Qualification Specification

ProQual Level 4 Diploma in Non-Surgical Body Contouring

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This qualification is part of ProQual's broad offer of qualifications in the Hair and Beauty Sector.

To find out more about other qualifications in this, or any other sector, or for our latest fees; check our Fees Schedule via the QR code below:

Scan Here

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Introduction

The ProQual Level 4 Diploma in Non-Surgical Body Contouring provides a nationally recognised qualification for those working in the aesthetics industry, and who wish to develop and demonstrate their competence at non-surgical body contouring treatments.

The aims of these qualifications are:

- To develop an understanding of non-surgical body contouring treatments.
- To develop and demonstrate competence in non-surgical body contouring treatments.
- To provide a progression route within the beauty and aesthetics industry, for those interested in advanced skin treatments.

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

Qualification Profile

Qualification Title:	ProQual Level 4 Diploma in Non-Surgical Body Contouring
Qualification Number:	610/5064/7
Level:	Level 4
Total Qualification Time (TQT):	460 Hours 46 Credits
Guided Learning Hours (GLH):	330 Hours
Assessment:	Pass / Fail
	Internally assessed and verified by centre staff
	External quality assured by ProQual Verifiers
Qualification Start Date:	06/01/2025
Qualification Review Date:	06/01/2028

Learner Profile

Candidates for this qualification **must** hold the ProQual Level 3 Diploma in Pathway to Aesthetic Practice or an equivalent qualification.

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

Candidates must be **at least 16 years old** on the day that they are registered for one of these qualifications. Centres are reminded that no assessment may take place until a candidate has been registered.

Candidates who complete this qualification may progress onto further higher-level qualifications within the ProQual Aesthetics suite.

Qualification Structures

This qualification consists of **five** mandatory units. Candidates must complete all mandatory units to be awarded the qualification.

Unit Number	Unit Title	Level	TQT	GLH
Mandatory Units – Candidates must complete **all** units in this group.				
J/651/2395	Health and Safety in a Salon Environment	2	10	10
L/651/2397	Infection Control and Prevention for Cosmetic, Aesthetic and Needle Related Treatments	2	25	20
H/651/2401	Providing Initial Consultation with Client	4	125	100
L/651/4105	Principles and Practice of Radio Frequency Treatments	4	150	100
F/651/4148	Principles and Practice of Ultrasound Cavitation Treatments	4	150	100

Centre Requirements

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

Materials produced by centres to support candidates should:

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

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

Certification

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

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

ProQual Level 4 Diploma in Non-Surgical Body Contouring

Claiming certificates

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

Unit certificates

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

Replacement certificates

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

Assessment Requirements

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

Evidence can include:

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

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

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

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

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

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

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

Enquiries, Appeals and Adjustments

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

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

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

Units – Learning Aims and Assessment Criteria

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

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

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

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

Learning Outcomes *The learner will be able to:*		**Assessment Criteria** *The learner can:*	
1	Understand non-infectious and infectious hazards that are associated with cosmetic, aesthetic and needle treatments.	1.1	Describe the cell structure and key features of: • Bacteria. • Fungi. • Viruses.
		1.2	Describe the ideal conditions for the growth of micro-organisms.
		1.3	Define the term "pathogen".
		1.4	List **five** common illness caused by: • Bacteria. • Fungi. • Viruses.
		1.5	Define the term "parasite".
		1.6	Explain the difference between an endoparasite and an ectoparasite.
		1.7	Identify **three** common ectoparasites that colonise humans.
		1.8	Explain the difference between infection and colonisation.
		1.9	Describe what is meant by: • Localised infection. • Systemic infection.

