



Qualification Specification

ProQual Level 6 Diploma in Aesthetic Practice

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

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



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Introduction

The ProQual Level 6 Diploma in Aesthetic Practice provides a nationally recognised qualification and progression pathway for those working in the beauty industry, and who are already experienced and qualified to carry out a range of aesthetic techniques such as micropigmentation and dermaplaning.

The aims of this qualification are:

- To develop an understanding of advanced aesthetic practice, professional standards and relevant anatomy, physiology and pathology.
- To demonstrate competence at carrying out advanced 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 and Northern Ireland. The regulatory body for this qualification is Ofqual, and this qualification has been accredited onto the Regulated Qualification Framework (RQF), and has been published in Ofqual's Register of Qualifications.

Qualification Profile

Qualification Title:	ProQual Level 6 Diploma in Aesthetic Practice
Qualification Number:	610/4498/2
Level:	Level 6
Total Qualification Time (TQT):	535 Hours
Guided Learning Hours (GLH):	400 Hours
Assessment:	Pass / Fail
	Internally assessed and verified by centre staff
	External quality assured by ProQual Verifiers
Qualification Start Date:	02/09/2024
Qualification Review Date:	08/08/2025
Next Review Due:	08/08/2028

Learner Profile

Candidates for this qualification, who intend to qualify via a taught route **must**:

- Hold an Ofqual regulated Level 4 Certificate or Diploma in Aesthetic Practice, or an equivalent qualification. This could include qualifications such as the following:
 - ProQual Level 4 Certificate in Dermaplaning.
 - ProQual Level 4 Certificate in Cryolipolysis.
 - ProQual Level 4 Diploma in Aesthetic Treatments and Skin Science.
 - ProQual Level 4 Diploma in Laser, IPL and Electrical Treatments.
 - ProQual Level 4 Diploma in Non-Surgical Body Contouring.
 - ProQual Level 4 Diploma in Salon Management (the candidate must already hold a Level 3 regulated qualification in Beauty Therapy or an equivalent).

OR

- Have at least 5 years of verifiable experience working within the beauty industry, providing the treatments covered by the ProQual Level 4 Diploma in Aesthetic Treatments and Skin Science. The candidate will need to produce evidence that they are occupationally competent. Evidence includes:
 - Valid certificates.
 - CV.
 - Manager statement.
 - Insurance documentation evidencing cover to perform the required treatment.
- Prior to enrolment, a trade test should be carried out on the learner to ensure that they are competent and able to perform the treatments. Evidence should be documented and present in the portfolio, available for EQA sampling.

AND

- Hold a currently valid first aid qualification, which can be any of the following:
 - Level 3 Award in First Aid at Work.
 - Level 3 Award in Emergency First Aid.
 - Level 3 Award in Adult Basic Life Support, AED and Management of Anaphylaxis.

Candidates for this qualification, who intend to qualify via an RPL route **must**:

- Have at least 3 years of experience providing the treatments covered by this specification. The candidate will need to produce evidence that they are occupationally competent. Evidence includes:
 - Valid certificates.
 - CV.
 - Manager statement.
 - Insurance documentation evidencing cover to perform the required treatment.
- Prior to enrolment, a trade test should be carried out on the learner to ensure that they are competent and able to perform the treatments. Evidence should be documented and present in the portfolio, available for EQA sampling.

Candidates for this qualification should either:

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

OR

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

Candidates must be **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 before a candidate has been registered.

Candidates who complete this qualification, and who wish to further develop their knowledge and skills in the beauty sector, could progress to study the ProQual Level 7 Diploma in Aesthetic Practice.

Qualification Structure

This qualification consists of **three** mandatory 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.				
L/651/2397	Infection Control and Prevention for Cosmetic, Aesthetic and Needle Related Treatments	2	25	20
Y/651/2444	Professional Practice for Aesthetic Practitioners	6	90	50
M/651/2450	Anatomy and Physiology for Advanced Aesthetic Practice	6	120	90
Optional Units – Candidates must complete at least three units in this group.				
L/651/2413	Principles and Practice of Microneedling Treatments	5	100	80
M/651/2414	Principles and Practice of Chemical Peel Treatments	5	100	80
D/651/2446	Principles and Practice of Micro-Needle Mesotherapy	6	100	80
F/651/2447	Principles and Practice of No-Needle Mesotherapy	6	100	80
J/651/2449	Principles and Practice of Subcutaneous Skin Booster Injections	6	100	80
H/651/2448	Principles and Practice of Non-Surgical Fat Reduction	6	100	80
A/651/2445	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 should:

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

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

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

Claiming certificates

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

Unit certificates

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

Replacement certificates

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

Assessment Requirements

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

Evidence can include:

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

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

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

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

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

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

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

Enquiries, Appeals and Adjustments

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

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

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

Units – Learning Outcomes and Assessment Criteria

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

1	Continued	1.9	Describe what is meant by: - Localised infection. - Systemic infection.
		1.10	Describe what is meant by: - Direct transmission. - Indirect transmission. - Vector transmission.
		1.11	Describe how, within the salon environment, an infective agent could: - Enter the body. - Be transmitted from person to person.
		1.12	Identify common non-infectious hazards that might arise as part of cosmetic, aesthetic or needle treatments.
		1.13	Explain how an injury to the skin can be a risk to an individual.
		1.14	Identify treatments within the salon that would require the use of infection control procedures.
2	Understand how to control non-infectious and infectious risk.	2.1	Explain the roles and responsibilities of the employer and employee in the prevention and control of infection.
		2.2	Explain how the skin acts as a defence against infection.

