Qualification Specification

ProQual Level 6 Diploma in Platelet Rich Plasma Therapy

ProQual Level 6 Diploma in Platelet Rich Plasma Therapy

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

The ProQual Level 6 Diploma in Platelet Rich Plasma Therapy provides a nationally recognised qualification for those working in the aesthetics sector and who wish to demonstrate their skill and competence at providing services to rejuvenate the skin and hair using platelet rich plasma.

The aims of this qualification are:

- To allow candidates to develop and demonstrate their knowledge of PRP therapy services.
- To allow candidates to develop and demonstrate their competence at providing PRP therapy services.
- To provide a progression route within these sectors, who may wish to progress to provide more advanced aesthetic treatments.

Candidates who complete this qualification, and who wish to further develop their skills may wish to consider the ProQual Level 6 Diploma in Aesthetic Practice.

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

Qualification Profile

Qualification Title:	ProQual Level 6 Diploma in Platelet Rich Plasma Therapy
Qualification Number:	610/5042/8
Level:	6
Total Qualification Time (TQT):	370 Hours 37 Credits
Guided Learning Hours (GLH):	304 Hours
Assessment:	Pass/Fail
	Internally assessed and verified by centre staff
	Externally verified 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 following units:

- Y/651/2444 – Professional Practice of Aesthetic Practitioners.
- M/651/2450 – Anatomy and Physiology for Advanced Aesthetic Practice.

Or units that contain equivalent assessment criteria.

AND

- A current valid first aid at work, or emergency first aid certificate.

Candidates for this qualification should be employed in a role, or enrolled on a training course, that will allow them to carry out a platelet rich plasma treatments on a range of real or simulated clients.

Candidates for this qualification must be **at least 18 years old** on the day that they are registered for this qualification. Centres are remined that no assessment activity should be undertaken until a candidate has been registered.

Candidates who complete this qualification may go on to complete other advanced qualifications in ProQual's Health and Social Care, or Aesthetic Practice, suite of qualifications.

Qualification Structure

This qualification consists of **five** mandatory unit/units. Candidates must complete both mandatory units to complete this qualification.

There are no optional units in this qualification.

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
Y/651/4127	Principles and Practice of Phlebotomy	6	30	24
Y/651/4037	Principles and Practice of Platelet Rich Plasma Therapy	6	180	150

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 Platelet Rich Plasma Therapy

Claiming certificates

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

Unit certificates

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

Replacement certificates

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

Assessment Requirements

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

Evidence can include:

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

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

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

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

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

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

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

Enquiries, Appeals and Adjustments

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

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

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

Units – Learning Outcomes and Assessment Criteria

Title:	Health and Safety in a Salon Environment			Level:	2
Unit Number:	J/651/2395	TQT:	10	GLH:	10

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

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

Additional Assessment Information

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

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

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

Title:	Infection Control and Prevention for Cosmetic, Aesthetic and Needle Related Treatments			**Level:**	2
Unit Number:	L/651/2397	**TQT:**	25	**GLH:**	20

Learning Outcomes *The learner will be able to:*		**Assessment Criteria** *The learner can:*	
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 illnesses caused by: • Bacteria. • Fungi. • Viruses.
		1.5	Define the term "parasite".
		1.6	Explain the difference between an endoparasite and an ectoparasite.
		1.7	Identify **three** common ectoparasites that colonise humans.
		1.8	Explain the difference between infection and colonisation.
		1.9	Describe what is meant by: • Localised infection. • Systemic infection.
		1.10	Describe what is meant by: • Direct transmission. • Indirect transmission. • Vector transmission.

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

Additional Assessment Information

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

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

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

Title:	Providing Initial Consultation With Client			Level:	4
Unit Number:	H/651/2401	**TQT:**	125	**GLH:**	100

Learning Outcomes *The learner will be able to:*		**Assessment Criteria** *The learner can:*	
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: • 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	Explain why you must develop and agree a non-surgical cosmetic procedure plan including: • 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	Discuss the relationship and impact between the following needs: • Social. • Physical. • Psychological. • Physiological. • Social influences. • The media. • Trends.
		1.9	Explain how your own continuous professional development can support the client to make an informed choice, including alternative treatment options.
		1.10	Explain how to manage the client's expectations, including the importance of explaining: • Procedure process. • Expected outcomes. • Associated risks.
		1.11	Describe the benefits of using visual aids during consultation.

1	*Continued*	1.12	Describe the legislative, insurance and organisational requirements for: • 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 clients 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.
		2.4	State the protocols for the correct and safe use of skin analysis technologies.

