



Qualification Specification

ProQual Level 4 Diploma in Laser, IPL and Electrical Treatments

ProQual Level 4 Diploma in Laser, IPL and Electrical Treatments



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:



Scan Here

Contents

Introduction.....	3
Qualification Profile	4
Learner Profile	5
Qualification Structures	6
Centre Requirements	7
Certification	8
Assessment Requirements.....	9
Enquiries, Appeals and Adjustments.....	10
Units – Learning Aims and Assessment Criteria.....	11
Health and Safety in a Salon Environment.....	11
Infection Control and Prevention for Cosmetic, Aesthetic and Needle Related Treatments	14
Providing Initial Consultation with Client	17
Principles and Practice of Photo-Rejuvenation Treatments	26
Principles and Practice of Hair Growth Reduction.....	32
Principles and Practice of Electrical Epilation.....	40
Principles and Practice of Tattoo Removal.....	46
Removal of Skin Blemishes, Skin Tags and Moles Using Non-Surgical Cosmetic Procedures.....	51
Skin Tightening Using the Plasma Pen.....	59
Appendix One – Command Verb Definitions	64

Introduction

The ProQual Level 4 Diploma in Laser, IPL and Electrical Treatments provides a nationally recognised qualification for those working or wanting to work in the aesthetics industry, and who wish to develop and demonstrate their competence at providing a range of skin treatments that use high energy devices, such as lasers and IPL systems.

The aims of these qualifications are:

- To develop an understanding of the range of skin treatments using high energy devices.
- To demonstrate competence at carrying out a range of skin treatments, in accordance with health and safety requirements.
- To provide a progression route within the beauty and aesthetics industry, for those interested in advanced skin treatments.

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

Qualification Profile

Qualification Title:	ProQual Level 4 Diploma in Laser, IPL and Electrical Treatments
Qualification Number:	610/4831/8
Level:	Level 4
Total Qualification Time (TQT):	480-550 Hours 48-55 Credits <i>(Depending on optional units chosen)</i>
Guided Learning Hours (GLH):	360-430 Hours <i>(Depending on optional units chosen)</i>
Assessment:	Pass / Fail
	Internally assessed and verified by centre staff
	External quality assured by ProQual Verifiers
Qualification Start Date:	06/01/2025
Qualification Review Date:	06/01/2028

Learner Profile

Candidates for this qualification **must** have completed the ProQual Level 3 Certificate in Pathway to Aesthetic Practice, or an equivalent qualification, and **must** also have completed, or be registered to complete alongside this qualification, the ProQual Level 4 Award for the Safe Use of Laser and High Energy Light Devices.

Centres should carry out their own initial assessment of a candidate's initial knowledge and skills.

Candidates for these qualifications should either:

- Be employed in a role where they will have the opportunity to carry out skin treatments using high energy devices.

OR

- Be enrolled with a training provider, college, school or sixth form, which will enable them to carry out skin treatments using high energy devices.

Candidates must be **at least 18 years old** on the day that they are registered for one of these qualifications. Centres are reminded that no assessment may take place until 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 additional qualifications from ProQual's hair and beauty suite, such as:

- ProQual Level 4 Diploma in Aesthetic Treatments and Skin Science.
- ProQual Level 6 Diploma in Aesthetic Practice.
- ProQual Level 7 Diploma in Aesthetic Practice.

Qualification Structures

This qualification consists of **three** mandatory units. Candidates must complete **all** the mandatory units to achieve this qualification. Candidates must additionally complete **at least three** optional units. Candidates may complete more than three optional units.

Unit Number	Unit Title	Level	TQT	GLH
Mandatory Units – Candidates must complete all units in this group.				
J/651/2395	Health and Safety in a Salon Environment	2	10	10
L/651/2397	Infection Control and Prevention for Cosmetic, Aesthetic and Needle Related Treatments	2	25	20
H/651/2401	Providing Initial Consultation with Client	4	125	100
Optional Units – Candidates must complete at least three units in this group.				
F/651/3671	Principles and Practice of Photo-Rejuvenation Treatments	4	120	100
F/651/3716	Principles and Practice of Hair Growth Reduction	4	120	100
H/651/3717	Principles and Practice of Electrical Epilation	4	120	100
J/651/3718	Principles and Practice of Tattoo Removal	5	150	100
T/651/2407	Skin Tightening Using the Plasma Pen	4	120	80

Centre Requirements

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

Materials produced by centres to support candidates should:

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

Centres must have appropriate resources to allow candidates to complete the practical activities described in this specification.

Certification

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

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

ProQual Level 4 Diploma in Laser, IPL and Electrical Treatments

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 Aims and Assessment Criteria

Title:		Health and Safety in a Salon Environment		Level:		2		
Unit Number:		J/651/2395	TQT:		10	GLH:		10
Learning Outcomes <i>The learner will be able to:</i>				Assessment Criteria <i>The learner can:</i>				
1	Prepare salon areas for treatment.	1.1	Identify common hazards and risks in a salon environment.					
		1.2	State the health and safety requirements for practitioners carrying out beauty treatments, including but not limited to: <ul style="list-style-type: none"> • Health and Safety at Work Act. • The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR). • Manual Handling Operations Regulations. • Control of Substances Hazardous to Health Regulations (COSHH). 					
		1.3	Describe how to clean, disinfect and sterilise different types of tools and equipment.					
		1.4	Explain the difference between sterilisation and disinfection.					
		1.5	Explain why it is important to follow salon procedures and any given instructions when setting up tools and equipment for a given treatment.					
		1.6	Describe the required environmental conditions for a given treatment, including: <ul style="list-style-type: none"> • Lighting. • Heating. • Ventilation. • General Comfort. 					

1	<i>Continued</i>	1.7	Explain why it is important that the above environmental conditions are provided.
		1.8	Explain why it is important to maintain personal hygiene, protection and appearance according to accepted industry and organisational standards.
		1.9	Explain the reasons and importance of keeping records of treatments.
2	Maintain salon treatment areas.	2.1	Explain how to safely dispose of waste materials and products from beauty treatments.
		2.2	Explain the requirements for re-stocking products and other items.
		2.3	Describe own responsibilities in relation to the storage of: <ul style="list-style-type: none"> • Equipment. • Products. • Client Records.
		2.4	Describe how the work area should be left after a treatment.
		2.5	Explain why it is important to leave the work area in the condition described above.

