, likely duration, frequency and form of treatment needed
- P37 agree in writing the client's needs, expectations and treatment objectives, ensuring they are realistic and achievable
- P38 ensure that the client's skin is clean and suitably prepared for cosmetic radio frequency treatment
- P39 select suitable equipment and related products to suit the treatment objectives.

Carry out cosmetic radio frequency treatments

- P40 leave the areas to be treated cleaned and coated with sufficient contact medium prior to treatment
- P41 clearly mark the area to be treated
- P42 explain the treatment procedure to the client in a clear and simple way at each stage in the process
- P43 safely use the correct treatment settings and applicators throughout the treatment to meet manufacturers' instructions for area being treated
- P44 ensure the applicator remains in contact with the skin throughout the treatment whilst the radio frequency is being emitted
- P45 work systematically to cover the areas to be treated using movements in the direction recommended in the manufacturer's instructions
- P46 adjust the intensity and duration of the treatment to suit the client's skin characteristics
- P47 adjust the intensity and duration of the treatment to suit the client's body conditions
- P48 take prompt remedial action and discontinue treatment if the client experiences excessive and prolonged discomfort or contra-actions
- P49 leave the areas treated cleaned, moisturised and protected with a suitable sun protection product post treatment
- P50 conclude treatment by returning the cosmetic radio frequency system back into de-activated mode

P51 ensure the finished result at the end of the course achieves the best possible outcome for the client within the agreed treatment objectives

P52 take consistent, clear high quality post-treatment course photographs of the treated area following organisational practices

Provide aftercare advice

P53 give advice and recommendations accurately and constructively

P54 give your clients suitable advice specific to their individual needs.

Knowledge and understanding

Organisational and legal requirements

K1 your responsibilities under current health and safety legislation, standards and guidance, including the Health and Safety at Work Act (and any other relevant, current legislation such as Electrical Safety Regulations)

K2 the importance of not discriminating against clients with illnesses and disabilities and why (including Disability Discrimination Act)

K3 the importance of checking current insurance guidelines for the delivery of cosmetic radio frequency treatments

K4 the legal significance of gaining signed, informed client consent to treatment

K5 manufacturers' and organisational requirements for waste disposal

K6 the importance of the correct storage of client records in relation to the Data Protection Act

K7 the importance of producing consistent high quality photographic evidence before and after treatment in line with organisational practices

K8 how to complete the client records used in your organisation and the importance of and reasons for keeping records of treatments and gaining client signatures

K9 your responsibilities and reasons for maintaining your own personal hygiene, protection and appearance according to accepted industry and organisation requirements

K10 your organisation's requirements for client preparation

K11 your organisation's service times and charges for cosmetic radio frequency treatments

K12 your organisation's and manufacturers' requirements for treatment area, equipment maintenance and equipment cleaning regimes

K13 the importance and reasons for adhering to organisation and treatment protocols for treatment procedures, salon management, client consultation, record keeping, waste management, cosmetic skin safety and aftercare procedures.

How to work safely and effectively when providing cosmetic radio frequency treatments

K14 how to set up the work area for cosmetic radio frequency treatments

K15 the necessary environmental conditions for cosmetic radio frequency treatments (including lighting, heating, ventilation and general comfort) and why these are important

K16 the type of personal protective equipment that should be worn and why

K17 the importance and reasons for disinfecting hands and how to do this effectively

K18 how to position yourself and the client for cosmetic radio frequency treatments

K19 reasons for maintaining client modesty, privacy and comfort during the treatment

K20 why it is important to maintain standards of hygiene and the principles of avoiding cross-infection

K21 why it is important to check the client's wellbeing at regular intervals

K22 the risks and dangers associated with the delivery of cosmetic radio frequency treatments and how these can be minimised.

Client consultation

K23 how to use effective consultation techniques when communicating with clients from different cultural and religious backgrounds, age, disabilities and gender for this treatment

K24 the reasons why cosmetic radio frequency treatments should not be carried out on clients under the age of 18

K25 the importance of effective communication and discussion

K26 why it is important to encourage and allow time for clients to ask questions

K27 the importance of questioning clients to establish any contra-indications to cosmetic radio frequency treatments

K28 why it is important to record client responses to questioning

K29 the legal significance of client questioning and recording the client's responses

K30 the importance of explaining the client commitment required to achieve and retain optimum results

K31 how to give effective advice and recommendations to clients

K32 the importance of gaining informed consent

K33 how to assess skin characteristics

K34 how to assess body conditions

K35 how to take body measurements

K36 how to work out body mass index (BMI)

K37 how to position the client for consistent treatment photographs

K38 the reasons why it is important to encourage clients with suspected contra-indications to seek medical advice

K39 the importance of and reasons for not naming specific contra-indications when encouraging clients to seek medical advice

K40 how to ensure that the client's treatment expectations are realistic and achievable

K41 the contents of a record card and preparation of a treatment plan

- K42 how to match treatment specifications and variables to suit skin classifications and treatment objectives
- K43 the importance of considering the client's previous treatment, sun exposure and medical history
- K44 the importance of when to use test patches and how to carry them out to determine a client's suitability for treatment
- K45 how to describe the physical sensation of the treatment to the client
- K46 how skin reaction is affected by other treatments which may inhibit treatment
- K47 why it is important to maintain clients' modesty and privacy.
- K48 how different skin characteristics affect the application of cosmetic radio frequency treatments
- K49 the characteristics of different body conditions (including cellulite, uneven fat deposits, poor body contouring and skin laxity) and how they affect the application of cosmetic radio frequency treatments
- K50 the importance of using cosmetic radio frequency treatments in conjunction with other treatments, healthy eating, drinking and exercise to maximise results
- K51 the types of treatments that could be given in conjunction with, or after, cosmetic radio frequency treatments
- K52 the types of alternative treatments which could be recommended in the event of contra-indications to cosmetic radio frequency treatments.

Anatomy and physiology

- K53 the intercellular structure and functions of the skin (including epidermis, dermis and its appendages and subcutaneous layer)
- K54 the variances and location of skin thickness and adipose tissue deposits within different regions of the face and neck
- K55 the structure and function of the lymphatic system, including lymphatic vessels, nodes and lymph of the body
- K56 the function of blood
- K57 the structure, function and location of blood vessels
- K58 the principles of circulation, blood pressure and pulse
- K59 the interaction of lymph and blood within the circulatory system
- K60 the principles and functions of the endocrine, digestive and excretory systems and why these are relevant to cosmetic radio frequency treatments
- K61 the interrelationship between the cellular reactions and the body processes necessary for effective healing
- K62 the impact of a compromised healing process and how to recognise and respond to it
- K63 the ageing process of the skin including the effects of genetics, lifestyle and the environment (including photo damage, smoking alcohol, diet, premature ageing)
- K64 the process of collagen and elastin synthesis including fibroblastic stimulation

- K65 the skin healing process (including immediate response, erythema and oedema, histamine response; long term healing of tissue generation)
- K66 the physiology and grading of cellulite
- K67 the structure and function of adipose cells and lipolysis
- K68 the anatomical effects and benefits of cosmetic radio frequency treatments on soft tissues and underlying skeletal structures.

