

**CIBTAC / SDTC**

**LEVEL 4 CERTIFICATE IN  
CHEMICAL SKIN PEELING  
(CSDC02)**

**SYLLABUS**

**QAN 603/0162/4**

## 1. Structure of the Certificate

**1.1** The structure of the Certificate is made up of two mandatory units and one optional unit.

**1.2** The Mandatory units are as following:

SDT01: Core Knowledge for Aesthetic Practice

SDP01: Provide Chemical Skin Peeling Treatment

The optional unit is as follows:

SDT04: Principles and practice of the Medispa Sector

## 2. Strategy for Delivery

**2.1** The strategy for delivery of the units that make-up the Level 4 Certificate is based upon a blended learning approach. It is usually delivered through online distance learning modules with face to face delivery of practical skill. Each of the two units are divided into modules. The course consists of knowledge only modules for the unit SDT01 with both knowledge and practical modules for all other units.

**2.2** Delivery of the program may vary according to the centre and may be delivered in any format that supports the Total Qualification Time of 279 hours.

**2.3** The Level 4 Certificate has a total minimum number of 204 GLH. This may include training workshops or seminars, e-learning, distance learning or self-study.

MANDATORY UNIT TITLE	GLH
SDT01: Core Knowledge for Aesthetic Practice	102
SDP01: Provide Chemical Skin Peeling Treatment	102
<b>TOTAL</b>	<b>204</b>
OPTIONAL UNIT TITLE	GLH
SDT04: Principles and practice of the Medispa Sector	32

**2.4** The Level 4 Certificate is made up of a minimum 204 GLH.

**2.5** The two mandatory units within the Level 4 Certificate are preparation for work units based on competence and knowledge.

### 3. Assessment Strategy

- 3.1** CIBTAC/SDTC qualifications are assessed through a combination of internal assessment carried out by the delivering centre and external assessment strategy carried out by CIBTAC examiners.

The assessment methodology for the Level 4 Certificate consists of seven parts detailed below:

- 1.** Underpinning Knowledge for this Level 4 Certificate will be assessed in the first instance through a series of consolidation and formative Multiple- Choice Question Tests.
  - There will be one test per module in all units of the course, which will be delivered through the bespoke online platform. They will be completed and marked automatically online, following each module of study.
  - Tests will be timed. The timing allocated for each test will be detailed through the online delivery platform.
  - Learners will need to pass each test. Each test has a pass mark of 60%. After the test has been submitted % marks will be provided instantaneously to the learner through the online system.
  - Tests will be graded. See the table 3.3.i Learners will be expected to notify the course tutor at the delivering centre of their grades for each and every test and record their grades on the mapping sheet provided in the portfolio.
  - Learners not reaching the 60% pass mark will need to take another test.
  - Second tests will assess the same content but questions will vary.
  - For any learners not reaching the 60% mark on the second test, a third and final test must be given to ensure the learner has the opportunity to achieve the pass grade.
  - It will be the responsibility of the delivering centre to provide appropriate learner support to assist all learners through this stage of the assessment process. Centres must be tracking learner success and give additional support to learners who are needing to re-sit tests.
  - After this time centres may use oral questioning or written questions to ensure knowledge of the unit content is complete. Oral question and answers will need to be documented.
  - Evidence of this part of the assessment process must be captured in the course portfolio.
  
- 2.** Underpinning Knowledge for this Level 4 Certificate will also be assessed through the completion of course workbooks for unit SDP01, a 5000- word

assignment for the unit SDT01 and two, 2000- word assignments for SDT04 (optional unit).

- The workbooks can be completed on-line or they can be printed by the delivering centre and completed as a hard copy document.
  - Learners must forward completed workbooks to internal assessors for marking.
  - Workbooks will be marked internally by delivering centre assessors and sampled by the CIBTAC examiners.
  - The workbook and marking evidence must be presented in the course portfolio.
  - The unit SDT01 - Core Knowledge for Aesthetic Practice will be assessed through a 5000- word assignment. This assignment will be marked internally by qualified tutors and sampled by the CIBTAC examiners at the end examination date.
  - The unit SDT04 (optional unit) – Principles and Practice of the Medispa sector, will be assessed through two, 2000- word assignments. These assignments will be marked internally by qualified tutors and sampled by the CIBTAC examiners at the end examination date.
- 3.** Practical skill competency will be assessed by the delivering centre assessors.
- Learners will take part in practical sessions at which skill competencies as relevant to the course will be taught and internal assessment will take place to prepare learners for the end practical examination conducted by CIBTAC external examiners.
  - Evidence of practical skill competency and examination preparation should be evidenced in the course portfolio.
- 4.** Learners will complete course case studies for practical unit SDP02, evidencing further treatments and contextualising knowledge.
- Case study requirements, will be set by CIBTAC/Sally Durant Training and Consultancy.
  - Case Studies will be marked internally by delivering centre staff.
  - Marked case studies must be evidenced in the course portfolio and presented at the final examination date.
  - The CIBTAC external examiner will sample portfolios.

5. Learners will compile a course portfolio in which all the assessment evidence will be captured.
  - All portfolios must have been checked and the assessment content marked by the delivering centre before they are presented to the CIBTAC examiner.
  - The course portfolio will be presented to the CIBTAC examiner at the end of course examination.
  - The external examiner will sample portfolios.

#### External Assessment Strategy

6. Underpinning Knowledge for this Level 4 Certificate will be also be assessed through;
  - A synoptic end of course MCQ test paper that will be taken at the end of the course examination date. This test will be externally marked by CIBTAC and results will lead to grading marks, see table 3.i.
  - The CIBTAC examiner will sample course portfolios.

#### **The features of the final external MCQ tests are:**

- a. The format of the MCQ test will be determined by the domain of learning (Knowledge, Understanding and Application) on which the learner is to be assessed.
  - b. The MCQ test will consist of questions to cover knowledge of the unit content.
  - c. The MCQ test will be marked out of 84 questions.
  - d. Each MCQ paper will be composed of MCQs with 1 correct answer and 3 distractors.
  - e. Each MCQ paper will have a maximum of 2 hours in which it can be completed.
  - f. Learners will be expected to gain a minimum of 60% in the final external MCQ test.
  - g. Results of MCQ assessment will be made available within 6 weeks following the exam date.
7. Practical skill competency will be assessed through;
    - Visual observation and assessment at an end of course examination. (This will be the same date as the end of course MCQ test paper).
    - All skill competencies, as appropriate for the course, will be assessed on the final examination day.

- Schedules will usually be set by the CIBTAC examiners.
- Examination schedules may also be proposed by the delivering centres and CIBTAC examiners will verify any changes they want to make. CIBTAC examiners reserve the right to decide the order of the final examination day.
- All practical skills as appropriate for the course will be observed on the final examination date.
- Scores will be aggregated and will form the final practical grade- See table 3.ii for grade boundaries.

### 3.2 Retake policy

If the Candidate is unsuccessful at the first attempt of an examination, they may receive a unit certification for successfully achieved units and/or be required to re-take the failed units. This applies to both practical and theory. Candidates will have a total of 3 attempts at examinations. Candidates who are re-taking their examinations may be entered separately or mixed with Candidates taking the examination for the first time. There is a fee for any re-takes.