1	*Continued*	1.10	Describe what is meant by: • Direct transmission. • Indirect transmission. • Vector transmission.
		1.11	Describe how, within the salon environment, an infective agent could: • Enter the body. • Be transmitted from person to person.
		1.12	Identify common non-infectious hazards that might arise as part of cosmetic, aesthetic or needle treatments.
		1.13	Explain how an injury to the skin can be a risk to an individual.
		1.14	Identify treatments within the salon that would require the use of infection control procedures.
2	Understand how to control non-infectious and infectious risk.	2.1	Explain the roles and responsibilities of the employer and employee in the prevention and control of infection.
		2.2	Explain how the skin acts as a defence against infection.
		2.3	Describe the procedures that would be followed, in relation to infection prevention and control, for: • Consultation. • Aftercare. • Hand hygiene. • Environment management. • Equipment management. • Cleaning, disinfecting and sterilisation. • Personal protective equipment. • Management of body fluids. • Needle stick injuries. • Waste disposal and collection. • Management of occupational exposure.

Additional Assessment Information

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

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

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

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

Learning Outcomes *The learner will be able to:*		Assessment Criteria *The learner can:*	
1	Understand the client consultation process.	1.1	Describe the importance of collaboration with competent professionals to support effective and safe working practices, including how and when to refer to other non-healthcare and healthcare professionals.
		1.2	Explain why you must comply with ethical practice and work within the legislative requirements, when undertaking a client consultation.
		1.3	Describe the importance of engaging in, and documenting continuous professional development including: • Up-to-date information. • Policies. • Procedures. • Best practice guidance.
		1.4	Explain the reasons why medical conditions may contraindicate the non-surgical cosmetic procedure.
		1.5	Explain the legislative and insurance requirements for obtaining medical diagnosis and referral.
		1.6	Explain the importance of communicating with the client in a professional manner and within the limits of your own competencies.

1	*Continued*	1.7	Explain why you must develop and agree a non-surgical cosmetic procedure plan including: • Declared current medical status. • Procedure history. • Relative and absolute contraindications. • Skin classification, condition and sensitivity. • Skin healing capacity. • Client's expectations. • The client's physical and psychological suitability for the non-surgical cosmetic procedure.
		1.8	Discuss the relationship and impact between the following needs: • Social. • Physical. • Psychological. • Physiological. • Social influences. • The media. • Trends.
		1.9	Explain how your own continuous professional development can support the client to make an informed choice, including alternative treatment options.
		1.10	Explain how to manage the client's expectations, including the importance of explaining: • Procedure process. • Expected outcomes. • Associated risks.
		1.11	Describe the benefits of using visual aids during consultation.

1	*Continued*	1.12	Describe the legislative, insurance and organisational requirements for: • Gaining signed, informed consent from the client for the non-surgical cosmetic procedure. • Upholding the rights of the client and practitioner. • Taking and storing of visual media of the clients treatment area. • Completing and storing the client's non-surgical cosmetic procedure records.
		1.13	Explain why non-surgical cosmetic procedures are prohibited for minors, including the age at which a client is classed as a minor and how this differs nationally.
		1.14	Explain the importance of explaining the physical sensation created by the procedure to the client, including how pain threshold and sensitivity varies from client to client, including the types of pain management and associated risks.
		1.15	State the reasons for providing and obtaining confirmation of receipt from the client for the verbal and written instructions and advice pre and post the non-surgical cosmetic procedure.
2	Understand the skin analysis process.	2.1	Explain the legal requirements and other relevant standards, insurance guidelines and organisational protocols when carrying out a skin analysis, including the importance of working within the scope of your practice.
		2.2	Describe how to maintain your role and responsibilities for the health, safety and welfare of the individual and yourself before, during and after the skin analysis.

