
Unit Specification

UBT501 – Principles, practices, and ethical considerations for advanced aesthetic therapies J/651/6101

Level: 4
Guided Learning Hours (GLH): 40

Overview

This unit will enable learners to develop their knowledge of the principles and practices of advanced aesthetic therapies. Learners will develop their understanding of this emerging profession by inquiring into the history, safety, legal and insurance requirements, alongside the professional bodies influences on the industry. They will summarise methods and the processes of ensuring safety, wellbeing and conforming to health and safety standards. Learners will also appraise the required hygiene processes.

Learners will begin to develop an understanding of how to access research materials relevant to their subject area whilst at the same time developing skills and understanding of how to collate information for evidence-based practice within the advanced aesthetic industry.

Learning outcomes

On completion of this unit, learners will:

LO1 Understand the developments of advanced aesthetic therapies

LO2 Know the benefits and limitations of commonly available advanced aesthetic therapies

LO3 Know the importance of professional conduct and ethical practice in advanced aesthetic therapies

LO4 Understand the key regulations, legislative influences and responsibilities relating to advanced aesthetic therapies

LO5 Understand hygiene issues and infection prevention and control, for advanced aesthetic therapies

Unit content

LO1 Understand the developments of advanced aesthetic therapies

Developments of advanced aesthetic therapies

Taught content

- The definition of advanced aesthetic therapies
- The history and developments of advanced aesthetic therapies
- Current working environments: salons, aesthetic clinic, medispa, medical environments
- The roles of specialist practitioners: medical and advanced
- The difference between medical and advanced treatments, surgical and non-surgical treatments
- Current dispensing models and regulation for the use of topical anaesthetic products
- The role of clinical oversight within advanced aesthetic therapies
- The Keogh Report
- The Joint Council of Cosmetic Practitioners (JCCP)
- The Cosmetic Practice Standards Authority (CPSA)
- Institute of Licensing (IoL)
- Chartered Institute of Environmental Health (CIEH)
- Current BSI standards

LO2 Know the benefits and limitations of commonly available advanced aesthetic therapies

Benefits and limitations of commonly available advanced aesthetic therapies

Taught content

- Blemish removal (thermolysis)
- Chemical skin peeling
- Cryolipolysis
- Dermaplaning
- High Intensity Focused Ultrasound (HIFU)
- Injectable treatments
- Laser/IPL hair removal
- Laser/IPL/LED for skin rejuvenation
- Laser for tattoo removal
- Meso therapy treatments
- Microneedling
- Microblading
- Micropigmentation
- Radio Frequency
- Ultrasound

NB: this list is not exhaustive

LO3 Know the importance of professional conduct and ethical practice in advanced aesthetic therapies

Importance of working in line with organisational procedures

Taught content

- Adhere to all manufacturers' protocols
- Adhering to responsible marketing guidelines and advertising codes, for example the Advertising Standards Authority (ASA), the Committee of Advertising Practice (CAP)
- The individual responsibilities of working within a multidiscipline team
- Lines of communication within a multidiscipline team
- Effective communication with colleagues and other team members
- Respect and appreciation of colleagues and other team members
- The role of supervision mentoring and training
- Conflict resolution
- The potential disadvantages of working in isolation
- Responsibility of working within UK government guidelines relating to level of qualification
- The role of clinical governance within the advanced aesthetic industry
- The importance of Continuing Professional Development (CPD), regulate training and education, career opportunities

Personal qualities which contribute to professional and ethical practice

Taught content

- Professionalism
 - The importance of the consultation process and checking for contra-indications, implications of not checking both ethical and legal
 - Compliance with any particular rights, restrictions and acts applicable to the respective treatment
 - Abiding by relevant code of practice/ethics
 - The need for insurance, professional association membership and licensing (where applicable)
 - Methods of maintaining client care, protecting client modesty, maintaining a duty of care
 - Confidentiality
 - How to follow referral procedures, the need never to diagnose
 - How professionalism contributes to client trust
- Behaving in a professional manner
 - Demonstrating respect to clients and colleagues
 - Good communication and customer service skills
 - Explaining the treatment and products to the clients
 - Showing confidence in abilities
 - Maintaining professional appearance, behaviour and personal hygiene
 - Demonstrating understanding of workplace requirements for professional behaviour
 - Only carrying out treatments within scope of practice and level of qualification
 - Personal qualities which contribute to professional practice

