

Level 5 Advanced Diploma in Aesthetic Practice

Level 5 Diploma in Aesthetic Practice

Specification (For Centres)

July 2025

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About QUALIFI

QUALIFI is recognised and regulated by Ofqual (Office of Qualifications and Examinations Regulator). Our Ofqual reference number is RN5160. Ofqual regulates qualifications, examinations, and assessments in England.

As an Ofqual recognised Awarding Organisation, QUALIFI is required to carry out external quality assurance to ensure that centres approved for the delivery and assessment of QUALIFI's qualifications meet the required standards. This comprises centre approval, qualification approval and ongoing monitoring through our External Quality Assurance and annual centre monitoring processes.

Why Choose QUALIFI Qualifications?

QUALIFI qualifications aim to support learners to develop the necessary knowledge, skills and understanding to support their professional development within their chosen career and/or to provide opportunities for progression to further study.

Our qualifications provide opportunities for learners to:

- apply analytical and evaluative thinking skills
- develop problem solving and creativity to tackle problems and challenges
- exercise judgement and take responsibility for their decisions and actions
- develop the ability to recognise and reflect on personal learning and improve their personal, social, and other transferable skills.

Employer Support for the Qualification Development

During the development of this qualification QUALIFI consulted with a range of employers, providers and existing centres (where applicable) to ensure rigour, validity and demand for the qualification and to ensure that the development considers the potential learner audience for the qualification and assessment methods.

Equality, Diversity and Inclusion (EDI)

QUALIFI qualifications are developed to be accessible to all learners who are capable of attaining the required standard. QUALIFI promotes equality, diversity and inclusion across all aspects of the qualification process. Centres are required to implement the same standards of EDI and ensure teaching and learning are free from any barriers that may restrict access and progression. For further details please refer to QUALIFI's *Equality, Diversity and Inclusion Policy*.

Learners with any specific learning needs should discuss this in the first instance with their approved centre who will refer to QUALIFI's *Reasonable Adjustment and Special Consideration Policy*.

Qualification Title and Accreditation Number

This qualification has been accredited to the Regulated Qualification Framework (RQF) and has its own unique Qualification Accreditation Number (QAN). This number will appear on the learner's final certification document. Each unit within the qualification has its own RQF code. The QAN for each of these qualifications is as follows:

Qualifi Level 5 Advanced Diploma in Aesthetic Practice 610/6074/4

Qualifi Level 5 Diploma in Aesthetic Practice 610/6070/7

Qualification Aims and Learning Outcomes

Aims of the QUALIFI Level 5 Advanced Diploma in Aesthetic Practice and Qualifi Level 5 Diploma in Aesthetic Practice

The aim of the QUALIFI Level 5 Advanced Diploma in Aesthetic Practice and the Level 5 Diploma in Aesthetic Practice is to provide learners with an understanding of the advanced aesthetic procedures and the associated essential underpinning knowledge to perform micro-needling and chemical peels safely within their role in the field of non-surgical cosmetic procedures. Learners will develop practical skills for a career specialising in advanced micro-needling and advanced medium-grade chemical peels.

Successful completion of the QUALIFI Level 5 **Advanced Diploma in Aesthetic Practice and the Level 5 Diploma in Aesthetic Practice** provides learners with the opportunity to progress to further study in Aesthetic Practice at Level 6 and Level 7 and/or employment within the Aesthetics industry.

Learning Outcomes of the QUALIFI Level 5 Advanced Diploma in Aesthetic Practice

The overall learning outcomes of the qualification are for learners to:

- **Consultation and Advanced Skin Analysis using Technologies** – learners to be able to recognise skin types and skin lesions using skin analysis technologies. Learners will be able to analyse, evaluate, determine and manage skin conditions within their scope of practice.
- **Needlestick injury, infection prevention and control** - learners will understand how to manage the risks associated with needlestick and sharps injuries and maintain infection prevention and control.
- **Legal, regulatory, and clinical requirements for aesthetic practice** - learners will understand why and how to comply with legal, regulatory requirements and clinical requirements within their aesthetic practice.

- **Professional, ethical, and sustainable principles within aesthetic practice** - learners will understand why and how to comply with professional standards and ethical and sustainable principles within aesthetic practice.
- **Working collaboratively with healthcare and other professionals** – learners will develop understanding and skills in working collaboratively with healthcare and non-healthcare competent professionals to ensure safe, ethical and effective delivery of aesthetic procedures.
- **Advanced skin science for aesthetic practice** – learners will develop the scientific knowledge of pathology, biochemistry, biophysics, anatomy and physiology and morphology relevant to skin rejuvenation and aesthetic practice.
- **Advanced aesthetic procedures: micro-needling**– learners will develop the knowledge and professional skills required to safely and effectively perform micro-needling for skin rejuvenation on the face, neck and body. Learners will learn to assess client suitability, consult professionally, manage risks and complications, deliver treatments aligned with bespoke plans, and evaluate to improve practice.
- **Advanced aesthetic procedures: chemical peels**– learners will develop the knowledge and professional skills required to safely and effectively perform medium-grade chemical peels for skin rejuvenation on the face, chest and back of hands. Learners will learn to assess client suitability, consult professionally, manage risks and complications, deliver procedures aligned with bespoke plans, and evaluate to improve practice.

The learning outcomes and assessment criteria for each unit are outlined in the unit specifications.

Learning Outcomes of the QUALIFI Level 5 Diploma in Aesthetic Practice

The overall learning outcomes of the qualification are for learners to:

- **Legal, regulatory, and clinical requirements for aesthetic practice** - learners will understand why and how to comply with legal, regulatory requirements and clinical requirements within their aesthetic practice.
- **Professional, ethical, and sustainable principles within aesthetic practice** - learners will understand why and how to comply with professional standards and ethical and sustainable principles within aesthetic practice.
- **Working collaboratively with healthcare and other professionals** – learners will develop understanding and skills in working collaboratively with healthcare and non-healthcare competent professionals to ensure safe, ethical and effective delivery of aesthetic procedures.
- **Advanced skin science for aesthetic practice** – learners will develop the scientific knowledge of pathology, biochemistry, biophysics, anatomy and physiology and morphology relevant to skin rejuvenation and aesthetic practice.
- **Advanced aesthetic procedures: micro-needling**– learners will develop the knowledge and professional skills required to safely and effectively perform micro-needling for skin rejuvenation on the face, neck and body. Learners will learn to assess client suitability,

consult professionally, manage risks and complications, deliver treatments aligned with bespoke plans, and evaluate to improve practice.

- **Advanced aesthetic procedures: chemical peels**– learners will develop the knowledge and professional skills required to safely and effectively perform medium-grade chemical peels for skin rejuvenation on the face, chest and back of hands. Learners will learn to assess client suitability, consult professionally, manage risks and complications, deliver procedures aligned with bespoke plans, and evaluate to improve practice.

The learning outcomes and assessment criteria for each unit are outlined in the unit specifications.

Delivering the Qualification

All centres are required to complete an approval process to be recognised as an approved centre. Centres must have the ability to support learners and:

- have in place qualified and experienced assessors. All assessors are required to undertake regular continued professional development (CPD)
- access to the physical resources needed to support the delivery of the qualification and learner achievement.

Centres must commit to working with QUALIFI and its team of External Quality Assurers (EQAs). Approved centres will be monitored by QUALIFI EQAs to ensure compliance with QUALIFI requirements and to ensure that learners are provided with appropriate learning opportunities, guidance, and formative assessment.

QUALIFI, unless otherwise agreed:

- sets all assessments;
- quality assures assessments prior to certification;
- provides the criteria to award the final mark and issues certificates.

Centre staffing

Staff delivering this qualification should:

- be occupationally competent and technically knowledgeable in the area[s] they are assessing
- have recent relevant experience in the specific area they will be assessing and quality assuring.
- hold, or be working towards, the relevant Assessor/Internal Quality Assurers (IQAs) qualification(s).

Assessors are assessing learner performance in a range of tasks to ensure the evidence they produce meets the requirements of the unit assessment criteria. To do this effectively

assessors need a thorough understanding of assessment and quality assurance practices, as well as in-depth technical understanding related to the qualifications they are assessing.

To support assessors and the centre's internal quality systems, IQAs must have appropriate teaching and vocational skills, knowledge and expertise and be familiar with the occupation and technical content covered within the qualification.

Continuing professional development (CPD)

Centres are expected to support the CPD of their staff to maintain current and up-to-date knowledge of the occupational area and ensure best practice in delivery, mentoring, training, assessment and quality assurance.

For the delivery of the **QUALIFI Level 5 Advanced Diploma and Diploma in Aesthetic Practice** qualifications the following centre requirements need to be in place:

Trainer Requirements

Trainers must be appropriately qualified and occupationally competent in the areas they are training. They must have:

- A minimum of 3 years' experience in the procedures for which they will be training and supervising.
- A Level 4 Certificate in Education and Training or equivalent.
- Appropriate indemnity insurance
- Undertaken 30 hours Continued Professional Development (CPD) relating to aesthetic practice to maintain and update their skills and knowledge within the last year
- Current and valid Basic Life Support (BLS) and anaphylaxis management qualification

Assessor Requirements

Assessors must be appropriately qualified and occupationally competent in the areas they are assessing. They must have:

- A minimum of 3 years' experience in the procedures for which they will be assessing.
- A Level 4 Certificate in Education and Training or equivalent.
- A Level 3 Certificate in Assessing Vocational Achievement or be working towards
- Appropriate indemnity insurance
- Undertaken 30 hours Continued Professional Development (CPD) relating to aesthetic practice to maintain and update their skills and knowledge within the last year
- Current and valid Basic Life Support (BLS) and anaphylaxis management qualification

Internal Quality Assurer Requirements

Internal Quality Assurers (IQAs) must be appropriately qualified and occupationally competent in the areas they are internally quality assuring. They must have:

- A minimum of 2 years' experience in the procedures for which they will be internally quality assuring.
- A Level 3 Certificate in Assessing Vocational Achievement
- A Level 4 Award in the Internal Quality Assurance of Assessment Processes and Practice and/or Level 4 Certificate in Leading the Internal Quality Assurance of Assessment Processes and Practice or be working towards
- Appropriate indemnity insurance
- Undertaken 30 hours Continued Professional Development (CPD) relating to aesthetic practice to maintain and update their skills and knowledge within the last year.

Quality assurance

Approved Centres must have effective quality assurance systems in place to ensure robust qualification delivery and assessment, which includes internal monitoring and review procedures.

Qualifi will appoint approved External Quality Assurers (EQAs) to monitor the assessment and internal quality assurance carried out by centres and ensure that assessment is valid and reliable. Please see QUALIFI's *External Quality Assurance Policy*.

Learner Recruitment, Induction and Registration

Recruitment

Approved Centres are responsible for reviewing and making decisions as to the applicant's ability to complete the learning programme successfully and meet the demands of the qualification. The initial assessment by the centre will need to consider the support that is readily available or can be made available to meet individual learner needs as appropriate.

During recruitment, approved centres need to provide learners with accurate information on the title and focus of the qualification for which they are studying.

The qualification has been designed to be accessible without artificial barriers that restrict access. For this qualification, applicants must be aged 18 or over.

In the case of applicants whose first language is not English, then IELTS 6 (or equivalent) is required. International qualifications will be checked for appropriate enrolment to UK higher education postgraduate programmes where applicable. The applicants are normally required to produce two supporting references, at least one of which should preferably be academic.

Entry Criteria

The qualification has been designed to be accessible without artificial barriers that restrict access and progression. Entry to the qualifications will be through centre interview and learners will be expected to hold the following:

- QUALIFI Level 4 Certificate in Aesthetic Practice or equivalent
- Or
- QUALIFI Level 4 Diploma in Aesthetic Procedures for Skin Rejuvenation including unit AP301: Skincare to Support Aesthetic Procedures
- Or
- QUALIFI Level 4 Diploma in Micropigmentation or equivalent
- Plus:
- Current and valid Basic Life Support (BLS) and anaphylaxis management qualification

Learner induction

Approved Centres should ensure all learners receive a full induction to their study programme and the requirements of the qualification and its assessment.

All learners should expect to be issued with the course handbook and a timetable and meet with their personal tutor and fellow learners. Centres should assess learners carefully to ensure that they can meet the requirements of the qualification and that, if applicable, appropriate pathways or optional units are selected to meet the learner's progression requirements.

Centres should check the qualification structures and unit combinations carefully when advising learners. Centres will need to ensure that learners have access to a full range of information, advice and guidance to support them in making the necessary qualification and unit choices.

All learners must be registered with QUALIFI within the deadlines outlined in the *QUALIFI Registration, Results and Certification Policy and Procedure*.

Recognition of Prior Learning

Recognition of Prior Learning (RPL) is a method of assessment (leading to the award of credit) that considers whether learners can demonstrate that they can meet the assessment requirements for a unit through knowledge, understanding or skills they already possess and so do not need to develop through a course of learning.

QUALIFI encourages centres to recognise learners' previous achievements and experiences whether at work, home or at leisure, as well as in the classroom. RPL provides a route for the recognition of the achievements resulting from continuous learning. RPL enables recognition of achievement from a range of activities using any valid assessment methodology. Provided that the assessment requirements of a given unit or qualification have been met, the use of RPL is acceptable for accrediting a unit, units, or a whole qualification.

Evidence of learning must be valid and reliable. For full guidance on RPL please refer to *QUALIFI's Recognition of Prior Learning Policy*.

Data Protection

All personal information obtained from learners and other sources in connection with studies will be held securely and will be used during the course and after they leave the course for a variety of purposes and may be made available to our regulators. These should be all explained during the enrolment process at the commencement of learner studies. If learners or centres would like a more detailed explanation of the partner and QUALIFI policies on the use and disclosure of personal information, please contact QUALIFI via email support@QUALIFI-international.com

Learner Voice

Learners can play an important part in improving the quality through the feedback they give. In addition to the ongoing discussion with the course team throughout the year, centres will have a range of mechanisms for learners to feedback about their experience of teaching and learning.

