



Qualification Specification

ProQual Level 4 Diploma in Aesthetic Treatments and Skin Science

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This qualification is part of ProQual's broad offer of qualifications in the Hair and Beauty Sector.

To find out more about other qualifications in this, or any other sector, or for our latest fees; check our Fees Schedule via the QR code below:



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Introduction

The ProQual Level 4 Diploma in Aesthetic Treatments and Skin Science provides a nationally recognised qualification for those working in the beauty industry, and who want to develop their knowledge and skills in advanced aesthetic treatments.

The aims of this qualification are:

- To develop an of the ethics and principles that underpin advanced aesthetic practice.
- To develop an understanding of the skin science that underpins advanced aesthetic practice.
- To build and demonstrate competence in a range of advanced aesthetic techniques.
- To provide a progression route within the beauty industry, for those interested in providing aesthetic treatments.

The awarding body for this qualification is ProQual AB. This qualification has been approved for delivery in England and Northern Ireland. The regulatory body for this qualification is Ofqual, and this qualification has been accredited onto the Regulated Qualification Framework (RQF), and has been published in Ofqual's Register of Qualifications.

Qualification Profile

Qualification Title:	ProQual Level 4 Diploma in Aesthetic Treatments and Skin Science
Qualification Number:	610/4475/1
Level:	Level 4
Total Qualification Time (TQT):	635 Hours
Guided Learning Hours (GLH):	442 Hours
Assessment:	Pass / Fail
	Internally assessed and verified by centre staff
	External quality assured by ProQual Verifiers
Qualification Start Date:	02/09/2024
Qualification Review Date:	01/08/2025
Next Review Due:	01/08/2028

Learner Profile

Candidates for this qualification **must** meet **all** the following entry criteria:

- Be **aged 18 or older**, on the day that they are registered with ProQual.
Centres are reminded that no assessment work should be undertaken until the candidate is registered.
- **One** of the following:
 - Hold the ProQual Level 3 Certificate in Pathway to Aesthetic Practices, or an equivalent qualification.
 - Have at least 5 years of verifiable experience working within the beauty sector.

Centres must carry out initial checks to ensure that any candidate meets these entry criteria, prior to registration.

Candidates for this qualification should either:

- Be employed in a role where they will have the opportunity to carry out advanced aesthetic treatments on a range of clients.

OR

- Be enrolled with a training provider, which will enable them to carry out aesthetic treatments on a range of simulated or real clients.

Centres should carry out an initial assessment of candidate skills and knowledge to identify any gaps and help plan the assessment. Centres are required to maintain evidence that candidates meet the entry requirements listed above.

Candidates who complete this qualification, and who wish to further develop their knowledge and skills in the beauty sector, could progress to study additional qualifications from ProQual's hair and beauty suite; particularly the level 7 Diploma in Aesthetic Practice.

Qualification Structure

This qualification consists of **five** mandatory units. Candidates must complete all mandatory units to complete this qualification. In addition, this qualification has nine optional units. Candidates are required to complete a **minimum of four** optional units. Candidates may complete more than four optional units if they wish.

Unit Number	Unit Title	Level	TQT	GLH
Mandatory Units – Candidates must complete all units in this group.				
J/651/2395	Health and Safety in a Salon Environment	2	10	10
L/651/2397	Infection Control and Prevention for Cosmetic, Aesthetic and Needle Related Treatments	2	25	20
H/651/2410	Ethics and Principles for Aesthetic Treatments	4	80	45
J/651/2411	Advanced Skin Science for Aesthetic Treatments	4	80	45
K/651/2412	Advanced Skin Assessment and Investigative Consultation for Aesthetic Treatments	4	80	70
Optional Units – Candidates must complete a minimum of four units in this group.				
K/651/2403	Principles and Practice of Cosmetic Micropigmentation	4	100	77
L/651/2404	Eyebrow Micropigmentation Microblading -Manual Method	4	100	75
M/651/2405	Principles and Practice of Scalp Micropigmentation	4	80	50
Y/651/2408	Removal of Skin Blemishes, Skin Tags and Moles Using Non-Surgical Cosmetic Procedures	4	80	50
T/651/2407	Skin Tightening Using the Plasma Pen	4	120	100
L/651/2413	Principles and Practice of Microneedling Treatments	5	100	80
M/651/2414	Principles and Practice of Chemical Peel Treatments	5	100	80
J/651/2402	Principles and Practice of Dermaplaning Treatments	4	100	80

Centre Requirements

Centres must be approved to deliver this qualification. If your centre is not approved to deliver this qualification, please complete and submit the **ProQual Additional Qualification Approval Form**.

Materials produced by centres to support candidates should:

- Enable them to track their achievements as they progress through the learning outcomes and assessment criteria.
- Provide information on where ProQual's policies and procedures can be viewed.
- Provide a means of enabling Internal and External Quality Assurance staff to authenticate evidence.

If centres are not commercially active salons, they **must** simulate the working environment as closely as possible. They must have access to the equipment required to complete the treatments within the optional units selected.

Certification

Candidates who achieve the requirements for this qualification will be awarded:

- A certificate listing all units achieved, and
- A certificate giving the full qualification title:

ProQual Level 4 Diploma in Aesthetic Treatments and Skin Science

Claiming Certificates

Centres may claim certificates for candidates who have been registered with ProQual and who have successfully achieved the qualification. All certificates will be issued to the centre for successful candidates.

Unit Certificates

If a candidate does not achieve all of the units required for a qualification, the centre may claim a unit certificate for the candidate which will list all of the units achieved.

Replacement Certificates

If a replacement certificate is required a request must be made to ProQual in writing. Replacement certificates are labelled as such and are only provided when the claim has been authenticated. Refer to the Fee Schedule for details of charges for replacement.

Assessment Requirements

Each candidate is required to produce a portfolio of evidence which demonstrates their achievement of all of the learning outcomes and assessment criteria for each unit.

Evidence can include:

- Observation report by assessor
- Assignments/projects/reports
- Professional discussion
- Witness testimony
- Candidate product
- Worksheets
- Record of oral and written questioning
- Recognition of Prior Learning

Candidates must demonstrate the level of competence described in the units. Assessment is the process of measuring a candidate's skill, knowledge and understanding against the standards set in the qualification.

Centre staff assessing this qualification must be **occupationally competent** and qualified to make assessment decisions.. Assessors who are suitably qualified may hold a qualification such as, but not limited to:

- ProQual Level 3 Certificate in Teaching, Training and Assessment.
- ProQual Level 3 Award in Education and Training.
- ProQual Level 3 Award in Assessing Competence in the Work Environment.
(Suitable for assessment taking place in a working salon only.)
- ProQual Level 3 Award in Assessing Vocational Achievement.
(Suitable for assessment taking place in a simulated training environment only.)

Candidate portfolios must be internally verified by centre staff who are **occupationally knowledgeable** and qualified to make quality assurance decisions. Internal verifiers who are suitably qualified may hold a qualification such as:

- ProQual Level 4 Award in the Internal QA of Assessment Processes and Practice.
- ProQual Level 4 Certificate in Leading the Internal QA of Assessment Processes and Practice.

Occupationally competent means capable of carrying out the full requirements contained within a unit. **Occupationally knowledgeable** means possessing relevant knowledge and understanding.

Enquiries, Appeals and Adjustments

Adjustments to standard assessment arrangements are made on the individual needs of candidates. ProQual's Reasonable Adjustments Policy and Special Consideration Policy sets out the steps to follow when implementing reasonable adjustments and special considerations and the service that ProQual provides for some of these arrangements.

Centres should contact ProQual for further information or queries about the contents of the policy.

All enquiries relating to assessment or other decisions should be dealt with by centres, with reference to ProQual's Enquiries and Appeals Procedures.

Units – Learning Outcomes and Assessment Criteria

Title:		Health and Safety in a Salon Environment		Level:	2
Unit Number:	J/651/2395	TQT:	10	GLH:	10
Learning Outcomes <i>The learner will be able to:</i>		Assessment Criteria <i>The learner can:</i>			
1	Prepare salon areas for treatment.	1.1	Identify common hazards and risks in a salon environment.		
		1.2	State the health and safety requirements for practitioners carrying out beauty treatments, including but not limited to: • Health and Safety at Work Act. • The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR). • Manual Handling Operations Regulations. • Control of Substances Hazardous to Health Regulations (COSHH).		
		1.3	Describe how to clean, disinfect and sterilise different types of tools and equipment.		
		1.4	Explain the difference between sterilisation and disinfection.		
		1.5	Explain why it is important to follow salon procedures and any given instructions when setting up tools and equipment for a given treatment.		
		1.6	Describe the required environmental conditions for a given treatment, including: • Lighting. • Heating. • Ventilation. • General Comfort.		