Additional Assessment Information

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

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

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

Title:		Infection Control and Prevention for Cosmetic, Aesthetic and Needle Related Treatments		Level:		2	
Unit Number:		L/651/2397		TQT:		25	
				GLH:		20	
Learning Outcomes <i>The learner will be able to:</i>				Assessment Criteria <i>The learner can:</i>			
1	Understand non-infectious and infectious hazards that are associated with cosmetic, aesthetic and needle treatments.	1.1	Describe the cell structure and key features of: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • Bacteria. • Fungi. • Viruses. 				
		1.5	Define the term "parasite".				
		1.6	Explain the difference between an endoparasite and an ectoparasite.				
		1.7	Identify three common ectoparasites that colonise humans.				
		1.8	Explain the difference between infection and colonisation.				
		1.9	Describe what is meant by: <ul style="list-style-type: none"> • Localised infection. • Systemic infection. 				

1	<i>Continued</i>	1.10	Describe what is meant by: <ul style="list-style-type: none"> • Direct transmission. • Indirect transmission. • Vector transmission.
		1.11	Describe how, within the salon environment, an infective agent could: <ul style="list-style-type: none"> • Enter the body. • Be transmitted from person to person.
		1.12	Identify common non-infectious hazards that might arise as part of cosmetic, aesthetic or needle treatments.
		1.13	Explain how an injury to the skin can be a risk to an individual.
		1.14	Identify treatments within the salon that would require the use of infection control procedures.
2	Understand how to control non-infectious and infectious risk.	2.1	Explain the roles and responsibilities of the employer and employee in the prevention and control of infection.
		2.2	Explain how the skin acts as a defence against infection.
		2.3	Describe the procedures that would be followed, in relation to infection prevention and control, for: <ul style="list-style-type: none"> • Consultation. • Aftercare. • Hand hygiene. • Environment management. • Equipment management. • Cleaning, disinfecting and sterilisation. • Personal protective equipment. • Management of body fluids. • Needle stick injuries. • Waste disposal and collection. • Management of occupational exposure.

Additional Assessment Information

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

Centres may use the 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:		Providing Initial Consultation with Client		Level:	4	
Unit Number:		H/651/2401	TQT:	125	GLH:	100
Learning Outcomes <i>The learner will be able to:</i>		Assessment Criteria <i>The learner can:</i>				
1	Understand the client consultation process.	1.1	Describe the importance of collaboration with competent professionals to support effective and safe working practices, including how and when to refer to other non-healthcare and healthcare professionals.			
		1.2	Explain why you must comply with ethical practice and work within the legislative requirements, when undertaking a client consultation.			
		1.3	Describe the importance of engaging in, and documenting continuous professional development including: <ul style="list-style-type: none"> • Up-to-date information. • Policies. • Procedures. • Best practice guidance. 			
		1.4	Explain the reasons why medical conditions may contraindicate the non-surgical cosmetic procedure.			
		1.5	Explain the legislative and insurance requirements for obtaining medical diagnosis and referral.			
		1.6	Explain the importance of communicating with the client in a professional manner and within the limits of your own competencies.			

1	Continued	1.7	<p>Explain why you must develop and agree a non-surgical cosmetic procedure plan including:</p> <ul style="list-style-type: none"> • Declared current medical status. • Procedure history. • Relative and absolute contraindications. • Skin classification, condition and sensitivity. • Skin healing capacity. • Client's expectations. • The client's physical and psychological suitability for the non-surgical cosmetic procedure.
		1.8	<p>Discuss the relationship and impact between the following needs:</p> <ul style="list-style-type: none"> • Social. • Physical. • Psychological. • Physiological. • Social influences. • The media. • Trends.
		1.9	<p>Explain how your own continuous professional development can support the client to make an informed choice, including alternative treatment options.</p>
		1.10	<p>Explain how to manage the client's expectations, including the importance of explaining:</p> <ul style="list-style-type: none"> • Procedure process. • Expected outcomes. • Associated risks.
		1.11	<p>Describe the benefits of using visual aids during consultation.</p>

1	Continued	1.12	Describe the legislative, insurance and organisational requirements for: <ul style="list-style-type: none"> • Gaining signed, informed consent from the client for the non-surgical cosmetic procedure. • Upholding the rights of the client and practitioner. • Taking and storing of visual media of the clients treatment area. • Completing and storing the client's non-surgical cosmetic procedure records.
		1.13	Explain why non-surgical cosmetic procedures are prohibited for minors, including the age at which a client is classed as a minor and how this differs nationally.
		1.14	Explain the importance of explaining the physical sensation created by the procedure to the client, including how pain threshold and sensitivity varies from client to client, including the types of pain management and associated risks.
		1.15	State the reasons for providing and obtaining confirmation of receipt from the client for the verbal and written instructions and advice pre and post the non-surgical cosmetic procedure.
2	Understand the skin analysis process.	2.1	Explain the legal requirements and other relevant standards, insurance guidelines and organisational protocols when carrying out a skin analysis, including the importance of working within the scope of your practice.
		2.2	Describe how to maintain your role and responsibilities for the health, safety and welfare of the individual and yourself before, during and after the skin analysis.
		2.3	Explain the rationale for carrying out skin analysis, expected findings in different skin types and the role of evidence-based practice.

2	Continued	2.4	State the protocols for the correct and safe use of skin analysis technologies.
		2.5	Describe how to interpret outcomes from the skin analysis procedure, including how to evaluate the features and severity of presenting skin conditions in relation to known skin classifications.
		2.6	Describe how to review and monitor the following skin conditions including: <ul style="list-style-type: none"> • Lax elasticity. • Hyper and hypo pigmentation. • Congested. • Pustular. • Fragile. • Vascular. • Sensitised. • Sensitive. • Dehydrated. • Photo-sensitive. • Photo-aged. • Lacklustre.
		2.7	Explain the reasons for taking consensual visual media of the individuals treatment area and storing in accordance with the service, legislative, insurance and organisational requirements.
		2.8	Describe how the skin consultation, initial assessment, available evidence and the skin analysis outcomes collectively inform a bespoke treatment plan.
		2.9	Describe the importance of recognising suspicious skin irregularities and lesions, and referring to a relevant health professional where necessary.

