

CIBTAC / SDTC

**LEVEL 4 DIPLOMA IN ADVANCED
SKIN STUDIES AND THE PRACTICE
OF CHEMICAL SKIN PEELING AND
MICRO-NEEDLING
(CSDD03)**

SYLLABUS

QAN 603/0168/5

1. Structure of the Diploma

1.1 The structure of the Diploma is made up of five mandatory units and one optional unit.

1.2 The Mandatory units are as following:

SDT01: Core Knowledge for Aesthetic Practice

SDT02: Advanced Skin Science

SDT03: Provide Investigative Consultation and Advanced Skin Assessment

SDP01: Provide Chemical Skin Peeling Treatment

SDP02: Provide Micro-Needling 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 Diploma 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 five 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 627 hours.

2.3 The Level 4 Diploma has a total minimum number of 446 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
SDT02: Advanced Skin Science	65
SDT03: Provide Investigative Consultation and Advanced Skin Assessment	75
SDP01: Provide Chemical Skin Peeling Treatment	102
SDP02: Provide Micro-Needling Treatment	102
TOTAL	446

OPTIONAL UNIT TITLE	GLH
SDT04: Principles and practice of the Medispa Sector	32

2.4 The Level 4 Diploma is made up of a minimum 446 GLH.

2.5 The five mandatory units within the Level 4 Diploma 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 Diploma consists of seven parts detailed below:

1. Underpinning Knowledge for this Level 4 Diploma 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 Diploma will also be assessed through the completion of course workbooks for units SDT02, SDP01 and SDP02, a 5000-word assignment for the unit SDT01 and two, 2000- word assignments for SDT04.
- 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 – 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 units SDP01 and 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 Diploma 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 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:

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

Grade	Mark range	Description
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 & and 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

UNIT TITLE	CORE KNOWLEDGE FOR AESTHETIC PRACTICE
CIBTAC/SDTC UNIT CODE	SDT01
OFQUAL UAN	A/615/0637
UNIT TYPE	Mandatory
CREDIT VALUE	12
UNIT AIM AND PURPOSE	
<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.

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LEARNING OUTCOME 1: Understand the medspa environment and the work of medical and non-medical aesthetic practitioners

1.1 Explain what is meant by the terms 'aesthetics' and 'medspa' and the principles and practices it represents

- What is aesthetics?
- Describe the medspa 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 medspa 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 medspa 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 electrology 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, thromobocytes / 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, compromised 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, L0 2.1–2.4, LO3.1 and 3.2 and L0 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

UNIT TITLE	Advanced Skin Science
CIBTAC/SDTC UNIT CODE	SDT02
OFQUAL UAN	F/615/0638
UNIT TYPE	Mandatory
CREDIT VALUE	9
UNIT AIM AND PURPOSE	
<p>This is a preparation for work unit with the aim of providing underpinning knowledge in advanced anatomy and physiology of the skin to support the delivery of cosmetic procedures within the aesthetic skin care sector. Equally it serves to advance the knowledge of anyone working within the skin care and beauty therapy industry beyond that of general Level 3 standard and the learning provided by industry manufacturer training.</p> <p>It fulfils the needs of the post graduate market and specifically addresses the recommendations of the government body Health Education England for new education standards in the clinical aesthetics sector as published in their final report January 2016 and the 2016 NOS. It raises individual knowledge of this core subject area and relates it directly to the practical skill environment, so increasing performance levels in the provision of safe, ethical and effective treatment. In turn it leads to greater professional reputation, personal economic success and ultimately the strengthening of the economic potential of the sector.</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 qualifications;</p> <p>CIBTAC Level 4 Award in Advanced Skin Science</p> <p>CIBTAC Level 4 Certificate in Advanced Skin Studies and the Principles of Aesthetic Practice</p> <p>CIBTAC Level 4 Diploma in Advanced Skin Studies and the Practice of Chemical Skin Peeling and Micro-Needling</p>	

UNIT INTRODUCTION

This unit provides an in-depth knowledge and understanding of skin anatomy, physiology, histology and immunology relative to skin health, skin dysfunction, cosmetic dermatology and advanced remedial treatment of the skin. It provides intricate knowledge of the structure and function of stratified squamous epithelial tissue, areolar tissue and adipose tissue. The epidermal layers are scrutinised, to include the formation, structure and function of the various types of specialised cells of the epidermis, the bilayer formation, epidermal lipids, Natural Barrier Function and Natural Moisturising Factor. The Extra Cellular Matrix of the dermis, together with its appendages and histology, is studied in detail to include the inflammatory responses, immunology, tissue wounding and degeneration, regeneration and remodelling. Extensive study is also made of the physiology of the skin ageing process and the formation of pigmentation pertinent to aesthetic practices.

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 advanced skin science and the relevance to facial aesthetic treatment

1.1 Explain the relevance of advanced knowledge and understanding of skin anatomy and physiology to safe and effective aesthetic practice

- Normal skin structure and function at cellular level, skin homeostasis for overall skin health, changes in skin structure and function, visual assessment of normal and adverse skin conditions, information impacting on skin histology, physiology and immunology, skin dysfunction influenced by both extrinsic and intrinsic influences, the physiological mechanisms for transdermal penetration, the physiological impact of remedial treatment approaches in promoting skin

health and treating skin dysfunction

1.2 Explain the structure and function of the skin as an entire body organ

- As a physical protective barrier tissue, a hydrophobic and lipophilic organ, as a chemical protective barrier tissue, triple layer structure – epidermis, dermis, subcutaneous layers, principle tissue types – epithelial, areolar and adipose tissues, Skin statistics – cell types and appendages