The Science of Radio Frequency

- K69 radio frequency and its relationship to the electromagnetic spectrum
- K70 how radio frequency is measured
- K71 radio frequency and tissue interaction
- K72 the difference between monopolar, bipolar and tripolar radio frequency

Contra-indications and contra-actions

- K73 those contra-indications which prevent cosmetic radio frequency treatment and why (including diabetes, contagious skin diseases, dysfunction of the nervous system, heart disease/disorder, pacemaker, metal pins or plates, implants and IUDs specific to device used, any cancer related treatments, recent scar tissue in treatment area, undiagnosed lumps, inflammations and swellings, medication causing a thinning or inflammation of the skin, (including steroids, Roaccutane), diagnosed scleroderma; pregnancy; acne; rosacea; impaired liver function; impaired kidney function)
- K74 those contra-indications which restrict treatment and why (including epilepsy, history of circulatory disorders, metal pins or plates, implants and IUDs specific to device used, presence of inserted plastic, silicon or dermal fillers; medication, piercings, anxiety, varicose veins, cuts, abrasions, bruises, recent dermabrasion or chemical peels, IPL or laser, botulinum toxins and epilation)
- K75 possible contra-actions which may occur during the treatment and how to deal with them (including erythema, excessive pain, irritation)
- K76 possible contra-actions which may occur after treatment and how to identify and deal with them (including burns, blistering, bruising, scarring, irritation, allergic reaction, excessive, oedema, hyper-pigmentation etc)

Equipment and products

- K77 how to prepare and use the equipment and products for cosmetic radio frequency treatments
- K78 the importance of following manufacturer's instructions in relation to the use of equipment and controls (including user interface, foot switches)
- K79 the importance of following manufacturer's instructions for use of applicators, use and limitations of products and equipment used for cosmetic radio frequency treatments
- K80 methods of disinfecting, sterilising and maintaining equipment

Treatment specific knowledge

- K81 how to select, use and adapt the use of cosmetic radio frequency equipment to suit different skin characteristics, body conditions and treatment objectives and why
- K82 the importance of cleansing the skin prior to treatment
- K83 the reasons for the use of contact medium in conjunction with cosmetic radio frequency treatments
- K84 the physical effects created by the use of the equipment in the range
- K85 why treatments should be conducted in a certain direction
- K86 the types of post-treatment products available and the benefits of their use
- K87 how to evaluate the effectiveness of cosmetic radio frequency treatments
- K88 the necessity for a course of treatment and its benefits
- K89 why it is important to give aftercare advice.

Aftercare advice for clients

- K90 visual skin changes and recovery time
- K91 the lifestyle factors and changes that may be required to improve the effectiveness of the treatment
- K92 post-treatment restrictions and future treatment needs (including avoiding dermal fillers, topical retinol)
- K93 products for home use that will benefit and protect the client and those to avoid and why (including minimum SPF30 UVA and UVB sun protection)
- K94 how current skin care, eating, drinking and exercise habits can affect the effectiveness of treatment
- K95 post treatment contra-actions and how to deal with them
- K96 on-going maintenance to retain optimum results
- K97 the importance of giving the client written aftercare advice
- K98 the importance of ensuring the client is given a post treatment point of contact

Knowledge relevant to micro-needling

- K31: The principles of controlled inflammation and micro-injury procedures, and its relationship to wound healing stages, as a mechanism to achieve skin rejuvenation.
- K33: The methodologies of different types micro-needling up to 1.5mm, with and without preparation of the face and up to 2.0mm micro-needling on the body.
- K34: The techniques used for different types of micro-needling up to 1.5mm: with or without preparation of the face.
- K35: The techniques used for different types of micro-needling up to 0.25 - 2.0mm: with or without preparation of the body.
- K36: The impact of micro-injury procedures and benefits gained using micro-needling on the face and the body including the impact of needle depth, stitch frequency, procedure duration, practitioner techniques, devices, procedure frequency and duration on the procedures.
- K37: The necessary precautions that should be implemented for micro-injury procedures using micro-needling on the face and the body.

Learning Outcomes, and Assessment Criteria

Learning Outcomes When awarded credit for this unit, a learner will:	Assessment Criteria Assessment of this learning outcome will require a learner to demonstrate that they can:		NOS/KSBs
LO1 Understand the science of combining radio frequency and micro-needling in aesthetic practice	1.1	Describe the physiological effects of radio frequency (RF) energy in dermal and subdermal tissue and underlying skeletal structures	K68
	1.2	Explain the wound healing cascade triggered by micro-needling	K31-K36
	1.3	Explain the science of radio frequency and its relationship to the electromagnetic spectrum, how it is measured, tissue interaction, and the differences between monopolar, bipolar and tripolar radio frequency	K69, K70, K71, K72
	1.4	Evaluate the synergistic benefits of combining micro-needling with cosmetic radio frequency	K31-K36 K71
	1.5	Explain the risks and dangers associated with the delivery of radio frequency and micro-needling procedures and how these can be minimised	K22 K37
LO2 Apply legal, ethical and professional standards for combined aesthetic procedures	2.1	Explain the importance of informed consent and accurate procedure documentation	P20
	2.2	Explain the reasons that radio frequency aesthetic procedures would be refused for people under the age of 18	P19, K1, K24
	2.3	Set up and monitor the radio frequency procedure area to meet legal, safety, hygiene, organisation protocols, environmental conditions and manufacturer's instructions	P1, P3, P6 K1, K2, K3, K4, K5, K12, K13, K14, K15, K29, K77, K78, K79, K80
	2.4	Ensure your personal hygiene, protection and appearance meet accepted industry and organisational requirements	P2, P4, P5, K9, K16, K17

	2.5	Ensure your own posture and position minimises fatigue and risk of injury whilst working whilst maintaining client comfort and modesty	P6, P8, P9, P12 K18, K19, K47
	2.6	Maintain accepted industry hygiene and safety practices throughout the combined aesthetic procedure	P10, K20, K80
LO3 Conduct a client consultation and develop a personalised procedure plan for combined radio frequency and micro-needling	3.1	Use consultation, skin assessment tools and evaluation techniques to determine the clients: <ul style="list-style-type: none"> • medical and previous treatment history • skin classification • treatment objectives and areas to be treated • skin and/or body condition • body measurements and BMI sensitivity and emotional state	P18, P22, P23, P24, P25, K25, K26, K33, K44, K35, K36, K42, K43
	3.2	Respond to any identified contraindications and provide non-medical advice without causing undue alarm and concern for the client	P26, P27 K29, K38, K39, K73, K74
	3.3	Describe the characteristics of different body conditions and how they affect the application of combined radio frequency and micro-needling procedures	K49
	3.4	Clearly explain so the client understands what the procedure entails, the necessity for a course of treatments and the benefits	P21, K88
	3.5	Clearly explain the physical effects and sensation, appearance, and possible contra-actions created by the procedure and the need for post-procedure care	P29, K11, K45, K75, K84, K86
	3.6	Describe possible contra-actions which may occur post-procedure and how to identify and deal with them	K76
	3.7	Obtain signed, informed consent from the client before carrying out combined radio frequency and micro-needling procedures	P20, K4, K32