Evidence based practice

Taught content

- The importance, purpose and procedures for obtaining and recording evidence-based practice within the aesthetic industry
- Principles of rudimentary research methodologies and how to undertake literature research
- Methods for critically appraising evidence-based literature
- Understanding systematic review
- Requirements in adhering to evidence-based practice and how and when to apply rationalised deviation from evidence-based protocols
- Applications of information technology and health informatics

Accountability and clinical governance requirements

Taught content

- Reasons for audit and why they are important
 - Reasons for and methods of recording work clearly and accurately
 - The main components of clinical governance
 - Risk management
 - Clinical audit – adverse event recognition and reporting, sign-posting to other relevant professionals
 - Education, training, CPD and peer review
 - Evidence based care and effectiveness
 - Patient and carer experience and involvement
 - Staffing and staff managements

LO4 Understand the key regulations, legislative influences and responsibilities relating to advanced aesthetic therapies

Legal, insurance requirements and government guidelines for working as an advanced aesthetic practitioner

Taught content

- Awareness of local and national government legislation relating to advanced aesthetic therapies of the country therein, for example:
 - The Environmental Protection Act 1990
 - The Work Place Regulations (Health, Safety and Welfare) 1992
 - Health and Safety at Work Act 1974
 - The Management of Health and Safety at Work Regulations 1999
 - The Health and Safety (First Aid) Regulations 1981
 - Dangerous Substances and Preparations (Nickel) (Safety) Regulations 2005
 - The Personal Protective Equipment at Work (Amended) Regulations (PPER) 2022
 - The Provision and Use of Work Equipment Regulations 1998
 - The Control of Substances Hazardous to Health Regulations (COSHH) 2002
 - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013
 - The Electricity at Work Regulations 1989
 - The Fire Precautions Act 1971
 - The Fire Precautions (Workplace) Regulations 1997
 - The Manual Handling Operations Regulations 1992
 - Employers Liability (Compulsory Insurance) Act 1969
 - The Working Time Regulations 1998
 - General Product Safety Regulations 2005
 - UK Registration, Evaluation, Authorisation and Restriction of Chemicals 2021
 - Cosmetic Products (Safety) Regulations 2008
 - The Supply of Goods and Services Act 1982
 - Sale and Supply of Goods Act 1994
 - Consumer Protection Act 1987
 - Trade Descriptions Act 1972
 - Local Government (Miscellaneous Provisions) Act 1982
 - UK General Data Protection Regulation (GDPR)
 - Social Services Act 1970
 - The Equality Act 2010
 - The Environmental Protection Act 1990
 - Safeguarding Vulnerable Groups Act 2006
 - Corporate Manslaughter and Corporate Homicide Act 2007

- The Health Education Report on Non-Surgical Cosmetic Interventions and Hair Restoration Surgery 2016
- Local, national, European legislation
- Legal obligations when working with clients and the general public, for example, disclosure and barring service (DBS) checks
- Industry Codes of Practice relating to risk assessment, consultation, informed consent, confidentiality, visual media, for example photography or video, hygiene, health and safety, use, storage and disposal of hazardous waste and sharps
- Professional indemnity/insurance cover appropriate to discipline and level
- Enforcement Officers – improvement notices, prohibition notices, prosecution