1.3 Demonstrate knowledge of the skin anatomy on a medical grade anatomical diagram

- The epidermal layers, The DEJ, The Papillary layer, Papillary rete pegs, The Reticular Layer of the dermis, Fibroblast cells, The ECM – Collagen, Elastic, Hyaluronic Acid, The Pilosebaceous unit incorporating the hair follicle, hair and sebaceous gland, The eccrine and apocrine sweat glands, The sensory nerve endings for heat, cold, touch, pain and pressure, Arrector Pili Muscle, Arterial and venous vascular vessels, lymphatic vessels

1.4 Explain the principle functions of the skin

- Sensation – heat, cold pain, touch, pressure etc.; Heat regulation – vasodilation, vasoconstriction, sweating and arrector pili response; Absorption – implications of hydrophobia and hydrophilia in relation to transdermal penetration; Protection – physical (epidermis, dermis and subcutis), chemical (epidermis), melanin, immunology (epidermal inflammatory and immune reactions / dermal inflammatory and immune reactions; Excretion – eccrine and apocrine sweat; Secretion – sebum and extracellular epidermal lipids; Vitamin D production – UV trigger, conversion of dehydrocholesterol, vitamin D synthesis, dietary sources

1.5 Explain the development, structure, histology and function of the epidermis in relation to skin health

- Keratinised, Stratified Squamous Epithelial tissue - The keratinocyte cell and the function of cell organelles – to include Nucleus, Nucleolus, Centrosome, Chromosomes, Cytoplasm, Cell membrane, Mitochondria, Vacuoles, Endoplasmic reticulum – rough / smooth, Ribosomes, Golgi Body / Apparatus,

Odland Body, Lamellar Body, Lysosomes

- The types and characteristics of the Keratinocyte cell and epidermal cell programming - epidermal stem cells, columnar keratinocyte cells, cell differentiation, keratinisation, the epidermal zones of proliferation, differentiation, cornification and desquamation, programmed cell death – apoptosis, desquamation, the keratinocyte life cycle
- The development, histology and function of the Stratum Germinativum - Mitosis to include all multistage processes within the distinct phases Interphase, Prophase, Metaphase stages 1 and 2, Anaphase, Telophase, Production of two identical daughter cells - stem cells and transient amplifying (TA) cells, the location of the melanocyte cells, Langerhans cells and Merkel cells
- The development, histology and function of the Stratum Spinosum - process of cell differentiation begins - cellular polygonal shape, commencement of keratinisation and apoptosis, commencement of melanin synthesis, production of membrane coating proteins by odland bodies, production of the epidermal lipids by lamellar bodies, composition of epidermal lipids - cholesterol, ceramides and free fatty acids
- The development, histology and function of the Stratum Granulosum - the transitional zone – bilayer formation and its significance to the Natural Barrier Function of the skin and the implications on the prevention of Trans Epidermal Water Loss (TEWL), Keratohyaline granule production, Profilaggrin conversion to filaggrin protein and cross linkage, cornification of the cells and the role of the T-Gase enzymes and dehydrovitamin D1,25 in this process, desomosome degradation
- The development, histology and function of the Stratum Lucidum - formation of the cornified cell 'envelope', thickness of stratum lucidum according to location on the body, function of the stratum lucidum
- The development, histology and function of the Stratum Corneum - final stages of keratinisation – structure of the corneocyte, the role of filaggrin protein, thickness of stratum corneum, the desquamation process, the dissolution of the corneodesmosomes and the necessary environment for efficient desquamation, the implications of poor desquamation on overall skin health
- The keratinocyte lifecycle to include - cellular reproduction by mitosis in the Stratum Germinativum, cellular differentiation through the epidermal layers in terms of shape,

loss of nucleus, moisture loss, keratin production – keratohyaline, profillagrin and fillaggrin proteins, corneocyte envelope formation, desquamation, the varying duration of the keratinocyte cycle dependant on age

- The natural Moisturising Factor as the hydration mechanism of the Epidermis - the formation of the Natural Moisturising Factor (NMF) within the corneocyte cells, the components of the NMF, the significance of filaggrin protein in the formation of the NMF, the physiology of the water retaining capability of the NMF, the impact on skin health of poor NMF capability
- The Natural Barrier Function of the epidermis and its importance to skin health - The formation of the physical barrier – bilayer cells and lipid structure, desmosome adhesion, The formation of the chemical barrier of the epidermis – the acid mantle created by the epidermal lipids - types, composition. Sebum – composition inside the gland and its metabolism by the P acne bacteria and the impact of a compromised acid mantle
- The mechanisms for epidermal adhesion and its relevance to the aesthetic practitioner - The location, structure and function of the corneodesmosomes and hemidesmosomes. Adhesion at the dermal epidermal junction DJ – Collagen types IV and VII, adhesion through the epidermal layers, Collagen type XVII, Laminin, Cadherins, integrin, plectin and keratin, Calcium dependent adhesion
- Corneodesmosis, Loss of DEJ adhesions through degradation by UV and the skin ageing process leading to epidermal loosening, the importance of cellular adhesion in skin assessment, the ageing process and skin regenerative procedures

1.6 Explain the development, structure, histology and function of the dermis in relation to skin health

- Characteristics of areolar connective tissue and the Extra cellular Matrix - types, locations, functions, background matrix
- Characteristics of the Papillary layer - Location and composition, The dermal epidermal junction- location, collagen types, function of the papilla
- The characteristics of the Reticular layer - Location, collagen and elastin types and formation
- The process of dermal regeneration and the defence cells of the dermis - Fibroblast cells, mast cells, phagocytes, leucocytes, lymphocytes
- The histology, development and function of dermal collagen - characteristics,

function, triple helix structure and its relevance to topical products, the role of vitamin C in collagen synthesis and maintenance, diet and collagen production, types of collagen- focus for collagen types I,III, IV,V,VII and X