### 3.3 The grading schemes are as follows:

- CIBTAC operates the following grading scheme for Multiple Choice Theory examinations

<b>Grade</b>	<b>Mark range</b>	<b>Description</b>
Distinction	Marks of 85% and above	Extensive / detailed knowledge of subject
Merit	Marks of 75% - 84%	Adequate understanding of subject
Pass	Marks of 60% - 74%	Basic understanding of subject
Fail	Marks of 59% and below	Poor understanding of subject

- ii. CIBTAC operates the following grading scheme for the final synoptic practical assessment-

Grade	Mark range	Description
Distinction	Marks of 85% and above	Exemplary application of practical treatments. Excellent consultation with detailed explanation of treatment plan adapted to meet the client's needs. Outstanding client care.
Merit	Marks of 75% - 84%	Good application of practical treatments. Good consultation identifying the some of the client's requirements. Good client care throughout the treatment.
Pass	Marks of 60% - 74%	Basic application of practical treatments. Brief consultation and treatment plan provided. Satisfactory client care.
Fail	Marks of 59% and below	Poor application of practical treatments. Unsafe working practices. Not meeting commercial standards. Poor consultation with limited understanding of client's needs. Poor client care.

**3.4** The above grade descriptors give a general description of responses the examiner expects to see throughout practical examinations. Marks will be allocated according to the mark scheme which will guide how examiners will mark each question.

**3.5** The following equipment is required for the learner to produce the work, however please see specific equipment required for each unit in section 4 of this document:

- Computer to access the on- line course.
- Delivering centre to provide treatment room/s for the practical elements of the course with accompanying equipment and products to include:  
Equipment - Couch, stool, chair, trolley, illuminated magnifying lamp, camera, towels, couch roll, consultation and informed consent documentation with accompanying storage facility (electronic or physical), pens.  
Products - A range of cosmeceutical cleansing products, exfoliating products, massage mediums, treatment masks, serums, moisturisers and sun protection products.
- Delivering centre to provide theory space for the mock MCQ exams and the final external MCQ exams to take place with the CIBTAC examiner.

**3.6** Appropriate unit specific products will be needed for treatments as outlined in the centre agreement document for Chemical Skin Peeling, Micro-Needling and Blemish Removal.

### **Related Hygienic, Safe & Environmentally Sustainable Working**

#### **Practices**

This course is a blended learning course consisting of both knowledge and practical units.

**3.7** CIBTAC examiners will visually assess that all learners working practices are compliant with the relevant Health and Safety legislation for the country they are in and such practices are consistently and relevantly applied to the treatment performance.

**3.8** The learner must be taught the relevance of the following information and their responsibilities in law in relation to the country within which the qualification is taught and the particular legislative requirements of the following UK Acts, or their country's equivalent: The education provider is responsible for translating this information and ensuring knowledge and understanding of any other regulatory requirements particular to their country, in addition the education provider is responsible for identifying and signposting any comparable legislation particular to the safe practices and working conditions of the country they are in, including the



age definition of a “minor”. The following information relates to the laws and regulations of the British Isles and the importance of:

- o The Precautions Act
- o Health and Safety at Work Act
- o Health and Safety (First Aid) Regulations
- o The Manual Handling Operations Regulations
- o The Personal Protective Equipment at Work Regulations
- o The Provision and Use of Work Equipment Regulations
- o The Control of Substances Hazardous to Health Regulations (COSHH)
- o The Electricity at Work Regulations
- o Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)
- o The Equality Act 2010
- o Data Protection Act 2010
- o The Regulatory Reform (Fire Safety Order)
- o The Environmental Protection Act
- o The Management of Health and Safety at Work Regulations
- o The Health and Safety (Information for Employees) Regulations
- o Adhere to all product safety precautions and manufacturers' instructions
- o Legislation which relates to the work being carried out
- o Legislation which relates to the storage and use of Client data
- o Hygienic working practices to minimise the risk of cross infection
- o Ensure that informed and signed parent or guardian consent is obtained for minors under the age of 16 prior to any service
- o Ensure that a parent or guardian is present throughout the services for minors under the age of 16

### 3.9 Environmental & Sustainable Working Practices

- o Reducing waste and managing waste (recycle, reuse, safe disposal)
- o Reducing energy usage (energy efficient equipment, low energy lighting, utilising solar panels)
- o Reducing water usage and other resources
- o Preventing pollution
- o Using disposable items
- o Using recycled, eco-friendly furniture
- o Using low chemical paint
- o Using organic and allergy free products
- o Using environmentally friendly product packaging
- o Choosing responsible domestic products (Fairtrade tea and coffee)
- o Encouraging carbon reducing journeys to work

## MANDATORY UNIT - 1

<b>UNIT TITLE</b>	<b>CORE KNOWLEDGE FOR AESTHETIC PRACTICE</b>
<b>CIBTAC/SDTC UNIT CODE</b>	<b>SDT01</b>
<b>OFQUAL UAN</b>	<b>A/615/0637</b>
<b>UNIT TYPE</b>	<b>Mandatory</b>
<b>CREDIT VALUE</b>	<b>12</b>
<b>UNIT AIM AND PURPOSE</b>	
<p>This is a preparation for work and distance learning unit designed to ensure that all practitioners carrying out non-medical aesthetic treatments in the medispa, clinic and salon environments have the underpinning knowledge required to carry out ethical, professional, safe and effective treatments to enhance protection of the public, as recommended by the January 2016 HEE recommendations.</p> <p>It aims to cover legislative and UK government guidelines relevant to clinical non-surgical aesthetic practice, together with the principles of health and safety, hygienic practice and infection control, risk assessment, preparation of the clinical environment, professional ethics and codes of behaviour, consultation and the concepts of informed consent and request for treatment, clinical photography and evidence based practice, clinical governance and accountability, working in a multidiscipline team and the provision of psychosocial and emotional support.</p> <p>It will also ensure international learners are able to understand the requirements for the country within which they are practicing or intend to practice.</p> <p>Essential knowledge of anatomy and physiology and microbiology will be reviewed with an introduction to pathology, biochemistry, pharmacology and biophysics.</p> <p>Due to the importance of this unit it is necessary for it to be delivered separately; however, it would be good practice to embed and apply the knowledge gained here into all of the practical units.</p> <p>This unit may be taken as an Award qualification in its own right, but it also forms one of the mandatory units in the following CIBTAC/SDTC Certificate and Diploma</p>	

qualifications -

CIBTAC Level 4 Certificate in Advanced Skin Studies and the Principles of Aesthetic Practice

CIBTAC Level 4 Certificate in Advanced Skin Studies and the Principles of Aesthetic Practice

CIBTAC Level 4 Certificate in Chemical Skin Peeling

CIBTAC Level 4 Certificate in Micro-Needling

CIBTAC Level 4 Certificate in Blemish Removal by Thermolysis and Cryotherapy

CIBTAC Level 4 Diploma in Chemical Skin Peeling & Micro-Needling

CIBTAC Level 4 Diploma in Clinical Aesthetics

CIBTAC Level 4 Diploma in Advanced Skin Studies and the Practice of Chemical Skin Peeling and Micro-Needling

CIBTAC Level 4 Diploma in Advanced Skin Studies and Clinical Aesthetics

## UNIT INTRODUCTION

This unit will reinforce and embellish the learner's understanding of their individual responsibilities and those of the multidiscipline team within the clinical environment in relation to health and safety, legislative issues and UK government guidelines. This will ensure that necessary processes and procedures involved in dealing with health and safety, hygienic practice, risk assessment, preparation of the clinical environment and professional ethics and codes of behaviour are put into place and followed.