Professional Development and Training for Centres

QUALIFI supports its approved centres with training related to our qualifications. This support is available through a choice of training options offered through publications or through customised training at your centre.

The support we offer focuses on a range of issues including:

- planning for the delivery of a new programme
- planning for assessment and grading
- developing effective assignments
- building your team and teamwork skills
- developing learner-centred learning and teaching approaches
- building in effective and efficient quality assurance systems.

Please contact us for further information.

Progression and Links to other QUALIFI Programmes

Completing the QUALIFI Advanced Diploma in Aesthetic Practice and Qualifi Level 5 Diploma in Aesthetic Practice

will enable learners to progress to:

- QUALIFI Level 6 Certificate or Diploma in Aesthetic Practice
- QUALIFI Level 7 Certificate or Diploma in Aesthetic Practice
- Employment in an associated profession within the aesthetics industry.

Qualification Structure and Requirements

Credits and Total Qualification Time (TQT)

The QUALIFI Level 5 Advanced Diploma in Aesthetic Practice is made up of **48** credits which equates to **480** hours of TQT.

The QUALIFI Level 5 Diploma in Aesthetic Practice is made up of **37** credits which equates to **370** hours of TQT.

Total Qualification Time (TQT): is an estimate of the total amount of time that could reasonably be expected to be required for a learner to achieve and demonstrate the achievement of the level of attainment necessary for the award of a qualification.

Examples of activities that can contribute to Total Qualification Time include: guided learning, independent and unsupervised research/learning, unsupervised compilation of a portfolio of work experience, unsupervised e-learning, unsupervised e-assessment, unsupervised coursework, watching a prerecorded podcast or webinar, unsupervised work-based learning.

Guided Learning Hours (GLH): are defined as the time when a tutor is present to give specific guidance towards the learning aim being studied on a programme. This definition includes lectures, tutorials and supervised study in, for example, open learning centres and learning workshops, live webinars, telephone tutorials or other forms of e-learning supervised by a tutor in real time. Guided learning includes any supervised assessment activity; this includes invigilated examination and observed assessment and observed work-based practice.

Rules of Combination for QUALIFI Level 5 Advanced Diploma in Aesthetic Practice

To achieve this qualification a learner must successfully complete the **eight** mandatory units – **48** credits

Unit Reference	Mandatory Units	Level	TQT	Credit	GLH
K/651/6012	Consultation and Advanced Skin Analysis using Technologies	5	100	10	75
K/651/7085	Needlestick Injury, Infection Prevention and Control	5	10	1	6
R/651/7023	Legal, Regulatory, and Clinical Requirements for Aesthetic Practice	5	40	4	20
T/651/7024	Professional, Ethical, and Sustainable	5	80	8	40

Unit Reference	Mandatory Units	Level	TQT	Credit	GLH
	Principles within Aesthetic Practice				
Y/651/7025	Working Collaboratively with Healthcare and Other Professionals	5	30	3	15
A/651/7026	Advanced Skin Science for Aesthetic Practice	5	60	6	40
D/651/7027	Advanced Aesthetic Procedures: Micro-needling	6	80	8	50
F/651/7028	Advanced Aesthetic Procedures: Chemical Peels	6	80	8	50
Total			480	48	296

Rules of Combination for QUALIFI Level 5 Diploma in Aesthetic Practice

To achieve this qualification, a learner must successfully complete the six mandatory units – **37** credits

Unit Reference	Mandatory/Optional Units	Level	TQT	Credit	GLH
R/651/7023	Legal, Regulatory, and Clinical Requirements for Aesthetic Practice	5	40	4	20
T/651/7024	Professional, Ethical, and Sustainable Principles within Aesthetic Practice	5	80	8	40
Y/651/7025	Working Collaboratively with Healthcare and Other Professionals	5	30	3	15
A/651/7026	Advanced Skin Science for Aesthetic Practice	5	60	6	40
D/651/7027	Advanced Aesthetic Procedures: Micro-needling	6	80	8	50
F/651/7028	Advanced Aesthetic Procedures: Chemical Peels	6	80	8	50
Total			370	37	215

Achievement Requirements

Learners must demonstrate they have met all learning outcomes and assessment criteria for all the required units to achieve these qualifications. QUALIFI will issue e-certificates directly to all successful learners registered with an approved QUALIFI centre.

Awarding Classification/Grading

This qualification grading is: **Pass/Fail**

All units will be internally assessed through practical observation, underpinning knowledge assessments and professional discussion. Assessments will be internally marked by the QUALIFI approved centre and subject to external quality assurance by QUALIFI.

Assessment Strategy and Methods

QUALIFI will provide the assessment methodology and marking guidelines for each unit of this qualification. Assessments will address all learning outcomes and related assessment criteria, all of which must be demonstrated/passed in order to achieve the qualification.

Assessments will enable learners to draw on case studies and clinical practice related information and/or examples wherever possible. Practical skills will need to be demonstrated in a real or simulated clinical environment and observation by an assessor, see Assessment Guidance for further information.

The assessment tasks will require learners to draw on real organisational information or case studies to illustrate their answers. To support this activity during the programme of learning, centres are required to make sure that they mandatory case study requirements are met and wherever possible, encourage learners to draw on work-place opportunities to undertake research and investigation to support their learning.

QUALIFI provides a user-friendly e-portfolio system for candidates to upload their assessment evidence and assignments for Assessors to mark and IQAs to quality assure. Approved centres should undertake the QUALIFI centre development courses to understand how to use the e-portfolio and the benefits to learners and the centre.

Learner assessments will be internally marked by the approved centre and will be subject to external quality assurance by QUALIFI prior to certification.

1: Formative Assessment

Formative assessment is an integral part of the assessment process, involving both the Tutor/Assessor and the learner about their progress during the course of study. Formative assessment takes place prior to summative assessment and focuses on helping the learner to reflect on their learning and improve their performance and does not confirm achievement of grades/pass-mark at this stage.

The main function of formative assessment is to provide feedback to enable the learner to make improvements to their work. This feedback should be prompt, so it has meaning and context for the learner and time must be given following the feedback for actions to be complete. Feedback on formative assessment must be constructive and provide clear guidance and actions for improvement. All records should be available for auditing purposes, as QUALIFI may choose to check records of formative assessment as part of our ongoing quality assurance. Formative assessments will not contribute to the overall mark/achievement of the units.

2: Summative Assessment

Summative assessment is used to evaluate learner competence and progression at the end of a unit or component. Summative assessment should take place when the assessor deems that the learner is at a stage where competence can be demonstrated.

Learners should be made aware that summative assessment outcomes are subject to confirmation by the Internal Quality Assurer (IQA) and External Quality Assurer (EQA) and thus is provisional and can be overridden. Assessors should annotate on the learner work where the evidence supports their decisions against the assessment criteria. Learners will need to be familiar with the assessment and grading/marking criteria so that they can understand the quality of what is required.

Formative Assessment	Summative Assessment
used during the learning process	used at the end of the learning process
provides feedback on learning-in-process	evaluates achievement against learning outcomes and assessment criteria
dialogue-based, ungraded	graded Pass / Refer

Evidence of both formative and summative assessment **MUST** be made available at the time of external quality assurance – EQA.

Unit Specifications

Unit CO501: Consultation and Advanced Skin Analysis using Technologies

Unit code: K/651/6012

RQF level: Level 5

Unit Aim

(NOS: SKCANS14 Carry out a thorough skin analysis using technologies)

- This unit is for aesthetic practitioners to recognise skin types, skin conditions and skin lesions using technologies. The rationale is to conduct a detailed and accurate assessment for aesthetic procedures for effective outcomes and client satisfaction.
- This unit is based on the NOS standard, part of the non-surgical cosmetic national occupational standards suite, which includes standards related to non-surgical cosmetic procedures to rejuvenate skin.
- Aesthetic practitioners will need to follow the non-surgical cosmetic procedure protocol, legislative, regulatory and organisational requirements to identify, assess and implement safe, hygienic and effective working practices.
- Aesthetic practitioners must have a valid First Aid at Work or Basic Life Support and Management of Anaphylaxis qualification to be able to: carry out basic life support and have access to life support equipment as identified in the complication management and/or emergency plan.

This unit coexists alongside Qualifi units:

CO401: Health, safety and hygiene for aesthetic procedures

CO402: Client consultation for aesthetic procedure.

NOS Performance Criteria (PC)

- follow legal requirements and other relevant standards, insurance guidelines and, organisational protocols when carrying out a **skin analysis**
- maintain your responsibilities for the health, safety, hygiene and welfare of the individual and yourself before, during and after the **skin analysis**
- carry out a concise and comprehensive skin consultation to inform the **skin analysis**.
- discuss and provide the rationale for the proposed **skin analysis** and the protocols for undertaking them.
- ensure the individual's understanding and obtain informed consent for the proposed investigative procedure
- 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
- record and securely store visual media for future reference and monitoring purposes in accordance with legislative, regulatory and indemnity requirements

- evaluate the presenting **skin type** and **skin condition** against known **skin classifications**
- collate, 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
- discuss, formulate and agree with the individual the outcome based on the conclusion of the skin analysis to include:
 - 10.1. the best interests of the individual
 - 10.2. ethical responsibilities working within your scope of practice
 - 10.3. adapting communication styles to meet the individuals needs
 - 10.4. contraindications and potential comorbidities
- refer to other professionals where indicated by the outcome of the **skin analysis**
- record the information gathered and the outcomes of the skin analysis to meet legal requirements and organisational protocols
- review and reflect on your performance to inform continuous professional development

NOS Knowledge and Understanding (KU)

1. the legal requirements and other relevant standards, insurance guidelines and, organisational protocols when carrying out a **skin analysis**
2. 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**
3. the importance of working within the scope of your practice
4. the rationale for the proposed skin analysis, expected findings in different skin types and the role of evidence-based practice
5. the protocols for the correct and safe use of skin analysis technologies
6. how to interpret outcomes from the skin analysis procedure
7. how to review and monitor the presenting skin condition, following organisational protocols
8. the importance and requirements of gaining informed consent
9. the reasons for taking consensual visual media of the individual's treatment area and storing in accordance with the service, legislative, insurance and organisational requirements
10. how to evaluate the features and severity of presenting skin conditions in relation to known skin classifications
11. how the skin consultation, initial assessment, available evidence and the skin analysis outcomes collectively inform a bespoke treatment plan
12. how to critically evaluate the evidence base
13. the **anatomy and physiology** relevant to this standard
14. the normal and adverse **signs and patterns** of skin conditions across all skin types

15. the importance of recognising suspicious skin irregularities and lesions, and referring to a relevant healthcare professional
16. the biological variables, associated symptoms, physiological indicators and comorbidities that can contribute to the pathophysiology of the observed skin changes
17. the biochemical markers that can result in skin changes
18. how to develop an agreed treatment plan with the individual based on the conclusion of the skin analysis, to include:
 - 18.1. the impact on the prognosis
 - 18.2. the variety of options available for management
19. 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:
 - 19.1. the rights of the individual
 - 19.2. audit and accountability
20. the importance of collaboration with competent professionals to support effective and safe working practices
21. the importance to engage in and document continuous professional development, up-to-date information policies, procedures and best practice guidance.

Behaviours

The following behaviours underpin the delivery of services in the aesthetic sector. These behaviours ensure that clients receive a positive impression of both the organisation and the aesthetic practitioner:

- Meeting the organisation's standards of behaviour
- Greeting the client respectfully and in a friendly manner
- Communicating with the client in a way that makes them feel valued and respected
- Treating the client courteously and helpfully at all times
- Adapting behaviour to respond effectively to different client behaviour
- Checking with the client that you have fully understood their expectations
- Responding promptly and positively to the client's questions and comments
- Recognising information that the client might find complicated and checking whether they fully understood
- Explaining clearly to the client any reasons why their needs or expectations cannot be met
- Maintaining effective, hygienic and safe working methods
- Adhering to workplace, supplier's and manufacturers' instructions for the safe use of equipment, materials and products
- Meeting both organisational and industry standards of appearance.

