



A competency framework for Pulmonary Rehabilitation

London Respiratory Clinical Network

London Competency Task & Finish Group
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Document title	A Competency Framework for Pulmonary Rehabilitation in London
Document purpose	This framework is a resource to support the development of a robust and sustainable pulmonary rehabilitation workforce, ensuring that competencies are achieved, maintained, evidenced and documented.
	Its purpose is to ensure that safe and effective pulmonary rehabilitation programmes are delivered in a consistent way across London, in line with national guidelines.
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Introduction

This competency framework has been developed by the London Clinical Respiratory Network to develop and grow a skilled and sustainable pulmonary rehabilitation workforce for the London region. It is a generic resource that can be adopted by other regions in England. The framework supports the delivery of the NHS Long Term Plan's ambition to significantly increase access to pulmonary rehabilitation to all eligible patients. This will drive improvements in the quality of pulmonary rehabilitation provision across the region, ensuring the best outcomes for those who complete a course.

Pulmonary rehabilitation has a strong evidence base and has been shown to improve quality of life, exercise capacity, and anxiety and depression in patients with chronic lung disease.² Secondary healthcare utilisation is reduced with fewer admissions and bed days. Pulmonary rehabilitation is also shown to benefit those recently discharged after hospitalisation with an exacerbation of COPD.³

Despite this there is a large disparity between the number of patients who are eligible for, and the number receiving pulmonary rehabilitation across England and London. Data from QOF 2021/2022 demonstrated that only 44% of eligible patients with COPD were offered pulmonary rehabilitation in London, with the national figure being even lower at 36.9%.⁴ The National Pulmonary Rehabilitation Clinical Audit in 2022 showed that waiting times also continue to be long, with just over a third of stable COPD patients starting pulmonary rehabilitation within 90 days of receipt of referral in London.⁵

Workforce shortages of suitably skilled staff and recruitment pressures have meant that many services in the region do not have adequate staff to meet the needs of their local populations. Many also continue to hold unfilled vacancies irrespective of funding. In order to accommodate further increases in referral rates and improve waiting times, there is an urgent need for systems to invest in training to develop the necessary expert workforce. The British Thoracic Society report 'A Respiratory Workforce for the Future' additionally estimated at least 1000 pulmonary rehabilitation posts are needed to deliver and implement the NHS Long Term Plan.⁶

¹ NHS Long Term Plan: Chapter 3: Further progress on care and quality outcomes; Better care for major health conditions; Respiratory disease https://www.longtermplan.nhs.uk/online-version

² British Thoracic Society Guideline on Pulmonary Rehabilitation in Adults Sept 2013 Vol 68 Suppl 2

³ Cochrane Database Systematic Reviews 2016, Issue 12. Puhan MA et al. Pulmonary rehabilitation following exacerbations of chronic obstructive pulmonary disease.

⁴ NHS Digital: Quality and Outcomes Framework 2021-22, Publication date 22 September 2022.

⁵ National Asthma and COPD Audit Programme. Pulmonary rehabilitation benchmarks key indicators 2021/22. Published Jan 2023.

⁶ British Thoracic Society Reports. A respiratory workforce for the future. Vol 13, Issue 2. 2022.





Innovation is therefore needed to help support the development of an expert respiratory pulmonary rehabilitation workforce. Expanding the workforce to include other non-physiotherapy qualified health care professionals (e.g. occupational therapists, nurses, clinical exercise physiologists, sports rehabilitators), as well as non-registered staff (e.g. health care support workers, non-registered exercise professionals) will support the growth of such a workforce. Additionally, by supporting the personal development of new ("grow your own") and existing ("promote within") respiratory physiotherapist and therapy assistants, by demonstrating competencies, may allow teams to provide career progression outside of traditional models and improve workforce retention of skilled individuals.

Services providing pulmonary rehabilitation may therefore in future vary greatly in number of staff, qualifications, skill mix and role allocation. In adopting new workforce models it is imperative that all professionals involved in pulmonary rehabilitation programmes demonstrate sufficient competency required for their scope of practice.

There has been good uptake in clinical practice and user feedback from core competency documents used in other specialities, such as cardiac rehabilitation, and this has driven the development of a similar document for pulmonary rehabilitation services in London.⁷

The London Pulmonary Rehabilitation competency framework provides a single framework meeting the needs of all service areas, by which all team members can be assessed as competent. It should help employers identify knowledge gaps and plan appropriate training programmes, supporting career development, and help commissioners with service planning and expansion. The framework will also help identify transferable skills from training and experience from other roles or pathways.

This approach will hopefully lead to the creation of an expanded and stable pulmonary rehabilitation workforce, leading to improved access and health care outcomes for patients with chronic lung disease.

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⁷ British Association for Cardiovascular Prevention and Rehabilitation. Core Competences for the Physical Activity and Exercise Component for Cardiovascular Disease Prevention and Rehabilitation Services. www.bacpr.org





A guide to using this document

This framework is intended to be used by pulmonary rehabilitation services in London for all clinical staff. It is a generic resource that other regions in England may wish to adopt and use locally. It will support the development of a robust and sustainable pulmonary rehabilitation workforce, ensuring that competencies are achieved, maintained, evidenced and documented. This will ensure that safe and effective pulmonary rehabilitation programmes are delivered in a consistent way across regions in line with national guidelines.

The framework encourages skill mix within a team. It is not expected that every member of a service will meet all the standards, but that the team will collectively deliver on a common framework to meet all the standards together.