2	<i>Continued</i>	2.10	<p>Explain how to develop an agreed treatment plan with the individual based on the conclusion of the skin analysis, to include:</p> <ul style="list-style-type: none"> • The impact on the prognosis. • The variety of options available for management.
		2.11	<p>Describe how to complete accurate, secure and contemporaneous records of the information gathered and the outcomes of the skin analysis to meet legal requirements and organisational protocols, considering:</p> <ul style="list-style-type: none"> • The rights of the individual. • Audit and accountability.
		2.12	<p>Explain how and why the skins barrier function is impaired by aesthetic procedures, including:</p> <ul style="list-style-type: none"> • The increased risk of photosensitivity and ways to protect the skin.
		2.13	<p>Describe the adverse reactions associated with aesthetic procedures and how to respond, including:</p> <ul style="list-style-type: none"> • Infection. • Wounds. • Oedema. • Hypertrophic and atrophic scarring. • Increased photosensitivity reaction.

3	Undertake a client consultation.	3.1	<p>Carry out a concise and comprehensive non-surgical cosmetic consultation, taking account of:</p> <ul style="list-style-type: none"> • The individual's declared medical history and current medical status. • The individual's procedure history. • The individual's skin classification, condition, sensitivity and healing capacity of the treatment area. • The individual's concerns, expectations and desired outcomes. • The individual's physical and psychological suitability for the non-surgical cosmetic procedure. • Declared relative and absolute contraindications and restrictions.
		3.2	Recognise, respond and sign-post appropriately in response to any disclosed conditions in compliance with data legislation.
		3.3	<p>Discuss the individual's objectives, concerns, expectations and desired outcomes to inform the non-surgical cosmetic procedure plan to include;</p> <ul style="list-style-type: none"> • Alternative treatment options.
		3.4	Discuss the fee structures and explain how this can impact the individual's choice of non-surgical cosmetic procedures.
		3.5	Discuss and agree the skin priming programme or recommendations required prior to the non-surgical cosmetic procedure.
		3.6	Assess, discuss, agree and document the non-surgical cosmetic consultation and expected procedure outcomes and associated risks with the individual.
		3.7	Inform and provide information to the individual of their rights.

3	<i>Continued</i>	3.8	Take and store consensual visual media of the individual's treatment area in accordance with insurance requirements, organisational policies and procedures.
		3.9	Discuss the physical sensation which may occur during the non-surgical cosmetic procedure with the individual following the procedure protocol.
		3.10	Discuss the options for pain management.
		3.11	Develop the non-surgical cosmetic procedure plan.
		3.12	Provide and obtain confirmation of receipt of the verbal and written instruction and advice given to the individual pre- and post-procedure.
4	Perform a skin analysis.	4.1	Follow legal requirements and other relevant standards, insurance guidelines, and organisational protocols when carrying out a skin analysis, including: <ul style="list-style-type: none"> Maintaining your responsibilities for the health, safety, hygiene and welfare of the individual and yourself before, during and after the skin analysis.
		4.2	Ensure the individual's undertaking and obtain informed consent for the proposed investigative procedure.
		4.3	Identify and select the technology equipment to be used to carry out the skin analysis to determine, review and monitor the presenting skin condition, following organisational protocols.
		4.4	Record and securely store visual media for future reference and monitoring purposes in accordance with legislative, regulatory and indemnity requirements.

4	Continued	4.5	Evaluate the presenting skin type and skin condition against known skin classifications.
		4.6	Collate, record, analyse and evaluate the information gathered from the skin consultation, the skin analysis and available evidence base relating to the presenting skin condition to inform the treatment plan.
		4.7	Discuss, formulate and agree with the individual the outcome based on the conclusion of the skin analysis to include: <ul style="list-style-type: none"> • The best interests of the individual. • Ethical responsibilities working within your scope of practice. • Adapting communication styles to meet the individual's needs. • Contraindications and potential comorbidities.
		4.8	Review and reflect on your performance to inform continuous professional development.

Additional Assessment Information

Learning Outcomes 1 and 2 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 3 and 4 are **competency based**. This means that the candidate is expected to perform the tasks, and demonstrate the level of competence, outlined in the assessment criteria. It is expected that evidence will be a combination following:

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

An observation report and witness testimony are differentiated as follows:

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

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

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

Centres may use the 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 twice, across five treatments** 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 Photo-Rejuvenation Treatments			Level:	4
Unit Number:	F/651/3671	TQT:	120	GLH:	100
Learning Outcomes <i>The learner will be able to:</i>		Assessment Criteria <i>The learner can:</i>			
1	Understand how to provide photo-rejuvenation treatments.	1.1	Describe the health, safety and hygiene requirements for performing photo rejuvenation treatments.		
		1.2	Explain why it is important that the treatment area is well illuminated.		
		1.3	Explain how to use and maintain marking out tools.		
		1.4	Describe the different types of approved cooling methods and when to use them.		
		1.5	Describe how to prepare the treatment area, including: <ul style="list-style-type: none"> • Head, face and neck. • Torso. • Limbs. 		
		1.6	Describe the following types of device, their benefits and their limitations: <ul style="list-style-type: none"> • Laser devices. • IPL devices. • High energy LED devices. 		
		1.7	Identify the parts of the electromagnetic spectrum.		
		1.8	Explain how light and laser device outputs are described and measured.		
		1.9	Explain the role of the laser protection advisor.		

1	Continued	1.10	<p>Explain the following labels found on laser, IPL, and LED devices:</p> <ul style="list-style-type: none"> • Compliance. • Classification. • Manufacturer service. • User maintenance. • Warning.
		1.11	<p>Describe how to use at least one of the following devices:</p> <ul style="list-style-type: none"> • Laser devices. • IPL devices. • High energy LED devices.
		1.12	<p>Describe the causes and hazards of accidental exposure to optical radiation.</p>
		1.13	<p>Describe the legal restrictions in relation to optical radiation.</p>
		1.14	<p>Explain how optical radiation interacts with the intended chromophore.</p>
		1.15	<p>Explain the principles of light-tissue interactions and selective photothermolysis.</p>
		1.16	<p>Describe the signs and symptoms of the following adverse reactions:</p> <ul style="list-style-type: none"> • Excessive skin greying or whitening. • Lesion colour changes. • Hyperaemia and irritation. • Blistering. • Hyperpigmentation • Hypopigmentation • Excessive oedema. • Excessive discomfort. • Excessive bruising. • Scarring. • Oozing and crusting. • Burns. • Eye injuries requiring medical referral. • Dizziness. • Fainting.