Learning Outcomes, and Assessment Criteria

Learning Outcomes. To achieve this unit a learner must be able to:		Assessment Criteria: Assessment of these outcomes demonstrates a learner can:		NOS Ref:
LO1	Prepare for advanced skin analysis using technologies.	1.1	Understand and follow the scope of practice, legal requirements, standards and protocols for carrying out an advanced skin analysis .	PC1 KU1, KU3
		1.2	Understand and maintain responsibility for health, safety and welfare of the client and practitioner throughout the advanced skin analysis .	PC2 KU2
		1.3	Outline the rationale for the proposed advanced skin analysis , expected findings in different skin types and the role of evidence-based practice.	PC4 KU4
LO2	Conduct a thorough consultation and advanced skin analysis using technologies.	2.1	Carry out a concise and comprehensive consultation to inform the advanced skin analysis .	PC3
		2.2	Ensure the client's understanding and obtain informed consent for the proposed investigative procedure.	PC5 KU8
		2.3	Explain the reasons for gaining and storing consensual visual media in accordance with legal, insurance and organisational requirements.	KU9
		2.4	Outline the protocols for the correct and safe use of advanced skin analysis technologies.	KU5
		2.5	Use equipment for advanced skin analysis to determine the presenting skin condition and interpret the outcomes.	PC6 KU6 KU7
		2.6	Explain the anatomy and physiology relevant to the treatment area and the procedure	KU13
		2.7	Describe the normal and adverse signs and patterns of skin conditions across all skin types.	KU14
		2.8	Explain the importance of recognising suspicious skin irregularities and lesions and referring to a healthcare professional.	KU15

		2.9	Explain the biological variables, associated symptoms, physiological indicators and comorbidities that can contribute to the pathophysiology of the observed skin changes.	KU16
		2.10	Describe the biochemical markers that can result in skin changes.	KU17
LO3	Complete the consultation and evaluate the advanced skin analysis.	3.1	Record, maintain and store, detailed procedure records and visual media to meet legal and organisational requirements and considering: 1. the client's rights 2. audit and accountability	PC7 KU19
		3.2	Evaluate the features and severity of the presenting skin type and skin condition against known skin classifications .	PC8 KU10
		3.3	Collate, analyse, and critically evaluate the information from the consultation and skin analysis to inform procedure plan.	PC9 KU11 KU12
		3.4	Document the outcomes of the consultation and skin analysis according to legal requirements and organisational protocols.	PC12
LO4	Plan the course of procedures based on consultation and advanced skin analysis.	4.1	Develop and agree a personalised procedure plan based on: <ul style="list-style-type: none"> the skin analysis outcome and impact on the prognosis the options available for procedure management the client's best interests ethical responsibilities working within scope of practice adapting communication styles to meet client's needs contraindications and potential comorbidities 	PC10 KU18
		4.2	Explain the importance to collaborate with and to refer to other professionals where indicated through the consultation and skin analysis .	PC11 KU20

		4.3	Summarise the importance of engaging in and documenting continuous professional development, having up-to-date information, policies, procedures and best practice guidance	PC13 KU21
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Indicative Content

Skin analysis

- visual examination of the skin
- manual examination of the skin
- magnifying light
- Woods lamp
- digital skin scanner
- derma scope
- hydration monitor/scanner

Skin classification

- Fitzpatrick scale
- Glogau scale photo-damage
- Lancer scale
- Phenotype and genotype
- Monk skin tone scale
- Rubins scale
- **Skin condition**
- lax elasticity
- hyper and hypo pigmentation
- congested
- pustular
- fragile
- vascular
- sensitised
- sensitive
- dehydrated
- photo-sensitive
- photo-aged
- lack-lustre

Skin type

- dry
- oily
- combination

- balanced

Anatomy and Physiology

- anatomy and physiology of the skin
- interdependence of body systems and organs, tissues and cellular organisation and homeostasis,
- the skin barrier function, regulation and impact of wound healing
- relative and absolute contraindications and related pathologies
- intrinsic and extrinsic factors that affect skin condition
- acne grading criteria

Signs and patterns

- the presence, extent and location of erythema
- vascular patterns within the skin
- signs indicative of scarring and fibrosis
- discolouration, hyper or hypopigmentation of the skin
- primary and secondary skin lesions
- benign and suspicious skin lesions
- presence of contact irritant or allergy response
- presence of infection or infestation
- hyper or hypo secretion of sebum and sweat

Glossary:

- **Derma scope** – a handheld device used to magnify the skin, up to 10 times larger than the view from the naked eye, to help identify skin conditions. Used by dermatologists for example to identify skin cancers, skin infestations and hair loss.
- **Digital Skin scanner** – this tool is a device that can take photographs of the skin and allows it to be viewed at a microscopic level. It can identify many different skin conditions and supports the recommendation of the correct skin care, with a customised treatment and homecare plan.
- **Evidence-based practice** -evidence-based practice is based on the best available, current, valid and relevant evidence.
- **Hydration monitor/scanner** - a device that takes precise measurements of the hydration status of the skin.
- **Informed consent** - permission for the practitioner to provide care, treatment or other services given by the individual, or someone acting on their behalf, after receiving all the information they reasonably need to make that decision.
- **Genotype** - inherited genes responsible for characteristics and traits from parent to offspring, based on the dominant and recessive genes, traits that are unlikely to change or can predispose to conditions e.g., eye/hair colour and texture/skin type - ethnicity/blood type/diabetes/heart disease/cancer.
- **Glogau Scale** - a classification system used to measure the severity of photoaging, wrinkles, to help the practitioner to pick the most appropriate procedure for their client.
- **Lancer Scale** – a type of skin classification used based on an individual's ancestry

and geography, as appearances can be deceiving, helping to reduce the risk of adverse reactions.

- **Monk skin tone scale** – developed by Dr Ellis Monk in partnership with Google's AI Team. It is a 10-shade scale used to improve the representation of skin tone in technology and products by examining skin tone, stratification and colourism.
- **Phenotype** - observable physical characteristics and appearance that can change in response to genotype, evolution, the environment and the aging process - nature (inherited genes) and nurture (lifestyle impact): e.g., weight/height/health/disposition/ skin type - characteristics/hair type.
- **Refer** – to refer is to ask someone else to provide care, treatment or other services which are beyond the scope of the practitioner's practice, or where relevant because the individual has requested a second opinion.
- **Rubins scale** - is used to classify signs of skin aging. It recognises skin changes in texture and pigment and changes in pigment related to ultraviolet damage. E.g. ephelides in young people and lentigines in older individuals.
- **Scope of practice** - scope of practice is the procedures, actions and processes that a practitioner is allowed to undertake according to their specific education, level of expertise and competency.
- **Skin Types and Skin Classification:** The Fitzpatrick skin classification was developed to predict a person's lifetime risk of developing skin cancer. This used a scale (typically I – VI) to judge how skin reacts to light, in particular whether it is likely to burn or tan. Most practitioners use a combination of hair and skin colour, eye colour and burn/tan response to determine the initial test patch and treatment settings.
- **Visual media** - visual media is used to cover all images recorded including video, photography and digital microscopic images of the hair and/or scalp. This must be carried out with the individual's consent.
- **Woods lamp/light.** - a tool used to examine the skin, hair and scalp. The lamp emits an ultraviolet light, or black light. This makes certain types of cells glow or change colour. It is quick and painless and is used to identify skin conditions and bacterial, fungal and parasitic conditions.

Suggested Resources

Beauty Therapist's Guide to Professional Practice and Client Care Andrea Barham Nov 2020

<https://www.hse.gov.uk/>

<https://www.hee.nhs.uk/sites/default/files/documents/HEE%20Cosmetic%20publication%20part%20one.pdf>

<https://www.aestheticsforms.com/>

<https://cosmeticcourses.co.uk/5-steps-perfect-consultation/>

<https://assets.publishing.service.gov.uk>

<https://www.bmla.co.uk>

<https://www.consultingroom.com/Blog/466/cosmetic-consultations-part-1:-managing-client-expectations>

<https://www.nhs.uk/mental-health/conditions/body-dysmorphia/>

Unit CO502: Needlestick Injury, Infection Prevention and Control

Unit code: K/651/7085

RQF level: Level 5

Unit Aims

- Aesthetic practitioners will understand how to manage the risks associated with needlestick and sharps injuries and maintain infection prevention and control.
- This unit is based on the NHS England Guidelines and the Royal College of Nursing Sharps Safety Document
- Aesthetic Practitioners will maintain current and valid First Aid at Work qualification or equivalent and be able to carry out the functions of Basic Life Support (BLS), infection control, and complication management.

Learning Outcomes, and Assessment Criteria

Learning Outcomes	Assessment Criteria	
When awarded credit for this unit, a learner will:	Assessment of this learning outcome will require a learner to demonstrate that they can:	
LO1 Understand how to manage the risk of needlestick or sharps injuries.	1.1	Explain the legislation associated with sharps safety and infection control
	1.2	Explain the protocol required if a needlestick or sharps injury occurs
	1.3	Explain the risk associated with a needlestick or sharps injury
	1.4	Explain the post-exposure procedure
	1.5	Explain the reasons that different sharps boxes and clinical waste bins should be available in a clinic.
	1.6	Ensure that the premises used to carry out a procedure is safe and are being used for the intended purpose
	1.7	Ensure that all equipment used to carry out a procedure is safe for use and is used in a safe way.
	1.8	Define 'reasonably practicable' in relation to the use of sharps in the clinic.
	1.9	Explain examples of the available safety-devices that may be used to prevent sharp injuries before, during and after a procedure
LO2 Understand how to maintain standard	2.1	Describe what Standard Infection Control Precautions (SCIPs) means.
	2.2	Outline the 10 elements of SCIPs

infection control precautions (SICPs)	2.3	Explain the correct protocol for hand hygiene within a clinic
	2.4	Outline protocols for respiratory and cough hygiene
	2.5	Explain the correct protocol for cleaning and maintaining the clinic area.
	2.6	Define the term 'aseptic techniques' and state the importance of aseptic techniques when performing non-surgical aesthetic procedures
	2.7	Explain the key principles of Aseptic Non-touch Technique (ANTT)
	2.8	Explain why and how a sterile environment should be maintained when carrying out an aesthetic procedure

Indicative content

Clinical Waste Disposal

- yellow bags – clinical highly infectious
- yellow and black bags (tiger bag)– offensive
- orange bags – clinical infectious
- yellow and purple stripe bags– cytotoxic/cytostatic
- yellow lid sharps container -non-hazardous medicine sharps
- purple lid sharps container – cytotoxic and cytostatic sharps
- orange lid sharps container – blood sharps only
- blue lid container - pharmaceutical waste (vials, blister packs, ampoules)

Legislation and guidance

- Public Health England, Health and Safety Executive (HSE), and local authority standards
- Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 and the Health and Safety (Sharp Instruments in Healthcare) Regulations (Northern Ireland) 2013.
- Management of Health and Safety at Work Regulations 1999
- Health and Social Care Act 2008 (Regulation 12)
- National Standards of Healthcare Cleanliness 2021
- Health and Safety (Sharp Instruments in Healthcare) Regulations 2013
- Control of Substance Hazardous to Health (COSHH) Regulations and Control of Substances Hazardous to Health (Northern Ireland) 2003.

- The Provision and Use of Work Equipment Regulations 1998 and the Provision and Use of Work Equipment (Northern Ireland)
- Reporting of Diseases Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR)/The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (Northern Ireland) 1997.
- The Personal Protective Equipment at Work (Amendment) Regulations 2022 and the Personal Protective Equipment at Work Regulations (Northern Ireland) 1993.
- Health and Safety (First Aid) Regulations 1981 and The Health and Safety (First Aid) Regulations (Northern Ireland) 1982.
- Safety Representatives and Safety Committee Regulations. 1977 and the Safety Representatives and Safety Committee (Northern Ireland Regulations 1979.
- BS EN ISO 23907:2 - 2019 - Reusable Sharps Containers
- BS EN ISO 23907:1 - 2019 - Single Use Sharps Containers
- National standards of healthcare cleanliness 2025

Elements of SICPs

- patient placement/assessment of infection risk
- hand hygiene
- respiratory and cough hygiene
- personal protective equipment
- safe management of the care environment
- safe management of care equipment
- safe management of healthcare linen
- safe management of blood and body fluids
- safe disposal of waste (including sharps)
- occupational safety/managing prevention of exposure (including sharps)

Maintenance of a Sterile Environment

- explain the pre-procedural hygiene requirements to a client
- cleaning and disinfecting surfaces with approved medical-grade disinfectants
- always working from clean to dirty areas
- proper sequencing of tasks to reduce risk of contamination
- avoidance of touching non-sterile items during a procedure

- selection and use of correct PPE , sterile gloves, masks/face shields/disposable aprons, hair coverings etc.
- use of single-use coverings on trolleys, equipment, cameras/phones etc.
- use of sterile drapes where required
- environmental controls: temperature, humidity, airflow
- minimising movement and talking within the sterile field
- isolation of contaminated tools, equipment etc immediately
- daily, pre- and post-treatment cleaning protocols
- safe removal and correct disposal of PPE used and contaminated waste

Glossary

(From NHS England)

Alcohol based hand rub (ABHR) - A gel, foam or liquid containing one or more types of alcohol that is rubbed into the hands to inactivate microorganisms and/or temporarily suppress their growth.

Antimicrobial - An agent that kills microorganisms or prevents their growth. Antibiotics and disinfectants are antimicrobial agents.

Antimicrobial resistance - The ability of a microorganism to resist the action of an antimicrobial drug/agent which was previously effective in treating the infection caused by that microorganism.

Antisepsis- The process of preventing infection by inhibiting the growth and multiplication of infectious agents. This is usually achieved by application of a germicidal preparation known as an antiseptic.

Aseptic technique - Refers to a practice/procedure designed to minimise the risk of contamination from microorganisms into a wound, on insertion or ongoing care of a medical device such as a vascular access device during aesthetic procedures.

Aseptic Non-touch Technique (ANTT) - a procedure developed to reduce the risk of introduction of bacteria to a client/patient during any invasive procedure.

Bloodborne viruses (BBV) - Viruses carried or transmitted by blood, for example Hepatitis B, Hepatitis C and HIV.

Body Fluids - Fluid produced by the body such as urine, faeces, vomit or diarrhoea.

BS/EN standards - Mandatory technical specifications created by either the British Standards Institute (BS) or European Standardisation Organisations (EN) in collaboration with government bodies, industry experts and trade associations. They aim to ensure the quality and safety of products, services, and systems.

Cleaning - A process that physically removes contamination such as dirt, body fluids (blood, vomit), etc by use of an appropriate cleaning agent such as detergent. Cleaning also removes some microorganisms and, if soiling is present, is an essential step before effective disinfection or sterilisation can be performed.

Clinical hand-wash basin - A sink designated exclusively for hand washing in clinical areas by staff.

Contact precautions - Measures used to prevent and control infections that spread via direct contact with the patient or indirectly from the patient's immediate clinical environment.

Contact transmission- The spread of infectious agents from one person to another by contact. When spread occurs through skin-to-skin contact, this is called direct contact transmission. When spread occurs via a contaminated object, this is called indirect contact transmission.

Contaminated - The presence of an infectious agent on a body surface; also, on or in clothes, bedding, surgical instruments or dressings, or other inanimate articles or substances including water and food.

Cross-infection/Cross-transmission - Spread of infection from one individual, object or place to another.

Detergent - A chemical cleansing agent that can dissolve oils and remove dirt.

Direct contact transmission - Spread of infectious agents from one individual to another by direct skin-to-skin contact.

Disinfectant - A chemical used to reduce the number of infectious agents from an object or surface to a level that means they are not harmful to health.

