



OTHM LEVEL 3 DIPLOMA IN REFLEXOLOGY

Qualification Number: 610/3057/0

Specification | 2023

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QUALIFICATION OBJECTIVES

The OTHM Level 3 Diploma in Reflexology consists of 5 mandatory units for a combined total of 50 credits. The main aim of the qualification is to enable learners to gain the necessary practical and theoretical skills in order to provide reflexology treatments to the general public and to gain employment in the beauty/complementary therapy industry.

Successful completion of this qualification will equip learners with the underpinning knowledge and skills required to succeed in employment or further studies.

QUALITY, STANDARDS AND RECOGNITIONS

OTHM Qualifications are approved and regulated by Ofqual (Office of Qualifications and Examinations Regulation). Visit the [Register of Regulated Qualifications](#).

OTHM has progression arrangements with several UK universities that acknowledges the ability of learners after studying level 7 qualifications to be considered for advanced entry into corresponding Master's programmes.

REGULATORY INFORMATION

Qualification Title	OTHM Level 3 Diploma in Reflexology
Qualification Ref. Number	610/3057/0
Regulation Start Date	27/7/2023
Operational Start Date	27/7/2023
Total Credit Value	50
Total Qualification Time (TQT)	370
Guided Learning Hours (GLH)	250
Sector Subject Area (SSA)	7.3 - Service enterprises
Overall Grading Type	Pass / Fail
Assessment Methods	Coursework
Language of Assessment	English

EQUIVALENCES

OTHM qualifications at Level 3 represent practical knowledge, skills, capabilities and competences that are assessed in academic terms as being equivalent to GCE AS/A Levels.

QUALIFICATION STRUCTURE

The OTHM Level 3 Diploma in Reflexology consists of 5 mandatory units for a combined total of 50 credits, 370 hours Total Qualification Time (TQT) and 250 Guided Learning Hours (GLH) for the completed qualification.

Unit Ref.	Mandatory units	Credits	GLH	TQT
F/650/7533	Health and safety practice in the salon	8	60	80
H/650/7534	Client care and communication	6	40	60
Y/650/7991	Anatomy and Physiology for Reflexology	14	60	80
A/650/7992	Principles and Practices of Complementary Therapy	10	30	50
D/650/7993	Provide Reflexology for Complementary Therapy	12	60	100

DEFINITIONS

Total Qualification Time (TQT) is the number of notional hours which represents an estimate of the total amount of time that could reasonably be expected to be required in order for a Learner to achieve and demonstrate the achievement of the level of attainment necessary for the award of a qualification.

Total Qualification Time is comprised of the following two elements –

- a) the number of hours which an awarding organisation has assigned to a qualification for Guided Learning, and*
- b) an estimate of the number of hours a Learner will reasonably be likely to spend in preparation, study or any other form of participation in education or training, including assessment, which takes place as directed by – but, unlike Guided Learning, not under the Immediate Guidance or Supervision of – a lecturer, supervisor, tutor or other appropriate provider of education or training.*

(Ofqual 15/5775 September 2015)

Guided Learning Hours (GLH) is defined as the hours that a teacher, lecturer or other member of staff is available to provide immediate teaching support or supervision to a learner working towards a qualification.

Credit value is defined as being the number of credits that may be awarded to a Learner for the successful achievement of the learning outcomes of a unit. One credit is equal to 10 hours of TQT.

ENTRY REQUIREMENTS

The OTHM Level 3 Diploma in Reflexology qualification can be offered to learners from age 16. It is recommended that learners hold a Level 2 Diploma in Beauty Therapy or equivalent qualification.

OTHM does not specify entry requirements for these qualifications. OTHM ensures that learners admitted to the programme have sufficient capability at the right level to undertake the learning and assessment.

OTHM centres must ensure learners are recruited with integrity onto appropriate qualifications that will meet their needs, enable and facilitate learning and achievement enable progression. The qualification is offered in English.

English requirements: If a learner is not from a majority English-speaking country must provide evidence of English language competency. For more information visit [English Language Expectations](#) page.

PROGRESSION

Successful completion of the OTHM Level 3 Diploma in Reflexology provides learners with the opportunity for workplace and academic progressions to a wide range of relevant undergraduate programmes including OTHM Level 3 and 4 beauty diplomas.

For more information visit [University Progressions](#) page www.othm.org.uk.

DELIVERY OF OTHM QUALIFICATIONS

Teaching staff

This includes those who develop and/or deliver the course content.

This may be undertaken by a team who must demonstrate that within the team, provision is made for subject-specific knowledge.

OTHM recommend it is standard best practice for the qualification to be delivery by qualified teachers. Additionally, in the interest of best practice, teachers should themselves have an accredited academic qualification relating to the core and modality specific knowledge/competence.

Centres must demonstrate that the teaching team possess the required subject knowledge and have achieved academic qualifications of the relevant level to inform, develop and deliver high quality program content in the specific subject, at the required level.

The currency of their practice should also be verified in the application, through explanation of how teachers/educators maintain and update their knowledge skills and competence, through for revalidation, peer review, appraisal or application for recognition from a relevant authority.

In order to deliver this qualification, it is standard best practice teaching staff:

- hold a postgraduate teaching qualification, e.g. Post Graduate Certificate in Education (PGCE) or equivalent
- be occupational experts and have qualifications, knowledge and understanding in the area relevant to the qualification content. This knowledge must be at the same level as or higher than the training being delivered.

- understand the qualification's structure and content, and the learning outcomes they are delivering.
- have recent and relevant industry experience in the specific area they are delivering.
- undertake activities which contribute to their Continuing Professional Development (CPD)

All those delivering units and/or observing and assessing practice for the OHTM Level 3 Beauty Therapy qualifications must have all of the following:

- access to appropriate guidance and support; and
- on-going participation in related programme quality assurance processes.

Centre staffing will be checked as part of the centre approval process, in which we will ask for copies of CV's and teaching certificates. Centres are required as part of their signed centre agreement to inform OTHM if there are any changes. The external quality assurer will also review and confirm this at the time of EQA.

Centre staff may undertake more than one role, e.g., tutor and assessor or internal quality assurer but cannot internally verify their own assessments.

Assessors and Internal Quality Assurers

Assessor/Internal Quality Assurer TAQA qualifications are valued as qualifications for centre staff, but they are not currently a requirement for the qualification.

Assessors

To be approved as an assessor, the individual must provide evidence to show they meet the occupational competence criteria specified for the qualification(s) they will be assessing. Internal assessment includes the synoptic assignment and clinical case studies.

In order to assess learners working towards this qualification, it is standard best practice assessors:

- hold a suitable, relevant assessor qualification or be working towards one.
- be occupational experts and have qualifications, knowledge and understanding in the area relevant to the qualification content. This knowledge must be at the same level as or higher than the training being delivered.
- understanding of the assessment process
- undertake activities which contribute to their Continuing Professional Development (CPD)
- have recent and relevant industry experience in the specific area they are assessing.
- have credible experience of assessment within a teaching and/or training environment.
- Assessors must assess learners' work in accordance with the assessment and grading requirements set out in this specification.

Internal Quality Assurers (IQA)

Centres must have a rigorous internal quality assurance system in place.

Centres must have an IQA to ensure assessment decisions are consistently applied between assessors, and that learner's work meets the required standard. Each assessor's work must be checked and confirmed by the IQA. Assessment decisions must be standardised to ensure that all learners' work has been assessed to the same standard and is fair, valid and reliable.

The IQA must observe assessors carrying out assessments, review assessment decisions from the evidence provided and hold standardisation meetings with the assessment team to

ensure consistency in the use of documentation and interpretation of the qualification requirements. Evidence of internal quality assurance must be recorded, retained and made available for the External Quality Assurer (EQA)

Continuing Professional Development (CPD)

Centres must support their staff to ensure that they have current knowledge of the occupational area, that delivery, mentoring, training, assessment and verification is in line with best practice, and that it takes account of any national or legislative developments. CPD records of all staff members must be available for external quality assurance.

Record Keeping

Centres must produce and retain records that include:

- learners on programme, including learner name, date of birth, contact details, assessor's name, IQA's name, and registration date with
- assessment plans and IQA sampling plans
- learner assessment records detailing who assessed what and when, the assessment methods used, the location of the supporting evidence, and the assessment decision/grade awarded with supporting evidence
- records of internal quality assurance activity detailing who internally quality assured what and when, the sample selected and its rationale, records of IQA standardisation meetings, assessor and IQA competence records, monitoring records of assessor/IQA progress towards achievement of the relevant assessor/internal quality assurance qualifications and requirements for the retention of learner evidence.

CENTRE RESOURCE REQUIREMENTS

Staff delivering programmes and conducting the assessments must be familiar with current practice and standards in the sector.

Physical resources

Centres must have access to the range of services, professional products, tools, materials and equipment in the centre or workplace to needed to support the delivery of the programme. The range of services, professional products, tools, materials, and equipment must be up to date and available for use. They must enable learners to meet the requirements of the relevant preparation for work qualification.

- All tasks must be undertaken in a safe place of work with adequate space, heating, lighting and ventilation and access to both washing and first aid facilities.
- The professional products, tools, materials, and equipment must meet industry standards and be capable of being used under normal working conditions.
- The space per working area must conform to health and safety legislation and commercial practice.
- Personal Protective Equipment (PPE) must be provided. Examples include gloves, aprons and uniforms.
- Standardised data collection sheets, consent and consultation forms should be made available to record all treatments.