1	<i>Continued</i>	1.17	<p>Explain how skin treatments using high energy devices can cause the following adverse reactions and how to work to avoid them:</p> <ul style="list-style-type: none"> • Excessive skin greying or whitening. • Lesion colour changes. • Hyperaemia and irritation. • Blistering. • Hyperpigmentation. • Hypopigmentation. • Excessive oedema. • Excessive discomfort. • Excessive bruising. • Scarring. • Oozing and crusting. • Burns. • Eye injuries requiring medical referral. • Dizziness. • Fainting.
		1.18	<p>Describe the course of action that should be undertaken if any of the following adverse reactions occur:</p> <ul style="list-style-type: none"> • Excessive skin greying or whitening. • Lesion colour changes. • Hyperaemia and irritation. • Blistering. • Hyperpigmentation. • Hypopigmentation. • Excessive oedema. • Excessive discomfort. • Excessive bruising. • Scarring. • Oozing and crusting. • Burns. • Eye injuries requiring medical referral. • Dizziness. • Fainting.

2	Provide photo-rejuvenation treatments.	2.1	<p>Carry out a consultation with the client, including:</p> <ul style="list-style-type: none"> • Discussing treatment history. • Identifying potential contraindications and responding appropriately. • Discussing and agreeing the treatment objectives. • Discussing the treatment timescales and fees. • Discussing potential adverse reactions. • Obtaining the client's informed consent for the treatment.
		2.2	Prepare the treatment area for the treatment.
		2.3	<p>Select appropriate equipment and equipment variables for the treatment, covering at least one of the following:</p> <ul style="list-style-type: none"> • Laser devices. • IPL devices. • High energy LED devices.
		2.4	<p>Complete the treatment, following the treatment protocol and manipulating the skin for optimal treatment outcome, using at least one of the following:</p> <ul style="list-style-type: none"> • Laser devices. • IPL devices. • High energy LED devices.
		2.5	Monitor the client's health and wellbeing throughout the treatment, including responding appropriately to any adverse reactions.
		2.6	<p>Conclude the treatment, including safely storing the equipment, for at least one of the following:</p> <ul style="list-style-type: none"> • Laser devices. • IPL devices. • High energy LED devices.

2	Continued	2.7	<p>Perform photo-rejuvenation treatments for the following treatment areas:</p> <ul style="list-style-type: none"> • Head, face and neck. • Torso. • Limbs.
		2.8	<p>Complete the client's treatment records, including photographic evidence of the treatment area, and store in accordance with legal and organizational requirements.</p>
		2.9	<p>Provide verbal and written advice and guidance to the client, including:</p> <ul style="list-style-type: none"> • Client's legal rights and responsibilities. • Treatment maintenance. • Post-treatment expectations and associated timeframes. • Restrictions and contra-actions. • Additional products and treatments.
		2.10	<p>Evaluate own performance, including:</p> <ul style="list-style-type: none"> • Areas of strength. • Areas for improvement. • How these areas will be improved.

Endorsement Requirements

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

- Laser Devices.
- IPL Devices.
- High Energy LED Devices.

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 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 twice, across five treatments** 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 Hair Growth Reduction			Level:	4
Unit Number:	F/651/3716	TQT:	120	GLH:	100
Learning Outcomes <i>The learner will be able to:</i>		Assessment Criteria <i>The learner can:</i>			
1	Understand how to provide hair growth reduction treatments, using high energy devices.	1.1	Describe the health, safety and hygiene requirements for performing hair growth reduction treatments.		
		1.2	Explain why it is important that the treatment area is well illuminated.		
		1.3	Explain how to use and maintain marking out tools.		
		1.4	Describe the different types of approved cooling methods and when to use them.		
		1.5	Describe how to prepare the treatment area, including: <ul style="list-style-type: none"> • Head, face and neck. • Torso. • Limbs. 		
		1.6	Describe the following types of device, their benefits and their limitations: <ul style="list-style-type: none"> • Laser devices. • IPL devices. • High energy LED devices. 		
		1.7	Identify the parts of the electromagnetic spectrum.		
		1.8	Explain how light and laser device outputs are described and measured.		
		1.9	Explain the role of the laser protection advisor.		

1	Continued	1.10	<p>Explain the following labels found on laser, IPL, and LED devices:</p> <ul style="list-style-type: none"> • Compliance. • Classification. • Manufacturer service. • User maintenance. • Warning.
		1.11	<p>Describe how to use at least one of the following devices:</p> <ul style="list-style-type: none"> • Laser devices. • IPL devices. • High energy LED devices.
		1.12	<p>Describe the causes and hazards of accidental exposure to optical radiation.</p>
		1.13	<p>Describe the legal restrictions in relation to optical radiation.</p>
		1.14	<p>Explain how optical radiation interacts with the hair and skin, including:</p> <ul style="list-style-type: none"> • The principles of light tissue interactions using red and infrared wavelengths to achieve selective photothermolysis. • The reasons why paradoxical laser and light induced hair growth occurs. • The clinical outcomes expected from hair growth reduction using laser, intense light sources and aesthetic energy-based devices.
		1.15	<p>Describe the hazards of treating hair bearing sites that contain pigmented lesions.</p>

1	<i>Continued</i>	1.16	<p>Describe the signs and symptoms of the following adverse reactions:</p> <ul style="list-style-type: none"> • Excessive skin greying or whitening. • Lesion colour changes. • Hyperaemia and irritation. • Blistering. • Hyperpigmentation. • Hypopigmentation. • Excessive oedema. • Excessive discomfort. • Excessive bruising. • Scarring. • Oozing and crusting. • Burns. • Eye injuries requiring medical referral. • Dizziness. • Fainting.
		1.17	<p>Explain how skin treatments using high energy devices can cause the following adverse reactions:</p> <ul style="list-style-type: none"> • Excessive skin greying or whitening. • Lesion colour changes. • Hyperaemia and irritation. • Blistering. • Hyperpigmentation. • Hypopigmentation. • Excessive oedema. • Excessive discomfort. • Excessive bruising. • Scarring. • Oozing and crusting. • Burns. • Eye injuries requiring medical referral. • Dizziness. • Fainting.