1	<i>Continued</i>	1.7	Explain why it is important that the above environmental conditions are provided.
		1.8	Explain why it is important to maintain personal hygiene, protection and appearance according to accepted industry and organisational standards.
		1.9	Explain the reasons and importance of keeping records of treatments.
2	Maintain salon treatment areas.	2.1	Explain how to safely dispose of waste materials and products from beauty treatments.
		2.2	Explain the requirements for re-stocking products and other items.
		2.3	Describe own responsibilities in relation to the storage of: • Equipment. • Products. • Client Records.
		2.4	Describe how the work area should be left after a treatment.
		2.5	Explain why it is important to leave the work area in the condition described above.

Additional Assessment Information

This unit is **knowledge based**. This means that evidence is expected to take the form of candidate's written work and/or records of appropriate professional discussions.

Centres may use the appropriate ProQual Candidate Workbook, or their own, centre devised, assignments.

This unit is a **common unit**. Centres should be aware that candidates may have completed this unit as part of another ProQual Hair and Beauty qualification and may be eligible for recognition of prior learning.

Title:		Infection Control and Prevention for Cosmetic, Aesthetic and Needle Related Treatments		Level:	2
Unit Number:	L/651/2397	TQT:	25	GLH:	20
Learning Outcomes <i>The learner will be able to:</i>		Assessment Criteria <i>The learner can:</i>			
1	Understand non-infectious and infectious hazards that are associated with cosmetic, aesthetic and needle treatments.	1.1	Describe the cell structure and key features of: • Bacteria. • Fungi. • Viruses.		
		1.2	Describe the ideal conditions for the growth of micro-organisms.		
		1.3	Define the term "pathogen".		
		1.4	List five common illness caused by: • Bacteria. • Fungi. • Viruses.		
		1.5	Define the term "parasite".		
		1.6	Explain the difference between an endoparasite and an ectoparasite.		
		1.7	Identify three common ectoparasites that colonise humans.		
		1.8	Explain the difference between infection and colonisation.		
		1.9	Describe what is meant by: • Localised infection. • Systemic infection.		

1	Continued	1.10	Describe what is meant by: • Direct transmission. • Indirect transmission. • Vector transmission.
		1.11	Describe how, within the salon environment, an infective agent could: • Enter the body. • Be transmitted from person to person.
		1.12	Identify common non-infectious hazards that might arise as part of cosmetic, aesthetic or needle treatments.
		1.13	Explain how an injury to the skin can be a risk to an individual.
		1.14	Identify treatments within the salon that would require the use of infection control procedures.
2	Understand how to control non-infectious and infectious risk.	2.1	Explain the roles and responsibilities of the employer and employee in the prevention and control of infection.
		2.2	Explain how the skin acts as a defence against infection.
		2.3	Describe the procedures that would be followed, in relation to infection prevention and control, for: • Consultation. • Aftercare. • Hand Hygiene. • Environment management. • Equipment management. • Cleaning, disinfecting and sterilisation. • Personal protective equipment. • Management of body fluids. • Needle stick injuries. • Waste disposal and collection. • Management of occupational exposure.

Additional Assessment Information

This unit is **knowledge based**. This means that evidence is expected to take the form of candidate's written work and/or records of appropriate professional discussions.

Centres may use the ProQual Level 2 Award in Infection Control and Prevention in Aesthetic Practice Candidate Workbook, or their own, centre devised, assignments.

This unit is a **common unit**. Centres should be aware that candidates may have completed this unit as part of another ProQual Hair and Beauty qualification and may be eligible for recognition of prior learning.

Title:		Ethics and Principles for Aesthetic Treatments		Level:		4					
Unit Number:		H/651/2410		TQT:		80		GLH:		45	
Learning Outcomes The learner will be able to:				Assessment Criteria The learner can:							
1	Understand working practices for advanced aesthetic treatments.	1.1	Describe the legislative and regulatory requirements that cover advanced aesthetic treatments.								
		1.2	Assess governance, legal and insurance requirements for advanced aesthetic treatments.								
		1.3	Explain the importance of following organisational procedures.								
		1.4	Describe how working practices for advanced aesthetic treatments can be made environmentally friendly and sustainable.								
		1.5	Evaluate methods of sterilisation for advanced aesthetic treatments, including: - Physical methods. - Chemical methods.								
		1.6	Describe the benefits and uses of action research and technology in advanced aesthetic treatments.								
		1.7	Describe the benefits and importance of CPD and reflective practices in advanced aesthetic treatments.								
		1.8	Describe the process and procedure for client information gathering and record keeping.								
2	Understand the development of advanced aesthetic practice.	2.1	Describe how advanced aesthetic treatments have developed through time.								
		2.2	Evaluate two key developments in the history of aesthetic treatments.								

Additional Assessment Information

This unit is **knowledge based**. This means that evidence is expected to take the form of candidate's written work and/or records of appropriate professional discussions.

Centres may use the ProQual Level 4 Diploma in Aesthetic Treatments and Skin Science Candidate Workbook, or their own, centre devised, assignments.

Title:		Advanced Skin Science for Aesthetic Treatments		Level:	4
Unit Number:		J/651/2411	TQT:	80	GLH: 45
Learning Outcomes <i>The learner will be able to:</i>		Assessment Criteria <i>The learner can:</i>			
1	Understand the physiology of ageing skin.	1.1	Describe the structure and function of the skin.		
		1.2	Define “extrinsic” and “intrinsic” ageing.		
		1.3	Explain how intrinsic ageing of skin occurs.		
		1.4	Identify extrinsic cause of skin ageing.		
		1.5	Explain how exposure to UV radiation causes aging of the skin.		
		1.6	Describe the signs and symptoms of ageing skin.		
		1.7	Describe the process by which skin is repaired.		
		1.8	Describe how ageing effects the skin's natural ability to repair.		
		1.9	Compare the processes of desquamation and exfoliation.		
2	Understand advanced skin science.	2.1	Describe different skin types.		
		2.2	Evaluate skin classification methods, including: • Fitzpatrick scale. • Glogau scale photo-damage. • Lancer scale. • Phenotype and genotype. • Monk skin tone scale. • Rubins scale.		
		2.3	Explain skin classification equipment.		

2	Continued	2.4	Describe what is meant by the following skin types: • Dry. • Oily. • Combination. • Balanced.
		2.5	Describe the following skin conditions: • Lax elasticity. • Hyper and hypo pigmentation. • Congested. • Pustular. • Fragile. • Vascular. • Sensitive. • Dehydrated. • Photo-sensitive. • Photo-aged. • Lack lustre.
		2.6	Define the terms: • Relative contraindication. • Absolute contraindication.
		2.7	Identify possible relative contraindications for aesthetic treatments.
		2.8	Identify possible absolute contraindications for aesthetic treatments.
		2.9	Describe the processes to followed if a contraindication is identified.
		2.10	Explain what anaphylactic shock is.
		2.11	Describe the signs and symptoms of anaphylactic shock.
		2.12	Describe the procedures for dealing with anaphylactic shock.
		2.13	Describe the role of a first aider.
		2.14	Describe the role of a mental health first aider.

Additional Assessment Information

This unit is **knowledge based**. This means that evidence is expected to take the form of candidate's written work and/or records of appropriate professional discussions.

Centres may use the ProQual Level 4 Diploma in Aesthetic Treatments and Skin Science Candidate Workbook, or their own, centre devised, assignments.

Title:		Advanced Skin Assessment and Investigative Consultation for Aesthetic Treatments		Level:	4
Unit Number:		K/651/2412	TQT:	80	GLH: 50
Learning Outcomes <i>The learner will be able to:</i>		Assessment Criteria <i>The learner can:</i>			
1	Understand appropriate workplace behaviours for advanced skin assessment and investigative consultation.	1.1	Explain requirements for carrying out skin assessment and investigative consultation, in regard to: • Legal requirements. • Relevant standards. • Insurance.		
		1.2	Describe the appropriate, professional appearance and behaviours for investigative consultation.		
		1.3	Explain the importance of following organisational processes and procedures.		
		1.4	Explain the importance of working within the scope of your practice.		
		1.5	Evaluate communication methods and their purposes when talking to clients and colleagues.		
		1.6	Explain the importance and requirements of gaining informed consent from the client.		
		1.7	Evaluate organisational processes and procedures for dealing with complaints.		
		1.8	Explain the importance of collaboration with competent professionals to support effective and safe working practices.		
		1.9	Describe ways to manage clients' expectations.		

2	Understand advanced skin assessment and investigative consultation.	2.1	Evaluate methods of obtaining information from the client.
		2.2	Describe the information required prior to carrying out advanced skin assessment and investigative consultation.
		2.3	Explain the importance of the rationale for the proposed skin analysis, expected findings in different skin types and the role of evidence-based practice.
		2.4	Discuss organisational process and procedures in relation to photographs, images and videos for advanced skin assessment and investigative consultation.
		2.5	Explain the importance of recognising suspicious skin irregularities and lesions and referring to a relevant healthcare professional.
		2.6	Explain how the skin consultation, initial assessment, available evidence and the skin analysis outcomes collectively inform a bespoke treatment plan, including: • The impact on the prognosis • The variety of options available for management.
		2.7	Explain 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: • The rights of the individual. • Audit and accountability.