This document can be used to:

- Identify knowledge and skills required to deliver pulmonary rehabilitation services
- Identify learning and development needs of pulmonary rehabilitation staff
- Support quality improvement and service development
- Guide continuing professional development
- Serve as a document to support professional and clinical supervision
- Support services through their accreditation process, through meeting of the accreditation standards
- Act as a portfolio of evidence to demonstrate the knowledge and skills of pulmonary rehabilitation staff who may move to another role or service





Examples of how the competencies may be met:

- · Relevant local and national training courses
- Attending conferences
- Clinical supervision
- Mandatory training programmes
- Completion of National and Local Audits
- Quality Improvement projects/service development work
- Inservice training
- Team meetings
- Via regional and system meetings
- Case studies/discussions
- Self-directed learning/study
- Observational learning
- Undergraduate degree programmes (BSc)
- High Education programme completion e.g., MSc programmes

At the end of the competency document we have provided an action plan which can be used to guide discussions and a plan for learning to achieve agreed competencies from the framework.

Pulmonary rehabilitation services should plan sufficient time for training and assessment to implement the competency framework successfully.





Frequently asked questions?

1. Who can be an assessor?

An assessor can be anyone who is deemed to be competent to assess a particular set of skills. Usually this should be someone who has also met the competencies and can demonstrate objectivity when signing off other members of the service. This might be e.g. a service lead, senior member of the pulmonary rehabilitation team or line manager. It may also be someone externally e.g. within the integrated care board, or regional structure who may be supporting this work.

2. How frequently should the competencies be refreshed?

The competency of each service should be reviewed on a yearly basis, as part of a yearly service audit. Individual competencies should be reassessed or reviewed in line with an individual's learning and development plan. This should be decided and agreed at service level.

3. Can the Competency Framework act as a passport that can be passed between employers?

An aim of the document is to provide assurance between pulmonary rehabilitation services that competency is demonstrated against a standardised framework and therefore the document can act as a passport of competency. It is however up to onward services to check that this is correct and demonstrated adequately for their service.

4. Is there an agreement on what minimum competencies are needed for a service to deliver safe and effective pulmonary rehabilitation?

The framework is a guide as to the minimum standards required for services to deliver safe and effective pulmonary rehabilitation. A service should meet all the competencies, not the individual. The framework is aligned with current relevant national pulmonary rehabilitation guidelines and standards that services are required to meet.

5. Is the framework relevant to all staff in all Agenda for Change bands?

Within the framework there are competencies that are relevant to all bands of staff. Individual services may wish to use the framework as a basis to develop their own shorter competency documents for different bands or roles within their service. Further work is ongoing in London to map out the essential competencies for current roles in pulmonary rehabilitation.

6. Can the framework be used to support recruitment?

Individual Pulmonary Rehabilitation Services and NHS Trusts may wish to use the framework to support the development of job descriptions and personal specifications.

Competency Assessor Log

Name	Job title, grade and qualifications	Organisation	Signature	Initials used in document

	COMPETENCY 1: Core knowledge	Evidence / Comments	Outcome	Date Assessment/ Assessor initials
	monary Rehabilitation Professional has demonstrated knowledge and under	standing of:		
1.1	The anatomy and physiology of the respiratory system.		Achieved \square	
			Not met □	
			Not applicable □	
1.2	The pathophysiology and risk factors of common respiratory		Achieved	
	diseases and their related signs and symptoms.		Not met □	
			Not applicable □	
1.3	The assessment of patients with respiratory symptoms and the		Achieved	
	tests used in the diagnosis and staging of chronic respiratory		Not met □	
	disease.		Not applicable □	
1.4	The common comorbidities in patients with chronic respiratory		Achieved	
	disease.		Not met □	
			Not applicable □	
1.5	The pharmacological management of chronic respiratory disease.		Achieved	
			Not met □	
			Not applicable □	
1.6	The non-pharmacological management of respiratory disease.		Achieved	
			Not met □	
			Not applicable □	
1.7	The risk factors for exacerbations, management and timescale for		Achieved	
	recovery.		Not met □	
			Not applicable □	
1.8	The beneficial effects of supervised exercise in respiratory disease,		Achieved 🗆	
	including after recent exacerbation.		Not met □	
			Not applicable □	

	COMPETENCY 1: Core knowledge (continued)	Evidence / Comments	Outcome	Date Assessment/ Assessor initials
	onary Rehabilitation Professional has demonstrated knowledge and un	derstanding of:		
1.9	The inclusion and exclusion criteria for pulmonary rehabilitation.		Achieved □ Not met □ Not applicable □	
1.10	The physiological response to exercise (normal and abnormal).		Achieved □ Not met □ Not applicable □	
1.11	The principles of individually tailored exercise prescription for patients with chronic respiratory disease including exercise frequency, duration, intensity, modality (aerobic and resistance).		Achieved □ Not met □ Not applicable □	
1.12	The clinical utility of submaximal functional capacity testing (indications and limitations).		Achieved □ Not met □ Not applicable □	
1.13	The impact of co-morbidities on an individual's ability to exercise or to exercise safely.		Achieved □ Not met □ Not applicable □	
1.14	The absolute and relative contraindications to exercise and indications to terminate exercise.		Achieved □ Not met □ Not applicable □	
1.15	Relevant national and local pulmonary rehabilitation standards, policies, and guidelines.		Achieved □ Not met □ Not applicable □	