- The intrinsic and extrinsic factors that influence collagen degradation and the aesthetic treatments used for collagen regeneration
- Collagen glycation - the process of collagen glycation and visual characteristics, who get collagen glycation and how to treat it
- The histology, development and function of Elastin- characteristics, micro-fibril structure, degradation, signs of loss of skin adhesion
- The histology, development and function of the Glycosaminoglycan- types, hyaluronic acid focus- structure, glycoproteins
- The natural degradation of the extra cellular matrix - the matrix metalloproteinases, up regulation, the tissue inhibiting metalloproteinases and significance to the aesthetic practitioner

1.7 Explain the dermal appendages and circulatory systems in relation to skin health

- The pilo-sebaceous unit- structure, infundibulum, hair bulge, dermal papilla, arrector pili muscle, sebaceous gland. Sebum, the hair and follicle structure, sudoriferous glands- eccrine, apocrine, sensory nerves - merkel cells, sensory perception
- Tissue fluid exchange, vasoconstriction and dilation, vascular damage
- The specialised cells and substances in the skin - The T and B cells, cytokines, interleukins, mast cells, Langerhans cells, stem cells, growth factors
- The inflammatory process in overview - neurotransmitters, thermoregulation, angiogenesis overview and the composition and function of blood in the process- erythrocytes, leucocytes, platelets, the role of the lymphatic system

1.8 Explain the process of melanogenesis

- Skin colour determinants - haemoglobin, carotene, melanin
- Function and types of melanin - biopolymer molecule, eumelanin & pheomelanin,
- The electromagnetic spectrum and ultra violet radiation, wavelengths, visible light, infrared, x rays, UVA focus, UVB focus, photo-ageing overview
- The melanocyte cell, the p53 gene and melanin stimulating hormone, tyrosine and tyrosinase, melanin distribution, epidermal melanin transfer and

distribution, melanin in the dermis

LEARNING OUTCOME 2: Understand and explain advanced knowledge of the wound healing process and the relevance to facial aesthetic treatment

2.1 Explain wound healing as it relates to the skin and non-surgical aesthetic treatment

- Factors that affect wound healing
- Inflammatory stage – neurotransmitters, substance P, arachidonic acid, the calcitonin gene related peptide, Langerhans cells, role of red and white blood cells, the first few hours, initial blood clotting, deeper inflammation
- Stage 2 proliferation - re-epithelialisation, re-building the basement membrane, mitosis, re-building the ECM and early collagen formation
- Stage 3 remodelling – maturation of tissues

LEARNING OUTCOME 3: Understand and explain the physiology of skin the ageing and the relevance to facial aesthetic treatment

3.1 Describe the basic principles of the physiological changes associated with skin ageing

- Changes to – elastin, collagen, hyaluronic acid levels, epidermal cell turnover, skin adhesion, the effects of oestrogen post menopause, skin density, pore texture, muscle tone, the healing capacity, pigmentation, sebum production, hydration levels, barrier function, vascular network, collagen glycation, hair growth

3.2 Describe the signs and symptoms of an ageing skin

- Assessing the extracellular matrix, loss of dermal integrity, loss of elasticity, loss of hyaluronic acid and the effects of the menopause, skin density
- Vascular damage
- Skin adhesion
- Changes to sebaceous gland activity, pore texture, enlargement of

sebaceous glands

- Hyperkeratosis
- Loss of muscle tone and dropped contours
- Collagen glycation
- Lines and wrinkles
- Pigmentation change

3.3 Give an overview of the influences on the healing capacity of an ageing skin

- Intrinsic and extrinsic influences on premature skin ageing
- Formation of oxygen free radicals
- Other free radicals and broad spectrum protection- Hydroxyl radical, superoxide anion, hydrogen peroxide (H₂O₂), hydroxyl radical (OH) and singlet oxygen

3.4 Explain the sources and effects of antioxidants on skin health

- Sources, dietary, supplementation, topical- the importance of Vitamin C
- Neutralisation of free radicals

3.5 Give an overview explanation of the effects of lifestyle on the skin and free radical attack

- Sun exposure- effects on the dermis, epidermis, pigmentation, freckles, solar lentigenes, actinic/solar keratosis, seborrheic warts/keratosis, squamous cell carcinoma, basal cell carcinoma, malignant melanoma, mole health and changes, lines and wrinkles and the Glocou scale
- Environmental pollution and extremes of;
 - Smoking
 - Alcohol on the skin
 - Stress
 - Nutrition on the skin
 - Diet - protein, carbohydrates, fats and oils, vitamins, minerals

3.6 Explain the causes and effects of dehydration on the skin

- Visible signs and symptoms, influence on enzymatic activity - skin function

and regenerative capacity, the effects of epidermal dehydration, the effects of dermal dehydration, recognising dehydration, hyaluronic acid and the effects of age and the menopause

3.7 Explain how ageing effects the skin healing response and the principles of skin regenerative treatments

- Slower, less effective, more potential for adverse reactions and poor results
- Regenerative treatment depends upon the ability of the skin to heal well - more time required for results, more need for pre and post and treatment topicals - topicals essential, Vitamins A & C, HA, etc.

3.8 Explain the signs and symptoms of Adult Acne

- Seborrhea – Androgen imbalance, poor cell turnover, slow desquamation- hyperkeratinisation, comedogenesis, poor lipid content – acid mantle imbalance, milia – excoriated lesions, bacterial infection – inflammation and sepsis, poor healing – excoriated lesions, post inflammatory scarring

ASSESSMENT METHODOLOGY

This is a knowledge only unit in which all learning outcomes from LO1-3.8 inclusive are assessed through a combination of internal and external methodology;

Internal Assessment

- LO's 1-3.8 inclusive are evidenced through completion of the course portfolio.
- LO's 1.1-1.8, 2.1 and 3.1-3.8 are all assessed using Multiple Choice Questions. delivered and marked through the online learning programme. A pass rate of 60% will be required for each test. Tests are graded- see table 3.3i.
- LO's 1.1-1.8, 2.1 and 3.1-3.8 are all assessed using a written question assessment workbook.
- 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 1.1-1.8, 2.1 and 3.1-3.8 are all assessed using an end of course Multiple-Choice Examination Question paper to be taken on the allocated examination date.
- Test will be taken away for marking by CIBTAC.
- CIBTAC examiners will sample portfolios and the assessment evidence it captures.