Additional Assessment Information

This unit is **knowledge based**. This means that evidence is expected to take the form of candidate's written work and/or records of appropriate professional discussions.

Centres may use the ProQual Level 4 Diploma in Aesthetic Treatments and Skin Science Candidate Workbook, or their own, centre devised, assignments.

Title:		Principles and Practice of Cosmetic Micropigmentation		Level:	4
Unit Number:	K/651/2403	TQT:	100	GLH:	77
Learning Outcomes <i>The learner will be able to:</i>		Assessment Criteria <i>The learner can:</i>			
1	Understand how to prepare for and carry out cosmetic micropigmentation on the face.	1.1	Describe how to set up the workspace, trolley, couch and PPE for a micropigmentation procedure.		
		1.2	Describe the following needle types: • Flat. • Magnum. • Round. • Single point. • Sloped. • Micro. • Shaders and liners. • Nano.		
		1.3	Identify the size and type of needle to use for each of: • Eyebrows – Stroke Effect. • Eyebrows – Powder Effect. • Eyebrows – Thickener. • Eyeliner. • Lipliner. • Full Lip Colour.		
		1.4	Describe how to mix pigments for eyebrow, eyeliner and lipliner micropigmentation, for the following shades: • Fitzpatrick 1. • Fitzpatrick 2. • Fitzpatrick 3cool. • Fitzpatrick 3warm. • Fitzpatrick 4cool. • Fitzpatrick 4warm. • Fitzpatrick 5. • Fitzpatrick 6.		

1	Continued	1.5	State in which layer of the skin the pigment is implanted.
		1.6	Describe the possible adverse effects if the pigment is implanted: • Too deep. • Too shallow.
		1.7	Describe the structure and function of the endocrine system.
		1.8	Describe the structure and function of the circulatory system.
		1.9	Explain the changes that occur to the endocrine and circulatory systems after the body has received a cosmetic tattoo.
		1.10	Describe how to treat a client to stem any bleeding that occurs during the procedure.
		1.11	Explain how the micropigmentation procedure is different for under 35s and under 50s. The explanation should include consideration of: • Skin laxity. • Colouring. • Speed of the tattoo gun. • Needle choice.
		1.12	Explain how to perform a retouch for a client who: • Has faded, but hair strokes visible. • Has lost all pigment on the brow. • Is still in the healing phase. • Has eyeliner that has healed patchy. • Has lips that have lost all pigment within two weeks of treatment.
		1.13	State the required length of time between first and retouch procedures.
		1.14	Describe the stages of skin healing.

1	Continued	1.15	Describe the effect on freshly micro-pigmented skin of: • The sun. • Water • Cosmetics.
		1.16	Describe how to handle a client who is unhappy with the result, including if this may result in legal action.
2	Carry out a micropigmentation treatment on the eyebrows – Stroke Effect.	2.1	Prepare the workspace for treatment, including: • Trolley. • Products. • Couch.
		2.2	Complete a consultation with the client, including: • Agreeing treatment objectives. • Agreeing design template. • Agreeing pain management strategy.
		2.3	Magnify and illuminate the treatment area.
		2.4	Safely apply topical anaesthetic.
		2.5	Select the appropriate type of size of needle for the treatment.
		2.6	Select and use colour pigments in accordance with the treatment objectives.
		2.7	Measure the client's eyebrows using the calliper and cotton method.

2	Continued	2.8	Complete the treatment, using the correct techniques, to the client's satisfaction. Treatment Techniques include: • Pointillism. • Pendulum. • Shading. • Obovoid. • Cross-hatching. • Sweep. • Stroke. • Three-way stretch. • Needle depth. • Speed. • Pressure. • Angle. • Pigment dipping. • Wrist support. • Posture and Positioning. • Treatment Passes.
		2.9	Take photographic evidence of the treatment area following organisational procedures.
		2.10	Complete the client's records and store in accordance with data legislation.
		2.11	Tidy the workspace, including the correct disposal of needles and dressings.
		2.12	Complete an evaluation of the treatment with the client.
		2.13	Collate and record information from client feedback, client records and own observations.
		2.14	Provide verbal and written advice and recommendations to the client regarding: • Post treatment aftercare. • Future treatment.

3	Carry out a micropigmentation treatment on the eyebrows – Powder Effect.	3.1	Prepare the workspace for treatment, including: • Trolley. • Products. • Couch.
		3.2	Complete a consultation with the client, including: • Agreeing treatment objectives. • Agreeing design template. • Agreeing pain management strategy.
		3.3	Magnify and illuminate the treatment area.
		3.4	Safely apply topical anaesthetic.
		3.5	Select the appropriate type of size of needle for the treatment.
		3.6	Select and use colour pigments in accordance with the treatment objectives.
		3.7	Measure the client's eyebrows using the calliper and cotton method.
		3.8	Complete the treatment, using the correct techniques, to the client's satisfaction. Treatment Techniques include: • Pointillism. • Pendulum. • Shading. • Obovoid. • Cross-hatching. • Sweep. • Stroke. • Three-way stretch. • Needle depth. • Speed. • Pressure. • Angle. • Pigment dipping. • Wrist support. • Posture and Positioning. • Treatment Passes.

3	<i>Continued</i>	3.9	Take photographic evidence of the treatment area following organisational procedures.
		3.10	Complete the client's records and store in accordance with data legislation.
		3.11	Tidy the workspace, including the correct disposal of needles and dressings.
		3.12	Complete an evaluation of the treatment with the client.
		3.13	Collate and record information from client feedback, client records and own observations.
		3.14	Provide verbal and written advice and recommendations to the client regarding: • Post treatment aftercare. • Future treatment.
4	Carry out a micropigmentation treatment for Eyelash Thickener.	4.1	Prepare the workspace for treatment, including: • Trolley. • Products. • Couch.
		4.2	Complete a consultation with the client, including: • Agreeing treatment objectives. • Agreeing design template. • Agreeing pain management strategy.
		4.3	Magnify and illuminate the treatment area.
		4.4	Safely apply topical anaesthetic.
		4.5	Select the appropriate type of size of needle for the treatment.
		4.6	Select and use colour pigments in accordance with the treatment objectives.

4	Continued	4.7	Draw the eyelash thickener in place using a black pencil and receive acceptance before starting the procedure.
		4.8	Complete the treatment, using the correct techniques, to the client's satisfaction. Treatment Techniques include: • Pointillism. • Pendulum. • Shading. • Obovoid. • Cross-hatching. • Sweep. • Stroke. • Three-way stretch. • Needle depth. • Speed. • Pressure. • Angle. • Pigment dipping. • Wrist support. • Posture and Positioning. • Treatment Passes.
		4.9	Take photographic evidence of the treatment area following organisational procedures.
		4.10	Complete the client's records and store in accordance with data legislation.
		4.11	Tidy the workspace, including the correct disposal of needles and dressings.
		4.12	Complete an evaluation of the treatment with the client.
		4.13	Collate and record information from client feedback, client records and own observations.
		4.14	Provide verbal and written advice and recommendations to the client regarding: • Post treatment aftercare. • Future treatment.

5	Carry out a micropigmentation treatment on Eyeliner.	5.1	Prepare the workspace for treatment, including: • Trolley. • Products. • Couch.
		5.2	Complete a consultation with the client, including: • Agreeing treatment objectives. • Agreeing design template. • Agreeing pain management strategy.
		5.3	Magnify and illuminate the treatment area.
		5.4	Safely apply topical anaesthetic.
		5.5	Select the appropriate type of size of needle for the treatment.
		5.6	Select and use colour pigments in accordance with the treatment objectives.
		5.7	Pencil the liner in correctly around the eyes and receive acceptance before starting the procedure.
		5.8	Complete the treatment, using the correct techniques, to the client's satisfaction. Treatment Techniques include: • Pointillism. • Pendulum. • Shading. • Obovoid. • Cross-hatching. • Sweep. • Stroke. • Three-way stretch. • Needle depth. • Speed. • Pressure. • Angle. • Pigment dipping. • Wrist support. • Posture and Positioning. • Treatment Passes.

5	<i>Continued</i>	5.9	Take photographic evidence of the treatment area following organisational procedures.
		5.10	Complete the client's records and store in accordance with data legislation.
		5.11	Tidy the workspace, including the correct disposal of needles and dressings.
		5.12	Complete an evaluation of the treatment with the client.
		5.13	Collate and record information from client feedback, client records and own observations.
		5.14	Provide verbal and written advice and recommendations to the client regarding: • Post treatment aftercare. • Future treatment.
6	Carry out a micropigmentation treatment for Lipliner.	6.1	Prepare the workspace for treatment, including: • Trolley. • Products. • Couch.
		6.2	Complete a consultation with the client, including: • Agreeing treatment objectives. • Agreeing design template. • Agreeing pain management strategy.
		6.3	Magnify and illuminate the treatment area.
		6.4	Safely apply topical anaesthetic.
		6.5	Select the appropriate type of size of needle for the treatment.
		6.6	Select and use colour pigments in accordance with the treatment objectives.