This unit will also reinforce and embellish the learners understanding of elementary anatomy and physiology, microbiology and the basic principles of pathology, biochemistry, pharmacology, biophysics together with consultation practices and the psychosocial support of the client / patient.

Learners will learn the principles of informed consent, clinical photography and evidence-based practice, working in a team context, clinical governance and accountability.

The equipment and products required for the completion of this unit are as below:

- Computer to access the online course.

- Delivering centre to provide theory space for the mock MCQ exams and the final external MCQ exams to take place with the CIBTAC examiner.

## **LEARNING OUTCOME 1: Understand the medispa environment and the work of medical and non-medical aesthetic practitioners**

### **1.1 Explain what is meant by the terms 'aesthetics' and 'medispa' and the principles and practices it represents**

- What is aesthetics?
- Describe the medispa as a working environment and business entity
- Multi-disciplinary teams and the roles of specialist medical and non-medical professionals
- The importance of the Keogh Report and the HEE Qualification Standards
- Differentiation between surgical and non-surgical treatments, medical and non-medical treatments
- The 'dispensing model' for aesthetic practice
- Clinical oversight for advanced / paramedical procedures
- Explain the treatment modalities provided within the medispa sector - Laser / IPL Hair Removal, Laser / IPL / LED for skin rejuvenation and remedial skin treatment, Radio Frequency, Chemical skin peeling, Micro-Needling, Mesotherapy, Benign blemish removal, Injectable treatments for line smoothing and facial contouring, Body contouring treatments – Endermology, Cryolipolysis, Ultrasound

### **1.2 Explain the career pathways and business development opportunities within the medispa sector**

- Getting a job in as an Aesthetics Practitioner
- Economic potential for the individual
- Business planning for Aesthetic Practice

## **LEARNING OUTCOME 2: Understand current legislation, insurance requirements, government recommendations and procedures relating to non-surgical aesthetic practice**

### **2.1 Explain current legal, insurance and government guidelines for the preparation and delivery of clinical aesthetic practices**

- Health and safety working practices
- Health and Safety at Work Act 1974 – Duties of an employer, employee and self-employed personnel
- Local Government Miscellaneous Provisions Act 1982, amended by the Local Government Act 2003
- Fire Precautions Act 1971
- The Electricity at Work Regulations
- COSHH 2002
- The Data Protection Act 1998
- Equality and Diversity Act 2010
- Sale of Goods Act 1979
- Supply of Goods and Services Act
- Trades Description Acts 1968 and 1972
- European Union Regulations and the Legality of Products, The Cosmetics Directive 2012
- The Health Education Report on Non-Surgical Cosmetic Interventions and Hair Restoration Surgery 2016
- Safeguarding Vulnerable Groups Act 2006 – The Disclosure and Barring Service (DBS)
- Workplace (health, safety and welfare) Regulations 1992
- Provision and Use of Work Equipment Regulations 1998 – PAT testing
- Personal Protective Equipment at Work Regulations 1992
- The Manual Handling Operations Regulations 1992 (amended 2002)
- Personal Protective Equipment at Work Regulations
- Corporate Manslaughter and Corporate Homicide Act 2008
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)
- Insurance Requirements Public Liability, Professional Indemnity Implications and advanced treatment extensions
- First Aid requirements for the Workplace
- Legal Compliance with all legislation covered in this unit

- Compliance with Industry Codes of Practice relating to risk assessment, consultation, informed consent and shared decision making, confidentiality, clinical photography, hygiene, health and safety, use storage and disposal of hazardous waste and sharps
- Professional ethics - probity working always honestly, morally and with decency and integrity. Essential practice to be reflected throughout the client/patient experience
- The value and importance of CPD
- Dealing with needle-stick injury
- The Management of Health and Safety at Work Regulations
- The Workplace (Health, Safety and Welfare) Regulations
- The Provision and Use of Work Equipment Regulations
- Adhere to all Manufacturers' Product Safety Information

## **2.2 Explain the importance of working in line with organisational procedures**

- The responsibilities of working within a multidiscipline team as per designated role and specific organisational practice
- Effective communication with colleagues and other team members
- Respect and appreciation of colleagues and other team members
- Principles of leadership and management
- Skills in supervision mentoring and training
- Equality and diversity training
- Conflict resolution
- Understanding the pitfalls of lone working / working in isolation
- Responsibility of working within UK government guidelines relating to level of qualification

## **2.3 Explain the importance of evidence based practice**

- Understanding of basic principles of research methodology
- Ability to critically appraise evidence based literature
- Understanding of systematic review
- Adherence to evidence based practice and ability to rationalise deviation from evidence base
- Ability to undertake a literature search
- Utilisation of information technology and health informatics

#### **2.4 Explain Clinical Governance and Accountability**

- Appreciation of the value of audit and ability to undertake routine audit of outcomes
- Take part in quality assurance and quality improvement to promote patient/client safety
- Ability to record work clearly and accurately
- Improve performance through reflective practice and peer reviews
- Contribute to systems which protect patients/clients, e.g. adverse event recognition and reporting
- Accountability to employers

### **LEARNING OUTCOME 3: Understand the principles of microbiology and infection control in relation to common infections with specific reference to those affecting the skin**

#### **3.1 Describe different forms of microorganism, their histology and mode of contamination with specific relevance to the aesthetic practitioner**

- Bacteria and bacterial infections: Types and histology. Impetigo, Folliculitis, Conjunctivitis, Styes
- Virus and viral infections: Types and histology. Herpes Simplex, Common Warts and Verrucae
- Fungi and fungal infections: Types and histology. Tinea / Ringworm Infections
- Parasite and parasitic infections and histology. Head Lice and Scabies

#### **3.2 Explain methods of control for common infections and the principles of selection**

- Chemical and physical methods of sterilisation: Autoclave, boiling, dry heat, light rays and Gamma radiation, Chlorhexidine, Ethylene Oxide and Formaldehyde
- Chemical and physical methods of disinfection of the environment and of the skin: Ultra Violet light, 70% Isopropyl Alcohol (IPA) wipes, bleach, domestic disinfectants.
- Hand Washing

- Use of PPE: surgical gloves, medical face masks, goggles, plastic sheathing and barrier sheets
- Costs, practicality, size of equipment, organisational and personal preferences and purpose

#### **LEARNING OUTCOME 4: Understand the basic principles of pathology, biochemistry, pharmacology and biophysics as relevant to aesthetic practices.**

##### **4.1 Give the definition and explain the relevance of Pathology, Biochemistry Pharmacology and Biophysics to the Aesthetics Practitioner**

- Explanation of terms, key relevance's within a multi- discipline team
- Relevance's specific to the study of skin health, skin disorders and diseases and skin treatment, using procedural techniques and topical cosmeceutical and pharmaceutical formulations.