2	*Continued*	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: • 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.
		2.10	Explain how to develop an agreed treatment plan with the individual based on the conclusion of the skin analysis, to include: • The impact on the prognosis. • The variety of options available for management.

2	*Continued*	2.11	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: • The rights of the individual. • Audit and accountability.
		2.12	Explain how and why the skins barrier function is impaired by aesthetic procedures, including: • The increased risk of photosensitivity and ways to protect the skin.
		2.13	Describe the adverse reactions associated with aesthetic procedures and how to respond, including: • Infection. • Wounds. • Oedema. • Hypertrophic and atrophic scarring. • Increased photosensitivity reaction.
3	Undertake a client consultation.	3.1	Carry out a concise and comprehensive non-surgical cosmetic consultation, taking account of: • 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	*Continued*	3.3	Discuss the individual's objectives, concerns, expectations and desired outcomes to inform the non-surgical cosmetic procedure plan to include: • 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.
		3.8	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: • 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.
		4.5	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: • 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 Phlebotomy			Level:	6
Unit Number:	Y/651/4127	TQT:	30	GLH:	25

Learning Outcomes *The learner will be able to:*		Assessment Criteria *The learner can:*	
1	Understand how to safely collect venous blood samples.	1.1	Describe current legislation, national guidelines, local policies, protocols and good practice guidelines which relate to obtaining venous blood samples.
		1.2	Explain why it is important to obtain positive confirmation of individuals' identity and consent before starting the procedure, and effective ways of getting positive identification.
		1.3	Explain the importance of applying standard precautions to obtaining venous blood samples and the potential consequences of poor practice.
		1.4	Describe the infection control measures required when working with blood.
		1.5	Describe the position of accessible veins for venous access in relation to arteries, nerves and other anatomical structures.
		1.6	Describe blood clotting processes and factors influencing blood clotting.
		1.7	Describe the contra-indications and changes in behaviour and condition, which indicate that the procedure should be stopped, and advice sought.
		1.8	Describe the concerns which individuals may have in relation to you obtaining venous blood.
		1.9	Explain how to prepare individuals for obtaining venous blood, including how their personal beliefs and preferences may affect their preparation.

1	*Continued*	1.10	Explain what is likely to cause discomfort to individuals during and after obtaining venous blood, and how such discomfort can be minimised.
		1.11	Describe common adverse reactions/events to blood sampling, how to recognise them and the action(s) to take if they occur.
		1.12	Describe what dressings are needed for different types of puncture sites, how to apply them, the correct use of tourniquets and what advice to give individuals on caring for the site.
		1.13	Explain the factors to consider in selecting the best site to use for venous access.
		1.14	Explain the equipment and materials needed for venepuncture/phlebotomy and how to check and prepare blood collection systems.
		1.15	Describe how to recognise an arterial puncture, and the action to take if this occurs.
		1.16	Explain the factors involved in the procedure which could affect the quality of the blood.
		1.17	Describe the remedial action you can take if there are problems in obtaining blood, including the complications and problems may occur during venepuncture, how to recognise them and what action(s) to take.
2	Safely collect venous blood samples.	2.1	Apply standard precautions for infection prevention and control any other relevant health and safety measures.
		2.2	Provide the individual relevant information, support and reassurance in a manner which is sensitive to their needs and concerns.
		2.3	Obtain the individual's informed consent for the phlebotomy procedure.
		2.4	Select and prepare: • An appropriate site. • Appropriate equipment.
		2.5	Apply, use and release a tourniquet as appropriate.

2	*Continued*	2.6	Gain venous access using the selected blood collection system, in a manner which will cause minimum discomfort to the individual.
		2.7	Obtain blood from the selected site, including: • Use of the correct container. • Collection of the correct volume. • Collection in the correct order when taking multiple samples. • Promptly mixing with anti-coagulant if required.
		2.8	Take appropriate action to stimulate the flow of blood if there is a problem obtaining blood from the selected site, or choose an alternative site.
		2.9	Remove blood collection equipment and stop blood flow with sufficient pressure at the correct point and for the sufficient length of time to ensure bleeding has stopped.
		2.10	Apply a suitable dressing to the puncture site according to guidelines and/or protocols, and advise the individual about how to care for the site.
		2.11	Label blood samples clearly, accurately and legibly, using computer prepared labels where appropriate.
		2.12	Correctly document all relevant information clearly, accurately and correctly in the appropriate records.

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 eight treatments** before it is awarded.