This unit underpins all treatment skill practice so for learners moving on to practical skill courses, pertinent knowledge elements will be assessed during the 'face to face' element of those courses and during the end examination process that will be carried out by CIBTAC examiners.

MANDATORY UNIT - 3

UNIT TITLE	PROVIDE INVESTIGATIVE CONSULTATION AND ADVANCED SKIN ASSESSMENT
CIBTAC/SDTC UNIT CODE	SDT03
OFQUAL UAN	J/615/0639
UNIT TYPE	Mandatory
CREDIT VALUE	10
UNIT AIM AND PURPOSE	
<p>This is a blended learning unit in which knowledge is delivered through audio-visual presentations via a bespoke online learning system and assessed through a combination of both internal and external methods.</p> <p>The learner will complete the course portfolio that will evidence the course learning outcomes and assessment strategy. It will evidence successful completion of the online multiple-choice questions, the course workbook and evidence of the practical skill competency. This course will also be assessed externally through a multiple-choice question test paper taken at the end of course examination.</p> <p>This unit is designed to ensure that the learners knowledge and skill in relation to client/ patient consultation and analysis of skin condition and type, is appropriate for practitioners carrying out clinical aesthetic treatments.</p> <p>This unit will review basic knowledge and skill as might be present for anyone either already working in the sector or with a level 3 beauty therapy qualification but equally, it will ensure any learner with no sector experience or qualifications, can be given appropriate knowledge and skill as required for clinical aesthetic practice.</p> <p>This unit can be taken as an Award qualification its own right but it also forms one of the mandatory units in the following CIBTAC/SDTC Certificate and Diploma qualifications;</p> <p>CIBTAC Level 4 Award in Skin Health Assessment for Aesthetic Practitioners</p>	

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

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

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 for all the CIBTAC/SDTC qualifications.

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 learner's understanding of elementary anatomy and physiology, microbiology and the basic principles of pathology, biochemistry, pharmacology, biophysics together with consultation practices and psychosocial support of the client / patient.

Learners will learn the principles of informed consent with an additional appreciation of 'request for treatment' 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 treatment room for the one- day practical element 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.

LEARNING OUTCOME 1: Understand investigative consultation and advanced skin assessment and contextualise the importance to aesthetic treatment.

Module One LO 1.1-1.4, Module Two LO 1.5 & 1.6, Module Three LO 1.7

1.1 State the meaning of the terms investigative consultation and advanced skin assessment

- Investigative consultation - gaining and interpreting information
- Advanced Skin Analysis - Zonal analysis to examine and understand the skin fully

1.2 Explain the requirements of the Data Protection Act 1998 as it relates to clinical aesthetics practice

- The taking of information - for the sole purpose it has been given – written, electronic, photographs; storage and safety of data; Registration with Government Information Commissioners Office ICO

1.3 Explain the preparations required for Investigative Consultation and Advanced Skin Assessment

- The 4 P's - Preparation Prevents Poor Performance
- Equipment
- Professional presentation, demeanour and interpersonal behaviour - appearance, posture, mannerisms, language, greetings, listening skills, organisational expectations- appearance to be in accordance with organisational expectations - variances for doctors, nurses, therapists etc. to consider uniforms, hair, nails, jewellery, shoes, personal hygiene;
- The consultation documentation - Analysis of variances - purpose and thoroughness, design, user friendly, standardised, manual/electronic, 'off the shelf' recording documents, or specifically designed organisation records

1.4 Evaluate the consultation and assessment documentation and analyse what can be deduced from a thorough interpretation of client personal information

- Personal contact details, concerns, aims and motivation, occupation and environment, lifestyle, stress and sleep patterns, sun history, general health and medical history, contraindications, previous treatments, product use, space for discussions, signed informed consent element - 'request for treatment' approach, space for further appointment recording
- Buzzwords
- Analysis and interpretation of personal information and its potential influences on skin type and condition and the signs and symptoms of accelerated skin ageing, free radical activity levels, potential for healing post treatment and adaptations that will be required, consider;
 - Address / Town and city living/ rural living, Marital status - lifestyle indicator;
 - Occupation – the adrenalin cycle of stress, working indoors and outdoors, stressors that will compromise barrier function, effects of humectants in dry environments and the effects of habitual activities
 - Working outdoors - environmental aggressors, occupational skin irritations - dermatitis, acne mechanical and inflammation
 - Age - chronological age/premature ageing issues and signs and symptoms. Hormonal issues
 - The Client's perspective - Aims and objectives- expectations, preferences, previous treatment history and satisfaction, previous adverse reactions, psychological wellbeing, existing skin concerns & previous product and treatment choices/history
 - The treatment junkie

1.5 Explain free radicals, free radical damage in the skin and the effects of antioxidants

- Analysis of atomic structure and the changes that take place when free radicals are formed; oxidative pathways and chains of reactivity
- Analysis of both Intrinsic and extrinsic influences
- The nature of an antioxidant and sources; Atomic neutralisation and stability