2	Continued	2.3	Describe the procedures that would be followed, in relation to infection prevention and control, for: • Consultation. • Aftercare. • Hand Hygiene. • Environment management. • Equipment management. • Cleaning, disinfecting and sterilisation. • Personal protective equipment. • Management of body fluids. • Needle stick injuries. • Waste disposal and collection. • Management of occupational exposure.
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Additional Assessment Information

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

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

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

Title:		Professional Practice for Aesthetic Practitioners		Level:	6
Unit Number:		Y/651/2444	TQT:	90	GLH: 50
Learning Outcomes <i>The learner will be able to:</i>		Assessment Criteria <i>The learner can:</i>			
1	Understand the professional standards in place for aesthetic practitioners.	1.1	Explain the role of the JCCP and CPSA.		
		1.2	Explain the difference between “you must”, “you shall” and “you should” when used in professional guidance.		
		1.3	Explain the importance of always seeking informed consent from a client before undertaking a procedure.		
		1.4	Explain why the practitioner should always obtain consent themselves rather than delegating the responsibility.		
		1.5	Explain why it is important to provide the following to clients, before they give their informed consent: • Sufficient time. • Evidence-based information about the products and equipment to be used. • The benefits and risks of the proposed procedure. • Information on the practitioner's qualifications and training. • Clear information on treatment fees.		
		1.6	Discuss the importance of considering the client's psychological and emotional needs, and whether a referral to a professional colleague is appropriate.		

1	Continued	1.7	Explain why you must: • Refuse to perform treatments if you deem it not to be in the client's best interest. • Refuse to perform treatments if you have grounds to believe it has potential to cause physical, psychological or emotional harm. • Refuse to perform treatment if you believe the client's presentation is coercive and/or the procedure is not requested under their own volition.
		1.8	Discuss how cosmetic and aesthetic procedures can be marketed responsibly, including: • Not making unjustifiable claims about a treatment, your 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.
		1.9	Discuss the importance of carrying out an annual appraisal of own practice and competency, including seeking feedback from clients.
		1.10	Explain the indemnity and liability insurance requirements or aesthetic practices.
		1.11	Explain the importance of regular and relevant continuous professional development.
		1.12	Describe the "Safe Premises Standards".
		1.13	Describe the appropriate procedures for reporting adverse effects.

1	<i>Continued</i>	1.14	Discuss what is meant by a “duty of candour”.
		1.15	Explain the appropriate procedures for whistle blowing if concerns about client safety arise which are not taken seriously.
		1.16	Explain the legislative requirements for taking and storing visual media of a client's treatment area.
		1.17	Explain the legislative requirements for storing and processing client's personal data.
2	Understand how to promote diversity and inclusion as an aesthetic practitioner.	2.1	Discuss personal and organisational responsibilities and liabilities under equality, diversity and inclusion legislation.
		2.2	Discuss the different forms in which discrimination and harassment might take place.
		2.3	Explain the importance of an organisation's leaders making a commitment to promoting equality of opportunity, diversity and inclusion.
		2.4	Explain why it is important to lead by example in terms of own behaviour, words and actions to support a commitment to equality of opportunity, diversity and inclusion.
		2.5	Discuss how to recognise when the behaviour, words and actions of colleagues and clients does, and does not, support a commitment to equality of opportunity, diversity and inclusion and the actions that can be taken to correct behaviours.
		2.6	Discuss the importance of reviewing the diversity and needs of an organisation's current and potential clients to identify areas for improvement and how to review.
		2.7	Explain how to develop a written equality, diversity and inclusion policy and what it should cover.

2	Continued	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	Discuss how to establish systems for monitoring, reviewing and reporting on progress in relation to equality of opportunity, diversity and inclusion within an organisation.
		2.10	Discuss how a client's culture, gender identity, sexuality, religious belief or other characteristics can affect their requirement in relation to aesthetic treatments.
3	Understand how to work with healthcare professionals as an aesthetic practitioner.	3.1	Discuss how aesthetic practitioners can work with healthcare providers to ensure best outcomes for clients.
		3.2	Explain the role of the prescriber.
		3.3	Evaluate methods used to communicate with healthcare professionals as an aesthetic practitioner.
		3.4	Explain the impact of poor communication between professionals on client outcomes.
		3.5	Discuss how and why conflict might arise between professionals and how this can be resolved.
4	Understand an aesthetic practitioner's safeguarding duties.	4.1	Describe how to obtain safeguarding information and guidance from the local authority.
		4.2	Define the following types of abuse: • Physical. • Psychological. • Sexual. • Financial. • Material. • Discriminatory. • Neglect.

4	Continued	4.3	Explain the signs of the following types of abuse: • Physical. • Psychological. • Sexual. • Financial. • Material. • Discriminatory. • Neglect.
		4.4	Explain the appropriate action to take if, during the course of your practice, you suspect a client or another vulnerable person has suffered abuse.
		4.5	Explain the circumstances in which you can share confidential information without consent.
		4.6	Discuss how proper professional boundaries keep a client psychologically safe.
		4.7	Discuss good practice with regards to boundary setting.
		4.8	Describe five examples of crossing a professional boundary, and the detrimental effects this might have.
		4.9	Explain why it is not appropriate to provide non-surgical cosmetic interventions to children under 16 years of age.
		4.10	Explain how to determine if a child aged 16 or 17 has the competency to give consent.
		4.11	Discuss how and why to encourage a child aged 16 or 17 to involve their parents in any decision about non-surgical cosmetic treatments.

Additional Assessment Information

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

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

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

Title:		Anatomy and Physiology for Advanced Aesthetic Practice		Level:	6
Unit Number:		M/651/2450	TQT:	120	GLH: 90
Learning Outcomes <i>The learner will be able to:</i>		Assessment Criteria <i>The learner can:</i>			
1	Understand the anatomy and physiology of the integumentary system.	1.1	Describe the structure of the epidermis, including: • Stratum Basale. • Spinosum. • Granulosum. • Lucidum. • Corneum.		
		1.2	Describe the structure of the dermis, including: • Papillary. • Reticular.		
		1.3	Describe the structure and function of the subcutaneous tissue.		
		1.4	Explain how the skin performs the following functions: • Acting as a chemical and mechanical barrier. • Biosynthesis of biological compounds. • Control of body temperature. • Sensing the outside environment.		
		1.5	Describe the structure and function of sebaceous glands.		
		1.6	Describe the structure and function of sweat glands.		
		1.7	Compare eccrine and apocrine sweat glands.		
		1.8	Explain how skin can be classified according to the Fitzpatrick scale.		
		1.9	Explain how skin can be classified according to the Glogau photo damage scale.		