Disinfection - The treatment of surfaces/equipment using physical or chemical means, for example, using a chemical disinfectant, to reduce the number of microorganisms present on an object or surface to a level that is unlikely to cause infection. Successful disinfection is dependent on the number of microorganisms initially present. Therefore, physical cleaning is a prerequisite to effective disinfection.

Domestic waste - Waste produced in the care setting that is similar to waste produced in the home.

Exposure - The condition of being exposed to something that may have a harmful effect such as an infectious agent.

Frequently touched surfaces - Surfaces of the environment which are commonly touched or come into contact with human hands. These are surfaces that are frequently more likely to be contaminated with bacteria or viruses, for example, doorknobs, tables, phones etc. which can then easily transfer to the user.

Hand hygiene - The process of decontaminating your hands using either alcohol based hand rub or liquid soap and water.

Healthcare or clinical waste - Waste produced as a result of healthcare activities, for example, soiled dressings or sharps.

Immunisation - To provide immunity to a disease by giving a vaccination.

Indirect contact transmission - The spread of infectious agents from one person to another via a contaminated object.

Infection - Invasion of the body by a harmful organism or infectious agent such as a virus, parasite, bacterium or fungus.

Invasive procedure - A medical/healthcare procedure that penetrates or breaks the skin or enters a body cavity.

Micro-organism (microbe) - Any living thing (organism) that is too small to be seen by the naked eye. Bacteria, viruses and some parasites are microorganisms.

Mode of transmission - The way that microorganisms spread from one person to another. The main modes or routes of transmission are airborne (aerosol) transmission, droplet transmission and contact transmission.

Occupational exposure - Exposure of practitioners to blood or body fluids in the course of their work.

Personal protective equipment (PPE) - Equipment an individual wears to protect themselves from risks to their health or safety, including exposure to infection agents.

Pathogen - Any disease-producing infectious agent.

Recapping/re-sheathing - To put a needle or other sharp object back into its plastic sheath or cap.

Safer sharp/safety device - A medical sharps device which has been designed to incorporate a feature or mechanism that minimises and/or prevents the risk of accidental injury. This includes needle-free devices or mechanisms on a needle, such as an automated re-sheathing device, which cover the needle immediately after use. Other terms include (but are not limited to) safety devices, safety-engineered devices and safer needle devices.

Sharp - A 'sharp' is a device or instrument used in healthcare settings with sharp points or edges, such as needles, lancets and scalpels which have the potential to cause injury through cutting or puncturing the skin.

Sharps injury -An injury caused by a sharp instrument or object such as a needle or scalpel, cutting or puncturing the skin.

Standard infection control precautions (SICPs) - SICPs are the basic IPC measures necessary to reduce the risk of transmitting infectious agents from both recognised and unrecognised sources of infection. Sources of (potential) infection include blood and other body fluids

secretions or excretions (excluding sweat), non-intact skin or mucous membranes and any equipment or items in the care environment that could have become contaminated.

Swan-neck - Way of closing bag by twisting the top of the bag (must not be more than two-thirds full), looping the neck back on itself, holding the twist firmly, and placing a seal over the neck of the bag (such as with a tag).

Vaccine

A preparation of immunogenic material that is administered to stimulate the immune response of the body against an infectious agent.

Suggested Resources

Royal College of Nursing Sharps Safety Document

<https://www.england.nhs.uk/national-infection-prevention-and-control-manual-nipcm-for-england/chapter-1-standard-infection-control-precautions-sicps/>

<https://www.cqc.org.uk/guidance-regulation/providers/regulations-service-providers-and-managers/health-social-care-act/regulation-12>

<https://www.cdc.gov/niosh/docs/2025-101/pdfs/2025-101.pdf?id=10.26616/NIOSH PUB2025101#:~:text=If%20you%20experience%20a%20needlestick,treatment%20immediately%20and%20report%20it.&text=with%20viruses%2C%20like%20hepatitis%20B,that%20can%20affect%20your%20health.>

<https://www.hse.gov.uk/healthservices/needlesticks/actions.htm>

https://www.property.nhs.uk/media/ir3ly2vm/put-waste-in-its-place_poster_v4.pdf?utm_source=website&utm_medium=blog&utm_campaign=2407_waste

<https://www.property.nhs.uk/media/2689/waste-segregation-posters.pdf>

Unit CO503: Legal, Regulatory, and Clinical Requirements for Aesthetic Practice

Unit code: R/651/7023

RQF level: Level 5

Unit Aim

- Aesthetic practitioners will understand why and how to comply with legal, regulatory requirements and clinical requirements within aesthetic practice.
- This unit is based on the 2025 Level 5 Aesthetic Practitioner – Skin Rejuvenation apprenticeship occupational standards:
<https://www.instituteforapprenticeships.org/apprenticeship-standards/st1238>
- This unit has also been mapped to the JCCP and CPSA standards and codes of practice regarding the application of legal, ethical, clinical and professional guidelines.
- Aesthetic Practitioners will maintain current and valid First Aid at Work qualification or equivalent and be able to carry out the functions of Basic Life Support (BLS), infection control and complication management.

Aesthetic Occupational Standards – KSBs

Knowledge

K1: Legal and organisational requirements: equality, diversity and inclusion, health, safety, infection control for aesthetic skin rejuvenation procedures, management of and safe use of products, storage, handling and disposal of skin rejuvenation products, tools and equipment, informed consent, storage and maintenance of client records, advertising and marketing.

K2: The scope, structure and requirements of the aesthetic sector: different types of role and organisations, business risk management and risk control systems, licensing and regulatory requirements, aesthetics standards quality assurance, voluntary and statutory requirements for professional practice.

K4: Organisational Standard Operating Procedures, procedural protocols and manufacturer's guidance for aesthetic procedures for skin rejuvenation.

Skills:

S1: Apply safe, ethical, environmental and sustainable procedures for aesthetic skin rejuvenation, in line with legal, regulatory and organisational requirements.

S9: Prepare for procedures in line with organisational standard operating procedures (SOP), procedural protocols and manufacturer's guidance.

Behaviours:

B2: Works professionally and ethically within own level of authority, responsibility and competence and recognises when to seek support or assistance.

B3: Embraces and values equality, diversity and inclusion, treating everyone with dignity and respect.

B5: Embraces industry codes of conduct.

Learning Outcomes, and Assessment Criteria

Learning Outcomes	Assessment Criteria		NOS/KSBs
When awarded credit for this unit, a learner will:	Assessment of this learning outcome will require a learner to demonstrate that they can:		
LO1 Understand the legal, regulatory and clinical requirements for aesthetic practice.	1.1	Understand the scope, structure and requirements for professional practice in the aesthetic sector including: <ul style="list-style-type: none"> • Different roles and organisations • Business risk and risk control systems • Licensing and regulatory requirements • Aesthetic standards quality assurance • Voluntary and statutory requirements 	K2, S1
	1.2	Evaluate the importance of having clinical standard operating procedures (SOP) and protocols in aesthetic practice	K4, S9
LO2 Understand the management of health, safety and infection control protocols in aesthetic practice.	2.1	Analyse the legal and managerial responsibility for health, safety, and infection control procedures for aesthetic practice	K1, S1
	2.2	Explain the importance of having an effective health and safety records system that complies with legal, regulatory and clinical requirements.	K1, S1
	2.3	Evaluate the importance of adhering to manufacturers' guidelines for the safe handling of equipment, tools, and products used in aesthetic practice	K1
	2.4	Explain why products for aesthetic procedures must have the appropriate CE certification and/or marketing license for use in the UK	K1
	2.5	Evaluate the clinical hazards and risks associated with aesthetic practice and the controls to be implemented	K1, K2

Indicative Content

Legislation and regulation

- The Data Protection Act and UK GDPR 2018
- Privacy and Electronic Communications Regulations (PECR) 2003 including 2018 amendment
- Human Rights Act 1998
- Regulation of Investigatory Powers Act (RIPA) 2000
- The Freedom of Information Act 2000
- Health and Safety at Work Act 1974 – the management of Health and Safety at Work Regulations
- Consumer Protection Act 1987
- Local Government (Miscellaneous Provisions) Act 1982 and other associated regulations

- Control of Substances Hazardous to Health COSHH
 - The Environment Protection Act 1990 (including Duty of Care regulations)
 - The Care Act (where healthcare involvement applies)
 - National Institute for Health and Care Excellence (NICE) Guidelines
 - Independent Healthcare Advisory Service (IHAS)
 - Secure storage, sharing and disposal of records
 - Client confidentiality and access to personal data
 - Infection prevention and control
 - Health and safety obligations, PPE, cleaning protocols
 - Professional insurance liability and treatment insurance
 - Duty of candour and reporting obligations
 - Mental Capacity Act
-
- Medicines and Healthcare products Regulatory Agency (MHRA)
 - Food and Drug Administration (FDA)
 - Medicines Act 1968 and Human Medicines Regulations 2012
 - Prescription-only medicines (POMs)
 - CE certification
 - Remote prescribing
 - Unlicensed medicines
 - On and off label

Advertising and Claims Regulations

- Committees on Advertising Practice (CAP) and Advertising Standards Agency (ASA) guidelines
- Avoidance of misleading advertising, before-and-after photos, and exaggerated claims
- Influencer marketing standards

Professional Conduct and Ethics

- Duty of care and safeguarding
- Consent and capacity: informed, voluntary, and ongoing
- Standard operating procedures (SOP) protocols
- Record keeping and documentation standards
- Before and after visual media
- Complication management logs
- Ethical frameworks: autonomy, beneficence, non-maleficence, and justice

Scope of Practice and Accountability

- Understanding one's limits of competence
- Professional, Accredited and Statutory registers
- Employer-based and self-regulation
- Referral to or collaboration with registered healthcare professionals
- Importance of formal qualifications, CPD, and regulatory registration (e.g., regulated qualifications e.g. Ofqual and the RQF – Regulated Qualification Framework (England), NMC, GMC for nurses/doctors)

Voluntary Registers and Regulation

- Joint Council for Cosmetic Practitioners (JCCP)
- Cosmetic Practice Standards Authority (CPSA)

- Save Face accreditation

Safeguarding and Whistleblowing

- Identifying abuse or exploitation
- Reporting obligations and whistleblower protection
- Working with vulnerable adults or minors

Legal Consequences of Non-Compliance

- Negligence and malpractice claims
- Criminal prosecution (e.g., illegal practice of medicine)
- Revocation of insurance, business closure, reputational harm

Suggested Resources

Health and Safety at Work etc. Act 1974. (1974)

<https://www.legislation.gov.uk/ukpga/1974/37>

Consumer Protection Act 1987. (1987) <https://www.legislation.gov.uk/ukpga/1987/43>

Data Protection Act 2018. (2018). <https://www.legislation.gov.uk/ukpga/2018/12>

Information Commissioner's Office – Guide to the UK GDPR. <https://ico.org.uk/for-organisations/uk-gdpr-guidance/>

Privacy and Electronic Communications Regulations (PECR) 2003 <https://ico.org.uk/for-organisations/guide-to-pecr/>

Freedom of Information Act 2000 <https://www.legislation.gov.uk/ukpga/2000/36>

Human Rights Act 1998 <https://www.legislation.gov.uk/ukpga/1998/42>

Regulation of Investigatory Powers Act 2000 <https://www.legislation.gov.uk/ukpga/2000/23>

Health and Safety Executive – Control of Substances Hazardous to Health (COSHH) <https://www.hse.gov.uk/coshh/>

Advertising Standards Authority – <https://www.asa.org.uk/>

Joint Council for Cosmetic Practitioners (JCCP) <https://www.jccp.org.uk>

Cosmetic Practice Standards Authority (CPSA) <https://www.cosmeticstandards.org.uk>

Care Quality Commission <https://www.cqc.org.uk>

NHS England Safeguarding – <https://www.england.nhs.uk/safeguarding>

Nursing and Midwifery Council (NMC) – The Code: Professional standards <https://www.nmc.org.uk/standards/code>

General Medical Council – Ethical Guidance <https://www.gmc-uk.org/ethical-guidance>

Mental Capacity Act 2005. (2005) <https://www.legislation.gov.uk/ukpga/2005/9>

Unit CO504: Professional, Ethical, and Sustainable Principles within Aesthetic Practice

Unit code: T/651/7024

RQF level: Level 5

Unit Aim and Aesthetic KSBs

- Aesthetic practitioners will understand why and how to comply with professional standards and ethical and sustainable principles within aesthetic practice.
- This unit is based on the 2025 Level 5 Aesthetic Practitioner – Skin Rejuvenation apprenticeship occupational standards:
<https://www.instituteforapprenticeships.org/apprenticeship-standards/st1238>
- This unit has also been mapped to the JCCP and CPSA standards and codes of practice regarding the application of legal, ethical, clinical and professional guidelines.
- Aesthetic Practitioners will maintain current and valid First Aid at Work qualification or equivalent and be able to carry out the functions of Basic Life Support (BLS), infection control and complication management.

Aesthetic Occupational Standards – KSBs

Knowledge

K1: Legal and organisational requirements: equality, diversity and inclusion, health, safety, infection control for aesthetic skin rejuvenation procedures, management of and safe use of products, storage, handling and disposal of skin rejuvenation products, tools and equipment, informed consent, storage and maintenance of client records, advertising and marketing.

K2: The scope, structure and requirements of the aesthetic sector: different types of role and organisations, business risk management and risk control systems, licensing and regulatory requirements, aesthetics standards quality assurance, voluntary and statutory requirements for professional practice.

K3: Ethical, environmental and sustainability principles relating to the provision of aesthetic procedures for skin rejuvenation.

K50: Use of reflective techniques, research and feedback to plan professional development and to inform future procedures and recommendations.

K51: Strategies used to promote business growth, increase retail sales, and encourage clients to book additional procedures and services.

Behaviours

B1: Works collaboratively with other professionals.

B2: Works professionally and ethically within own level of authority, responsibility and competence and recognises when to seek support or assistance.