1.6 Analyse the questions required for a thorough investigative consultation of lifestyle influences on the skin

- Analysis of the effects of sun exposure past and present on;
 - Levels of free radical activity, resultant changes to skin function including MMP activity, oxidation of pheomelanin, neutralisation of Vitamin A receptors, reduction in repair and regeneration capacity
 - On the visible and tactile signs and symptoms of current skin condition and the potential influences on future skin condition. Consider DNA damage and vulnerable skin types,
 -
 - Treatment selection and parameters of treatment
 - Product needs of the client/patient.
- Analysis of the effects of smoking habits past and present on;
 - Levels of free radical activity, resultant changes to skin function including destruction of vitamin C, reduction in blood flow and reduction in repair and regeneration capacity
 - On the visible and tactile signs and symptoms of current skin condition and the potential influences on future skin condition. Consider DNA damage
 - Treatment selection and parameters of treatment
 - Product needs of the client/patient
- Analysis of the effects of stress levels and sleeping habits past and present on;
 - Levels of free radical activity, resultant changes to systemic functioning in particular endocrine activity and immune system responses and the normal skin functioning and the repair and regeneration capacity of the skin
 - On the visible and tactile signs and symptoms of current skin condition and the potential influences on future skin condition. Consider rashes, adult acne symptoms, dark circles under eyes.
 - Treatment selection and parameters of treatment
 - Product needs of the client/patient.
- Analysis of the effects of exercise habits on;
 - Skin condition – Consideration of healthy levels of activity and the potential for skin improvement and unhealthy levels - free radical activity and the associated negative effects on skin function, repair and regeneration and the visible and tactile signs and symptoms of the skin
 - Treatment selection and parameters of treatment
 - Product needs of the client/patient
- Analysis of the importance of water and the effects other drinks;
 - The importance of water to the natural barrier function and natural

moisturising factor, for all enzymatic activity, for the formation of the acid mantle, all cellular metabolism, regeneration and repair, for the dissolution of desmosomes and natural desquamation and general skin condition

- Signs and symptoms of skin dehydration
- Effects of caffeine, sugar drinks, alcohol on the skin
- Effects of milk - links to allergies and acne
- Effects of antioxidant teas on the skin
- The importance of a healthy balanced diet for correct skin functioning and metabolism, cellular repair and regeneration and protection from infection and disease;
 - The components of a healthy diet and the relevance of each group for the skin
 - Effects on the skin of low fat diets and crash dieting
 - Topical antioxidants and delivery mechanisms for cosmeceuticals
 - Potential effects of food additives
 - Dietary diversity and potential deficiencies
 - Digestive disorders

1.7 Consider the questions required for a thorough investigative consultation of medical history and general health for establishing the consultation outcome and likely treatment outcome

- Effects on skin condition and the implications for clinical aesthetic treatments, of the named contraindicated conditions; Diabetes, Epilepsy, Hepatitis, Autoimmune disease, Allergies, Bruising, Herpes Simplex, Wounds and scars, Heart, blood and circulatory conditions, Polycystic ovarian syndrome, Skin infections, inflammations and general ill health, Inflamed and infected Acne conditions – Rosacea and Vulgaris, Skin Cancers, Pregnancy and breast feeding, Medications and surgery
- Medications and the impact on and relevance for non-surgical aesthetic treatment - Concomitant medications
- Basic knowledge of the psychology of appearance including the drivers for cosmetic procedure requests.
- Nice Guidelines appropriate to this area including Obsessive Compulsive Disorder (OCD), Body Dysmorphic Disorder (BDD) and other mental health issues - unrealistic expectations
- Managing difficult clients / patients and difficult post treatment situations e.g. heightened emotional arousal, unmet expectations, post decisional regret

LEARNING OUTCOME 2 : Understand the primary skin types and secondary skin conditions and the methods of advanced skin assessment

Module Four LO 2.1-2.2, Module Five LO 2.3 and 2.4 Module six LO 2.5

2.1 Evaluate the causes, characteristics and needs of the five primary skin types

- The importance of Zonal analysis
- Normal skin- characteristics and general responses to treatment
- Oily skin – characteristics and ethnic variations
- Lipid dry skin – causes and characteristics
- Combination skin
- Sensitive Skin
- Implications of these skin types for clinical aesthetic treatment

2.2 Evaluate the causes, characteristics and needs of the secondary skin conditions

- Secondary skin conditions – Acquired - Linked to age, genetics, hormones, ill health and medication, poor diet, lifestyle, poor skin care
- Acne Vulgaris – Visuals - Cause & Characteristics. The acne cycle and the resultant inflammation and infection. The relationship between androgens, sebum, the activity of the P-acnes, bacteria, levels of inflammation and infection, reduced barrier function and hyperkeratosis. Overview of Acne grading. Cystic acne focus. Treatment requirements and limitations for treatment
- Acne Rosacea - Visuals- Causes and main characteristics. Reactive and sensitive nature. Treatment requirements and limitations for treatment
- Mature, Ageing skin & sun damaged skin - Main characteristics and causes of premature ageing. Treatment requirements & limitations - Cosmeceutical skin care and regenerative treatments. The ageing process and the physiological changes that take place in the skin. The sun and overview of effects- Characteristics of sun damage.
- Dehydrated skin – causes and characteristics, nutritional influences

2.3 Explain the manual methods of assessment that can be used to ascertain skin condition

- The four- stage approach - Observational analysis - seated, woods lamps, zonal

analysis, use of mirrors. Use of photographs. Seated - Allows analysis of gravitational effects- areas to look and assess. Eyes. Upper and lower cheeks, jaw line and neck. Skin assessment forms and recording. Variances. Benefits of zonal analysis. Complexion analysis reports