6	Continued	6.7	Outline the lips using a soft sharp pencil and receive acceptance before starting the procedure.
		6.8	Complete the treatment, using the correct techniques, to the client's satisfaction. Treatment Techniques include: • Pointillism. • Pendulum. • Shading. • Obovoid. • Cross-hatching. • Sweep. • Stroke. • Three-way stretch. • Needle depth. • Speed. • Pressure. • Angle. • Pigment dipping. • Wrist support. • Posture and Positioning. • Treatment Passes.
		6.9	Take photographic evidence of the treatment area following organisational procedures.
		6.10	Complete the client's records and store in accordance with data legislation.
		6.11	Tidy the workspace, including the correct disposal of needles and dressings.
		6.12	Complete an evaluation of the treatment with the client.
		6.13	Collate and record information from client feedback, client records and own observations.
		6.14	Provide verbal and written advice and recommendations to the client regarding: • Post treatment aftercare. • Future treatment.

7	Carry out a micropigmentation treatment for Full Lip Colour.	7.1	Prepare the workspace for treatment, including: • Trolley. • Products. • Couch.
		7.2	Complete a consultation with the client, including: • Agreeing treatment objectives. • Agreeing design template. • Agreeing pain management strategy.
		7.3	Magnify and illuminate the treatment area.
		7.4	Safely apply topical anaesthetic.
		7.5	Select the appropriate type of size of needle for the treatment.
		7.6	Select and use colour pigments in accordance with the treatment objectives.
		7.7	Outline the lips using a soft sharp pencil and receive acceptance before starting the procedure.
		7.8	Complete the treatment, using the correct techniques, to the client's satisfaction. Treatment Techniques include: • Pointillism. • Pendulum. • Shading. • Obovoid. • Cross-hatching. • Sweep. • Stroke. • Three-way stretch. • Needle depth. • Speed. • Pressure. • Angle. • Pigment dipping. • Wrist support. • Posture and Positioning. • Treatment Passes.

7	Continued	7.9	Take photographic evidence of the treatment area following organisational procedures.
		7.10	Complete the client's records and store in accordance with data legislation.
		7.11	Tidy the workspace, including the correct disposal of needles and dressings.
		7.12	Complete an evaluation of the treatment with the client.
		7.13	Collate and record information from client feedback, client records and own observations.
		7.14	Provide verbal and written advice and recommendations to the client regarding: • Post treatment aftercare. • Future treatment.

Additional Assessment Information

Learning Outcome 1 is **knowledge based**. This means that evidence is expected to take the form of candidate's written work and/or records of appropriate professional discussions.

Learning Outcomes 2-7 are **competency based**. This means that the candidate is expected to perform the tasks, and demonstrate the level of competence, outlined in the assessment criteria. It is expected that evidence will be a combination following:

- Photographic and/or video evidence of the candidate's practical work.
- Assessor's observation report.
- Expert witness testimony.
- Candidate reflection on own practical work

An observation report and witness testimony are differentiated as follows:

- An **assessor's report** is completed by a qualified assessor who observes the candidate carrying out practical work. The assessor will make assessment decisions as they observe and record these in the report, alongside a commentary of what they observe.
- A **witness statement** is completed by a suitably qualified or experienced expert who observes the candidate carrying out practical work. The witness statement will contain **only** a commentary of what has been observed. An assessor must then use the witness statement, alongside any additional evidence to make assessment decisions.
- In all cases, an assessor's report is preferred as evidence over a witness statement; as it is always better for an assessor to observe a candidate live.

Assessors may wish use to use a checklist or evidence matrix to organise and track the assessment outcomes that have been achieved, but these **do not**, in themselves, constitute evidence of achievement.

An assessor's report or witness statement alone is unlikely to be sufficient evidence of achievement. Reports and statements should always be accompanied by photographic and/or video evidence.

Centres may use the ProQual Level 4 Certificate in Micropigmentation Candidate Workbook to organise candidate evidence or may use their own portfolio templates.

Stroke and powder effect eyebrow treatments must be observed **at least three times, with a minimum of one stroke effect and one powder effect treatment**. Eyelash thickener and eyeliner treatments must be observed a minimum of **three times, with a minimum of one eyelash thickener and one eyeliner treatment**. Lipliner and full lip treatments must be observed a minimum of **three times, with a minimum of one lipliner and one full lip colour treatment**. All minimum observation requirements must be met before this unit is awarded. Both the candidate and live model must be **at least 18 years old**.

Evidence of practical skills **may** be simulated, provided:

- The simulated environment matches, as close as possible, the real-world working environment.
- The candidate performs any assessed treatment on a live model.

Title:		Eyebrow Micropigmentation Microblading - Manual Method		Level:	4
Unit Number:	L/651/2404	TQT:	100	GLH:	75
Learning Outcomes <i>The learner will be able to:</i>		Assessment Criteria <i>The learner can:</i>			
1	Understand how to set up the workplace and prepare for a microblading procedure.	1.1	Describe how to set up the workspace, trolley, couch and PPE for a microblading procedure.		
		1.2	Describe how to determine the most suitable blade for a treatment, based on: - Client age. - Type of brow. - Thickness of brow.		
		1.3	Identify in which layer of skin the pigment is implanted.		
		1.4	Describe the possible adverse effects if the pigment is implanted: - Too deep. - Too shallow.		
		1.5	Describe the structure and function of the endocrine system.		
		1.6	Describe the structure and function of the circulatory system.		
		1.7	Explain the changes that occur to the endocrine and circulatory systems after the body has received a cosmetic tattoo.		

1	Continued	1.8	Describe how to treat a client to stem any bleeding during the procedure.
		1.9	Explain how the microblading procedure is different for under 35s and under 50s. The explanation should include consideration of: • Skin laxity. • Colouring.
		1.10	Explain how to perform a retouch for a client who: • Has faded, but still visible, hair strokes. • Has lost all hair strokes. • Is still in the healing phase.
		1.11	State the required length of time between first and retouch procedures.
		1.12	Describe the stages of skin healing.
		1.13	Describe the effect on freshly micro-pigmented skin of: • The sun. • Water. • Cosmetics.
		1.14	Describe how to handle a client who is unhappy with the result, including if this may result in legal action.
2	Carry out a microblading procedure.	2.1	Prepare the workspace for treatment, including: • Trolley. • Products. • Couch. • Appropriate PPE.

2	Continued	2.2	Complete a consultation with the client, including: • Agreeing treatment objectives. • Agreeing design template. • Agreeing pain management strategy.
		2.3	Magnify and illuminate the treatment area.
		2.4	Safely apply topical anaesthetic.
		2.5	Select the appropriate type of size of blade for the treatment.
		2.6	Select and use colour pigments in accordance with the treatment objectives.
		2.7	Measure the client's eyebrows and record the pre-treatment state photographically.
		2.8	Complete the treatment, using the correct techniques, to the client's satisfaction. Treatment Techniques include: • Pointillism. • Pendulum. • Shading. • Obovoid. • Cross-hatching. • Sweep. • Stroke. • Three-way stretch. • Needle depth. • Speed. • Pressure. • Angle. • Pigment dipping. • Wrist support. • Posture and Positioning. • Treatment Passes.
		2.9	Take photographic evidence of the treatment area following organisational procedures.

2	<i>Continued</i>	2.10	Complete the client's records and store in accordance with data legislation.
		2.11	Tidy the workspace, including the correct disposal of needles and dressings.
		2.12	Complete an evaluation of the treatment with the client.
		2.13	Collate and record information from client feedback, client records and own observations.
		2.14	Provide verbal and written advice and recommendations to the client regarding: • Post treatment aftercare. • Future treatment.

Additional Assessment Information

Learning Outcome 1 is **knowledge based**. This means that evidence is expected to take the form of candidate's written work and/or records of appropriate professional discussions.

Learning Outcome 2 is **competency based**. This means that the candidate is expected to perform the tasks, and demonstrate the level of competence, outlined in the assessment criteria. It is expected that evidence will be a combination following:

- Photographic and/or video evidence of the candidate's practical work.
- Assessor's observation report.
- Expert witness testimony.
- Candidate reflection on own practical work

An observation report and witness testimony are differentiated as follows:

- An **assessor's report** is completed by a qualified assessor who observes the candidate carrying out practical work. The assessor will make assessment decisions as they observe and record these in the report, alongside a commentary of what they observe.
- A **witness statement** is completed by a suitably qualified or experienced expert who observes the candidate carrying out practical work. The witness statement will contain **only** a commentary of what has been observed. An assessor must then use the witness statement, alongside any additional evidence to make assessment decisions.
- In all cases, an assessor's report is preferred as evidence over a witness statement; as it is always better for an assessor to observe a candidate live.