#### **LEARNING OUTCOME 5: Understand consultation, informed and request for treatment consent and preparation of the Client**

##### **5.1 Explain in overview the information to be acquired from the Client prior to aesthetic procedures**

- Client aims
- Time frame
- Medical background
- Skin condition/s
- Previous treatments and outcomes
- Previous product usage including any allergic issues
- Current product usage
- Concerns / anxieties
- Signatures / Informed consent to treatment
- Understanding of the 'request for treatment' approach to consent
- Skin type and condition



## **5.2 Explain in overview the information to be given to the client prior to aesthetic procedures**

- Treatment method
- Benefits of treatment
- Length of treatment
- Sensations
- Use of topical anaesthetics - risks and benefits and treatment of an adverse reaction
- Normal reactions and side effects
- Potential adverse reactions and risks
- Management of realistic expectations
- Recovery times
- Aftercare
- Treatment costs
- Agreeing the Treatment / Care Plan with the patient or client

## **5.3 Explain the basic principles of emotional support for patients / clients seeking cosmetic procedures**

- Basic knowledge of the psychology of appearance including the drivers for cosmetic procedure requests
- Understanding of the evidence for the effectiveness of cosmetic procedures in achieving
- Psychological wellbeing
- Awareness of high risk groups including those with mental health conditions, adolescents and children
- Knowledge of relevant NICE guidelines appropriate to this area including obsessive Compulsive disorder (OCD) and body dysmorphic disorder (BDD)
- Communication skills to support shared decision making, informed consent and concordance in outcome expectations
- Ability to use appropriate screening tools and questions to identify high risk groups
- Ability to recognise BDD and other mental health issues
- Understanding of pathways for providing psychological and emotional support, including and onward referral when necessary
- Ability to manage psychological issues post-operatively, e.g. heightened emotional arousal, unmet expectations, post decisional regret

- Ability to undertake routine audit of outcomes
- Understanding of emotional support and referral options as part of the consent process
- Case supervision and professional boundary setting

#### **5.4 Explain the generic contraindications to clinical aesthetic treatments**

- Conditions which prevent treatment
- Conditions which require GP approval
- Conditions which require treatment adaptation / restrict treatment

#### **5.5 Explain the protocols for referring a client to a doctor or other medical clinician for treatment approval or guidance.**

- As an independent non-medical practitioner
- As a member of a multi-discipline team
- As a Medical Aesthetic Practitioner

#### **5.6 Explain the importance of anaphylaxis awareness, the principles of life support and the client / patient use of an EpiPen.**

- The physiology of an anaphylactic shock
- The symptoms of an anaphylactic shock
- Emergency procedures for the non-medical practitioner
- The EpiPen

#### **5.7 Describe the procedures for taking clinical photographs**

- Camera specification
- Positioning of client / patient
- Positioning of camera
- Lighting
- Storage of photographs
- Frequency of photographic records for progression and assessment of treatment plan

## LEARNING OUTCOME 6 : Understand essential anatomy and physiology

### 6.1 Explain skin anatomy and the basic principles of the wound healing response and relevance to the facial aesthetics practitioner

- Tissue types- epithelial, connective, muscular and nervous
- Overview of the layered structure – epidermis, dermis and subcutaneous layer
- Epidermis – stratified epithelial tissue, keratinocyte cells, the stratum germinativum, the stratum spinosum, the stratum granulosum, the stratum lucidum, the stratum corneum and the bilayer structure, epidermal lipids and relevant cell organelles, the process of keratinisation and apoptosis, the mechanisms of epidermal adhesion, melanocyte cells and the principles, melanogenesis, Langerhans cells
- Dermis – tissue types, areolar tissue, collagen and elastic proteins, proteoglycans and glycosaminoglycans, the papillary layer, the reticular layer, the extra cellular matrix - collagen, elastin and hyaluronic acid, dermal cells – fibroblasts, mast cells, macrophages and neutrophils, the glandular structures of the dermis – sebaceous and sudoriferous glands
- Subcutaneous layer – the structure of function of adipose tissue
- Overview of the functions of the skin- secretion, excretion, heat regulation, absorption, protection, sensation and sensory receptors, Vitamin D production
- The basic principles of the inflammatory and healing mechanisms of the skin - the basic principles of controlled wounding in aesthetic skin rejuvenation treatment, influential factors in the efficiency of the wound healing responses, the three principle stages of wound healing – inflammation, proliferation and tissue remodelling / maturation, the arachidonic acid cascade, initial inflammation relating to the merkel and langerhans cells and blood components, the function of the red blood cells and white blood cells in the inflammatory and healing processes, the blood clotting process, platelets, clotting factors and the formation of the fibrin clots, the types and role of growth factors in the healing response, initial re-epithelialisation, rebuilding the basement membrane, proliferation via mitosis leading to epidermal regeneration, rebuilding the extra cellular matrix and early collagen formation, the characteristics of type III collagen, stage three – collagen remodelling and the conversion of collagen from type III to type I, the characteristics of collagen type I, the implications of wound healing to the clinical aesthetic practitioner

## **6.2 Explain the basic principles of the hair, the hair follicle and the hair growth cycle and relevance to the facial aesthetics practitioner**

- Hair Structure - Cuticle, Cortex, Medulla, Hair papilla, Hair Bulb, Hair Shaft
- Hair Follicle - the Inner Root Sheath – Huxley's Layer, Henley's Layer and Cuticle, The Outer Root Sheath, Sebaceous Gland, Dermal Papilla
- The hair growth cycle - characteristics of the Anagen, Catagen and Telogen stages of growth
- The relevance of the hair, hair follicle and hair growth cycle to aesthetic practices
- Compromisation of the barrier function and its impact on healing  
Relevance to treating hairs within moles by advanced electrolysis following full mole assessment and GP referral for non-medical practitioners

## **6.3 Explain the basic principles and characteristics of the endocrine systems, its glands and hormones and relevance to the facial aesthetics practitioner**

- Location, structure and function of the individual Endocrine Glands, their hormones and their effects - The Pituitary Gland, The Hypothalamus Control Mechanism, The Thyroid Gland, The Parathyroid Glands, The Adrenal Glands, The Islets of Langerhans, Ovaries and Testes, Thymus Gland, Pineal Glands
- Relevance of the Endocrine System to skin condition and treatment- Effects on skin health, condition and behaviour, compromisation of the barrier function and its impact on healing

## **6.4 Explain the basic principles of the cardiovascular system and relevance to the facial aesthetics practitioner**

- Blood composition – plasma, erythrocytes, leucocytes, thrombocytes / platelets
- Structure and function of blood vessels - arteries, arterioles and arterial capillaries, veins, venules and venous capillaries, Gaseous exchange mechanisms

- Structure of the heart and the circulation of the blood - atria and ventricles, the tricuspid and bicuspid valves, pulmonary valve, the aortic valve, the pulmonary artery and vein, the aorta , superior and inferior vena cava, the coronary circulation, the systemic circulation, the blood circulation to and from the heart
- Blood supply to the face and head
- Relevance of the cardiovascular system to facial aesthetic practice - The control of bleeding and aseptic treatment, the treatment of vascular lesions by advanced electrology or laser / IPL, understanding the role of the blood in the inflammatory response in the skin