1	Continued	1.10	Explain how skin can be classified according to the Lancer scale.
		1.11	Explain how skin can be classified according to the Rubins scale.
		1.12	Explain how skin can be classified according to the Monks skin tone scale.
		1.13	Explain how skin can be divided into skin-type, including: • Dry. • Oily. • Combination. • Balanced.
		1.14	Describe the symptoms and causes of the following skin conditions: • Lax elasticity. • Hyperpigmentation. • Hypopigmentation. • Congested. • Pustular. • Fragile. • Vascular. • Sensitised. • Sensitive. • Dehydrated. • Photo-sensitive. • Photo-aged. • Lack lustre.
		1.15	Compare vellus and terminal hairs.
		1.16	Describe the structure and function of the hair and hair follicle, including: • Medulla. • Cortex. • Cuticle. • Huxley's layer. • Henel's layer. • Outer root sheath. • Glassy membrane.

1	Continued	1.17	Explain the hair growth cycle, including: • Anagen phase. • Catagen phase. • Telogen phase.
		1.18	Describe the structure and function of the nail, including: • Nail plate. • Nail folds. • Nail matrix. • Nail bed. • Hyponychium.
		1.19	Explain how the integumentary system is supplied with blood, including: • Direct cutaneous circulation. • Musculocutaneous circulation. • Fasciocutaneous circulation.
		1.20	Explain how the integumentary system is innervated, including: • Pacinian corpuscles. • Meissner's corpuscles. • Reticular plexuses.
2	Understand the anatomy and physiology of the head and neck.	2.1	Identify the location of the bones of the skull, including: • Frontal bone. • Parietal bones. • Occipital bone. • Temporal bones. • Sphenoid bone. • Ethmoid bone. • Maxillae. • Inferior nasal conchae. • Lacrimal bones. • Nasal bones. • Palatine bones. • Vomer. • Zygomatic bones. • Mandible.
		2.2	Describe the function of the bones of the skull.

2	Continued	2.3	Describe the structure of the nose, including: • Nasal cartilage. • Septum. • Nasal meatuses. • Nasal bones. • Nasal cavity.
		2.4	Describe the structure and function of the ear, including: • Inner ear. • Middle ear. • Outer ear.
		2.5	Describe the structure of the eye, including: • Cornea. • Iris. • Lens. • Retina. • Macula. • Optic Nerve.
		2.6	Describe the structure and function of the eye adnexa, including: • Eyelids. • Conjunctiva. • Lacrimal apparatus. • Extraocular muscles.
		2.7	Explain how the structure of the neck is divided into triangles and compartments.
		2.8	Describe the location and function of the hyoid bone.
		2.9	Describe the location, structure and function of the: • Thyroid gland. • Parathyroid gland. • Pharynx. • Larynx.

2	Continued	2.10	Identify the location of the major arteries of the head and neck; and the structures to which they supply blood, including: • Facial. • Sphenopalatine. • Greater palatine. • Descending palatine. • Ophthalmic. • External carotid. • Internal carotid. • Common carotid. • Maxillary. • Basilar. • Lingual.
		2.11	Explain how the head and neck are innervated, including: • Olfactory nerve. • Ophthalmic nerve. • Maxillary nerve. • Optic nerve. • Oculomotor nerve. • Trochlear nerve. • Trigeminal nerve. • Abducens nerve. • Mandibular nerve. • Vagus nerve. • Hypoglossal nerve. • Facial nerve. • Cervical plexus.
3	Understand the anatomy and physiology of the circulatory system.	3.1	Describe the structure and function of the heart, including: • Atria. • Ventricles. • Septum. • Myocardium. • Endocardium. • Epicardium. • Sinoatrial node. • Atrioventricular node. • Tricuspid valve. • Pulmonary valve. • Bicuspid valve.

3	Continued	3.2	Describe the flow of blood during pulmonary circulation, including: • Superior and inferior vena cava. • Pulmonary vein. • Pulmonary artery.
		3.3	Compare the structure of veins and arteries.
		3.4	Describe the hierarchy of blood vessels, including: • Veins. • Arteries. • Venules. • Arterioles. • Capillaries.
		3.5	Describe the structure of the aorta, including: • Ascending aorta. • Arch of the aorta. • Thoracic aorta. • Abdominal aorta.
		3.6	Identify the major branches off the aorta, and the structures they supply, including: • Brachiocephalic trunk. • Left Carotid artery. • Left subclavian artery. • Left bronchial artery. • Coeliac artery. • Superior mesenteric artery. • Renal arteries. • Gonadal arteries. • Inferior mesenteric artery. • Common iliac arteries.
		3.7	Describe the structures involved in coronary circulation, including: • Coronary arteries. • Marginal branch. • Interventricular artery. • Circumflex artery.

3	Continued	3.8	Describe the structure and function of the portal system.
		3.9	Explain the structure and function of anastomoses, including: • Direct anastomosis. • Convergence anastomosis. • Transverse anastomosis. • Arteriovenous anastomosis. • Portocaval anastomosis.
		3.10	Describe the structure and function of the blood plasma.
		3.11	Describe the structure and function of an erythrocyte.
		3.12	Explain the blood grouping system, including: • The alleles and genotypes. • The involved antigens and antibodies. • Compatibility for blood transfusion.
		3.13	Explain the structure and function of thrombocytes.
		3.14	Explain the structure and function of leukocytes, including: • Monocytes. • Lymphocytes. • Neutrophils. • Basophils. • Eosinophils.
		3.15	Describe the causes and symptoms of: • Arteriosclerosis. • Coronary artery disease. • Myocardial infarction. • Ischemic stroke. • Aneurysm. • Varices. • Cardiomyopathy.