Key responsibilities of legislative requirements

Taught content

- Health and Safety at Work Act 1974 requires employers to:
 - Provide and maintain a safe working environment
 - Provide adequate welfare facilities
 - Provide safe systems of work
 - Provide information, training and supervision
 - Ensure the safe handling, storage and movement of goods and materials
 - Provide and maintain safe equipment
- Examples for employers may include:
 - A training session specifically covering the workplace's policies and reporting on sickness and general welfare, handling and storage of equipment
 - Specific training sessions for staff to develop skills and product knowledge
 - Employers' expectations regarding uniform, professional conduct, client communication and customer service
- Health and Safety at Work Act 1974 requires employees to:
 - Act responsibly and not endanger self or others by an individual's actions
 - Co-operate with an employer to fulfil duties
 - Not misuse anything provided in the interests of health and safety
 - Report all accidents, incidents and unsafe conditions of practice
- Examples for employees may include:
 - Mandatory attendance at training sessions
 - Ensuring professional image and conduct is maintained with the workplace
 - Reporting verbally or in writing to manager, supervisor or owner any accidents or incidents, however minor, that may occur
- Reporting of Injuries, Diseases and Dangerous Occurrence Regulations (RIDDOR) 2013 requires employers to report to the Health and Safety Executive (HSE)
 - Work-related illnesses which may include dermatitis or occupational asthma

- Needle stick injuries: under the requirements of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, employers have legal duties to report certain incidents and dangerous occurrences to the relevant enforcing authority. Incidents such as a puncture wound from a needle known to contain blood contaminated with a blood-borne virus (BBV) should be reported as a dangerous occurrence
- A death or major injury at work
- A dangerous occurrence
- Employees must ensure that they have notified the employer of any potential work-related illness, death, major injury or dangerous occurrence that occurs within the workplace in order that the employer can fulfil their reporting obligations
- The Health and Safety (First Aid) Regulations 1981 requires an employer to:
 - Provide a suitably equipped first aid box
 - Appoint a person to undertake first aid training and to take charge when someone has a minor injury, for example, a burn or cut
- The Manual Handling Operations Regulation 1992 requires employers to:
 - Provide training in manual handling
 - Reduce the risk of injury for any tasks undertaken
 - Assess the working environment for risks
- The Manual Handling Operations Regulation 1992 requires employees to:
 - Take reasonable care and ensure others are not affected by their actions
 - Use equipment provided by an employer to enable staff to move or access heavy loads
 - Follow the safe systems of work that an employer has provided, for example, instructions not to climb on shelves to access products
- The Control of Substances Hazardous to Health Regulations (COSHH) 2002 requires an employer to:
 - Assess the risk to health from hazardous products and decide what precautions are required
 - Introduce appropriate measures to control exposure to hazardous products
 - Ensure employees follow the control measures and safety precautions and use PPE when appropriate
 - Inform and instruct employees about the risks and precautions and train accordingly in dealing with, storing and disposing of hazardous products. COSHH states that all practitioners/employees must be given information, instruction and training on both hazardous and potentially hazardous chemicals used.
- The Personal Protective Equipment (PPE) at Work Regulations 1992 requires an employer to:
 - Assess the need for the need for personal protective equipment
 - Train staff in the use of Personal Protective Equipment (PPE)
 - Ensure PPE is provided and is fit for purpose, for example, protective goggles/glasses to protect the client and practitioner, surgical gloves, medical face masks, plastic sheathing and barrier sheets

- The Personal Protective Equipment at Work (PPE) Regulations 1992 requires an employee to:
 - Be correctly presented with appropriate PPE where treatments may present a risk or hazard. PPE will include all necessary items including gowns, towels, surgical gloves, medical face masks, goggles, plastic sheathing and barrier sheets
 - Protect the client adequately with appropriate covering, drapery, goggles and where required further and additional PPE
- The Electricity at Work Regulations 1989 requires an employer to:
 - Ensure all electrical equipment is checked and a Portable Appliance Test (PAT) is conducted at least once a year by a competent person (qualified PA tester)
 - Ensure all equipment is maintained to prevent danger
 - Ensure all checks are recorded and the equipment updated with appropriate PAT label and associated documentation
 - Ensure these checks are carried out and records maintained including repairs to equipment
- The Electricity at Work Regulations 1989 requires an employee to:
 - Ensure that all equipment has been maintained and is safe to use, for example, equipment with loose or frayed wires is unsafe and must be reported as unusable
 - Report and label any broken equipment to avoid it being used and potentially causing harm
 - Carry out visual checks, only use equipment for its intended purpose, carry out pre-treatment tests in line with the manufacturer's instructions for example, check temperatures and settings on equipment before switching on and using on the client