	COMPETENCY 2: Professional behaviour	Evidence / Comments	Outcome	Date Assessment/ Assessor initials
The Pulm	onary Rehabilitation Professional has demonstrated the ability to:			
2.1	Act within their scope of practice where they can demonstrate training and competence.		Achieved □ Not met □ Not applicable □	
2.2	Delegate and refer to others appropriately ensuring patient safety and quality of care is maintained.		Achieved □ Not met □ Not applicable □	
2.3	Exercise professional autonomy appropriate to their role, recognising the responsibilities and accountability that this carries.		Achieved □ Not met □ Not applicable □	
2.4	Undertake continuing professional development (CPD) to establish, maintain and develop their competence.		Achieved □ Not met □ Not applicable □	
2.5	Demonstrate up to date mandatory training records relevant to the role.		Achieved □ Not met □ Not applicable □	
2.6	Critically reflect upon and evaluate their own practice.		Achieved □ Not met □ Not applicable □	
2.7	Support with implementing evidence into practice and respond to new and changing needs within pulmonary rehabilitation.		Achieved □ Not met □ Not applicable □	
2.8	Ensure practice in a non-discriminatory manner (in line with the Equality Act, 2010) and that individual's privacy, dignity, wishes, and beliefs are respected, and valued. Ensure that practice is in the best interests of the individual.		Achieved □ Not met □ Not applicable □	

	COMPETENCY 2: Professional behaviour (continued)	Evidence / Comments	Outcome	Date Assessment/ Assessor initials
The Pul	monary Rehabilitation Professional has demonstrated the ability to:			
2.9	Recognise physical, psychological, environmental, cultural, and socio-economic differences, and adopt good practice in challenging discrimination and unfairness.		Achieved □ Not met □ Not applicable □	
2.10	Demonstrate compliance with the Data Protection Act (2018), Information Governance and Caldicott principles.		Achieved □ Not met □ Not applicable □	
2.11	Provide evidence of comprehensive and accurate record keeping in line with local protocols as appropriate.		Achieved □ Not met □ Not applicable □	
2.12	Understand the importance of and be able to obtain informed consent and be compliant with local and national policies.		Achieved □ Not met □ Not applicable □	
2.13	Demonstrate awareness of and compliance with, applicable health and safety legislation, including incident reporting and able to act in accordance with such.		Achieved □ Not met □ Not applicable □	
2.14	Engage and collaborate with colleagues within and across settings, sectors, and professions in the best interests of service users.		Achieved □ Not met □ Not applicable □	
2.15	Remain up to date with professional registration where applicable.		Achieved □ Not met □ Not applicable □	
2.16	Provide support and clinical supervision where indicated for more junior staff.		Achieved □ Not met □ Not applicable □	

	COMPETENCY 3: Communication	Evidence / Comments	Outcome	Date Assessment/ Assessor initials
	onary Rehabilitation Professional has demonstrated the ability to:			
3.1	Use appropriate methods to ensure effective communication between services users, team members, health care professionals and all partners / stakeholders.		Achieved □ Not met □ Not applicable □	
3.2	Adapt their communication approach to consider individual differences: culture, age, ethnicity, gender, religious beliefs, socioeconomic status, physical, emotional, psychological, educational, and environmental factors.		Achieved □ Not met □ Not applicable □	
3.3	Use interpersonal skills and active listening to encourage understanding and active engagement with individuals. Communicate clearly and accurately when sharing information about pulmonary rehabilitation and the potential outcomes.		Achieved □ Not met □ Not applicable □	
3.4	Communicate effectively when patients decline Pulmonary Rehabilitation, and ascertain barriers to attendance, and offer support and alternative options when required and appropriate.		Achieved □ Not met □ Not applicable □	
3.5	Select, use, and adapt communication methods in a format and at a level that is based upon the individual / group needs and abilities (e.g. verbal and non-verbal).		Achieved □ Not met □ Not applicable □	
3.6	Communicate with sensitivity and empathy in a non-judgemental manner where concerns and questions are raised.		Achieved □ Not met □ Not applicable □	
3.7	Provide timely and accurate reports and handovers (communicating current status, progress, and exercise outcomes) to other team members and services where needed.		Achieved □ Not met □ Not applicable □	

	COMPETENCY 4: Prepare, adapt, and restore the environment and equipment	Evidence / Comments	Outcome	Date Assessment/ Assessor initials
	onary Rehabilitation Professional has demonstrated the ability to:			
4.1	Provide evidence of up to date relevant mandatory training in Infection Control, Manual Handling, Medical Gases and Health & Safety at Work.		Achieved □ Not met □ Not applicable □	
4.2	Perform a full risk assessment of the venue applying national health and safety guidelines and local operational policies.		Achieved □ Not met □ Not applicable □	
4.3	Identify potential risks and minimise resulting hazards in the environment in which the session will take place e.g. adequate heat, light, ventilation.		Achieved □ Not met □ Not applicable □	
4.4	Ensure that there is local record for any necessary equipment, furniture, or resources, and that they are prepared, available and in a fit state ready for use as per local guidance.		Achieved □ Not met □ Not applicable □	
4.5	Ensure that any necessary equipment is regularly inspected and maintained as per the manufacturer, including carrying out any necessary portable appliance testing (PAT)		Achieved □ Not met □ Not applicable □	
4.6	Ensure any equipment transferred to community venues is stored and packed for safe transportation		Achieved □ Not met □ Not applicable □	
4.7	Follow local policies and procedures to report and record problems with the environment or equipment		Achieved □ Not met □ Not applicable □	