	3.8	Take consistent, high-quality before and after photographs of the areas to be treated, following organisational practices	P28, P52 K7, K37
	3.9	Correctly carry out thermal and tactile tests to accurately determine the client's skin response to heat and pressure stimuli	P30, K11, K44
	3.10	Establish with your client a scale to use to communicate the level of accumulated heat they are experiencing	P31
	3.11	Carry out a test patch following manufacturer's instructions, if recommended for the product used	P32, K10, K44, K78, K79
	3.12	Recommend suitable alternative procedures if the client is contra-indicated to combined radio frequency and micro-needling	P33, K52
	3.13	Give written aftercare advice to the client and gain their commitment to follow the requirements	P34, K90, K91, K92, K93, K94, K95, K96, K97, K98
	3.14	Explain the importance of using radio frequency and micro-needling procedures in conjunction with other treatments, diet and exercise to maximise results	K50, K51
	3.15	Confirm details on any existing records are correct and post-procedure reactions are recorded	P35, K29, K41, K46, K86
	3.16	Clearly explain and agree the projected cost, likely duration, frequency and form of the procedure needed	P36, K11 K30, K88
	3.17	Agree in writing the client's needs, expectations and treatment objectives, ensuring they are realistic and achievable	P37, K28, K31, K40, K42
LO4 Deliver combined radio frequency and micro-needling	4.1	Adopt a positive and reassuring manner towards the client, checking their wellbeing throughout the procedure according to organisational policy	P11, P13, K12, K21, K23

procedures safely and effectively	4.2	Ensure that the client's skin is prepared, clearly marked and coated with sufficient contact medium for the combined radio frequency and micro-needling procedure	P38, P40 P41, K10, K77, K81, K82, K83
	4.3	Select suitable equipment and related products to suit the treatment objectives.	P39, K41, K77, K81
	4.4	Explain the treatment procedure to the client clearly and concisely at each stage in the process	P42, K10
	4.5	Safely use the correct treatment settings and applicators throughout the procedure to meet with the manufacturers' instructions for area being treated	P43, K10, K77, K78, K79, K81
	4.6	Apply systematically, keeping the applicator in contact with the skin, and follow the movement directions in the manufacturer's instructions to cover the treatment area	P44, P45, K10, K78, K79, K85
	4.7	Adjust the intensity and duration of the treatment to suit the client's skin characteristics or body conditions identified	P46, P47 K48
	4.8	Monitor client comfort, skin response and take prompt remedial action and discontinue treatment if the client experiences excessive and prolonged discomfort or contra-actions	P48, K75
	4.9	Leave the areas treated cleaned, moisturised and protected with a suitable sun protection product post-procedure	P49, K86
	4.10	Ensure the procedure is cost-effective and is carried out within a commercially viable time	P15, K11
	4.11	Post-procedure, return the radio frequency system to the de-activated mode	P50
	4.12	Ensure the finished result at the end of the course achieves the best possible outcome for the client within the agreed treatment objectives	P51, K42

	4.13	Ensure client records are up-to-date, accurate, complete, legible and signed by the client and practitioner and stored according to Data Protection Legislation	P16, K6, K8, K29, K41
	4.14	Safely dispose of waste in compliance with legal and environmental requirements and leave the area and equipment ready for future use	P14, P17, K12, K80
LO5 Provide aftercare for combined radio frequency and micro-needling and review procedure outcomes	5.1	Provide clear evidence-based aftercare advice to support the client to effectively and confidently manage common side effects	P53, P54, K31, K89, K97
	5.2	Recognise and respond to complications that require medical input	
	5.3	Review and revise future treatment plans based on the client's reactions, progress and feedback	
LO6 Reflect on practice and engage in continuing professional development	6.1	Keep a reflective journal reviewing own performance in radio frequency and micro-needling procedures	
	6.2	Evaluate own strengths and areas for improvement within your aesthetic clinical practice	K87
	6.3	Use clients' and assessor feedback to develop a personal CPD plan that builds skills and meets industry standards	

Indicative content

Equipment

- cosmetic radio frequency device with micro-needling
- face applicator
- body applicator

Consultation and evaluation techniques

- questioning
- visual inspection
- manual
- reference to client records

Treatment objectives

- reduction of fine lines and wrinkles
- improved skin condition
- body contouring
- facial skin tightening
- improved appearance of cellulite

- circumference reduction

Areas to be treated

- face
- neck
- abdomen
- knees
- thighs
- buttocks
- upper arms

Treatment protocol

- aseptic techniques
- correct use of PPE
- patch testing
- skin priming
- sectioning of area to be treated
- multi-directional micro-needling technique
- maintenance of client comfort /pressure control
- safe application on areas treated
- avoidance of thermal injury (double check eyes and bony areas)
- monitor skin and area treated
- maintain client records, consent forms and record batch numbers

Necessary action

- explaining why the treatment cannot be carried out
- encouraging the client to seek medical advice
- modification of treatment.

Skin characteristics

- level of sensitivity
- thickness
- hydration level

Body conditions

- cellulite
- uneven fat deposits
- poor body contour
- skin laxity

Contra-actions

- Burns
- Blistering
- Bruising
- Scarring
- Irritation
- Allergic reaction
- excessive pain
- oedema

- hyper-pigmentation

Advice

- avoidance of activities which may cause contra-actions
- future treatment needs
- modifications to lifestyle patterns
- healthy eating, drinking and exercise advice
- suitable home care products and their use.

Managing complications

- protocols for burns
- PIH
- scarring
- escalation of condition for medical attention
- first aid response
- pharmacological interventions

Product and lifestyle advice

- Recommended post-care products (hydrators, barrier repair, SPF)
- Lifestyle considerations: avoiding heat, exercise, and UV exposure
- Supplementary or maintenance treatments to optimise results
- Continuing care requirements

Documentation and reflection

- Recording procedure notes, reactions, and outcomes
- Reviewing client feedback and photographic evidence
- Reflective practice to identify areas for improvement
- Continuous professional development (CPD)

Glossary

Ablative RF - a form of radiofrequency that removes the surface layers of the epidermis to stimulate deeper tissue repair and collagen remodelling.

Anaesthetic (topical) - a gel or cream used to numb the skin surface before a procedure to reduce discomfort e.g. lidocaine or prilocaine.

Bipolar RF – this is when radiofrequency energy is delivered between two closely positioned electrodes for controlled superficial heating, typically targeting the dermis.

Capacitive Coupling – this is a method of RF energy transfer where heat is generated by oscillating electric fields between electrode plates.

Clinical oversight – this is supervision carried out by a qualified medical practitioner to ensure safety, legal compliance and management of complications.

Collagen Denaturation – this is a process where the structure of collagen proteins are altered by heat, triggering the body's natural wound healing response and collagen production.

Collagen Induction Therapy – this is a clinical term for micro-needling, whereby the body's natural production of collagen and elastin is stimulated through controlled injury.

Conductive Gel – a medium applied to the skin surface to improve the delivery of RF energy and prevent the risk of surface burns or discomfort.