Assessors may wish use to use a checklist or evidence matrix to organise and track the assessment outcomes that have been achieved, but these **do not**, in themselves, constitute evidence of achievement.

An assessor's report or witness statement alone is unlikely to be sufficient evidence of achievement. Reports and statements should always be accompanied by photographic and/or video evidence.

Centres may use the ProQual Level 4 Certificate in Micropigmentation Candidate Workbook to organise candidate evidence or may use their own portfolio templates.

It is expected that competence of each assessment criteria will be observed **at least three times** before it is awarded. Both the candidate and live model must be **at least 18 years old**.

Evidence of practical skills **may** be simulated, provided:

- The simulated environment matches, as close as possible, the real-world working environment.
- The candidate performs any assessed treatment on a live model.

Title:		Principles and Practice of Scalp Micropigmentation		Level:	4
Unit Number:	M/651/2405	TQT:	80	GLH:	50
Learning Outcomes <i>The learner will be able to:</i>		Assessment Criteria <i>The learner can:</i>			
1	Understand how to set up and prepare the workplace for a micropigmentation treatment on the scalp.	1.1	Describe how to set up the workspace, trolley, couch and PPE for a micropigmentation procedure.		
		1.2	Describe the following needle types: • Flat. • Magnum. • Round. • Single point. • Sloped. • Micro. • Shaders and liners. • Nano.		
		1.3	Explain the different types of hair loss, and the causes of each, including: • Age. • Illness. • Stress. • Cancer Treatment. • Weight Loss. • Iron Deficiency.		
		1.4	Describe the stages of the Norwood Hamilton Scale used to measure male pattern baldness.		
		1.5	Explain how to advise a client who is Norwood Hamilton Stage III on their suitability for treatment.		
		1.6	Describe how to mix and dilute pigment for a micropigmentation treatment on the scalp.		
		1.7	State the size of needle that should be used for a micropigmentation on the scalp.		

1	Continued	1.8	Identify in which layer of skin the pigment is implanted.
		1.9	Describe the possible adverse effects if the pigment is implanted: • Too deep. • Too shallow.
		1.10	Explain how to perform a retouch for a client: • Who has faded, but still has dots visible. • Who is in the healing phase. • Who has healed patchy.
		1.11	State the required length of time between first and retouch procedures.
		1.12	Explain what telogen effluvium is.
		1.13	Explain what alopecia is.
		1.14	Describe why micropigmentation pigments that are used for cosmetic tattooing would not be suitable for scalp micropigmentation.
		1.15	Describe how to start a scalp micropigmentation treatment, including: • Preparation before the treatment begins • Positioning the client. • Measuring the scalp and hairline.
		1.16	Describe how to complete the whole head, including how to position the client throughout for the best outcome.
		1.17	Identify how many sessions a typical scalp micropigmentation requires.
		1.18	Explain why a scalp micropigmentation is completed over multiple sessions and what each session is for.
		1.19	Describe how to cover the scalp for men or women who suffer from thinning hair.

1	<i>Continued</i>	1.20	Describe the advice you would give to a client after a treatment, including: • Post-treatment aftercare. • Future treatments.
2	Perform a scalp micropigmentation treatment.	2.1	Prepare the workspace for treatment, including: • Trolley. • Products. • Couch. • Appropriate PPE.
		2.2	Complete a consultation with the client, including: • Agreeing treatment objectives. • Agreeing design template. • Agreeing pain management strategy.
		2.3	Magnify and illuminate the treatment area.
		2.4	Safely apply topical anaesthetic.
		2.5	Select the appropriate type of size of needle for the treatment.
		2.6	Select and use colour pigments in accordance with the treatment objectives.
		2.7	Mark the head with the correct hairline and record the pre-treatment state photographically.

2	Continued	2.8	Complete the treatment, using the correct techniques, to the client's satisfaction. Treatment Techniques include: • Pointillism. • Pendulum. • Shading. • Obovoid. • Cross-hatching. • Sweep. • Stroke. • Three-way stretch. • Needle depth. • Speed. • Pressure. • Angle. • Pigment dipping. • Wrist support. • Posture and Positioning. • Treatment Passes.
		2.9	Take photographic evidence of the treatment area following organisational procedures.
		2.10	Complete the client's records and store in accordance with data legislation.
		2.11	Tidy the workspace, including the correct disposal of needles and dressings.
		2.12	Complete an evaluation of the treatment with the client.
		2.13	Collate and record information from client feedback, client records and own observations.
		2.14	Provide verbal and written advice and recommendations to the client regarding: • Post treatment aftercare. • Future treatment.

Additional Assessment Information

Learning Outcome 1 is **knowledge based**. This means that evidence is expected to take the form of candidate's written work and/or records of appropriate professional discussions.

Learning Outcome 2 is **competency based**. This means that the candidate is expected to perform the tasks, and demonstrate the level of competence, outlined in the assessment criteria. It is expected that evidence will be a combination following:

- Photographic and/or video evidence of the candidate's practical work.
- Assessor's observation report.
- Expert witness testimony.
- Candidate reflection on own practical work.

An observation report and witness testimony are differentiated as follows:

- An **assessor's report** is completed by a qualified assessor who observes the candidate carrying out practical work. The assessor will make assessment decisions as they observe and record these in the report, alongside a commentary of what they observe.
- A **witness statement** is completed by a suitably qualified or experienced expert who observes the candidate carrying out practical work. The witness statement will contain **only** a commentary of what has been observed. An assessor must then use the witness statement, alongside any additional evidence to make assessment decisions.
- In all cases, an assessor's report is preferred as evidence over a witness statement; as it is always better for an assessor to observe a candidate live.

Assessors may wish use to use a checklist or evidence matrix to organise and track the assessment outcomes that have been achieved, but these **do not**, in themselves, constitute evidence of achievement.

An assessor's report or witness statement alone is unlikely to be sufficient evidence of achievement. Reports and statements should always be accompanied by photographic and/or video evidence.

Centres may use the ProQual Level 4 Certificate in Micropigmentation Candidate Workbook to organise candidate evidence or may use their own portfolio templates.

It is expected that competence of each assessment criteria will be observed **at least four times** before it is awarded. Both the candidate and live model must be **at least 18 years old**.

Evidence of practical skills **may** be simulated, provided:

- The simulated environment matches, as close as possible, the real-world working environment.
- The candidate performs any assessed treatment on a live model.

Title:		Removal of Skin Blemishes, Skin Tags and Moles Using Non-Surgical Cosmetic Procedures		Level:	4
Unit Number:	Y/651/2408	TQT:	50	GLH:	28
Learning Outcomes <i>The learner will be able to:</i>		Assessment Criteria <i>The learner can:</i>			
1	Understand the different types of skin blemish that can be treated by an aesthetic practitioner.	1.1	Describe the appearance of: • Moles. • Skin Tags. • Blemishes. • Age Spots. • Common Warts. • Planar Warts. • Poikiloderma. • Sebaceous Cysts. • Sebaceous Hyperplasia. • Xanthelasma Palperbratum. • Verrucae. • Syringoma. • Sebaceous Keratosis.		
		1.2	Explain the causes of: • Moles. • Skin Tags. • Blemishes. • Age Spots. • Common Warts. • Planar Warts. • Poikiloderma. • Sebaceous Cysts. • Sebaceous Hyperplasia. • Xanthelasma Palperbratum. • Verrucae. • Syringoma. • Sebaceous Keratosis.		

1	<i>Continued</i>	1.3	Explain how to identify when a skin blemish, mole or wart needs to be referred to a medical professional.
		1.4	Explain the importance of referring any suspicious skin blemish, mole or wart to a medical professional.
		1.5	Describe the advice that should be given to a client, if the practitioner has concerns or suspicions about a skin blemish, mole or wart.
2	Understand the legislative requirements for carrying out non-surgical cosmetic procedures.	2.1	Describe the requirements placed on practitioners, in relation to the removal of skin blemishes, moles and warts, of the following: • Legislation. • Insurance. • Local authority licencing.
		2.2	Describe the legislative requirements for taking and storing visual media of the client's treatment area.
		2.3	Describe the legislative requirements for completing and storing the client's procedure records.
		2.4	Describe the legal requirements for performing non-surgical cosmetic procedures on minors and vulnerable adults.

3	Understand how to safely treat skin blemishes as an aesthetic practitioner.	3.1	Describe how to prepare for the removal of skin blemishes, moles and warts; in relation to: • The workspace. • The trolley. • The couch. • PPE.
		3.2	Explain any contra-indications for at least one of the following treatment methods: • Cryocautery. • Electrocautery. • Laser treatment.
		3.3	Explain the importance of working in collaboration with competent professionals to support safe and effective practice.
		3.4	Explain the importance of working only within own competence when performing non-surgical cosmetic procedures.
		3.5	Explain the importance of engaging in continuous professional development as an aesthetic practitioner.
		3.6	Explain how a skin priming programme and pre-treatment recommendations can benefit the treatment outcome.

