Qualification Specification

ProQual Level 6 Diploma in Aesthetic Practice and Injectable Procedures

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This qualification is part of ProQual's broad offer of qualifications in the Beauty and Aesthetics 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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Summary of Changes

Version	Date	Section	Nature of Change
V1.1	01.09.2026	All	First published version

Contents

Please note that this document contains a number of live links to external guidance and supporting documentation. These links have been verified and were current at the time the specification was issued. Centres are responsible for ensuring that all linked documents remain active, accessible, and current before use, as guidance may be updated, withdrawn, or replaced over time.

Introduction

The ProQual Level 6 Diploma in Aesthetic Practice and Injectable Procedures provides a nationally recognised qualification and progression pathway for those working in the beauty industry who are already competent in carrying out a range of aesthetic techniques.

The aims of this qualification are:

- To develop a learning experience that offers candidates opportunities to develop knowledge of aesthetic practice, professional standards and relevant anatomy, physiology and pathology.
- To offer candidates opportunities to develop and demonstrate knowledge, competence and skills in the practice of administering aesthetic treatments.
- To provide a progression route within the beauty industry, for those interested in providing advanced aesthetic treatments.

The awarding body for this qualification is ProQual AB. This qualification has been approved for delivery in England. 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.

On successful completion of this qualification, the candidate will be able to:

- Understand the legislation and procedures involved in working and maintaining safe and hygienic aesthetic practice environments.
- Demonstrate effective methods of infection control, testing, facility preparation and deliver of treatments.
- Understand the legislative and regulatory requirements of professional practice relating to the aesthetic treatment industry.
- Demonstrate effective methods for consulting, referral and making informed decisions on treatment requests.
- Understand equality, diversity and inclusion in the workplace, and the need for collaborative, professional teamwork.
- Understand anatomy and physiology relevant to advanced aesthetic practice.
- Competently administer a range of aesthetic treatments from the optional units in line with regulations and treatment protocols.

Quality and Standards

The ProQual Level 6 Diploma in Aesthetic Practice and Injectable Procedures has been developed in accordance with the Cosmetic Practice Standards Authority (CPSA) Code of Practice, Joint Council for Cosmetic Practitioners (JCCP) and CPSA Guidance for Practitioners Who Provide Cosmetic Interventions, JCCP Procedural Modalities for Aesthetic Treatments and procedural standards provided by NOS and CPSA. The technical detail, entry requirements and practical restrictions have been designed to align with the regulatory standards and reflect best practice.

This qualification provides a specialist, vocational programme of study that develops the breadth and depth of knowledge, competence and skills required for practice within the aesthetics sector. It is designed to support the development of professional practitioners and managers working within, or progressing into, the aesthetics sector.

The qualification is suitable for candidates undertaking part-time study while in the workplace and for full-time candidates who are able to participate in formal work placements or part-time employment. Successful candidates may progress into employment in the aesthetics sector, either directly following achievement of the qualification or through progression to Level 7 qualifications.

Continuous Certification

ProQual has identified this qualification as presenting a higher level of risk to client safety due to the inclusion of non-surgical aesthetic procedures within the qualification. Owing to the complexity, level and potential risks associated with these procedures, Continuous Certification is not available for this qualification. Centres will therefore be required to submit completed portfolios for External Quality Assurance (EQA) sampling and verification prior to certification.

Qualification Profile

Qualification Title:	ProQual Level 6 Diploma in Aesthetic Practice and Injectable Procedures
Qualification Number:	610/7962/5
Level:	Level 6
Total Qualification Time (TQT):	630 Hours
Guided Learning Hours (GLH):	490 Hours
Assessment:	Pass/Fail
	Internally assessed and verified by centre staff
	External quality assured by ProQual Verifiers
Qualification Start Date:	01/01/2027
Qualification Review Date:	01/01/2030

Delivery Methods

Total Qualification Time (TQT) represents the overall estimated time an average learner is expected to spend to achieve the qualification, including both supervised and independent learning. Guided Learning Hours (GLH) form part of TQT and refer only to learning or assessment that takes place under the guidance of a tutor or other appropriate provider. In practice, GLH identifies the supervised delivery and assessment time, while TQT provides the wider measure of qualification size by also including independent study, preparation, research, revision, portfolio development, e-learning and directed activities completed without supervision.

Total Qualification Time

TQT may include a range of activities which, when combined, contribute to the development of the knowledge, understanding and competence required to achieve the qualification. The following list is not exhaustive:

- Guided learning activities.
- Pre-course reading and e-learning.
- Independent research and revision.
- Portfolio development and evidence collection.
- Coursework and assignments completed independently.
- Watching pre-recorded learning materials.
- Work-based learning and practice.
- Preparation for assessment activities.
- Reflective practice and self-directed study.

Guided Learning Hours

Guided Learning Hours (GLH) are the number of hours during which a candidate is provided with direct instruction, supervision, tuition or assessment by a tutor, trainer, assessor or other appropriate member of centre staff.

Guided learning may include:

- Tutor-led teaching sessions.
- Workshops and practical demonstrations.
- Supervised practical training.
- Tutorials delivered in person or online.
- Supervised assessments, observations and professional discussions.
- Competence-based training activities.
- Demonstrations and supervised practice.
- Approved simulation activities, where permitted within the requirements of the qualification.

Candidate Profile

The ProQual Level 6 Diploma in Aesthetic Practice and Injectable Procedures has been developed for practitioners seeking to deliver non-surgical aesthetic treatments. Throughout the qualification, candidates will participate in a range of learning, assessment and practical activities designed to develop the knowledge, skills and competence required to consult, plan and deliver aesthetic treatments safely and professionally. Candidates will also develop an understanding of the anatomy and physiology associated with aesthetic practice, as well as professional and safe, hygienic working practices.

Candidates will be required to demonstrate their competence through a substantial number of observed practical treatments, ensuring they can effectively administer aesthetic procedures in a professional working environment.

On completion of this qualification candidates can progress to the Level 7 Aesthetic Practice and Injectable Procedures qualification or pursue work in the industry.

Age Requirements

Candidates must be aged at least **18 years old** on the day that they are registered for this qualification. Centres are reminded that no assessment activity may take place until a candidate has been registered.

English Language Requirements

Centres must ensure that all candidates have sufficient English language skills to understand the requirements of the qualification and to produce evidence that meets the required standard.

Evidence of English language competence may be demonstrated through:

Achievement of a recognised English language qualification.

- Previous qualifications completed and assessed in English.
- An appropriate centre-conducted initial assessment.
- An English language proficiency test, such as IELTS, with an overall score of 6.0 or above.

Centres must retain evidence of the method used to determine that the candidate has the necessary English language proficiency to undertake the qualification successfully.

Entry Requirements

Candidates **must** meet the requirements for **ONE** of the following routes before they can be registered on this qualification:

Qualification Entry Route

Hold a regulated Level 5 Diploma or qualification equivalent to RQF Level 5 (SCQF Level 8) in Aesthetic Practice.
AND
Hold a currently valid First Aid at Work qualification, such as: o First Aid at Work. o Emergency First Aid. o Adult Basic Life Support, AED and Management of Anaphylaxis.

Vocational Entry Route

Have three years' proven experience as an aesthetic practitioner delivering treatments **or** be a fully qualified healthcare professional registered with a health care regulatory body in the UK.
AND
Hold a currently valid First Aid at Work qualification, such as: o First Aid at Work. o Emergency First Aid. o Adult Basic Life Support, AED and Management of Anaphylaxis.

Unit-Specific Requirements

If optional unit A/651/2445 Principles and Practice of Advanced Micropigmentation is delivered as part of this qualification, all candidates must have completed an introductory or intermediate level course in micropigmentation or be able to demonstrate equivalent experience in the beauty industry.

Eligibility of Registered Healthcare Professionals

For candidates that are registered healthcare professionals to be eligible for the qualification, there **must not** be any conditions attached to their practice. Candidates will need to provide registration numbers to confirm currency.

Where the prescription of medications is relevant to the treatment of the client, candidates who do not hold prescribing rights must provide evidence that they are working under the clinical oversight of an appropriately regulated prescribing professional.

Healthcare Regulatory Body Eligibility – UK Delivery

Candidates that are registered healthcare professionals must be registered with one of the following regulatory bodies:

- General Medical Council (GMC).
- Nursing and Midwifery Council (NMC).
- General Dental Council (GDC).
- General Pharmaceutical Council (GPhC)
- Health and Care Professions Council (HCPC).

For further information regarding regulatory bodies, see HSE recognised Healthcare Professional Bodies.

Delivery Requirements

Candidates for this qualification must be:

- Employed in a role where they will have the opportunity to carry out the required number of aesthetic treatments on a range of clients.

OR

- Enrolled with a training provider, which will enable them to carry out the required number of aesthetic treatments on a range of real live clients.

Candidate Support

Centres should support learners throughout their registration on a qualification, encouraging appropriate behaviour in and outside the classroom. Centres must have policies in place to support candidate needs, including:

- Safeguarding.
- Reasonable adjustments and special considerations.
- Health and safety.
- Attendance and conduct.

Qualification Structure

This qualification consists of mandatory and optional units. Candidates must complete all mandatory units to complete this qualification. Candidates must also complete **at least three** optional units.

Unit Number	Unit Title	Level	TQT	GLH
Mandatory Units – Candidates must complete **all** units in this group.				
R/652/3757	Safe, Hygienic and Effective Working Practices for Aesthetic Treatments	6	50	40
T/652/3758	Professional Practice for Aesthetic Practitioners	6	90	50
Y/652/3759	Anatomy and Physiology for Advanced Aesthetic Practice	6	100	80
Optional Units – Candidates must complete **at least three** units in this group.				
F/652/3760	Principles and Practice of Microneedling Treatments	6	120	100
H/652/3761	Principles and Practice of Advanced Superficial Chemical Peel Treatments	6	150	100
J/652/3762	Principles and Practice of Mesotherapy Treatments	6	150	120
K/652/3763	Principles and Practice of Skin Booster Injections	6	120	100
L/652/3764	Principles and Practice of Advanced Micropigmentation	6	150	120

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 must:

- 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.

Centres must have the appropriate equipment to enable candidates to carry out the practical requirements of this qualification.

Centres delivering this qualification must ensure that all face-to-face delivery takes place in an appropriate venue. A venue will be appropriate if it meets **all** the following requirements:

- Acceptable health and safety requirements in place.
- All relevant equipment provided to carry out practical procedures.
- Sufficient size to accommodate the number of candidates.
- Sufficient seating and writing surfaces for the number of candidates.
- Sufficiently trained and experienced staff to support the candidate undertaking procedures.

Any learning materials developed by the centre should be clear and accurate, covering the content of all units included in this qualification. ProQual does provide optional workbooks for all aesthetic qualifications, and these are available on request for centres.

Centres should provide candidates with information on how and where to view ProQual's policies and procedures.

Facility Requirements

In line with the CPSA Overarching Principles , centres must ensure that their facilities meet the requirements of this qualification. Facilities must include:

- A procedure room equipped with a clinical hand-wash sink.
- A consultation room equipped with the means to photograph treatment areas.
- Access to hand-washing facilities and appropriate hand-drying provisions for practitioners, clients, and visitors.
- Flooring in procedure rooms that is impervious and capable of being effectively cleaned and disinfected.
- Furniture that is easy to clean and capable of withstanding chlorine-releasing disinfectants.
- Appropriate use and safe disposal of sharps containers.
- Appropriate use and safe disposal of clinical waste bags.
- Effective infection prevention and control measures throughout the centre to minimise the risk of contamination.
- Appropriate facilities and procedures for the filling, emptying, and cleaning of cleaning equipment.
- Regular cleaning and disinfection of treatment room furniture, including privacy screens and storage units.
- A documented cleaning schedule that is implemented and regularly monitored.
- Procedure rooms should be of sufficient size to safely accommodate assessor, candidate, client and the required treatment facilities.
- Appropriate emergency and first aid equipment must be readily available, including CPR equipment and emergency medical supplies.

Regulatory Requirements: Prescription and Supervision

The delivery of aesthetic treatments recognised by the CPSA as high risk requires centres to have professionals available who are:

- Qualified and registered to **prescribe** prescription-only medicines (POMs).
- Experienced and qualified to effectively **supervise** aesthetic treatments.

