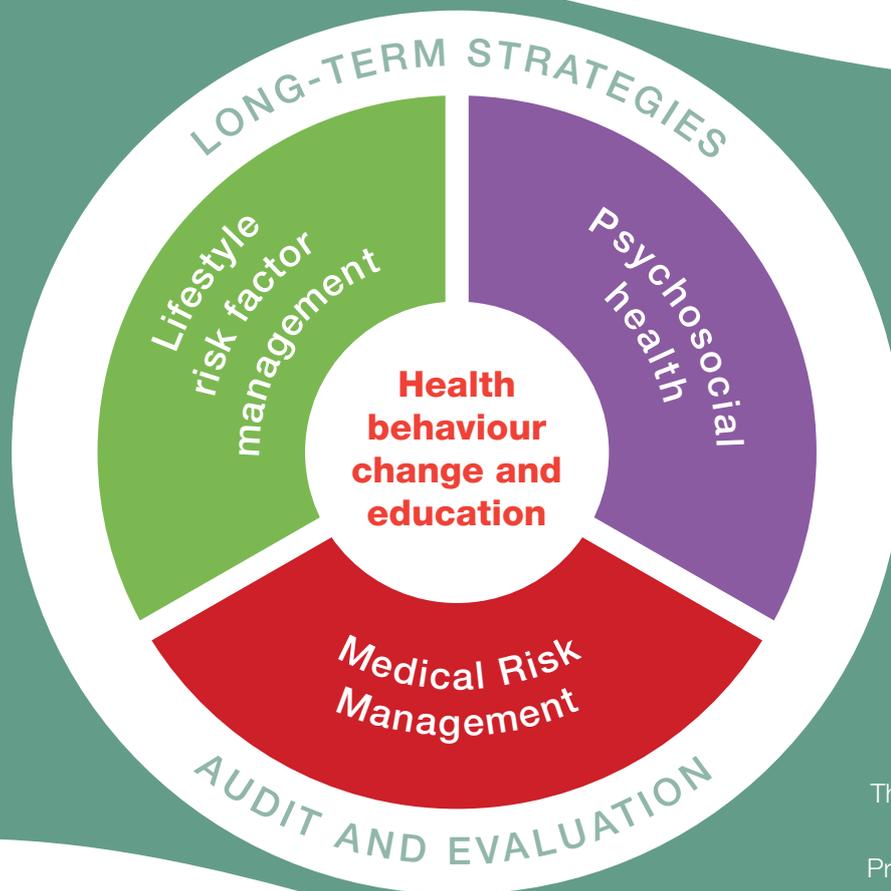


# Core Competences for the Diet Component: *Healthy Eating and Body Composition*

for Cardiovascular Disease Prevention and Rehabilitation Services 2019



The **Six Core Components**  
for Cardiovascular Disease  
Prevention and Rehabilitation

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*This document is the intellectual property of the British Association for Cardiovascular Prevention and Rehabilitation (BACPR).*



## Introduction

This competency document has been compiled to complement the following:

- i. The American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) Position Statement 2010 Update: Core competencies for cardiac rehabilitation/secondary prevention professionals.<sup>1</sup>
- ii. The British Association for Cardiovascular Prevention and Rehabilitation (BACPR) Standards and Core Components for Cardiovascular Disease Prevention and Rehabilitation 2017.<sup>2</sup>

The BACPR has launched the third edition of the BACPR Standards and Core Components for Cardiovascular Disease Prevention and Rehabilitation<sup>2</sup>. One of these core components is healthy eating and body composition (weight management) which is considered integral to all the components of cardiac rehabilitation (CR). Staff who facilitate and / or deliver behaviour change and education, should be appropriately qualified, skilled and competent.

It is envisaged that this document will inform national practice and enable service providers and managers to ensure appropriate governance and safe and effective service delivery. In addition, it can be used as a useful tool to advise employers on standardised recruitment, giving a clear picture of the definition of a suitably qualified practitioner.

Competent health and exercise professionals are essential to the successful delivery of a CR service which meets the needs of the patient whilst promoting high quality CR services. This document provides guidance on the key competences required to ensure the use of best practice standards and guidelines for healthy eating and weight management. In total, seven core competences are outlined, identifying specific knowledge and skills for each core competency and a framework to assess the health professional's ability to demonstrate their competency. This document also serves as a tool to monitor the need for continuing professional development for the health professional and supporting staff to achieve specific competences.