	COMPETENCY 4: Prepare, adapt, and restore the environment and equipment (continued)	Evidence / Comments	Outcome	Date Assessment/ Assessor initials
	onary Rehabilitation Professional has demonstrated the ability to:			
4.8	Ensure resuscitation equipment is in place, checked and ready to		Achieved □	
	use as per local guidance.		Not met □	
			Not applicable □	
4.9	Ensure that if oxygen equipment is used, that it is in place, checked,		Achieved	
	ready to use and stored appropriately.		Not met □	
			Not applicable □	
4.10	Adapt the exercise environment during exercise session as		Achieved □	
-1110	appropriate (e.g. open windows in warmer weather).		Not met	
	1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Not applicable □	
4.11	Ensure compliance with current organisational infection control		Achieved \square	
	requirements.		Not met □	
			Not applicable □	
4.12	Ensure all equipment and resources are returned to their storage		Achieved	
	location after use and that the environment is left in a condition		Not met	
	suitable ready for future use.		Not applicable □	
			Trot applicable 🗆	

	COMPETENCY 5: Preparing the individual for supervised exercise	Evidence / Comments	Outcome	Date Assessment/ Assessor initials
	Imonary Rehabilitation Professional has demonstrated the ability to:			
5.1	Ensure individuals understand the purpose, necessary procedures, structure and objectives of the session.		Achieved □ Not met □ Not applicable □	
5.2	Provide individuals with clear and accurate health and safety information (including fire safety, evacuation, infection control, how to exercise safely) and reinforce this at all times.		Achieved □ Not met □ Not applicable □	
5.3	Understand and ensure individuals are appropriately dressed for safe exercise e.g. loose comfortable clothing, suitable footwear.		Achieved □ Not met □ Not applicable □	
5.4	Identify and respond to any information an individual provides in response to a previous session or any change in their condition through pre-class screening and the appropriate use of clinical measures.		Achieved □ Not met □ Not applicable □	
5.5	Use clinical reasoning and assessment to ascertain if a patient is safe to exercise.		Achieved □ Not met □ Not applicable □	
5.6	Negotiate, agree and record with the individual any changes to the planned sessions activities.		Achieved □ Not met □ Not applicable □	
5.7	Ensure individuals have any necessary medication required available prior to class.		Achieved □ Not met □ Not applicable □	
5.8	Provide comorbidity-specific advice to individuals where necessary prior to exercise.		Achieved □ Not met □ Not applicable □	
5.9	Provide clear and accurate information to individuals who require oxygen supplementation for exercise (e.g. flow rate, monitoring).		Achieved □ Not met □ Not applicable □	

	COMPETENCY 6: Pre-assessment review	Evidence / Comments	Outcome	Date Assessment/ Assessor initials
	monary Rehabilitation Professional has demonstrated the ability to:			
6.1	Ensure receipt and review of approved referral documentation prior to assessment and eligibility for pulmonary rehabilitation (such as confirming diagnosis, and/or suitability to exercise).		Achieved □ Not met □ Not applicable □	
6.2	Understand the purpose of the pulmonary rehabilitation assessment including identification of the individual's needs, assessment of safety, to obtain baseline outcome measures and the development of an individualised exercise plan.		Achieved □ Not met □ Not applicable □	
6.3	Explain the pulmonary rehabilitation assessment process to an individual.		Achieved □ Not met □ Not applicable □	
6.4	Elicit any specific needs e.g. access, mobility, literacy, vision, hearing, cognition, language, cultural which should be considered in planning the delivery of pulmonary rehabilitation.		Achieved □ Not met □ Not applicable □	
6.5	Assess the individual's readiness, confidence, and motivation to participate in pulmonary rehabilitation. Identify those at potential risk of drop out and respond to any questions or concerns raised clearly and honestly.		Achieved □ Not met □ Not applicable □	

	COMPETENCY 7: Subjective assessment	Evidence / Comments	Outcome	Date Assessment/ Assessor initials
The Pul	monary Rehabilitation Professional has demonstrated the ability to:			
7.1	Ascertain a relevant medical history from an individual including: Diagnosis Current symptoms Respiratory history including exacerbations and admissions Behaviours and risk factors for disease Past medical history / major co-morbidities Oxygen prescription Social history Vaccination status		Achieved □ Not met □ Not applicable □	
7.2	Elicit previous and current exercise levels through discussion and identify any limitations to function and physical activity.		Achieved □ Not met □ Not applicable □	
7.3	Assess smoking status, offer very brief advice and onward referral to smoking cessation services.		Achieved □ Not met □ Not applicable □	
7.4	Ascertain current medications, implications for exercise and opportunities to optimise treatment, including onward referral as necessary.		Achieved □ Not met □ Not applicable □	
7.5	Use behavioural change strategies and motivational interviewing techniques to help establish clear goals.		Achieved □ Not met □ Not applicable □	
7.6	Use shared decision making to design a treatment plan with individualised goals.		Achieved □ Not met □ Not applicable □	
7.7	Assess individual's health and education needs.		Achieved □ Not met □ Not applicable □	

	COMPETENCY 8: Objective assessment	Evidence / Comments	Outcome	Date Assessment/ Assessor initials
	monary Rehabilitation Professional has demonstrated the ability to:			
8.1	Conduct and record physiological measurements of: Pulse oximetry Heart rate Blood pressure (automatic and manual) Height, weight, and BMI Blood sugar (if appropriate)		Achieved □ Not met □ Not applicable □	
8.2	Record or calculate measurements of:		Achieved □ Not met □ Not applicable □	
8.3	Identify any absolute/relative contraindications to exercise at the assessment prior to exercise testing.		Achieved □ Not met □ Not applicable □	
8.4	Use validated generic and specific disease health status tools to assess symptoms and impact on quality of life.		Achieved □ Not met □ Not applicable □	
8.5	Use validated screening tools to screen for psychological and nutritional status.		Achieved □ Not met □ Not applicable □	
8.6	Undertake an assessment of exercise capacity using a validated measure with measures of oxygen saturations and breathlessness.		Achieved □ Not met □ Not applicable □	
8.7	Demonstrate knowledge of standardised protocols / published guidelines for performing for field walking tests, including the importance of the correct number of practice walks over an appropriate course length.		Achieved □ Not met □ Not applicable □	
8.8	Assess oxygen requirements and refer for further assessment if required.		Achieved □ Not met □ Not applicable □	