The CPSA Supervision Matrix fully explores the roles of prescriber and supervisor in relation to risk.

For Level 6 aesthetic treatments, ProQual requires that the **assessor** is suitably qualified and occupationally competent to undertake the supervisor roles and responsibilities, as set out in the CPSA Supervision Matrix. The assessor will be required to:

- Hold a Level 7 qualification in Aesthetic Practice and have at least three years' practical experience in the modality that they assess.
- Ensure practitioners are appropriately qualified and competent to undertake the qualification.
- Report concerns about poor, harmful, dangerous practice or problems with probity or health problems which may put the public at risk.
- Have policies and plans in place for remediation of poor performance.
- Only set assessment tasks that are within the candidate's competence, making sure they fully understand the implications and risks associated with their practice.

Assessment, Supervision and Prescribing Requirements

The ProQual Level 6 Diploma in Aesthetic Practice and Injectable Procedures includes units that involve treatments identified in the JCCP Treatment Modality Table as requiring support for candidates undertaking observations and assessments. Centres must meet the following requirements when delivering this qualification:

- Where a candidate is not a registered healthcare professional, and does not have the right to prescribe, all treatments delivered must be supported by a registered and qualified prescriber to administer POMs and a qualified assessor supervising the treatment.
- Where a candidate is a registered healthcare professional, but does not have the right to prescribe, all treatments delivered must be supported by a registered and qualified prescriber to administer POMs and a qualified assessor supervising the treatment.
- Where a candidate is a registered healthcare professional and holds the right to prescribe, all treatments delivered must be supported by a suitably qualified and occupationally competent assessor to supervise treatments.

Internal Resource Requirements

Centres must have appropriate staffing, resources, policies and quality assurance arrangements in place to deliver, assess and quality assure this qualification effectively. Centres must be able to ensure:

- Staff involved in delivery and assessment have relevant expertise, occupational experience and access to continuing professional development.
- Appropriate health and safety policies are in place and adhered to, including arrangements for the safe use of equipment by candidates.
- Robust safeguarding policy and procedures are in place, including appropriate levels of DBS certification for staff and candidates.
- Delivery of the qualification is in accordance with current equality legislation and ProQual requirements.
- Sufficiently robust internal quality assurance systems are in place to support consistent and reliable assessment decisions.

Access to Study

Centres should provide candidates with a clear induction at the start of the programme. This should introduce the qualification, its structure, assessment requirements, delivery arrangements and the support available from tutors and centre staff.

Candidates should be given appropriate programme information, including a candidate handbook, timetable and details of their personal tutor or main point of contact. Centres should ensure that candidates are placed on the most appropriate qualification, taking account of their prior knowledge, skills, experience and progression aims.

Centres must check qualification structures and permitted unit combinations carefully when advising candidates, to ensure that all registration and achievement requirements can be met.

Candidates should have access to accurate information, advice and guidance before and during their programme. At recruitment, centres must provide clear information about the qualification title, level, content, assessment approach and intended progression opportunities so candidates can make informed decisions.

Centres must register candidates in line with ProQual's Registration and Certification Policy and Procedure. Centres are expected to register candidates as early as possible following enrolment and normally within 30 calendar days of the start of the programme or course. **Assessment must not commence until registration has been completed.**

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 6 Diploma in Aesthetic Practice and Injectable Procedures

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, in line with the Registration and Certification Policy and Procedure. 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 certificates.

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. Assessment is the process of measuring a candidate's skill, knowledge and understanding against the standards set in the qualification.

Formative and Summative Assessment

The practical skills required to administer the aesthetic treatments delivered in this qualification must be assessed through both formative and summative assessment. Formative assessment offers candidates opportunities to practise and develop their skills, often through simulated activities, until they are considered ready for summative assessment. This is essential to reduce the risk of poor practice when candidates work with real people as part of their summative assessment, where simulation is not permitted.

Assessment evidence can include:

- Observation report by assessor.
- Assignments/projects/reports.
- Professional discussion.
- Candidate work product.
- Workbooks.
- Record of oral and written questioning.
- Recognition of prior learning.

Candidates must demonstrate the level of knowledge and competence for all units through evidence submitted for summative assessment. This evidence must be sufficient, valid, authentic, reliable and current, and must show that the candidate can meet the learning outcomes and assessment criteria consistently and independently. Where assessment criteria require practical competence, evidence should confirm that the candidate can apply the required skills safely, professionally and in accordance with regulatory guidance, organisational procedures and the requirements set out in this qualification.

Delivery and Assessment Staff

Centre staff delivering and assessing this qualification must be **occupationally competent and qualified** to make assessment decisions.

Occupationally competent means capable of carrying out the full requirements contained within a unit. **Occupationally knowledgeable** means possessing relevant knowledge and experience to effectively deliver and assess the full requirements contained within a unit.

Trainers and assessors must be able to demonstrate the following qualifications and competence:

- A regulated Level 7 qualification in Aesthetic Practice or equivalent subject relevant to this qualification.
- Be able to demonstrate a minimum three years' experience in the subject area and treatments delivered and assessed.
- A regulated Level 5 qualification in Education and Training or equivalent (mandatory for all individuals delivering the qualification).
- A regulated Level 3 qualification in Assessing Vocational Achievement (for individuals who only assess the qualification)
- Hold or be covered by appropriate indemnity insurance.
- Have completed a minimum of 30 hours of Continuing Professional Development (CPD) related to aesthetic practice within the previous 12 months.
- Hold a current and valid Basic Life Support and anaphylaxis management qualification.
- Have access to appropriate guidance and support for delivery and assessment.
- Participate in qualification quality assurance activities.

Internal Quality Assurance

Candidate portfolios must be internally quality assured by centre staff who are **occupationally knowledgeable** and qualified to make quality assurance decisions. Internal Quality Assurers (IQAs) must be able to demonstrate the following qualifications and competence:

- A regulated Level 4 Award in Internal QA of Assessment Processes and Practice.
- A regulated Level 4 Certificate in Leading the Internal QA of Assessment Processes and Practice.
- Be able to demonstrate a minimum two years' experience in the procedures they will be internally quality assuring.
- Hold or be covered by appropriate indemnity insurance.
- Have completed a minimum of 30 hours of CPD related to aesthetic practice within the previous 12 months.
- Hold a current and valid Basic Life Support and anaphylaxis management qualification.

Record Keeping

Centres must retain accurate records to evidence candidate registration, assessment, internal quality assurance and certification in line with ProQual's' Retention of Records Policy for ProQual Centres.

Enquiries, Appeals and Adjustments

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

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

Monitoring the Assessment Process and Internal Quality Assurance

Centres should recognise, where appropriate, candidates' previous achievements, knowledge, skills and experience gained through work, formal study, informal learning or other relevant activities. Recognition of Prior Learning (RPL) provides a valid route for assessing, whether a candidate has already met the requirements of a unit/s, provided that the evidence presented is mapped clearly to the relevant learning outcomes and assessment criteria.

Evidence used for RPL must be valid, authentic, reliable, current and sufficient. Centres must apply the same assessment and quality assurance standards to RPL evidence as they do to evidence generated through any other assessment method.

If a candidate wishes to claim RPL, centres are required to support them through this process. Normal assessment and quality assurance systems will need to be applied to RPL, to ensure it is fit for purpose and appropriate. Candidates will need to provide evidence of their prior formal/informal learning, and the assessor will need to work with them to map this to the learning outcomes of the unit it relates to. If there are any gaps the assessor and candidate should find a suitable way to fill these with additional learning.

For all ProQual qualifications, RPL evidence must have been generated within the last three years. For the purpose of clarity, the three-year count starts from the date a candidate registers for the new ProQual qualification/unit they wish to complete.

EQA may ask to see evidence of the recording process and support materials approved centres have in place to explain RPL to their candidates. EQA will also check that RPL has been included in the approved centre's internal quality assurance processes.

Where RPL has been applied, this must be evidenced and recorded clearly in the portfolio.

For further information on RPL assessment, please see the ProQual Recognition of Prior Learning Policy and Procedure.

Units – Learning Outcomes and Assessment Criteria

Title:	Safe, Hygienic and Effective Working Practices for Aesthetic Treatments			**Level:**	6
Unit Number:	R/652/3757	**TQT:**	50	**GLH:**	40
Unit Purpose and Aims:	The aim of this unit is to develop candidates' understanding of the legislation and procedures involved in safe and hygienic aesthetic practices. Candidates will review the responsibilities of individuals and the organisation in the preparation, delivery and post-treatment care of clients undertaking aesthetic treatments. Candidates will learn about effective methods of infection control, testing, facility preparation and the delivery of treatments. This unit has been written in alignment with NOS Standard SKANSC1 'Implement and maintain safe, hygienic and effective working practices during elective non-surgical cosmetic procedures.				

Learning Outcomes *The learner will be able to:*		**Assessment Criteria** *The learner can:*	
1	Understand the requirements, procedures and protocols for safe, hygienic and effective working practices in aesthetic centres.	1.1	Describe the legislative, licensing and organisational health and safety responsibilities related to the role of the aesthetic practitioner in the workplace.
		1.2	Evaluate the requirements for aesthetic centres to comply with ethical working practices and aesthetic procedure protocols.
		1.3	Analyse the importance of aesthetic centres complying with legislative facility requirements, including: • Lighting and illumination. • Heating. • Ventilation. • Fixtures, fittings and equipment. • Amenities. • Audit and accountability.

1	*Continued*	1.4	Evaluate the regulatory requirements for infection prevention and control procedures, including: • Universal precautions. • Standard precautions. • Microbial contamination prevention. • Accidental exposure to clinical waste.
		1.5	Evaluate the use of disinfectants in an aesthetics centre, reviewing: • Hard surface disinfectants. • Skin disinfectants. • Chemical compositions and associated risks. • How contact times impact the effectiveness. • The impact on the pH scale and barrier function.
		1.6	Critically evaluate hazard and risk management in an aesthetic centre, including: • Environment and equipment placement. • Sustainable working practices. • Insurance and indemnity requirements. • Equipment and product legislative compliance. • Responsible waste management.
		1.7	Describe the legislative, organisational and manufacturers' safety instructions for equipment, materials and products, including: • Storage. • Handling. • Usage. • Disposal. • Record keeping.
		1.8	Evaluate the purpose, timings and resulting actions that can occur when testing aesthetic treatment procedures and facilities.

1	*Continued*	1.9	Reflect on the responsibility of the practitioner to: • Work within the scope of their role. • Seek further advice and support from the wider team. • Report procedures for suspected malpractice.
		1.10	Evaluate the legislative, regulatory and organisational requirements for conducting thorough client consultations and obtaining written consent.
		1.11	Analyse the legal and organisational responsibilities for aesthetic centres to safeguard client safety, including: • Effective measures to prepare the client for a procedure. • Client protection throughout an aesthetic treatment. • Safety and dignity of the client maintained throughout a procedure. • Client privacy upheld before, during and after a procedure. • Data protection.
		1.12	Evaluate how the physical and psychological wellbeing of the practitioner can impact on providing aesthetic procedures safely.
2	Demonstrate safe and hygienic working practices in the preparation and delivery of aesthetic treatments.	2.1	Demonstrate effective compliance with health and safety procedures before, during and after aesthetic treatments.
		2.2	Carry out and record a risk assessment prior to undertaking an aesthetic treatment procedure.
		2.3	Respond and take appropriate actions to the outcomes of a risk assessment.
		2.4	Prepare the working environment for aesthetic treatments in accordance with legislation, organisational policies and procedures including: • Universal infection precautions. • Standard infection precautions. • Effective application of personal protection for all individuals. • Effective placement of facilities. • Client placement.

