BRITISH ASSOCIATION
FOR CARDIOVASCULAR
PREVENTION AND REHABILITATION

BACPR Exercise Professionals Group (EPG) Position Statement 2012 (version 2)

Essential competences and minimum qualifications required to lead the supervised exercise component in early cardiac rehabilitation

The BACPR-EPG is committed to helping exercise professionals deliver the safest and most effective programmes for individual patients, clients and the wider population who either have or are at risk of developing cardiovascular disease.

The aim of the statement is to provide guidance to the recommended qualifications, knowledge, skills and abilities required to lead* the clinically supervised exercise component of Cardiac Rehabilitation (CR). It is recommended that this statement should be read in conjunction with the BACPR Standards and Core Components for Cardiac Rehabilitation (2012) and the ACPICR Standards for Physical Activity and Exercise in the Cardiac Population (2009). This document is not intended for those supporting the delivery of the supervised exercise component - further guidance is available in the BACPR EPG Physical Activity and Exercise Competences in Cardiovascular Prevention and Rehabilitation (2012).

**'Lead' is defined as the person(s) taking overall responsibility for the supervised exercise component of his/her cardiac rehabilitation service.*

Background and rationale for this position statement

The evidence for exercise-based cardiac rehabilitation (CR) is strong. Exercising patients with cardiovascular disease does, however, carry a small but significant risk, which highlights the need for practitioners to be appropriately qualified and specialised in their knowledge, skills and competences. To minimise risk, ensuring safe and effective physical activity and exercise is performed, it is important that programmes are delivered by exercise professionals who base their practice on the highest level of evidence.

The BACPR standards and core components for Cardiovascular Prevention and Rehabilitation (2012)

The BACPR has defined standards and core components for cardiovascular disease prevention and rehabilitation services in order to ensure that all service providers, health professionals and service users understand the requirements for high quality cardiac rehabilitation (CR). Physical activity and exercise, diet, and smoking cessation, form the key elements of the lifestyle risk factor management component outlined in the BACPR Standards and Core Components. The content of all core components should be developed collaboratively by the core multi-disciplinary CR team and be delivered competently by appropriately skilled professionals within their scope of practice. The team includes a designated clinical lead (cardiologist or GP specialist in cardiology).

The exercise component of clinically supervised early cardiac rehabilitation programmes

The exercise component within the clinically supervised cardiac rehabilitation programme includes the delivery of structured exercise and the resumption of activities of daily living, occupational activities and leisure pursuits.

The following two statements refer to the exercise component of the clinically supervised CR programme in hospital, community or home settings and provide guidance on the competences and qualifications required to lead this component:

The lead exercise professional must:

- hold one of the qualifications together with evidence of relevant specialist continuing professional development (CPD) as outlined in Statement 1

  and

- be responsible for ensuring that all essential competences outlined in Statement 2 are being met individually or collectively by the CR team.

STATEMENT 1: MINIMUM QUALIFICATIONS AND REGISTRATION REQUIREMENTS

There are a range of qualifications and registration that each exercise professional may hold. To lead and deliver exercise in early cardiac rehabilitation, in addition to competences outlined in statement 2, exercise professionals should fulfil at least one of the following:

- Degree/diploma in Physiotherapy with current HPC registration, membership of CSP and recommended membership of Association of Chartered Physiotherapists in Cardiac Rehabilitation (ACPICR)
- Degree in Sport and Exercise Science or Exercise Physiology, registered as a British Association of Sport and Exercise Sciences (BASES) Certified Exercise Practitioner or BASES Accredited Sport and Exercise Scientist
- Recognised REPS Level 4 Cardiac Disease (Rehab) qualification in exercise and fitness e.g. BACPR Exercise Instructor Training qualification and current registration with REPs at Level 4.
- **In addition** all exercise professionals **must** demonstrate evidence of relevant CPD and related specialist experience

STATEMENT 2: ESSENTIAL COMPETENCES

Specific experience, knowledge and skills are required to lead a safe and effective exercise component within a cardiac rehabilitation programme. These essential competences are listed below and may be met by one exercise professional that has all these competences and therefore can lead the exercise component, or may be met collectively by the CR team including the exercise professional.

Experience of

- delivering exercise in a cardiac rehabilitation environment
- planning, leading and evaluating exercise sessions for the cardiac population
- working effectively as a team member

Knowledge of:

- relevant national standards, policies and guidelines, and application to practice in this field
- health related benefits of regular physical activity and exercise
- an applied understanding of cardiovascular anatomy and exercise physiology and principles of exercise prescription for cardiovascular training

STATEMENT 2 *CONTINUED*

- coronary heart disease (including signs and symptoms and recognition of progression of disease) and its implications for risk stratification and exercise programming
- a range of cardiovascular conditions and co-morbidities encountered on a typical cardiac rehabilitation programme; the programming adaptations and contraindications to exercise
- cardiovascular medications and any exercise related considerations
- common cardiac investigations and interventions and relevance of results to exercise programming
- the process of behaviour change and appropriate models and strategies that are used to assess a patient's current state of physical activity behaviour and support change towards achieving long term adherence to a physically active life

Skills and Abilities to

- make clinical decisions regarding the suitability, eligibility and adaptability of each patient's exercise programme (clinical leadership)
- conduct screening and a comprehensive assessment, including interpretation of clinical investigations, conducting appropriate submaximal tests to provide a baseline assessment of functional capacity and apply these findings to exercise programming
- risk stratify and prescribe safe and effective exercise programmes that are appropriately individualised
- competently lead and instruct the exercise component
- monitor, evaluate and adapt an individual's exercise programme whilst considering co-morbidities and the complexity of their cardiac condition
- respond and manage emergency situations including cardiac arrest (i.e. hold an appropriate qualification - As per resuscitation council (UK) requirements**)
- choose and use appropriate educational, counselling and motivational techniques with individuals and groups of patients in order to guide individuals to be physically active
- give appropriate evidence based advice for discharge planning in relation to long term activity goals / independent activity

References:

The BACPR Standards and Core Components for Cardiovascular Disease Prevention and Rehabilitation (2012)

ACPICR Standards for Physical Activity and Exercise in the Cardiac Population (2009), *London: Chartered Society of Physiotherapy*

BACPR EPG Physical Activity and Exercise Competences in Cardiovascular Prevention and Rehabilitation (2012)

**Requirements for resuscitation training and facilities for cardiac rehabilitation programmes: A joint statement by the Resuscitation Council (UK) and BACR http://www.resus.org.uk/pages/crepbacr.htm