	COMPETENCY 8: Objective assessment (continued)	Evidence / Comments	Outcome	Date Assessment/ Assessor initials
	onary Rehabilitation Professional has demonstrated the ability to:			
8.9	Perform an assessment of functional status using validated measures.		Achieved □ Not met □ Not applicable □	
8.10	Perform an assessment of peripheral muscle strength using validated measures.		Achieved □ Not met □ Not applicable □	
8.11	Risk stratify individuals according to falls risk, musculoskeletal issues and exercise induced hypoxia and the potential impact on timing and/or location of classes.		Achieved □ Not met □ Not applicable □	
8.12	Refer any medical issues identified at assessment for review prior to commencing a pulmonary rehabilitation programme.		Achieved □ Not met □ Not applicable □	
8.13	Understand the criteria for referral to other health professionals and relevant services based on the outcomes of their assessment.		Achieved □ Not met □ Not applicable □	
8.14	Understand the Minimal Clinical Important Difference (MCID) scores for validated tools used in an assessment.		Achieved □ Not met □ Not applicable □	
8.15	Understand the purpose of using validated objective measures in the pulmonary rehabilitation discharge assessment to establish the effectiveness of pulmonary rehabilitation on individual goals, physical performance, and quality of life.		Achieved □ Not met □ Not applicable □	

	COMPETENCY 9: Physical activity planning and exercise prescription	Evidence / Comments	Outcome	Date Assessment/ Assessor initials
	monary Rehabilitation Professional has demonstrated the ability to:			
9.1	Demonstrate knowledge of the basis of exercise training and physiological mechanisms of exercise intolerance in patients with chronic respiratory disease.		Achieved □ Not met □ Not applicable □	
9.2	Develop an exercise training program which is individualised and based on the results of subjective and objective assessments.		Achieved □ Not met □ Not applicable □	
9.3	Discuss, justify, and agree an appropriate individualised physical activity and exercise plan with SMART goals including functional tasks and a home / unsupervised programme.		Achieved □ Not met □ Not applicable □	
9.4	Prescribe and adapt safe and effective exercise appropriate to the individual's needs in line with guidelines and the FITT principle (aerobic training, resistance exercise).		Achieved □ Not met □ Not applicable □	
9.5	Use objective physiological measures to inform individualised exercise prescription such as oxygen saturations, heart rate, Borg breathlessness and Rate of perceived exertion (RPE) scores.		Achieved □ Not met □ Not applicable □	
9.6	Demonstrate knowledge of normal physiological values and the ability to consider individual patient's baseline values in planning exercise.		Achieved □ Not met □ Not applicable □	

	COMPETENCY 9: Physical activity planning and exercise prescription (continued)	Evidence / Comments	Outcome	Date Assessment/ Assessor initials
	nonary Rehabilitation Professional has demonstrated the ability to:		T	
9.7	Modify exercise plans due to pain, breathlessness or a change in oxygen values where appropriate.		Achieved □ Not met □ Not applicable □	
9.8	Encourage safe and effective use of appropriate resources to help the individual achieve agreed goals and objectives, such as activity diaries, community exercise options and lifestyle tracking apps and devices.		Achieved □ Not met □ Not applicable □	
9.9	Educate and support individuals on safe exercise signs, how to identify symptoms of over-exertion or under-exertion, pacing and breathlessness management strategies.		Achieved □ Not met □ Not applicable □	
9.10	Educate and support individuals avoid particular activities where necessary based on individualised risk and comorbidities.		Achieved □ Not met □ Not applicable □	
9.11	Review and adapt the physical activity plan and exercise prescription in response to the individual's motivation, needs and ability, thereby progressing or regressing the prescription.		Achieved □ Not met □ Not applicable □	

	COMPETENCY 10: Lead and deliver the supervised exercise session	Evidence / Comments	Outcome	Date Assessment/ Assessor initials
	nonary Rehabilitation Professional has demonstrated the ability to:			1
10.1	Achieve a recognised minimum qualification and/or sufficient underpinning experience required to lead the supervised exercise component in pulmonary rehabilitation.		Achieved □ Not met □ Not applicable □	
10.2	Deliver supervised exercise within their scope of practice where they can demonstrate training and competence.		Achieved □ Not met □ Not applicable □	
10.3	Establish and justify staff/patient ratios based on supervision requirements and risk stratification.		Achieved □ Not met □ Not applicable □	
10.4	Manage and utilise other members of the team appropriately to ensure safe and effective class management.		Achieved □ Not met □ Not applicable □	
10.5	Deliver warm up and cool down exercises that are appropriate to individuals' clinical status and abilities.		Achieved □ Not met □ Not applicable □	
10.6	Teach and provide instruction and explanation appropriate to the needs of individuals and groups.		Achieved □ Not met □ Not applicable □	
10.7	Effectively use verbal instructions, exercise demonstration and motivational techniques to support the delivery of group exercise and individuals' specific needs.		Achieved □ Not met □ Not applicable □	