2	*Continued*	2.5	Demonstrate application of working practices in the delivery of aesthetic treatments that: • Minimise fatigue and the risk of injury to the practitioner, client and others. • Support environmental sustainability. • Minimise risk and maintain client safety.
		2.6	Source and select the equipment, materials and products to meet client needs, in line with the agreed treatment plan, considering: • Storage. • Handling. • Usage. • Disposal. • Record keeping.
		2.7	Carry out testing in accordance with legislation and organisational procedures to establish the suitability of a treatment.
		2.8	Carry out an aesthetic treatment in accordance with legislation, organisational procedures and client treatment plan.
		2.9	Conclude an aesthetic treatment in line with procedure protocols, including • Disposal of waste. • Storage of documentation. • Critical reflection of the health and safety considerations involved in the 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. Competence must be demonstrated through the performance of treatments on live clients/models within a real or realistic working environment and using products, equipment and procedures appropriate to current professional practice.

Evidence should primarily be generated through direct observation by an occupationally knowledgeable and competent assessor.

Supporting evidence may include:

- Treatment and consultation records.
- Consensual visual media.
- Treatment plans.
- Assessor questioning and professional discussion.
- Candidate reflective accounts.

Assessment checklists and evidence matrixes may be used to support the organisation and tracking of assessment evidence but do not, in themselves, constitute evidence of competence.

An assessor's report 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 6 Diploma in Aesthetic Practice and Injectable Procedures Candidate Workbook to organise candidate evidence or may use their own portfolio templates.

It is expected that competence of each competence assessment criteria will be observed **at least ten times** before it is awarded. Live models must be **at least 18 years old**.

Title:	Professional Practice for Aesthetic Practitioners			**Level:**	6
Unit Number:	T/652/3758	**TQT:**	90	**GLH:**	50
Unit Purpose and Aims:	The aim of this unit is to develop candidates' knowledge of professional practice related to the aesthetic treatment industry. Candidates will learn about the legislative and regulatory requirements for centres, and ethical, client-centred approaches for aesthetic treatments. Candidates will explore effective methods for consulting, referral and making informed decisions on treatment requests. The unit also supports candidates to learn about equality, diversity and inclusion in the workplace, alongside the need for collaborative, professional teamwork. This unit has been written in alignment with the CPSA Code of Practice, JCCP Competency Framework and NOS Standard SFJCPS5.7 'Promote equality, diversity and inclusion in your area of responsibility'.				

Learning Outcomes *The learner will be able to:*		**Assessment Criteria** *The learner can:*	
1	Understand the professional standards in place for aesthetic practitioners.	1.1	Identify and explain the roles of regulatory bodies in the aesthetics sector and the importance of safety and compliance for aesthetic centres.
		1.2	Explain the indemnity and liability insurance requirements of aesthetic centres.

1	*Continued*	1.3	Discuss how cosmetic and aesthetic procedures can be marketed responsibly, including: • Not making unjustifiable claims about a treatment, qualifications, training or experience. • Not trivialising the risks involved. • Not using promotional tactics that might encourage uninformed or ill-considered decisions. • Not targeting, or marketing in a way that might target, people under the age of 18.
		1.4	Evaluate the importance for aesthetic practitioners to engage in continuing professional development.
		1.5	Describe factors that determine if an aesthetic treatment is appropriate, including: • Age restrictions. • Capacity of the client. • Clients that may require psychological support. • Client safeguarding.
		1.6	Explain the importance of conducting comprehensive treatment consultations to enable the practitioner to make informed judgements on: • Client capacity to understand the treatment process. • Client capacity to give informed consent before a procedure. • Factors that may affect the treatment, including pregnancy, allergies and lifestyle. • Client concerns and expectations. • A detailed review of medical and surgical history and current medication. • Psychological reasoning behind the treatment request. • Social and work activities that may impact the treatment.

1	*Continued*	1.7	Evaluate the practitioner responsibility to always discuss treatments and obtain client consent themselves rather than delegating the responsibility.
		1.8	Discuss the importance of why referral to a professional colleague is appropriate where considerations are: • Outside the competency of the practitioner role. • Consultation information requires an alternative opinion to make a judgement.
		1.9	Explain why it is important to provide the following to clients, before they give their informed consent: • A clear, honest evaluation of the aesthetic treatment and the expected outcomes. • Any adverse effects or complications that could occur. • A treatment plan. • A pain management plan. • Sufficient time to make a treatment decision. • Evidence-based information about the products and equipment to be used. • An evaluation of the benefits and risks of the proposed procedure. • Information on the practitioner's qualifications and training. • Clear information on treatment fees.
		1.10	Evaluate the grounds for a practitioner to refuse to perform an aesthetic treatment, including: • Not to be in the client's best interest. • Potential to cause physical, psychological or emotional harm. • The client's presentation is not requested under their own volition. • Concerns over client safeguarding.

1	*Continued*	1.11	Critically analyse the importance of practitioners adhering to treatment plans as they conduct an aesthetic treatment procedure.
		1.12	Describe the appropriate procedures for reporting adverse effects, including: • Reporting complications to clinical professionals for consultation. • Managing adverse effects. • Documenting adverse effects and reflecting on process, so that future procedures will be improved.
		1.13	Evaluate the legislative and regulatory requirement for comprehensive documentation and storage of treatment information, including: • Consultation documents. • Client written consent. • Visual media of treatment areas. • Pain management plan. • Personal data related to the client.
		1.14	Discuss the importance of conducting reflective evaluations as part of the aesthetic treatment procedure, as a means to improve procedures.
		1.15	Explain the appropriate procedures for whistle blowing if concerns about client safety arise which are reported and not taken seriously.
2	Understand how to promote diversity and inclusion as an aesthetic practitioner.	2.1	Evaluate the responsibilities of practitioners and organisations under equality, diversity and inclusion legislation within the aesthetics sector, including: • Sector-specific legislation, regulations, guidelines and codes of practice. • Sources of specialist expertise. • Issues and developments specific to the aesthetics industry.
		2.2	Discuss the different forms of discrimination and harassment that can take place in the workplace.

2	*Continued*	2.3	Explain the importance of organisation leaders: • Committing to the promotion of equality of opportunity, diversity and inclusion in the workplace. • Monitoring, reviewing and reporting on progress on equality, diversity and inclusion.
		2.4	Explain why it is important to lead by example in terms of: • Own behaviour in the workplace. • Actions to support commitment to equality of opportunity, diversity and inclusion. • How to support staff in the workplace. • How to challenge inappropriate behaviour.
		2.5	Discuss how culture, gender identity, sexuality, religious belief or other characteristics can affect working practices and requirement in relation to aesthetic treatments.
		2.6	Discuss how to recognise when the behaviour, words and actions of colleagues and clients support and oppose a commitment to equality of opportunity, diversity and inclusion and the actions that can be taken to correct behaviours.
		2.7	Discuss the importance of, and methods for, reviewing the diversity and needs of an organisation's current and potential clients to identify areas for improvement.
		2.8	Discuss how to communicate the organisation's equality, diversity and inclusion policy to all people who work for the organisation and other relevant parties.
		2.9	Evaluate how to provide working arrangements, resources and procedures that respond to different needs, abilities, values and ways of working in an aesthetic treatment centre.

3	Understand how to work with healthcare professionals as an aesthetic practitioner.	3.1	Evaluate the need for aesthetic practitioners to work collaboratively with healthcare providers to ensure best outcomes for clients.
		3.2	Explain the role and responsibilities of the prescriber in relation to aesthetic treatment procedures.
		3.3	Evaluate the need for aesthetic practitioners to utilise a support network of experienced, professional colleagues who can advise and support client referrals and reviews.
		3.4	Analyse the importance of clear and appropriate communication when seeking advice on client consultations from external professionals.
		3.5	Discuss how and why conflict might arise between professionals and how this can be resolved.

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.

Title:	Anatomy and Physiology for Advanced Aesthetic Practice			**Level:**	6
Unit Number:	Y/652/3759	**TQT:**	100	**GLH:**	80
Unit Purpose and Aims:	This unit develops candidates applied knowledge and understanding of anatomy and physiology relevant to advanced aesthetic practice. Candidates will explore the skin and underlying tissues, facial and body anatomy, physiological processes affecting skin health and ageing, and relevant skin conditions and abnormalities. The unit considers how advanced aesthetic treatments interact with anatomical structures and physiological processes, and how this knowledge informs treatment suitability, treatment response, risk and scope of practice. Together with established anatomical, physiological and dermatological literature relevant to advanced aesthetic practice, this unit has been developed with reference to: • Joint Council for Cosmetic Practitioners (JCCP). • Cosmetic Practice Standards Authority (CPSA). • British Medical Laser Association (BMLA).				

Learning Outcomes *The learner will be able to:*		**Assessment Criteria** *The learner can:*	
1	Understand the anatomy and physiology of the skin and underlying tissues relevant to advanced aesthetic practice.	1.1	Analyse the structure and functions of the layers of the skin and underlying tissues.
		1.2	Explain the structure and functions of cells relevant to: • Skin physiology. • Aesthetic interventions.
		1.3	Explain the structure and functions of skin appendages.
		1.4	Analyse the physiological functions of the skin and their relevance to advanced aesthetic practice.

1	*Continued*	1.5	Explain the physiological processes involved in: • Skin renewal. • Inflammation. • Wound healing. • Tissue repair.
2	Understand physiological processes affecting skin health, ageing and aesthetic presentation.	2.1	Analyse the physiological processes associated with skin and tissue ageing.
		2.2	Analyse intrinsic and extrinsic factors affecting skin health, function and appearance.
		2.3	Explain physiological processes affecting skin pigmentation and variation in treatment response.
		2.4	Analyse the influence of: • Circulatory • Lymphatic • Hormonal • Immune • Metabolic processes on skin and soft tissues.
		2.5	Analyse how lifestyle factors may influence: • Skin condition. • Tissue response. • Healing. • Recovery.
3	Understand facial and body anatomy relevant to advanced aesthetic treatments.	3.1	Analyse skeletal structures and anatomical landmarks relevant to advanced aesthetic treatments.
		3.2	Analyse the structure, function and relationships of muscles relevant to facial expression and aesthetic treatment.
		3.3	Analyse the distribution, structure and function of: • Facial adipose tissue • Body adipose tissue • Fat compartments relevant to advanced aesthetic treatment.

3	*Continued*	3.4	Analyse vascular structures and blood supply relevant to advanced aesthetic treatments.
		3.5	Analyse the distribution and functions of relevant sensory and motor nerves.
		3.6	Explain the structure and function of the lymphatic system relevant to advanced aesthetic treatments.
		3.7	Analyse tissue planes and the anatomical relationships between: • Skin. • Subcutaneous tissue. • Fascia. • Muscle. • Vessels. • Nerves. • Bone.
		3.8	Analyse: • Anatomical variation • Asymmetry • Age-related anatomical changes relevant to aesthetic assessment and treatment.
		3.9	Analyse anatomical high-risk areas relevant to advanced aesthetic treatments.
4	Understand skin conditions, lesions and abnormalities relevant to advanced aesthetic practice.	4.1	Analyse variations in skin characteristics and phenotype relevant to aesthetic assessment and treatment.
		4.2	Explain the characteristics and aesthetic implications of common skin conditions and abnormalities.
		4.3	Explain the characteristics and aesthetic implications of: • Common skin lesions. • Vascular presentations. • Pigmentary presentations.

4	*Continued*	4.4	Differentiate between presentations that may be suitable for aesthetic treatment and those requiring avoidance, further assessment or referral.
		4.5	Analyse factors affecting the recognition and assessment of conditions and abnormalities across different skin tones and phenotypes.
		4.6	Explain the limitations of the aesthetic practitioner's scope in relation to the diagnosis and management of skin conditions, lesions and abnormalities.
5	Understand the anatomical and physiological effects of advanced aesthetic treatments.	5.1	Analyse how mechanical aesthetic interventions interact with skin and underlying tissues.
		5.2	Analyse how chemical aesthetic interventions interact with skin and underlying tissues.
		5.3	Analyse the anatomical and physiological effects of injectable aesthetic interventions.
		5.4	Analyse the anatomical and physiological effects of laser, light and energy-based aesthetic interventions.
		5.5	Analyse the anatomical and physiological effects of thermal and other tissue-modifying aesthetic interventions.
		5.6	Analyse how: • Treatment depth • Anatomical site • Client variation influence tissue response and treatment outcomes.
6	Understand the relationship between anatomy, physiology and risk in advanced aesthetic practice.	6.1	Analyse how anatomical structures and physiological processes influence risk during advanced aesthetic treatments.
		6.2	Explain the anatomical and physiological basis of expected treatment responses and side effects.