*This document will be reviewed in 2021*

*This document has received British Dietetic Association endorsement until 9 November 2021*

# A guide to using this document

1. **As part of the development process for this competency framework various documents were utilised by the working group in the early scoping period. Our thanks have been expressed to the organisations responsible for the development/publishing of these documents which included:**
  - a) BACPR Standards and Core Components for CR (2017)<sup>1</sup>.
  - b) American Association of Cardiovascular and Pulmonary Rehabilitation. *Core competencies for cardiac rehabilitation/secondary prevention professionals: 2010 update: position statement of the American Association of Cardiovascular and Pulmonary Rehabilitation*<sup>2</sup>.
  - c) Canadian Cardiovascular Society (CCS). *Canadian Guidelines for Cardiac Rehabilitation and Cardiovascular Disease Prevention: Translating Knowledge into Action. 3rd Edition. Canadian Cardiovascular Society, 2011*<sup>3</sup>.
  - d) Diabetes UK. *Diabetes UK evidence-based nutrition guidelines for the prevention and management of diabetes*, 2018. *Diabetes Medicine* 2018; 35(5):541-547. Available from: doi: 10.1111/dme.13603<sup>4</sup>.
  - e) NHS Yorkshire & The Humber. *Prevention and Lifestyle Behaviour Change: A Competence Framework*. 2010. Available from: <http://www.makeeverycontactcount.co.uk/media/1017/011-prevention-and-lifestyle-behaviour-change-a-competence-framework.pdf> accessed 28 October 2018.<sup>5</sup>
  - f) Skills for Health. *National Occupational Standards*. 2010. Available from: <http://www.skillsforhealth.org.uk/standards/item/215-national-occupational-standards> accessed 28 October 2018<sup>6</sup>.
2. **Each competency is laid out in a table format** so that the responses can be recorded easily and can be completed either electronically or on a hard copy.
3. **Within each competency, there is a series of numbered performance criteria (pc) and columns against which to record:**
  - a) The date the pc is achieved.
  - b) Whether the pc is essential, desirable or not applicable (E, D, N/A respectively).
  - c) Comments to identify perhaps, where further professional development is required to achieve the pc or to record specific exemplary areas of performance.
4. **At the end of each competency there is a summary table which records:**
  - a) A summary of performance observed: achieved/improvement required with comments/actions as appropriate.
  - b) Signatures of the reviewee and the reviewer to validate the recorded response and agreed outcomes.

5. **Evidence to determine success of a staff member to fulfil the criteria can be achieved through various methods, e.g.:**
  - a) Practical observation
  - b) Verbal communication
  - c) Questioning
  - d) Written submission e.g. case study
  - e) In-service training
  - f) Mandatory training
  - g) External courses
  - h) Other resources, e.g. BACPR standards.
  
6. **It is not intended that observation and/or achievement of these competences should be a time consuming exercise.** It is therefore recommended that reviewers and reviewees consider this document as a useful tool to monitor performance and subsequent professional development required over a period of time (to be defined internally) rather than a lengthy process that is time consuming and impacts negatively on service delivery.
  
7. **As the document relates to the competences required for delivery of healthy eating and weight management provision across the patient's journey through CR,** not all competences will be relevant to each member of staff. Hence, not all seven competences and relating pc need to be achieved.
  
8. **It is the responsibility of the Manager/Reviewer** to determine if the competency or pc is essential, desirable and/or relevant to the member of staff.
  
9. **The competences can be linked** with the NHS Agenda for Change Knowledge and Skills Framework (KSF) and therefore used as evidence for the KSF. It is recognised that some of these competences are required to maintain professional Health and Care Professions Council (HCPC) registration, particularly in relation to competency 2 (professional behaviour). To avoid duplication, the relevant competences can be signed off if they have already been demonstrated for other purposes.
  
10. **The reviewer ideally should be competent in assessing an individual's ability** according to the competences outlined and have a sound understanding of the skills required to deliver safe and effective health behaviour change support in CR. Whilst not essential, it is recommended that a reviewer holds a relevant assessor qualification to enable objective assessment of the reviewee's knowledge and ability; alternatively, the Supervisor is likely to be best placed.
  
11. **After successful completion of the competences,** it is recommended that the competences will be reviewed as part of an annual appraisal to ensure competency is maintained, or in response to new published evidence and/or changes to national or local guidance.