1	<i>Continued</i>	1.18	<p>Describe the action that should be undertaken if any of the following adverse reactions occur:</p> <ul style="list-style-type: none"> • Excessive skin greying or whitening. • Lesion colour changes. • Hyperaemia and irritation. • Blistering. • Hyperpigmentation. • Hypopigmentation. • Excessive oedema. • Excessive discomfort. • Excessive bruising. • Scarring. • Oozing and crusting. • Burns. • Eye injuries requiring medical referral. • Dizziness. • Fainting.
---	------------------	------	---

2	Provide hair growth reduction treatments using high energy devices.	2.1	<p>Carry out a consultation with the client, including:</p> <ul style="list-style-type: none"> • Discussing treatment history. • Identifying potential contraindications and responding appropriately. • Discussing and agreeing the treatment objectives. • Discussing the treatment timescales and fees. • Discussing potential adverse reactions. • Obtaining the client's informed consent for the treatment.
		2.2	Prepare the treatment area for the treatment.
		2.3	<p>Select appropriate equipment and equipment variables for the treatment, covering at least one of the following:</p> <ul style="list-style-type: none"> • Laser devices. • IPL devices. • High energy LED devices.
		2.4	<p>Complete the treatment, following the treatment protocol and manipulating the skin for optimal treatment outcome, using at least one of the following:</p> <ul style="list-style-type: none"> • Laser devices. • IPL devices. • High energy LED devices.
		2.5	Monitor the client's health and wellbeing throughout the treatment, including responding appropriately to any adverse reactions.
		2.6	<p>Conclude the treatment, including safely storing the equipment, for at least one of the following:</p> <ul style="list-style-type: none"> • Laser devices. • IPL devices. • High energy LED devices.

2	<i>Continued</i>	2.7	<p>Perform hair reduction treatments for the following treatment areas:</p> <ul style="list-style-type: none"> • Head, face and neck. • Torso. • Limbs.
		2.8	<p>Complete the client's treatment records, including photographic evidence of the treatment area, and store in accordance with legal and organizational requirements.</p>
		2.9	<p>Provide verbal and written advice and guidance to the client, including:</p> <ul style="list-style-type: none"> • Client's legal rights and responsibilities. • Treatment maintenance. • Post-treatment expectations and associated timeframes. • Restrictions and contra-actions. • Additional products and treatments.
		2.10	<p>Evaluate own performance, including:</p> <ul style="list-style-type: none"> • Areas of strength. • Areas for improvement. • How these areas will be improved.

Endorsement Requirements

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

- Laser Devices.
- IPL Devices.
- High Energy LED Devices.

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 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 twice, across five treatments** 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 Electrical Epilation			Level:	4
Unit Number:	H/651/3717	TQT:	120	GLH:	100
Learning Outcomes <i>The learner will be able to:</i>		Assessment Criteria <i>The learner can:</i>			
1	Understand how to provide electrical epilation.	1.1	Describe the following hair classifications and types: <ul style="list-style-type: none"> • Straight. • Curly. • Very Curly. • Terminal • Vellus. 		
		1.2	Explain how skin can be classified by the: <ul style="list-style-type: none"> • Fitzpatrick scale. • Phenotype and genotype. • Lancer scale. 		
		1.3	Describe the following skin types: <ul style="list-style-type: none"> • Dry. • Oily. • Combination. • Balanced. 		
		1.4	Describe the following skin conditions: <ul style="list-style-type: none"> • Lax elasticity. • Hyper- and hypo- pigmentation. • Sensitised. • Sensitive. • Dehydrated. • Fragile. • Vascular. 		
		1.5	Explain how treatment history and topical interventions can affect: <ul style="list-style-type: none"> • The hair growth cycle. • Hair types. • Hair characteristics and classification. 		

1	Continued	1.6	Describe potential contra-indications for electrical epilation treatment, including: <ul style="list-style-type: none"> • Absolute contra-indications. • Relative contra-indications. • How to respond to these contra-indications.
		1.7	Explain the importance of recognizing suspicious skin irregularities and lesions and referring to a relevant healthcare professional.
		1.8	Explain the purpose, use and limitations of electrical epilation treatments, in relation to: <ul style="list-style-type: none"> • Past and current medical history. • Lifestyle factors. • Medication.
		1.9	Explain how genetics and systemic conditions can impact the treatment plan and outcomes, including: <ul style="list-style-type: none"> • Medication and medical interventions. • Hormone imbalances. • Treatment history.
		1.10	Explain the types of pain management available and the associated risks.
		1.11	Describe why it is important to ensure the treatment area is: <ul style="list-style-type: none"> • Magnified. • Illuminated. • Clean, oil free and dry.
		1.12	Describe the following needle types: <ul style="list-style-type: none"> • One piece. • Two piece. • Insulated. • Gold. • Stainless Steel.
		1.13	Describe how to select and load the needle aseptically.

1	Continued	1.14	<p>Describe the principles and the effects of:</p> <ul style="list-style-type: none"> • Shortwave diathermy (AC). • Galvanic techniques(DC). • Blend techniques.
		1.15	<p>Describe how to remove skin debris from the needle during the treatment, why it is necessary and when to replace.</p>
		1.16	<p>Describe the risks of applying direct current through the body of someone with an underlying medical condition.</p>
		1.17	<p>Describe the signs and symptoms of the following adverse reactions:</p> <ul style="list-style-type: none"> • Hyperaemia. • Excessive oedema. • Blanching. • Bleeding. • Bruising. • Allergic reaction.
		1.18	<p>Explain how electrical epilation treatments can cause the following adverse reactions, and how to work to avoid them:</p> <ul style="list-style-type: none"> • Hyperaemia. • Excessive oedema. • Blanching. • Bleeding. • Bruising. • Allergic reaction.
		1.19	<p>Describe how to respond to the following adverse reactions should they arise:</p> <ul style="list-style-type: none"> • Hyperaemia. • Excessive oedema. • Blanching. • Bleeding. • Bruising. • Allergic reaction.

