



Promoting excellence in cardiovascular disease prevention and rehabilitation

Indicative guide for the route to competence for the exercise professional working in the exercise component of the (early) core cardiac rehabilitation (CR) pathway

This document provides guidance for exercise professionals i.e. exercise instructors, exercise physiologists and physiotherapists working in cardiac rehabilitation (CR), and Managers and Commissioners who are responsible for the provision of CR services.

It is described as an indicative guide to reflect specialist aspiration to be achieved with experience, training and ongoing continuous professional development. However the correct qualification is a mandatory requirement for all practitioners who lead the CR exercise component.

The British Association for Cardiovascular Prevention and Rehabilitation (BACPR) Exercise Professionals Group (EPG) position statement (2019) sets out the essential competences and minimum qualifications required to lead the supervised exercise component in the core rehabilitation pathway.

Through extended training, exercise professionals gain many of the essential skills and attributes that are essential to plan and lead exercise programmes for patients with cardiovascular disease. These skills include advanced knowledge of human physiology in health and disease, biomechanics, psychology and behaviour change, strength and conditioning, risk stratification, and personalised exercise prescription. This knowledge provides a strong foundation to develop the additional specialised skills that are required to lead safe and effective exercise for people with cardiovascular disease.

It is strongly recommended that the lead for the exercise component holds a static post position within the CR programme.



The following postgraduate/post exercise instructor training route is recommended in order to achieve competence, and to lead the exercise component of a CR programme.

Familiarisation and adherence to evidence based guidelines:

- AACVPR (2013) American Association of Cardiovascular and Pulmonary Rehabilitation. Guidelines for cardiac rehabilitation and secondary prevention programmes
- ACPICR (2015) Standards for Physical Activity and Exercise in the Cardiac Population
- BACPR (2012) EPG Core Competences for the Physical Activity and Exercise Component of Cardiovascular Rehabilitation Services
- BACPR (2017) Standards and Core Components for Cardiovascular Disease Prevention and Rehabilitation
- BACPR (2019) Exercise Professionals Group (EPG) Position Statement
- Department of Health (2010) Commissioning Guide for Cardiac Rehabilitation
- NICE (2010) Chronic Heart Failure: management of heart failure in adults in primary and secondary care
- NICE (2013) Cardiac Rehabilitation Services: commissioning guide
- NICE (2013) Myocardial Infarction: cardiac rehabilitation and prevention of further cardiovascular disease
- NICE (2018) Chronic Heart Failure in adults: diagnosis and management
- SIGN (2017) Guideline No 57. Cardiac rehabilitation
- Welsh Government (2017) : Heart Conditions Delivery Plan
- WHO (1993) Cardiac Rehabilitation and Secondary Prevention: long term care for patients with ischaemic heart disease

NB This list is not exhaustive and should be used as a starting point for further reading.

Qualifications:

- Recognised Register of Exercise Professionals (REPS) Level 4 Cardiac Rehabilitation Exercise Instructor qualification, and ongoing registration with REPs at Level 4
- Degree in Sports and/or Exercise- based Degree plus a member of BASES or registered with REPS
- BSc or MSc in Physiotherapy, HCPC registration plus a member of ACPICR

Membership of BACPR is recommended for all professions

Training and experience:

Whilst essential, the qualifications above do not demonstrate the required skills and knowledge to deliver or lead the exercise component of the CR programme.

Although not specifically required, exercise professionals are encouraged to observe some of the medical procedures that patients are exposed to in the acute hospital setting. An appreciation of the 'patient journey' can be valuable when working in the outpatient CR programme. Physiotherapists undertake 1000 hours of clinical practice in a variety of clinical settings as part of their degree and therefore will already have valuable experience of the 'cardiovascular patient journey'.

Prior to an exercise professional being deemed competent to lead the exercise component of a CR programme, it is vital that they have gained sufficient experience in delivering a CR exercise programmes so that:

- 1) Safe and effective exercise training programmes are delivered
- 2) Exercise training can be safely and effectively delivered to the more complex patients
- 3) The unwell patient who presents during screening or during exercise can be safely and effectively 'managed'
- 4) Colleagues, managers and patients have confidence in the ability of the exercise professional

The BACPR-EPG Physical Activity and Exercise Competences in Cardiovascular Prevention and Rehabilitation 2012 should be used to assess competence in physical activity advice and exercise prescription.

Continuing Professional Development (CPD):

Regardless of profession, competency to lead the exercise component of a CR programme can only be maintained by undertaking regular and relevant continuing professional development . Service leads should evaluate the suitability of staff members to lead a CR programme when relevant CPD has not been completed for an extended period of time. Participation in CPD provided by employers such as mandatory and/or statutory training not relating to maintain or improving the quality of care of patients attending CR is not considered relevant in the context of competency to deliver CR. Examples of activities not constituting relevant CPD include fire training, manual handling or data protection. However CPD activities do not have to always specifically relate to exercise training, indeed, training on any topics that fall within the core components of CR are strongly encouraged.

These are examples of relevant CPD:

- BACPR Physical Activity & Exercise in CVD, Part 1 & Part 2
- BACPR Assessing Functional Capacity - How to Administer and Interpret Submaximal Tests in Clinical Populations
- BACPR Monitoring Exercise Intensity (HR, RPE and METS)
- BACPR Adapting Group Exercise
- BACPR Resistance Training
- BACPR Physical Activity and Exercise in Heart Failure
- BACPR Exercise & Diabetes
- BACPR EPG annual study day
- BACPR Annual Conference
- BACPR EIN Study Days
- BACPR Health Behaviour Change and Psychosocial
- BACPR Dietary Approach to Managing Cardiovascular Disease and Weight

Below are indicative guides of the routes to competency/career progression for the three exercise professional groups.





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