4	Understand the anatomy and physiology of the nervous system.	4.1	Explain the function of the nervous system.
		4.2	Compare the central and peripheral nervous system.
		4.3	Compare the somatic and autonomic nervous system.
		4.4	Compare the structure of: • Multipolar neurons. • Bipolar neurons. • Pseudounipolar neurons. • Unipolar neurons.
		4.5	Describe the structure of a neuron, including: • Cell body. • Axon. • Axon hillock. • Dendrites. • Myelin sheath. • Schwann cell. • Node of Ranvier.
		4.6	Describe the structure and function of a synapse, including: • Presynaptic terminal. • Postsynaptic terminal. • Synaptic cleft. • Neuroreceptors. • Neurotransmitters.
		4.7	Compare Efferent and afferent neurones.
		4.8	Describe the structure and function of glial cells.
		4.9	Compare white and grey matter.
		4.10	Describe the structure and function of a reflex arc.
5	Understand the pathology associated with allergic reactions.	5.1	Explain what is meant by the terms "allergy" and "anaphylaxis".

5	<i>Continued</i>	5.2	Describe the structure and function of an IgE antibody.
		5.3	Compare anaphylaxis and anaphylactoid events.
		5.4	Explain how IgE antibodies mediate the anaphylaxis response.
		5.5	Explain the potential triggers of anaphylaxis.
		5.6	Explain the risk factors for anaphylaxis.
		5.7	Describe the symptoms of anaphylaxis.
		5.8	Explain how the presentation of anaphylaxis can differ according to the trigger.
		5.9	Explain the response to, and management of, anaphylaxis and allergic reactions within the salon.
6	Understand the process of wound healing.	6.1	Explain process that occur during each stage of wound healing, including: • Haemostasis. • Inflammation. • Cell proliferation. • Epithelialisation. • Tissue remodelling.
		6.2	Explain the process of a coagulation cascade.
		6.3	Describe the role of leukocytes in wound healing.
		6.4	Describe the role of growth factors in wound healing.
		6.5	Explain how and why abnormal scar formation occurs.
		6.6	Explain how to promote healthy wound healing.

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

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

2	Continued	2.5	Complete and store the client's post-treatment records in line with in line with legislative, insurance and organisational requirements.
		2.6	Provide advice and instruction to the client, including: • Aftercare advice and instruction. • Future treatment needs.
		2.7	Evaluate own performance using reflective practice and take any appropriate action to improve future performance.

Additional Assessment Information

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

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

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

An observation report and witness testimony are differentiated as follows:

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

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

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

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

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

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

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

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

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

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

Additional Assessment Information

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

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

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

An observation report and witness testimony are differentiated as follows:

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

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

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

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

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

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

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

Title:		Principles and Practice of Micro-Needle Mesotherapy		Level:	6
Unit Number:	D/651/2446	TQT:	100	GLH:	80
Learning Outcomes <i>The learner will be able to:</i>		Assessment Criteria <i>The learner can:</i>			
1	Understand how to provide micro-injection mesotherapy treatments.	1.1	Explain the importance of always working within your competence when providing mesotherapy treatment.		
		1.2	Identify absolute and relative contra-indications for a mesotherapy treatment.		
		1.3	Describe the composition of different types of activating solution, including: • Hyaluronic Acid. • Vitamins and Minerals. • Amino Acids.		
		1.4	Discuss the physiological effects of different types of activating solution on the skin, including: • Hyaluronic Acid. • Vitamins and Minerals. • Amino Acids.		
		1.5	Describe the equipment used in mesotherapy, including: • Microneedles. • Automated equipment.		
		1.6	Explain how and when use to use different tools and equipment for mesotherapy, including: • Microneedles. • Automated equipment.		

1	Continued	1.7	Explain how the activation solution, equipment and techniques used differ according to treatment zone.
		1.8	Explain the purpose, use and limitations of different mesotherapy equipment and activation solutions, taking into account: • Skin classification. • Skin characteristics. • Client's objectives. • The treatment area. • The client's physical and psychological suitability for non-surgical cosmetic procedure.
		1.9	Discuss the types of pain management available for mesotherapy treatment, and the associated risks.
		1.10	Describe the legislative requirements and restrictions for sourcing, storing and using licensed topical anaesthetics.
		1.11	Describe the signs and symptoms of the following adverse reactions: • Hyperpigmentation. • Infection. • Scarring. • Sensitivity. • Allergic reaction/anaphylaxis. • Papules. • Excessive histamine reaction. • Compromised healing process. • Dizziness. • Fainting. • Nausea. • Pain. • Excessive oedema. • Necrosis. • Blindness. • Vascular occlusion.

1	Continued	1.12	Explain how mesotherapy treatment can cause the following adverse reactions: • Hyperpigmentation. • Infection. • Scarring. • Sensitivity. • Allergic reaction/anaphylaxis. • Papules. • Excessive histamine reaction. • Compromised healing process. • Dizziness. • Fainting. • Nausea. • Pain. • Excessive oedema. • Necrosis. • Blindness. • Vascular occlusion.
		1.13	Describe the appropriate response if the following adverse reactions occur during mesotherapy treatment: • Hyperpigmentation. • Infection. • Scarring. • Sensitivity. • Allergic reaction/anaphylaxis. • Papules. • Excessive histamine reaction. • Compromised healing process. • Dizziness. • Fainting. • Nausea. • Pain. • Excessive oedema. • Necrosis. • Blindness. • Vascular occlusion.
		1.14	Discuss the procedures that could be carried out in conjunction with a mesotherapy treatment and the associated risks.

1	Continued	1.15	Explain the types of skin priming programme, and how they impact the success of a mesotherapy treatment.
		1.16	Discuss the types of hygiene products available for the skin.
		1.17	Discuss the types, benefits and use of pre and post treatment products.
		1.18	Discuss the advice and instructions that should be provided to the client, including: • Legal rights and responsibilities. • Complication management plan. • Post treatment expectations and time frames. • Pre and post treatment care instructions. • Restrictions and associated risks. • Future treatments. • Complains procedure.
		1.19	Discuss the history of mesotherapy and how it has changed over time.
2	Provide micro-injection mesotherapy treatments.	2.1	Carry out a face to face consultation with the client, including: • Client concerns, objective and expectations. • Skin classification. • Skin characteristics. • Skin condition. • Appropriate skin priming programme. • Identifying and responding appropriately to contra-indications. • The fees and treatment timescales.
		2.2	Discuss and agree the pain management strategy.