## Competency 1: Core Knowledge

### Competency 1: Core Knowledge

Examples of evidence include observation in programme and working within a team, observation of explaining to patients during consultations and talks, or talking to other HCPs and written submission such as a case study

No.	Performance criteria	Date achieved	E,D,N/A*	Comments / Evidence
The Cardiac Rehabilitation Professional has demonstrated knowledge and understanding of the following key areas:				
1.1	Cardiovascular: <ul style="list-style-type: none"> <li>Anatomy</li> <li>Physiology</li> <li>Pathophysiology of cardiovascular conditions and related signs and symptoms.</li> <li>Process of arteriosclerosis and pathogenesis of cardiovascular risk factors.</li> </ul>			
1.2	Cardiovascular assessments, diagnostic tests, interventions and medical and surgical management.			
1.3	Pharmacological therapy for CVD and risk factor management.			
1.4	Lifestyle management for CVD risk factors and beneficial lifestyle changes to reduce these including smoking cessation and increased physical activity.			
1.5	The components of a cardioprotective diet, according to the most recent UK guidelines. <ul style="list-style-type: none"> <li>Knowledge of relevant national guidelines</li> <li>Keep up to date on most recent evidence for diet and cardiovascular disease.</li> </ul>			

\* Key: E = Essential D = Desirable N/A = Not applicable

No.	Performance criteria	Date achieved	E,D,N/A*	Comments / Evidence
1.6	<p>Knowledge of weight management on cardiovascular health:</p> <ul style="list-style-type: none"> <li>Principles of weight management through the balance of caloric intake and caloric expenditure.</li> <li>Current guidelines and recommendations for healthy body weight and primary and secondary prevention</li> <li>Weight loss interventions that promote gradual, sustainable weight loss</li> <li>Pharmacotherapy and surgical procedures for weight loss.</li> </ul>			
1.7	<p>Knowledge of nutrition support with cardioprotection:</p> <ul style="list-style-type: none"> <li>Identify those patients at risk of malnutrition or that are currently malnourished</li> <li>Awareness that appetite can be affected by cardiovascular events and surgery</li> <li>Ability to discuss strategies for improving nutritional status</li> <li>Knowledge of heart healthy ways to fortify foods or increase nutritional intake</li> <li>Knowledge of appropriate nutritional supplements</li> <li>Ability to discuss long and short term considerations for nutrition support - ensure that if appropriate, individuals are counselled over suitability of relaxing dietary restrictions short term.</li> </ul>			

\* Key: E = Essential D = Desirable N/A = Not applicable

**Competency 1: Core Knowledge**

No.	Performance criteria	Date achieved	E, D, N/A*	Comments / Evidence
1.8	<p>Knowledge of other dietary considerations:</p> <ul style="list-style-type: none"> <li>Other conditions requiring dietary management that may impact on an individual's ability to follow a cardioprotective diet and may require further advice</li> <li>Timescales for recovery after a new cardiac diagnosis or event on nutritional requirements</li> <li>Ability to know when to refer a patient to a specialist dietitian for further input regarding these other dietary considerations and to make this referral as required</li> <li>Consider micronutrient requirements and ensure micronutrient supplementation if needed</li> <li>Consider psychological impacts of event on a patient's mood and how this may affect diet</li> </ul>			

\* Key: **E** = Essential **D** = Desirable **N/A** = Not applicable

No.	Performance criteria	Date achieved	E,D,N/A*	Comments / Evidence
1.9	<p>Diabetes - knowledge of:</p> <ul style="list-style-type: none"> <li>• Causes and presentation of different types of diabetes</li> <li>• The association between cardiovascular disease and diabetes</li> <li>• Newly diagnosed and long term diabetes patients regarding their diabetes and its management</li> <li>• Diabetes medications - oral therapies and insulin</li> <li>• Acceptable biochemical levels (HbA1c, blood glucose targets, ketones)</li> <li>• Hypoglycaemia and how to treat</li> <li>• Healthy eating guidelines for diabetes</li> <li>• How physical activity can affect diabetes management</li> <li>• The benefits of weight loss for overweight patients and awareness that this may affect their medication requirements</li> </ul> <p>Awareness of:</p> <ul style="list-style-type: none"> <li>• Carbohydrate counting</li> <li>• DAFNE/pump therapy</li> <li>• When to refer to a specialist diabetes dietitian or nurse or patient's doctor or GP for more input.</li> <li>• Keep up to date on most recent evidence for diet and diabetes.</li> </ul>			