- Manual tests & Observational analysis

2.4 Explain the visual characteristics and physiological alterations associated with skin ageing and imbalance

- Visual characteristics of & physiological changes associated with;
 - Loss of structural integrity in the ECM, loss of elasticity, collagen glycation, skin density
 - Skin adhesion, hyperkeratinisation - Dermal hydration & hyaluronic acid- Sebaceous secretions, the oily and lipid dry skin- Imbalance in the NMF- Disturbed acid mantle
 - Recognition of - loss of muscle tone & dropped contours, lines and wrinkles, pore texture, skin colour,
 - Types of pigment - open & closed comedones, Milia, Papules & Pustules, Macules, Cysts & nodules & Cystic acne
 - Excoriated blemishes- Acne gradings 1- 5
 - Scars- Atrophic Acne scar tissue, ice pick, box & rolling
 - Seborrhoeic warts, skin tags, moles, normal & recognising malignant changes & Malignant melanoma
 - Blood & Lymphatic circulation, diffused redness and telangiectasia, spider naevi, the lymph glands of the face, Campbell de morgan spots, Rosacea, pigmentation irregularities, Sun damage, Superfluous hair, birth marks, adipose tissue deposits, facial symmetry, darkness around eyes, xanthomas

2.5 Analyse the use of advanced skin assessment equipment and classification scales

- Skin assessment equipment to include;
 - Woods lamp analysis - Characteristics of black light, ascertains characteristics of deeper layers - dry skin, pigmentation variances, hydration levels, congestion and lipid levels, fine skin etc.
 - Visuals. Woods lamp procedure & key benefits. Digital photo imaging, characteristics, ascertain acneic lesions and macular markings, vascular damage, pigmentation, lines and wrinkles, skin texture, sun damage, bacterial levels, congestion. Visuals.

- 3 D imaging and analysis. The Pastiche method measures hydration levels, lipid levels, melanin and erythema.
- PH analysis tools. The mole mate & siascopy, use of LED light to create an image of the key components of the skin.
- Classification scales;
 - The Fitzpatrick scale- History and characteristics. Classifies the skin photo-type and its potential for sun damage. Types 1-6.
 - The Glocou Scale- History and characteristics, assigns a numerical value to the severity of photo-ageing that can be seen. Classifies four levels, slight, moderate, severe & advanced.
 - The Rubin Scale - History and characteristics. Classifies three levels in accordance with depth of visible changes in pigmentation, texture and wrinkling
 - Baumann skin typing - History and characteristics, classifies 16 unique types in accordance with variations in skin limpidity, sensitivity, pigmentation and wrinkling. The Lancer Ethnicity scale- History and characteristics
 - The LES is based on ancestry, skin reaction to light exposure and the calculation of healing efficacy and times. Classifies 5 LES types
- The importance of treatment programming for long term solutions.

LEARNING OUTCOME 3 : Carry out investigative consultation and advanced skin assessment and reflect and contextualise the information to devise safe, effective and ethical skin treatment programmes

Module 7 LO 3.1, Practical assessment LO 3.1

3.1 Carry out investigative consultation and advanced skin assessment, evaluate the client information and devise appropriate skin treatment programmes

- Comprehensive consultation and skin assessment that is recorded thoroughly will provide the opportunity to devise bespoke treatment programs that are more likely to achieve positive results and client satisfaction long term. Programs should be designed to correct skin issues, then maintain results and finally boost results
- Theoretical consolidation exercises
- Practical assessment at the delivering centre. One full day of competency development

UNIT ASSESSMENT

ORAL AND / OR WRITTEN QUESTIONING

This is a practical and knowledge unit in which all learning outcomes from LO 1-3 inclusive are assessed internally through a combination of internal and external methodology;

Internal Assessment

- LO 1-3 are all evidenced through the completion of the course portfolio
- LO's 1.1-1.7 and 2.1-2.5 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.
- LO's 1-3 inclusive are all assessed using a written question assessment workbook.
- LO3 will be internally assessed practically by the delivering centre staff and module 7 case study exercises.
- 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 1-3 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.

Practical Skill will not be assessed externally on this course.

This unit underpins all treatment skill practice so for learners moving on to practical skill

courses, pertinent knowledge elements will be assessed during the face to face element of those courses and during the end examination process that will be carried out by CIBTAC examiners.

MANDATORY UNIT - 4

UNIT TITLE	Provide Chemical Skin Peeling Treatment
CIBTAC/SDTC UNIT CODE	SDP01
OFQUAL UAN	A/6115/0640
UNIT TYPE	Mandatory
CREDIT VALUE	16

UNIT AIM AND PURPOSE

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.

This unit is designed to ensure that all learners can carry out professional, ethical, safe and effective chemical peeling treatments.

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.

This unit is a mandatory unit in the following CIBTAC/SD Certificate and Diploma qualifications;

CIBTAC Level 4 Certificate in Chemical Skin Peeling

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 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, bearbury, 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.

MANDATORY UNIT - 5

UNIT TITLE	Provide Micro-Needling Treatment
CIBTAC/SDTC UNIT CODE	SDP02
OFQUAL UAN	J/615/0642
UNIT TYPE	Mandatory
CREDIT VALUE	16
UNIT AIM AND PURPOSE	
<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 the January 2016 HEE recommendations.</p> <p>This unit is designed to ensure that all learners have knowledge that underpins safe and effective Micro-Needling treatment and can carry out professional, ethical, safe and effective Micro-Needling treatments.</p> <p>This unit will examine: the products and equipment required for Micro-Needling treatments 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 micro-needling practice for both lone workers and those in multidisciplinary teams.</p> <p>This unit is a mandatory unit in the following CIBTAC/SD qualifications;</p> <p>CIBTAC Level 4 Certificate in Micro-Needling</p> <p>CIBTAC Level 4 Diploma in Chemical Skin Peeling & 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 Skin Peeling and Micro-Needling</p> <p>CIBTAC Level 4 Diploma in Advanced Skin Studies and Clinical Aesthetics</p>	

UNIT INTRODUCTION

This unit will ensure learners have full understanding of the knowledge that underpins Micro-Needling treatment and that they can carry out professional, ethical, safe and effective Micro-Needling, 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 Micro-Needling 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 manual Micro-Needling devices in accordance with HEE recommendations, the skin needs and client/ patient expectations and aims; carry out safe and effective Micro-Needling 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 effects and benefits of treatment, the indications for treatment and contraindications

1.1 Explain the physiological effects of Micro-Needling

- History and development – collagen induction therapy
- Effects; Manual / mechanical methods - types. Fractional pin prick wound to

the skin- stimulation of the healing mechanism and regeneration of skin tissue for the treatment of skin conditions

- Combination therapies - with LED light, mesotherapy techniques etc.