#### **6.5 Explain the basic principles of the lymphatic system and relevance to the facial aesthetics practitioner**

- Overview of the functions of the lymphatic system - Immunity, absorption of fats and fat- soluble vitamins, removal of excess fluid and waste, unidirectional flow via muscular movement, supported by valves preventing backward flow
- Lymph nodes, lymphatic fluid and lymphatic circulation - the origin of lymphatic fluid, the lymphocytes – their structure and function, the structure of lymph nodes – efferent and afferent vessels, filtration of lymph fluid – removal of debris and pathogens, drainage back to the blood system via the lymphatic duct and right subclavian vein, overview of the main lymphatic vessels and the position of lymph nodes in the head neck and the rest of the body.
- Lymphatic circulation to the face and neck
- Relevance of the lymphatic circulation to facial aesthetic treatment - affects to skin conditions, compromisation and immunity, treatment responses and swellings, necessary treatment adaptations, recognition of abnormal oedema to contraindicate treatment

#### **6.6 Explain the basic principles of the nervous system and relevance to the facial aesthetics practitioner**

- The central nervous system - the brain and spinal cord
- The peripheral nervous system - nerves that connect the central nervous system, blood vessels and glands

- The autonomic nervous system – the sympathetic and parasympathetic branches
- The somatic nervous system – sensory nerves and motor nerves
- Nerves specific to the face and neck- Trigeminal - facial nerve and the branches
- The nerve cell or neuron - cell body, axon, dendrites
- Nerve signals and the transmission from cell to cell, neurotransmitters and the synaptic gap
- Sensory nerves, mixed nerves and motor nerves, sensory nerve endings to the skin
- Relevance of the nervous system to the aesthetic practitioner - treatment sensation and adaptation, treatment protocols, local Anaesthesia, nerve fatigue and numbing, client care

#### **6.7 Explain the basic principles of the musculature system and the muscles of the face, neck and shoulder girdle**

- Muscle tissue types - cardiac, smooth and skeletal
- Muscle articulation with joints - origin and insertion - the principle of muscle contraction- insertion moves towards the fixed origin
  - Muscles of the face, head and shoulder girdle - location and names;
    - ❖ Face - Frontalis, Temporalis, Procerus, Corrugator, Orbicularis Occuli, Masseter, Zygomaticus, major and minor, Levators, Depressors, Buccinator, Risorius, Orbicularis Oris, Mentalis
    - ❖ Neck - Platysma, Sternocleidomastoid, Splenius Capitis & Cervicis, Trapezius
    - ❖ Shoulder girdle - Pectorals, Rotator Cuff, Deltoid

#### **6.8 Explain the basic principles of the skeletal system and the bones of the skull and face**

- Bone tissue – compact and cancellate
- Types of bone - long bones, short bones, flat bones, irregular bones, Sesamoid bones
- The synovial capsule
- Types of Joints and their movement- Synovial joints (freely moveable), Cartilaginous (partially moveable), Fibrous (no movement);

- ❖ Synovial joints - Ball & Socket- Hip, shoulder - Hinge – elbow , knee - flexion and extension, Pivot- neck, Saddle - thumb, Condylloid - Wrist, Gliding- Intercarpel joints
- ❖ Movement at Synovial joints- Flexion, Extension, Abduction, Adduction, Rotation- Internal and external
- Main bones of the face, head and shoulder girdle;
  - Location and names
    - ❖ Cranial bones – 8 - Frontal x1, Temporal x2, Occipital x1, Parietal x2, Sphenoid x 1, Ethmoid x1
    - ❖ Facial Bones – 14 - Nasal x2, Inferior nasal conchae x2, Vomer x1, Lacrimal x2, Zygomatic x2, Maxilla x2, Mandible x1, Palatine bones x2
    - ❖ Shoulder Girdle - Clavicle, Scapula, Humerus
    - ❖ Neck, Cervical Vertebrae

## UNIT ASSESSMENT

### ORAL AND / OR WRITTEN QUESTIONING

This is a knowledge unit in which all learning outcomes from LO1-6.8 inclusive are assessed through a combination of multiple choice questions delivered through a combination of internal and external assessment methodology;

#### Internal Assessment

- LO's 1.1-6.8 inclusive are all evidenced through the completion of the course portfolio.
- LO's 1.1-6.8 and are all assessed using Multiple Choice Questions, delivered and marked through the on- line learning programme - Pass rate of 60% will be required for each test. Tests are graded- see table 3.3i.
- LO1.1 and 1.2, LO 2.1–2.4, LO3.1 and 3.2 and LO 5.1-5.7 will be assessed through the course assignment. This assessment evidence will be captured in the course portfolio.
- A Centre can decide to supplement the above evidence with oral questions in instances where the learning outcome is at question and is needed to satisfy any additional needs of the learner. Evidence of questions asked and answers given must be provided.

## External Assessment

- LO's 1.1-6.8 inclusively are assessed using an end of course Multiple- Choice Examination Question paper to be taken on the allocated examination date. These examination papers are taken away by the attending CIBTAC examiner and marked by CIBTAC personnel.
- CIBTAC examiners will sample portfolios and the assessment evidence it captures.

Oral questions may be used in instances where the learning outcome is at question and is needed to satisfy any additional needs of the learner.

This unit underpins all practice so oral questions will be used to assess this knowledge during the end examination process that will be carried out by CIBTAC examiners.



## MANDATORY UNIT – 2

<b>UNIT TITLE</b>	<b>Provide Chemical Skin Peeling Treatment</b>
<b>CIBTAC/SDTC UNIT CODE</b>	<b>SDP01</b>
<b>OFQUAL UAN</b>	<b>A6115/0640</b>
<b>UNIT TYPE</b>	<b>Mandatory</b>
<b>CREDIT VALUE</b>	<b>16</b>
<b>UNIT AIM AND PURPOSE</b>	
<p>This is a preparation for work and distance-learning unit designed to ensure all practitioners carrying out non-medical aesthetic treatment in the medispa, clinic, and salon environments have the underpinning knowledge required to carry out ethical, professional, safe and effective treatment to enhance protection of the public as recommended by January 2016 HEE recommendations.</p> <p>This unit is designed to ensure that all learners can carry out professional, ethical, safe and effective chemical peeling treatments.</p> <p>This unit will examine: the products and equipment required for chemical peeling treatments and formulation and protocol variances; conditions that can be treated and those that cannot be treated; the effects and benefits of treatment; influences on and reinforcement of the healing cascade; informed consent and 'request for treatment' consent; clinical photography and evidence based practice and safe and effective chemical peeling practice for both lone workers and those in multidisciplinary teams.</p> <p>This unit is a mandatory unit in the following CIBTAC/SD Certificate and Diploma qualifications;</p> <p>CIBTAC Level 4 Certificate in Chemical Skin Peeling</p> <p>CIBTAC Level 4 Diploma in Chemical Skin Peeling &amp; Micro-Needling</p> <p>CIBTAC Level 4 Diploma in Clinical Aesthetics</p> <p>CIBTAC Level 4 Diploma in Advanced Skin Studies and the Practice of Chemical</p>	

## UNIT INTRODUCTION

This unit will ensure learners have full understanding of the knowledge that underpins chemical skin peeling and that they can carry out professional, ethical, safe and effective chemical peeling, whether working alone or in a multidisciplinary team in a clinical environment.

This unit will ensure that necessary processes and procedures involved in dealing with clients/patients, health and safety, hygienic practice, risk assessment, preparation of the clinical environment and professional ethics and codes of behaviour are put into place and followed.