6	*Continued*	6.3	Analyse the anatomical and physiological basis of adverse effects and complications associated with advanced aesthetic treatments.
		6.4	Analyse client anatomical and physiological factors that may increase treatment risk.
		6.5	Analyse how anatomical and physiological knowledge informs: • Treatment suitability. • Treatment limitations. • Avoidance. • Referral.
		6.6	Evaluate the limitations of anatomical and physiological knowledge in relation to practitioner competence and scope of practice.

Additional Assessment Information

This unit provides the underpinning anatomical and physiological knowledge required for safe and effective advanced aesthetic practice. It focuses on the structures, systems and physiological processes relevant to the assessment, planning and delivery of advanced aesthetic treatments and the management of associated risks.

Learners should demonstrate the application of anatomical and physiological knowledge to advanced aesthetic practice, using examples relevant to a range of advanced aesthetic treatments and modalities.

Completion of this unit confirms achievement of the specified anatomy and physiology learning outcomes and assessment criteria. It does **not**, in isolation, confirm occupational competence to undertake any advanced aesthetic treatment or procedure. Occupational competence, including the safe application of anatomical and physiological knowledge in practice, must be demonstrated through achievement of the relevant treatment-specific units.

This unit is **knowledge** based. Evidence is expected to take the form of candidate's written work and/or records of appropriate professional discussions. Evidence may include:

- Written responses and assignments.
- Case studies.
- Professional discussion.
- Oral questioning.
- Treatment planning and evaluation activities.
- Other valid and reliable methods of assessing knowledge and understanding.

For **Learning Outcome 1** candidates should consider:

Skin structure
Epidermis: stratum corneum, stratum lucidum, stratum granulosum, stratum spinosum, stratum basale.

- Dermal-epidermal junction.
- Dermis: papillary dermis, reticular dermis.
- Hypodermis/subcutaneous tissue.
- Extracellular matrix.
- Collagen.
- Elastin.
- Ground substance.

Relevant cells

- Keratinocytes.
- Melanocytes.
- Langerhans cells.
- Merkel cells.
- Fibroblasts.
- Relevant inflammatory/immune cells.

Appendages

- Hair follicle.
- Hair growth cycle.
- Sebaceous glands.
- Eccrine glands.
- Apocrine glands.
- Ducts.

Functions/processes

- Barrier function.
- Sensation.
- Thermoregulation.
- Immune defence.
- Secretion/excretion.
- Pigmentation.
- Vitamin D synthesis.
- Skin microbiome.
- Keratinisation.
- Cellular turnover.
- Melanogenesis.
- Inflammation.
- Haemostasis.
- Proliferation.
- Remodelling.
- Wound healing and scar formation.

For **Learning Outcome 2** candidates should consider:

- Intrinsic ageing.
- Extrinsic ageing/photo ageing.
- Cellular senescence.
- Collagen synthesis/degradation.
- Elastin changes.
- Fibroblast activity.

- Changes in epidermal turnover.
- Changes in vascularity.
- Changes in adipose distribution.
- Skeletal/soft tissue ageing.
- Inflammation.
- Oxidative stress.
- Free-radical activity.
- Glycation.
- Melanogenesis.
- Hyperpigmentation.
- Hypopigmentation.
- Post-inflammatory hyperpigmentation.
- Circulation and tissue perfusion.
- Lymphatic function.
- Hormonal influences.
- Immune response.
- Metabolism relevant to skin/tissue health.
- UV exposure.
- Smoking.
- Nutrition.
- Hydration.
- Sleep.
- Environmental exposure.
- Skincare/product use.
- Previous aesthetic interventions.

For **Assessment Criteria 3.1** candidates should consider cranial and facial bones relevant to aesthetic treatment including frontal, temporal, parietal, occipital and sphenoid bones; maxilla, mandible, zygomatic and nasal bones; relevant landmarks including frontal eminence, supraorbital and infraorbital rims, supraorbital notch/foramen, infraorbital foramen, orbital margins, zygomatic arch, piriform aperture, mental protuberance, mental foramen, mandibular border and angle.

For **Assessment Criteria 3.2** candidates should consider muscles relevant to facial expression, facial movement, contour and aesthetic treatment including frontalis, corrugator supercilii, procerus, orbicularis oculi, nasalis, levator labii superioris alaeque nasi, levator labii superioris, zygomaticus major and minor, levator anguli oris, orbicularis oris, depressor anguli oris, depressor labii inferioris, mentalis, risorius, masseter and platysma; location, relevant attachments, action and interaction; agonist and antagonist relationships; elevators and depressors; static and dynamic lines; compensatory muscle activity; facial symmetry and asymmetry.

For **Assessment Criteria 3.3** candidates should consider structure and function of adipose tissue and adipocytes; superficial and deep adipose tissue; subcutaneous fat; facial fat compartments, including forehead, temporal, infraorbital, medial, middle and lateral cheek, nasolabial and jowl fat; deep medial cheek fat, sub-orbicularis oculi fat (SOOF), buccal fat pad and deep temporal fat; relationship to facial shape, contour, volume and ageing; body adipose distribution; superficial and deep subcutaneous adipose tissue; fibrous septa; distinction between subcutaneous and visceral adipose tissue; regional variation relevant to aesthetic treatment.

For **Assessment Criteria 3.4** candidates should consider structure and function of arteries, arterioles, capillaries, veins and venules; superficial and deep vascular networks; tissue perfusion; anastomoses and anatomical variation; external and internal carotid contributions to facial circulation; facial, superior and inferior labial, lateral nasal, angular, superficial temporal, transverse facial, ophthalmic, supraorbital, supratrochlear, dorsal nasal, infraorbital and mental arteries; facial, angular and superficial temporal veins; relevant periorbital venous structures; relationship of vascular structures to surrounding tissues and treatment depth.

For **Assessment Criteria 3.5** candidates should consider sensory and motor nerve function; facial nerve (cranial nerve VII) and temporal, zygomatic, buccal, marginal mandibular and cervical branches; trigeminal nerve (cranial nerve V) and ophthalmic, maxillary and mandibular divisions; relevant sensory branches including supraorbital, supratrochlear, infraorbital and mental nerves; relationship between nerve distribution, facial movement, sensation and aesthetic treatment.

For **Assessment Criteria 3.6** candidates should consider structure and function of lymphatic capillaries, vessels, lymph and lymph nodes; tissue-fluid balance and immune function; lymphatic drainage of the face, neck and relevant body treatment areas; submental, submandibular, preauricular/parotid and cervical lymph nodes; relationship to inflammation, oedema, infection and tissue recovery.

For **Assessment Criteria 3.7** candidates should consider relationship between skin, subcutaneous tissue, superficial and deep adipose tissue, fascia, superficial musculoaponeurotic system (SMAS), muscle, vessels, nerves, periosteum and bone; superficial and deep tissue planes; epidermal, dermal, subdermal, subcutaneous and periosteal depths; variation in tissue thickness by anatomical site; relationship between anatomical structures and treatment depth.

For **Assessment Criteria 3.8** candidates should consider client anatomical variation; facial proportions and morphology; symmetry and asymmetry; variation in skin and soft-tissue thickness; vascular and neural variation; variation in adipose distribution; age-related skeletal remodelling, changes in muscle and supporting tissues, changes in fat compartments and distribution, soft-tissue volume loss, skin laxity and changes in facial contours and folds.

For **Assessment Criteria 3.9** candidates should consider anatomical structures and relationships contributing to increased treatment risk within the glabellar, forehead, temporal, periorbital, nasal, nasolabial, cheek/mid-face, lip/perioral, jawline, chin, submental and neck regions; relationship between vessels, nerves, muscles, fat compartments, tissue planes and treatment depth; anatomical variation and its implications for risk.

For **Learning Outcome 4** candidates should consider:

Skin characteristics and phenotype

- Skin type and condition.
- Skin tone and pigmentation.
- Fitzpatrick skin phototype classification.
- Skin texture, thickness, sensitivity, hydration and sebum production.
- Vascularity.
- Variations associated with age and ethnicity.
- Client variation in skin characteristics and treatment response.
- Limitations of skin classification systems.

Common skin conditions and abnormalities

- Acne, including comedonal and inflammatory presentations.
- Rosacea.
- Eczema and dermatitis.
- Psoriasis.
- Seborrhoeic dermatitis.
- Folliculitis.
- Milia.
- Impaired or compromised skin barrier.
- Inflammatory and infectious presentations.
- Scarring, including hypertrophic and keloid scarring.
- Impaired wound healing.

Common skin lesions

- Macules.
- Papules.
- Pustules.
- Nodules.
- Cysts.
- Vesicles.
- Plaques.
- Skin tags.
- Seborrhoeic keratoses.
- Benign melanocytic naevi.

Vascular presentations

- Telangiectasia.
- Thread/spider veins.
- Spider naevi.
- Cherry angiomas.
- Erythema.
- Bruising.
- Vascular changes associated with rosacea.

Pigmentary presentations

- Hyperpigmentation and hypopigmentation.
- Melasma.
- Ephelides/freckles.
- Solar lentigines.
- Post-inflammatory hyperpigmentation and hypopigmentation.
- Naevi.
- Variation in pigmentation across skin tones and phenotypes.
- Assessment and recognition.
- Visual and tactile characteristics, where appropriate.
- Distribution, size, shape, colour, texture and borders.
- Duration, development and reported changes.
- Associated symptoms reported by the client.
- Previous and existing skin conditions and treatments.
- Relevant medical history and medication.
- Signs of infection, inflammation and compromised skin integrity.
- Atypical, changing or unexplained lesions and skin changes.
- Recognition of presentations outside practitioner competence.
- Distinction between recognition and diagnosis.

Assessment across skin tones and phenotypes

- Variation in the appearance of erythema, inflammation and vascular changes.
- Variation in pigmentary response.
- Post-inflammatory hyperpigmentation and hypopigmentation.
- Variation in scarring response.
- Limitations of visual assessment and skin classification systems.
- Implications for treatment assessment and risk.

Treatment suitability, avoidance and referral

- Presentations suitable for aesthetic treatment.
- Contraindications and treatment limitations.
- Active infection or inflammation.
- Compromised skin integrity or barrier function.
- Impaired healing.

- Suspicious, atypical or changing lesions.
- Unexplained skin changes.
- Indications for treatment modification, postponement or avoidance.
- Indications for further assessment or referral.
- Referral to an appropriate healthcare professional.
- Scope and limitations of practice.
- Recognition versus diagnosis.
- Limitations of aesthetic skin assessment.
- Working within practitioner knowledge and competence.
- Conditions and presentations outside aesthetic practitioner scope.
- Limitations relating to lesion identification and classification.
- Appropriate escalation and referral.
- Professional accountability and record keeping.

For **Learning Outcome 5** candidates should cover a variety of treatments/modalities to provide depth and range of evidence.

For example:

- Microneedling → controlled injury/inflammatory and wound-healing response.
- Peels → depth of penetration and controlled chemical injury.
- Fillers/skin boosters/mesotherapy → tissue planes and physiological response.
- Botulinum toxin → neuromuscular junction/acetylcholine blockade.
- Laser/IPL → chromophores, selective photo thermolysis and tissue penetration.
- Pasma/thermal treatments → thermal tissue effects.
- Non-surgical fat reduction → adipocytes and relevant tissue response.
- Micropigmentation/microblading → skin penetration, pigment placement and healing.

For **Learning Outcome 6** candidates should consider:

- Pain.
- Erythema.
- Inflammation.
- Bruising.
- Oedema.
- Bleeding.
- Infection.
- Allergic/hypersensitivity response.
- Burns/blistering.

- Pigmentary change.
- Impaired healing.
- Scarring.
- Nerve injury.
- Vascular injury.
- Vascular compromise/occlusion.
- Ischaemia necrosis.
- Anatomical high-risk areas.
- Physiological/anatomical variation.
- Referral/escalation.

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.