1.2 Explain the comparative advantages of micro-needling with other common clinical treatments

- Comparisons with other commonly used regenerative treatments; Ablative lasers, peels, medical dermabrasion and non- ablative, peels, lasers, IPL, microdermabrasion etc. stratum corneum left mostly in tact only fractional wounding and is equally regenerative with less potential for adverse reactions including post inflammatory pigmentation issues, photosensitivity issues, scarring, burning, etc. Less pain – use of anaesthetics. Quick, cost effective, easy to master. Can suit all practitioners. Suitable for all skin types and conditions. Compatible with many other clinical treatments, easy to build in to treatment plans.

1.3 Explain the causes characteristics of conditions to be treated

- All skin types and skin conditions can be treated - will determine treatment parameters - products used, roller choice, length of treatment, working patterns, responses to treatment, further appointment schedule
- HEE recommendations for practitioners
- Intrinsic and extrinsic causes of; effects of main body systems on skin condition
- Mature skin for age management and improvement of skin condition, mild acne conditions, acne grades, mild and non- active rosacea conditions, pigmentation conditions - melasma and photo induced conditions, general skin revitalisation
- The Fitzpatrick scale – the vulnerability of and skin types 111 – V1 pigmentation and Keloid history

1.4 Explain the characteristics and causes of contraindicated conditions

- Recognising general contraindications that prevent treatment or that require GP approval
- Contraindications that prevent treatment. Pregnancy, Severe active acne- Grades 3-5, Severe active Rosaceae and extremely sensitive skin, Severe pigmentation irregularities and genetically determined pigmentation. History of keloids, Contagious skin diseases, open wounds, recent scar tissue less than 6 months old (major operation scars less than 2 years) , undiagnosed lumps,

inflammations and swellings, blood borne diseases, haemophilia, anti-coagulant medication, skin cancer, any active cancer, use of isotretinoin, history of drugs with photosensitising potential, body dysmorphia, diabetes, active inflammatory conditions such as psoriasis and Eczema and Dermatitis, any dysfunction of the nervous system (e.g. Multiple sclerosis, Parkinson's disease, Motor neurone disease, neuralgia) Cardiovascular conditions (thrombosis, phlebitis, hypertension, hypotension, heart conditions), Epilepsy, recent operations, any disorder of collagen formation e.g. scleroderma, any condition already being treated by a GP or another practitioner

- Contraindications that restrict treatment e.g. those contra-indications which restrict treatment and why e.g. piercings, anxiety, varicose veins, cuts, abrasions, swellings and inflammation, current medications, supplements and herbal remedies, history of mild and occasional inflammatory conditions such as psoriasis and Eczema and Dermatitis, prior cosmetic surgery; poor mental and emotional state; herpes; history of scarring, scars less than 6 months old, recent dermabrasion or cosmetic skin peels, IPL or laser and epilation, bruises, Fever or any general illness, contagious or infectious diseases, Hepatitis B, HIV/AIDS, Botox or dermal fillers

1.5 Explain the consequences of treating contraindicated conditions.

- Not covered by insurance – leads to major consequences if legal action were to be initiated, conditions will be made worse, undue client discomfort caused, cross infection, poor healing, infection, permanent skin damage, post inflammatory hyper pigmentation, Hypo pigmentation, keloid scarring and other scarring
- Poor relationships with other professionals; recognising the limitations and variances of professional background when considering contraindications, Therapists must not name or diagnose or operate beyond named parameters, the issue of medical oversight for therapy practitioners and Insurance implications

LEARNING OUTCOME 2: Understand the characteristics and effects of equipment and products required for Micro-Needling treatments

2.1 Explain the characteristics and effects of the equipment required for micro-needling

- Equipment required; rollers and needle sizes, couches, illuminating lamps,

sundry items. Importance of establishing compliance with insurable usage for varying sector practitioners, importance of disposables, types and sizes of Micro-Needling rollers, m Manufacturers sterilisation methods - Gamma irradiation, new rollers for every treatment, other practices (never keeping a roller for each client), parameters for usage for non-medical and medical practitioners and new HEE recommendations

2.2 Explain the characteristics and effects of the products to be recommended

- Products required; products for pre and post treatment home usage and products for preparation of the skin pre-treatment and post treatment; helps to ensure readiness of the skin for treatment and increases the potential for good healing post treatment and the avoidance of adverse reactions - growth factors, anti-oxidants, retinoids, hydrators and SPF products; the importance of skin priming; the importance of post treatment product usage; the issue of combining needling products in to the skin; the new recommendations surrounding mesotherapy

LEARNING OUTCOME 3: Understand anatomy and physiology as it relates to Micro-Needling Treatment

3.1 Explain the anatomy and physiology of the skin and as relevant to micro-needling treatment

- Essential Anatomy and Physiology in particular; Skin Structure- Epidermis, Dermis and Hypodermis; Cells and Tissue types, Keratinisation, Papillary and Reticular layer focus; the process of Desquamation, exfoliation and skin resurfacing; skin functions, sensory receptors and relevance for treatment

3.2 Explain wound healing and the factors that both compromise and reinforce the process and the relevance for consultation