General Resource Requirements

- Centres must have appropriate physical resources (for example equipment, IT, learning materials, teaching rooms) to support the delivery and assessment of the qualification.
- Staff involved in the delivery and assessment process must have relevant expertise and occupational experience.
- There must be systems in place to make sure that there is continuing professional development for staff delivering the qualification.
- Centres must have appropriate health and safety policies in place relating to the use of equipment by learners.
- Centres must deliver the qualifications in accordance with current equality legislation.
- Centres must have a sufficiently rigorous internal quality assurance system in place.

OTHM Centres must ensure that the chosen mode of delivery does not unlawfully or unfairly discriminate, whether direct or indirect, and that equality of opportunity is promoted. Where it is reasonable and practical to do so, it will take steps to address identified inequalities or barriers that may arise.

Health and Safety

The requirement to follow safe working practices is an integral part of all OTHM assessments, and it is the responsibility of centres to ensure that all relevant health and safety requirements are in place before learners start practical assessments and meet national requirements.

Risk Assessment

You should carefully consider if a learner is at a stage where they can complete assessment safely. You should use and apply your centre's risk assessment policy prior to allowing learners to carry out summative assessment from the workplace or educational site.

DELIVERY METHOD

Before learners are permitted to undertake **ANY** salon practice, they must complete the unit on Health and Safety Practice.

The knowledge gained the Health and Safety Practice and Client Care and Communication underpin the whole qualification and should be referred to throughout the delivery of the whole qualification.

The remaining units can be delivered according to the delivery mode of the delivery centre.

Units should be delivered in a Realistic Learning Environment (RLE). The word 'client' can be related to friends and peers and does not mean that treatments need to be carried out on paying clients or within commercial timescales.

OTHM Centres should consider the learners' complete learning experience when designing the delivery of the qualification.

OTHM Centres must ensure that the chosen mode of delivery does not unlawfully or unfairly discriminate, whether directly or indirectly, and that equality of opportunity is promoted. Where it is reasonable and practicable to do so, it will take steps to address identified inequalities or barriers that may arise.

Guided Learning Hours (GLH) which are listed in each unit gives the centres the number of hours of teacher-supervised or direct study time likely to be required to teach that unit.

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ASSESSMENT AND VERIFICATION

OTHM will include a clear outline of the assessment method required for each unit within the qualification specification. Where a particular assessment method can be delivered across a range of units this will be highlighted.

The qualifications are criterion referenced, based on the achievement of all the specified learning outcomes and assessment criteria. Quality assured assessment material are made available to centres by OTHM.

Delivery of this qualification should be a combination of practical and theory activities. Tutors are advised to use a variety of different delivery methods to engage and motivate learners.

Centres are required to undertake standardisation activities between assessors, internal quality assurance staff and evidence made available to OTHM at the time of external quality assurance or upon request.

To achieve a 'pass' for this qualification a learner must have successfully achieved **all** the assessment criteria for each unit of the qualification.

Award will be confirmed following confirmation by OTHM that all assessment has been undertaken appropriately and internal quality assurance has confirmed application of all required reliability and validity of quality procedures.

At this point, OTHM will undertake external quality assurance to confirm that award can be recommended in accordance with the published OTHM Quality Assurance Policy .

Specific assessment guidance and relevant marking criteria for each unit are made available in the Assignment Brief document. These are made available to centres immediately after registration of one or more learners.

Assessment will be both formative and summative and will be recorded in a learner logbook to provide a dynamic learning account.

Formative Assessment

A range of skills must be assessed formatively and summatively. The purpose of formative assessment is to provide opportunities for learners to practice their skills to a level where they are deemed 'ready' to be assessed summatively. This is crucially important to minimise the risk of poor practice on real people that will also form part of the learner's summative assessment.

Centres must provide clear evidence that each learner has practiced **all** required skills in a suitable environment.

The centre will use an internal assessor to observe the learner's performance and to sign off learners' performance.

Learners will receive feedback at each formative opportunity to provide learning opportunities in keeping with the principles of formative assessment.

Formative assessment will also be recorded in a learner logbook to provide a dynamic learning account.

Summative Assessment

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

The purpose of summative assessment is to evaluate learners' competencies and capabilities at the end of a course of study.

This can be achieved using a variety of assessment methods, as follows:

- **Observation of Skills** – learners will demonstrate their competencies and capabilities across a range of units bringing together their knowledge and skills in order to provide safe and effective consultations, treatments and post-treatment follow up.
- **Case Studies**- Learners will demonstrate their competencies and capabilities by completing a specified number of case studies (non-assessed treatments)
- **Learner Logbook** – learners will record all aspects of consultations, treatments and post-treatment follow up which are observed and supervised. The logbook will also provide a reflective element on practice to demonstrate development and learning. The learner logbook should include learner reflections using images, forms, contemporaneous notes etc. The logbook is mapped to the qualification assessment criteria and will be assessed by centre assessors against these. Feedback will be provided to learners following each activity to provide dynamic and on-going learning from which the learner can benefit.
- **Written assignments** – these will be used to measure the learner's knowledge and understanding of the supporting theory and include tasks on health and safety, risk management, client consultations, beauty treatment knowledge and evaluation of performance.
- **A&P Pack/unit packs** – these are questions set to assess knowledge components in the units.
The completion of the packs are a compulsory assessment task to be set under centre-controlled conditions. The Packs are internally marked and verified by the centre assessor and internal verifier and externally quality assured by OTHM. Learners will be allowed a maximum of three attempts to meet these requirements. Centres have overall responsibility for the administration of the A&P controlled assessment tasks and must follow the guidance in the OTHM Assessment Policy.

PORTFOLIO OF EVIDENCE

As part of this qualification, learners are required to produce a portfolio of evidence. The portfolio will confirm the knowledge, understanding and skills that they have learnt. It may be in electronic or paper format. The assessor will provide guidance on how to prepare the portfolio of evidence and how to show practical achievement and understanding of the knowledge required to successfully complete this qualification. It is this logbook along with the portfolio of evidence that will serve as the prime source of evidence for this qualification.

Evidence in the portfolio may take the following forms:

- Observed work
- Witness statements
- Audio-visual media

- Evidence of prior learning or attainment
- Written questions
- Oral questions
- Assignments
- Case studies

All evidence should be documented in the portfolio and cross referenced to unit outcomes. Constructing the portfolio of evidence should not be left to the end of the course.

OPPORTUNITIES FOR LEARNERS TO PASS

Centres are responsible for managing learners who have not achieved a Pass for the qualification having completed the assessment. However, OTHM expects at a minimum that centres must have in place a clear feedback mechanism to learners by which they can effectively retrain the learner in all the areas required before re-assessing the learner.

RECOGNITION OF PRIOR LEARNING AND ACHIEVEMENT

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

RPL policies and procedures have been developed over time, which has led to the use of a number of terms to describe the process. Among the most common are:

- Accreditation of Prior Learning (APL)
- Accreditation of Prior Experiential Learning (APEL)
- Accreditation of Prior Achievement (APA)
- Accreditation of Prior Learning and Achievement (APLA)

All evidence must be evaluated with reference to the stipulated learning outcomes and assessment criteria against the respective unit(s). The assessor must be satisfied that the evidence produced by the learner meets the assessment standard established by the learning outcome and its related assessment criteria at that level.

Most often RPL will be used for units. It is not acceptable to claim for an entire qualification through RPL. Where evidence is assessed to be only sufficient to cover one or more learning outcomes, or to partly meet the need of a learning outcome, then additional assessment methods should be used to generate sufficient evidence to be able to award the learning outcome(s) for the whole unit. This may include a combination of units where applicable.

Centres will find that learners may require the need to RPL the Health and Safety Practice in the Salon and Client Care and Communication units when wanting to expand their portfolio of qualifications. These under pinning Level 3 units will appear in most of the level 3 beauty qualifications. Learners will only need to complete them once.

EQUALITY AND DIVERSITY

OTHM provides equality and diversity training to staff and consultants. This makes clear that staff and consultants must comply with the requirements of the Equality Act 2010, and all other related equality and diversity legislation, in relation to our qualifications.

We develop and revise our qualifications to avoid, where possible, any feature that might disadvantage learners because of their age, disability, gender, pregnancy or maternity, race, religion or belief, and sexual orientation.

If a specific qualification requires a feature that might disadvantage a particular group (e.g. a legal requirement regarding health and safety in the workplace), we will clarify this explicitly in the qualification specification.

UNIT SPECIFICATIONS

Health and Safety Practice in the Salon

Unit Reference Number	F/650/7533
Unit Title	Health and Safety Practice in the Salon
Unit Level	3
Number of Credits	8
Total Qualification Time (TQT)	80
Guided Learning Hours (GLH)	60
Mandatory / Optional	Mandatory
Sector Subject Area (SSA)	7.3 - Service enterprises
Unit Grading type	Pass / Fail

Unit Aims

This is a preparation for work unit which is based on capability and knowledge.

This unit provides learners with the knowledge and understanding in relation to their own responsibilities and those of others by monitoring workplace health and safety and making sure that procedures and workplace instructions are carried out. Learners will be able to recognise and demonstrate ways of reducing or avoiding the incidence of occupational hazards and learn how to complete a risk assessment.