Title:	Principles and Practice of Microneedling Treatments			**Level:**	6
Unit Number:	F/652/3760	**TQT:**	120	**GLH:**	100
Unit Purpose and Aims:	The aim of this unit is to develop candidates' understanding and competence in the administration of microneedling procedures. Candidates will review the principles and processes of microneedling treatments, learning how to deliver professional, client-centred procedures that align with regulatory and organisational protocols This unit has been written in alignment with NOS Standard SKANSC5 'Provide rejuvenation of the skin using mesotherapy procedures' and SKANSC19 'Provide vitamin and/or mineral injections for wellbeing'.				

Learning Outcomes *The learner will be able to:*		**Assessment Criteria** *The learner can:*	
1	Understand the professional responsibilities and principles of microneedling.	1.1	Evaluate the role and responsibilities of a practitioner performing non-surgical cosmetic procedures and the importance of working within the scope of competence.
		1.2	Analyse and justify why practitioners and aesthetic centres must comply with ethical practice and work within the legislative requirements.
		1.3	Evaluate the importance of collaboration with competent professionals to support effective and safe working practices.
		1.4	Evaluate the importance of engaging in, and documenting continuous professional development, to include: • Up-to-date information. • Policies, procedures. • Best practice guidance.

1	*Continued*	1.5	Examine the health and safety responsibilities in line with legislation before, during and after microneedling procedures.
		1.6	Analyse the relationship between the anatomy and physiology relevant to microneedling procedures.
		1.7	Analyse the chronological skin ageing process and the relationship to intrinsic and extrinsic factors.
		1.8	Evaluate the types, purpose and use of microneedling equipment and agents taking account of: • Skin classification. • Skin characteristics. • The client's treatment expectations. • The treatment area. • The different needle depths.
		1.9	Evaluate the limitations of products and equipment used for microneedling procedures.
		1.10	Evaluate the sourcing, storage, handling, usage and disposal of microneedling equipment in accordance with the manufacturer's instructions and legislative requirements.
		1.11	Analyse the types of hygiene products for the skin and the importance of following manufacturer's application instructions.
2	Understand client consultation, assessment and treatment planning.	2.1	Evaluate the importance of discussing and establishing the: • Client's objectives • Concerns • Expectations • Desired outcomes when agreeing the non-surgical cosmetic procedure plan.

2	*Continued*	2.2	Analyse the physical and psychological considerations that influence an individual's suitability for the non-surgical cosmetic procedure including: • The structure and function of the body systems and their interdependence on each other. • The structure and function of skin and skin appendages. • Skin diseases, disorders and conditions. • The ageing process of the skin including the effects of genetics, lifestyle and environment. • The compromised barrier function and skin regeneration processes. • Physical capacity of the client. • Psychological capacity of the client. • Aesthetic history. • Client expectations.
		2.3	Analyse the importance of using visual aids to inform the client of the physical effects including: • Illustrative images. • Illustrative diagrams.
		2.4	Evaluate procedures that could be carried out in conjunction with a microneedling procedure and the associated risks.
		2.5	Evaluate the types of skin priming programmes and its relevance to the success of the microneedling procedure.
		2.6	Critically evaluate the types of pain management commonly administered for microneedling treatments and the associated risks.

2	*Continued*	2.7	Analyse the legislative requirements and restrictions for sourcing, storing and using licensed topical anaesthetics.
3	Understand informed consent and pre-treatment procedures.	3.1	Analyse and explain the legislative and indemnity requirements of gaining signed, informed consent for the microneedling procedure and pain management.
		3.2	Analyse and explain the legislative, insurance and organisational requirements for taking and storing visual media of the client's treatment area/s.
		3.3	Analyse and explain the legislative and regulatory requirements of completing and storing the client's microneedling procedure records.
		3.4	Analyse and explain the rationale for pre- and post-procedure instructions and advice for microneedling procedures.
4	Understand how to deliver microneedling procedures.	4.1	Analyse and explain the reasons for working systematically to cover the client's treatment area in line with the microneedling procedure protocol, including: • How to adjust the duration. • Intensity. • Depth.
		4.2	Evaluate the importance of monitoring the health and wellbeing of the client during and post procedure.

4	*Continued*	4.3	Analyse and explain the adverse reactions associated with a microneedling procedure and how to respond with the correct course of action including: • Trans-epidermal water loss. • Excessive bruising. • Wounds. • Irritation or allergic reaction. • Excessive histamine reaction. • Compromised healing process. • Dizziness or fainting.
5	Understand post procedure care and client wellbeing.	5.1	Evaluate the post-procedure products that enhance healing and restorative results.
		5.2	Evaluate the expected outcomes of a microneedling procedure.
		5.3	Appraise the instructions and advice pre and post the microneedling procedure including: • The client and aesthetic practitioner's legal rights and responsibilities. • Complication management. • Post procedure expectations and associated time frames. • Pre and post procedure instructions and care. • Restrictions and associated risks. • Future procedures. • Complaints procedure or concerns protocol.
6	Understand the purpose and importance of evaluation, record keeping and reflective practice.	6.1	Evaluate the importance to record and evaluate the outcome of microneedling procedures.
		6.2	Examine the processes for collating, analysing, summarising and recording evaluation feedback.

6	*Continued*	6.3	Analyse the purpose of reflective practice and evaluation and how it informs future procedures and continuing professional development.
7	Undertake consultation, treatment planning and gaining informed consent for microneedling procedures.	7.1	Conduct a comprehensive face-to-face consultation to establish the individual's objectives, concerns, expectations and desired outcomes in order to develop an appropriate microneedling procedure plan, including: • Alternative treatment options. • Skin classification, characteristics and condition. • Preparatory skin priming options.
		7.2	Discuss and agree to a pain management strategy with the client, considering: • The client's tolerance level. • Legislative requirements. • Organisational policies and procedures.
		7.3	Reiterate, confirm and agree with the client, that they have understood the proposed microneedling procedure and pain management to include: • Contra-actions. • Adverse reactions.
		7.4	Obtain the client's informed written consent for the microneedling procedure and pain management, allowing an adequate time scale for the client to make an informed choice.
8	Deliver microneedling procedures safely and effectively.	8.1	Prepare the client's treatment area according to the microneedling procedure protocol.
		8.2	Select the needle depth for the skin classification in accordance with skin characteristics, the client's objectives and the treatment area.

8	*Continued*	8.3	Follow the microneedling procedure protocol to ensure even coverage of the treatment area, adapting techniques where necessary, to meet the client's needs.
		8.4	Monitor the client's health, wellbeing and skin reaction throughout the microneedling procedure.
		8.5	Implement the correct course of action in the event of an adverse reaction.
		8.6	Conclude the procedure in accordance with: • The microneedling procedure protocol. • Legislative requirements. • Organisational policies and procedures.
		8.7	Take and store consensual visual media of the individual's treatment area in accordance with • Insurance requirements. • Organisational policies and procedures.
		8.8	Provide verbal and written post-procedure instructions and advice, obtaining confirmation that the client has received and understood the information provided.
		8.9	Discuss and agree future procedures with the individual.
		8.10	Complete the individual's non-surgical cosmetic procedure records and store in accordance with data legislation.
9	Apply reflective practice to microneedling procedures.	9.1	Use reflective practice to evaluate the microneedling procedure and take appropriate action.
		9.2	Record the outcome and evaluation of the microneedling procedure to agree and inform future procedures.

Additional Assessment Information

Client's objectives

1. Reduction of fine lines.
2. Improved skin condition.
3. Improved skin texture.
4. Skin laxity improvement.

** Skin classification**

1. Fitzpatrick scale.
2. Glogau photo-damage.

Skin characteristics

1. Skin sensitivity.
2. Skin condition.
3. Skin density.

Contra-actions

1. Hyperemia.
2. Micro wounds.
3. Bruising.
4. Discomfort.
5. Oedema.

Needle – face

1. 1mm - 1.5mm.

Needle – body

1. 1.5mm - 2.0mm.

Microneedling procedure protocol

1. The working environment.
2. Health and safety.
3. Risk management plan.
4. Infection, prevention and control.
5. Complication management.
6. Procedure plan.
7. Informed consent.
8. Data management.
9. Audit and accountability.
10. Instructions and advice.
11. Waste management.
12. Evidence based and reflective practice.

Learning Outcomes 1- 6 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 7-9 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.

Competence must be demonstrated through the performance of treatments on live clients/models within a real or realistic working environment and using products, equipment and procedures appropriate to current professional practice.
It is expected that evidence will be a combination following:

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

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 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 6 Diploma in Aesthetic Practice and Injectable Procedures 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 10 times – 5 times on the face and 5 times on the body** before it is awarded. Both the candidate and live model must be **at least 18 years old**.

Title:	Principles and Practice of Advanced Superficial Chemical Peel Treatments			**Level:**	6
Unit Number:	H/652/3761	**TQT:**	150	**GLH:**	100
Unit Purpose and Aims:	This unit develops candidates' knowledge, understanding and practical competence in the safe and effective provision of advanced superficial chemical peel treatments. Candidates will develop their understanding of chemical peeling agents, treatment selection and planning, skin response, treatment parameters, contraindications, risks and complications, and pre- and post-treatment care. Candidates will apply this knowledge to consult and assess clients, plan and perform advanced superficial chemical peel treatments, monitor treatment outcomes and responses, provide appropriate aftercare, and evaluate their own practice within the boundaries of their professional competence. This unit has been written in alignment with NOS Standards and current legislation, including: • Skills Active National Occupational Standards: ○ SKABA9: Perform rejuvenation of the skin using superficial skin peeling treatments. • Joint Council for Cosmetic Practitioners (JCCP) Competency Framework (2018). • Cosmetic Practice Standards Authority (CPSA) Clinical and Practice Standards.				

Learning Outcomes *The learner will be able to:*		Assessment Criteria *The learner can:*	
1	Understand the principles and practice of advanced superficial chemical peel treatments.	1.1	Explain the physiological effects of advanced superficial chemical peel treatments on the skin, including: • Skin barrier function. • Desquamation. • Exfoliation. • Resurfacing. • Inflammatory response. • Wound healing. • Pigmentation.
		1.2	Differentiate chemical peel treatments according to their classification, depth of action and physiological effect on the skin.
		1.3	Evaluate the types and formulations of chemical peeling agents, including: • Actions. • Indications. • Benefits. • Limitations. • Contraindications. • Potential for harm.
		1.4	Analyse the chemical and physical properties of peeling agents, including: • Percentage strength/concentration. • pH (acidity/alkalinity). • pKa (acid strength). • Viscosity. • Combination of agents. and influence: • Action. • Penetration. • Treatment depth. • Potential for harm.

1	*Continued*	1.5	Analyse how skin classification, characteristics and condition, including Fitzpatrick skin type and Glogau photo-damage classification, influence: • Treatment suitability. • Peel selection. • Treatment depth. • Expected outcomes. • Risk.
		1.6	Evaluate the factors that inform the selection and planning of advanced superficial chemical peel treatments, including: • Treatment objectives. • Skin assessment. • Anatomical site. • Peeling agent. • Formulation. • Strength. • Intended depth. • Treatment frequency.
		1.7	Explain relative and absolute contraindications, cautions and restrictions associated with chemical peel treatments and the actions to take when these are identified.
		1.8	Evaluate how skin diseases, disorders, lesions and other presenting skin conditions may affect treatment suitability, including when treatment should be: • Adapted. • Deferred. • Referred to an appropriate healthcare professional.
		1.9	Explain the purpose and principles of pre-treatment skin preparation and priming, including patch testing and the use and implications of topical products.

1	*Continued*	1.10	Explain the requirements for preparing for advanced superficial chemical peel treatments in relation to: • Practitioner. • Client. • Treatment area. • Environment. • Products. • Equipment. • Hygiene. • PPE. • Protection of prohibited and higher-risk treatment sites.
		1.11	Analyse the factors affecting the safe application and penetration of chemical peeling agents, including: • Application technique. • Treatment zones. • Layering. • Timing. • Even coverage. • Treatment depth.
		1.12	Explain how client wellbeing and skin response are monitored during treatments and how appropriate treatment endpoints are identified, including: • Timing. • Client response and discomfort. • Skin changes. • Blanching. • Frosting.
		1.13	Explain the principles and methods of terminating chemical peel treatments, including: • Neutralisation. • Removal. • Self-neutralising agents. • Restoration of skin pH.