2	*Continued*	2.3	Explain the rationale for carrying out skin analysis, expected findings in different skin types and the role of evidence-based practice.
		2.4	State the protocols for the correct and safe use of skin analysis technologies.
		2.5	Describe how to interpret outcomes from the skin analysis procedure, including how to evaluate the features and severity of presenting skin conditions in relation to known skin classifications.
		2.6	Describe how to review and monitor the following skin conditions including: • Lax elasticity. • Hyper and hypo pigmentation. • Congested. • Pustular. • Fragile. • Vascular. • Sensitised. • Sensitive. • Dehydrated. • Photo-sensitive. • Photo-aged. • Lacklustre.
		2.7	Explain the reasons for taking consensual visual media of the individuals treatment area and storing in accordance with the service, legislative, insurance and organisational requirements.
		2.8	Describe how the skin consultation, initial assessment, available evidence and the skin analysis outcomes collectively inform a bespoke treatment plan.
		2.9	Describe the importance of recognising suspicious skin irregularities and lesions, and referring to a relevant health professional where necessary.

2	*Continued*	2.10	Explain how to develop an agreed treatment plan with the individual based on the conclusion of the skin analysis, to include: • The impact on the prognosis. • The variety of options available for management.
		2.11	Describe how to complete accurate, secure and contemporaneous records of the information gathered and the outcomes of the skin analysis to meet legal requirements and organisational protocols, considering: • The rights of the individual. • Audit and accountability.
		2.12	Explain how and why the skins barrier function is impaired by aesthetic procedures, including: • The increased risk of photosensitivity and ways to protect the skin.
		2.13	Describe the adverse reactions associated with aesthetic procedures and how to respond, including: • Infection. • Wounds. • Oedema. • Hypertrophic and atrophic scarring. • Increased photosensitivity reaction.

3	Undertake a client consultation.	3.1	Carry out a concise and comprehensive non-surgical cosmetic consultation, taking account of: • The individual's declared medical history and current medical status. • The individual's procedure history. • The individual's skin classification, condition, sensitivity and healing capacity of the treatment area. • The individual's concerns, expectations and desired outcomes. • The individual's physical and psychological suitability for the non-surgical cosmetic procedure. • Declared relative and absolute contraindications and restrictions.
		3.2	Recognise, respond and sign-post appropriately in response to any disclosed conditions in compliance with data legislation.
		3.3	Discuss the individual's objectives, concerns, expectations and desired outcomes to inform the non-surgical cosmetic procedure plan to include; • Alternative treatment options.
		3.4	Discuss the fee structures and explain how this can impact the individual's choice of non-surgical cosmetic procedures.
		3.5	Discuss and agree the skin priming programme or recommendations required prior to the non-surgical cosmetic procedure.
		3.6	Assess, discuss, agree and document the non-surgical cosmetic consultation and expected procedure outcomes and associated risks with the individual.
		3.7	Inform and provide information to the individual of their rights.

3	*Continued*	3.8	Take and store consensual visual media of the individual's treatment area in accordance with insurance requirements, organisational policies and procedures.
		3.9	Discuss the physical sensation which may occur during the non-surgical cosmetic procedure with the individual following the procedure protocol.
		3.10	Discuss the options for pain management.
		3.11	Develop the non-surgical cosmetic procedure plan.
		3.12	Provide and obtain confirmation of receipt of the verbal and written instruction and advice given to the individual pre- and post-procedure.
4	Perform a skin analysis.	4.1	Follow legal requirements and other relevant standards, insurance guidelines, and organisational protocols when carrying out a skin analysis, including: • Maintaining your responsibilities for the health, safety, hygiene and welfare of the individual and yourself before, during and after the skin analysis.
		4.2	Ensure the individual's undertaking and obtain informed consent for the proposed investigative procedure.
		4.3	Identify and select the technology equipment to be used to carry out the skin analysis to determine, review and monitor the presenting skin condition, following organisational protocols.
		4.4	Record and securely store visual media for future reference and monitoring purposes in accordance with legislative, regulatory and indemnity requirements.