	COMPETENCY 10: Lead and deliver the supervised exercise session <i>(continued)</i>	Evidence / Comments	Outcome	Date Assessment/ Assessor initials
The Pulme	onary Rehabilitation Professional has demonstrated the ability to:			
10.8	Review and adapt individual and group exercise in response to changing circumstances and an individual's response to exercise.		Achieved □ Not met □ Not applicable □	
10.9	Monitor, evaluate, and adapt an individual's exercise plan ensuring that their respiratory diagnosis, risk, and comorbidities are considered.		Achieved □ Not met □ Not applicable □	
10.10	Monitor an individual's exercise performance using measures such as Borg breathlessness and leg fatigue scores and physiological measurements to effectively monitor exercise intensity and progress or regress the prescription.		Achieved □ Not met □ Not applicable □	
10.11	Titrate oxygen flow where needed in response to physiological parameters.		Achieved □ Not met □ Not applicable □	
10.12	Teach and monitor the performance of all individuals within a group setting.		Achieved □ Not met □ Not applicable □	
10.13	Respond to and manage emergency situations.		Achieved □ Not met □ Not applicable □	
10.14	Provide individuals with and appropriate period of post exercise supervision.		Achieved □ Not met □ Not applicable □	

	COMPETENCY 11: Forward planning	Evidence / Comments	Outcome	Date Assessment/ Assessor initials
	monary Rehabilitation Professional has demonstrated the ability to:			
11.1	Conduct an appropriate assessment on completion of the pulmonary rehabilitation programme which evaluates progress to date.		Achieved □ Not met □ Not applicable □	
11.2	Ensure individuals who complete pulmonary rehabilitation are provided with an individualised structured, written plan for ongoing exercise maintenance.		Achieved □ Not met □ Not applicable □	
11.3	Reinforce and promote the benefits of long term regular physical activity / exercise, and self-management to help them live well with their condition.		Achieved □ Not met □ Not applicable □	
11.4	Provide information on future options for continued physical activity including home-based exercise, support groups and alternative exercise programmes where available, and signpost to other useful resources.		Achieved □ Not met □ Not applicable □	
11.5	Discuss onward referral to other services (e.g. smoking cessation, clinical psychology, dietetics, voluntary organisations, falls services, medical review) where need is identified as per local agreed pathways.		Achieved □ Not met □ Not applicable □	
11.6	Transfer timely and accurate information to primary care or alternative referrer, and other healthcare professionals, as appropriate.		Achieved □ Not met □ Not applicable □	

	COMPETENCY 12: Managing unwell individuals	Evidence / Comments	Outcome	Date Assessment/ Assessor initials
	nonary Rehabilitation Professional has demonstrated the ability to:		T	
12.1	Provide evidence of Basic Life Support training and certification, including use of an AED.		Achieved □ Not met □ Not applicable □	
12.2	Understand how to respond to an emergency / life-threatening situation within own scope of practice.		Achieved □ Not met □ Not applicable □	
12.3	Understand local emergency protocols (including those in hospital and community settings) for summoning assistance and personal responsibility when an individual becomes unwell during a pulmonary rehabilitation assessment or class.		Achieved □ Not met □ Not applicable □	
12.4	Act in a calm, sensitive, efficient manner when dealing with an unwell individual.		Achieved □ Not met □ Not applicable □	
12.5	Use the skills and support of colleagues when managing an unwell patient. Ensure other group participants are managed appropriately.		Achieved □ Not met □ Not applicable □	
12.6	Understand the importance of key clinical observations: heart rate, blood pressure, respiratory rate, peripheral oxygen saturations, temperature, blood sugar, and when to measure them when an individual is unwell.		Achieved □ Not met □ Not applicable □	

	COMPETENCY 12: Managing unwell individuals (continued)	Evidence / Comments	Outcome	Date Assessment/ Assessor initials
	nonary Rehabilitation Professional has demonstrated the ability to:			
12.7	Understand the normal range of key clinical observations and demonstrates the ability to formulate reasoning and appropriate management for abnormal values.		Achieved □ Not met □ Not applicable □	
12.8	Assess for signs and symptoms which may indicate a change in and individual's cardiorespiratory status.		Achieved □ Not met □ Not applicable □	
12.9	Recognise signs and symptoms which may indicate a new condition or a change in an individual's underlying condition and take appropriate action.		Achieved □ Not met □ Not applicable □	
12.10	Rapidly assess an individual who becomes non-critically unwell during a pulmonary rehabilitation assessment or class and take appropriate action in line with local policy.		Achieved □ Not met □ Not applicable □	
12.11	Rapidly assess an individual who has collapsed and provide appropriate management as per Resuscitation Council Guidelines and the site specific management plan.		Achieved □ Not met □ Not applicable □	
12.12	Provide a concise and accurate handover to other health professionals of the unwell individual and complete any appropriate documentation.		Achieved □ Not met □ Not applicable □	