3	Continued	3.7	Describe the purpose and limitations of at least one of the following treatment methods: • Cryocautery. • Electrocautery. • Laser treatment. And covering the following: • Past and current medical history. • Relevant lifestyle factors. • Contra-indicated medication. • Contra-indicated medical conditions. • The client's physical and psychological suitability for non-surgical cosmetic procedures. • The client's expectations. • Hyper-immune response management.
		3.8	Describe the types of pain management available and the associated risks.
		3.9	Describe the action to be taken in the event of any adverse reactions to treatment.
		3.10	Explain the importance of discussing and establishing the individual's objectives, concerns, expectations, desired outcomes and agreeing the non-surgical cosmetic procedure plan.
		3.11	Explain why it is important to obtain the client's written informed consent before starting the procedure.
		3.12	Explain why it is important to adhere to the correct treatment protocol.
		3.13	Identify the equipment used for at least one of the following treatment methods: • Cryocautery. • Electrocautery. • Laser treatment.

3	<i>Continued</i>	3.14	Describe how to store, handle and dispose of equipment for at least one of the following treatment methods: • Cryocautery. • Electrocautery. • Laser treatment.
		3.15	Explain the importance of working systematically, with correct spacing, across the area to be treated.
		3.16	Explain the importance of monitoring the client's health throughout the procedure.
4	Treat skin blemishes as an aesthetic practitioner.	4.1	Prepare the workspace for treatment, including any appropriate PPE, for at least one of the following treatment methods: • Cryocautery. • Electrocautery. • Laser treatment.
		4.2	Carry out a consultation with the client, including: • Inspection of the blemish, mole or wart; referring to a medical professional if required. • Agreeing the treatment objective. • Explaining and agreeing the treatment outcome. • Taking and storing consensual pre-treatment visual media of the treatment area.

4	Continued	4.3	Prepare the client's treatment area, in accordance with the treatment protocol for at least one of the following treatment methods: • Cryocautery. • Electrocautery. • Laser treatment. Preparation should include, but not be limited to: • Ensuring the skin is clean and dry. • Protecting the clients eyes as required.
		4.4	Safely apply topical aesthetic.
		4.5	Carry out the procedure, following the treatment protocol for at least one of the following: • Cryocautery. • Electrocautery. • Laser treatment. Protocol will include, but not be limited to: • Providing even coverage of the treatment area. • Monitoring the client's health and wellbeing throughout the procedure. • Monitoring the client's skin reaction throughout the procedure. • Measuring the client's skin temperature, as appropriate. • Responding to any adverse reactions as appropriate.

4	<i>Continued</i>	4.6	Take and store consensual post-treatment visual media of the treatment area, in line with legislative and insurance requirements.
		4.7	Complete the client's procedure record and store in accordance with data legislation.
		4.8	Provide advice and instruction to the client, including: • Aftercare advice and instruction. • Future treatment needs.
		4.9	Evaluate own performance, using reflective practice, and taking appropriate action to improve own work.

Endorsement Requirements

This unit must be **endorsed** with **at least one** of the following treatment methods:

- Cryocautery Treatments.
- Electrocautery Treatments.
- Laser Treatments.

Candidates may be endorsed for more than one of these treatment methods, however, it is expected that that competence of each assessment criteria will be observed **at least twice, for each treatment method** before it is awarded.

This unit must also be **endorsed** with **at least four** of the following conditions:

- Moles.
- Skin Tags.
- Blemishes.
- Age Spots.
- Common Warts.
- Planar Warts.
- Poikiloderma.
- Sebaceous Cysts.
- Sebaceous Hyperplasia.
- Xanthelasma Palperbratum.
- Verrucae.
- Syringgoma.
- Sebaceous Keratosis.

Candidates may be endorsed for more than four of these conditions, however, it is expected that that competence of each assessment criteria will be observed **at least twice, for each condition** before it is awarded.

The **minimum** number of observations for this unit, is therefore **eight observations**:
Two observations each for four conditions, each treated with the same treatment method.

All endorsements will appear on the unit certificate.

Please see the following page for additional assessment guidance.

Additional Assessment Information

Learning Outcomes 1-3 are **knowledge based**. This means that evidence is expected to take the form of candidate's written work and/or records of appropriate professional discussions.

Learning Outcome is **competency based**. This means that the candidate is expected to perform the tasks, and demonstrate the level of competence, outlined in the assessment criteria. It is expected that evidence will be a combination following:

- Photographic and/or video evidence of the candidate's practical work.
- Assessor's observation report.
- Expert witness testimony.
- Candidate reflection on own practical work.

An observation report and witness testimony are differentiated as follows:

- An **assessor's report** is completed by a qualified assessor who observes the candidate carrying out practical work. The assessor will make assessment decisions as they observe and record these in the report, alongside a commentary of what they observe.
- A **witness statement** is completed by a suitably qualified or experienced expert who observes the candidate carrying out practical work. The witness statement will contain **only** a commentary of what has been observed. An assessor must then use the witness statement, alongside any additional evidence to make assessment decisions.
- In all cases, an assessor's report is preferred as evidence over a witness statement; as it is always better for an assessor to observe a candidate live.

Assessors may wish use to use a checklist or evidence matrix to organise and track the assessment outcomes that have been achieved, but these **do not**, in themselves, constitute evidence of achievement.

An assessor's report or witness statement alone is unlikely to be sufficient evidence of achievement. Reports and statements should always be accompanied by photographic and/or video evidence.

Centres may use the ProQual Level 4 Certificate in Skin Tightening Treatments Candidate Workbook to organise candidate evidence or may use their own portfolio templates.

It is expected that competence of each assessment criteria will be observed **at least six times** before it is awarded.

Evidence of practical skills **may** be simulated, provided:

- The simulated environment matches, as close as possible, the real-world working environment.
- The candidate performs any assessed treatment on a live model.

Title:		Skin Tightening Using the Plasma Pen		Level:	4
Unit Number:	T/651/2407	TQT:	120	GLH:	100
Learning Outcomes <i>The learner will be able to:</i>		Assessment Criteria <i>The learner can:</i>			
1	Understand how to prepare for a skin tightening procedure.	1.1	Describe how to prepare the workplace, trolley, couch and PPE for the treatment.		
		1.2	Explain why it is important to work within your own area of competence.		
		1.3	Describe the requirements placed on practitioners, in relation to skin tightening treatments, by: • Legislation. • Insurance. • Local authority licencing.		
		1.4	Explain the difference between: • Relative contraindications. • Absolute contraindications.		
		1.5	Identify relative and absolute contraindications for skin tightening using a plasma device.		
		1.6	Explain how to identify when a skin irregularity or lesion needs to be referred to a medical professional.		
		1.7	Explain the importance of referring any suspicious skin irregularity or lesion to a medical professional.		
		1.8	Describe the advice that should be given to a client, if the practitioner has concerns or suspicions about a skin irregularity or lesion.		

1	Continued	1.9	Explain keloid scarring, including: • What it is. • How it occurs. • Why it contraindicates a plasma device procedure.
		1.10	Explain how a plasma device can cause pigmentation disorders, including why a client must protect their skin from the sun during the healing process.
		1.11	Describe the adverse effects that may occur during treatment and how they would be managed, including: • Hyperaemia. • Wounds. • Atrophic scarring. • Keloid scarring. • Trans-epidermal water loss. • Excessive bruising. • Irritation. • Pigmentary disorders. • Allergic reaction. • Compromised healing process. • Dizziness. • Fainting.
		1.12	Explain how a plasma device works.
		1.13	Explain how to select the appropriate intensity and mode, taking into account: • Skin classification. • Skin characteristics. • Treatment objectives. • Treatment area.
		1.14	Describe how a decision would be made on the suitability of eyelids and loose skin for treatment.
		1.15	Describe the structure of skin.

1	Continued	1.16	Describe the function of a fibroblast.
		1.17	Explain the advice given to a client who would like multiple areas treated.
		1.18	Explain the advice given to a client who is unhappy with the result of treatment.
2	Carry out a skin tightening procedure.	2.1	Prepare the workspace for the treatment.
		2.2	Carry out a consultation with the client, including but not limited to: • Treatment objectives. • Concerns, expectations and desired outcomes. • Pain management. • Checking for contraindications. • Taking and storing consensual visual media of the pre-treatment area. • Obtaining informed consent for the procedure.
		2.3	Prepare the client's skin for the treatment, including but not limited to: • Selecting an effective hygiene preparation product. • Using the hygiene preparation product in accordance with manufacturer's instructions. • Ensuring the skin is clean and dry.
		2.4	Prepare the plasma device and single use sterile probe.
		2.5	Mark out pre-procedure markings to outline targeted areas.