2	Carry out electrical epilation treatments.	2.1	Carry out a consultation with the client, including: <ul style="list-style-type: none"> • Discussing treatment history. • Identifying potential contraindications and responding appropriately. • Discussing and agreeing the treatment objectives. • Discussing the treatment timescales and fees. • Discussing potential adverse reactions. • Obtaining the client's informed consent for the treatment.
		2.2	Prepare the treatment area for the treatment.
		2.3	Carry out a hair and skin analysis to determine the client's: <ul style="list-style-type: none"> • Hair classification. • Hair type. • Hair growth patterns. • Skin classification. • Skin type. • Skin condition.
		2.4	Select and load an appropriate type and size of needle for the treatment.
		2.5	Select and set the appropriate electrical epilation method, intensity and duration.
		2.6	Carry out a test probe to determine the client's tolerance and skin response.
		2.7	Carry out the electrical epilation treatment, following the treatment protocol, including: <ul style="list-style-type: none"> • Manually supporting the skin. • Adapting techniques for the treatment area.
		2.8	Monitor the individual's health wellbeing and skin reaction, including responding appropriately to any adverse reactions that arise.

2	Continued	2.9	Use the following electrical epilation methods: <ul style="list-style-type: none"> • Thermolysis/shortwave diathermy (AC). • Galvanic (DC). • Blend.
		2.10	Provide electrical epilation treatments to the following treatment areas: <ul style="list-style-type: none"> • Face. • Body.
		2.11	Complete the client's treatment records, including photographic evidence of the treatment area, and store in accordance with legal and organizational requirements.
		2.12	Provide verbal and written advice and guidance to the client, including: <ul style="list-style-type: none"> • Client's legal rights and responsibilities. • Treatment maintenance. • Post-treatment expectations and associated timeframes. • Restrictions and contra-actions. • Additional products and treatments.
		2.13	Evaluate own performance, including: <ul style="list-style-type: none"> • Areas of strength. • Areas for improvement. • How these areas will be improved.

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 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 twice, across five treatments** 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 Tattoo Removal			Level:	5
Unit Number:	J/651/3718	TQT:	150	GLH:	100
Learning Outcomes <i>The learner will be able to:</i>		Assessment Criteria <i>The learner can:</i>			
1	Understand how to remove or fade tattoos using laser or aesthetic energy-based systems.	1.1	Explain why it is important for the treatment area to be sufficiently illuminated.		
		1.2	Describe how to use and maintain marking out tools.		
		1.3	Describe the different types of approved cooling methods and how and when to use them.		
		1.4	Describe the characteristics of light and how it interacts with: <ul style="list-style-type: none"> • Skin. • Hair. • Tattoo colours. • Inks and pigments. 		
		1.5	Explain why it is important to hold the device at the correct angle.		
		1.6	Describe how to work systematically, avoiding excessive treatment overlap.		
		1.7	Explain the differences between cosmetic, decorative and traumatic tattoos.		
		1.8	Explain why some treatments may be more successful than others.		
		1.9	Explain the following types of labels found on laser or aesthetic energy-based systems: <ul style="list-style-type: none"> • Compliance. • Classification. • Warning. 		
		1.10	Explain the role of a laser protection advisor.		

1	<i>Continued</i>	1.11	Describe the legal restrictions associated with optical radiation.
		1.12	Describe the causes and hazards of accidental exposure to optical radiation.
		1.13	Describe the characteristics of optical radiation and how it interacts with: <ul style="list-style-type: none"> • Skin. • Hair. • Other chromophores.
		1.14	Explain how to determine the suitability of tattoos, inks and pigments for removal or fading.
		1.15	Describe the signs and symptoms of the following adverse reactions: <ul style="list-style-type: none"> • Excessive skin greying or whitening. • Lesion colour changes. • Hyperaemia and irritation. • Excessive blistering. • Pigmentary changes. • Excessive discomfort. • Excessive oedema. • Scarring. • Reduction of hair growth. • Dizziness. • Fainting.
		1.16	Explain how tattoo removal can cause the following adverse reactions and how to work to avoid them: <ul style="list-style-type: none"> • Excessive skin greying or whitening. • Lesion colour changes. • Hyperaemia and irritation. • Excessive blistering. • Pigmentary changes. • Excessive discomfort. • Excessive oedema. • Scarring. • Reduction of hair growth. • Dizziness. • Fainting.

1	<i>Continued</i>	1.17	<p>Describe how to respond to the following adverse reactions:</p> <ul style="list-style-type: none"> • Excessive skin greying or whitening. • Lesion colour changes. • Hyperaemia and irritation. • Excessive blistering. • Pigmentary changes. • Excessive discomfort. • Excessive oedema. • Scarring. • Reduction of hair growth. • Dizziness. • Fainting.
2	Remove or fade tattoos using laser or aesthetic energy-based systems.	2.1	<p>Carry out a consultation with the client, including:</p> <ul style="list-style-type: none"> • Discussing treatment history. • Identifying potential contraindications and responding appropriately. • Discussing and agreeing the treatment objectives. • Discussing the treatment timescales and fees. • Discussing potential adverse reactions. • Obtaining the client's informed consent for the treatment.
		2.2	<p>Prepare the treatment area for the treatment, including:</p> <ul style="list-style-type: none"> • Illuminating the treatment area. • Marking out. • Cooling. • Shave and dry the treatment area.
		2.3	<p>Enable and set the equipment as appropriate for the treatment.</p>

2	Continued	2.4	<p>Carry out the tattoo removal treatment, including:</p> <ul style="list-style-type: none"> • Working systematically to avoid overlap. • Adapting the treatment as appropriate. • Monitoring the client's health and wellbeing throughout. • Responding appropriately to any adverse reactions.
		2.5	<p>Conclude the treatment, including:</p> <ul style="list-style-type: none"> • Returning the equipment into safe or stand-by mode. • Taking photographic evidence of the treatment area in line with legislative and organisational requirements. • Confirming with the client that they are satisfied with the outcome of the treatment.
		2.6	<p>Provide verbal and written advice and guidance to the client, including:</p> <ul style="list-style-type: none"> • Client's legal rights and responsibilities. • Treatment maintenance. • Post-treatment expectations and associated timeframes. • Restrictions and contra-actions. • Additional products and treatments.
		2.7	<p>Evaluate own performance, including:</p> <ul style="list-style-type: none"> • Areas of strength. • Areas for improvement. • How these areas will be improved.