Evidence of practical skills **may not be simulated.**

Title:	Principles and Practice of Platelet Rich Plasma Therapy			**Level:**	6
Unit Number:	Y/651/4037	**TQT:**	180	**GLH:**	150

Learning Outcomes *The learner will be able to:*		**Assessment Criteria** *The learner can:*	
1	Understand how to provide platelet rich plasma therapy.	1.1	Explain the contra-indications for platelet rich plasma therapy, including for each contra-indication: • If it is absolute or relative. • What modifications may need to be made to the service. • If a referral needs to be made to a medical professional. • The importance of considering the client's physical and psychological wellbeing.
		1.2	Explain how a skin priming programme and pre-treatment recommendations can benefit the platelet rich plasma treatment outcomes.
		1.3	Explain how the following factors influence the location a blood sample is to be taken from: • Injury, disease or treatment that prevents the use of a limb. • Age. • Weight. • Medication. • Client anxiety. • How a vein collapse or spasm may be resolved by taping or stroking the vein.
		1.4	Describe the composition of platelet rich plasma.
		1.5	Explain how to safely use a centrifuge.
		1.6	Describe how to carry out the platelet rich plasma procedure in accordance with the procedure protocol.

1	*Continued*	1.7	Describe the types of pain management and the associated risks, including the legislative requirements and restrictions for sourcing, storing and using licensed topical anaesthetics.
		1.8	Explain how the following factors can affect a platelet rich plasma therapy service: • Medical history. • Cosmetic and/or dental treatment history. • Client lifestyle. • Client expectations. • Client's physical and psychological suitability. • Hyper-immune response management. • Anaphylaxis management.
		1.9	Describe types of hygiene products for the skin and the importance of following manufacturer instructions.
		1.10	Explain why the skin must be clean, dry and prepped prior to the treatment.
		1.11	Explain why it is important to work systematically.
		1.12	Explain how risk avoidance strategies are used to manage the risks associated with a platelet rich plasma therapy treatment.
		1.13	Describe the signs and symptoms of the following adverse effects: • Hyperaemia. • Wounds. • Atrophic scarring. • Keloid scarring. • Trans-epidermal water loss. • Excessive bruising. • Irritation. • Pigmentary disorders. • Allergic reaction. • Compromised healing process. • Dizziness. • Fainting.

1	*Continued*	1.14	Explain how platelet rich plasma therapy can cause the following adverse effects and how to avoid them: • Hyperaemia. • Wounds. • Atrophic scarring. • Keloid scarring. • Trans-epidermal water loss. • Excessive bruising. • Irritation. • Pigmentary disorders. • Allergic reaction. • Compromised healing process. • Dizziness. • Fainting.
		1.15	Describe the action that should be undertaken if any of the following adverse reactions occur: • Hyperaemia. • Wounds. • Atrophic scarring. • Keloid scarring. • Trans-epidermal water loss. • Excessive bruising. • Irritation. • Pigmentary disorders. • Allergic reaction. • Compromised healing process. • Dizziness. • Fainting.
2	Carry out platelet rich plasma therapy to rejuvenate the skin and/or hair.	2.1	Carry out a concise and comprehensive consultation, including: • Client's objectives and concerns. • Identification of skin classification and characteristics. • Identification of hair classification and characteristics. • Identification of hair curl classification, • Identification of potential contra-indications, taking appropriate action. • Associated risks. • Associated fees and timescales. • Alternative treatment options.

2	*Continued*	2.2	Discuss and agree with the client, the skin priming programme or recommendations required, prior to the platelet rich plasma treatment.
		2.3	Develop an emergency plan with the identified healthcare professional trained to deal with adverse reactions to platelet rich plasma.
		2.4	Establish the procedure plan in line with legislative and organisational requirements, including: • Protocol to be followed. • Client advice, support and guidance. • Emergency plan. • Pain management strategy.
		2.5	Confirm that the client understands the proposed procedure and obtain their signed informed consent.
		2.6	Prepare for the treatment, including: • Select an effective hygiene preparation. • Select an appropriate work area. • Ensure the skin is clean and prepped. • Select an appropriate single use sterile needle.
		2.7	Carry out the platelet rich plasma treatment in line with the treatment protocol.
		2.8	Adhere to health and safety requirements for the duration of the treatment, including: • Monitor the client's health and wellbeing throughout the treatment. • Implement the correct course of action in the event of an adverse reaction.

2	*Continued*	2.9	Conclude the treatment, including: • Ensure the client is satisfied with the outcome of the service. • Completing and storing the client's treatment records in line with organisational and legislative requirements. • Provide the client with appropriate post treatment advice and guidance.
		2.10	Evaluate the treatment provided, including: • Areas of strength. • Areas for improvement. • Actions to be taken to implement 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 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 eight treatments** before it is awarded.

Evidence of practical skills **may not be simulated.**

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.

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

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