The knowledge gained in this unit underpins the entire qualification. Before learners are permitted to undertake ANY salon practice, they must complete this unit.

Essential Requirements

Learners will need access to a salon environment that meets the requirements of a Realistic Learning Environment. Tasks must be undertaken in a safe workplace with adequate heating, lighting, ventilation, and access to both washing and first aid facilities.

Delivery Guidance

This unit should be delivered in a Realistic Learning Environment (RLE). The word 'client' can be related to friends and peers and does not mean that treatments need to be carried out on paying clients or within commercial timescales. Delivery should focus on the development of safe practice in all aspects of working in the salon. Learners should understand the purpose of associated legislation and be able to identify the hazards and potential risks to everyone in the salon.

Learning Outcomes, Assessment Criteria, and Indicative Content

Learning Outcomes – the learner will:	Assessment Criteria – the learner can:	Indicative content
1. Know the principles of health and safety.	1.1 Define the main health and safety legislation, policies, and procedures for working in a salon. 1.2 Follow health and safety regulations and workplace instructions. 1.3 Explain ways of complying with health, safety and security practices and salon policy. 1.4 Demonstrate how to monitor health and safety in the salon or workplace.	<ul style="list-style-type: none"> • Legislation and responsibilities, codes of practice and workplace policies. • Current regulations relating to the hair and beauty industry eg Health and Safety at Work Act 1974; Control of Substances Hazardous to Health (COSHH) Regulations 2002, Electricity at Work Regulations 1989, Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995, Workplace (Health, Safety and Welfare) Regulations 1992, Manual Handling Operations 1992, Provision and Use of Work Equipment Regulations 1998, Personal Protective Equipment (PPE) at Work Regulations 1992, Health and Safety (First Aid) Regulations 1981, Cosmetic Products (Safety) Regulations 1989, Coronavirus Act 2020 (legislation.gov.uk) • Compliance:

		<ul style="list-style-type: none"> • Reporting of Injuries, Diseases and Dangerous Occurrence Regulations (RIDDOR) • Awareness of Coronavirus disease 2019 (COVID-19) legislation and responsibility. • Employer’s and employees’ responsibilities: ie insurance, staff training and development, provision of Personal Protective Equipment (PPE) • Carrying out safe working practices with good standards of hygiene and maintenance • Effective Risk assessment, management, and evaluation strategies • Awareness of electrical safety, emergency and fire procedures, and health and safety policies and procedures. • Implementing an effective health and safety policy that sets standards and is well managed. • Positive attitudes towards health and safety from all members of staff • Well informed and trained managers and staff who communicate with each other. • Positive attitudes towards health and safety from all members of staff • Efficient reporting system for accidents, ill health, and safety defects • Continuous professional development is maintained to keep up to date with changes or new product usage information. • Employee welfare: misuse of Alcohol/Drugs, stress management.
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<p>2.Be able to demonstrate safe working practices in a beauty environment.</p>	<p>2.1 Define the difference between hazards and risks within a salon.</p> <p>2.2 Explain and report the existence of hazards in line with health and safety guidelines promptly and accurately.</p> <p>2.3 Identify precautions that have been taken to control risks and hazards in accordance with health and safety legislations.</p> <p>2.4 Maintain accurate and comprehensive records of any workplace risks identified or reported.</p> <p>2.5 Describe the steps to produce risk assessments.</p> <p>2.6 Carry out a health and safety risk assessment in a beauty environment.</p> <p>2.7 Outline necessary actions to take following a risk assessment.</p> <p>2.8 Be able to follow emergency procedures.</p>	<ul style="list-style-type: none"> • Hazards and risks in a salon: Hazard refer to a source of potential harm or danger. <ul style="list-style-type: none"> ○ Chemical hazards are hazardous substances that can cause harm. These hazards can result in both health and physical impacts, such as skin irritation, respiratory system irritation, blindness, corrosion and explosions. ○ Physical hazards are environmental factors that can harm an employee without necessarily touching them, including heights, noise, radiation, and pressure. ○ Safety hazards. These are hazards that create unsafe working conditions. For example, exposed wires or a damaged carpet might result in a tripping hazard. These are sometimes included under the category of physical hazards. ○ Ergonomic hazards are a result of physical factors that can result in musculoskeletal injuries. For example, a poor workstation setup in an office, poor posture, and manual handling. ○ Psychosocial hazards include those that can have an adverse effect on an employee’s mental health or wellbeing. For example, sexual harassment, victimisation, stress, and workplace violence.
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		<ul style="list-style-type: none"> • Risk refers to the possibility that harm or injury might occur when exposed to a hazard. • Salon procedure for risk assessments: Identify hazard, judgement of salon hazards, nominated risk assessment person/team, who/what, determine the level of risk, preventative measures, reduce a potentially harmful situation, notify staff, interpret results, conclusions, record findings, regular reviews. • Potential salon hazards requiring regular risk assessment: Space – utilisation, working area, heating, lighting, ventilation, layout, and design of the salon. Chemicals – procedures, storage, handling, safe usage, safe disposal, records. Equipment – selection, safe usage, handling, lifting, repairs, maintenance. Security (stock) – control systems, procedures, ordering, handling, storage. • Reasons for risk assessment: Legal requirement, provide a safe environment for staff/visitor/clients, identification of hazards, minimising hazards and risks, emergency procedures, staff training, implication of more than five members of staff, new staff in the workplace, new equipment and products, review systems, amendments and modifications to existing assessments, update records. • Salon health and safety legislation and
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		<p>regulations: Health and safety at work, control of substances hazardous to health, reporting of injuries diseases and dangerous occurrences, personal protective equipment, electricity at work, manual handling, supply of goods and services, trade description, data protection, employers' liability (compulsory insurance), occupiers' liability, local by-laws (set by council), salon rules, code of conduct, observance by all staff. Training requirements – Health and Safety, Hazards, Safety, Salon policies</p>
<p>3.Be able to ensure compliance of health and safety regulations.</p>	<p>3.1 Explain how to monitor and support the work of others to ensure compliance with health and safety requirements. 3.2 Identify any further support or training needed to comply with Health and Safety regulations. 3.3 Evaluate and review Health and Safety procedures and processes.</p>	<ul style="list-style-type: none"> • Providing support for staff: Up-to-date leaflets and posters, ongoing training, open door policy, suggestion box, current roles and responsibilities for staff. Security breaches: Inform - salon owner, management, head of school. • Review records - stock levels/control, monitor takings, inventory of equipment, manual and computerised records. • Actions - take statements, eyewitness accounts, review findings, call in police, notify data protection registry/clients of breach, maintain confidentiality, could result in loss of employment. Importance of insurance: Accidents, emergencies, legal claim, protect business, prevent fraudulent claim. • Training requirements

Assessment

To achieve a 'pass' for this unit, learners must provide evidence to demonstrate that they have fulfilled all the learning outcomes and meet the standards specified by all assessment criteria.

Learning Outcomes to be met	Assessment criteria to be covered	Type of assessment	Word count (approx. length)
All 1 to 3	All AC under LO 1 to LO 3	<p>Practical Activity – Your assessor will observe your performance on at least 2 occasions, each involving a different client.</p> <p>Essay/Report</p>	<p>Assessor observation record: A formal record of an assessor's observation to test the learner's knowledge and understanding of Health and Safety practices. Learner Logbook: References all Health and Safety tasks carried out by the learner.</p> <p>Health and Safety and Legal Requirements Assignment</p> <p>How to work safely and effectively when providing treatments Assignment</p>

Client Care and Communication

Unit Reference Number	H/650/7534
Unit Title	Client Care and Communication
Unit Level	3
Number of Credits	6
Total Qualification Time (TQT)	60
Guided Learning Hours (GLH)	40
Mandatory / Optional	Mandatory
Sector Subject Area (SSA)	7.3 - Service enterprises
Unit Grading type	Pass / Fail

Unit Aims

This unit provides learners with the knowledge and understanding in client care and communication. You will develop your ability to adapt the provision of client care and your communication skills to the needs of different clients, as well as learn how to manage client expectations. In this unit learners will develop essential skills and knowledge that will enable them to progress to other units which involve dealing with clients. It is recommended that this unit is delivered early in the course.

The knowledge gained in this unit underpins the entire qualification and should be referred to throughout the delivery of the whole qualification.