1	*Continued*	1.14	Evaluate the expected skin responses, contra-actions, adverse reactions and complications associated with chemical peel treatments, including: • Causes. • Recognition. • Management. • Requirements for escalation. • Requirements for referral.
		1.15	Explain the post-treatment care and aftercare requirements for advanced superficial chemical peel treatments, including: • Skin barrier protection. • Sun avoidance and protection. • Post-treatment products. • Expected recovery. • Restrictions. • Signs of complications.
		1.16	Explain the importance of following manufacturer instructions, treatment protocols and scope of competence when: • Selecting • Preparing • Applying • Neutralising • Removing • Storing • Disposing of chemical peeling agents.
2	Perform advanced superficial chemical peel treatments safely and effectively.	2.1	Prepare: • Self • The treatment environment • Equipment • Products for advanced superficial chemical peel treatment in accordance with: • Infection prevention and control requirements. • Health and safety requirements. • Manufacturer requirements. • Treatment protocol requirements.

2	*Continued*	2.2	Carry out a comprehensive consultation and assessment to establish the client's suitability for advanced superficial chemical peel treatment, including their: • Medical history. • Client capacity. • Treatment history. • Skin classification. • Skin characteristics. • Skin condition. • Presenting concerns. • Treatment objectives. • Expectations. • Contraindications. • Cautions. • Risk factors.
		2.3	Develop and agree an appropriate treatment plan based on the consultation and assessment, including: • Treatment objectives. • Treatment area. • Peeling agent and formulation. • Strength. • Intended treatment depth. • Application method. • Treatment frequency.
		2.4	Obtain informed consent before treatment and confirm the client has received and understood sufficient information about: • The proposed treatment. • Expected outcomes. • Limitations. • Alternatives. • Risks. • Potential adverse reactions.
		2.5	Prepare the client's skin and treatment area in accordance with: • The agreed treatment plan. • Manufacturer instructions. • Treatment protocol. • Protection of prohibited and higher-risk sites.

2	*Continued*	2.6	Select and prepare the chemical peeling agent appropriate to the clients: • Skin classification. • Skin characteristics. • Skin condition. • Treatment objectives. • Intended treatment depth.
		2.7	Apply the selected chemical peeling agent safely, systematically and evenly in accordance with the: • Treatment plan. • Manufacturer instructions. • Treatment protocol.
		2.8	Monitor the client's health, wellbeing, tolerance and skin response throughout treatment and identify the appropriate treatment endpoint.
		2.9	Terminate the chemical peel treatment safely at the appropriate endpoint, including neutralisation or removal of the peeling agent where required and in accordance with manufacturer instructions and treatment protocol.
		2.10	Recognise and respond appropriately to contra-actions, adverse reactions and complications arising during or immediately following treatment, including escalation or referral where required.
		2.11	Apply appropriate post-treatment products and measures to protect the treated skin and support recovery.
		2.12	Take and store consensual visual media of the treatment area in accordance with: • Data protection legislation. • Insurance requirements. • Organisational requirements.
		2.13	Complete and store treatment records in accordance with: • Data protection legislation. • Insurance requirements. • Organisational requirements.

2	*Continued*	2.14	Provide the client with verbal and written post-treatment advice and instructions, including: • Expected skin responses and recovery. • Aftercare. • Restrictions. • Signs of complications. • Actions to take if complications occur. • Future treatment requirements.
		2.15	Evaluate the treatment outcome and own practice using: • Client feedback • Treatment records • Observations • Reflective practice and identify actions to inform future treatment and improve practice.

Additional Assessment Information

Learning Outcome 1 is **knowledge** based. Evidence is expected to take the form of candidate's written work and/or records of appropriate professional discussions. Evidence may include:

- Written responses and assignments.
- Case studies.
- Professional discussion.
- Oral questioning.
- Treatment planning and evaluation activities.
- Other valid and reliable methods of assessing knowledge and understanding.

Assessment must ensure that the candidate demonstrates sufficient depth and breadth of knowledge to support safe, effective and evidence-informed practice within the scope of advanced superficial chemical peel treatments.

Learning Outcome 2 is **competency** based**.** This means that the candidate is expected to demonstrate occupational competence in planning, preparing for, performing and evaluating advanced superficial chemical peel treatments.

Competence must be demonstrated through the performance of treatments on live clients/models within a real or realistic working environment and using products, equipment and procedures appropriate to current professional practice.

It is expected that evidence will be a combination following:

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

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 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 6 Diploma in Aesthetic Practice and Injectable Procedures Candidate Workbook to organise candidate evidence or may use their own portfolio templates.

Practical assessment requirements
Candidates must demonstrate competence across a minimum of **ten** advanced superficial chemical peel treatments.

A minimum of **six** observations must demonstrate sufficient variation in practice to include:

Skin classification, characteristics and condition

- A range of Fitzpatrick skin types.
- A range of skin characteristics and conditions appropriate for advanced superficial chemical peel treatment.
- Variation in skin sensitivity, tolerance and response to treatment.

Treatment objectives
A minimum of **four** different treatment objectives must be demonstrated, which may include:

- Skin rejuvenation.
- Improvement of skin texture and tone.
- Improvement of pigmentation irregularities.
- Management of acne-prone or congested skin.
- Improvement of superficial blemishes.
- Improvement of superficial scarring.
- Improvement of skin hydration and appearance.

Chemical peeling agents
Candidates must demonstrate treatment using a sufficient range of chemical peeling agents and/or formulations to evidence competence in product selection and application. The range must include:

- More than one type of peeling agent and/or formulation.
- Variation in treatment strength or treatment parameters.
- Selection appropriate to the client's skin classification, characteristics, condition and treatment objectives.

Treatment application and response
Across the practical evidence, candidates must demonstrate:

- Adaptation of treatment according to different treatment areas or zones.
- Variation in treatment parameters appropriate to the client and peeling agent.
- Monitoring of client tolerance and skin response.
- Recognition of appropriate treatment endpoints.
- Termination, neutralisation and/or removal appropriate to the peeling agent.
- Appropriate post-treatment skin protection and care.

Required breadth of knowledge
Assessment must ensure that candidates can apply their knowledge and judgement across presentations and circumstances that may not occur naturally during practical assessment.

This must include:

Skin types and presentations

- The Fitzpatrick skin classification range.
- Glogau photo-damage classifications.
- Skin characteristics and conditions relevant to chemical peel treatment.
- Increased risk of post-inflammatory hyperpigmentation and other pigmentary changes.
- Skin diseases, disorders and lesions that may require treatment to be adapted, deferred or referred.

Peeling agents and treatment depth

- Alpha hydroxy acids.
- Beta hydroxy acids.
- Other relevant peeling acids and formulations.
- Combination formulations.
- Differences between very superficial, superficial, medium and deep chemical peeling.
- The boundaries of advanced superficial chemical peel practice and circumstances requiring treatment or referral outside the candidate's scope of competence.

Contra-actions, adverse reactions and complications

- Blanching and frosting.
- Erythema/hyperaemia.
- Oedema.
- Excessive discomfort.
- Excessive or unintended peeling.
- Compromised skin barrier.
- Blistering.
- Allergic/histamine reactions.
- Infection, including herpetic infection.
- Hyperpigmentation and post-inflammatory hyperpigmentation.
- Hypopigmentation.
- Chemical burns.
- Delayed or compromised healing.
- Necrosis and tissue loss.
- Scarring.
- Accidental eye exposure/injury.

Candidates must demonstrate practical treatment across a range of Fitzpatrick skin types. Knowledge and treatment-planning assessment must demonstrate the candidate's ability to assess suitability, risk and treatment requirements across the full Fitzpatrick classification range.

Candidates must also demonstrate knowledge of the recognition, immediate management, escalation and referral requirements appropriate to their scope of practice.

Scope Statement

Practical assessment within this unit is restricted to advanced superficial chemical peel treatments within the Level 6 scope of the unit. Candidates may be required to demonstrate knowledge and understanding of chemical peel treatments outside this scope for the purposes of comparison, risk recognition, treatment decision-making and appropriate referral; however, this does not constitute competence to perform medium or deep chemical peel treatments.

Treatments or circumstances outside the defined practical scope of the unit must **not** be undertaken for assessment purposes.

Title:	Principles and Practice of Mesotherapy Treatments			**Level:**	6
Unit Number:	J/652/3762	**TQT:**	150	**GLH:**	120
Unit Purpose and Aims:	This unit equips candidates with the knowledge, skills and competence to safely assess, plan, provide and evaluate micro-needle and no-needle mesotherapy treatments in accordance with current legislation, regulatory requirements and recognised industry standards. Candidates will develop the ability to select and apply appropriate mesotherapy modalities, work within their scope of practice, apply evidence-informed clinical decision-making, manage risk effectively and deliver safe, person-centred treatments that promote positive client outcomes. This unit has been developed and benchmarked against current legislation, National Occupational Standards and recognised professional standards, including: • SkillsActive National Occupational Standards: o SKANSC1 – Implement and maintain safe, hygienic and effective working practices during elective non-surgical cosmetic procedures. o SKANSC2 – Consult, assess, plan and prepare for elective non-surgical cosmetic procedures. o SKANSC5 – Provide rejuvenation of the skin using mesotherapy procedures. o SKANSC6 – Provide rejuvenation of the skin using advanced microneedling procedures. o SKANSC15 – Complication management for non-surgical cosmetic procedures. o SKANSC21 – Provide skin rejuvenation using no needle mesotherapy treatments. • Joint Council for Cosmetic Practitioners (JCCP) Competency Framework (2018). • Cosmetic Practice Standards Authority (CPSA) Clinical and Practice Standards.				

Learning Outcomes *The learner will be able to:*		**Assessment Criteria** *The learner can:*	
1	Understand how to provide mesotherapy treatments.	1.1	Evaluate the implications of working within and beyond own scope of competence when providing mesotherapy treatments.

1	*Continued*	1.2	Analyse and compare the principles of operation and physiological effects of different mesotherapy modalities, including: • Micro-needle mesotherapy. • No-needle mesotherapy.
		1.3	Analyse the principles of: • Wound healing • Collagen remodelling • Tissue repair associated with micro-needle mesotherapy and how these influence treatment planning and expected outcomes.
		1.4	Critically evaluate absolute and relative contraindications for mesotherapy treatments.
		1.5	Critically evaluate how previous aesthetic procedures, skin ageing, dermatological conditions and lifestyle factors can influence client suitability, treatment planning and treatment outcomes.
		1.6	Explain the composition of different types of activating solution, including: • Hyaluronic acid. • Vitamins and minerals. • Amino acids.
		1.7	Analyse and compare the physiological effects of different types of activating solution on the skin, including: • Hyaluronic acid. • Vitamins and minerals. • Amino acids.

1	*Continued*	1.8	Explain the equipment and technology used to provide different mesotherapy modalities, including: • Microneedles. • Automated micro-needle equipment. • No-needle mesotherapy equipment. And technology.
		1.9	Evaluate how and when to use different tools, equipment and technology for: • Microneedle mesotherapy. • No-needle mesotherapy.
		1.10	Analyse how the activating solution, equipment, technology and techniques used for mesotherapy differ according to: • Treatment modality. • Treatment zone.
		1.11	Evaluate the purpose, use and limitations of different mesotherapy equipment, technology and activating solutions, and how these inform treatment selection, considering: • Skin classification. • Skin characteristics. • Client's objectives. • The treatment area. • The client's physical and psychological suitability for non-surgical cosmetic procedures. • The mesotherapy modality.
		1.12	Critically evaluate pain management options and justify the most appropriate approach according to the mesotherapy modality, treatment objectives, client assessment and associated risks.
		1.13	Explain the legislative requirements and restrictions for sourcing, storing and using licensed topical anaesthetics.

1	*Continued*	1.14	Differentiate the signs and symptoms of adverse reactions associated with mesotherapy treatments, including: • Hyperpigmentation. • Hypopigmentation. • Infection. • Scarring. • Sensitivity. • Irritation. • Allergic reaction/anaphylaxis. • Papules. • Excessive histamine reaction. • Bruising. • Compromised healing process. • Dizziness. • Fainting. • Nausea. • Pain. • Oedema. • Necrosis. • Blindness. • Vascular occlusion.
		1.15	Analyse how mesotherapy treatments can cause the adverse reactions identified in Assessment Criteria 1.14.
		1.16	Evaluate the appropriate response if the adverse reactions identified in Assessment Criteria 1.14 occur during or following a mesotherapy treatment.
		1.17	Evaluate the types of hygiene products available for the skin.
		1.18	Evaluate the: • Types • Benefits • Use of pre and post-treatment products.