2	Continued	2.6	Carry out skin tightening treatment using the plasma device, including but not limited to: • Stabilising the plasma device and ensuring it does not come into direct contact with the skin. • Adapting techniques to meet individual client needs. • Ensuring even coverage of the treatment area. • Ensuring sufficient spacing. • Monitoring the client's health and wellbeing. • Implementing the correct course of action should any adverse effects occur.
		2.7	Take and store consensual visual media of the treatment area, in line with legislative, insurance and organisational requirements.
		2.8	Complete and store the client's post-treatment records in line with in line with legislative, insurance and organisational requirements.
		2.9	Provide advice and instruction to the client, including: • Aftercare advice and instruction. • Future treatment needs.
		2.10	Evaluate own performance using reflective practice and take any appropriate action to improve future performance.

Additional Assessment Information

Learning Outcome 1 is **knowledge based**. This means that evidence is expected to take the form of candidate's written work and/or records of appropriate professional discussions.

Learning Outcome 2 is **competency based**. This means that the candidate is expected to perform the tasks, and demonstrate the level of competence, outlined in the assessment criteria. It is expected that evidence will be a combination following:

- Photographic and/or video evidence of the candidate's practical work.
- Assessor's observation report.
- Expert witness testimony.
- Candidate reflection on own practical work.

An observation report and witness testimony are differentiated as follows:

- An **assessor's report** is completed by a qualified assessor who observes the candidate carrying out practical work. The assessor will make assessment decisions as they observe and record these in the report, alongside a commentary of what they observe.
- A **witness statement** is completed by a suitably qualified or experienced expert who observes the candidate carrying out practical work. The witness statement will contain **only** a commentary of what has been observed. An assessor must then use the witness statement, alongside any additional evidence to make assessment decisions.
- In all cases, an assessor's report is preferred as evidence over a witness statement; as it is always better for an assessor to observe a candidate live.

Assessors may wish use to use a checklist or evidence matrix to organise and track the assessment outcomes that have been achieved, but these **do not**, in themselves, constitute evidence of achievement.

An assessor's report or witness statement alone is unlikely to be sufficient evidence of achievement. Reports and statements should always be accompanied by photographic and/or video evidence.

Centres may use the ProQual Level 4 Certificate in Skin Tightening Treatments Candidate Workbook to organise candidate evidence or may use their own portfolio templates.

It is expected that competence of each assessment criteria will be observed **at least four times, with a minimum of two different areas covered**, before it is awarded.

Evidence of practical skills **may** be simulated, provided:

- The simulated environment matches, as close as possible, the real-world working environment.
- The candidate performs any assessed treatment on a live model.

Title:		Principles and Practice of Microneedling Treatments		Level:	5
Unit Number:		L/651/2413	TQT:	100	GLH: 80
Learning Outcomes <i>The learner will be able to:</i>		Assessment Criteria <i>The learner can:</i>			
1	Understand the principles and practice of microneedling treatments.	1.1	Describe how to prepare the workspace and self for microneedling treatments.		
		1.2	Describe what a microneedling treatment is and how it works.		
		1.3	Explain how to choose microneedles to suit the client's skin characteristics and objectives.		
		1.4	Evaluate the benefits, effects and limitations of manual and power-assisted microneedling.		
		1.5	State the correct depth for microneedling on the: • Face. • Body.		
		1.6	Analyse the impact of the following on treatment results: • Needle depth. • Treatment duration. • Frequency of treatment. • Application of adjunctive topical skin products.		
		1.7	Explain how client comfort, health and wellbeing is monitored during the microneedling treatment.		
		1.8	Describe at least four adverse reactions that may occur during treatment and how these would be managed.		

1	Continued	1.9	Explain the post-treatment advice and guidance that would be given to the client following a microneedling treatment.
2	Carry out microneedling treatments.	2.1	Prepare the workspace and self for microneedling treatment, including: • Trolley. • Couch. • PPE.
		2.2	Carry out a consultation with the client, including: • Skin analysis. • Client's concerns and objectives. • Questioning to determine if there are any contraindications. • Obtaining the informed consent of the client. • Taking and storing consensual visual media of the pre-treatment area.
		2.3	Carry out the microneedling treatment, in accordance with the treatment protocol, including: • Selecting the correct tools and equipment. • Applying the treatment at the appropriate depth. • Monitoring the client's health and wellbeing throughout the treatment. • Responding to any adverse effects that may occur.
		2.4	Take and store consensual visual media of the treatment area, in line with legislative, insurance and organisational requirements.
		2.5	Complete and store the client's post-treatment records in line with in line with legislative, insurance and organisational requirements.

2	Continued	2.6	Provide advice and instruction to the client, including: • Aftercare advice and instruction. • Future treatment needs.
		2.7	Evaluate own performance using reflective practice and take any appropriate action to improve future performance.

Additional Assessment Information

Learning Outcome 1 is **knowledge based**. This means that evidence is expected to take the form of candidate's written work and/or records of appropriate professional discussions.

Learning Outcome 2 is **competency based**. This means that the candidate is expected to perform the tasks, and demonstrate the level of competence, outlined in the assessment criteria. It is expected that evidence will be a combination following:

- Photographic and/or video evidence of the candidate's practical work.
- Assessor's observation report.
- Expert witness testimony.
- Candidate reflection on own practical work.

An observation report and witness testimony are differentiated as follows:

- An **assessor's report** is completed by a qualified assessor who observes the candidate carrying out practical work. The assessor will make assessment decisions as they observe and record these in the report, alongside a commentary of what they observe.
- A **witness statement** is completed by a suitably qualified or experienced expert who observes the candidate carrying out practical work. The witness statement will contain **only** a commentary of what has been observed. An assessor must then use the witness statement, alongside any additional evidence to make assessment decisions.
- In all cases, an assessor's report is preferred as evidence over a witness statement; as it is always better for an assessor to observe a candidate live.

Assessors may wish use to use a checklist or evidence matrix to organise and track the assessment outcomes that have been achieved, but these **do not**, in themselves, constitute evidence of achievement.

An assessor's report or witness statement alone is unlikely to be sufficient evidence of achievement. Reports and statements should always be accompanied by photographic and/or video evidence.

Centres may use the ProQual Level 5 Certificate in Microneedling Treatments and Skin Science Candidate Workbook to organise candidate evidence or may use their own portfolio templates.

It is expected that competence of each assessment criteria will be observed **at least six times – three times on the face and three times on the body** before it is awarded. Both the candidate and live model must be **at least 18 years old**.

Evidence of practical skills **may** be simulated, provided:

- The simulated environment matches, as close as possible, the real-world working environment.
- The candidate performs any assessed treatment on a live model.

Title:		Principles and Practice of Chemical Peel Treatments		Level:	5
Unit Number:	M/651/2414	TQT:	100	GLH:	80
Learning Outcomes <i>The learner will be able to:</i>		Assessment Criteria <i>The learner can:</i>			
1	Understand the principles and practice of chemical peel treatments.	1.1	Describe how to prepare self and workspace for chemical peel treatments.		
		1.2	Evaluate the different types of chemical peel available.		
		1.3	Explain the safety precautions that must be put in place while carrying out chemical peel treatments.		
		1.4	Explain the importance of following manufacturer's instructions when carrying out chemical peel treatments.		
		1.5	Discuss the impact of Fitzpatrick and Glogau skin classification on chemical peel treatments.		
		1.6	Define: • Relative contraindication. • Absolute contraindication.		
		1.7	Describe the relative and absolute contraindications for chemical peel treatments.		
		1.8	Describe the steps involved in carrying out chemical treatments, including: • Application. • Termination. • Post-Treatment.		

1	Continued	1.9	Analyse how the following affect the results of chemical peel treatments: • Skin depth. • Skin pH. • Layering. • Timing. • Neutralisation. • Frequency of treatment.
		1.10	Describe at least four adverse reactions that may occur during a chemical peel treatment, and how they would be managed.
		1.11	Describe the three stages of frosting.
		1.12	Explain “treatment allocated timing”
2	Carry out chemical peel treatments.	2.1	Prepare the workspace and self for chemical peel treatment, including: • Trolley. • Couch. • PPE.
		2.2	Carry out a consultation with the client, including: • Skin analysis. • Client's concerns and objectives. • Questioning to determine if there are any contraindications. • Obtaining the informed consent of the client. • Taking and storing consensual visual media of the pre-treatment area.

2	Continued	2.3	Carry out the chemical peel treatment, in accordance with the treatment protocol, including: • Selecting the correct tools and equipment. • Applying the type of chemical peel. • Monitoring the client's health and wellbeing throughout the treatment. • Responding to any adverse effects that may occur.
		2.4	Take and store consensual visual media of the treatment area, in line with legislative, insurance and organisational requirements.
		2.5	Complete and store the client's post-treatment records in line with in line with legislative, insurance and organisational requirements.
		2.6	Provide advice and instruction to the client, including: • Aftercare advice and instruction. • Future treatment needs.
		2.7	Evaluate own performance using reflective practice and take any appropriate action to improve future performance.