Learning Outcomes, Assessment Criteria, and Indicative Content

Learning Outcomes – the learner will:	Assessment Criteria – the learner can:	Indicative content
1. Be able to communicate and behave in a professional manner when dealing with clients.	1.1 Demonstrate how to behave in a professional manner within the workplace. 1.2 Describe how to use effective communication techniques when dealing with clients.	<ul style="list-style-type: none"> Verbal communication: (speaking) manner and tone, professional, supportive, respectful, sensitive to client, open questioning related to treatment. Advantages – quick, instant response, client body language. Disadvantages – no written

	<p>1.3 Describe how to use effective consultation techniques to identify treatment objectives.</p> <p>1.4 Provide clear recommendations to the client.</p>	<p>record, no time to consider, no paper trail. Non-verbal communication: eye contact, body language, listening. Advantages – written communication, detailed, recorded, clear, specific, opportunity to consider, paper trail. Body language – expression of feelings, easily identify anger, happiness, confusion. Disadvantages – written communication, cannot see reaction, cannot change mind, no opportunity for discussion. Body language – cannot hide feelings, can be a barrier.</p> <ul style="list-style-type: none"> • Professional manner: Use positive body language, abide by salon regulations and codes of conduct, encourage clients to ask questions, be supportive and respectful, be sensitive to client's privacy and personal details, professional appearance, avoid inappropriate conversations. • Professional appearance: Clean, professional uniform, discreet jewellery or piercings, hair neatly tied back (fringe secured), closed-in footwear, personal hygiene, and cleanliness (shower/bath, cover cuts and abrasions, deodorant or antiperspirant), oral hygiene (clean teeth, fresh breath), nails (good condition and maintained, short, no nail varnish, no nail extensions). • Professional ethical conduct: Polite, cheerful and friendly manner; friendly facial expressions, positive attitude, eye contact, open body language, client relations (not
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		<p>argumentative, confidentiality), respect for colleagues and competitors, avoid gossip, pride in work, honesty, integrity, punctuality, employer and client loyalty.</p> <ul style="list-style-type: none"> • Consultation communications: Establish client requirements and therapist recommendations, give appropriate advice if client is contra-indicated, client satisfaction, client expectations, suitability and aftercare, prevent contra-actions, courteous, eye contact, verbal communication, non-verbal communication, signatures of client and therapist (legal document; insurance claims, acknowledgement of recommendations), avoid conflict between a client and therapist, visual, manual, question, listen, client card reference, use a range of related terminology linked to treatment being performed. • Client requirements: Age, cultural background, special needs, satisfied clients, dealing with dissatisfied clients, all clients treated equally, clear, direct, action taken where necessary, written record. Client treatment needs: Assess client needs and suitability, client agreement, realistic outcome, cost, duration and frequency of treatments, additional services. • Recommendations to client: Explain treatment (the process, expected sensations, skin reaction, outcomes), advise client of most suitable treatment, further treatments, aftercare advice, lifestyle
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		<p>changes, seek agreement from client, retail recommendations, prevent contra-actions, improve results, maintain treatment longer, client care, client satisfaction, client expectations, profits (link sales, insurance reasons, completion of consultation process, returning/repeat clients, new business). Personal space: Space between client and therapist, positioning of client, covering of client, suitable location for consultation, client comfort, client privacy, unobtrusive.</p>
<p>2.Be able to manage client expectations.</p>	<p>2.1 Identify ways to improve the client service experience. 2.2 Discuss how to maintain client confidentiality in line with legislation. 2.3 Explain the requirements for record keeping. 2.4 Explain how to deal with customer complaints. 2.5 Demonstrate retail sales techniques to meet client requirements.</p>	<ul style="list-style-type: none"> • Client experience: establish an effective communication system, always deliver on your commitment, offer complimentary services, keep up with your client's details, promote services and clients on social media, ensure staff are trained correctly, professional behaviour. • Client confidentiality: Data protection - GDPR, professional, use of sensitive information, type of information, client access to their own records, maintain client's confidence, storage of client's personal details, record cards, method of destroying sensitive data, access available to authorised persons, time limit of storage of data, secured storage facility. Client care feedback: Client consultation form, comments box, verbal and non-verbal methods, professional, target setting, relate to feedback constructively, professional manner, polite, courteous, personal development, improves client satisfaction,

		<p>client care, salon profits, career development, teamwork, employee training, reputation, repeat business, additional treatments.</p> <ul style="list-style-type: none"> • Client complaints: Professional manner, polite, courteous, good client care, senior therapist, senior receptionist or manager, dealt with appropriately, resolve situation, effective communication techniques, good client care, good eye contact, good facial expressions, good body language, deal with situation calmly, methods of recording complaints, prompt response verbally/ written. • Client records are an effective resource within a salon and provide accurate information. <ul style="list-style-type: none"> regarding client treatments and services, history of clients, the products used, the dates of treatments and services and any tests carried out. ○ importance of making records available prior to the treatment or service ○ complete client records in accordance with the organisation ○ importance of gaining client consent ○ importance of accurate completion of records ○ importance of secure storage and security of client records • Retail opportunities: Completion of
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		<p>consultation, record on record card, profit, linking of retail/sales, selling products and other services, promotional offers, samples, retail displays, repeat business, course of treatments, demonstrations, open events, existing client offers.</p> <ul style="list-style-type: none"> • Sales techniques: Body language, verbal, non-verbal, testers, samples, linked to treatment, product knowledge, benefits, listen to client's needs, record card, lifestyle factors. • Improve working practices: SWOT analysis (strengths, weaknesses, opportunities, and threats to business), sales, productivity, analysis, questionnaires, feedback from clients (verbal/non-verbal), repeat business, monitor trends, peer assessment, observation, mystery shopper, appraisal.
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Assessment

To achieve a 'pass' for this unit, learners must provide evidence to demonstrate that they have fulfilled all the learning outcomes and meet the standards specified by all assessment criteria.

Learning Outcomes to be met	Assessment criteria to be covered	Type of assessment	Word count (approx. length)
All 1 to 2	All AC under LO 1 to LO 2	<p>Practical Activity –</p> <p>Your assessor will observe your performance on at least 2 occasions, each involving a different client.</p> <p>Essay/Report</p>	<p>Assessor observation record: A formal record of an assessor's observation to test the learner's communication skills.</p> <p>Learner Logbook: Records all tasks carried out by the learner.</p> <p>Health and Safety and Legal Requirements Assignment</p> <p>After care Assignment</p> <p>Client Consultation Assignment</p>

Anatomy and Physiology for Reflexology

Unit Reference Number	Y/650/7991
Unit Title	Anatomy and Physiology for Reflexology
Unit Level	3
Number of Credits	14
Total Qualification Time (TQT)	80
Guided Learning Hours (GLH)	60
Mandatory / Optional	Mandatory
Sector Subject Area (SSA)	7.3 - Service enterprises
Unit Grading type	Pass / Fail

Unit Aims

This unit will allow you to gain knowledge of the anatomical structure and the physiological function of the body systems of the hand and feet; skin and the functions, nails and the functions, blood and lymph supply along with muscles and bone of the limbs of the body.

Delivery Guidance

This unit should be delivered in a Realistic Learning Environment (RLE). The word 'client' can be related to friends and peers and does not mean that treatments need to be carried out on paying clients or within commercial timescales. Delivery should focus on the development of safe practice in all aspects of working in the salon. Learners should understand the purpose of associated legislation and be able to identify the hazards and potential risks to everyone in the salon.

Learning Outcomes, Assessment Criteria, and Indicative Content

Learning Outcomes – the learner will:	Assessment Criteria – the learner can:	Indicative content
1.Knowledge of the organisation of the body	1.1 Describe the anatomical regions of the body 1.2 Describe the planes of the body 1.3 Describe the directional terms of the body 1.4 Describe the quadrants of the body 1.5 Describe the chemical organisation of the body 1.6 Describe the structure, function and types of cell	<p>Organisations: Simple Chemical- oxygen, carbon dioxide Nutrient chemical- carbohydrates, lipids, minerals, proteins, vitamins, fibre, water Complex chemicals- cells, tissues, organs, systems, organisms.</p> <p>Major tissue types: Epithelial including- simple epithelial, stratfield, Connective tissue, Blood, Muscular tissue , Membranes</p> <p>Anatomical regions of the body: Definition and location Planes Directional terms</p> <p>Structure including the function of the cell: Cell components to include- cell membrane, nucleus, nucleolus, cytoplasm, mitochondria, ribosome, organelles, lysosome.</p> <p>Transport of cells: Diffusion, osmosis, facilitated diffusion, colouration, filtration.</p> <p>Cell growth and repair: Mitosis</p> <p>Conditions: Viral, bacterial, fungal, hormonal, allergic, congenital</p>
2.Have an understanding the anatomy, physiology, and conditions of the:	2.1 Explain the structure, function, growth and repair of the skin	<p>Skin structure: Epidermis- 5 layers:</p>