2	Continued	2.3	Reiterate, confirm and agree with the client that they understand the proposed treatment and pain management plan, including: • Contra-actions. • Possible adverse reactions. • The associated risks. • The expected outcome.
		2.4	Obtain the client's written, informed consent for the treatment and pain management plan, allowing an adequate timescale for the client to make an informed choice.
		2.5	Prepare the client's treatment area, including selecting and using an appropriate skin hygiene product.
		2.6	Select an appropriate mesotherapy device, including: • Microneedle. • Automated Equipment.
		2.7	Select an appropriate activating solution, including: • Hyaluronic Acid. • Vitamins and Minerals. • Amino Acids.
		2.8	Carry out the mesotherapy treatment plan, including: • Ensuring an even coverage of the treatment area. • Adapting techniques and activation solutions for different zones. • Monitor the client's health, wellbeing and skin reaction. • Respond appropriately to any adverse reactions.

2	Continued	2.9	Conclude mesotherapy treatment, including: • Confirm the client is happy with the results. • Provide, and obtain confirmation of receipt for, appropriate post-treatment instructions. • Complete the client's procedure records and store them in accordance with data legislation. • Dispose of any waste correctly.
		2.10	Evaluate the service provided, including: • Areas of strength. • Areas to be improved. • A plan for implementing improvements.

Additional Assessment Information

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

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

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

An observation report and witness testimony are differentiated as follows:

- An **assessor's report** is completed by a qualified assessor who observes the candidate carrying out practical work. The assessor will make assessment decisions as they observe and record these in the report, alongside a commentary of what they observe.
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Assessors may wish use to use a checklist or evidence matrix to organise and track the assessment outcomes that have been achieved, but these **do not**, in themselves, constitute evidence of achievement.

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

Centres may use the ProQual Level 4 Diploma in Aesthetic Treatments and Skin Science Candidate Workbook to organise candidate evidence or may use their own portfolio templates.

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

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

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

Title:		Principles and Practice of No-Needle Mesotherapy		Level:	6
Unit Number:	F/651/2447	TQT:	100	GLH:	80
Learning Outcomes <i>The learner will be able to:</i>		Assessment Criteria <i>The learner can:</i>			
1	Understand how to provide no-needle mesotherapy treatments.	1.1	Explain the importance of always working within your competence when providing no-needle mesotherapy treatment.		
		1.2	Identify absolute and relative contra-indications for a no-needle mesotherapy treatment.		
		1.3	Describe the composition of different types of activating solution, including: • Hyaluronic Acid. • Vitamins and Minerals. • Amino Acids.		
		1.4	Discuss the physiological effects of different types of activating solution on the skin, including: • Hyaluronic Acid. • Vitamins and Minerals. • Amino Acids.		
		1.5	Describe the technology used in mesotherapy and it's physiological effect on the skin, including: • Type of current used. • Associated risks. • How to mitigate associated risks.		

1	Continued	1.6	Explain how purpose, use and limitations of different no-needle mesotherapy equipment and activation solutions, taking into account: • Skin classification. • Skin characteristics. • Client's objectives. • The treatment area.
		1.7	Describe the signs and symptoms of the following adverse reactions: • Hyperpigmentation. • Hypopigmentation. • Allergic reaction/anaphylaxis. • Irritation. • Bruising. • Oedema.
		1.8	Explain how no-needle mesotherapy treatment can cause the following adverse reactions: • Hyperpigmentation. • Hypopigmentation. • Allergic reaction/anaphylaxis. • Irritation. • Bruising. • Oedema.
		1.9	Describe the appropriate response if the following adverse reactions occur during no-needle mesotherapy treatment: • Hyperpigmentation. • Hypopigmentation. • Allergic reaction/anaphylaxis. • Irritation. • Bruising. • Oedema.

1	<i>Continued</i>	1.10	Discuss the procedures that could be carried out in conjunction with a no-needle mesotherapy treatment and the associated risks.
		1.11	Explain the types of skin priming programme, and how they impact the success of a no-needle mesotherapy treatment.
		1.12	Discuss the types of hygiene products available for the skin.
		1.13	Discuss the types, benefits and use of pre and post treatment products.
		1.14	Discuss the advice and instructions that should be provided to the client, including: • Legal rights and responsibilities. • Pre and post treatment care instructions. • Restrictions and associated risks. • Future treatments.
		1.15	Discuss the history of mesotherapy and how it has changed over time.
2	Provide no-needle mesotherapy treatments.	2.1	Carry out a face to face consultation with the client, including: • Client concerns, objective and expectations. • Skin classification. • Skin type. • Skin condition. • Treatment history. • Appropriate skin priming programme. • Identifying and responding appropriately to contra-indications. • The fees and treatment timescales.

2	Continued	2.2	Reiterate, confirm and agree with the client that they understand the proposed treatment and pain management plan, including: • Contra-actions. • Possible adverse reactions. • The associated risks. • The expected outcome. • Post-treatment requirements. • Physical sensation and sound during treatment.
		2.3	Obtain the client's written, informed consent for the treatment plan, allowing an adequate timescale for the client to make an informed choice.
		2.4	Prepare the client's treatment area, including: • Selecting and using an appropriate skin hygiene product. • Illuminate and magnify the treatment area. • Carry out a pre-treatment test to determine skin sensitivity.
		2.5	Select and test appropriate no-needle mesotherapy tools and equipment.
		2.6	Carry out the mesotherapy treatment plan, including: • Reiterate the sensation and noise caused by the treatment. • Ensuring an even coverage of the treatment area. • Adapting equipment tools and treatment duration. • Monitor the client's health, wellbeing and skin reaction. • Respond appropriately to any adverse reactions.

2	Continued	2.7	Conclude the no-needle mesotherapy treatment, including: • Confirm the client is happy with the results. • Provide, and obtain confirmation of receipt for, appropriate post-treatment instructions. • Complete the client's procedure records and store them in accordance with data legislation. • Dispose of any waste correctly.
		2.8	Evaluate the service provided, including: • Areas of strength. • Areas to be improved. • A plan for implementing improvements.