	COMPETENCY 13: Delivering the education component	Evidence / Comments	Outcome	Date Assessment/ Assessor initials
	nonary Rehabilitation Professional has demonstrated the ability to:			
13.1	Plan and prepare the delivery of group education sessions within the pulmonary rehabilitation programme.		Achieved □ Not met □ Not applicable □	
13.2	Ensure a comfortable and inviting environment that promotes interaction and maximises learning.		Achieved □ Not met □ Not applicable □	
13.3	Ensure specific support for individuals such as those who have visual or hearing impairment and/or other learning needs is provided.		Achieved □ Not met □ Not applicable □	
13.4	Understand the need to provide individuals with the information necessary to enable them to make informed decisions about managing their respiratory disease.		Achieved □ Not met □ Not applicable □	
13.5	Ensure educational sessions have specific aims and learning objectives.		Achieved □ Not met □ Not applicable □	
13.6	Work effectively with the wider MDT to deliver a diverse and relevant educational programme.		Achieved □ Not met □ Not applicable □	
13.7	Provide high quality visual aids and learning materials to support and consolidate learning.		Achieved □ Not met □ Not applicable □	
13.8	Deliver and facilitate educational sessions according to agreed aims and objectives and demonstrate the ability to tailor the session to the needs of individuals and the group.		Achieved □ Not met □ Not applicable □	
13.9	Encourage participation to help individuals to share questions / knowledge and to facilitate group learning.		Achieved □ Not met □ Not applicable □	

	COMPETENCY 13: Delivering the education component (continued)	Evidence / Comments	Outcome	Date Assessment/ Assessor initials
	nonary Rehabilitation Professional has demonstrated the ability to:		I	•
13.10	Understand the context and content of all of the MDT educational sessions included in the pulmonary rehabilitation programme.		Achieved □ Not met □ Not applicable □	
13.11	Promote self-management behaviours, patient knowledge, problem solving and shared decision making.		Achieved □ Not met □ Not applicable □	
13.12	Know the local availability of appropriate and reliable self- management information and be able to facilitate the effective use of these resources.		Achieved □ Not met □ Not applicable □	
13.13	Evaluate existing and new materials to determine the relevance, accessibility, and appropriateness and identify ways in which this requires customisation to meet local needs as required.		Achieved □ Not met □ Not applicable □	
13.14	Access information to plan, design and produce resources to meet a specific purpose, taking into account time, money, and expertise available.		Achieved □ Not met □ Not applicable □	
13.15	Demonstrate an understanding and be able to discuss with patients where required: • lung anatomy and respiratory disease • the benefits of exercise • management of breathlessness • importance of airway clearance • energy conservation • importance of diet, weight and nutrition • coordination of swallowing and breathing		Achieved Not met Not applicable	

	COMPETENCY 13: Delivering the education component (continued)	Evidence / Comments	Outcome	Date Assessment/ Assessor initials
	nonary Rehabilitation Professional has demonstrated the ability to:			
13.16	Explain how to identify, recognise and manage chest infections and exacerbations, including airways clearance strategies.		Achieved □ Not met □	
40.47			Not applicable	
13.17	Explain and provide generic and disease specific self- management plans.		Achieved □ Not met □	
10.10			Not applicable □	
13.18	Provide smoking cessation advice and signpost/refer to local		Achieved \square	
	services.		Not met □ Not applicable □	
13.19	Understand inhalers and medications and the importance of		Achieved	
	good adherence in the management of chronic lung disease.		Not met	
			Not met □ □	
13.20	Demonstrate correct inhaler technique.		Achieved \square	
			Not met □	
			Not applicable □	
13.21	Understand stress and anxiety management in chronic		Achieved \square	
	respiratory disease, and to teach effective coping strategies.		Not met □	
			Not applicable □	
13.22	Understand of the socio-economic impacts of chronic		Achieved \square	
	respiratory disease and the ability to refer / signpost for		Not met □	
	support.		Not applicable □	
13.23	Understand how chronic respiratory disease can impact on		Achieved \square	
	social relationships and quality of life.		Not met □	
			Not applicable □	
13.24	Understand end of life discussions, advance directive, and		Achieved \square	
	palliative care.		Not met □	
			Not applicable □	

	COMPETENCY 14: Service planning and management	Evidence / Comments	Outcome	Date Assessme nt/ Assessor initials
	monary Rehabilitation Professional has demonstrated the ability to:			1
14.1	Agree and establish clear service aims and objectives with		Achieved \square	
	measurable outcomes for exercise and quality of life.		Not met □	
			Not applicable □	
14.2	Plan, develop and implement operational procedures and		Achieved \square	
	protocols for service delivery including inclusion and exclusion criteria, in line with local and national guidelines,		Not met □	
	current evidence and organisational objectives.		Not applicable □	
14.3	Develop, adapt and regularly review protocols and standard		Achieved □	
	operating procedures.		Not met □	
			Not applicable □	
14.4	Develop and implement systems to ensure service evaluation		Achieved □	
	and development.		Not met □	
			Not applicable □	
14.5	Ensure processes in place for recording, review and sharing		Achieved □	
	of local and national key performance indicators with relevant		Not met □	
	stakeholders.		Not applicable □	
14.6	Service participation in national audits for benchmarking.		Achieved □	
			Not met □	
			Not applicable □	
14.7	Service participation in the national pulmonary accreditation		Achieved □	
	programme.		Not met □	
			Not applicable □	
14.8	Provide effective workforce planning including recruitment		Achieved □	
	and selection.		Not met □	
			Not applicable □	
14.9	Provide effective operational management of the team		Achieved \square	
	ensuring adequate staffing levels and skill mix to cover		Not met □	
	service provision, including prioritising workload.		Not applicable □	