<p>Skin Hair Nails</p>	<p>2.2 Explain the structure, function and growth cycle of the hair 2.3 Explain the structure, function and growth cycle of the nails 2.4 Analyse the conditions of the skin 2.5 Analyse the conditions of the hair 2.6 Analyse the conditions of the nails</p>	<p>Horny layer (stratum corneum) Clear layer (stratum lucidum) Granular layer (stratum granulosum) Prickle layer (stratum spinosum) Basal layer (stratum germinativum) Dermis layer: Papillary, reticular, blood capillary, lymphatic, hair, sebaceous gland, sweat gland, sensory and motor nerve endings, collagen. Subcutaneous layer: Adipose, gland, sebaceous, sebum, eccrine, apocrine. Function of the skin: Secretion, sensation, heat regulation, protection, excretion, vitamin D production. Skin growth: Growth cycle- keratinisation, desquamation, healing. Skin types: Dry, oily, combination Skin conditions- mature, sensitive, dehydrated. Factors effecting the skin: Diet, nutrition, age, smoking, alcohol, UV, stress, environment. Conditions of the skin: Scabies, mites, pediculosis pubis and corporis, bacterial infections- impetigo, conjunctivitis, acne vulgaris, acne rosacea, boils, folliculitis. Viral infections- herpes simplex, herpes zoster, verrucae, warts. Fungal diseases- ringworm i.e., tinea of the captis, coporis, pedis Allergies- eczema, dermatitis,</p>
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		<p>Pigmentation disorders- vitiligo, chloasma General disorders- sensitive skin, UV damage, pustules, papules Skin cancers- melanoma, carcinoma. Structure of the hair: Components of hair- hair follicle, hair shaft, inner root, sheath, outer root sheath, arrector pili muscle, keratin, cuticle, cortex, medulla, dermal papilla, Hair types: Lanugo, vellus, terminal. Function of the hair: Heat regulation, protection Hair growth: Growth cycle- anagen, catagen, telogen Factors effecting hair growth: Medication, congenital, topical. Conditions of the hair: Alopecia, tinea capitis, folliculitis on the scalp, trichilomania. Structure of the nail: Nail bed, hyponychium, paronychium, eponychium, mantle, lunula, cuticle, nail plate, free edge, nail grooves, lateral nail fold, cuticle Nail growth: Nail formation- matrix, layer, keratin Factors effecting the nail growth- age, health, diet, medication. Conditions of the nail: Symptoms, causes and symptoms- hang nail, paronychia, onycholysis, onychorrhexis, transverse ridges, pitting.</p>
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<p>3. Have understanding of the anatomy, physiology and conditions of the: Skeletal system Muscular system</p>	<p>3.1 Explain the structure and classification of bones 3.2 Explain the structure, function and growth of the skeletal system 3.3 Explain the types of joints and their range of movements 3.4 Explain the functions of the arches of the feet 3.5 Analyse the conditions of the skeletal system 3.6 Explain the structure, function, growth and repair of the muscular system 3.6 Explain the location and action of muscle groups within the muscular system 3.7 Explain the principles of muscle contraction Analyse the conditions of the muscular system</p>	<p>Function of the skeleton: Shape and support, muscle attachment, joints for movement, production of red blood cells, storage of calcium, protection Location, structure, and function of the bones: Bones of the head, bones of the neck, bones of the spine, bones of the torso, bones of the pelvic girdle, bones of the girdle, bones of the lower and upper limbs, bones of the feet, Types of the bone: Compact, cancellous, long, short, flat, irregular Joints: Classification eg fibrous, synovial, ligaments, articular cartilage, bone. Joint types- flexion, extension, rotation, adduction, abduction, pronation, supination, dorsiflexion, plantar flexion Growth: Osteoblasts, osteocytes, osteoclasts Conditions of the skeletal system: Signs, symptoms and causes- fractures, sprains, breaks, osteoarthritis, rheumatoid arthritis, osteoporosis, rickets, RSI (repetitive strain injury), gout, postural defects ie kyphosis, lordosis, scoliosis, Foot conditions ie hammer toe, plantar fasciitis Functions of the muscular system: Movement of skeleton, maintenance of posture, generation of heat. Structure and function: Muscle types- voluntary/skeletal, involuntary/smooth, Cardiac characteristics of</p>
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		<p>muscle-contraction, elasticity, excitability, extensibility structure of skeletal muscle-origin, insertion, tendon, epimysium, endomysium, muscle fibres, myofibrils, actin and myosin</p> <p>Types of muscle: Contraction during movement isotonic concentric, isotonic eccentric, isometric, muscle roles during movement.</p> <p>Location and action of skeletal muscles: Muscles of the scalp and face Muscles of the neck Muscles of the thorax Muscles of the lower and upper arm Muscles of the abdominal area Muscles of the hip and thigh Muscles of the lower leg and foot</p> <p>Growth and repair: Process of muscular hypertrophy ie increased muscular fibre</p> <p>Conditions of the muscular system: Causes, signs and symptoms- inflammatory conditions, muscle strain, sprains, cramp, muscular dystrophy, myositis, shin splints, fibromyalgia.</p>
<p>4. Understand the anatomy, physiology, and conditions of the: Nervous system Endocrine system Respiratory system</p>	<p>4.1 Describe the structure and function of each component of the nervous system 4.2 Analyse the conditions of the nervous system 4.3 Explain the structure and function of the endocrine system 4.4 Explain the location of endocrine glands 4.5 Explain the function of the endocrine glands</p>	<p>Function of the nervous system: Detection, process. Interpretation and response to stimuli.</p> <p>Location and structure of the nerves system: Central nervous system i.e. brain, spinal cord, peripheral nervous system i.e. cranial nerves, spinal nerves, brachial plexus, lumbar plexus, sacral plexus, autonomic nervous system i.e. sympathetic, parasympathetic types of neurone</p>

	<p>4.6 Describe the hormones secreted from the endocrine glands and their target sites</p> <p>4.7 Analyse the conditions of the endocrine systems</p> <p>4.8 Explain the structure and function of the respiratory system</p> <p>4.9 Describe the stages of respiration</p> <p>4.10 Explain the process of gaseous exchange</p> <p>4.11 Analyse the conditions of the respiratory system</p>	<p>i.e. motor structure of a motor neurone generation of nerve impulses, growth and repair of nerves.</p> <p>Conditions: Causes, signs and symptoms to include stress, sciatica, neuralgia, chronic fatigue syndrome, referred pain, epilepsy.</p> <p>Functions of the endocrine system: Hormone secretion into the blood stream, control of body functions, regulation of metabolism, controlling reproductive cycle.</p> <p>Location, structure and function: Endocrine glands ie thymus, testes, ovaries Hormone actions, relationship of endocrine system with other body systems. Reproductive, digestive, growth and repair.</p> <p>Conditions of the endocrine system: Causes, signs and symptoms- thyroxicosis, goitre, Addison’s syndrome, cushioning syndrome,</p> <p>Functions of the endocrine system: Hormone secretion into the blood stream, maintenance of homeostasis, control of body’s functions (stimulation/inhibition of growth, induction/suppression of cell death, inhibition of immune system, regulation of metabolism, preparation for new activity, preparation for new phase in life, controlling reproductive cycle).</p> <p>Location, structure: Endocrine glands to include, hypothalamus, pituitary, pineal, thyroid, parathyroid, thymus, pancreas, adrenal, ovaries, testes.</p>
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		<p>Associated hormones and hormones actions , Human growth hormone, Relationship of endocrine system with other body systems ie nervous, circulatory, digestive, reproductive, growth and repair.</p> <p>Conditions: Causes, signs and symptoms ie Addison’s syndrome, Cushing’s syndrome,</p> <p>Functions of the respiratory system: Oxygen supply to body tissues, carbon dioxide removal from body tissues.</p> <p>Location and structure: Respiratory system to include mouth, nose, nasal cavity, larynx, pharynx, epiglottis, trachea, primary bronchi, bronchioles, alveoli, lungs, pulmonary capillary network, pleural membranes, diaphragm, intercostal muscles. mechanism of inhalation and exhalation, gaseous exchange, composition of inspired and expired air, process of internal and external respiration, control of respiration relationship of respiratory system with other body systems growth and repair.</p> <p>Conditions: Causes, signs and symptoms, emphysema, bronchitis, asthma, pneumonia, tuberculosis, hay fever, rhinitis, whooping cough, sinusitis, laryngitis, pharyngitis, fibrosis, sarcoidosis, pleurisy, chronic obstructive airways disease, chronic obstructive pulmonary disorder, cystic fibrosis, lung cancer.</p>
<p>5. Understand the anatomy, physiology and conditions of the:</p>	<p>5.1 Explain the structure and function of the cardiovascular system and function of the</p>	<p>Functions of the cardiovascular system: Transportation ie nutrients, gases, hormones,</p>