Additional Assessment Information

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

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

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

An observation report and witness testimony are differentiated as follows:

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

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

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

Centres may use the ProQual Level 4 Diploma in Aesthetic Treatments and Skin Science Candidate Workbook to organise candidate evidence or may use their own portfolio templates.

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

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

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

Title:		Principles and Practice of Subcutaneous Skin Booster Injections		Level:	6
Unit Number:	J/651/2449	TQT:	100	GLH:	80
Learning Outcomes <i>The learner will be able to:</i>		Assessment Criteria <i>The learner can:</i>			
1	Understand how to provide skin boosting injections.	1.1	Explain the importance of working only within own competence when providing skin boosting injections.		
		1.2	Identify absolute and relative contra-indications for skin booster injections.		
		1.3	Describe the types, composition and physiological effect of skin booster solutions.		
		1.4	Discuss the regulatory and legislative requirements for sourcing, recording and administering skin booster injections.		
		1.5	Discuss the types of pain management and the associated risks.		
		1.6	Describe the legislative requirements and restrictions for sourcing, storing and using licensed topical anaesthetics.		
		1.7	Describe the types of hygiene product available for the skin.		
		1.8	Explain how to safely store, maintain and dispose of the tools and equipment used for skin booster injections.		
		1.9	Explain how to administer a subcutaneous injection.		
		1.10	Explain how to adapt injection techniques to meet the client's needs.		

1	Continued	1.11	Identify the injection danger zones that should be avoided.
		1.12	Explain the purpose, use and, limitations of skin booster injections in relation to: • Medical history. • Treatment history. • Dental history. • Lifestyle. • The client's physical and psychological suitability for non-surgical cosmetic treatments. • Client Expectations. • Anaphylaxis management.
		1.13	Describe the signs and symptoms of the following contra-actions: • Hyperaemia. • Wounds. • Bruising. • Oedema.
		1.14	Explain how skin booster injections can cause the following contra-actions, and the appropriate action if they occur: • Hyperaemia. • Wounds. • Bruising. • Oedema.
		1.15	Describe the signs and symptoms of the following adverse effects: • Infection. • Nerve damage. • Nausea. • Allergic reaction/anaphylaxis. • Fainting. • Dizziness. • Hypersensitivity.

1	Continued	1.16	Explain how skin booster injections can cause the following adverse reactions and the appropriate action if they occur: • Infection. • Nerve damage. • Nausea. • Allergic reaction/anaphylaxis. • Fainting. • Dizziness. • Hypersensitivity.
		1.17	Discuss the risk avoidance strategies that are put in place to mitigate the risks associated with skin booster injections, including but not limited to: • Risk assessments. • Restrictive treatment areas. • Avoidance of off license use. • First Aid at Work qualifications. • Infection control procedures. • Waste management. • Collaboration with healthcare professionals.
		1.18	Discuss the pre and post-treatment instructions and guidance provided to clients, including: • Legal rights and responsibilities. • Emergency plan. • Post-treatment expectations and time frames. • Pre and post-treatment care instructions. • Restrictions and associated risks. • Future procedures. • Complaints procedure.

2	Provide skin boosting injections.	2.1	Carry out a face-to-face consultation with the client, including discussing and establishing: • Client concerns, objectives, and expectations. • Potential contra-indications. • Medical and treatment history. • Pain management plan. • Contra-actions. • Adverse reactions. • Alternative treatment options. • Fees and timescales.
		2.2	Develop an emergency plan to deal with any adverse reactions.
		2.3	Reiterate, confirm and agree with the client that they understand the proposed treatment and pain management plan.
		2.4	Obtain the client's signed informed consent for the procedure, allowing an adequate timescale to make an informed choice.
		2.5	Prepare the treatment area, including selecting and using an appropriate hygiene preparation product.
		2.6	Carry out the skin booster treatment, including: • Selecting an appropriate skin booster solution. • Injecting the solution with a sterile single use needle. • Adapting injection techniques as required. • Monitor the client's health, wellbeing and skin reaction. • Taking prompt, appropriate action in the case of an adverse reaction.

2	Continued	2.7	Conclude the skin booster treatment, including: • Confirming the client is satisfied with the treatment. • Providing appropriate post-treatment instructions. • Completing and storing the client's treatment records in accordance with data legislation. • Discuss and agree future treatments.
		2.8	Evaluate the treatment provided, including: • Areas of strength. • Areas requiring improvement. • Actions to be taken for improvement.

Additional Assessment Information

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

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

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

An observation report and witness testimony are differentiated as follows:

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

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

Centres may use the ProQual Level 4 Diploma in Aesthetic Treatments and Skin Science Candidate Workbook to organise candidate evidence or may use their own portfolio templates.

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

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

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

Title:		Principles and Practice of Non-Surgical Fat Reduction		Level:	6
Unit Number:		H/651/2448	TQT:	100	GLH: 80
Learning Outcomes <i>The learner will be able to:</i>		Assessment Criteria <i>The learner can:</i>			
1	Understand how to provide fat dissolving injections.	1.1	Explain the importance of working only within own competence when providing fat dissolving injections.		
		1.2	Identify absolute and relative contra-indications for fat dissolving injections.		
		1.3	Describe the types, composition and physiological effect of fat dissolving solutions.		
		1.4	Discuss the regulatory and legislative requirements for sourcing, recording and administering fat dissolving injections.		
		1.5	Discuss the types of pain management and the associated risks.		
		1.6	Describe the legislative requirements and restrictions for sourcing, storing and using licensed topical anaesthetics.		
		1.7	Describe the types of hygiene product available for the skin.		
		1.8	Explain how to safely store, maintain and dispose of the tools and equipment used for fat dissolving injections.		
		1.9	Explain how to administer a subcutaneous injection.		
		1.10	Explain how to adapt injection techniques to meet the client's needs.		