- The healing mechanism and implication for treatment, including blood composition and action of white blood cells, the process of collagen synthesis and fibroblastic; explain the intrinsic and extrinsic influences on the wound healing responses action; Types of Collagen
- Intrinsic & extrinsic influences; The ageing process and the effects of lifestyle and environment, illness, medications, Hormones; effects on the skin and skin healing capacity
- Reinforcement of the healing cascade; Treatment parameters - skin priming

with products / requirements for age management of the skin and collagen synthesis, Vitamin C & A, growth factors, copper peptides, bioflavonoids, iron, zinc and amino acids; Elastin synthesis; General care products and hydrators

LEARNING OUTCOME 4: Understand the practical requirements for safe and effective Micro-Needling Treatment

4.1 Explain the Preparations required for safe and effective micro-needling treatment

- Preparation of self; dress code, appearance, 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 and the importance of sundry disposables & ppe equipment products for treatment.
- 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 micro-needling 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 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, contractions 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

4.2 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 skills - importance of 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
- Positioning - 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 - Disposables, rollers (sizes for varying skin types and conditions, agreed outcomes and within boundaries of professional protocol for medical / therapists), cleansers, skin disinfectants, anaesthetic products, saline, post treatment actives, growth factors, hydrators, anti-oxidants, retinoids
- Use of anaesthetics - advantages and disadvantages; Protocols - hygienic, quick, even and sufficient application, use of occlusive film to speed up reaction, appropriate timing, removal, use of skin disinfection prior to needling, when to use; application protocols and occlusion, timings and variances for practice, allergic potential
- Treatment protocols - Follow health and safety practices at all times, washing of hands, use of disposable gloves, use of disposables and changing of water, taking roller from packaging in front of client- wash hands and put gloves on afterward, putting rollers down during treatment, use of actives; consider HEE recommendations and the issue of mesotherapy, no longer acceptable to roll actives into the skin for therapy practitioners without medical oversight, rolling techniques - systematic, sequential and even protocol, at an appropriate speed and pressure, ensuring a 4- directional, overlapping arrangement with an even number of rolls per area treated, dealing with bleeding during treatment in accordance with accepted industry protocols, monitor client tolerance throughout and make appropriate responses to instil confidence and keep control - it will be essential to ensure the comfort and satisfaction, avoidance of adverse reactions and health and safety issues for repeat business, personal and establishment reputation and the economic success of the practitioner, the business and the sector as a whole, apply appropriate post treatment products - including serums for calming and soothing redness, antioxidants and retinols 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, adaptations
- The importance of aftercare advice and product recommendations
- Concluding treatment- Procedures and organisational requirements

LEARNING OUTCOME 5: Provide ethical, safe and effective Micro-Needling treatment ensuring maintenance of health and safety practices, security and emergency procedures

5.1 Carry out safe and effective Micro-Needling treatment

- Communicate professionally respectfully and effectively at all times adapting where required
- Demonstrate professional and appropriate preparation of self
- Work with colleagues professionally, respectfully and effectively
- Follow hygienic and safe practices throughout
- Ensure correct positioning of themselves and the client throughout the treatment.
- Select tools, products and equipment; PPE and sundry items
- Prepare the 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 – gentle cleansing is the norm
- 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
- Apply an anaesthetic product (if appropriate) appropriately for the client and treatment being offered
- Carry out appropriate Micro-Needling 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 Adapt for individual needs and differences or adverse reactions- Including; use of anaesthetic, the length of treatment time, the pressure and speed of application, the client position, the treatment focus and privacy requirements, focus for lines and wrinkles, scars and pigmentation or progression of treatment, ensure there is no over treating or adverse reactions
- 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 Disposal of Rollers into Sharps, disposal of contaminated cotton wool etc. and gloves to contaminated waste bag
- Follow emergency procedures

5.3 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, avoidance of other treatments and products, excessive abrasion, smoking, touching and hand hygiene
- 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 and email

LEARNING OUTCOME 6: Document and conclude treatments in accordance with legislative and organisational requirements

6.1 Document and conclude all treatments fully and in accordance with legislative and organisational requirements

- Complete written / electronic notes in accordance with legislative and organisational requirements to ensure full recording of the treatment, recommendation, purchases and post treatment satisfaction
- 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's 1-6.1 inclusive are assessed internally through a combination of internal and external methodology;

Internal Assessment

- LO's 1.1- 6.1 inclusive are all evidenced through the completion of the course portfolio and will show both knowledge and practical skill assessment evidence.
- LO's 1.1- 6.1 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 1.1 – 6.1 inclusive are all assessed using a written question assessment workbook.
- LO's 5 – 6.1 inclusive will be internally assessed through observation of practical skill by the delivering centre staff. Some knowledge underpinning the practical skill will be assessed by oral questions during the practical observations.
- LO's 4 -6.1 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 1.1 – 6.1 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 will be graded.

- LO's 1.1 – 6.1 inclusive are assessed using a case study assignment
- LO's 4 – 6.1 inclusive will be externally assessed through observation of practical skill by the CIBTAC examiner on the allotted end of course examination date. This examination will be graded.
- LO's 1.1 -4.1 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's 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

UNIT TITLE	Principles and Practice of the Medispa Sector
CIBTAC/SDTC UNIT CODE	SDT04
OFQUAL QAN	Y/615/1004
UNIT TYPE	Mandatory
CREDIT VALUE	5
UNIT AIM AND PURPOSE	
<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">• The Level 4 Award in Core of Knowledge for Aesthetic Practice• The Level 4 Certificate in Advanced Skin Studies and the Principles of Aesthetic Practice• The Level 4 Certificate in Chemical Skin Peeling• 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•	

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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 medispa 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 medispa sector

2.1 Discuss the CPD opportunities available in the medispa 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.