This unit will ensure all learners understand the parameters of treatment that can be undertaken by medical and non-medical practitioners.

This unit will ensure that learners can: be professional and communicate effectively making adaptations for client/patient differences; prepare for peeling treatments; carry out investigative consultation and analysis of the skin ensuring suitability and readiness for treatment; carry out treatment explanations and gain informed consent with an appreciation for 'request for treatment' consent; take photographs for clinical use; select appropriate peeling formulations in accordance with the skin needs and client/patient expectations and aims; carry out a range of safe and effective peeling treatments making adaptations for client /patient needs; give after care advice and carry out full documentation of treatment in accordance with legislative and organisational requirements; provide recommendations for future treatment needs and product usage; carry out post treatment procedures to ensure all clients/patients are supported after treatment.

## LEARNING OUTCOME 1: Understand the origins of chemical peeling and the current practice trends

### 1.1 Explain the origins of chemical peeling and current practice trends

- Treatment definition, history from ancient Greece to the present day.
- Statistical evidence showing current trends over time and for age and gender

## **LEARNING OUTCOME 2: Understand the effects and benefits of treatment the indications for treatment, contraindications and the factors that compromise and assist the healing process**

### **2.1 Explain the key /core effects and benefits of peeling treatment**

- Epidermal and dermal regeneration
- Increased desquamation and fortification of the barrier function
- For the management of ageing, blemished congested problem skin, sensitive reactive skin, acne vulgaris and acne rosacea, acne scarring, pigmentation, dull lifeless skin

### **2.2 Explain contraindicated conditions and factors that will compromise post treatment healing**

- General contraindications (covered in core knowledge)
- Ill health, Diabetes, Cancer, Rheumatoid arthritis, Lupus, HIV, medications – Roaccutane, Herpes simplex, sun exposure, allergies and sensitivities, pregnancy and breast feeding, environmental aggressors and free radical activity, poor nutrition, unrealistic expectations, clients who visit too many clinics and have too many treatments, history of non-compliance with at home care
- Functions of nutrients in healing, the importance of pre-priming and use of topical actives and overview of cosmeceutical delivery mechanisms
- Post treatment risks- scarring, pigmentation and skins of colour, necrosis

## **LEARNING OUTCOME 3: Understand the characteristics and behaviour of the actives used for Chemical Skin Peeling**

### **3.1 Explain the types of chemical peel agents**

- Classifications of peels -Very superficial, Superficial, Medium, Deep, Ablative
- Introduction to variances in responses; mild sheathing, frosting and ablative peeling
- Characteristics, sources and uses of;
  - Alpha Hydroxy Acids specifically glycolic, lactic, malic, tartaric, citric, phytic and mandelic; Beta Hydroxy Acids specifically salicylic
  - Poly Hydroxy Acids specifically gluconolactone, lactobionic; Lipo Hydroxy Acids specifically capryloyl salicylic acid; other actives

pyruvic acid, resorcinol, combination and jessner peels,  
trichloroacetic acid, phenol peels

- Additional active ingredients kojic acid, ascorbic acid, azelaic acid, retinol, bearberry, embilica and others

## **LEARNING OUTCOME 4: Understand anatomy and physiology and the wound healing process as it relates to Chemical Skin Peeling**

### **4.1 Explain anatomy and physiology as it relates to chemical skin peeling**

- Review Skin Structure - epidermis, dermis and hypodermis / subcutaneous layer; cells and tissue types, keratinisation, papillary and reticular layer focus.
- Review of the process of desquamation, exfoliation and skin resurfacing, skin functions, sensory receptors and relevance for treatment.

### **4.2 Explain wound healing and the factors that both compromise and reinforce the process and the relevance for consultation**

- Review of the healing mechanism and implication for treatment, including the role of the neurotransmitters and blood cells, the process of collagen synthesis and fibroblastic action, types of Collagen, requirements for collagen synthesis - Vitamin C & A, growth factors, copper peptides, bioflavonoids, iron, zinc and amino acids, elastin synthesis, ageing process and the effects of lifestyle and environment
- The intrinsic and extrinsic factors that will compromise the healing process and the relevance for consultation including - ageing, ill health and medications, environmental aggressors and free radicals – sun exposure, poor diet and lack of exercise, smoking, stress
- Reinforcement of the healing cascade and how it is possible to reduce the potential for adverse reactions to a chemical peeling treatment - the importance of diet and each food group, the importance of topical supplementation, the main actives and the consequences of non-compliance, pre and post treatment care

## **LEARNING OUTCOME 5: Understand the factors that determine the depth and effects of chemical peels**

### **5.1 Explain the classification of peel types and the factors that will influence the strength of a peel formulation**

- Very superficial, superficial, medium, deep
- Percentage strength, types of acid, total formulation.
- PH and PKa
- Buffering

### **5.2 Explain the concept of skin frosting, coagulation, ablation, re-epithelialisation**

- Levels and visual recognition- repercussions for healing- down time, post treatment recommendations

## **LEARNING OUTCOME 6: Understand the practical requirements for safe and effective chemical skin peeling treatment**

### **6.1 Evaluate the considerations for preparation of the skin and peel application considerations**

- Pre-peel home care and readiness for treatment, de-greasing
- Peel application; use of brushes, gauzes, peel applicators, sequence of application, the number of passes, timing, neutralisation, occlusion,
- The importance of skin assessment and how skin condition and type will affect the peel outcome
- Peeling skins of colour
- Consultation and contraindications - reminders
- Patch testing, taking photos
- Safety considerations including Use of PPE, goggles, timers

### **6.2 Explain generic peel procedures**

- Importance of manufacturer protocols, location of cold and warm water, hair protection, skin cleansing, peel preparation products as required, protection of vulnerable areas and application of eye pads, the importance of communicating with clients as to process, use of timers, use of varying applicators, systematic coverage of the area to be peeled,

importance of communication and assessment for client/patient tolerance levels, neutralisation procedures, post care products, after care instruction.

### **6.3 Evaluate the considerations for aftercare advise**

- Avoid AHA's immediately post treatment, avoidance of sunlight, exercise, swimming, make-up, shaving, use of antioxidants and post treatment products

### **6.4 Evaluate adverse reactions, possible peel complications and how to reduce the potential for adverse reactions**

- Hot spots, crusting, severe erythema and discomfort, hyperpigmentation and hypopigmentation, salicylism, dizziness, nausea, rapid breathing, severe peeling, irritation, inflammation, breakouts
- Preparation of self; appearance, dress code, habits, personal hygiene, organisational requirements, professional standards and codes of behaviour, confidentiality, the importance of attending training in relation to specific protocol and personal development
- Preparation of the treatment environment; sterilisation and disinfection methods, hygiene practices, hazardous waste and personal protective equipment, environmental conditions, lighting, heating, ventilation
- Preparation of equipment, safety checks, tools, consumables and products; importance of sundry disposables & ppe. Equipment - products for treatment