4	*Continued*	4.5	Evaluate the presenting skin type and skin condition against known skin classifications.
		4.6	Collate, record, analyse and evaluate the information gathered from the skin consultation, the skin analysis and available evidence base relating to the presenting skin condition to inform the treatment plan.
		4.7	Discuss, formulate and agree with the individual the outcome based on the conclusion of the skin analysis to include: • The best interests of the individual. • Ethical responsibilities working within your scope of practice. • Adapting communication styles to meet the individual's needs. • Contraindications and potential comorbidities.
		4.8	Review and reflect on your performance to inform continuous professional development.

Additional Assessment Information

Learning Outcomes 1 and 2 are **knowledge based.** This means that evidence is expected to take the form of candidate's written work and/or records of appropriate professional discussions.

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

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

An observation report and witness testimony are differentiated as follows:

- An **assessor's report** is completed by a qualified assessor who observes the candidate carrying out practical work. The assessor will make assessment decisions as they observe and record these in the report, alongside a commentary of what they observe.

- A **witness statement** is completed by a suitably qualified or experienced expert who observes the candidate carrying out practical work. The witness statement will contain **only** a commentary of what has been observed. An assessor must then use the witness statement, alongside any additional evidence to make assessment decisions.

- In all cases, an assessor's report is preferred as evidence over a witness statement; as it is always better for an assessor to observe a candidate live.

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

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

Centres may use the appropriate ProQual Candidate Workbook to organise candidate evidence or may use their own portfolio templates. It is expected that competence of each assessment criteria will be observed **at least twice, across five treatments** before it is awarded.

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

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

Title:	Principles and Practice of Radio Frequency Treatments			Level:	4
Unit Number:	L/651/4105	TQT:	150	GLH:	100

Learning Outcomes *The learner will be able to:*		Assessment Criteria *The learner can:*	
1	Understand how to prepare for and provide treatments to rejuvenate skin and improve body contour using radio frequency.	1.1	Describe the contra-indications for radio frequency treatments, including: • Absolute and relative contra-indications. • The treatment modifications that might be required. • The contra-indications that require referral to a relevant medical professional.
		1.2	Explain how the following treatment areas should be prepared for treatment: • Face and neck. • Upper torso. • Limbs.
		1.3	Describe the types of product that can be used alongside radio frequency treatments, including the types of treatment that could be provided in conjunction with, or post treatment.
		1.4	Explain how radio frequency treatments can be used to meet the following treatment objectives: • Reduction of fine lines and wrinkles. • Improved skin condition. • Body contouring. • Facial skin contouring. • Improved appearance of cellulite. • Circumference reduction.

1	*Continued*	1.5	Describe the following radio therapy equipment, what is used for and how it is used: • Radio frequency only device. • Face applicator. • Body applicator. • Multifunctional electro therapy equipment.
		1.6	Explain how to adapt and maximise radio frequency treatment, taking account of: • Skin classification. • Skin characteristics. • Body conditions. • Treatment objectives.
		1.7	Describe how radio frequency output is described and measured in relation to the electromagnetic spectrum.
		1.8	Describe the difference between monopolar, bipolar and tri-polar radio frequency.
		1.9	Describe the physical effects created by radio frequency equipment, including the interactions between radio frequency and the skin/underlying tissues.
		1.10	Describe the different types of remote infra-red or laser temperature measuring devices.
		1.11	Describe the potential hazards associated with radio frequency treatments and how they can be mitigated.
		1.12	Describe the signs and symptoms of the following adverse effects: • Hyperaemia and severe irritation. • Excessive pain. • Burns. • Blistering. • Bruising. • Allergic reaction. • Excessive oedema. • Dizziness. • Fainting.