1	*Continued*	1.19	Evaluate the advice and instructions that should be provided to the client, including: • Legal rights and responsibilities. • Complication management plan. • Post-treatment expectations and timeframes. • Pre and post-treatment care instructions. • Restrictions and associated risks. • Future treatments. • Complaints procedure.
		1.20	Discuss the history of mesotherapy and how developments have influenced contemporary practice.
2	Plan, provide and evaluate mesotherapy treatments for individual clients.	2.1	Carry out and document a comprehensive face-to-face consultation with the client to determine treatment suitability and inform treatment planning, including: • Client concerns, objectives and expectations. • Medical history, current medication and allergies. • Psychosocial assessment. • Realistic expectations. • Previous adverse reactions. • Consensual baseline visual media of the treatment area. • Skin classification, characteristics and condition. • Treatment history and previous aesthetic procedures. • Lifestyle factors relevant to treatment outcomes. • Appropriate skin priming programme. • Identification and management of contraindications. • Appropriate mesotherapy modality and treatment options. • Fees and treatment timescales.

2	*Continued*	2.2	Evaluate, agree, justify and implement an appropriate pain management strategy, where required, taking account of: • The mesotherapy modality. • Client suitability. • Treatment area. • Current legal requirements.
		2.3	Confirm that the client understands and agrees with the proposed treatment plan, including: • Selected mesotherapy modality. • Expected outcomes. • Treatment limitations. • Contra-actions. • Adverse reactions and complications. • Associated risks. • Pain management strategy, where applicable. • Physical sensations and treatment experience, where applicable. • Post-treatment requirements. • Alternative treatment options, where appropriate.
		2.4	Obtain the client's valid written informed consent for the agreed treatment plan and pain management strategy, where applicable, allowing sufficient time for the client to make an informed decision prior to treatment.

2	*Continued*	2.5	Prepare the treatment environment, equipment, products and client for the agreed mesotherapy treatment, including: • Appropriate skin cleansing and preparation. • Aseptic technique and infection prevention and control measures, where applicable. • Selection and safe use of appropriate PPE. • Equipment safety checks. • Illumination and magnification of the treatment area, where required. • Pre-treatment testing, where required.
		2.6	Select and justify the equipment and treatment parameters required for micro-needle mesotherapy according to the client assessment, treatment objectives, treatment area and client suitability.
		2.7	Select, test and justify the equipment, technology and treatment parameters required for no-needle mesotherapy according to the client assessment, treatment objectives, treatment area and client suitability.
		2.8	Select and justify activating solutions appropriate to the client's treatment objectives, skin characteristics, treatment area and selected mesotherapy modality, including: • Hyaluronic acid. • Vitamins and minerals. • Amino acids.

2	*Continued*	2.9	Carry out the agreed micro-needle mesotherapy treatment safely and effectively, adapting treatment according to the treatment plan and client response, including: • Appropriate needle depth and treatment parameters. • Appropriate pressure and treatment pattern. • Number of passes and treatment duration. • Client tolerance. • Adherence to manufacturer instructions. • Maintaining aseptic technique. • Achieving even coverage of the treatment area. • Adapting technique and activating solution according to treatment area and client response. • Monitoring client wellbeing and skin response. • Recognising and responding appropriately to adverse reactions and complications. • Working within own scope of competence and practice.

2	*Continued*	2.10	Carry out the agreed no-needle mesotherapy treatment safely and effectively, adapting treatment according to the treatment plan and client response, including: • Appropriate equipment settings and treatment parameters. • Treatment duration. • Physical sensations and treatment experience. • Following manufacturer instructions. • Achieving even coverage of the treatment area. • Adapting equipment, technology and treatment parameters according to treatment area and client response. • Monitoring client wellbeing and skin response. • Recognising and responding appropriately to adverse reactions and complications. • Working within own scope of competence and practice.
		2.11	Conclude the mesotherapy treatment safely and appropriately, including: • Confirming client satisfaction. • Providing verbal and written post-treatment and aftercare advice. • Obtaining appropriate post-treatment photographic records. • Completing accurate treatment records in accordance with current legislation. • Securely storing client records. • Disposing of sharps, clinical waste, contaminated materials and other treatment waste appropriately.
		2.12	Critically evaluate the treatment and service provided, using reflective practice, client feedback and treatment outcomes to identify and justify improvements to future practice.

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.

Competence must be demonstrated through the performance of treatments on live clients/models within a real or realistic working environment and using products, equipment and procedures appropriate to current professional practice.

Evidence should primarily be generated through direct observation by an occupationally knowledgeable and competent assessor.

Supporting evidence may include:

- Treatment and consultation records.
- Consensual visual media.
- Treatment plans.
- Assessor questioning and professional discussion.
- Candidate reflective accounts.

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.

It is expected that competence of each assessment criteria will be observed at least **twelve** times before it is awarded; **six** observations for micro-needling mesotherapy and **six** for no-needle mesotherapy.

Title:	Principles and Practice of Skin Booster Injections			**Level:**	6
Unit Number:	K/652/3763	**TQT:**	120	**GLH:**	100
Unit Purpose and Aims:	This unit equips candidates with the knowledge, skills and competence to safely assess, plan, provide and evaluate skin booster injection treatments in accordance with current legislation, regulatory requirements and recognised industry standards. Candidates will develop the ability to consult, work within their scope of practice, apply evidence-informed clinical decision-making, manage risk effectively and deliver safe, person-centred treatments that promote positive client outcomes. This unit has been developed and benchmarked against current legislation, National Occupational Standards and recognised professional standards, including: • SKANSC1 – Implement and maintain safe, hygienic and effective working practices during elective non-surgical cosmetic procedures. • SKANSC2 – Consult, assess, plan and prepare for elective non-surgical cosmetic procedures. • SKANSC19 – Provide vitamin and/or mineral injections for wellbeing. • SKANSC5 – provide rejuvenation of the skin using mesotherapy procedures.				

Learning Outcomes *The learner will be able to:*		**Assessment Criteria** *The learner can:*	
1	Understanding professional and legal responsibilities and principles of skin booster injections.	1.1	Evaluate the role and responsibilities of the practitioner in performing non-surgical cosmetic procedures and the importance of working within your competence.
		1.2	Analyse and justify why practitioners must comply with ethical practice and work within the legislative requirements.
		1.3	Evaluate the importance of collaboration with competent professionals to support effective and safe working practices.

1	*Continued*	1.4	Evaluate the importance of engaging in, and documenting continuous professional development to include: • Up-to-date information. • Policies, procedures. • Best practice guidance.
		1.5	Examine the health and safety responsibilities in line with legislation before, during and after skin booster Injections.
2	Understanding the science underpinning practice for skin booster injections.	2.1	Analyse the relationship between the anatomy and physiology relevant to skin booster injections
		2.2	Analyse the types, composition and pharmacological properties of skin booster products, including their physiological effects on: • Facial anatomy. • Skin tissue. • Vascular structures. • Tissue hydration.
		2.3	Analyse the expected outcomes of skin booster treatments and the factors that may influence treatment results including factors that may affect: • Efficacy. • Longevity. • treatment success.
3	Understanding consultation, assessment and treatment planning.	3.1	Evaluate the purpose, use and limitations of skin booster injection procedures in relation to the client, including: • Past and current medical history. • Previous non-surgical cosmetic and/or dental procedure history. • Relevant lifestyle factors. • Contraindicated medication and medical conditions. • The client's physical and psychological suitability for the non-surgical cosmetic procedure. • Client expectations. • Hyper-immune response management. • Anaphylaxis management.

3	*Continued*	3.2	Evaluate the importance of discussing and establishing the: • Client's objectives • Concerns • Expectations • Desired outcomes when agreeing the non-surgical cosmetic procedure plan.
		3.3	Evaluate the importance of allowing reflection time prior to confirming and agreeing to receive the skin booster procedure.
		3.4	Analyse the legislative and indemnity requirements of gaining signed, informed consent for the skin booster injection procedure.
		3.5	Analyse the legislative, insurance and organisational requirements for taking and storing visual media of the client's treatment area
4	Understand pain management and treatment preparation.	4.1	Evaluate types of pain management suitable to be used for skin booster procedures and the associated risks for each.
		4.2	Analyse the legislative requirements and restrictions for sourcing, storing and using licensed topical anaesthetics.
		4.3	Evaluate the types of hygiene products for the skin and the importance of following manufacturer's instructions.
5	Understand the principles of safe and effective skin booster injection procedures.	5.1	Analyse the importance of adhering to the skin booster injection procedure protocol.

5	*Continued*	5.2	Analyse the regulatory and legislative requirements for sourcing, recording and administering skin booster injections to include: • Product name. • Batch number. • Expiry date. • Material data sheets. • Storage. • Disposal. • Audit and accountability. • Injection site.
		5.3	Analyse the factors influencing the adaptation of injection techniques to facilitate the safe placement of skin booster formulation within the skin and underlying tissues to meet client treatment needs including: • Intramuscular. • Subcutaneous. • Z-Track.
		5.4	Explain the anatomical danger zones and safe injection areas relevant to skin booster procedure.
		5.5	Justify the importance of monitoring the health and wellbeing of the client during and post procedure.
6	Understand adverse reactions and emergencies and aftercare.	6.1	Analyse the adverse reactions associated with a skin booster injection procedure.
		6.2	Explain how to implement the correct course of action in the event of an adverse reaction or incident to include why and when immediate medical intervention is necessary.
		6.3	Evaluate the importance of obtaining and following instructions from the identified healthcare professional in the event of an adverse reaction.
		6.4	Evaluate the importance of adhering to the emergency plan in the event of an adverse reaction.

6	*Continued*	6.5	Evaluate the importance of offering instructions and advice to the client pre and post the skin booster injection procedure.
7	Understand the process of evaluation and reflection.	7.1	Analyse why it is important to record the outcome and evaluation of the skin booster injection procedure.
		7.2	Explain how to collate, analyse, summarise and record evaluation feedback in a clear and concise way.
		7.3	Analyse the purpose of reflective practice and evaluation and how it informs future procedures
8	Carry out a consultation and confirm a skin booster procedure plan with clients.	8.1	Carry out a concise and comprehensive consultation face to face with the client to discuss and establish the client's: • Objectives. • Concerns. • Expectations. • Desired outcomes. • Alternative treatment options.
		8.2	Plan and prepare for skin booster injection procedures including: • Ensuring compliance with legislative requirements and organisational policies and procedures. • Establishing an emergency response plan. • Identifying a healthcare professional trained to manage adverse reactions to skin booster injections.
		8.3	Reiterate, confirm and agree with the client that they have understood the proposed skin booster injection procedure and pain management, to include: • Contra-actions. • Adverse reactions.
		8.4	Obtain the client's signed informed consent for the skin booster injection procedure and pain management, allowing adequate time for the client to make an informed choice.

9	Complete skin booster injections with clients.	9.1	Prepare the treatment area in accordance with skin booster injection procedure protocol and associated risk avoidance strategies.
		9.2	Select an effective hygiene preparation product to meet client need in accordance with the manufacturer's instructions.
		9.3	Source and select the vitamin/mineral solutions, to meet client need, accounting for associated risks.
		9.4	Inject the skin booster with a sterile single use needle in accordance with the procedure protocol to include: • Adaptation of injection techniques. • Depth. • Placement.
		9.5	In the event of an adverse reaction or incident taking prompt corrective action as set out within the emergency plan including seeking and implementing immediate medical intervention from the identified, trained healthcare professional.
		9.6	Conclude the procedure in accordance with the skin booster injection procedure protocol, legislative requirements and organisational policies and procedures.
		9.10	Discuss and agree future procedures with the client.
		9.11	Complete the client's non-surgical cosmetic procedure records and store in accordance with data legislation, including consensual visual media of the treatment area.
		9.12	Provide and obtain confirmation of receipt of the instructions and advice given to the client pre and post procedure to include: • The aesthetic practitioners contact details. • The emergency plan. • The contingency plan in the event of absence.