Additional Assessment Information

Learning Outcome 1 is **knowledge based**. This means that evidence is expected to take the form of candidate's written work and/or records of appropriate professional discussions.

Learning Outcome 2 is **competency based**. This means that the candidate is expected to perform the tasks, and demonstrate the level of competence, outlined in the assessment criteria. It is expected that evidence will be a combination following:

- Photographic and/or video evidence of the candidate's practical work.
- Assessor's observation report.
- Expert witness testimony.
- Candidate reflection on own practical work.

An observation report and witness testimony are differentiated as follows:

- An **assessor's report** is completed by a qualified assessor who observes the candidate carrying out practical work. The assessor will make assessment decisions as they observe and record these in the report, alongside a commentary of what they observe.
- A **witness statement** is completed by a suitably qualified or experienced expert who observes the candidate carrying out practical work. The witness statement will contain **only** a commentary of what has been observed. An assessor must then use the witness statement, alongside any additional evidence to make assessment decisions.
- In all cases, an assessor's report is preferred as evidence over a witness statement; as it is always better for an assessor to observe a candidate live.

Assessors may wish use to use a checklist or evidence matrix to organise and track the assessment outcomes that have been achieved, but these **do not**, in themselves, constitute evidence of achievement.

An assessor's report or witness statement alone is unlikely to be sufficient evidence of achievement. Reports and statements should always be accompanied by photographic and/or video evidence.

Centres may use the ProQual Level 5 Certificate in Chemical Peel Treatments Candidate Workbook to organise candidate evidence or may use their own portfolio templates.

It is expected that competence of each assessment criteria will be observed **at least six times** before it is awarded.

Evidence of practical skills **may** be simulated, provided:

- The simulated environment matches, as close as possible, the real-world working environment.
- The candidate performs any assessed treatment on a live model.

Title:		Principles and Practice of Dermaplaning Treatments		Level:	4
Unit Number:		J/651/2402	TQT:	100	GLH: 80
Learning Outcomes <i>The learner will be able to:</i>		Assessment Criteria <i>The learner can:</i>			
1	Understand the dermaplaning procedure to desquamate and encourage skin renewal.	1.1	Describe the health and safety responsibilities in line with legislation before, during and after the dermaplaning procedure.		
		1.2	Explain the importance of: • Collaboration with competent professionals to support effective and safe working practices. • Your role and responsibilities in performing non-surgical cosmetic procedures and the importance of working within your competence. • Why you must comply with ethical practice and work within the legislative requirements. • The importance of engaging in, and documenting continuous professional development to include, up-to-date information policies, procedures and best practice guidance.		
		1.3	Explain how the skin barrier may be compromised and the skin regeneration process.		
		1.4	Compare the processes of desquamation, exfoliation and skin resurfacing.		
		1.5	Discuss the chronological skin ageing process and the relationship to intrinsic and extrinsic factors.		
		1.6	Describe the pH scale and its relevance to skin sensitivity.		
		1.7	Describe the types of skin priming programmes and its relevance to the success of the dermaplaning procedure.		

1	Continued	1.8	Explain the importance of using the visual aids to inform the individual of the physical effects, including but not limited to: • Illustrative images. • Illustrative diagrams.
		1.9	Describe the procedures that could be carried out in conjunction with or post dermaplaning procedure and associated risk.
		1.10	Explain the importance of adhering to the dermaplaning procedure protocol.
		1.11	Explain the importance of correct storage, handling, usage and disposal of dermaplaning equipment and single use sterile blades, in accordance with the manufacturer's instructions and legislative requirements.
		1.12	Explain why it is important to identify associated risks to a dermaplaning procedure and how to manage them, to include: • Use of sterile gauze. • Use of sterile solution. • Potential injuries. • Treatment areas suitable for the dermaplaning procedure. • Skin classification. • Skin healing capacity.
		1.13	Describe the types, benefits and use of post procedure products.
		1.14	Describe the types of hygiene products for the skin and the importance of following manufacturer's instructions.
		1.15	Describe how to prepare the equipment in line with the dermaplaning procedure protocol, including how to load the blade aseptically.
		1.16	Explain why and how to angle the blade and manually support the skin to achieve affective procedure results.

1	<i>Continued</i>	1.17	Explain the reasons for working systematically to cover the individual's treatment area in line with the dermaplaning procedure protocol.
		1.18	Explain importance of monitoring the health and wellbeing of the individual during and post procedure.
		1.19	Describe the legislative and regulatory requirements of completing, analysing and storing the individual's dermaplaning procedure records, and evaluation and feedback in a clear and concise way.
		1.20	Describe the expected outcomes of a dermaplaning procedure, including the importance of recording the outcome and evaluating the dermaplaning procedure.
		1.21	Explain the purpose of reflective practice and evaluation and how it informs future procedures.
		1.22	Describe the instructions and advice pre and post the dermaplaning procedure.
2	Perform a dermaplaning procedure to desquamate and encourage skin renewal.	2.1	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 dermaplaning procedure.
		2.2	Discuss to establish the individual's objectives, concerns, expectations and desired outcomes to inform the dermaplaning procedure plan to include: • Alternative treatment options. • Skin classification, characteristics and condition. • Preparatory skin priming programme.
		2.3	Reiterate, confirm and agree with the individual, they have understood the proposed dermaplaning procedure to include: • Contra-actions. • Adverse reactions.

2	Continued	2.4	Obtain the individual's written informed consent for the dermaplaning procedure, allowing an adequate time scale for the individual to make an informed choice.
		2.5	Select an effective hygiene preparation product to meet the individual's needs in accordance with the manufacturer's instructions.
		2.6	Prepare the individual's treatment area in accordance with the dermaplaning procedure protocol.
		2.7	Prepare and use equipment according to the manufacturers' instructions and in accordance with the dermaplaning procedure protocol.
		2.8	Follow the dermaplaning procedure protocol to ensure even removal of superficial matter to include: - Manually supporting the skin. - Adapting techniques for the individual's treatment area.
		2.9	Monitor the individual's health, wellbeing, and skin reaction throughout the dermaplaning procedure.
		2.10	Implement the correct course of action in the event of an adverse reaction.
		2.11	Conclude the procedure in accordance with the dermaplaning procedure protocol, legislative requirements and organisational policies and procedures.
		2.12	Take and store consensual visual media of the individual's treatment area in accordance with insurance requirements, organisational policies and procedures, including recording the outcome and evaluation of the dermaplaning procedure to agree and inform future procedures.

2	<i>Continued</i>	2.13	Complete the individual's non-surgical cosmetic procedure records and store in accordance with data legislation.
		2.14	Provide and obtain confirmation of receipt of the verbal and written instructions and advice given to the individual pre and post procedure.
		2.15	Discuss and agree future procedures with the individual.
		2.16	Use reflective practice to evaluate the dermaplaning procedure and take appropriate action.

Additional Assessment Information

Learning Outcome 1 is **knowledge based**. This means that evidence is expected to take the form of candidate's written work and/or records of appropriate professional discussions.

Learning Outcome 2 is **competency based**. This means that the candidate is expected to perform the tasks, and demonstrate the level of competence, outlined in the assessment criteria. It is expected that evidence will be a combination following:

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Assessors may wish use to use a checklist or evidence matrix to organise and track the assessment outcomes that have been achieved, but these **do not**, in themselves, constitute evidence of achievement.

An assessor's report or witness statement alone is unlikely to be sufficient evidence of achievement. Reports and statements should always be accompanied by photographic and/or video evidence.

Centres may use the appropriate ProQual Candidate Workbook to organise candidate evidence or may use their own portfolio templates.

It is expected that competence of each assessment criteria will be observed **at least four times** before it is awarded. Both the candidate and live model must be **at least 18 years old**.

Evidence of practical skills **may** be simulated, provided:

- The simulated environment matches, as close as possible, the real-world working environment.
- The candidate performs any assessed treatment on a live model.

Appendix One – Command Verb Definitions

The table below explains what is expected from each **command verb** used in an assessment objective. Not all verbs are used in this specification

Apply	Use existing knowledge or skills in a new or different context.
Analyse	Break a larger subject into smaller parts, examine them in detail and show how these parts are related to each other. This may be supported by reference to current research or theories.
Classify	Organise information according to specific criteria.
Compare	Examine subjects in detail, giving the similarities and differences.
Describe	Provide detailed, factual information about a subject.
Discuss	Give a detailed account of a subject, including a range of contrasting views and opinions.
Explain	As with describe, but extended to include causation and reasoning.
Evaluate	As with compare, but extended to include pros and cons of the subject. There may or may not be a conclusion or recommendation as appropriate.
Identify	Select or ascertain appropriate information and details from a broader range of information or data.
Interpret	Use information or data to clarify or explain something.
Produce	Make or create something.
State	Give short, factual information about something.
Specify	State a fact or requirement clearly and in precise detail.



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