<p>Cardiovascular system Lymphatic system</p>	<p>5.2 Explain the composition and functions of the blood 5.3 Explain the location, structure and function of the heart 5.4 Explain the types of blood vessel 5.5 Identify the major blood vessels of the body 5.6 Define blood pressure 5.7 Explain the factors that affect blood pressure 5.8 Analyse the conditions of the cardiovascular system 5.9 Explain the structure and function of the lymphatic system 5.10 Describe the composition of lymph 5.11 Explain the location and function of the major lymphatic nodes and ducts 5.12 Explain the location and function of lymphatic organs 5.13 Explain the principles of immunity 5.14 Analyse the conditions of the lymphatic system</p>	<p>antibodies, waste products, heat regulation, protection and immunity, blood flow distribution, clotting in the body.</p> <p>Location of blood vessels within the body:</p> <p>Arteries of the head and neck ie innominate, common carotid, internal carotid, external carotid, facial, occipital, superficial, temporal veins of the head and neck i.e. posterior external jugular, occipital, superficial, temporal, maxillary, anterior facial, common facial, internal jugular, external jugular. Arteries of the body i.e. coronary artery, ascending and descending aorta, common carotid, subclavian, intercostal, pulmonary, right hepatic, splenic, renal, superior mesenteric, iliac, vertebral, axillary, brachial, ulnar, radial, deep palmar arch, superficial palmar arch, external iliac, femoral, popliteal, posterior tibial, plantar arch, digital arteries, veins of the body, axillary, brachial, subclavian, dorsal venous arch, femoral, popliteal, posterior tibial.</p> <p>Location and structure:</p> <p>Blood i.e., plasma, erythrocytes, leucocytes, thrombocytes), blood vessels. Arteries, arterioles, veins, venules, capillaries, heart superior vena cava, inferior vena cava, right atrium, tricuspid valve, right ventricle, pulmonary valve, pulmonary artery, septum, pulmonary veins, left atrium, bicuspid valve, left ventricle,</p>
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		<p>aorta, aortic arch, endocardium, myocardium, pericardium, cardiac cycle, electrical conduction in the heart. Type of circulation pulmonary, systemic, portal, coronary definition of heart rate, heart rate values heart rate control nervous system, hormonal, definition of blood pressure (systolic, diastolic), blood pressure measurements and classifications, blood pressure regulation, factors affecting blood pressure, volume of blood, blood flow resistance in the arteries, viscosity of the blood, elasticity of vessel walls, causes of blood pressure change (e.g. diet, exercise, stress, medication).</p> <p>Growth and repair:</p> <p>Process of blood clotting</p> <p>Conditions:</p> <p>Causes, signs and symptoms to include- anaemia, coronary thrombosis, deep vein thrombosis, hypertension, hypotension, varicose veins, palpitations, high cholesterol, heart disease, palpitations, cardiac arrhythmia.</p> <p>Function of the lymphatic system:</p> <p>Transportation of excess fluid, foreign particles and fats, Purification of waste and toxins Protection of antibodies for defence.</p> <p>Location and structure:</p>
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		<p>Lymph i.e., Leucytes, lymphocytes, and waste products. Lymphatic capillaries, vessels, ducts, tissue and nodes within the body. Immunity ie antigens, antibodies, allergy triggers and how are bodies respond the them.</p> <p>Conditions:</p> <p>Causes, signs and symptoms i.e. Hodgkin’s disease, non-Hodgkin’s lymphoma, cancer, fever, leukaemia, oedema.</p> <p>Functions of the digestive system:</p> <p>Mechanical and chemical break down of food, ingestion, digestion, absorption of nutrients, defaecation.</p> <p>Location and structure:</p> <p>Mouth, buccal cavity, lips, teeth, tongue, pharynx, epiglottis, oesophagus, salivary glands, stomach, oblique muscle layer, small intestines, large intestines. Accessary digestive organs to include- gastric gland, pancreas, intestinal glands, gall bladder, physical digestions, process of physical digestion, process of chemical digestion, process of absorption of nutrients, relationship with other body systems ie circulatory, endocrine, muscular, nervous, lymphatic.</p> <p>Conditions:</p>
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		<p>Causes, signs and symptoms ie heartburn, indigestion, irritable bowels, constipation, diarrhoea, ulcers, Crohn’s disease, colon cancer, gastritis.</p>
<p>6.Understand the anatomy, physiology and conditions of the: Digestive system Urinary system Reproductive system</p>	<p>6.1 Explain the structure and function of the digestive system 6.2 Explain the processes of digestion 6.3 Identify the location of the organs involved in digestion 6.4 Analyse the conditions of the digestive system 6.5 Explain the structure and function of the urinary system 6.6 Explain the production and content of urine 6.7 Analyse the conditions of the urinary system 6.8 Explain the structure and function of the reproductive system 6.9 Explain the key stages of the human reproductive cycle 6.10 Analyse the conditions of the reproductive system</p>	<p>Function of the urinary system:</p> <p>Distribution of intracellular and extracellular fluid, fluid intake and output, maintain PH values of the body’s fluid system and regulation of blood pressure.</p> <p>Location and structure:</p> <p>To include, kidneys, nephron, ureters, bladder, urethra, urine production, factors affecting urine production, urine composition, relationships with other body systems i.e. circulatory, endocrine, skeletal.</p> <p>Conditions:</p> <p>Causes, signs and symptoms- renal colic, kidney stone, renal failure, cystitis, uraemia.</p> <p>Functions of the reproductive system:</p> <p>Production of sperm and ova, meiosis, mitosis, cytokinesis.</p> <p>Location and structure:</p> <p>The female reproductive tract to include, ovum, ovary, fallopian tubes, uterus, cervix, vulva,</p>

		<p>vagina, labia, clitoris, vestibule and greater vestibular glands, mammary glands, function of female sex hormones e.g., oestrogen, progesterone, male reproductive tract (testes, scrotum, vas deferens, epididymis, seminal vesicles, prostate, urethra, penis), function of male sex hormones i.e. testosterone.</p> <p>Growth and repair:</p> <p>Define female reproductive stages to include, puberty, pregnancy, Menopause, effects of female puberty, menstrual cycle i.e., menstruation, follicular phase, ovulation, luteal phase. stages of pregnancy i.e., fertilisation, post-fertilisation, cell division, embryo formation, foetal development, parturition, lactation, effects of female menopause, male reproductive stages, effects of male puberty.</p> <p>Conditions:</p> <p>Causes, signs and symptoms to include, infertility, mastitis, amenorrhoea, dysmenorrhoea, pre-menstrual syndrome, sexually transmitted diseases, polycystic ovarian syndrome, endometriosis, pelvic inflammatory disease, testicular cancer, prostate cancer, breast cancer, cervical cancer, pelvic inflammatory disease, impotence, ovarian cysts.</p>
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Assessment

To achieve a 'pass' for this unit, learners must provide evidence to demonstrate that they have fulfilled all the learning outcomes and meet the standards specified by all assessment criteria.

Learning Outcomes to be met	Assessment criteria to be covered	Type of assessment	Word count (approx. length)
LO1- LO6	All	Knowledge	<p>Learner Logbook: References all A&P tasks carried out by the learner.</p> <p>A&P Pack</p>

Principles and Practices of Complementary Therapy

Unit Reference Number	A/650/7992
Unit Title	Principles and Practices of Complementary Therapy
Unit Level	3
Number of Credits	10
Total Qualification Time (TQT)	50
Guided Learning Hours (GLH)	30
Mandatory / Optional	Mandatory
Sector Subject Area (SSA)	7.3 - Service enterprises
Unit Grading type	Pass / Fail

Unit Aims

The aim of this unit is to develop knowledge and understanding of the history and influences there are in the complimentary therapies sector.

Delivery Guidance

This unit should be delivered in a Realistic Learning Environment (RLE). The word 'client' can be related to friends and peers and does not mean that treatments need to be carried out on paying clients or within commercial timescales. Delivery should focus on the development of safe practice in all aspects of working in the salon. Learners should understand the purpose of associated legislation and be able to identify the hazards and potential risks to everyone in the salon.

Learning Outcomes, Assessment Criteria, and Indicative Content

Learning Outcomes – the learner will:	Assessment Criteria – the learner can:	Indicative content
1.Understand the history within complimentary therapies	1.1 Identify the key history and origins within the complementary therapies.	History and origins: Reflexology, aromatherapy, body massage, looking at the ancient times to modern day time i.e. China, India, ancient Egypt, Rome, Europe America.
2.Understand the Influences on working within complimentary therapies.	2.1 Evaluate the Complementary therapies available. 2.2 Identify the techniques used in complimentary therapies.	Influences: Major names through the decades e.g., Eunice Ingham; Hanne Marquardt through to modern day e.g. Lynne Booth; Suzanne Enzer; Chris Stormer; Dorthe and Peter Lund Frandsen. Definition and therapies of complementary therapies i.e., Swedish massage, aromatherapy oils. Identifying the key factors i.e., physical, and psychological effects. Reflexology i.e., reflex point, zones and their relationship towards the body, physical and psychological effects on the body. Factors to consider i.e., environmental conditions, health, and wellbeing. Complementary therapies available- body massage, Indian head massage, hot stones, acupuncture, reflexology, aromatherapy.
3. Understand the key aspects of good clinical practice	3.1 Understand the Legal obligations of working with clients. 3.2 Understand the Code of practice to complementary therapies. 3.3 Evaluate the Professional organizations to complementary therapies. 3.4 Knowledge of the assessment and	Legal obligations: Legislation relating to the workplace ie health and safety, GDPR, equality and diversity, employment, consumer protection, workplace regulations, liability insurance, COSHH, manual handling, fire precautions. Check local authorities that will be relevant. Working on clients, duty of car, personal