Licensing regulations for the advanced aesthetic practitioner and premises

Taught content

- Local government licensing
- National licensing as applicable
- Professional association licensing/approved registers
- Responsibilities of employers and employees
- Responsibilities of the self-employed
- Responsibilities of manufacturers, suppliers and installers

Purpose of risk assessments

Taught content

- Risk assessments are carried out to identify hazards, minimise hazards and risks
 - Legislation governing risk assessment of the country therein
 - Legal requirement to provide a safe environment for staff/visitors/clients
 - Identification of potential risks within the advanced aesthetics clinic
 - Importance of risk assessment in the advanced aesthetics clinic
- Risk assessment for:
- Premises
 - Working environment
 - Staff
 - Clients/patients, visitors
 - Treatments/procedures
- Processes involved in risk assessment
 - Employer and employee collaboration on risk assessment process
 - Methods of minimising risk in the advanced aesthetics workplace, for example, establishing and documenting new procedures/protocols, clear and defined roles and responsibility, single point of contact (SPOC)
 - Implications for insurance

Difference between hazards and risks within a workplace

Taught content

- A hazard is something with the potential to cause harm, for example:
 - Trailing wires from equipment
 - Product spilt on the floor
 - Reflective surfaces in laser treatment room
- A risk is the likelihood that the hazard will actually cause harm, for example:
 - The practitioner or a client may trip over the trailing wires
 - The practitioner or a client may slip on a spillage
 - The practitioner or a client may receive indirect exposure to the laser beam reflecting off surfaces

Procedure for completing risk assessments

Taught content

- Risk assessments must be carried out in a workplace at regular intervals. All staff and visitors to a workplace have a right to be protected from harm. An examination of the work area is carried out to identify what might cause harm and a decision made on whether reasonable steps to prevent that harm are in place
- Observe all areas of the workplace
- Identify hazards
- State who or what is at risk
- Determine the level of risk
- Recommend preventative measures/control methods
- Take appropriate action
- Inform or train staff
- Sign and date risk assessment
- Review risk reports and control methods at regular intervals

Areas of risk to consider

Taught content

- Space – utilisation, working area, heating, lighting, ventilation, ergonomics, layout and design of the workplace
- Chemicals – procedures, storage, handling, safe usage, safe disposal, records
- Equipment – sourcing, selection, placement/ergonomics, safe usage, handling, lifting, repairs, maintenance
- Products – sourcing, selection/suitability, placement/ergonomics, safe usage, handling and disposal, records
- Hygiene – personal hygiene, equipment, work surfaces, flooring, treatment protocols, sterilisation and sanitisation methods
- Security (stock) – control systems, procedures, ordering, handling, storage
- Security (cash) – staff training, point of sale, in transit
- Security (people) – staff, clients, visitors, personal belongings, systems, security, emergency evacuation, storage/use of confidential staff/client records, business information, data protection
- Buildings – maintenance of internal and external security, commercially available systems
- Emergency procedures – accidents, first aid, fire evacuation, incidents, personnel, records, belongings, systems, security, emergency evacuation, storage and use of confidential staff and client records, business information, data protection
- Management – recording, implementing, updating processes and procedures, staff training
- Security breaches – stock levels control and monitoring, inventory of equipment, manual and computerised records

Environmental and sustainable working practices

Taught content

- Environmental working practices:
 - Effective and energy efficient working practices, for example lighting; heating and ventilation to meet the Workplace (Health, Safety and Welfare) Regulations (or local regulation requirements to the country being delivered in) for patients/clients and employees, water conservation, environmental waste management
- Sustainable working practices:
 - For example, use products with ingredients from sustainable sources, minimal and sustainable packaging, recyclable, bio-degradable or compostable options for products, disposable and single-use items where appropriate, record product usage, paper-free appointment systems and pricelists

LO5 Understand hygiene issues and infection prevention and control, for advanced aesthetic therapies

Histology of micro-organisms and their form of contamination

Taught content

- Microbial contamination – presence of unwanted microbes for example, bacteria, fungi, viruses
- Bacteria and bacterial infections – types and histology for example, impetigo, folliculitis, conjunctivitis, styes
- Virus and viral infections – types and histology for example, herpes simplex, common warts and verrucae
- Fungi and fungal infections – types and histology for example, tinea corporis
- Parasite and parasitic infections and histology for example, head lice and scabies