Cryogen Cooling - cooling used in conjunction with RF devices to protect the epidermis while allowing effective dermal heating.

Dermal Remodelling – this is the physiological process where heat stimulates the fibroblasts in the dermis to produce new collagen and elastin fibres, improving the skin's firmness and elasticity.

Electromagnetic Spectrum – this is the range of frequencies over which electromagnetic radiation extends; RF treatments typically use frequencies in the range of 0.3–10 MHz

Fractional RF - this is a technique where RF energy is delivered in a grid-like pattern, creating microscopic zones of thermal injury surrounded by healthy tissue for faster healing.

Glycosaminoglycans (GAGs) -these are substances that occur naturally in the skin, their function is to retain the moisture and structure of the skin, they are stimulated via collagen remodelling treatments.

Impedance - this is the resistance of body tissues to electrical current; understanding impedance is crucial to deliver safe and effective RF energy.

Inflammatory response- the initial stage of wound healing, it involves vasodilation and immune cell activation.

Micro-needling – an aesthetic procedure carried out using fine needles to break the skin and stimulate collagen production.

Monopolar RF - this is when radiofrequency delivered from a single electrode to a grounding pad, enabling deeper penetration for body contouring and skin tightening.

Multipolar RF – this is where multiple electrodes are used to deliver RF energy simultaneously to enable a more uniform heating over a broader area, used mainly for body contouring and skin tightening.

Neocollagenesis – the body's natural process of creating new collagen, particularly during wound repair or as a reaction to certain stimuli such as heat from RF.

Non-Ablative RF - this is a RF procedure that heats deeper layers of the skin without removing the outer skin surface, stimulating tissue tightening with minimal downtime.

Ohm's Law - this is a principle describing the relationship between voltage, current, and resistance in an electrical circuit, it is relevant to RF device safety and calibration.

Post-Inflammatory Hyperpigmentation (PIH) – this is where the skin darkens following trauma or inflammation, more commonly seen in darker Fitzpatrick skin colours.

Radiofrequency (RF) – this is a form of electromagnetic energy used in aesthetic medicine to heat tissues and stimulate collagen production for tightening and rejuvenation.

Remodelling Phase – This is the last stage of wound healing, where collagen realigns and skin texture begins to improve.

Skin Laxity - this is a loss of skin firmness and elasticity which may be treated with RF devices to promote collagen remodelling.

Subdermal Heating - this is a controlled heating beneath the skin's surface that stimulates fibroblasts and induces neocollagenesis.

Thermal Coagulation – this is where the tissue is heated to a temperature that denatures the proteins, stimulating tightening and collagen renewal.

Thermal Injury Zone - this is the area of tissue that is affected by the RF heat, where controlled damage prompts repair and collagen synthesis.

Thermal Relaxation Time - this is the time taken for the tissue to cool by 50% after being heated, this is critical for the prevention of burns in RF procedures.

Transdermal Delivery – this is the absorption of substances like serums through the skin, this can be enhanced with the use of micro-needling.

Treatment Window – the period of time that is safe where skin conditions can be treated without overloading the tissue or affecting recovery.

Tripolar RF - this is a system using three electrodes to deliver RF energy deeper and more uniformly for facial and body skin tightening.

Viscoelasticity – this is the property of skin that combines viscosity and elasticity, it is essential for a youthful appearance and is responsive to RF stimulation.

Suggested Resources

Essentials of Medical Aesthetics: Clinical and Scientific Skin Care & Rejuvenation Paperback – 22 Nov. 2011 by Dr Honardoust

The Art of the Aesthetic Practice: 7 Fundamental Steps to Providing the Ultimate Patient Experience and Maximizing Profitability Paperback – 11 Sept. 2017 by Ashley Cloud

Aesthetic Procedures: Nurse Practitioner's Guide to Cosmetic Dermatology 1st ed. 2020 Edition, Kindle Edition by Beth Haney

Unit AP606: Advanced Aesthetic Procedures: Skin Boosters

Unit code: T/651/7944

RQF level: Level 6

Unit Aim and NOS

- This unit is for advanced beauty therapists and aesthetic practitioners. It stresses the need for safe working practices and controlling hazards. Emphasis is placed on the importance of a thorough client consultation to identify the client's needs before being treated.
- Aesthetic practitioners will formulate an individual procedure plan, provide the procedure and aftercare advice, and do a post-procedure evaluation and reflection for continuous improvement.
- The aesthetic practitioner must have a Basic Life Support and Anaphylaxis Management or a First Aid at Work qualification or equivalent and be able to carry out the functions within SFHCHS36: Basic life support and have access to life support equipment as identified in the complication management plan.
- To achieve this unit Aesthetic practitioners will need to ensure that their practices reflect up-to-date information, policies, procedures and best practice guidance.

This unit coexists alongside Qualifi units:

CO601: Anatomy, Physiology and Morphology of the Ageing Face and Body

CO602: Complications management

Behaviours

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

1. Meeting the organisation's standards of behaviour
2. Treating the client respectfully and in a friendly manner
3. Communicating with the client in a way that makes them feel valued and respected
4. Treating the client courteously and helpfully at all times
5. Adapting behaviour to respond effectively to different client behaviour
6. Checking with the client that you have fully understood their expectations
7. Responding promptly and positively to the client's questions and comments
8. Recognising information that the client might find complicated and checking whether they fully understood
9. Explaining clearly to the client any reasons why their needs or expectations cannot be met
10. Maintaining effective, hygienic and safe working methods
11. Adhering to workplace, supplier's and manufacturer's instructions for the safe use of equipment, materials and products
12. Meeting both organisational and industry standards of appearance.

Learning Outcomes, and Assessment Criteria

Learning Outcomes	Assessment Criteria		NOS/KSBs
When awarded credit for this unit, a learner will:	Assessment of this learning outcome will require a learner to demonstrate that they can:		
LO1 Understand the legal, ethical, and professional frameworks governing advanced skin treatments	1.1	Analyse the legal and regulatory frameworks relevant to skin booster procedures	
	1.2	Discuss professional accountability and scope of practice when administering injectable treatments	
	1.3	Evaluate ethical issues surrounding client consent, marketing, and treatment outcomes	
	1.4	Discuss sourcing, storage, handling, use, and disposal of mesotherapy and skin booster equipment and activating solutions as per manufacturer instructions	
LO2 Understand the science and mechanisms underpinning skin booster treatments	2.1	Review the structure and function of the skin relevant to skin booster treatments	
	2.2	Analyse surface anatomy landmarks and how they are used to plan safe injection sites	
	2.3	Explain danger zones and safe areas for injecting	
	2.4	Evaluate the mechanisms of action of skin booster ingredients (e.g., hyaluronic acid, peptides, amino acids, polynucleotides)	
	2.5	Explain how skin boosters interact with dermal tissues to improve hydration, texture, and elasticity	
	2.6	Discuss the skin ageing processes and how skin boosters counteract age-related changes	
	2.7	Identify suitable clients for skin booster treatments based on clinical assessment	
	2.8	Assess the limitations of skin boosters in treating skin concerns	
LO3 Consult the client and create a personalised skin booster procedure plan	3.1	Conduct a face-to-face consultation and uphold health and safety before, during and after the skin booster procedure, using visual aids	
	3.2	Explain the procedures that could be carried out in conjunction with skin boosters and identify the associated risks	