\* Key: E = Essential D = Desirable N/A = Not applicable

**Competency 1: Core Knowledge**

No.	Performance criteria	Date achieved	E, D, N/A*	Comments / Evidence
1.10	<p>Fad diets</p> <ul style="list-style-type: none"> <li>Up-to date knowledge of different diets promoted to the public and be able to discuss the pros and cons for these with patients, supporting patient choice</li> <li>Awareness of a patient's right to choose their own plan</li> <li>Able to discuss the evidence behind different diet strategies available</li> <li>Discuss how fad diets may impact with medications if appropriate</li> </ul>			
1.11	<p>Consider psychological impacts of CVD on an individual's mood and how this may influence self-management.</p>			

\* Key: **E** = Essential **D** = Desirable **N/A** = Not applicable

Competency achieved:	
Improvement required <input type="checkbox"/>	Agreed Action <input type="checkbox"/> (outline as appropriate) Date:
Yes - competency achieved <input type="checkbox"/>	Comments: Date:
Signed Reviewee: Print Name:	Signed Reviewer: Print Name: Date:

## Competency 2: Professional Behaviour

Examples of evidence include a copy of: HCPC registration, BDA membership, portfolio, appraisal or patient records. Also observation in programme and working within team, observation of explaining to patients during consultations and talks or talking/educating other HPs with justification to assessor (either verbal or written), attendance of mandatory training or satisfaction questionnaire.

No.	Performance criteria	Date achieved	E,D,N/A*	Comments / Evidence
The Cardiac Rehabilitation Professional is able to demonstrate adherence to the highest standard of ethical and professional behaviour and has demonstrated the ability to:				
2.1	<p><b>General</b></p> <p>Show evidence of:</p> <ul style="list-style-type: none"> <li>• Current professional body registration</li> <li>• Appropriate liability and indemnity insurance</li> <li>• DBS clearance or equivalent in line with Trust/ Organisation's policy</li> <li>• Continuing professional development including revalidation and reflective practice</li> <li>• Delivering services which comply with their professional code of conduct &amp; relevant medico-legal and ethical requirements.</li> </ul>			
2.2	Work in accordance with evidence-based practice and recognised best practice.			

\* Key: **E** = Essential **D** = Desirable **N/A** = Not applicable

## Competency 2: Professional Practice

No.	Performance criteria	Date achieved	E, D, N/A*	Comments / Evidence
2.3	<p><b>Equality and diversity</b></p> <ul style="list-style-type: none"> <li>Ensure practice in a non-discriminatory manner (in line with the Equality Act, 2010).</li> <li>Be respectful of individuals and of their rights, recognising physical, psychological, environmental, cultural and socio-economic differences, adopting good practice in challenging discrimination and unfairness.</li> </ul>			
2.4	<p><b>Confidentiality and record keeping</b></p> <ul style="list-style-type: none"> <li>Demonstrate compliance with the GDPR (2018), Information Governance and Caldicott principles</li> <li>Provide evidence of comprehensive and accurate record keeping in line with local protocols as appropriate.</li> </ul>			
2.5	<p><b>Informed consent</b></p> <ul style="list-style-type: none"> <li>Understand the importance of, and be able to obtain informed consent (in line with GDPR requirements) and be compliant with local and national policies.</li> </ul>			
2.6	<p><b>Duty of care</b></p> <ul style="list-style-type: none"> <li>Exercise professional duty of care and act in the best interests of the individual at all times</li> <li>Ensure the individual's privacy, dignity, wishes and beliefs are respected, whilst minimising any unnecessary discomfort.</li> </ul>			