B3: Embraces and values equality, diversity and inclusion, treating everyone with dignity and respect.

B4: Adapts communication style to the audience to build rapport and positive relationships with colleagues and the public.

B5: Embraces industry codes of conduct.

Learning Outcomes, and Assessment Criteria

Learning Outcomes	Assessment Criteria		NOS/KSBs
When awarded credit for this unit, a learner will:	Assessment of this learning outcome will require a learner to demonstrate that they can:		
LO1 Understand professional principles within aesthetic practice.	1.1	Analyse the purpose, role and impact of professional standards, codes of conduct and core competencies in aesthetic practice including the JCCP and CPSA	K2, B5
	1.2	Explain the indemnity and liability insurance requirements for aesthetic practice and premises	K2
	1.3	Analyse the importance of maintaining professional conduct, boundaries and client confidentiality	B5
	1.4	Explain the legal and ethical significance of informed consent	K1
	1.5	Assess the role of accurate documentation and record-keeping in ensuring professional accountability	K1
	1.6	Evaluate the purpose of reflective practice and continuous professional development (CPD) in maintaining competence in aesthetic practice	K50
LO2 Understand ethical principles within aesthetic practice.	2.1	Define key ethical concepts: autonomy, beneficence, non-maleficence and justice within the context of aesthetics	K3
	2.2	Evaluate the importance of embracing equality, diversity, and inclusion and treating everyone with dignity and respect	K1, B3
	2.3	Evaluate the ethical responsibilities when assessing vulnerable clients or those with unrealistic expectations	K3
	2.4	Examine the psychological impact of aesthetic procedures and the ethical responsibility of the Aesthetic Practitioner	K3
	2.5	Propose strategies to manage ethical dilemmas including informed decision-making, client safeguarding, and lone working	K3
LO3 Understand the sustainable principles within aesthetic practice.	3.1	Identify and evaluate sustainable practices within aesthetics including waste reduction and responsible product use	K3
	3.2	Analyse the impact of ethically sourced and environmentally sustainable products within aesthetic practice	K3

	3.3	Discuss the role of aesthetic practitioners in promoting socially responsible aesthetic standards	K3
	3.4	Evaluate the long-term benefits of integrating sustainability into aesthetic business models	K3
	3.5	Recommend strategies for reducing environmental and social impact while maintaining clinical excellence	K3
LO4 Understand the ethics and strategies to promote business growth	4.1	Identify strategies to promote business growth, increase retail sales, and encourage clients to book additional procedures and services.	K51
	4.2	Analyse the importance of honesty and transparency in marketing and client communication	K1, K3
	4.3	Identify the important criteria for responsible and ethical use of social media and communication on networking sites	K1, K3
	4.4	Analyse the potential damage associated with improper and/or misleading advertising and social media posting	K1, K3

Indicative Content

Professional Principles

- professional roles and boundaries*
- evidence-based practice
- client-centred care
- integrity and honesty
- confidentiality
- informed consent
- accountability
- professional image and conduct
- collaboration and referral
- competence and continuous development

*Role, powers and requirements of:

- General Medical Council (GMC)
- General Dental Council (GDC)
- Royal College of Nursing (RCN)
- Care Quality Commission (CQC)
- Healthcare Improvement Scotland (HIS)
- Health Inspectorate Wales (HIW)
- Regulation and Quality Improvement Authority Northern Ireland (RQIA)

- European standard EN 16372 Aesthetic Surgery Services
- Health Education England Guidance
- Cosmetic Professional Standards Authority (CPSA)
- Joint Council for Cosmetic Practitioners (JCCP)
- The Consumer Protection from Unfair Trading Regulations 2008
- Supply of Goods and Services Act 1982
- The Committee of Advertising Practice (CAP)
- Advertising Standards Agency (ASA)

Ethical responsibilities

- informed consent*
- professional competence
- client autonomy and respect
- do not harm (non-maleficence)
- act in the client's best interest (beneficence)
- confidentiality
- honest marketing and communication

***Informed consent**

Information to be provided to the client before providing aesthetic procedures

- details of the aesthetic practitioner's qualifications and experience to perform the procedure
- the healing time, benefits and risks of the proposed procedure.
- evidence-based information about the products and equipment to be used
- the pre and post-procedure requirements for optimum results
- clear information about the costs and
- the 'cool-down' period

Social responsibilities

- promote positive body image
- safeguarding vulnerable clients*
- environmental sustainability
- inclusivity and non-discrimination*
- accountability

***Safeguarding**

A legal framework for safeguarding practices and procedures are drawn up within a legal framework. Local Authorities have clearly laid out responsibility for making provision for these to be carried out. This includes the provision of a designated safeguarding lead professional who is available to support with enquiries or reported cases of disclosure, or where there is reasonable cause to suspect significant harm. This is available to the general public and to all professionals including those working in private practice or working alone. Local authorities can provide details of the local Safeguarding Officer.

***Equality, Diversity and Inclusion**

- fairness and justice
- ideas and perspectives
- teamwork, trust and collaboration
- morale and wellbeing
- reputation and compliance

Insurance

Indemnity and liability insurance appropriate to the scope of practice, including any training, assessment, oversight, managerial or other role/s.

Safe premises standards

- CQC - Care Quality Commission, England
- HIS – Healthcare Improvement Scotland
- RQIA – Regulation and Quality Improvement Authority Northern Ireland
- HIW – Health Inspectorate Wales

Marketing services responsibly

- don't make unjustifiable claims about interventions, abilities qualifications, training and experience
- don't trivialise the risks involved
- don't use unethical or irresponsible promotional tactics that might encourage clients to make ill-considered and/or uninformed decisions.

Guidelines

ASA – Advertising Standards Agency

JCCP – Joint Council for Cosmetic Practitioners

CPSA – Cosmetic Practitioners

CQC – Care Quality Commission

HIS – Healthcare Improvement Scotland

HIW – Healthcare Inspectorate Wales

RQIA – Regulation and Quality Improvement Authority Northern Ireland

Glossary

Ethical concepts:

Autonomy – refers to a client's right to make an informed voluntary decision about their own body and treatment without coercion.

Beneficence – the ethical obligation to act in the best interest of the client to promote their well-being

Justice – treating others fairly and equitably and ensuring access to care is non-discriminatory.

Non-maleficence – ‘do no harm’ the duty to avoid causing physical, psychological, or emotional harm to the client. Working within one’s level of competency and knowing when to refer clients on to other professionals.

Transparency – communicating openly about risks, incidents and corrective action.

Suggested Resources

JCCP Competencies and Cosmetic Practitioners Code of Practice: <https://www.iccp.org.uk>

CPSA Cosmetic Practice Standards Authority: www.cosmeticstandards.org.uk

Health Education England and NHS: <https://www.hee.nhs.uk/our-work/non-surgical-cosmetic-procedures>

GMC – General Medical Council Professional Standards: <https://www.gmc-uk.org/professional-standards/the-professional-standards>

PSA – Professional Standards Authority – Save Face: <https://www.saveface.co.uk/>

Nursing and Midwifery Council (NMC) – The Code: Professional standards
<https://www.nmc.org.uk/standards/code>

Gov.UK Medicines and Healthcare Products:
<https://www.gov.uk/government/organisations/medicines-and-healthcare-products-regulatory-agency>

GOV.UK Equality Act 2010 <https://www.gov.uk/guidance/equality-act-2010-guidance>

GOV.UK Diversity and Inclusion Strategy 2018 – 2025
<https://www.gov.uk/government/publications/diversity-and-inclusion-strategy-2018-to-2025>

Care Quality Commission <https://www.cqc.org.uk>

NHS England Safeguarding – <https://www.england.nhs.uk/safeguarding>

Mental Capacity Act 2005. (2005) <https://www.legislation.gov.uk/ukpga/2005/9>

HSE Health and Safety Executive advice for the safety of Lone Working:
<https://www.hse.gov.uk/lone-working/worker/index.htm>

Unit CO505: Working Collaboratively with Healthcare and Other Professionals

Unit code: Y/651/7025

RQF level: Level 5

Unit Aim

- This unit aims to develop learners' understanding and skills in working collaboratively with healthcare and non-healthcare competent professionals to ensure safe, ethical and effective delivery of aesthetic procedures.
- Aesthetic practitioners will recognise and work within their limits of competence and know to refer clients to another practitioner where they cannot safely meet their needs.
- This unit is based on the 2025 Level 5 Aesthetic Practitioner – Skin Rejuvenation apprenticeship occupational standards:
<https://www.instituteforapprenticeships.org/apprenticeship-standards/st1238>
- This unit has also been mapped to the JCCP and CPSA standards and codes of practice regarding the application of legal, ethical, clinical and professional guidelines.
- Aesthetic Practitioners will maintain current and valid First Aid at Work qualification or equivalent and be able to carry out the functions of Basic Life Support (BLS), infection control and complication management.

Aesthetic Occupational Standards – KSBs

Knowledge

K1: Legal and organisational requirements: equality, diversity and inclusion, health, safety, infection control for aesthetic skin rejuvenation procedures, management of and safe use of products, storage, handling and disposal of skin rejuvenation products, tools and equipment, informed consent, storage and maintenance of client records, advertising and marketing.

K2: The scope, structure and requirements of the aesthetic sector: different types of role and organisations, business risk management and risk control systems, licensing and regulatory requirements, aesthetics standards quality assurance, voluntary and statutory requirements for professional practice.

K24: The requirements and purpose of interactions with healthcare and non-healthcare professionals including its impact on procedure delivery and referrals to professionals.

K25: The disciplines and services offered by other healthcare professionals and how these may impact the proposed procedure.

Skills

S6: Liaise and refer to multi-disciplinary professionals.

Behaviours

B1: Works collaboratively with other professionals.

B2: Works professionally and ethically within own level of authority, responsibility and competence and recognises when to seek support or assistance.

B3: Embraces and values equality, diversity and inclusion, treating everyone with dignity and respect.

B4: Adapts communication style to the audience to build rapport and positive relationships with colleagues and the public.

B5: Embraces industry codes of conduct.

Learning Outcomes, and Assessment Criteria

Learning Outcomes	Assessment Criteria		NOS/KSBs
When awarded credit for this unit, a learner will:	Assessment of this learning outcome will require a learner to demonstrate that they can:		
LO1 Understand the scope and roles of healthcare and non-healthcare professionals in aesthetics.	1.1	Describe the roles and responsibilities of healthcare professionals in aesthetic practice	K2, K24, K25, B2
	1.2	Explain the legal and ethical boundaries of non-healthcare practitioners in aesthetic practice	K1, K24, K25, B2
	1.3	Analyse the disciplines and services offered by other healthcare professionals	K2, K24, K25
	1.4	Evaluate the importance of working within own level of authority, responsibility, and competence and know when to seek support or assistance	K2, K24, K25 B2
	1.5	Evaluate the role of the 'Nurse Prescriber' in aesthetic practice and their responsibility in respect of clinical oversight.	K2, K24, K25
LO2 Understand the benefits and principles of collaborative working in aesthetics.	2.1	Explain the importance of multi-disciplinary collaboration in delivering safe and effective procedures	S6, K2, K24, B1
	2.2	Describe the key principles of effective professional collaboration and communication	S6, K24, B1
	2.3	Evaluate how collaborative working can enhance treatment outcomes and client safety	S6, K25, B1
LO3 Know how to identify and engage with appropriate healthcare and other competent professionals.	3.1	Identify situations where referral or collaboration is necessary e.g. complications, mental health concerns	S6, K25, B1
	3.2	Describe appropriate methods of identifying, verifying, and contacting relevant professionals	S6, K24, K25 B1
	3.3	Explain the importance of maintaining professional networks and referral pathways	S6, K24, K25, B1
LO4 Be able to apply collaborative working	4.1	Explain how to consult and communicate with other professionals, while respecting confidentiality and professional boundaries	S6, K24, B1

principles within aesthetic practice.	4.2	Develop a referral or escalation plan in line with the best practice and legal guidelines	S6, K1, K24, K25, B1
	4.3	Reflect on the role of professional collaboration in managing client expectations and treatment outcomes	S6, K24, K25, B1

Indicative Content

Scope and roles of healthcare professionals

- definitions and distinctions between healthcare professionals and non-healthcare competent practitioners
- roles and responsibilities in aesthetics (e.g., prescribers, pharmacists, aesthetic practitioner)
- regulatory and legal frameworks (CQC, GMC, NMC, GPhC, HCPC, CPSA, HIS, HIW, RQIA)
- delegation, boundaries, and accountability

Principles of collaborative working

- models and benefits of collaborative working
- principles of inter-professional collaboration (communication, respect, shared decision-making)
- barriers to effective collaboration and solutions

Engagement with healthcare and other professionals and referrals

- referral scenarios (e.g., complications, safeguarding, prescriptions)
- how to identify and verify professional collaborators
- maintaining networks and communication protocols

Collaborative working principles

- practical application of collaboration during treatment
- confidentiality and secure communication
- case studies and reflection on collaborative practice

Glossary

CPSA – Cosmetic Practice Standards Authority

CQC – Care Quality Commission

GMC – General Medical Council

GPhC – General Pharmaceutical Council

HCPC – Health and Care Professions Council

HIS – Healthcare Improvement Scotland

HIW – Healthcare Inspectorate Wales

JCCP – Joint Council for Cosmetic Practitioners

NMC – Nursing and Midwifery Council

RQIA – Regulation and Quality Improvement Authority Northern Ireland

Suggested Resources

Health Education England and NHS: <https://www.hee.nhs.uk/our-work/non-surgical-cosmetic-procedures>

GMC – General Medical Council Professional Standards: <https://www.gmc-uk.org/professional-standards/the-professional-standards>

PSA – Professional Standards Authority – Save Face: <https://www.saveface.co.uk/>

Gov.UK Medicines and Healthcare Products:
<https://www.gov.uk/government/organisations/medicines-and-healthcare-products-regulatory-agency>

JCCP - <https://www.jccp.org.uk/>

Unit CO506: Advanced Skin Science for Aesthetic Practice

Unit code: A/651/7026

RQF level: Level 5

Unit Aim

- This unit aims to develop learners' scientific knowledge of pathology, biochemistry, biophysics, anatomy and physiology and morphology relevant to skin rejuvenation and aesthetic practice.
- This unit is based on the 2025 Level 5 Aesthetic Practitioner – Skin Rejuvenation apprenticeship occupational standards:
<https://www.instituteforapprenticeships.org/apprenticeship-standards/st1238>
- Aesthetic Practitioners will maintain current and valid First Aid at Work qualification or equivalent and be able to carry out the functions of Basic Life Support (BLS), infection control and complication management.