	3.3	Discuss to clarify the client's goals, concerns and expectations to inform the skin booster procedure plan	
	3.4	Agree on a pain management strategy with the client based on their tolerance, and following legal and organisational requirements	
	3.5	Confirm the client understands and agrees the procedure, cost, pain management, and potential reactions	
	3.6	Obtain written informed consent for the procedure and pain management, allowing time for informed choice and ensuring ethical and confidential practice	
	3.7	Create a personalised procedure plan based on the skin booster protocol, client needs, and skin analysis within your professional scope of practice	
LO4 Apply skin booster techniques safely and effectively	4.1	Select an effective hygiene preparation product to meet the client's needs as per manufacturer's instructions	
	4.2	Select suitable injection techniques and delivery methods (e.g., microdroplet, mesotherapy, nappage) and skin booster solution based on skin classification, characteristics, client goals and treatment area	
	4.3	Follow the skin booster protocol to ensure even coverage, adapting techniques and solution for each zone	
	4.4	Monitor the client's health, wellbeing and skin reaction throughout the skin booster procedure	
	4.5	Conclude the procedure following the skin booster procedure protocol, legal and organisational requirements	
LO5 Provide aftercare for skin booster procedures and review the outcomes	5.1	Take and store consensual visual media of the client's treatment area and complete records in line with insurance, organisational policies and data legislation requirements	
	5.2	Provide verbal and written aftercare instructions, and confirm receipt and understanding of guidance, ongoing care, and future procedures	
	5.3	Record and evaluate the skin booster procedure outcomes against the planned objectives, and agree on improvements for future procedures	
	5.4	Explain the importance of engaging in, and documenting continuous professional	

		development to include, up-to-date information policies, procedures and best practice guidance	
LO6 Reflect on practice and engage in continuing professional development	6.1	Keep a reflective journal reviewing own performance in administering skin booster	
	6.2	Evaluate own strengths and areas for improvement within your aesthetic clinical practice	
	6.3	Use clients' and assessor feedback to develop a personal CPD plan that builds skills and meets industry standards	

Indicative Content

Individual's objectives

- improve skin rejuvenation
- improve skin condition
- anti-ageing

Areas to treat

- face
- decollete
- body

Skin classification

- Fitzpatrick scale
- Glogau photo-damage
- Dehydration Test

Skin characteristics

- oily
- dry
- combination
- sensitivity
- mature / loss of elasticity
- dehydrated /fine lines
- pigmentation irregularities
- skin density

Contra-actions

- hyperaemia
- bruising
- discomfort
- oedema

Injection techniques

- picotage
- freehand injection papule technique (up to 4 mm)
- nappage
- Bio Aesthetic Points (BAP)

- cannula

Mesotherapy device

- electroporation
- micro needle
- automated equipment
- skin hydration monitor

Skin anatomy and physiology

- epidermis
- dermis
- extracellular matrix,
- fibroblasts
- skin barrier function
- trans epidermal water loss (TEWL) and hydration
- intrinsic and extrinsic aging processes and impacts on skin structure

Mechanisms of skin boosters

- hydration
- fibroblasts stimulation
- bio remodelling

Skin booster ingredients

- hyaluronic acid (cross-linked vs non cross-linked)
- peptides
- amino acids
- glycerol
- vitamins
- antioxidants
- polynucleotides

Adverse reactions

- hyperpigmentation
- infection
- scarring
- sensitivity/irritation
- allergic reaction
- papules
- excessive histamine reaction
- compromised healing process
- dizziness
- fainting
- nausea
- pain
- excessive oedema
- necrosis
- infection
- anaphylaxis

- blindness
- vascular occlusion
- overhydration
- fibrosis
- hypertrophic collagenesis
- Tyndall effect

Visual aids

- Illustrative images
- Illustrative diagrams

Skin boosters procedure protocol

- working environment
- health and safety
- risk management plan
- infection prevention and control
- complication management
- procedure plan
- informed consent
- data management
- audit and accountability
- instructions and advice
- waste management
- evidence-based and reflective practice

Instructions

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

Glossary

Aseptic Technique - procedures that are used to prevent contamination by pathogens, helping to ensuring a sterile field during aesthetics procedures.

Bio Aesthetic Points (BAP) technique – a strategic method used for injecting skin boosters into specific points on the face to ensure the maximum spread and effectiveness of the skin booster applied.

Bio remodelling - a skin rejuvenation process triggered by injectable substances that stimulate fibroblast activity and enhance dermal structure.

Cross-linked Hyaluronic Acid - A modified form of hyaluronic acid (HA) where molecules are chemically bonded to increase viscosity and longevity in the tissue.

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

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

Dermis – found below the epidermis, the dermis is the thick layer of connective tissue that contains blood vessels, nerves, collagen and elastin fibres.

Elasticity - the skins ability to return to its original shape after stretching or compression, this depletes with age.

Epidermis - the outermost layer of the skin, made up of five layers of epithelial tissue, it is responsible for barrier function and skin tone; made up mainly of keratinocytes.

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

Fibroblasts – these are cells found within the dermis; they are responsible for producing collagen, elastin, and other extracellular matrix components.

Fitzpatrick Skin Type - a classification system for human skin colour and reaction to UV light, ranging from Type I (very fair) to Type VI (very dark).

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

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

Glycation – this is a process where sugar molecules bind to proteins like collagen, leading to stiffness and accelerated skin aging.

Hyaluronic Acid (HA) – this is a naturally occurring sugar molecule found in the skin that retains water, it contributes to hydration, volume, and elasticity.

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

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

Intrinsics/Extrinsic Ageing - internal (genetic) and external (environmental) factors that contribute towards skin ageing.

Lancer scale – a type of skin classification used based on an individual's ancestry and geography, as appearances can be deceiving, helping to reduce the risk of adverse reactions

Microdroplet Technique - a skin booster injection technique using very small droplets of product deposited superficially in the dermis.

Mesotherapy - mesotherapy equipment can often be referred to as a mesotherapy gun or automated device. The technique is known as nappage mesotherapy which is a series of superficial injections that place vitamins, minerals, amino acids and hyaluronic acids into the epidermal layers of the skin.

Monk skin tone scale – developed by Dr Ellis Monk in partnership with Google’s AI Team. It is a 10-shade scale used to improve the representation of skin tone in technology and products by examining skin tone, stratification and colourism

Nappage technique- this is a mesotherapy technique where lots of shallow injections/micro injections, approx. 2mm deep at a 45° angles, whilst applying constant pressure on the syringes plunger, skin boosters are injected every 2-4mm over the planned area to be treated to introduce skin boosters into the epidermal layers of the skin.

Neocollagenesis - this process occurs in the dermis and results in new collagen formation, often stimulated by skin booster treatments.

No needle mesotherapy can be referred to as electro mesotherapy or electroporation. A microbiology technique that uses radio frequency or ultrasound to increase permeability of the cell membrane to absorb vitamins, minerals, amino acids and hyaluronic acids in to the dermal layer of the skin.