\* Key: **E** = Essential **D** = Desirable **N/A** = Not applicable

No.	Performance criteria	Date achieved	E, D, N/A*	Comments / Evidence
2.7	<p><b>Working relationships</b></p> <ul style="list-style-type: none"> <li>Conduct professional working relationships with individuals, significant others, colleagues and partners / stakeholders</li> <li>Ensure accuracy, honesty, co-operation, integrity, avoidance of misrepresentation and of any conflict of interest, and maintain high standards of professional conduct to avoid any inappropriate behaviour.</li> </ul>			
2.8	Work within your own scope of practice and expertise, and if not, seek advice or refer to another professional.			
2.9	Professional boundaries and standards of others are respected.			
2.10	Development of the nutritional knowledge and practice of others including mentor support for colleagues when required.			
2.11	<p>Health and safety:</p> <ul style="list-style-type: none"> <li>Be aware of and compliant with applicable health and safety legislation, including incident reporting and be able to act accordingly</li> <li>Initiate appropriate procedure that is defined in local protocols in the management of unwell patients</li> <li>Ensure compliance to current organisational infection control requirements.</li> </ul>			
2.12	<ul style="list-style-type: none"> <li>Ensure any equipment required for delivery of dietary interventions is maintained in good working order and regularly calibrated if appropriate.</li> </ul>			
2.13	<ul style="list-style-type: none"> <li>Ensure that resources are available and set up prior to any one-to-one or group activities. When not in use, ensure resources are stored safely.</li> </ul>			

\* Key: E = Essential D = Desirable N/A = Not applicable

**Competency 2: Professional Practice**

No.	Performance criteria	Date achieved	E, D, N/A*	Comments / Evidence
2.14	Review and evaluate effectiveness of own service delivery: <ul style="list-style-type: none"> <li>● Use appropriate methods to obtain feedback from individuals and peers</li> <li>● Reflect on own performance in relation to content and delivery</li> <li>● Identify and document areas for improvement</li> <li>● Implement appropriate changes.</li> </ul>			

\* Key: **E** = Essential **D** = Desirable **N/A** = Not applicable

Competency achieved:	
Improvement required <input type="checkbox"/>	Agreed Action <input type="checkbox"/> (outline as appropriate) Date:
Yes - competency achieved <input type="checkbox"/>	Comments: Date:
Signed Reviewee: Print Name:	Signed Reviewer: Print Name: Date:

## Competency 3: Communication

Examples of evidence include observation of patient consultation, teaching sessions, reflective log, GP Letter/referral letter or observation of handover to other team members

### Competency 3: Communication

No.	Performance criteria	Date achieved	E, D, N/A*	Comments / Evidence
	The Cardiac Rehabilitation Professional is able to communicate effectively with the individual, relatives, carers and professional others and has demonstrated the ability to:			
3.1	Communicate effectively in consideration of individual differences: culture, age, ethnicity, gender, religious beliefs, socio-economic status, physical, emotional, psychological, educational, environmental factors and sexual orientation.			
3.2	Use interpersonal skills and active listening techniques to encourage engagement, understanding, collaboration, informed decision-making.			
3.3	Work and communicate effectively with individuals, groups and significant others: <ul style="list-style-type: none"> <li>• Deliver information in a manner that can be understood by individuals/group members</li> <li>• Use simple, jargon free language and clearly explain any technical language, checking back to ensure understanding</li> <li>• Provide advice in a manner that enables the individual to choose whether or not to follow it</li> <li>• Adapt communication methods for the individual's / group needs and abilities.</li> </ul>			

\* Key: **E** = Essential **D** = Desirable **N/A** = Not applicable

**Competency 3: Communication**

No.	Performance criteria	Date achieved	E, D, N/A*	Comments / Evidence
3.4	Establish and maintain effective communication with and between team members, health care professionals and partners / stakeholders, exploring differing perspectives to reach consensus on required future action.			
3.5	Provide timely and accurate reports and handovers (communicating current status, progress and outcomes) to ensure seamless transition between agencies / service providers.			

\* Key: **E** = Essential **D** = Desirable **N/A** = Not applicable

Competency achieved:	
Improvement required <input type="checkbox"/>	Agreed Action <input type="checkbox"/> (outline as appropriate) Date:
Yes - competency achieved <input type="checkbox"/>	Comments: Date:
Signed Reviewee: Print Name:	Signed Reviewer: Print Name: Date:

## Competency 4: Dietary Consultation

Examples of evidence include observation of patient consultation/ teaching session. Some aspects may be discussed with the observer (e.g. drugs, PMH) if the dietitian has received handover from other member of staff