1	*Continued*	1.13	Explain how radio frequency treatments can cause the following adverse effects, and to reduce the risk of them occurring: • Hyperaemia and severe irritation. • Excessive pain. • Burns. • Blistering. • Bruising. • Allergic reaction. • Excessive oedema. • Dizziness. • Fainting.
		1.14	Explain the correct course of action that should be taken if the following adverse effects occur: • Hyperaemia and severe irritation. • Excessive pain. • Burns. • Blistering. • Bruising. • Allergic reaction. • Excessive oedema. • Dizziness. • Fainting.
2	Use radio frequency treatments to rejuvenate the skin and improve body contour.	2.1	Carry out a concise and comprehensive consultation, including: • Client concerns and objectives. • Identification of possible contra-indications, and taking appropriate action. • Identification of skin classification and characteristics. • Identification of body condition. • Alternative treatment options. • Associated risks. • Associated timescales and fees.
		2.2	Prepare the treatment areas for the procedure, including: • Face and neck. • Upper torso. • Limbs.

2	*Continued*	2.3	Select and use appropriate equipment to suit the treatment objectives and area, including: • Radio frequency only device. • Face applicator. • Body applicator. • Multifunctional electro therapy equipment.
		2.4	Select and use appropriate equipment variables to suit the treatment objectives and area, including: • Frequency. • Temperature. • Time. • Intensity.
		2.5	Provide radio frequency treatment, following the treatment protocol, maintaining continuous flow and applicator contact to cover the treatment area, for the following treatment objectives: • Reduction of fine lines and wrinkles. • Improved skin condition. • Body contouring. • Facial skin contouring. • Improved appearance of cellulite. • Circumference reduction.
		2.6	Adhere to health and safety requirements at all times, including: • Monitor skin reaction and the client's wellbeing, adjusting the duration and equipment variables following the treatment protocol. • Implement the correct course of action in the event of an adverse reaction to the treatment.

2	*Continued*	2.7	Conclude the treatment, including: • Deactivating the equipment. • Ensuring the client is satisfied with the outcome of the treatment. • Providing appropriate post-treatment advice and guidance. • Completing and storing the client's treatment records in line with legislative and organisational requirements.
		2.8	Evaluate the service provided, including: • Areas of strength. • Areas for improvement. • Actions to be taken to implement improvement.

Additional Assessment Information

Learning Outcome 1 is **knowledge based.** This means that evidence is expected to take the form of candidate's written work and/or records of appropriate professional discussions.

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

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

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Centres may use the appropriate ProQual Candidate Workbook to organise candidate evidence or may use their own portfolio templates. It is expected that competence of each assessment criteria will be observed **at least twice, across five treatments** before it is awarded.

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

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

Title:	Principles and Practice of Ultrasound Cavitation Treatments			Level:	4
Unit Number:	F/651/4148	TQT:	150	GLH:	100

Learning Outcomes *The learner will be able to:*		Assessment Criteria *The learner can:*	
1	Understand how to prepare for and provide ultrasound cavitation treatments.	1.1	Describe the contra-indications for ultrasound cavitation treatments, including: • Absolute and relative contra-indications. • The treatment modifications that might be required. • The contra-indications that require referral to a relevant medical professional.
		1.2	Explain the factors that may impact an ultrasound cavitation treatment, including: • Treatment history. • Psychological suitability for treatment. • Client lifestyle. • Medical history.
		1.3	Explain why a skin analysis should be carried out prior to treatment and how the results can impact on the ultrasound cavitation treatment.
		1.4	Explain why a skin sensitivity test should be carried out prior to treatment and how the results can impact on the ultrasound cavitation treatment.
		1.5	Describe how to prepare the skin for treatment, including: • Pre-treatment advice to the client. • Skin cleansing.

1	*Continued*	1.6	Explain how an ultrasound cavitation treatment can reduce and remove fat deposits, including the benefits and effects of treatment.
		1.7	Explain how to select the appropriate equipment and settings for the treatment.
		1.8	Explain why the following areas are avoided during an ultrasound cavitation treatment: • Spine. • Heart band. • Bony areas. • Head and neck. • Shoulders and upper chest.
		1.9	Describe the limitations of ultrasound equipment used for cavitation treatments.
		1.10	Describe the risks associated with ultrasound cavitation treatments and how to mitigate them.
		1.11	Explain the post treatment advice that should be provided to clients.
		1.12	Describe the signs and symptoms of the following adverse reactions: • Erythema. • Irritation. • Bruising. • Increased body temperature. • Skin sensitivity.
		1.13	Explain how ultrasound cavitation treatments can cause the following adverse reactions and how to work in a way that minimise the risk of them occurring: • Erythema. • Irritation. • Bruising. • Increased body temperature. • Skin sensitivity.