Papule Injection Technique - an injection method that creates small, raised bumps on the skin surface which flatten as the product integrates into tissue.

Peptides - short chains of amino acids that signal skin cells to perform specific functions such as repair or collagen synthesis.

Picotage technique – involves surface non-invasive microinjections of skin booster solutions to approximately 1 mm deep and 1 cm apart in a grid like pattern.

pH Scale – a scale used to measure the acidity or alkalinity of a substance/surface the scale goes from 0–14, it is important for an aesthetic practitioner as it helps them to gain an understanding of skin sensitivity and product compatibility.

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

Post-inflammatory Hyperpigmentation (PIH) – these are often seen as dark spots or patches that appear after trauma or inflammation to the skin.

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

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

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

Skin Booster – a product, usually hyaluronic acid based, used with needle and no-needle techniques to help to improve skin hydration, elasticity, and skin quality without changing facial volume.

Skin Turgor Test/ Pinch Test- a small area of skin on the cheek or under the eye is gently pinched between the thumb and forefinger, held for a few seconds, and then released. Well-hydrated skin returns quickly to its normal position, while dehydrated skin may appear slow to rebound or remain slightly tented. This test evaluates cutaneous elasticity, which can diminish with dehydration.

Skin Types and Skin Classification - The Fitzpatrick skin classification was developed to predict a person’s lifetime risk of developing skin cancer. This used a scale (typically I – VI) to judge how skin reacts to light, in particular whether it is likely to burn or tan. Most practitioners use a combination

of hair and skin colour, eye colour and burn/tan response to determine the initial test patch and treatment settings.

Trans-epidermal Water Loss (TEWL) – this is the amount of water that passively evaporates through the skin; it is an indicator of skin barrier function.

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

Viscoelasticity – this is the combination of viscosity (fluid resistance) and elasticity found in skin tissue; it is crucial in maintaining structure and bounce.

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

Vascular Occlusion- this is a rare but serious complication where an injected material blocks a blood vessel, which could potentially lead to tissue necrosis if left untreated.

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

Working environment The working environment requirements should comply with Health and Safety legislation and be in accordance with guidelines set out either by your local authority or governing body. Risk assessments should be undertaken and control methods implemented and documented, updated regularly and/or if changes occur. The working environment should be hygienic and fit for purpose for the non-surgical cosmetic procedures to be conducted safely and effectively using aseptic techniques. Infection prevention and control procedures are required to minimise risk of infection and transmission of microbes. Personal protective equipment must be fit for purpose and available. Equipment and products must be maintained in line with the manufacturer's instructions and legislative requirements. It is advisable to create a complication management and/or emergency plan for all nonsurgical cosmetic procedures in the event of an adverse reaction or incident.

Suggested resources

<https://facesaestheticsandtraining.com/products/advanced-skin-boosters-editable-training-manual>

<https://www.meliorclinics.co.uk/blog/2023/04/24/the-ultimate-guide-to-skin-boosters/>

Unit AP607: Vitamin and Mineral Injections for Wellbeing

Unit code: Y/651/7945

RQF level: Level 6

Unit Aim

(SKANSC19 Provide vitamin and/or mineral injections for wellbeing)

- This unit is based on the NOS for performing procedures using Advanced Aesthetic Procedures: Vitamin and Mineral Injections.
- This unit is for advanced beauty therapists and aesthetic practitioners. It stresses the need for safe working practices and controlling hazards. Emphasis is placed on the importance of a thorough client consultation to identify the skin conditions to be treated.
- Aesthetic practitioners will formulate an individual procedure plan, provide procedure and aftercare advice, and do a post-procedure evaluation and reflection for continuous improvement.
- The aesthetic practitioner must have a Basic Life Support and Anaphylaxis Management or a First Aid at Work qualification or equivalent and be able to carry out the functions within SFHCHS36: Basic life support and have access to life support equipment as identified in the complication management plan.
- To achieve this unit Aesthetic practitioners will need to ensure that their practices reflect up-to-date information, policies, procedures and best practice guidance.

This unit coexists alongside Qualifi units:

CO601: Anatomy, Physiology and Morphology of the Ageing Face and Body

CO602: Complications management

Performance criteria

1. carry out a concise and comprehensive consultation face to face with the individual
2. maintain your responsibilities for health and safety pre, during and post the vitamin/mineral injection procedure
3. discuss to establish the individual's objectives, concerns, expectations and desired outcomes to inform vitamin/mineral injection procedure plan to include:
 - 3.1 alternative treatment options
4. develop an emergency plan with the identified healthcare professional trained to deal with adverse reactions to vitamin and mineral injection(s)
5. establish the vitamin/mineral injection procedure plan in accordance with legislative requirements and organisational policies and procedures
6. reiterate, confirm and agree with the individual, they have understood the proposed vitamin/mineral injection procedure and pain management to include:
 - 6.1 contra-actions
 - 6.2 adverse reactions

7. obtain the individual's signed informed consent for the vitamin/mineral injection procedure and pain management, allowing an adequate time scale for the individual to make an informed choice
8. select an effective hygiene preparation product to meet the individual's needs in accordance with the manufacturer's instructions
9. prepare the individual's treatment area in accordance with the vitamin/mineral injection procedure protocol and associated risk avoidance strategies.
10. source and select the vitamin/mineral solutions, to meet the individual's needs, including associated risks
11. inject the vitamin/mineral solution with the sterile single use needle in accordance with the procedure protocol to include:
 - 11.1 adaptation of injection techniques, depth and placement
12. monitor the individual's health, wellbeing and skin reaction throughout the vitamin/mineral injection procedure in accordance with legislative requirements and organisational policies and procedures
13. in the event of an adverse reaction or incident, take prompt corrective action as set out within the emergency plan to include:
 - 13.1 seek and implement immediate medical intervention from the identified healthcare professional trained to deal with complications as set out in the emergency plan
14. Conclude the procedure in accordance with the vitamin/mineral injection procedure protocol, legislative requirements and organisational policies and procedures
15. complete the individual's non-surgical cosmetic procedure records and store in accordance with data legislation
16. use reflective practice to evaluate the vitamin/mineral injection procedure and take appropriate action
17. provide and obtain confirmation of receipt of the instructions and advice given to the individual pre and post procedure to include:
 - 17.1 the aesthetic practitioners contact details
 - 17.2 emergency plan
 - 17.3 contingency plan in the event of absence
18. record the outcome and evaluation of the vitamin/mineral injection procedure to agree and inform future procedures
19. discuss and agree future procedures with the individual

Knowledge and understanding

1. the importance of collaboration with competent professionals to support effective and safe working practices
2. your role and responsibilities in performing non-surgical cosmetic procedures and the importance of working within your competence
3. why you must comply with ethical practice and work within the legislative requirements