No.	Performance criteria	Date achieved	E, D, N/A*	Comments / Evidence
The Cardiac Rehabilitation Professional is able to assess the individual by demonstrating the following steps:				
4.1	Welcome the individual and explain the assessment process.			
4.2	Ascertain: <ul style="list-style-type: none"> <li>Relevant past medical history</li> <li>Past and current cardiac status</li> <li>Diet-related co-morbidities and functional impairment</li> <li>Current symptoms</li> <li>Any medications that may influence dietary advice</li> <li>Patient's understanding of diet in relation to risk factors</li> <li>Reinforce the benefits of long-term adherence to dietary guidelines</li> <li>Any changes that have already been made</li> <li>Patient's stage of change and any barriers to change</li> <li>Anthropometry: height, weight, BMI and waist circumference, and explanation and discussion of risk stratification with patient</li> <li>Current dietary habits: comprehensive diet history (including dietary scoring tool)</li> <li>Discuss diet history in line with current dietary guidelines and evidence</li> <li>Use motivational interviewing techniques to collaborate with patient in developing goals from discussion</li> </ul>			

\* Key: E = Essential D = Desirable N/A = Not applicable

## Competency 4: Dietary Consultation

No.	Performance criteria	Date achieved	E, D, N/A*	Comments / Evidence
4.2 cont'd	<ul style="list-style-type: none"> <li>● Agree an individualised plan with SMART goals by:               <ul style="list-style-type: none"> <li>— Assisting the patient in identifying short, medium and long term goals</li> <li>— Managing expectations</li> <li>— Respecting the patient's priorities</li> </ul> </li> <li>● Encourage effective use of appropriate resources to help the individual achieve agreed goals and objectives, e.g. food diary, portion guides etc.</li> <li>● Address any further questions or concerns from patient</li> <li>● Provide any relevant written information or signpost to relevant services</li> <li>● Educate individuals in carrying out self-monitoring in order to encourage long-term dietary management</li> <li>● Review and adapt the dietary plan in response to the individual's motivation, needs and ability</li> <li>● Discuss the opportunity for review with the patient.</li> </ul>		E, D, N/A*	

\* Key: E = Essential D = Desirable N/A = Not applicable

No.	Performance criteria	Date achieved	E,D,N/A*	Comments / Evidence
4.3	Identify inappropriate referrals and deal with these according to local procedure.			
4.4	Manage the assessment to maximise the time available.			

\* Key: **E** = Essential **D** = Desirable **N/A** = Not applicable

Competency achieved:	
Improvement required <input type="checkbox"/>	Agreed Action <input type="checkbox"/> (outline as appropriate) Date:
Yes - competency achieved <input type="checkbox"/>	Comments: Date:
Signed Reviewee: Print Name:	
Signed Reviewer: Print Name:	
Date:	

## Competency 5: Delivering Group Education

Examples of evidence include observation of patient consultation/ teaching session or lesson plan

No.	Performance criteria	Date achieved	E,D,N/A*	Comments / Evidence
The Cardiac Rehabilitation Professional has demonstrated the ability to:				
5.1	<p>Plan and prepare for the delivery of group education sessions:</p> <ul style="list-style-type: none"> <li>Use evidence-based dietary advice to inform the planning and delivery of education sessions</li> <li>Produce specific aims and learning objectives for the session based on learning needs of the group</li> <li>Develop a session plan with appropriate structure, content, sequence and timing</li> <li>Prepare a range of delivery methods and learning opportunities to accommodate different learning styles and promote active involvement in learning</li> <li>Work effectively with co-facilitators or outside speakers.</li> </ul>			
5.2	<p>Deliver group education ensuring:</p> <ul style="list-style-type: none"> <li>Appropriate introductions including any observers</li> <li>Explain the aims and objectives of the session and how the planned activities will support these</li> <li>A participatory style by actively seeking interactions</li> <li>Convey an appropriate level of confidence and competence</li> <li>Manage challenging situations e.g. overly participatory individuals, inappropriate behaviour</li> <li>Ability to answer questions and address misunderstandings from the group</li> <li>Key messages have been communicated effectively and the group is aware of how these may relate to SMART goals.</li> </ul>			

\* Key: E = Essential D = Desirable N/A = Not applicable

<b>Competency achieved:</b>			
Improvement required	<input type="checkbox"/>	Agreed Action <input type="checkbox"/> (outline as appropriate)	Date:
Yes - competency achieved	<input type="checkbox"/>	Comments:	Date:
Signed Reviewee:		Signed Reviewer:	Date:
Print Name:		Print Name:	

## Competency 6: Educational Material

### Competency 6: Educational Material

Examples of evidence include observation of patient consultation/ teaching session or discussion with observer

No.	Performance criteria	Date achieved	E, D, N/A*	Comments / Evidence
The Cardiac Rehabilitation Professional has demonstrated the ability to:				
6.1	Identify the local availability of appropriate services to assist with dietary goals, e.g. commercial slimming groups and awareness of referral pathway.			
6.2	Plan, design and produce resources to meet a specific purpose.			
6.3	Evaluate existing and new material to determine the validity, accuracy, accessibility and appropriateness, and customise to meet local needs as required.			
6.4	Distribute resources effectively.			