1	Continued	1.11	Identify the injection danger zones that should be avoided.
		1.12	Explain the purpose, use and, limitations of fat dissolving injections in relation to: • Medical history. • Treatment history. • Dental history. • Lifestyle. • The client's physical and psychological suitability for non-surgical cosmetic treatments. • Client expectations. • Anaphylaxis management.
		1.13	Describe the signs and symptoms of the following contra-actions: • Hyperaemia. • Wounds. • Bruising. • Oedema.
		1.14	Explain how fat dissolving injections can cause the following contra-actions, and the appropriate action if they occur: • Hyperaemia. • Wounds. • Bruising. • Oedema.
		1.15	Describe the signs and symptoms of the following adverse effects: • Infection. • Nerve damage. • Nausea. • Allergic reaction/anaphylaxis. • Fainting. • Dizziness. • Hypersensitivity.

1	Continued	1.16	Explain how fat dissolving injections can cause the following adverse reactions and the appropriate action if they occur: • Infection. • Nerve damage. • Nausea. • Allergic reaction/anaphylaxis. • Fainting. • Dizziness. • Hypersensitivity.
		1.17	Discuss the risk avoidance strategies that are put in place to mitigate the risks associated with fat dissolving injections, including but not limited to: • Risk assessments. • Restrictive treatment areas. • Avoidance of off license use. • First Aid at Work qualifications. • Infection control procedures. • Waste management. • Collaboration with healthcare professionals.
		1.18	Discuss the pre and post-treatment instructions and guidance provided to clients, including: • Legal rights and responsibilities. • Emergency plan. • Post-treatment expectations and time frames. • Pre and post-treatment care instructions. • Restrictions and associated risks. • Future procedures. • Complaints procedure.

2	Provide fat dissolving injections.	2.1	Carry out a face-to-face consultation with the client, including discussing and establishing: • Client concerns, objectives, and expectations. • Potential contra-indications. • Medical and treatment history. • Pain management plan. • Contra-actions. • Adverse reactions. • Alternative treatment options. • Fees and timescales.
		2.2	Develop an emergency plan to deal with any adverse reactions.
		2.3	Reiterate, confirm and agree with the client that they understand the proposed treatment and pain management plan.
		2.4	Obtain the client's signed informed consent for the procedure, allowing an adequate timescale to make an informed choice.
		2.5	Prepare the treatment area, including selecting and using an appropriate hygiene preparation product.
		2.6	Carry out the fat dissolving treatment, including: • Selecting an appropriate fat dissolving solution. • Injecting the solution with a sterile single use needle. • Adapting injection techniques as required. • Monitor the client's health, wellbeing and skin reaction. • Taking prompt, appropriate action in the case of an adverse reaction.

2	Continued	2.7	Conclude the fat dissolving treatment, including: • Confirming the client is satisfied with the treatment. • Providing appropriate post-treatment instructions. • Completing and storing the client's treatment records in accordance with data legislation. • Discuss and agree future treatments.
		2.8	Evaluate the treatment provided, including: • Areas of strength. • Areas requiring improvement. • Actions to be taken for improvement.

Additional Assessment Information

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

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

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

An observation report and witness testimony are differentiated as follows:

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

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

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

Centres may use the ProQual Level 4 Diploma in Aesthetic Treatments and Skin Science Candidate Workbook to organise candidate evidence or may use their own portfolio templates.

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

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

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

Title:		Principles and Practice of Advanced Micropigmentation		Level:	6
Unit Number:	A/651/2445	TQT:	150	GLH:	120
Learning Outcomes <i>The learner will be able to:</i>		Assessment Criteria <i>The learner can:</i>			
1	Understand how to perform advanced micropigmentation techniques.	1.1	Explain the importance of only working within own competence when carrying out advanced micropigmentation techniques.		
		1.2	Describe the absolute and relative contraindications for a micropigmentation procedure, including: • Conditions that require medical referral prior to treatment. • The risks associated with performing micropigmentation on vitiligo. • How to recognise the different forms of scar tissue. • The precautions to performing micropigmentation over atrophy, hypertrophic and keloid scarring.		
		1.3	Explain the importance of agreeing the design template with the client.		
		1.4	Discuss the factors that need to be considered when creating a design template.		
		1.5	Discuss the options for pain management and the potential associated risks.		
		1.6	Describe the legal requirements and restrictions for sourcing, storing and using topical anaesthetics licensed in the UK.		
		1.7	Explain why the treatment area must be magnified and illuminated.		

1	Continued	1.8	Compare the different types of needle used for micropigmentation, including: • Flat. • Magnum. • Round. • Single point. • Sloped. • Micro. • Shaders and liners. • Nano.
		1.9	Describe when and how to use different implantation techniques, including: • Pointillism. • Pendulum. • Shading. • Obovoid. • Cross-hatching. • Sweep. • Stroke.
		1.10	Explain how to select, mix and test colour pigments, taking into account different treatment objective, including: • Defining natural features. • Creating features. • Correcting features. • Improving and balancing features. • Introducing skin colouring.
		1.11	Explain how skin classification and characteristics affects the choice of equipment, technique and colour.
		1.12	Explain the types, formulations, uses and limitations of pigments when mixed and diluted.

1	Continued	1.13	Discuss the safety requirements for pigments, including: - Recording pigment batches. - Storage. - Material data sheets. - Expiry date.
		1.14	Discuss the principles of colour theory, and how these impact: - Pigment selection. - How colour theory can be applied to change undesirable colour results after the healing process.
		1.15	Describe how colour pigments change throughout the healing process and post-healing.
		1.16	Explain how and why the skin is manipulated to ensure effective pigment implantation.
		1.17	Describe the different types and causes of hypopigmentation conditions that can benefit from micropigmentation.
		1.18	Explain how skin rejuvenation treatments can be used in conjunction with micropigmentation to maximise treatment results.
		1.19	Discuss different pigment removal techniques and their limitations.
		1.20	Explain the effects of laser treatments on the skin.
		1.21	Describe the different forms of hair growth disorders and how they affect the micropigmentation treatment.

1	Continued	1.22 Describe 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.
		1.23 Explain 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.

2	Provide micropigmentation services for a scalp camouflage effect.	2.1	Carry out a client consultation to discuss and establish: • Treatment objectives. • Design template. • Pain management strategy. • Any contra-indications. • Skin classification and condition. • Treatment history. • Fees and procedure timescales.
		2.2	Prepare for the micropigmentation procedure, 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.
		2.3	Use appropriate implantation techniques to achieve the scalp camouflage effect, selecting from: • Pointillism. • Pendulum. • Shading. • Obovoid. • Cross-hatching. • Sweep. • Stroke.