4. the importance to engage in, and document continuous professional development to include, up-to-date information policies, procedures and best practice guidance
5. the anatomy and physiology relevant to this standard
6. the types, composition and pharmacological effects of chemical compounds in vitamin/mineral solutions to include:
 - 6.1. the physiological effect of vitamin/mineral injection solution has on body anatomy, skin tissue and blood supply
7. how to adapt injection techniques to place vitamin/mineral solution safely beneath the skin tissue into underlying structures to meet the individual's needs
8. the adverse reactions associated with a vitamin/mineral injection procedure to include:
 - 8.1 knowledge and avoidance of danger zones
9. how to implement the correct course of action in the event of an adverse reaction or incident to include:
 - 9.1 why and when immediate medical intervention is necessary
10. the risk avoidance strategies
11. the importance of obtaining and following instructions from the identified healthcare professional in the event of an adverse reaction
12. the purpose, use and limitations of vitamin/mineral injection procedures in relation to:
 - 12.1 past and current medical history
 - 12.2 previous non-surgical cosmetic and/or dental procedure history
 - 12.3 relevant lifestyle factors
 - 12.4 contraindicated medication and medical conditions
 - 12.5 the individual's physical and psychological suitability for the non-surgical cosmetic procedure
 - 12.6 individual's expectations
 - 12.7 hyper-immune response management
 - 12.8 anaphylaxis management
13. the regulatory and legislative requirements for medical devices
14. the regulatory and legislative requirements for sourcing, recording and administering vitamin/mineral injection to include:
 - 14.1 product name
 - 14.2 batch number
 - 14.3 expiry date
 - 14.4 material data sheets
 - 14.5 storage
 - 14.6 disposal
 - 14.7 audit and accountability
 - 14.8 injection site
15. the types of pain management and associated risks
16. the legislative requirements and restrictions for sourcing, storing and using licensed topical anaesthetics

17. the health and safety responsibilities in line with legislation before, during and after the vitamin/mineral injection procedure
18. why it is important to discuss and establish the individual's objectives, concerns, expectations, desired outcomes and agree the non-surgical cosmetic procedure plan
19. the fee structures and treatment options
20. the legislative and indemnity requirements of gaining signed, informed consent for the vitamin/mineral injection procedure
21. why it is important to allow time for the individual to reflect before confirming and agreeing to receive the elective non-surgical cosmetic procedure
22. the importance of obtaining signed informed consent for the vitamin/mineral injection procedure and pain management strategy
23. the types of hygiene products for the skin and the importance of following manufacturer's instructions
24. the importance of adhering to the vitamin/mineral injection procedure protocol
25. the importance of monitoring the health and wellbeing of the individual during and post procedure
26. the importance of adhering to the emergency plan in the event of an adverse reaction
27. the legislative, insurance and organisational requirements for taking and storing visual media of the individual's treatment area
28. the expected outcomes from a vitamin/mineral injection procedure
29. the purpose of reflective practice and evaluation and how it informs future procedures
30. how to collate, analyse, summarise and record evaluation feedback in a clear and concise way
31. the importance to record the outcome and evaluation of the vitamin/mineral injection procedure
32. the instructions and advice pre and post the vitamin/mineral injection procedure

Learning Outcomes, and Assessment Criteria

Learning Outcomes	Assessment Criteria		NOS/KSBs
When awarded credit for this unit, a learner will:	Assessment of this learning outcome will require a learner to demonstrate that they can:		
LO1 Consult and plan vitamin and/or mineral injections for wellbeing	1.1	Carry out a concise and comprehensive face-to-face consultation with the client	PC1, K12
	1.2	Maintain responsibility for health and safety pre, during and post the vitamin and or mineral injection(s) procedure	PC2 K2, K3,

	1.3	Discuss the client's goals, concerns and expectations to inform the vitamin/mineral injection(s) procedure plan, including costs and alternative procedure options (if required)	PC3, K18, K19, K28,
	1.4	Develop an emergency plan with the identified healthcare professional trained to deal with adverse reactions to vitamin and or mineral injection(s)	PC4 K1, K10, K11
	1.5	Establish the vitamin/mineral injection(s) procedure plan following legal and organisational requirements	PC5, K13, K14, K16, K17, K27
	1.6	Confirm the client understands and agrees the procedure, cost, pain management, and potential reactions	PC6, K6.1, K8, K9, K9.1, K15
	1.7	Explain the location of injection danger zones and how to avoid them	K8.1
	1.8	Obtain written informed consent for the procedure and pain management, allowing time for informed choice and ensuring ethical and confidential practice	PC7, K20, K21
	1.9	Identify key anatomical and systemic contraindications to injectable therapy.	K12
LO2 Administer vitamin and/or mineral injections for wellbeing	2.1	Select an effective hygiene preparation product to meet the client's needs as per manufacturer's instructions	PC8, K23
	2.2	Prepare the client's treatment area and follow protocol to ensure vitamin and/or mineral injection delivery is safe and associated risks are avoided	PC9, K24
	2.3	Source and select the vitamin and/or mineral solutions to meet client's needs	PC10, K14
	2.4	Inject the vitamin and or mineral solution with the sterile single-use needle following procedure	PC11 K7

		protocol, adapting injection techniques, depth, and placement to avoid risk	
	2.5	Monitor the client's health, wellbeing and skin reaction throughout the vitamin and/or mineral injection procedure	PC12, K25
	2.6	Respond immediately to adverse reactions by following the emergency plan and securing support from a healthcare professional trained to deal with such complications	PC13, K11, K26
LO3 Complete the vitamin and/or mineral injection procedure	3.1	Conclude the procedure following vitamin and/or mineral injection procedure protocol, legal and organisational requirements	PC14
	3.2	Complete the client's procedure records and store in accordance with data legislation	PC15, K31
	3.3	Provide verbal and written aftercare instructions, and confirm receipt and understanding of ongoing care to include: <ul style="list-style-type: none"> • the aesthetic practitioner's contact details • emergency plan • contingency plan in the event of absence 	PC17, K32
	3.4	Record and evaluate the vitamin and/or mineral injection procedure outcomes against the planned objectives, and agree on future procedures	PC18, PC19 K28
LO4 Understand the relevant anatomy and physiology for vitamin and/or mineral injections	4.1	Describe the structure and function of the integumentary system relevant to the injection site	K5
	4.2	Identify key muscles and anatomical landmarks for intramuscular and subcutaneous injections for each vitamin or mineral injection	K5
	4.3	Explain the role of the circulatory system in the systemic distribution of injected nutrients	K5
	4.4	Explain the metabolic functions of common injectable vitamins and minerals	K6
	4.5	Describe the symptoms and consequences of key nutrient deficiencies	K6.1

	4.6	Evaluate the physiological rationale for injectable supplementation versus oral administration	K28
	4.7	Explain the role of the immune and lymphatic systems in nutrient utilisation and post-injection response	K5
	4.8	Describe how the digestive and hepatic systems influence nutrient bioavailability	K5
	4.9	Analyse the impact of the endocrine and nervous systems on nutrient balance and client wellbeing	K5
	4.10	Explain how vitamins and minerals contribute to maintaining homeostasis	K5
	4.11	Describe the physiological responses to excessive or inappropriate vitamin/mineral dosing	K28
LO5 Reflect on practice and engage in continuing professional development	5.1	Keep a reflective journal reviewing own performance in administering vitamin and mineral injections	PC16, K29, K30
	5.2	Evaluate own strengths and areas for improvement within your aesthetic clinical practice	
	5.3	Use clients' and assessor feedback to develop a personal CPD plan that builds skills and meets industry standards	K4