Types of blood-borne pathogens and how to prevent contamination

Taught content

- Blood-borne viruses (BBV): Hepatitis B virus (HBV), Hepatitis C virus and Hepatitis D virus, Human immunodeficiency virus (HIV)
- Control measures to prevent contamination
- Prohibition of eating, drinking, smoking/vaping and the application of cosmetics in working areas where there is a risk of contamination
- Prevention of puncture wounds, cuts and abrasions, especially in the presence of blood and body fluids
- Use of appropriate PPE to prevent contamination

How to prevent and deal with needle stick injuries

Taught content

- When possible, avoid use of, or exposure to, sharps such as needles, glass, dermaplaning blades etc, or if unavoidable take care in handling and disposal
- Consider the use of devices incorporating safety features, such as safer needle devices and blunt-ended scissors
- Cover all breaks in exposed skin by using waterproof dressings and suitable gloves
- Protect the eyes and mouth by using protective goggle/glasses and a mask
- Avoid contamination by using appropriate PPE for example, gloves and plastic sheeting
- Use good basic hygiene practices, such as hand washing using an antimicrobial soap
- Control contamination of surfaces by using appropriate sanitisation/sterilisation methods
- Dispose of contaminated waste safely in accordance with local government guidelines
- Immunisation (vaccination) is available against HBV but not other BBVs. The need for a worker to be immunised should be determined by a risk assessment
- Disposal of waste: A risk assessment, as required by COSHH, should be carried out on any waste generated. Certain waste is classified as clinical waste and its collection, storage and disposal is subject to strict controls. All used needles and blades must be placed in a sharps box and disposed of in line with government legislation
- Reporting incidents under the requirements of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013: legal duties to report certain incidents and dangerous occurrences to the relevant enforcing authority. Incidents such as a puncture wound from a needle known to contain blood contaminated with a BBV should be reported as a dangerous occurrence
- Action after possible infection with a BBV – if you are contaminated with blood or other body fluids, take the following action without delay:
- Wash splashes off skin with soap and running water
- If skin is broken, encourage the wound to bleed, do not suck the wound – rinse thoroughly under running water
 - Wash out splashes in eyes using tap water or an eye wash bottle, and nose or mouth with plenty of tap water – do not swallow the water
 - Record the source of contamination
 - Report the incident to the supervisor, line manager or health and safety adviser. Prompt medical advice is important. Medical treatment might be appropriate following infection with a BBV, but to be effective, it may need to be started quickly
 - Contact the nearest Accident and Emergency department for advice without delay

Hygiene and infection control considerations

Taught content

- Use of suitable sterilisation and sanitisation for equipment and surfaces. Single use items as appropriate such as disposable gloves (latex free), disposable hair protectors, applicators, cotton wool, couch roll, clean laundered towels
- General hygiene – i.e. washing of hands before and after treatment, hand gel, clean towels, use of disposables where possible
- Disinfectant or sterilisation – use of heat or chemical methods, bactericides, fungicides, UV cabinet for storage
- Equipment – only used for intended purpose, safe usage/safe handling/storage/visual checks, correct disposal of contaminated waste products
- Knowledge of infection control, bacteria, virus, fungi, parasites, prevention of cross- contamination and disease transmission procedures, levels of infection control, personal immunisation (Hepatitis B), single use barrier consumables for protection against blood borne viruses (BBV) and Methicillin-Resistant Staphylococcus Aureus (MRSA)
- Management of clinical linen
- Decontamination of the clinical environment
- Waste disposal Procedures
- Assess hands regularly for cuts and abrasions – may harbour microorganisms
- Assess skin health regularly for dermatitis – may result from excessive hand washing/continual glove wearing
- Cover any cuts and abrasions with waterproof dressing and change as required
- Use suitable moisturiser to maintain skin health – avoid petroleum-based products which may degrade some disposable gloves
- Report any skin problems to the member of staff responsible for occupational health
- Additional precautions for example:
 - Ventilation
 - Inoculation/vaccination