### **6.5 Explain the preparations required for chemical skin peeling**

- Preparation of the client - consultation. consultation skills and methods (verbal, written and visual) to prepare the client and identify treatment objectives in order to facilitate the formulation of an informed and agreed treatment plan ensuring the parameters of the treatment possibilities are clearly outlined and client confidence is gained. The importance of medical history and medication and treatment history. Ideal pre-treatment skin preparation that will enhance results. The importance of recognising and discussing contraindications, and outlining the potential for adverse reactions; including the risks and dangers associated with skin peeling and how to deal with them e.g. excessive discomfort, excessive irritation, excessive erythema, post inflammatory pigmentation changes, infection. Informed and request for treatment consent; the importance of

communicating to ascertain client understanding and knowledge of treatment method, sensations, normal reactions, adverse reactions and parameters of results that they are realistic and achievable and reasons why treatment may not be able to be carried out, or require GP medical approval. Patch testing and skin sensitivity testing for thermal and tactile awareness if appropriate. Establishing understanding of the recommendations for numbers of treatments required, costs, schedules. Recording client responses to questions. Recognising the limitations and variances of professional background when considering contraindications. Therapists must not name or diagnose

- Ascertaining that the condition can be treated
- Taking photographs and the importance of maintaining client positioning, client consent and usage permission
- Providing printed information and written or electronic recording of information. Establishing client understanding of the realistic parameters of the treatment, treatment sensations, normal reactions and healing time, contra-actions and gaining client confidence. Gaining written signatures for client consent to treatment. The importance of giving clients time to ask questions. The formulation of a treatment plan for successful treatment
- The importance of client commitment to recommended treatment plans and pre and post treatment product usage

#### **6.6 Explain the requirements for the provision of safe and effective treatment**

- Communication; professional and respectful liaisons with all client groups in accordance with expected codes of behaviour and equality and diversity legislation. Communication methods - verbal and written. Adaptations for clients with language or disability needs. Clear dialogue, open questions and responses. Appropriate body language. Adaptations for varying client groups and needs. Cultural and religious requirements. Requirements for gender, age and disability. Use of interpreters, diagrams, etc. Essential skill – importance of concise, positive communication; It increases the potential for repeat business, personal and establishment reputation and the economic success of the practitioner, the business and the sector as a whole
- Seated with feet on the floor, back straight, shoulders relaxed and

avoidance of twisting during treatment. Standing with feet hip width apart firmly and evenly on the floor, knees relaxed, bottom tucked under, back straight and shoulders relaxed. Treatment must be able to be carried out thoroughly and effectively. Importance- reduces the likelihood of accidents during treatment and avoids future personal health and safety issues that will reduce work life

- Ensure correct client positions and care – when undressing and getting to couches. Use of professional couch / chair. Height to suit the practitioner, incline to suit both practitioner and client, adapt for client needs e.g. asthma. Establish and maintain comfort, pillows under knees, back-care. Client close enough but personal space maintained. Importance; it increases the potential for repeat business, personal and establishment reputation and the economic success of the practitioner, the business and the sector as a whole.
- Tools and equipment - bowls, timers, PPE, sundry items, application tools, peels, de-greasing agents, neutralisers, skin cleansers and finishing serums, hydrators and sun protection products
- Treatment protocols - follow health and safety practices at all times, washing of hands, use of disposable gloves, use of disposables and changing of water. Appropriate choice of cleansers, de-greasing agents, petroleum jelly, eye protection, peel dispensing, peel application (brush, gauze, cotton applicators) in accordance with manufacturer recommendations or skin indications, accurate timing, constant checks for client comfort and appropriate responses, checks for skin responses to the peel - (erythema, varying levels of frosting), use of fans, neutralisers, peel removal and cooling of the skin, ascertaining client wellbeing, application of post treatment products including - serums for calming and soothing redness, antioxidants to reduce free radical activity and enhance collagen regeneration, hydrators to assist cell function, nourishing creams to combat post treatment sensations, SPF to ensure protection of the skin
- The importance of aftercare advice and product recommendations
- Concluding treatment – documenting procedures and organisational requirements



**LEARNING OUTCOME 7 Provide ethical, safe and effective chemical skin peeling treatment ensuring maintenance of health and safety practices, security and emergency procedures**

**7.1 Carry out safe and effective chemical peeling treatment**

- Communicate respectfully, professionally and effectively throughout adapting as required, demonstrate professional and appropriate preparation of self
- Work with colleagues professionally, respectfully and effectively
- Follow hygienic and safe practices throughout
- Demonstrate effective preparing of the treatment environment, equipment, products and consultation documents required for treatment
- Carry out a consultation and ensure suitability for treatment and consent to and request for treatment has been ascertained
- Ensure correct positioning of themselves and the client throughout the treatment
- Select and justify choice of tools, products and equipment

- Prepare skin for treatment. Skin tests for thermal and tactile awareness and patch tests (if appropriate). Skin cleansing - choice of products in line with skin type or manufacturer recommendations
- Take a pre-treatment photograph to ensure for purpose use
- Carry out skin analysis check – essential process. Can be carried out prior to the treatment appointment or on the day in accordance with organisational procedures
- Carry out appropriate Chemical Skin Peeling treatment safely and effectively in accordance with manufacturer guide lines and the acquired consent and request for treatment, making adaptations where required
- Make professional and appropriate adaptations to the treatment where required - reduce or lengthen time, use of fans to aid cooling of the skin, early neutralisation, spot neutralisation, removal, increase number of passes, increase time of application, communicate at all times to instil confidence, keep control and ascertain client comfort
- Complete the treatment in industry accepted time frame and to the satisfaction of the client and discuss treatment plans and progression
- Complete post treatment procedures including the post treatment photograph use of mirrors and skin imaging equipment
- Dispose of waste in accordance with legislative and organisational requirements
- Follow emergency procedures

### **7.2 Provide thorough and effective after care advice, product and further treatment recommendations and facilitate follow up procedures**

- Provide verbal and written after treatment advice in particular; adverse reaction advice to avoid adverse reactions and to ensure all clients have a protocol to follow should they have any reaction concerns, adapt advice for individual needs
- Agree a follow up arrangement - a contact person and telephone number for concerns post treatment
- Skin recovery times and expected reactions, use of recommended soothing products
- Lifestyle advice that could be altered to enhance client aims post-treatment restrictions e.g. avoiding sun exposure and wearing a hat, heat treatments, use of cosmetics, vigorous physical activity, swimming, avoidance of other treatments and products, excessive abrasion, smoking,

touching and hand hygiene, closeness of pets

- Product recommendations for enhancement of results – antioxidants, Vitamin A, hyaluronic acid, use of hydroxyl acids, nourishing protecting moisturisers, SPF, and actives for particular concerns- anti redness, pigmentation etc.
- Closing procedures; the importance of 'closing procedures' for client satisfaction and economic success in business, take responsibility and work effectively and professionally with reception staff and other colleagues to ensure that all clients are provided with written information, book their next treatment/s and purchase the recommended products
- Best practice procedures for following up treatments; questionnaire, courtesy telephone call, e-mail

## **LEARNING OUTCOME 8: Document and conclude treatments in accordance with legislative and organisational requirements**

### **8.1 Document and conclude all treatments fully and in accordance with legislative and organisational requirements**

- Complete written / electronic notes to ensure full recording of the treatment, recommendation, purchases and post treatment satisfaction, make adaptations where necessary.
- Carry out tidying, sterilisation and disinfection of the treatment environment ensuring readiness for further treatment