Indicative content

Injection area

- deltoid
- gluteus medius
- vastus lateralis

Contra-actions

- hyperaemia
- wounds
- bruising
- oedema

Injection techniques

- intramuscular
- subcutaneous
- Z-track

Vitamins and minerals

- Vitamin B12 (Cobalamin)
- Vitamin B Complex
- Vitamin C (ascorbic acid)
- Vitamin D3 (Cholecalciferol)
- Magnesium Sulphate
- Zinc
- Glutathione (for wellness)
- Biotin
- NAD+ (Nicotinamide Adenine Dinucleotide)

Treatment Objective

- boosted metabolism
- increased energy
- improved hair health
- improved immunity
- improved mental wellbeing
- improved skin health

Anatomy and physiology

- Skin structure : epidermis, dermis, hypodermis
- Safe injection sites : deltoid, Gluteus Medius, vastus lateralis
- Avoidance of nerves and vascular structures
- Circulatory system: arteries, capillaries, veins
- Roles of key vitamins and minerals
- Common deficiency symptoms and wellbeing concerns
- Comparative bioavailability : oral vs injections
- Justification for injections
- Lymphatic drainage and immune response to injections
- Digestive limitation and metabolism of vitamins
- Hormonal interplay (effects vitamins/minerals have on organs/glands)
- Nervous system influence on tolerance and stress response
- Homeostasis and nutrient regulation
- Risks of hypervitaminosis or mineral overload

Adverse reactions

- infection
- nerve damage
- nausea
- allergic reaction
- anaphylaxis
- Vitamin overdose
- digestive upset
- fainting
- dizziness
- hypersensitivity

Risk avoidance strategies

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

Vitamin and mineral injection procedure protocol

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

Instructions

- the individual, regulated independent prescriber and aesthetic practitioner's legal rights and responsibilities
- emergency plan
- post procedure expectations and associated time frames
- pre and post procedure instructions and care

- restrictions and associated risks
- future procedures
- complaints procedure or concerns protocol

Glossary

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

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

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

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

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

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

Visual media - visual media is evidence generated through photography or video.

Vitamins and minerals – essential nutrients that the body needs in small doses to function effectively and stay in good health.

Vitamin/mineral deficiency – this occurs when the body is lacking an essential nutrient. This could be from poor diet, issues absorbing the vitamin or mineral, underlying medical conditions, increased need due to intrinsic or extrinsic factors, it can ultimately lead to health problems

Suggested resources

The Anatomy of Vitamins and Minerals: The Blueprint for Understanding Deficiencies, Blood Tests, and Dosage, Nadia Lane 2025

Gov.uk Safe Upper Levels of Vitamins and Minerals – Expert Group on Vitamins and Minerals <https://cot.food.gov.uk/sites/default/files/vitmin2003.pdf>

Assessment Guidance

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

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

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

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

Written Assessments and Tasks:

The qualification/s overall are graded: Pass/Fail

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

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

All assessments – formative and summative must be completed.

(Unless stated otherwise, all assessments are summative)

Assessment Criteria:

- **Unit CO501: Consultation and Advanced Skin Analysis Using Technologies**
 - LO1 – LO4 performance criteria outcomes will require practical competency to be observed by the Assessor on at least **4** occasions.
 - LO1 – LO4 knowledge and understanding will be assessed through
1 x SAQ – short answer question paper

- **Unit CO601: Anatomy, Physiology and Morphology of the Aging Face and Body**
 - **Formative assessment**
 - LO1 – LO3 knowledge and understanding will be assessed through
1 x MCQ – multiple choice question paper (online)
 - **Summative assessment**
 - LO1 – LO3 knowledge and understanding will be assessed through
1 x SAQ – short answer questions

- **Unit CO602: Complication Management for Aesthetic Practice**
 - LO1 – LO4 will be assessed 2 tasks: create a complications management form and develop complication protocols
 - LO1 – LO4 performance criteria outcomes will require practical competency to be observed by the Assessor via successfully completing the client’s complications management form and implementing their protocols via simulation
 - LO1 – LO4 knowledge and understanding will be assessed through 1 x SAQ – short answer question paper
 - *LO1 – LO4 knowledge and understanding will also be assessed holistically through the professional discussion for the procedure*

- **Unit AP506: Advanced Aesthetic Procedures: Radio Frequency**
 - LO1 – LO5 skills will be assessed through summative observations:
4 x radio frequency procedures (including at least 1 x body)
Supported by a minimum of 6 supervised formative observations in radio frequency (to cover the range in the indicative content)
Oral questions
 - LO1 – LO5 knowledge and understanding will be assessed through:
1 x SAQ – short answer questions
Professional discussion (based on completed portfolio of evidence)
 - LO6 – Completed Reflective Journal

- **Unit AP604: Advanced Aesthetic Procedures: Mesotherapy**
 - LO1 – LO5 skills will be assessed through summative observations:
4 x mesotherapy procedures (including at least 1 x body)
Supported by a minimum of 5 supervised formative observations in mesotherapy (to cover the range in the indicative content)
Oral questions
 - LO1 – LO5 knowledge and understanding will be assessed through:
1 x SAQ – short answer questions
Professional discussion (based on completed portfolio of evidence)
 - LO6– Completed Reflective Journal

- **Unit AP605: Advanced Aesthetic Procedures: Combining Radio Frequency and Micro-needling**
 - LO1 – LO5 skills will be assessed through summative observations:
4 x combined radio frequency and micro-needling procedures (including at least 1 x body)
Supported by a minimum of 6 supervised formative observations in radio frequency and micro-needling (to cover the range in the indicative content)

Oral questions

- LO1 – LO5 knowledge and understanding will be assessed through:
 - 1 x SAQ – short answer questions
 - Professional discussion (based on completed portfolio of evidence)
- LO6 – Completed Reflective Journal

- **Unit AP606: Advanced Aesthetic Procedures: Skin Boosters**
 - LO1 – LO5 skills will be assessed through summative observations:
 - 4 x skin booster procedures (including at least 1 x body)
 - Supported by a minimum of 5 supervised formative observations in skin boosters (to cover the range in the indicative content)
 - Oral questions
 - LO1 – LO5 knowledge and understanding will be assessed through
 - 1 x SAQ – short answer question paper
 - Professional discussion (based on completed portfolio of evidence)
 - LO6 – Completed Reflective Journal

- **Unit AP607: Vitamin and Mineral Injections for Wellbeing**
 - LO1 – LO4 skills will be assessed through summative observations:
 - 3 x vitamin and/or mineral injection procedures
 - Supported by a minimum of 3 supervised formative observations in vitamin and/or mineral injections (to cover the range in the indicative content)
 - Oral questions
 - LO1 – LO4 knowledge and understanding will be assessed through
 - 1 x SAQ – short answer question paper
 - Professional discussion (based on completed portfolio of evidence)
 - LO5 – Completed Reflective Journal

Special Considerations and Reasonable Adjustments

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

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

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

Malpractice and Maladministration

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

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

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

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

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

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

Contact Details

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