	<p>treatment planning. 3.5 Identify correct communication techniques for dealing with clients and maintain good practice when referring clients.</p>	<p>accident.</p> <p>Code of practice: Importance of code of practice and ethics. Professional associations and organisations: ie Federation of Holistic Therapists (FHT) identify the aims, objectives, the roles functions of professional associations. National Occupational Standards. Assessment and treatment planning: Consultation private, verbal and non-verbal communication, medical history, lifestyle factors, client expectations and preparation, review of assessment to plan treatment programme. Agree treatment plan with client, obtain written consent ie signature, Prepare a treatment record sheet. Refer the client if necessary whilst ensuring confidentiality, adhering to GDPR.</p> <p>Record keeping and confidentiality: Methods of recording and storing Information written, computer database importance of accurate record keeping whilst ensuring confidentiality, adherence to legislation. Following professional codes of conduct, disclosure of information to others (e.g., non-disclosure, referral).</p> <p>Referral procedures and protocols: Working within the limits of own responsibility and qualifications. Importance of recommending appropriate treatment for client’s condition, methods of referral, when to refer to GP, counsellor, other complementary therapist,</p>
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		<p>member of the social care.</p> <p>Communication skills: Questioning- using open and closed questioning, Visual- eye contact, body language, expression, Rapport with client.</p> <p>Preparation of working area</p> <ul style="list-style-type: none"> • Equipment • Products • Work wear • Hygiene e.g., sterilising/sanitising tools and equipment • Client for treatment • Client care and modesty • Code of practice/ethics • • Insurance and professional association membership • Record keeping • Record and store in line with current data protection legislation and professional codes of conduct <p>Personal hygiene:</p> <ul style="list-style-type: none"> • Protection (PPE)
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		<p>Professional appearance: Clean professional uniform, closed in footwear, no jewellery, no piercings, hair (neatly tied back, fringe secured), light day make-up, personal hygiene, and cleanliness (shower/ bath, cover cuts and abrasions, deodorant or antiperspirant), oral hygiene (clean teeth, fresh breath), nails (good condition and maintained).</p> <p>Professional ethical conduct: Polite, cheerful and friendly manner (friendly facial expressions, positive attitude, eye contact, open body language), client relations, confidentiality, respect for colleagues and competitors, avoid gossip, take pride in work, punctuality, employer and client loyalty</p> <p>Environmental conditions: Lighting, Heating, Ventilation, Noise levels, Available space, Music, General hygiene. Waste disposal, Décor, Equipment, Privacy, Reception areas, General use/treatment areas, Safety aspects</p> <p>Management of health and safety at work: Clean up spillages, report slippery surfaces, remove/report obstacles, ensure good all round access to trolleys and equipment, sterilise/disinfect tools, equipment, and work surfaces, wear personal protective equipment.</p> <p>Electricity at work: Checking/visual check of equipment, no trailing wires portable appliance</p>
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		<p>testing (PAT).</p> <p>Manual handling: Moving stock, lifting, working heights, unpacking, posture, department, balance weight, preserve back, prevent slouching. Towels: Clean for every client, place dirty towels in covered bin.</p> <p>Liability insurance: Employers, public, professional indemnity.</p> <p>Reporting of injuries, diseases, and dangerous occurrences regulations: Accident book, reporting diseases, local byelaws, code of conduct, risk assessment.</p> <p>Control of substances hazardous to health: Replace lids, ensure ventilation for vapour and dust, avoid overexposure to chemicals, use chemicals correctly, follow storage handling use and disposal, correctly dispose of contaminated waste/ products (in a closed top bin), check end date on packaging, store away from heat, damp, and direct sunlight, follow relevant manufacturer's instructions, no smoking, eating or drinking.</p> <p>Health and safety legislation: Data protection, electricity at work, employers' liability (compulsory insurance), fire precautions, first aid at work, health and safety at work, local government miscellaneous provisions,</p>
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		<p>occupiers' liability legislation, local byelaws.</p> <p>Regulations: Control of substances hazardous to health regulations, management of health and safety at work regulations, manual handling, personal protective equipment, reporting of injuries, diseases and dangerous occurrences regulations, workplace (health and welfare) regulations.</p> <p>Hazards and risks: A hazard is something that has the potential to cause harm. A risk is the likelihood of a hazard happening.</p> <p>Employer responsibility: Current and valid liability insurance, display health and safety rules (covering staff, employees, clients, fire evacuation, provide regular training, accurate record keeping, monitoring).</p> <p>Hazards: Something with potential to cause harm, requiring immediate attention, level of responsibility, report, nominated personnel, duty to recognise/deal with hazards.</p> <p>Equipment: Only used for intended purpose, safe usage, handling, storage, cleaning, lifting, visual checks, worn, faulty, repairs, maintenance, portable appliance testing, correct disposal of contaminated waste, records.</p> <p>Security (cash): Staff training, point of sale,</p>
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		<p>regular banking, in transit.</p> <p>Security (people): Staff, clients, visitors, children, personal belongings, systems (security, emergency evacuation, storage, client records, business information).</p> <p>Risk: Likelihood of a hazard happening, risk assessment, determine the level of risk, preventative measures, reduce a potentially harmful situation, judgement of salon hazards, who/what is at risk, level of risk, interpret results, conclusions, record findings, regular reviews.</p> <p>Reasons for risk assessment: Staff, visitors, client health and safety, safe environment, minimise hazards and risks, requirement of legislation.</p> <p>Hygiene: General – sterilise and sanitise tools, disinfect work surfaces, cover cuts and abrasions, sanitise therapist’s hands before and after treatments, sanitise with sprays and gels, clean towels between clients, place dirty towels in covered bin, use disposable towels, dispense products with a spatula, pump or spray, use disposables wherever possible, no smoking, personal hygiene, replace loose lids, uncapped bottles and pots. Disinfection – heat or chemical methods, bactericides, fungicides, viricides, UV cabinet for storage only. Disposal of waste – single use items, pedal bin with a liner, spillages</p>
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		<p>and unused chemicals, contaminated waste, hazardous waste, environmental protection.</p> <p>Therapist posture and deportment: Correct posture when sitting, lifting, and carrying, working methods to avoid Repetitive Strain Injury (RSI), hand exercises, standing posture, even weight distribution, client comfort, maintain modesty, client correctly positioned to get maximum benefit from treatment, ensure technician positioning delivers appropriate techniques, appropriate space between client and technician, prevent injury, optimum results, allow for visual checks.</p> <p>Client preparation: Protect client clothing, ensure client positioned correctly and comfortable, respect privacy and modesty.</p> <p>Communication: Verbal – speaking manner and tone, professional, supportive, respectful, sensitive to client, open questioning related to treatment. Non-verbal – eye contact, body language, listening.</p> <p>Record keeping: Accurate appointment systems, stationery, loyalty, rewards, acknowledgement of occasions, consultation record keeping, contra-indications, signatures, refer to existing records, information clear, accurate and in logical order (name, address, contact numbers, age range, reason for</p>
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		<p>treatment, occupation, sport/hobbies, medical history, allergies/hypersensitivity, contact lenses, contra-actions, contra-indications, skin sensitivity tests, adaptations and modifications, recommendations, requirements, treatment plan), update record at the end of the treatment, update at each visit, maintained electronically, paper records.</p>
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Assessment

To achieve a 'pass' for this unit, learners must provide evidence to demonstrate that they have fulfilled all the learning outcomes and meet the standards specified by all assessment criteria.

Learning Outcomes to be met	Assessment criteria to be covered	Type of assessment	Word count (approx. length)
LO1	All	Knowledge	Learner Logbook
LO2	All	Essay/Report	Client Consultation Assignment
LO3	All		Principles and Practices of Complementary Therapy Assignment

Provide Reflexology for Complementary Therapy

Unit Reference Number	D/650/7993
Unit Title	Provide Reflexology for Complementary Therapy
Unit Level	3
Number of Credits	12
Total Qualification Time (TQT)	100
Guided Learning Hours (GLH)	60
Mandatory / Optional	Mandatory
Sector Subject Area (SSA)	7.3 - Service enterprises
Unit Grading type	Pass / Fail

Unit Aims

The aim of this unit is to provide you with the knowledge, understanding and skills required to carry out reflexology treatments.

Delivery Guidance

This unit should be delivered in a Realistic Learning Environment (RLE). The word 'client' can be related to friends and peers and does not mean that treatments need to be carried out on paying clients or within commercial timescales. Delivery should focus on the development of safe practice in all aspects of working in the salon. Learners should understand the purpose of associated legislation and be able to identify the hazards and potential risks to everyone in the salon.

Learning Outcomes, Assessment Criteria, and Indicative Content

Learning Outcomes – the learner will:	Assessment Criteria – the learner can:	Indicative content
<p>1.Be able to prepare for a reflexology treatment</p>	<p>1.1 Be able to prepare self, client and work area in accordance with current legislation and working practice requirements</p> <p>1.2 Consult with clients to identify factors which may influence treatment objectives</p> <p>1.3 Provide clear recommendations to the client based on the outcome of the consultation</p> <p>1.4 Select materials and equipment to suit client treatment needs</p> <p>1.5 Perform and adapt treatment to client needs including- materials, equipment and techniques.</p> <p>1.6 Undertake a client consultation to determine the client’s treatment needs in line with legal requirements and informed consent.</p> <p>1.7 Consult with client for medical history, lifestyle pattern, contra-indications, and record responses.</p> <p>1.8 Produce accurate and meaningful written treatment records by explaining and discussing the treatment stages and procedures to the client.</p>	<ul style="list-style-type: none"> • Consultation is the process for gaining information about the client to assist the therapist in recommending the most suitable treatment for the client • Analysis helps identify the general and specifics for example skin conditions, along with the correct products to use and treatment to perform • Legal requirement and failure to consult properly with clients prior to treatment could invalidate insurance. • Consultation techniques: questioning: listening, visual, manual, written • Agree Treatment plan • Advise prior to treatment : cost, duration frequency and types of treatment needs • Treatment objectives: Relaxation, stress and tension relief, lymphatic drainage, postural improvement, sense of wellbeing, health management. • Recommendations to client: Treatment process, expected sensations, contra-actions, outcomes, further treatments, treatment options, aftercare advice, lifestyle changes. • Seek clarification of the client’s understanding • Provide opportunities for clients to ask