10	Evaluate the skin booster injection procedures.	10.1	Use reflective practice to evaluate the skin booster injection procedure and take appropriate action.
		10.2	Record the outcome and evaluation of the skin booster injection procedure to agree and inform future procedures.

Additional Assessment Information

Learning Outcomes 1- 7 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 Outcomes 8-10 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.

Competence must be demonstrated through the performance of treatments on live clients/models within a real or realistic working environment and using products, equipment and procedures appropriate to current professional practice.

Evidence should primarily be generated through direct observation by an occupationally knowledgeable and competent assessor.
Supporting evidence may include:

- Treatment and consultation records.
- Consensual visual media.
- Treatment plans.
- Assessor questioning and professional discussion.
- Candidate reflective accounts.

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 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 6 Aesthetic Practice and Injectable Procedures 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 ten times** before it is awarded.

Title:	Principles and Practice of Advanced Micropigmentation	**Level:**	6
	This unit provides learners with the knowledge, understanding and practical skills required to deliver advanced micropigmentation treatments within their scope of practice. Learners will critically evaluate legal, ethical, scientific and treatment considerations, apply advanced micropigmentation techniques across a range of treatment applications, and evaluate treatment outcomes to ensure safe, effective and client-centred practice. This unit has been developed and benchmarked against current legislation, National Occupational Standards and recognised professional standards including: • SkillsActive National Occupational Standards: o SKANSC1 – Implement and maintain safe, hygienic and effective working practices during elective non-surgical cosmetic procedures. o SKANSC2 – Consult, assess, plan and prepare for elective non-surgical cosmetic procedures. o SKABT32 – Use advanced micropigmentation techniques.		
Unit Number:	L/652/3764	**TQT:** 150	**GLH:** 120

Learning Outcomes *The learner will be able to:*		**Assessment Criteria** *The learner can:*	
1	Understand the professional and legal responsibilities for the administering of advanced micropigmentation treatments.	1.1	Evaluate the legal and regulatory requirements for a practitioner to work within own competence when carrying out advanced micropigmentation techniques.
		1.2	Analyse and justify why you must comply with ethical practice and work within the legislative requirements.
		1.3	Evaluate the importance of collaboration with competent professionals to support effective and safe working practices.

1	*Continued*	1.4	Evaluate the importance of engaging in, and documenting continuous professional development to include: • Up-to-date information. • Policies and procedures. • Best practice guidance.
		1.5	Examine the health and safety responsibilities in line with legislation before, during and after micropigmentation treatments.
		1.6	Examine the legal requirements and restrictions for sourcing, storing and using topical anaesthetics licensed in the UK.
2	Understanding the science, technical principles and equipment underpinning advanced micropigmentation treatments.	2.1	Analyse the relationship between the anatomy and physiology relevant to micropigmentation treatments.
		2.2	Analyse the different types and causes of hypopigmentation conditions that can benefit from micropigmentation.
		2.3	Analyse the different forms of hair growth disorders and how they affect the micropigmentation treatment.
		2.4	Assess the selection, use and application of advanced micropigmentation equipment for different treatments including • Scalp Camouflage effect. • Skin Camouflage effect. • Scar relaxation effect. • Skin rejuvenation effect. • Freckle effect.

2	*Continued*	2.5	Compare the different types of needles used for micropigmentation, including: • Flat. • Magnum. • Round. • Single point. • Sloped. • Micro. • Shaders and liners. • Nano.
		2.6	Analyse when and how to use different implantation techniques, including: • Pointillism. • Pendulum. • Shading. • Obovoid. • Cross-hatching. • Sweep. • Stroke.
		2.7	Evaluate the treatment outcomes expected from different types of advanced micropigmentation treatment including: • Scalp Camouflage effect. • Skin Camouflage effect. • Scar relaxation effect. • Skin rejuvenation effect. • Freckle effect.
3	Understanding consultation, assessment and treatment planning for advanced micropigmentation treatments.	3.1	Evaluate the importance of discussing and establishing the: • Client's objectives • Concerns • Expectations • Desired outcomes when agreeing the non-surgical cosmetic procedure plan.
		3.2	Evaluate the importance of allowing reflection time prior to confirming and agreeing to receive the micropigmentation procedure.

3	*Continued*	3.3	Analyse the legislative and indemnity requirements of gaining signed, informed client consent for the skin booster injection procedure.
		3.4	Evaluate the importance of agreeing the design template with the client through consultation.
		3.5	Evaluate the factors that need to be considered when creating a design template.
		3.6	Evaluate types of pain management suitable to be used for micropigmentation treatments and the associated risks for each.
4	Understand colour theory, pigments and treatment planning for advanced micropigmentation.	4.1	Explain how to select, mix and test colour pigments in accordance with different treatment objectives, including: • Defining natural features. • Creating features. • Correcting features. • Improving and balancing features. • Introducing skin colouring.
		4.2	Explain how to select, mix and test colour pigments, in accordance with skin classification, including: • Fitzpatrick Scale. • Glogau photo-damage.
		4.3	Explain how to select, mix and test colour pigments, in accordance with skin characteristics including: • Type. • Underlying skin tone. • Condition. • Disorders.
		4.4	Examine the types, formulations, uses and limitations of pigments when mixed and diluted.

4	*Continued*	4.5	Analyse the safety requirements for pigments, including: • Recording pigment batches. • Storage. • Material data sheets. • Expiry date.
		4.6	Describe and critically evaluate the principles of colour theory in relation to pigment selection for micropigmentation procedures, including: • The properties and applications of organic and inorganic pigments. • The purpose and use of pigment dilutants in achieving desired colour outcomes.
		4.7	Explain how pigment colours change throughout the healing process and post-healing, including: • Differences in the healing characteristics of organic and inorganic pigments. • The role of pigment dilutants in colour intensity and long-term appearance.
		4.8	Describe and critically evaluate the application of colour theory when correcting undesirable healed colour results, including: • Selection of appropriate organic and inorganic pigments for corrective procedures. • The use of pigment dilutants when modifying colour intensity and correction strategies.
5	Understand advanced micropigmentation techniques and treatment applications.	5.1	Explain why the treatment area must be magnified and illuminated during an aesthetic treatment.
		5.2	Explain how and why the skin is manipulated to ensure effective pigment implantation.

5	*Continued*	5.3	Evaluate the treatment techniques required to achieve optimal depth of colour and consistent pigment distribution.
		5.4	Explain how skin rejuvenation treatments can be used in conjunction with micropigmentation to maximise treatment results.
		5.5	Evaluate different pigment removal techniques and their limitations.
		5.6	Analyse the effects of laser treatments on the skin.
6	Understand adverse reactions, evaluation and post-treatment requirements.	6.1	Analyse the signs and symptoms of the following adverse reactions: • Hyperaemia. • Corneal abrasions. • Migration of pigment. • Blistering. • Excessive discomfort. • Oedema. • Bruising. • Hives. • Dizziness. • Fainting. • Stinging. • Nausea. • Anaphylaxis. • Pain. • Hypertrophic or keloid scars.

6	*Continued*	6.2	Examine how micropigmentation can cause, and how to respond to, the following adverse reactions: • Hyperaemia. • Corneal abrasions. • Migration of pigment. • Blistering. • Excessive discomfort. • Oedema. • Bruising. • Hives. • Dizziness. • Fainting. • Stinging. • Nausea. • Anaphylaxis. • Pain. • Hypertrophic or keloid scars.
		6.3	Assess the importance of confirming the finished effects meet the treatment plan and the client's satisfaction.
		6.4	Discuss the aftercare advice and recommendations on products and treatment that should be given including: • The client and practitioner's legal rights and responsibilities. • Treatment maintenance. • Post treatment expectations and associated time frames. • Restrictions and contra-actions. • Additional products and treatment.
		6.5	Examine the legal significance of producing photographic evidence of the treatment area before and after micropigmentation treatments.
		6.6	Examine the legal requirements of completing and storing client records.

6	*Continued*	6.7	Assess the purpose of evaluation activities.
		6.8	Explain how to collate, analyse, summarise and record evaluation feedback in a clear and concise way.
7	Provide advanced micropigmentation treatments to create: • Scalp camouflage. • Skin camouflage. • Scar relaxation. • Skin rejuvenation • Freckle effects.	7.1	Carry out a client consultation to discuss and establish, for a minimum of two treatments per micropigmentation effect: • Treatment objectives. • Design template. • Pain management strategy. • Any contra-indications. • Skin classification and condition. • Treatment history. • Fees and procedure timescales.
		7.2	Prepare the environment, equipment and resources for a procedure, for a minimum of two treatments per micropigmentation effect, including: • Ensuring work area is clean and safe. • Selecting and using appropriate PPE. • Selecting an appropriate type and size of needle. • Selecting other equipment as appropriate for the procedure. • Selecting and mixing colour pigments in accordance with the treatment objectives.
		7.3	Magnify and illuminate the treatment area for a minimum of two treatments per micropigmentation effect.

7	*Continued*	7.4	Select the appropriate type and size of needle in accordance with a treatment plan for a minimum of two treatments per micropigmentation effect, selecting from: • Flat. • Magnum. • Round. • Single point. • Sloped. • Micro. • Shaders and liners. • Nano.
		7.5	Load and use the equipment in accordance with the treatment protocol and manufacturers' instructions for a minimum of two treatments per micropigmentation effect.
		7.6	Use appropriate implantation techniques for a minimum of two treatments per micropigmentation effect, selecting from: • Pointillism. • Pendulum. • Shading. • Obovoid. • Cross-hatching. • Sweep. • Stroke.
		7.7	Use appropriate treatment techniques for a minimum of two treatments per effect micropigmentation, selecting from: • Three-way stretch. • Needle depth. • Speed. • Pressure. • Angle. • Pigment dipping. • Wrist support. • Posture and positioning. • Treatment Passes.

7	*Continued*	7.8	Maintain health and safety requirements, for a minimum of two treatments per micropigmentation effect including: • Monitoring the client's health and wellbeing. • Adapting the procedure to meet the client's needs. • Implementing the correct course of action in the event of an adverse reaction.
		7.9	Conclude the procedure for a minimum of two treatments per micropigmentation effect, including: • Confirm the finished effect meets the treatment plan. • Confirm the client is satisfied with the result of the treatment. • Take photographic evidence of the treatment area, following legislative and organisational requirements. • Complete the client's treatment records and store in accordance with data legislation.
		7.10	Provide appropriate verbal and written post-procedure advice and recommendations to the client for minimum of two treatments per micropigmentation effect including: • The client and practitioner's legal rights and responsibilities. • Treatment maintenance. • Post treatment expectations and associated time frames. • Restrictions and contra-actions. • Additional products and treatments.
		7.11	Agree any alterations for future treatment with your client and record the outcome of your evaluation for minimum of two treatments per micropigmentation effect.

8	Evaluate the micropigmentation treatment.	8.1	Evaluate the service provided for minimum of two treatments per micropigmentation effect including: • Areas of strength. • Areas for improvement. • Actions to be taken to implement improvements.
		8.2	Record the outcome and evaluation of the skin booster injection procedure to agree and inform future procedures.

Additional Assessment Information

Learning Outcomes 1- 6 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 Outcomes 7 and 8 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.

Competence must be demonstrated through the performance of treatments on live clients/models within a real or realistic working environment and using products, equipment and procedures appropriate to current professional practice.

Evidence should primarily be generated through direct observation by an occupationally knowledgeable and competent assessor.

Supporting evidence may include:

- Treatment and consultation records.
- Consensual visual media.
- Treatment plans.
- Assessor questioning and professional discussion.
- Candidate reflective accounts.

Assessment checklists and evidence matrixes may be used to support the organisation and tracking of assessment evidence but do not, in themselves, constitute evidence of competence.

An assessor's report 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 ten times – at least twice for each service type (scalp camouflage, skin camouflage, scar relaxation, skin rejuvenation, freckle effect)** before it is awarded. Both the candidate and live model must be at least **18 years old**.

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.
Critically Compare	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.
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.
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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