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 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 twice, across five treatments** 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:		Removal of Skin Blemishes, Skin Tags and Moles Using Non-Surgical Cosmetic Procedures		Level:	4	
Unit Number:		Y/651/2408	TQT:	50	GLH:	28
Learning Outcomes <i>The learner will be able to:</i>			Assessment Criteria <i>The learner can:</i>			
1	Understand the different types of skin blemish that can be treated by an aesthetic practitioner.	1.1	Describe the appearance of: <ul style="list-style-type: none"> • Moles. • Skin Tags. • Blemishes. • Age Spots. • Common Warts. • Planar Warts. • Poikiloderma. • Sebaceous Cysts. • Sebaceous Hyperplasia. • Xanthelasma Palperbratum. • Verrucae. • Syringoma. • Sebaceous Keratosis. 			
		1.2	Explain the causes of: <ul style="list-style-type: none"> • Moles. • Skin Tags. • Blemishes. • Age Spots. • Common Warts. • Planar Warts. • Poikiloderma. • Sebaceous Cysts. • Sebaceous Hyperplasia. • Xanthelasma Palperbratum. • Verrucae. • Syringoma. • Sebaceous Keratosis. 			

1	Continued	1.3	Explain how to identify when a skin blemish, mole or wart needs to be referred to a medical professional.
		1.4	Explain the importance of referring any suspicious skin blemish, mole or wart to a medical professional.
		1.5	Describe the advice that should be given to a client, if the practitioner has concerns or suspicions about a skin blemish, mole or wart.
2	Understand the legislative requirements for carrying out non-surgical cosmetic procedures.	2.1	Describe the requirements placed on practitioners, in relation to the removal of skin blemishes, moles and warts, of the following: <ul style="list-style-type: none"> • Legislation. • Insurance. • Local authority licensing.
		2.2	Describe the legislative requirements for taking and storing visual media of the client's treatment area.
		2.3	Describe the legislative requirements for completing and storing the client's procedure records.
		2.4	Describe the legal requirements for performing non-surgical cosmetic procedures on minors and vulnerable adults.
3	Understand how to safely treat skin blemishes as an aesthetic practitioner.	3.1	Describe how to prepare for the removal of skin blemishes, moles and warts; in relation to: <ul style="list-style-type: none"> • The workspace. • The trolley. • The couch. • PPE.
		3.2	Explain any contra-indications for at least one of the following treatment methods: <ul style="list-style-type: none"> • Cryocautery. • Electrocautery. • Laser treatment.

3	Continued	3.3	Explain the importance of working in collaboration with competent professionals to support safe and effective practice.
		3.4	Explain the importance of working only within own competence when performing non-surgical cosmetic procedures.
		3.5	Explain the importance of engaging in continuous professional development as an aesthetic practitioner.
		3.6	Explain how a skin priming programme and pre-treatment recommendations can benefit the treatment outcome.
		3.7	Describe the purpose and limitations of at least one of the following treatment methods: <ul style="list-style-type: none"> • Cryocautery. • Electrocautery. • Laser treatment. <p>And covering the following:</p> <ul style="list-style-type: none"> • Past and current medical history. • Relevant lifestyle factors. • Contra-indicated medication. • Contra-indicated medical conditions. • The client's physical and psychological suitability for non-surgical cosmetic procedures. • The client's expectations. • Hyper-immune response management.
		3.8	Describe the types of pain management available and the associated risks.
		3.9	Describe the action to be taken in the event of any adverse reactions to treatment.
		3.10	Explain the importance of discussing and establishing the individual's objectives, concerns, expectations, desired outcomes and agreeing the non-surgical cosmetic procedure plan.

3	<i>Continued</i>	3.11	Explain why it is important to obtain the client's written informed consent before starting the procedure.
		3.12	Explain why it is important to adhere to the correct treatment protocol.
		3.13	Identify the equipment used for at least one of the following treatment methods: <ul style="list-style-type: none"> • Cryocautery. • Electrocautery. • Laser treatment.
		3.14	Describe how to store, handle and dispose of equipment for at least one of the following treatment methods: <ul style="list-style-type: none"> • Cryocautery. • Electrocautery. • Laser treatment.
		3.15	Explain the importance of working systematically, with correct spacing, across the area to be treated.
		3.16	Explain the importance of monitoring the client's health throughout the procedure.
4	Treat skin blemishes as an aesthetic practitioner.	4.1	Prepare the workspace for treatment, including any appropriate PPE, for at least one of the following treatment methods: <ul style="list-style-type: none"> • Cryocautery. • Electrocautery. • Laser treatment.
		4.2	Carry out a consultation with the client, including: <ul style="list-style-type: none"> • Inspection of the blemish, mole or wart; referring to a medical professional if required. • Agreeing the treatment objective. • Explaining and agreeing the treatment outcome. • Taking and storing consensual pre-treatment visual media of the treatment area.