Aesthetic Occupational Standards – KSBs

Knowledge

K6: The science of pathology in non-surgical aesthetic practice for skin rejuvenation: skin morphology; inflammatory response; remodelling; skin aging effects on collagen, elastin, pigmentation; scarring; vascular changes; phases of skin healing.

K7: The science of biochemistry in non-surgical aesthetic practice for skin rejuvenation: biochemical pathways; collagen; elastin; glycation; hyaluronic acid; alpha hydroxy acids, beta hydroxy acids, lipids; ceramides; oxidation; wound healing.

K8: The science of biophysics in non-surgical aesthetic practice for skin rejuvenation: the skin's structural integrity and response to mechanical and thermal procedures, elasticity and viscoelasticity, hydration and barrier function; biomechanical changes.

K9: Principles of anatomy and physiology relevant for non-surgical aesthetic practice for skin rejuvenation: the structure and function of the body systems, the physiology of healthy skin, skin science, the pH scale and relevance to skin sensitivity, integrity and healing, the compromised barrier function and skin regeneration processes.

K10: How the skin morphology impacts on selection of procedures and procedure plans and alters due to age and genetics, disease, disorder, trauma, and environmental factors.

Learning Outcomes, and Assessment Criteria

Learning Outcomes	Assessment Criteria		NOS/KSBs
When awarded credit for this unit, a learner will:	Assessment of this learning outcome will require a learner to demonstrate that they can:		
LO1 Understand the science of pathology relevant to aesthetic practice.	1.1	Understand the morphology of the skin and how it underpins aesthetic procedures	K6
	1.2	Understand the skin's inflammatory response	K6
	1.3	Understand the phases of skin healing and the impact on procedure planning.	K6

	1.4	Describe the impact of skin aging on collagen, elastin, and pigmentation	K6
	1.5	Discuss the formation of scarring and vascular changes that can occur post-aesthetic procedures	K6
LO2 Understand the science of biochemistry relevant to aesthetic practice.	2.1	Explain key biochemical pathways involved in skin rejuvenation	K7
	2.2	Analyse the roles of collagen, elastic, glycation and hyaluronic acid in skin aging and repair	K7
	2.3	Compare the actions and benefits of AHAs, BHAs, ceramides and lipids	K7
	2.4	Discuss oxidative processes and their effect on skin aging	K7
	2.5	Evaluate the biochemical aspects of wound healing relevant to aesthetic procedures	K7
LO3 Understand the science of biophysics relevant to aesthetic practice.	3.1	Explain the skin's structural integrity and its response to mechanical and thermal treatments.	K8
	3.2	Define skin elasticity and viscoelasticity relevant to aesthetic practice	K8
	3.3	Evaluate the importance of hydration and the skin's barrier function	K8
	3.4	Explain the biomechanical changes in the skin resulting from aging or aesthetic procedures	K8
LO4 Understand anatomy and physiology and skin science relevant to aesthetic practice.	4.1	Describe the structure and function of relevant body systems influencing skin health.	K9
	4.2	Explain the physiology of healthy skin, including regeneration and repair	K9
	4.3	Interpret the relevance of the skin's pH in relation to sensitivity, integrity, and healing.	K9
	4.4	Assess the impact of a compromised barrier function on procedure outcomes.	K9
LO5 Understand skin morphology relevant to aesthetic practice.	5.1	Describe how the skin morphology impacts on planning and selection of procedures in aesthetic practice	K10
	5.2	Analyse how intrinsic factors (e.g. age and genetics, disease, disorder, trauma) affect skin morphology	K10
	5.3	Evaluate how extrinsic factors (e.g. UV exposure, pollution, skincare) influence skin health	K10

Indicative content

Pathology

- Skin morphology: epidermis, dermis, hypodermis; keratinocytes, melanocytes, fibroblasts, Langerhans cells, collagen and elastin structure.

- Inflammatory response: vasodilation, cellular mediators, leukocyte activity, cytokines.
- Phases of skin healing: haemostasis, inflammation, proliferation, remodelling.
- Skin aging: Intrinsic vs. extrinsic aging; collagen degradation, elastin degeneration, pigmentation changes.
- Scarring and vascular changes: atrophic/hypertrophic scars, telangiectasia, PIH.

Biochemistry

- Biochemical pathways: glycolysis, Krebs cycle, ATP production.
- Skin biomolecules: collagen, elastin, glycation, hyaluronic acid.
- AHAs/BHAs: mechanisms, effects, pH considerations.
- Lipids and ceramides: barrier repair, hydration.
- Oxidation and antioxidants.
- Wound healing biochemistry: fibroblast activation, collagen remodelling

Biophysics

- Skin structure and integrity: response to mechanical and thermal treatments.
- Elasticity and viscoelasticity: skin tension, aging impact.
- Hydration: TEWL, stratum corneum.
- Barrier function: lipid matrix, permeability.
- Biomechanical changes: aging, glycation.

Anatomy and Physiology

- Skin structure and integrity: response to mechanical and thermal treatments.
- Elasticity and viscoelasticity: skin tension, aging impact.
- Hydration: trans-epidermal water loss (TEWL), stratum corneum.
- Barrier function: lipid matrix, permeability.
- Biomechanical changes: aging, glycation.

Skin Science

- Relevant body systems: integumentary, lymphatic, circulatory, immune.
- Skin physiology: keratinisation, melanogenesis.
- Skin science: Fitzpatrick scale, Lancer scale, Merz scale, microbiome.
- pH and skin: acid mantle, pH in products.
- Compromised barrier: over-exfoliation, disease.
- Regeneration: epidermal turnover, growth factors.

Skin Morphology

- Intrinsic factors: genetics, age, disease.
- Extrinsic factors: UV, pollution, lifestyle.
- Skin assessment: tools and techniques.

- Procedure selection: suitability by condition.
- Treatment planning: personalisation, contraindications.

Glossary

AHAs – alpha hydroxy acid, water-soluble naturally occurring or synthetic acids used in chemical peels for their skin surface exfoliating properties.

BHAs – beta hydroxy acid, oil soluble, chemical exfoliant e.g. salicylic acid, penetrates the pores to exfoliate from within, used in chemical peels for treating congested skin e.g. acne.

TEWL – trans-epidermal water loss, the diffusion of water from the dermis through the epidermis into the atmosphere. TEWL is necessary in a small amount for skin hydration balance. Increased TEWL indicates a compromised skin barrier, which can be caused by damage, inflammation or dehydration.

Suggested Resources

British Association of Dermatologists. (n.d.). Clinical guidelines. Available at:

<https://www.bad.org.uk/>

The International Dermal Institute <https://www.dermalinstitute.com/>

Biochemistry – Berg, Tymoczko, and Stryer (2022).

Introduction to Biological Physics for the Health and Life Sciences – Franklin et al. (2019).

Ross and Wilson Anatomy and Physiology in Health and Illness – Waugh and Grant (2022)

Principles of Anatomy and Physiology – Tortora and Derrickson (2020)

Dermatology: An Illustrated Colour Text – Gawkrödger and Ardern-Jones (2016)

The Science of Beauty Therapy – Ruth Bennett (2018)

The Science of Skin: Advanced Insights for Skin Specialists Annalouise Kenny (2024)

Skin Deep: A Dermatologist's Guide to the Science of Skincare Nancy Lee Silverberg MD (2025)

Unit AP602: Advanced Aesthetic Procedures: Micro-needling

Unit code: D/651/7027

RQF level: Level 6

Unit Aim

- The aim of this unit is that Aesthetic Practitioners will develop the knowledge and professional skills required to safely and effectively perform micro-needling procedures for skin rejuvenation on the face, neck and body. Practitioners will learn to assess client suitability, consult professionally, manage risks and complications, deliver procedures aligned with bespoke plans, and evaluate to improve practice.
- This unit is based on the 2025 Level 5 Aesthetic Practitioner – Skin Rejuvenation apprenticeship occupational standards:
<https://www.instituteforapprenticeships.org/apprenticeship-standards/st1238>
- This unit has also been mapped to the JCCP and CPSA standards and codes of practice regarding the application of legal, ethical, clinical and professional guidelines.
- Aesthetic Practitioners will maintain current and valid First Aid at Work qualification or equivalent and be able to carry out the functions of Basic Life Support (BLS), infection control and complication management.

This unit coexists alongside Qualifi unit:

CO506: Advanced skin science for aesthetic practice.

Aesthetic Occupational Standards – KSBs

Knowledge

K1: Legal and organisational requirements: equality, diversity and inclusion, health, safety, infection control for aesthetic skin rejuvenation procedures, management of and safe use of products, storage, handling and disposal of skin rejuvenation products, tools and equipment, informed consent, storage and maintenance of client records, advertising and marketing.

K3: Ethical, environmental and sustainability principles relating to the provision of aesthetic procedures for skin rejuvenation.

K4: Organisational Standard Operating Procedures, procedural protocols and manufacturer's guidance for aesthetic procedures for skin rejuvenation.

K11: Relative and absolute contraindications with presenting conditions and its impact on skin rejuvenation.

K12: The expected and potential adverse contra-actions of procedures, adverse effects, complications and risks, and the physical sensation that may occur.

K13: Processes for completing assessments with clients at different touch points to inform skin rejuvenation procedures, client and skin consultation: client welfare assessment, lifestyle, declared medical status, skin evaluation and analysis to formulate personalised procedure plan.

K14: Approaches to address client concerns, expectations and desired outcomes against the procedure objectives in relation to what can be achieved.

K15: Theories that underpin the assessment of client's physical, psychological, and emotional suitability for the aesthetic procedures.

K16: The types of advice, choices, instructions given to clients and types of information sought including confirmation and consultation at different touch points of the service, preparation requirements of the client prior to the procedure, the expected and potential adverse contra-actions and the impact of client non-compliance with instructions.

K17: The purpose and content of administrative forms and plans completed for procedures: client consent forms, pre-procedure plans, procedure plans, procedure records and visual media.

K18: Approaches and uses of skin classification systems and skin assessment tools in skin rejuvenation.

K19: The types, uses, limitations, risks and impacts of regulated and non-regulated products, and their active ingredients, tools and equipment used in skin rejuvenation including topical anaesthetics and adjunctive topical skin products during the procedure.

K20: How and why, you should monitor the health, wellbeing and safety of the client pre, during and post procedure including skin reaction using dynamic risk assessments.

K21: The corrective actions and immediate intervention required when adverse reactions occur.

K22: Complication management and emergency plan implementation during procedures including Basic Life Support.

K23: How client skin should be prepared pre-procedure and managed post procedure to control risks and maximise rejuvenation results.

K31: The principles of controlled inflammation and micro-injury procedures, and its relationship to wound healing stages, as a mechanism to achieve skin rejuvenation.

K33: The methodologies of different types micro-needling up to 1.5mm, with and without preparation of the face and up to 2.0mm micro-needling on the body.

K34: The techniques used for different types of micro-needling up to 1.5mm: with or without preparation of the face.

K35: The techniques used for different types of micro-needling up to 0.25 - 2.0mm: with or without preparation of the body.

K36: The impact of micro-injury procedures and benefits gained using micro-needling on the face and the body including the impact of needle depth, stitch frequency, procedure duration, practitioner techniques, devices, procedure frequency and duration on the procedures.

K37: The necessary precautions that should be implemented for micro-injury procedures using micro-needling on the face and the body.

K50: Use of reflective techniques, research and feedback to plan professional development and to inform future procedures and recommendations.

K51: Strategies used to promote business growth, increase retail sales, and encourage clients to book additional procedures and services.

Skills

S1: Apply safe, ethical, environmental and sustainable procedures for aesthetic skin rejuvenation, in line with legal, regulatory and organisational requirements.

S2: Carry out client welfare assessments, skin evaluation and analysis to inform the skin consultation to ensure suitability of planned skin rejuvenation procedures.

S3: Consult clients on planned procedures including identification of absolute and relative contra-indications, client concerns, expectations, procedure objectives and desired

outcomes to inform the skin rejuvenation procedure plan proposal, options and cooling off period.

S4: Conduct client skin assessments to ensure suitability of planned skin rejuvenation procedures using the skin classification system including suitability of skin products for priming in preparation for the procedure.

S5: Establish client approval for skin rejuvenation procedures and informed client consent of plans and instructions at different stages leading up to the planned procedure including confirmation of the plan, informing the client about potential and the expected contraindications, potential adverse effects, complications and management of the risks of the proposed procedure, the physical sensation that may occur and options for pain management and client instruction and requirement for pre-procedure preparation.

S7: Create and maintain client records for skin rejuvenation procedures: consent forms, client welfare and skin assessments, consultation records, procedural records, photos of undertaking procedures.

S8: Produce skin rejuvenation procedure plans, using client consultation, assessments and information including a risk assessment plan.

S9: Prepare for procedures in line with organisational standard operating procedures (SOP), procedural protocols and manufacturer's guidance.

S10: Advise clients on how to control risk and maximise rejuvenation results with the correct pre and post procedure requirements considering lifestyle restrictions, appropriate products and ingredient actives.

S11: Maintain the client's comfort and safety and monitor skin reaction throughout the procedure, responding to expected and adverse reactions.

S12: Manage risk using dynamic risk assessment of workspace, procedure, and client.