Personal protective equipment (PPE)

Taught content

- Definition of Personal Protective Equipment (PPE)
- The role of PPE in infection prevention and control
- Employer responsibilities in relation to the provision and use of PPE – risk assessment, Health and Safety at Work Act, Control of Substances Hazardous to Health (COSHH)
- Employee responsibilities in relation to the use of PPE
- Client/patient responsibilities in relation to the use of PPE
- Types of PPE
- Personal protective equipment for staff as appropriate to the treatment/procedure, organisational requirements and regulations of the country therein,
- Personal protective equipment for the client/patient as appropriate to the treatment/procedure, organisational requirements and guidance of the country practicing in
- Risks associated with incorrect use of PPE, for example, spread of infection

Assessment requirements

Learners must complete all assessment requirements related to this unit:

1. Assignment – Short Answer Response (SAR)
2. Theory examination

1. Assignment – Short Answer Response (SAR)

Learners must produce a summative assignment for LO1 within this unit (as detailed below), which forms part of the learner's internal assessment. This on demand summative assignment will be used to measure the learner's knowledge and understanding of the supporting theory linked to advanced aesthetic therapies. The short answer response assignment will target indicative content from within the mandatory unit specifications.

The assignment is externally set and internally marked by the centre using guidance and amplifications set by VTCT Skills. This assignment should be completed before the learner is entered for the qualification's individual unit practical and written examinations, at the end of the period of learning. The assignment must contain proficient evidence that the learners have conducted independent research to meet all the assessment criteria below.

At this level, learners are expected to demonstrate a thorough understanding of advanced aesthetic therapies. This includes a deep knowledge of all relevant concepts, theories, and practices, with the ability to analyse and evaluate information from diverse sources. Additionally, learners should articulate complex theoretical ideas clearly and effectively and conduct thorough independent research using a variety of academic sources to support their understanding and arguments.

Learning Outcome	Assessment Criteria
LO1 Understand the developments of advanced aesthetic therapies	1.1 Development of advanced aesthetic therapies

2. Theory examination

Learners must complete a theory examination for certain criteria within this unit (as detailed below). This will consist of a multiple-choice question paper which is mapped to the relevant assessment criteria stated below.

The theory examination will test knowledge and understanding from across LO2, LO3, LO4 and LO5. Learners should use the unit content sections of this unit to aid revision since exam questions will test the full breadth of this content over time.

Questions in the exam will typically require responses that satisfy the demands of the following command verbs: Compare, Explain and Justify.

Learning Outcome	Assessment Criteria
LO2 Know the benefits and limitations of commonly available advanced aesthetic therapies	2.1 Benefits and limitations of commonly available advanced aesthetic therapies

Learning Outcome	Assessment Criteria
LO3 Know the importance of professional conduct and ethical practice in advanced aesthetic therapies	3.1 Importance of working in line with organisational procedures
	3.2 Personal qualities which contribute to professional practice
	3.3 Evidence based practice
	3.4 Accountability and clinical governance requirements

Learning Outcome	Assessment Criteria
LO4 Understand the key regulations, legislative influences and responsibilities relating to advanced aesthetic therapies	4.1 Legal, insurance requirements and government guidelines for working as an advanced aesthetic practitioner
	4.2 Key responsibilities of legislative requirements
	4.3 Licensing regulations for the advanced aesthetic practitioner and premises
	4.4 Purpose of risk assessments
	4.5 Difference between hazards and risks within a workplace
	4.6 Procedures for completing risk assessments
	4.7 Areas of risk to consider
	4.8 Environmental and sustainable working practices in relation to advanced aesthetic therapies

Learning Outcome	Assessment Criteria
LO5 Understand hygiene issues and infection prevention and control, for advanced aesthetic therapies	5.1 Histology of micro-organisms and their form of contamination
	5.2 Types of blood-borne pathogens and how to prevent contamination
	5.3 How to prevent and deal with needle stick injuries
	5.4 Hygiene and infection control considerations
	5.5 Personal Protective Equipment (PPE)

Document History

Version	Issue Date	Changes	Role
v1	09/052025	First published	Qualification Development Manager