4	Continued	<p>4.3 Prepare the client's treatment area, in accordance with the treatment protocol for at least one of the following treatment methods:</p> <ul style="list-style-type: none"> • Cryocautery. • Electrocautery. • Laser treatment. <p>Preparation should include, but not be limited to:</p> <ul style="list-style-type: none"> • Ensuring the skin is clean and dry. • Protecting the clients eyes as required.
		<p>4.4 Safely apply topical aesthetic.</p>
		<p>4.5 Carry out the procedure, following the treatment protocol for at least one of the following:</p> <ul style="list-style-type: none"> • Cryocautery. • Electrocautery. • Laser treatment. <p>Protocol will include, but not be limited to:</p> <ul style="list-style-type: none"> • Providing even coverage of the treatment area. • Monitoring the client's health and wellbeing throughout the procedure. • Monitoring the client's skin reaction throughout the procedure. • Measuring the client's skin temperature, as appropriate. • Responding to any adverse reactions as appropriate.
		<p>4.6 Carry out post-procedure skin treatment, following the treatment protocol for at least one of the following:</p> <ul style="list-style-type: none"> • Cryocautery. • Electrocautery. • Laser treatment.
		<p>4.7 Take and store consensual post-treatment visual media of the treatment area, in line with legislative and insurance requirements.</p>

4	<i>Continued</i>	4.8	Complete the client's procedure record and store in accordance with data legislation.
		4.9	Provide advice and instruction to the client, including: <ul style="list-style-type: none"> • Aftercare advice and instruction. • Future treatment needs.
		4.10	Evaluate own performance, using reflective practice, and taking appropriate action to improve own work.

Endorsement Requirements

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

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

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

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

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

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

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

All endorsements will appear on the unit certificate.

Please see the following page for additional assessment guidance.

Additional Assessment Information

Learning 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 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 twice** before it is awarded.

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

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

Title:	Skin Tightening Using the Plasma Pen		Level:	4
Unit Number:	T/651/2407	TQT:	120	GLH: 100
Learning Outcomes <i>The learner will be able to:</i>		Assessment Criteria <i>The learner can:</i>		
1	Understand how to prepare for a skin tightening procedure.	1.1	Describe how to prepare the workplace, trolley, couch and PPE for the treatment.	
		1.2	Explain why it is important to work within your own area of competence.	
		1.3	Describe the requirements placed on practitioners, in relation to skin tightening treatments, by: <ul style="list-style-type: none"> • Legislation. • Insurance. • Local authority licencing. 	
		1.4	Explain the difference between: <ul style="list-style-type: none"> • Relative contraindications. • Absolute contraindications. 	
		1.5	Identify relative and absolute contraindications for skin tightening using a plasma device.	
		1.6	Explain how to identify when a skin irregularity or lesion needs to be referred to a medical professional.	
		1.7	Explain the importance of referring any suspicious skin irregularity or lesion to a medical professional.	
		1.8	Describe the advice that should be given to a client, if the practitioner has concerns or suspicions about a skin irregularity or lesion.	

1	Continued	1.9	<p>Explain keloid scarring, including:</p> <ul style="list-style-type: none"> • What it is. • How it occurs. • Why it contraindicates a plasma device procedure.
		1.10	<p>Explain how a plasma device can cause pigmentation disorders, including why a client must protect their skin from the sun during the healing process.</p>
		1.11	<p>Describe the adverse effects that may occur during treatment and how they would be managed, including:</p> <ul style="list-style-type: none"> • Hyperaemia. • Wounds. • Atrophic scarring. • Keloid scarring. • Trans-epidermal water loss. • Excessive bruising. • Irritation. • Pigmentary disorders. • Allergic reaction. • Compromised healing process. • Dizziness. • Fainting.
		1.12	<p>Explain how a plasma device works.</p>
		1.13	<p>Explain how to select the appropriate intensity and mode, taking into account:</p> <ul style="list-style-type: none"> • Skin classification. • Skin characteristics. • Treatment objectives. • Treatment area.
		1.14	<p>Describe how a decision would be made on the suitability of eyelids and loose skin for treatment.</p>
		1.15	<p>Describe the structure of skin.</p>

1	<i>Continued</i>	1.16	Describe the function of a fibroblast.
		1.17	Explain the advice given to a client who would like multiple areas treated.
		1.18	Explain the advice given to a client who is unhappy with the result of treatment.
2	Carry out a skin tightening procedure.	2.1	Prepare the workspace for the treatment.
		2.2	Carry out a consultation with the client, including but not limited to: <ul style="list-style-type: none"> • Treatment objectives. • Concerns, expectations and desired outcomes. • Pain management. • Checking for contraindications. • Taking and storing consensual visual media of the pre-treatment area. • Obtaining informed consent for the procedure.
		2.3	Prepare the client's skin for the treatment, including but not limited to: <ul style="list-style-type: none"> • Selecting an effective hygiene preparation product. • Using the hygiene preparation product in accordance with manufacturer's instructions. • Ensuring the skin is clean and dry.
		2.4	Prepare the plasma device and single use sterile probe.
		2.5	Mark out pre-procedure markings to outline targeted areas.

2	<i>Continued</i>	2.6	<p>Carry out skin tightening treatment using the plasma device, including but not limited to:</p> <ul style="list-style-type: none"> • Stabilising the plasma device and ensuring it does not come into direct contact with the skin. • Adapting techniques to meet individual client needs. • Ensuring even coverage of the treatment area. • Ensuring sufficient spacing. • Monitoring the client's health and wellbeing. • Implementing the correct course of action should any adverse effects occur.
		2.7	<p>Take and store consensual visual media of the treatment area, in line with legislative, insurance and organisational requirements.</p>
		2.8	<p>Complete and store the client's post-treatment records in line with legislative, insurance and organisational requirements.</p>
		2.9	<p>Provide advice and instruction to the client, including:</p> <ul style="list-style-type: none"> • Aftercare advice and instruction. • Future treatment needs.
		2.10	<p>Evaluate own performance using reflective practice and take any appropriate action to improve future performance.</p>

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 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 twice, across five treatments** 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.

Appendix One – Command Verb Definitions

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

Apply	Use existing knowledge or skills in a new or different context.
Analyse	Break a larger subject into smaller parts, examine them in detail and show how these parts are related to each other. This may be supported by reference to current research or theories.
Classify	Organise information according to specific criteria.
Compare	Examine subjects in detail, giving the similarities and differences.
Describe	Provide detailed, factual information about a subject.
Discuss	Give a detailed account of a subject, including a range of contrasting views and opinions.
Evaluate	As with compare but extended to include pros and cons of the subject. There may or may not be a conclusion or recommendation as appropriate.
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.



ProQual Awarding Body

ProQual House
Unit 1, Innovation Drive
Newport, Brough
HU15 2GX

Tel: 01430 423 822
enquiries@proqualab.com
www.proqualab.com