S13: Create emergency plans for client skin rejuvenation procedures.

S14: Manage complications during skin rejuvenation procedures.

S15: Select and use products, tools, and equipment to conduct skin rejuvenation procedures: micro-needling

S19: Conduct invasive skin rejuvenation micro-injury procedures using micro needling for the face and neck, to meet the objectives of bespoke procedure plans: intraepidermal 0.25-1mm micro-needling, intradermal 1-1.5mm micro-needling.

S20: Conduct invasive skin rejuvenation micro-injury procedures using micro needling for the body, to meet the objectives of bespoke procedure plans: intradermal 0.25-2mm micro-needling.

S27: Provide the client with post procedure instructions and advice to prevent risk and maximise rejuvenation results in line with the procedure plan including suitability of different types of products on the skin, procedures that should be avoided, other lifestyle considerations.

S28: Use self-reflection, feedback and professional development activities to improve areas of personal performance for future skin rejuvenation procedures on clients and improve approaches to practice and client outcomes.

S29: Promote retail product sales and additional procedures and services.

Behaviours

B2: Works professionally and ethically within own level of authority, responsibility and competence and recognises when to seek support or assistance.

B3: Embraces and values equality, diversity and inclusion, treating everyone with dignity and respect.

B4: Adapts communication style to the audience to build rapport and positive relationships with colleagues and the public.

Learning Outcomes, and Assessment Criteria

Learning Outcomes	Assessment Criteria		NOS/KSBs
When awarded credit for this unit, a learner will:	Assessment of this learning outcome will require a learner to demonstrate that they can:		
LO1 Formulate personalised procedure plans for micro-needling.	1.1	Carry out a thorough client consultation, skin analysis and identify skin classification to inform the procedure.	S2, S4 K13, K18
	1.2	Identify and evaluate absolute and relative contra-indications to micro-needling procedures.	S3 K11
	1.3	Consult with clients to explore concerns, expectations and desired outcomes.	S3 K14, K16
	1.4	Assess the client's physical, psychological and emotional suitability for the aesthetic procedure	K15
	1.5	Analyse the types, uses, limitations, risks and legal users of topical anaesthetics in micro-needling.	K14, K19
	1.6	Propose appropriate micro-needling procedure plans including skin products for priming and a cooling-off period.	S3, S4, S5
	1.7	Obtain informed client consent and confirm understanding of risks, side effects, expected outcomes, physical sensations and potential adverse effects.	S5 K1, K12, K16
	1.8	Maintain accurate and complete procedure records including visual media, consent, and assessments following required protocols	S7, S8 K17
	1.9	Adhere to legal, ethical and sustainable standard operating procedures (SOP) and protocols.	S1 K1, K3, K4
LO2 Prepare for and carry out advanced micro-needling on the face, neck and body.	2.1	Prepare for micro-needling following procedure protocols and manufacturer's guidance.	S9, K1, K4, K23
	2.2	Select micro-needles to suit the client's skin characteristics and procedure objectives.	S15
	2.3	Evaluate the benefits, effects and limitations of manual and power-assisted micro-needling.	K19
	2.4	Apply micro-needling techniques safely and effectively to the face and neck up to a depth of 1.0mm - 1.5mm in line with SOP and manufacturer's guidance	S19 K31, K33, K34, K35, K36, K37

	2.5	Apply micro-needling techniques safely and effectively to the body up to a depth of 1.5mm - 2.0mm in line with SOP and manufacturer's guidance	S20 K31, K33, K34, K35, K36, K37
	2.6	Analyse the way in which needle depth, duration, frequency of micro-needling and the application of adjunctive topical skin products can impact the procedure and results	S19, S20 K31, K33, K34, K35, K36, K37
	2.7	Maintain the client's comfort, health safety and wellbeing and monitor skin reaction throughout the procedure	S11 K20
	2.8	Use appropriate tools and techniques for different areas and skin types in line with the procedure plan.	S15 K19
	2.9	Conduct dynamic risk assessments of the treatment space, client, and procedure.	S12
	2.10	Identify and respond appropriately to adverse reactions and complications during procedures.	S13, S14 K21, K22
	2.11	Complete the micro-needling procedure following legal, organisational SOP and protocols	K1, K4
LO3 Provide post-procedure care and evaluate practice.	3.1	Provide comprehensive post-procedure client advice to prevent risks and support healing.	S27
	3.2	Evaluate the advantages of adjunctive topical skin products pre and post-procedure	K19
	3.3	Use self-reflection and feedback to improve future practice and client outcomes.	S28 K50
	3.4	Promote retail products sales and additional procedures and services for skin rejuvenation	S29 K51

Indicative content

Client consultation

- Building rapport and gathering personal welfare, medical, and aesthetic history
- Exploration of client concerns, expectations, and desired outcomes
- Informed consent and cooling-off period
- Management of expectations and explaining likely results over time

Skin assessment and classification

- Fitzpatrick scale and Glogau skin 'photoaging' classification
- Skin types, skin conditions (e.g., acne scarring, hyperpigmentation, laxity, fine lines)
- Identification of absolute and relative contraindications
- Assessment of pre-procedure skin health and lifestyle factors

Treatment planning

- Establishing treatment objectives
- Selection of micro-needling depth and techniques (intraepidermal vs intradermal)
- Planning number and frequency of sessions
- Recommended skin priming (e.g., retinoids, antioxidants)
- Risk assessment and client suitability
- Selection of appropriate serums and actives (e.g., hyaluronic acid, peptides)

Preparation and hygiene

- Standard operating procedures (SOP) and manufacturer's guidelines
- Use of universal infection control precautions, clean and disinfected environment, effective handwashing
- ANTT aseptic non-touch technique
- Use of PPE (gloves, masks, visors, eyewear, apron), sharps safety, sterilised tools and equipment and skin preparation to reduce risk of infection
- Equipment safety checks – needle cartridges, pen depth calibration
- Client preparation: numbing protocols, skin cleansing, and disinfection
- Topical anaesthetics licensed for use in the UK (topical, local infiltration, field block and nerve block)

Treatment Areas

- Micro-needling: face, neck, chest, hands, cellulite, stretchmarks and scars on the body

Micro-needling Procedure

- Manual and Power Assisted
- Recognition of treatable and untreatable dermatological skin conditions
- Adjunctive topical skin products used with micro needling e.g. Retinoids, Tyrosine inhibitors, antioxidants and pain management strategies
- Depth and needle selection for the face, neck and body
- Advanced techniques: cross-hatching, stamping, linear passes
- Adapting technique to different skin zones (thinner vs thicker skin)
- Combining micro-needling with products (e.g. serums) and other procedures (e.g. LED)
- Expected skin responses
- Recognition of high-risk areas of treatment/danger zones
- Potential adverse effects, complications, risks and mitigation

Health and safety

- Dynamic risk assessment during treatment
- Preventing cross-contamination and maintaining aseptic technique
- Sharps disposal and post-treatment sanitation protocols

Post-procedure care instructions

- Immediate aftercare (cooling, hydration, avoidance of actives)
- Long-term care (sun protection, gentle skincare, avoidance of irritants)
- What to expect in the wound healing process (redness, micro-crusting, dryness)
- Red flag symptoms and when to refer to or contact a healthcare professional

Product and lifestyle advice

- Recommended post-care products (hydrators, barrier repair, SPF)
- Lifestyle considerations: avoiding heat, exercise, and UV exposure
- Supplementary or maintenance treatments to optimise results
- Continuing care requirements

Documentation and reflection

- Recording procedure notes, reactions, and outcomes
- Reviewing client feedback and photographic evidence
- Reflective practice to identify areas for improvement
- Continuous professional development (CPD)

Legislation

- The Data Protection Act and UK GDPR 2018
- Privacy and Electronic Communications Regulations (PECR) 2003 inc. 2018 amendment
- Human Rights Act 1998
- Regulation of Investigatory Powers Act (RIPA) 2000
- The Freedom of Information Act 2000

Suggested Resources

The Concise Guide to Dermal Needling (2017) Dr Lance Setterfield

Holistic Microneedling: The Manual of Natural Skin Needling Anthony Kingston (MSc) (2015)

[Microneedling for Medical and Aesthetic Purposes: Current Indications and New Advances](#)

[Microneedling: A Non-Surgical Alternative to Improve Your Appearance](#)

[Microneedling: A Short Review about Techniques, Efficacy, and Applications](#)

Royal College of Nursing Sharps Safety Document

<https://www.england.nhs.uk/national-infection-prevention-and-control-manual-nipcm-for-england/chapter-1-standard-infection-control-precautions-sicps/>

<https://www.cqc.org.uk/guidance-regulation/providers/regulations-service-providers-and-managers/health-social-care-act/regulation-12>

<https://www.cdc.gov/niosh/docs/2025-101/pdfs/2025-101.pdf?id=10.26616/NIOSH-PUB2025101#:~:text=If%20you%20experience%20a%20needlestick,treatment%20immediately%20and%20report%20it.&text=with%20viruses%2C%20like%20hepatitis%20B,that%20can%20affect%20your%20health.>

<https://www.hse.gov.uk/healthservices/needlesticks/actions.htm>

https://www.property.nhs.uk/media/ir3ly2vm/put-waste-in-its-place_poster_v4.pdf?utm_source=website&utm_medium=blog&utm_campaign=2407_waste

<https://www.property.nhs.uk/media/2689/waste-segregation-posters.pdf>

Unit AP603: Advanced Aesthetic Procedures: Chemical Peels

Unit code: F/651/7028

RQF level: Level 6

Unit Aim

- Aesthetic Practitioners will develop the knowledge and professional skills required to safely and effectively perform medium-grade chemical peels on the face, chest and back of hands. Practitioners will learn to assess client suitability, consult professionally, manage risks and complications, deliver procedures aligned with bespoke plans, and evaluate to improve practice.
- This unit is based on the 2025 Level 5 Aesthetic Practitioner – Skin Rejuvenation apprenticeship occupational standards:
<https://www.instituteofapprenticeships.org/apprenticeship-standards/st1238>
- This unit has also been mapped to the JCCP and CPSA standards and codes of practice regarding the application of legal, ethical, clinical and professional guidelines.
- Aesthetic Practitioners will maintain current and valid First Aid at Work qualification or equivalent and be able to carry out the functions of Basic Life Support (BLS), infection control and complication management.

This unit coexists alongside Qualifi unit:

CO506: Advanced skin science for aesthetic practice.

Aesthetic Occupational Standards – KSBs

Knowledge

K1: Legal and organisational requirements: equality, diversity and inclusion, health, safety, infection control for aesthetic skin rejuvenation procedures, management of and safe use of products, storage, handling and disposal of skin rejuvenation products, tools and equipment, informed consent, storage and maintenance of client records, advertising and marketing.

K3: Ethical, environmental and sustainability principles relating to the provision of aesthetic procedures for skin rejuvenation.

K4: Organisational Standard Operating Procedures, procedural protocols and manufacturer's guidance for aesthetic procedures for skin rejuvenation.

K11: Relative and absolute contraindications with presenting conditions and its impact on skin rejuvenation.

K12: The expected and potential adverse contra-actions of procedures, adverse effects, complications and risks, and the physical sensation that may occur.

K13: Processes for completing assessments with clients at different touch points to inform skin rejuvenation procedures, client and skin consultation: client welfare assessment, lifestyle, declared medical status, skin evaluation and analysis to formulate personalised procedure plan.

K14: Approaches to address client concerns, expectations and desired outcomes against the procedure objectives in relation to what can be achieved.

K15: Theories that underpin the assessment of client's physical, psychological, and emotional suitability for the aesthetic procedures.

K16: The types of advice, choices, instructions given to clients and types of information sought including confirmation and consultation at different touch points of the service, preparation requirements of the client prior to the procedure, the expected and potential adverse contra-actions and the impact of client non-compliance with instructions.

K17: The purpose and content of administrative forms and plans completed for procedures: client consent forms, pre-procedure plans, procedure plans, procedure records and visual media.

K18: Approaches and uses of skin classification systems and skin assessment tools in skin rejuvenation.

K19: The types, uses, limitations, risks and impacts of regulated and non-regulated products, and their active ingredients, tools and equipment used in skin rejuvenation including topical anaesthetics and adjunctive topical skin products during the procedure.

K20: How and why, you should monitor the health, wellbeing and safety of the client pre, during and post procedure including skin reaction using dynamic risk assessments.

K21: The corrective actions and immediate intervention required when adverse reactions occur.

K22: Complication management and emergency plan implementation during procedures including Basic Life Support.

K23: How client skin should be prepared pre-procedure and managed post procedure to control risks and maximise rejuvenation results.

K26: The methodologies of intraepidermal chemical peel skin rejuvenation and the impact of client's skin characteristics, procedure objectives and the delivery of the procedure singularly or a course: very superficial, superficial, medium, deep.

K27: The techniques used for intraepidermal chemical peel skin rejuvenation: very superficial, superficial, medium.

K28: The benefits of intraepidermal chemical peel for skin rejuvenation: very superficial, superficial, medium.

K29: The necessary precautions that should be implemented for intraepidermal chemical peel for skin rejuvenation: very superficial, superficial, medium.

K30: The procedures that could be carried out in conjunction with skin peeling procedures and the associated risks

K50: Use of reflective techniques, research and feedback to plan professional development and to inform future procedures and recommendations.

K51: Strategies used to promote business growth, increase retail sales, and encourage clients to book additional procedures and services.

Skills

S1: Apply safe, ethical, environmental and sustainable procedures for aesthetic skin rejuvenation, in line with legal, regulatory and organisational requirements.

S2: Carry out client welfare assessments, skin evaluation and analysis to inform the skin consultation to ensure suitability of planned skin rejuvenation procedures.

S3: Consult clients on planned procedures including identification of absolute and relative contra-indications, client concerns, expectations, procedure objectives and desired outcomes to inform the skin rejuvenation procedure plan proposal, options and cooling off period.