	<p>1.9 Discuss and agree the clients need, expectations and treatment objective.</p> <p>1.10 Discuss and explain cost, duration, frequency, and types of treatment needs.</p> <p>1.11 Identify and record the client's skin type and skin condition.</p> <p>1.12 Demonstrate how to clean and prepare the skin to suit the type of equipment used.</p> <p>1.13 Identify and select tools, equipment, and products to suit the treatment objectives and client's skin types and skin condition.</p>	<p>questions</p> <ul style="list-style-type: none"> • Signed consent • Medical History, Life style, contra-indications – take necessary action: modification of the treatment, explaining why the treatment cannot be carried out, encouraging the client to seek medical advice <p>Prevent -Skeletal diseases/disorders/fractures, stroke, severe headaches/migraine, under the influence of alcohol or drugs, skin diseases/ disorders, cardiovascular conditions (deep vein thrombosis), muscular diseases/ disorders, nervous diseases/disorders, diabetes, epilepsy, cancer, receiving radiotherapy/chemotherapy, HIV, disorders of hands/feet/nails, fever, infectious diseases/ disorders, diabetes, asthma, medicated high or low blood pressure, pregnancy,</p> <p>Contra-actions and Contra indications: Disorders of the hands/ feet/nails: Fungal (tinea pedis, tinea corporis, tinea unguium), viral (verrucae, warts), arthritis (gout, osteoarthritis, rheumatoid arthritis), general foot disorders (bursitis, club foot, pes planus, foot drop, hammer toes, bone/heel spurs, high arch, hallux valgus, plantar fasciitis, koilonychias, leuconychia, onychocryptosis, onychogryphosis, onycholysis, onychomycosis, paronychia,</p> <p>Restrict- allergies, cuts, bruises, abrasions, inflammation, recent scar tissue, sunburn, after</p>
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		<p>a heavy meal (this list is not exhaustive), if your client is under the care of a medical practitioner informed consent is required. nail disorders (Beau’s lines, blue nails, curved or concave, discoloured nails, ridge, white nails, yellow nails, skin disorders (callouses, corns, chilblains, heel fissures).</p> <p>Client preparation: Protect client clothing, client comfort, privacy, modesty, client positioned correctly.</p> <p>Contra actions of treatment- healing crisis, Increased urination as the kidneys are stimulated to produce more urine, which may be darker and stronger-smelling due to the toxic content, Flatulence and more frequent bowl movements, Improved skin tone and tissue texture due to the improved circulation, Increased secretions of the mucous membranes in the nose, mouth and bronchi, Disrupted sleep patterns – either deeper or more disturbed sleep Dizziness or nausea, A temporary outbreak of a disease, which has been suppressed. Increased discharge from the vagina in women, Feverishness, Tiredness, Headaches, Depression, overwhelming desire to weep.</p> <ul style="list-style-type: none"> • Professional appearance: Clean professional uniform, discreet jewellery, no piercings, hair neatly tied back (fringe secured), closed in footwear, make-up (light day make-up), personal hygiene and cleanliness (shower/bath, cover cuts and abrasions, deodorant or antiperspirant), oral hygiene
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		<p>(clean teeth, fresh breath), nails (good condition and maintained).</p> <ul style="list-style-type: none"> • Professional ethical conduct: Polite, cheerful and friendly manner (friendly facial expressions, positive attitude, eye contact, open body language), client relations, confidentiality, respect for colleagues and competitors, avoid gossip, pride in work, punctuality, employer and client loyalty • Body analysis: Muscle tone, overweight/normal weight, height, cellulite, oedema, postural analysis, excessive hair. Body shapes – ectomorph, mesomorph, endomorph. • Difference related to gender: hairiness, muscle bulk, fat distribution Difference related to age: thinness of skin, elasticity, poor muscle tone, brittle bones • Distinction between non-medical treatable skin conditions and those which should be referred <p>Record keeping: Accurate appointment systems, stationery, loyalty, rewards, acknowledgement of occasions, consultation record keeping, contra-indications, signatures, refer to existing records, information clear, accurate and in logical order (name, address, contact numbers, age range, reason for treatment, occupation, sport/hobbies, medical history, allergies/hypersensitivity, contact lenses, contra-actions, contra-indications, skin sensitivity tests, adaptations and modifications,</p>
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		<p>recommendations, requirements, treatment plan), update record at the end of the treatment, update at each visit, maintained electronically, paper records.</p>
<p>2. Be able to carry put a reflexology treatment</p>	<p>2.1 Undertake a client consultation to determine the client’s treatment needs in line with legal requirements and informed consent.</p> <p>2.2 Adhere and follow health and safety working practices.</p> <p>2.3 Produce accurate and meaningful written treatment records by explaining and discussing the treatment stages and procedures to the client.</p> <p>2.4 Demonstrate and manage the correct treatment setting in accordance with manufacturer’s instructions.</p> <p>2.5 Identify and adjust the intensity and duration to suit the client skin condition.</p> <p>2.6 Describe the contra-indications and contra-actions that affect or restrict reflexology treatments.</p> <p>2.7 Identify and take prompt action if the client experiences any discomfort or contra-action.</p> <p>2.8 Describe the methods of evaluating the effectiveness of the treatment.</p> <p>2.9 Discuss and provide the client with suitable</p>	<p>Preparation: of therapist (personal hygiene/presentation, protective attire); of client (protective attire, secure hair, removal of jewellery, skin preparation); sterilisation and sanitisation</p> <p>Preparation of work area: environmental conditions eg heating, lighting, ventilation, atmosphere; salon and client requirements</p> <p>Products: Products needed- Medium: Carrier oils, natural wax, cream, cornflour, powder, no medium. Materials and equipment: Treatment medium, couch, covers, bolsters, trolley, bin, disposable products, correct selection process, product use, hygiene procedures, storage procedures.</p> <p>Client consultation: communication (verbal and non-verbal); sensitivity testing; treatment planning eg order and frequency of treatments; treatment objectives; skin and body analysis; specialist client groups (children, convalescents, pregnancy, elderly); contraindications eg deep vein thrombosis, chemotherapy, radiotherapy, contagious skin diseases, loss of skin sensation, clinical obesity, very thin clients, diabetes, epilepsy, heart disease, pregnancy, varicose veins, postural deformities, cancer, phlebitis, certain medication, high and low blood pressure, undiagnosed lumps or swelling, medical oedema, product allergies, recent operations,</p>

	<p>aftercare advice.</p> <p>2.10 Manage and ensure client records are completed and signed by you and the client.</p>	<p>recent scar tissue; clear recommendations; client confidentiality</p> <p>Health and safety working practices: sterilisation and sanitation methods; safe use of tools and equipment; Health and Safety at Work Act (HASAWA) 1974; The Personal Protective Equipment (PPE) at Work Regulations 1992; Control of Substances Hazardous to Health (COSHH) Regulations 2002; waste disposal; professional behaviour (GP referral, relationship with medical profession and other complementary therapists, codes of conduct associated with professional bodies)</p> <p>Aftercare advice: Aftercare Recommendations for further treatment, lifestyle changes, relaxation techniques, postural awareness, deep breathing, self-treatment, healthy eating, suitable exercise, avoid stimulants, rest, avoid heavy meal, increase water intake, stress management techniques.</p>
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Assessment

To achieve a 'pass' for this unit, learners must provide evidence to demonstrate that they have fulfilled all the learning outcomes and meet the standards specified by all assessment criteria.

Learning Outcomes to be met	Assessment criteria to be covered	Type of assessment	Word count (approx. length)
LO1 LO2	All All	<p>Practical Activity – Perform Reflexology treatments.</p> <p>Case studies: 50 treatments to be carried out on a minimum of 6 clients of which 3 will be live observations.</p> <p>Your assessor will observe your performance on at least 3 occasions, each involving a different client.</p> <p>Essay/Report</p>	<p>Assessor observation record: A formal record of an assessor's observation of a learner's practice and technique.</p> <p>Learner Logbook: References all Reflexology treatments carried out by the learner which are observed and supervised.</p> <p>Health and Safety and Legal Requirements Assignment</p> <p>After care Assignment</p> <p>Contra Indications Assignment</p> <p>How to work safely and effectively when providing treatments Assignment</p>

			<p>Client Consultation Assignment</p> <p>Reflective Journal Assignment</p> <p>Principles and Practices of Complementary Therapy Assignment</p>
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Indicative Reading List

www.ico.org.uk – Guide to General Data Protection Regulation, the principles, rights and obligations

www.hse.gov.uk – Health and Safety Advice and guidance on legislation.

<https://www.asa.org.uk/> Advertising Standards Agency (ASA)

<https://www.asa.org.uk/about-asa-and-cap/people/cap-panels-and-committees.html> Committees of Advertising Practice (CAP)

Marquardt H. (2000) Reflexotherapy of the Feet. Stuttgart: Thieme

Belya S. (2014) Foot Reading: A Reflexology Primer on Foot Assessment. Balboa Press

Belya S. (2021) Advanced foot Reading: A Consultative approach to Reflexology. Balboa Press

Whatley J. Perkins J. Samuel C. (2022) 'Reflexology: Exploring the mechanism of action'. Open access – Science Direct:

Complementary Therapies in Clinical Practice, Volume 48, August 2022, 101606. <https://doi.org/10.1016/j.ctcp.2022.101606>

IMPORTANT NOTE

Whilst we make every effort to keep the information contained in programme specification up to date, some changes to procedures, regulations, fees matter, timetables, etc may occur during the course of your studies. You should, therefore, recognise that this booklet serves only as a useful guide to your learning experience.

For updated information please visit our website www.othm.org.uk