1	*Continued*	1.14	Describe the correct course of action that should be taken if the following adverse reactions occur: • Erythema. • Irritation. • Bruising. • Increased body temperature. • Skin sensitivity.
2	Provide ultrasound cavitation treatments.	2.1	Carry out a concise and comprehensive consultation with the client, including: • Client objectives and concerns. • Skin classification, characteristics and condition. • Identification of contra-indications and appropriate action. • Alternative treatment options. • Physical sensation and sound of treatment. • Associated risks. • Associated fees and timescales.
		2.2	Obtain the client's informed consent of the procedure, ensuring they have adequate time to make an informed choice.
		2.3	Carry out sensitivity tests.
		2.3	Prepare for the ultrasound cavitation procedure, including: • Preparing the working environment. • Client privacy and positioning. • PPE. • Cleansing of the skin.
		2.4	Carry out the ultrasound cavitation procedure according to established protocol, including: • Using adequate skin support. • Split the treatment area into zones. • Work systematically. • Adjust the treatment to suit the area being treated, density of fat and treatment objectives.

2	*Continued*	2.5	Adhere to health and safety requirements for the duration of the treatment, including: • Monitor the client's health and wellbeing throughout the treatment. • Implement the correct course of action in the event of an adverse reaction.
		2.6	Conclude the treatment, including: • Ensure the client is satisfied with the outcome of the service. • Completing and storing the client's treatment records in line with organisational and legislative requirements. • Provide the client with appropriate post treatment advice and guidance.
		2.7	Evaluate the treatment provided, including: • Areas of strength. • Areas for improvement. • Actions to be taken to implement improvements.

Additional Assessment Information

Learning Outcome 1 is **knowledge based.** This means that evidence is expected to take the form of candidate's written work and/or records of appropriate professional discussions.

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An observation report and witness testimony are differentiated as follows:

- An **assessor's report** is completed by a qualified assessor who observes the candidate carrying out practical work. The assessor will make assessment decisions as they observe and record these in the report, alongside a commentary of what they observe.

- A **witness statement** is completed by a suitably qualified or experienced expert who observes the candidate carrying out practical work. The witness statement will contain **only** a commentary of what has been observed. An assessor must then use the witness statement, alongside any additional evidence to make assessment decisions.

- In all cases, an assessor's report is preferred as evidence over a witness statement; as it is always better for an assessor to observe a candidate live.

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

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

Centres may use the appropriate ProQual Candidate Workbook to organise candidate evidence or may use their own portfolio templates. It is expected that competence of each assessment criteria will be observed **at least twice, across five treatments** before it is awarded.

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

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

Appendix One – Command Verb Definitions

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

Apply	Use existing knowledge or skills in a new or different context.
Analyse	Break a larger subject into smaller parts, examine them in detail and show how these parts are related to each other. This may be supported by reference to current research or theories.
Classify	Organise information according to specific criteria.
Compare	Examine subjects in detail, giving the similarities and differences.
Describe	Provide detailed, factual information about a subject.
Discuss	Give a detailed account of a subject, including a range of contrasting views and opinions.
Evaluate	As with compare but extended to include pros and cons of the subject. There may or may not be a conclusion or recommendation as appropriate.
Explain	As with describe, but extended to include causation and reasoning.
Identify	Select or ascertain appropriate information and details from a broader range of information or data.
Interpret	Use information or data to clarify or explain something.
Produce	Make or create something.
State	Give short, factual information about something.
Specify	State a fact or requirement clearly and in precise detail.

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