	COMPETENCY 14: Service planning and management (continued)	Evidence / Comments	Outcome	Date Assessme nt/ Assessor initials
	monary Rehabilitation Professional has demonstrated the ability to:			_
14.10	Engage in effective teamwork and partnership working to		Achieved □	
	promote quality, continuity of care and a cost-effective		Not met □	
	service.		Not applicable □	
14.11	Be accountable for implementation of health and safety		Achieved □	
	legislation and policies and procedures.		Not met □	
			Not applicable □	
14.12	Provide evidence of effective consultation with service users		Achieved □	
	when planning and developing the service.		Not met □	
			Not applicable □	
14.13	Identify, organise and provide suitable location(s) for the		Achieved \square	
	service.		Not met □	
			Not applicable □	
14.14	Ensure that all professionals delivering the exercise		Achieved	
	programme hold the appropriate qualifications, knowledge		Not met □	
	and skills.		Not applicable □	
14.15	Contribute to the development of others by providing a wide		Achieved □	
	range of CPD opportunities.		Not met □	
			Not applicable □	
14.16	Provide up to date comprehensive information to enable the		Achieved □	
	team to appropriately refer on / signpost to tailored physical		Not met □	
	activity / exercise opportunities		Not applicable □	

	COMPETENCY 15: Service evaluation	Evidence / Comments	Outcome	Date Assessment/ Assessor initials
	monary Rehabilitation Professional has demonstrated the ability to:			
15.1	Identify, develop, and implement appropriate monitoring systems to enable comprehensive service evaluation.		Achieved □ Not met □ Not applicable □	
15.2	Identify, develop, and use valid, and reliable quantitative and qualitative assessment tools and techniques to measure the quality and value of the pulmonary rehabilitation programme.		Achieved □ Not met □ Not applicable □	
15.3	Ensure reliable methods are in place to collect and record individual patient outcome measures such as using a database.		Achieved □ Not met □ Not applicable □	
15.4	Accurately collect and record key service data, including referral information, uptake, attendance, and adherence records.		Achieved □ Not met □ Not applicable □	
15.5	Ensure that service users have contributed to the evaluation process and measures of patient experience are included.		Achieved □ Not met □ Not applicable □	
15.6	Ensure annual local audit of individual outcomes and processes. Benchmark against national quality standards, relevant guidelines, and service specifications, and highlight any gaps.		Achieved □ Not met □ Not applicable □	
15.7	Ensure service participation in the National Pulmonary Rehabilitation Audit programmes.		Achieved □ Not met □ Not applicable □	
15.8	Draw valid conclusions and make recommendations based on the evidence and use quality improvement methodology to implement service improvements.		Achieved □ Not met □ Not applicable □	
15.9	Present relevant information to key stakeholders to influence and support the development of future service delivery / strategy.		Achieved □ Not met □ Not applicable □	

Action Plan for Achievement of Competency Framework

Name	
Date	

Standard number (e.g 1.1)	Skill/knowledge required (e.g knowledge of different chronic lung diseases)	Action plan or evidence to achieve required knowledge (e.g training, conference attendance, supervision, case discussions)	Achieved date and signature/initials of assessor

Standard number (e.g 1.1)	Skill/knowledge required (e.g knowledge of different chronic lung diseases)	Action plan or evidence to achieve required knowledge (e.g training, conference attendance, supervision, case discussions)	Achieved date and signature/initials of assessor

Glossary

AED	Automated External Defibrillator
AHP	Allied Health Professional
BACPR	British Association for Cardiovascular Prevention and Rehabilitation
COPD	Chronic Obstructive Pulmonary Disease
CPD	Continuing Professional Development
FIIT	Frequency, Intensity, Time and Type of Exercise
NHSE	NHS England
NRAP	National Respiratory Audit Programme (formerly NACAP – National
	Asthma and COPD Audit Programme)
PR	Pulmonary rehabilitation
SMART	Specific, measurable, relevant and timebound
Caldicott Principles	These were developed as a result of recommendations in Dame Fiona Caldicott's 1997 report on how patient information was used in the health service. They are a set of six general principles that health and social care organisations should use when reviewing the use of client information.
Pulmonary	Those people who deliver pulmonary rehabilitation who, as part of
Rehabilitation	the service and in the context of these competences, are giving
Professional	advice and information on physical activity and/or exercise.
Data Protection Act	The Data Protection Act 1998 is the main piece of legislation that governs the protection of personal data in the UK. The Act defines eight data protection principles. See http://www.ico.gov.uk/for_organisations/data_protection.aspx for further information.
Exercise Prescription	Refers to the design of a plan of fitness-related activities (using FITT principles) specifically for an individual and developed by an exercise professional for a specified purpose.
Exercise Professional	An individual who is has attained qualifications to deliver exercise.
Health Care	An individual, who for the purposes of these competences, provides
Professional	health services to individuals as part of a pulmonary rehabilitation programme.
Individual	Those participating in the Pulmonary Rehabilitation programme and covering a broad range of terms including clients, patients, relatives, carers, significant others and service users.
Individualised	The 'tailoring' of exercise to suit the individual based on clinical and functional needs.
Information	Information Governance ensures necessary safeguards for, and
Governance	appropriate use of, patient and personal information
Outcome Measure	Tools that enable the pulmonary rehabilitation professional to evaluate the pulmonary rehabilitation service
Provider	The individual or service providing pulmonary rehabilitation programme
Scope of Practice	Taking into account legal and ethical responsibilities, work within the boundaries set by an individual's qualifications, knowledge, skills and experience in order to practice safely and effectively.
Supervised	Observe and direct the execution of an exercise session
Unsupervised	Not supervised or not under constant observation

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Review

Planned review of this document will be in 3 yearly cycles. The next planned review will be in 2026. Earlier review may be prompted in response to feedback or changes in national guidance.

Comments

Please send any comments and questions to: england.resp-cnldn@nhs.net