2	Continued	2.4	Use appropriate treatment techniques to achieve the scalp camouflage effect, including: • Three way stretch. • Needle depth. • Speed. • Pressure. • Angle. • Pigment dipping. • Wrist support. • Posture and positioning. • Treatment Passes.
		2.5	Maintain health and safety requirements throughout the procedure, 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.
		2.6	Conclude the procedure, 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. • Provide appropriate post-procedure advice and recommendations to the client.

2	Continued	2.7	Evaluate the service provided, including: • Areas of strength. • Areas for improvement. • Actions to be taken to implement improvements.
3	Provide micropigmentation services for a skin camouflage effect.	3.1	Carry out a client consultation to discuss and establish: • Treatment objectives. • Design template. • Pain management strategy. • Any contra-indications. • Skin classification and condition. • Treatment history. • Fees and procedure timescales.
		3.2	Prepare for the micropigmentation procedure, 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.
		3.3	Use appropriate implantation techniques to achieve the skin camouflage effect, selecting from: • Pointillism. • Pendulum. • Shading. • Obvoid. • Cross-hatching. • Sweep. • Stroke.

3	Continued	3.4	Use appropriate treatment techniques to achieve the skin camouflage effect, including: • Three way stretch. • Needle depth. • Speed. • Pressure. • Angle. • Pigment dipping. • Wrist support. • Posture and positioning. • Treatment Passes.
		3.5	Maintain health and safety requirements throughout the procedure, 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.
		3.6	Conclude the procedure, 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. • Provide appropriate post-procedure advice and recommendations to the client.

3	Continued	3.7	Evaluate the service provided, including: • Areas of strength. • Areas for improvement. • Actions to be taken to implement improvements.
4	Provide micropigmentation services for a scar relaxation effect.	4.1	Carry out a client consultation to discuss and establish: • Treatment objectives. • Design template. • Pain management strategy. • Any contra-indications. • Skin classification and condition. • Treatment history. • Fees and procedure timescales.
		4.2	Prepare for the micropigmentation procedure, 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.
		4.3	Use appropriate implantation techniques to achieve the scar relaxation effect, selecting from: • Pointillism. • Pendulum. • Shading. • Obovoid. • Cross-hatching. • Sweep. • Stroke.

4	Continued	4.4	Use appropriate treatment techniques to achieve the scar relaxation effect, including: • Three way stretch. • Needle depth. • Speed. • Pressure. • Angle. • Pigment dipping. • Wrist support. • Posture and positioning. • Treatment Passes.
		4.5	Maintain health and safety requirements throughout the procedure, 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.
		4.6	Conclude the procedure, 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. • Provide appropriate post-procedure advice and recommendations to the client.

4	Continued	4.7	Evaluate the service provided, including: • Areas of strength. • Areas for improvement. • Actions to be taken to implement improvements.
5	Provide micropigmentation services for a skin rejuvenation effect.	5.1	Carry out a client consultation to discuss and establish: • Treatment objectives. • Design template. • Pain management strategy. • Any contra-indications. • Skin classification and condition. • Treatment history. • Fees and procedure timescales.
		5.2	Prepare for the micropigmentation procedure, 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.
		5.3	Use appropriate implantation techniques to achieve the skin rejuvenation effect, selecting from: • Pointillism. • Pendulum. • Shading. • Obovoid. • Cross-hatching. • Sweep. • Stroke.

5	Continued	5.4	Use appropriate treatment techniques to achieve the skin rejuvenation effect, including: • Three way stretch. • Needle depth. • Speed. • Pressure. • Angle. • Pigment dipping. • Wrist support. • Posture and positioning. • Treatment Passes.
		5.5	Maintain health and safety requirements throughout the procedure, 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.
		5.6	Conclude the procedure, 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. • Provide appropriate post-procedure advice and recommendations to the client.

5	Continued	5.7	Evaluate the service provided, including: • Areas of strength. • Areas for improvement. • Actions to be taken to implement improvements.
6	Provide micropigmentation services for a freckle effect.	6.1	Carry out a client consultation to discuss and establish: • Treatment objectives. • Design template. • Pain management strategy. • Any contra-indications. • Skin classification and condition. • Treatment history. • Fees and procedure timescales.
		6.2	Prepare for the micropigmentation procedure, 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.
		6.3	Use appropriate implantation techniques to achieve the freckle effect, selecting from: • Pointillism. • Pendulum. • Shading. • Obovoid. • Cross-hatching. • Sweep. • Stroke.

6	Continued	6.4	Use appropriate treatment techniques to achieve the freckle effect, including: • Three way stretch. • Needle depth. • Speed. • Pressure. • Angle. • Pigment dipping. • Wrist support. • Posture and positioning. • Treatment Passes.
		6.5	Maintain health and safety requirements throughout the procedure, 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.
		6.6	Conclude the procedure, 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. • Provide appropriate post-procedure advice and recommendations to the client.

Additional Assessment Information

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

Learning Outcomes 2-6 is **competency based**. This means that the candidate is expected to perform the tasks, and demonstrate the level of competence, outlined in the assessment criteria. It is expected that evidence will be a combination following:

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

An observation report and witness testimony are differentiated as follows:

- An **assessor's report** is completed by a qualified assessor who observes the candidate carrying out practical work. The assessor will make assessment decisions as they observe and record these in the report, alongside a commentary of what they observe.
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Assessors may wish to use a checklist or evidence matrix to organise and track the assessment outcomes that have been achieved, but these **do not**, in themselves, constitute evidence of achievement.

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

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

It is expected that competence of each assessment criteria will be observed **at least 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**.

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

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

Appendix One – Command Verb Definitions

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

Apply	Use existing knowledge or skills in a new or different context.
Analyse	Break a larger subject into smaller parts, examine them in detail and show how these parts are related to each other. This may be supported by reference to current research or theories.
Classify	Organise information according to specific criteria.
Compare	Examine subjects in detail, giving the similarities and differences.
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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