## **UNIT ASSESSMENT**

### **ORAL AND / OR WRITTEN QUESTIONING**

This is a practical and knowledge unit in which all learning outcomes from LO 1-8.1

inclusive are assessed internally through a combination of internal and external methodology;

#### Internal Assessment

- LO 1- 8.1 inclusive are all evidenced through the completion of the course portfolio.
- LO's 1.1- 6.4 inclusive and are all assessed using Multiple Choice Questions delivered and marked through the on- line learning programme - Pass rate of 100% Will be required over three sittings.
- LO's 1- 6.4 inclusive are all assessed using a written question assessment workbook.
- LO's 7 – 8.1 inclusive will be internally assessed through observation of practical skill by the delivering centre staff. Pertinent knowledge underpinning the practical skill will be assessed by oral questions during the practical observations.
- LO 7-8.1 will be assessed through case study treatments. Case study briefs will outline the requirements for the particular skill and will be marked internally by the delivering centre staff.
- A Centre can decide to supplement the above evidence with Oral questions in instances where the learning outcome is at question and is needed to satisfy any additional needs of the learner. Evidence of questions asked and answers given must be provided. A centre may also decide to provide additional opportunities for internal assessment of practical skill to be achieved where centre staff, are of the opinion that skill competency is at question.

#### External Assessment

- LO's 1- 6.4 inclusive are assessed using an end of course Multiple- Choice Examination Question paper to be taken on the allocated examination date. These examination papers are taken away by the attending CIBTAC examiner and marked by CIBTAC personnel. This examination is graded.
- LO's 1-8.1 will be assessed through a case study assignment.
- LO's 7 – 8.1 inclusive will be externally assessed through observation of practical skill by the CIBTAC examiner on the allotted end of course examination date.
- LO's 1 - 6.4 underpins the practical skill so some key knowledge will be

assessed by oral questions during the observations at the practical examination and responses will be used in the assessment process.

- LO from unit 1 core knowledge for aesthetic practice underpins all practical skills so some oral questions asked during the practical examination may be linked to this unit.
- Both theory and practical CIBTAC examinations will take place on the same day.

Oral questions may be used in instances where the learning outcome is at question and is needed to satisfy any additional needs of the learner.

## OPTIONAL UNIT – 1

<b>UNIT TITLE</b>	<b>Principles and Practice of the Medispa Sector</b>
<b>CIBTAC/SDTC UNIT CODE</b>	<b>SDT04</b>
<b>OFQUAL UAN</b>	<b>Y/615/1004</b>
<b>UNIT TYPE</b>	<b>Mandatory</b>
<b>CREDIT VALUE</b>	<b>5</b>
<b>UNIT AIM AND PURPOSE</b>	
<p>This is a preparation for work and distance-learning unit designed to ensure all practitioners have relevant and current awareness of the medispa sector outside of their own practice.</p> <p>This unit will examine: the treatment modalities and treatment practices being carried out in the medispa environment and the range of cosmeceutical products that accompany treatment and are available to the client. It will also examine the CPD opportunities that exist in the sector and it will ask learners to analyse the benefits and the limitations of treatments and products available to the client and consider the potential future developments.</p> <p>This unit is mandatory unit for the Level 4 Diploma in Advanced Skin Studies and Clinical Aesthetics qualification.</p> <p>This unit is a mandatory unit in the following CIBTAC/SD qualifications:</p> <ul style="list-style-type: none"> <li>• The Level 4 Award in Core of Knowledge for Aesthetic Practice</li> <li>• The Level 4 Certificate in Advanced Skin Studies and the Principles of Aesthetic Practice</li> <li>• The Level 4 Certificate in Chemical Skin Peeling</li> </ul>	

- The Level 4 Certificate in Micro-Needling
- The Level 4 Certificate in Non-Surgical Blemish Removal
- The Level 4 Diploma in Chemical Skin Peeling and Micro-Needling
- The Level 4 Diploma in Clinical Aesthetics
- The Level 4 Diploma in Advanced Skin Studies, Chemical Skin Peeling and Micro-Needling

## UNIT INTRODUCTION

This unit will ensure all learners have a broad understanding of the medispa sector and the treatments and products that are available to both the clinics and the clients. It will ensure learners have an appreciation of the benefits and limitations of the offerings and consideration of the future developments in the sector.

This unit will ensure that learners are aware of the CPD opportunities that are available to them for the further development of their sector awareness and personal and economic potential.

## LEARNING OUTCOME 1: Understand the wider medispa sector outside of own practice

### 1.1 Evidence awareness of the wider medspa sector outside of own experience.

- Input will provide insight into a range of non-surgical treatment modalities and protocols for both the face and body (This is not a unit that will lead to skill competency)

**Modalities - may include, but not be limited to** - LED, Ultra-sound, Radio Frequency, Laser and IPL, injectable treatments for muscle relaxation and for reduction of lines and wrinkles and improvement of facial contour, Mesotherapy by fusion, injection and nappage. Hydrafacial and other combination modality equipment, Thread lifting, Cryolipolysis- fat freezing, fat dissolving, micro-pigmentation, tattoo removal, medi-spa facials

- Boundaries for therapists and medical practitioners.

### LEARNING OUTCOME 2: Reflect on CPD opportunities in the medspa sector

#### 2.1 Discuss the CPD opportunities available in the medspa sector

- Exhibitions, conferences, training courses, shadowing, work experience opportunities, trade press etc.
- Diary dates, costs and location (where relevant)

### LEARNING OUTCOME 3: Explain the benefits and limitations of treatments and products available to clients and discuss potential future developments in the sector



### 3.1 Explain the benefits and limitations of treatments and products available to clients and discuss potential future developments in the sector

- Effects benefits and indications of selected treatments
- Costs and purchasing options of selected treatments
- Legislative or governance implications for use and installation of selected treatments
- Effects and benefits of main actives in advanced formulations-  
**To include but not be limited to;** Hydroxy acids, Vitamin A, Vitamin C, Other antioxidants, peptides, plant botanicals for lightening and brightening, anti-bacterial and anti-inflammatory effects, calming and soothing etc.
- Transdermal delivery mechanisms
- Evidence based practice - Clinical studies and analysing research papers
- Costs of selected products
- Future developments- consider looking at trade press, exhibitions and distributor marketing etc.

## UNIT ASSESSMENT

### ORAL AND / OR WRITTEN QUESTIONING

This is a knowledge only unit in which all learning outcomes from LO1-3 inclusive are assessed through a combination of internal and external assessment methodology;

Internal Assessment

- 2** LO's 1-3 inclusive are all evidenced through the completion of the course Portfolio and will show all assessment evidence
- 3** LO's 1-3 and are all assessed through the completion of the course assignments.
- 4** A centre can decide to supplement the above evidence with oral questions in instances where a knowledge learning outcome is at question and is needed

to satisfy any additional needs of the learner. Evidence of questions asked and answers given must be provided. A centre may also decide to provide additional opportunities for internal assessment of practical skill to be achieved where centre staff, are of the opinion that skill competency is at question.

#### External Assessment

- 5** LO's 1-3 are assessed through the course assignments. This work will be sampled by the CIBTAC examiners.

Oral questions may be used in instances where the learning outcome is at question and is needed to satisfy any additional needs of the learner.