- S4:** Conduct client skin assessments to ensure suitability of planned skin rejuvenation procedures using the skin classification system including suitability of skin products for priming in preparation for the procedure.
- S5:** Establish client approval for skin rejuvenation procedures and informed client consent of plans and instructions at different stages leading up to the planned procedure including confirmation of the plan, informing the client about potential and the expected contraindications, potential adverse effects, complications and management of the risks of the proposed procedure, the physical sensation that may occur and options for pain management and client instruction and requirement for pre-procedure preparation.
- S7:** Create and maintain client records for skin rejuvenation procedures: consent forms, client welfare and skin assessments, consultation records, procedural records, photos of undertaking procedures.
- S8:** Produce skin rejuvenation procedure plans, using client consultation, assessments and information including a risk assessment plan.
- S9:** Prepare for procedures in line with organisational standard operating procedures (SOP), procedural protocols and manufacturer's guidance.
- S10:** Advise clients on how to control risk and maximise rejuvenation results with the correct pre and post procedure requirements considering lifestyle restrictions, appropriate products and ingredient actives.
- S11:** Maintain the client's comfort and safety and monitor skin reaction throughout the procedure, responding to expected and adverse reactions.
- S12:** Manage risk using dynamic risk assessment of workspace, procedure, and client.
- S13:** Create emergency plans for client skin rejuvenation procedures.
- S14:** Manage complications during skin rejuvenation procedures.
- S15:** Select and use products, tools, and equipment to conduct skin rejuvenation procedures: chemical peels
- S16:** Conduct skin rejuvenation, using an intraepidermal chemical peel to suit the client's skin characteristics on the face and neck and the objectives of a bespoke procedure plan: very superficial, superficial.
- S17:** Conduct skin rejuvenation, using an intraepidermal medium grade chemical peel to suit the client's skin characteristics on the face and neck and the objectives of a bespoke procedure plan.
- S27:** Provide the client with post procedure instructions and advice to prevent risk and maximise rejuvenation results in line with the procedure plan including suitability of different types of products on the skin, procedures that should be avoided, other lifestyle considerations.
- S28:** Use self-reflection, feedback and professional development activities to improve areas of personal performance for future skin rejuvenation procedures on clients and improve approaches to practice and client outcomes.
- S29:** Promote retail product sales and additional procedures and services.

Behaviours

- B2:** Works professionally and ethically within own level of authority, responsibility and competence and recognises when to seek support or assistance.
- B3:** Embraces and values equality, diversity and inclusion, treating everyone with dignity and respect.

B4: Adapts communication style to the audience to build rapport and positive relationships with colleagues and the public.

Learning Outcomes, and Assessment Criteria

Learning Outcomes	Assessment Criteria		NOS/KSBs
When awarded credit for this unit, a learner will:	Assessment of this learning outcome will require a learner to demonstrate that they can:		
LO1 Formulate personalised procedure plans for chemical peels.	1.1	Carry out a thorough client consultation, skin analysis and identify skin classification to inform the procedure.	S2, S4 K13, K18
	1.2	Identify and evaluate absolute and relative contra-indications to chemical peel procedures.	S3 K11
	1.3	Consult with clients to explore concerns, expectations and desired outcomes.	S3 K14, K16
	1.4	Assess the client's physical, psychological and emotional suitability for the aesthetic procedure	K15
	1.5	Propose appropriate procedure plans for chemical peels including skin products for priming, as required for best results, and a cooling-off period.	S3, S4, S5 K14, K16
	1.6	Obtain informed client consent and confirm understanding of risks, side effects, expected outcomes, physical sensations and potential adverse effects.	S5 K1, K12, K16
	1.7	Maintain accurate and complete procedure records including visual media, consent, and assessments following required protocols	S7, S8 K17
	1.8	Adhere to legal, ethical and sustainable standard operating procedures (SOP) and protocols.	S1 K1, K3, K4
LO2 Prepare for and carry out a range of chemical peels.	2.1	Prepare for chemical peels following procedure protocols and manufacturer's guidance.	S9, K1, K4, K23
	2.2	Select the depth of the chemical peel to suit the treatment area, client's skin characteristics and procedure objectives.	S15, S16, S17, K26, K28
	2.3	Evaluate the different types of chemical peels, their benefits, effects and limitations.	K19
	2.4	Apply superficial to medium-depth chemical peel following health, safety and procedure protocols and manufacturer's guidance	S16, S17, K26, K27, K28, K29, K30
	2.5	Analyse the way in which skin depth, pH, layering, timing, neutralisation and frequency of chemical peels can impact the procedure and results.	S16, S17, K26, K27, K28, K29, K30

	2.6	Maintain the client's comfort, health safety and wellbeing and monitor skin reaction throughout the procedure.	S11 K20
	2.7	Evaluate the risks and impacts of regulated and non-regulated products and their active ingredients	K19
	2.8	Conduct dynamic risk assessments of the treatment space, client, and procedure.	S12
	2.9	Identify and respond appropriately to adverse reactions and complications during procedures.	S13, S14 K21, K22
	2.10	Complete the chemical peel following legal, organisational SOP and protocols	K1, K4
LO3 Provide post-procedure care and evaluate practice.	3.1	Provide comprehensive post-procedure client advice to prevent risks and support healing.	S27
	3.2	Evaluate the advantages of adjunctive skin product/s for use pre and post-procedure	K16, K19
	3.3	Use self-reflection and feedback to improve future practice and client outcomes.	S28 K50
	3.4	Promote retail products sales and additional procedures and services for skin rejuvenation	S29 K51

Indicative content

- Use of universal infection control precautions, clean and disinfected environment, effective handwashing
- Use of PPE (gloves, masks, visors, eyewear, apron), sterilised tools and equipment and skin preparation to reduce risk of infection
- The Data Protection Act 1998,
- The Privacy and Electronic Communications Regulations 2003
- Human Rights Act 1998
- Regulation of Investigatory Powers Act 2000
- The Freedom of Information Act 2000
- Topical anaesthetics licensed for use in the UK (topical, local infiltration, field block and nerve block)
- Classification of skin peels
- Chemical peel agents: e.g. Alpha and Beta Hydroxy acid, Azelaic, Ascorbic (Vitamin C) Citric, Glycolic, Jessners, Kojic, Lactic, Malic, Mandelic, Pyruvic, Phenol, Polyhydroxy, Resorcinol, Retinol, Salicylic, Tartaric, Trichloroacetic (TCA)
- Chemical peel agents suitable for medical and non-medical use
- Recognition of treatable and untreatable dermatological skin conditions
- Role of skin pH in chemical peels, neutralisers and topical adjunctive skin products
- Chemical peel treatment areas: face, neck, chest, back, hands and forearms
- Potential adverse effects, complications, risks and mitigation
- Recognition of high-risk areas of treatment/danger zones
- Continuing care requirements
- Wound healing mechanisms

- Safe disposal of all equipment in line with current guidance

Treatment Areas:

- Superficial to medium-depth chemical peels: face, chest, back of hands

Suggested Resources

Chemical Peels in Clinical Practice: A Practical Guide to Superficial, Medium, and Deep Peels (Series in Cosmetic and Laser Therapy) (2023) by Xavier G Goodarzian

Illustrated Guide to Chemical Peels: Basics - Indications - Uses (Aesthetic Methods for Skin Rejuvenation) (2014) by Mark G. Rubin

A Practical Guide to Chemical Peels, Microdermabrasion & Topical Products by Rebecca Small (2012)

Manual of Chemical Peels: Superficial and Medium Depth by Mark G Rubin (1995)

Procedures in Cosmetic Dermatology Series: Chemical Peels by Suzan Obagi (2020)

Assessment Guidance

All assessment of occupational competence will be conducted in a realistic work i.e., salon or clinic environment. Simulation is not allowed. Learners' competence will be assessed using methods that are appropriate for the assessment of skills, knowledge and understanding.

Assessment observations of **practical performance** will be recorded to confirm that **all** the competence-based assessment criteria have been met. Observation records may include oral questioning and learner responses. Observations will be signed and dated by the learner and assessor and recorded on the unit assessment checklist. Supporting evidence of learner competency e.g., client procedure records/before and after procedure photographs, tasks, assignments etc. should be referenced and retained in learners' portfolios of evidence.

Holistic assessment is encouraged, and one piece of evidence may be used to meet the requirements of more than one learning outcome/unit or assessment criterion.

For the assessment of knowledge and understanding criteria, learners are required to provide oral or written responses to questions, tasks and assignments. Questions, tasks and assignments provided by Qualifi are listed below.

Assessment grading:

The qualification/s overall are graded: Pass/Fail

MCQs and SAQs are graded: <64% = Fail >65% = Pass

Unit % will be based on the mark achieved for the summative SAQ assessment.

All assessments – formative and summative must be completed.

(Unless stated otherwise, all assessments are summative)

Assessment Criteria:

- **Unit CO501: Consultation and Advanced Skin Analysis Using Technologies**
 - LO1 – LO4 performance criteria outcomes will require practical competency to be observed by the Assessor on at least **4** occasions.
 - LO1 – LO4 knowledge and understanding will be assessed through
1 x SAQ – short answer question paper
- **Unit CO502: Needlestick Injury, Infection Prevention and Control**
 - **Formative assessment:**
 - LO1 – LO2 knowledge and understanding will be assessed through

1 x MCQ - multiple choice question paper (online)

Summative assessment:

- LO1 – LO2 knowledge and understanding will be assessed through
1 x SAQ – short answer question paper

- **Unit CO503: Legal, Regulatory and Clinical Requirements for Aesthetic Practice**

Formative assessment

- LO1 – LO2 knowledge and understanding will be assessed through
1 x MCQ – multiple choice question paper (online)

Summative assessment

- LO1 – LO2 knowledge and understanding will be assessed through
1 x SAQs – short answer questions
Oral questions

- **Unit CO504: Professional, Ethical, and Sustainable Principles within Aesthetic Practice**

Formative assessment

- LO1 – LO4 knowledge and understanding will be assessed through
1 x MCQ – multiple choice question paper (online)

Summative assessment

- LO1 – LO4 knowledge and understanding will be assessed through
1 x SAQ – short answer questions
Oral questions

- **CO505 Working Collaboratively with Healthcare and Other Professionals**

Formative assessment

- LO1 – LO4 knowledge and understanding will be assessed through
1 x MCQ – multiple choice question paper (online)

Summative assessment

- LO1 – LO4 knowledge and understanding will be assessed through

1 x SAQ – short answer questions

Oral questions

- **CO506 Advanced Skin Science for Aesthetic Practice**

Formative assessment

- LO1 – LO5 knowledge and understanding will be assessed through

1 x MCQ – multiple choice question paper (online)

Summative assessment

- LO1 – LO5 knowledge and understanding will be assessed through

1 x SAQs – short answer questions

- **AP602 Advanced Aesthetic Procedures: Micro-needling**

- LO1 – LO3 skills will be assessed through summative observations:

4 x micro-needling techniques (these can be all power-assisted or a combination of manual and power-assisted techniques) (at least **2** x face area and **1** x body)

Supported by a minimum of **6** supervised formative assessments in micro-needling procedures to include: **2** x manual techniques and **4** x power-assisted techniques.

Oral questions

- LO1 – LO3 knowledge and understanding will be assessed through:

1 x SAQ – short answer questions

Professional discussion (based on completed portfolio of evidence)

- **AP603 Advanced Aesthetic Procedures: Chemical Peels**

- LO1 – LO3 skills will be assessed through summative observations:

4 x medium-grade chemical peels (at least **2** x face area and **1** x body)

Supported by a minimum of **4** supervised formative assessments in chemical peel procedures on a range of treatment areas

Oral questions

- LO1 – LO3 knowledge and understanding will be assessed through:

1 x SAQ – short answer questions

Professional discussion (based on completed portfolio of evidence)

Special Considerations and Reasonable Adjustments

This qualification and its assessments have been designed to best support accessibility and inclusion for all learners. In the design and development of qualifications and assessment Qualifi complies with the requirements of the Equality Act 2010 and the appropriate Ofqual general conditions of regulation. In some instances individuals will have diverse learning needs and need reasonable adjustments to be able fully participate in the qualification and have fair access to assessment. Reasonable adjustments, including additional time or alternative evidence formats, are intended to enable learners with individual needs to demonstrate their skills and knowledge without changing the demands of the assessment. Centres are responsible for making sure that learners can access the requirements of the qualification at the start of a programme of learning.

Special consideration can be given after an assessment has taken place for learners who have been affected by adverse circumstances, such as illness. Special considerations can be in relation to the amount of time given for evidence to be provided or the format of the assessment as long as this is equally valid. However, centres must not agree to the use of alternative forms of evidence to those stipulated in a unit, or to the omission of any assessment criteria when judging attainment.

For further details please see QUALIFI's *Reasonable Adjustment and Special Consideration Policy* and *Access to Fair Assessment Policy and Procedure*.

Malpractice and Maladministration

Centre or learner malpractice undermines the integrity and validity of assessment and/or the certification of qualifications and can arise or be suspected in relation to any unit or type of assessment within the qualification.

Centres are required to take steps to prevent malpractice and to investigate instances of suspected malpractice. Centres will investigate the allegation in compliance with their own published and QUALIFI approved policy and procedures.

Incidents of maladministration, unintentional errors in the delivery or assessment of QUALIFI qualifications that may affect the assessment of learners, should also be reported in the same way.

QUALIFI may conduct an investigation if we believe that internal assessment and/or internal quality assurance is not being carried out in line with our policies. QUALIFI reserves the right to withhold the issuing of results and/or certificates while an investigation is in progress.

For further details regarding malpractice and how to report suspected malpractice please see QUALIFI's *Malpractice and Maladministration Policy* and *Plagiarism, Collusion and Cheating Policy*.

Where centres have concerns about learner use of Artificial Intelligence (AI) please refer to the *QUALIFI Guidance statement to centres on the risk of AI*.

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