\* Key: **E** = Essential **D** = Desirable **N/A** = Not applicable

Competency achieved:		Date:
Improvement required <input type="checkbox"/>	Agreed Action <input type="checkbox"/> (outline as appropriate)	
Yes - competency achieved <input type="checkbox"/>	Comments:	
Signed Reviewee: Print Name:		Date:
Signed Reviewer: Print Name:		Date:

## Competency 7: Service Planning and Evaluation

Examples of evidence include appraisal date, service protocol/procedure evidence or audit reports.

No.	Performance criteria	Date achieved	E,D,N/A*	Comments / Evidence
The Cardiac Rehabilitation Professional has demonstrated the ability to:				
7.1	Agree and establish clear service aims and objectives with measurable outcomes for dietary advice.			
7.2	Plan, develop and implement operational procedures and protocols for service delivery including inclusion and exclusion criteria, in line with local and national guidelines, current evidence and organisational objectives.			
7.3	Develop, adapt and regularly review protocols and procedures as required.			
7.4	Develop, implement and ensure systems are in place to allow effective service evaluation and development: <ul style="list-style-type: none"> <li>• Accurately collect and record key service data, including referral information, uptake, attendance and adherence records and outcome measures on a cardiac rehabilitation database (e.g. NACR) to enable local and national analysis</li> <li>• Draw valid conclusions, make recommendations based on the evidence and implement service improvement, as appropriate.</li> </ul>			
7.5	Ensure record keeping and management is in line with clinical and information governance.			

\* Key: E = Essential D = Desirable N/A = Not applicable

**Competency 7: Service Planning and Evaluation**

No.	Performance criteria	Date achieved	E, D, N/A*	Comments / Evidence
The cardiac rehabilitation professional has demonstrated the ability to:				
7.6	Ensure that the service promotes equality and diversity in accordance with legislation, policies, procedures and relevant standards.			
7.7	Be accountable for implementation of health & safety legislation and any security policies and procedures.			
7.8	Provide evidence of effective consultation with service users when planning and developing the service.			
7.9	Contribute to the development of others by facilitating a wide range of CPD opportunities as appropriate to fulfil service needs and objectives.			
7.10	Manage individual performance through a range of recognised methods in accordance with local policy (e.g. appraisal, peer review, mentoring).			
7.11	Present relevant information in appropriate formats (e.g. reports) including current service delivery for managers / commissioners / stakeholders to influence future service delivery.			

\* Key: **E** = Essential **D** = Desirable **N/A** = Not applicable

Competency achieved:		Date:
Improvement required <input type="checkbox"/>	Agreed Action <input type="checkbox"/> (outline as appropriate)	Date:
Yes - competency achieved <input type="checkbox"/>	Comments:	Date:
Signed Reviewee: Print Name:		Signed Reviewer: Print Name:

# Glossary

<b>AACVPR</b>	American Association of Cardiovascular and Pulmonary Rehabilitation
<b>ACPICR</b>	Association of Chartered Physiotherapists in Cardiac Rehabilitation
<b>Adult Learning Principles</b>	Key principles on how adults learn and how best to support such learning.
<b>BACPR</b>	British Association for Cardiovascular Prevention and Rehabilitation
<b>Caldicott Principles</b>	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 individual information.
<b>Cardiac Rehabilitation Professional</b>	Those people who deliver any stage of cardiac rehabilitation who, as part of the service and in the context of these competences, are giving advice and information on healthy eating and weight management.
<b>CPD</b>	Continuing Professional Development
<b>CVD</b>	Cardiovascular Disease
<b>DAFNE</b>	Dose Adjustment for Normal Eating - an educational course for managing Type 1 Diabetes
<b>DBS</b>	Disclosure and Barring Service
<b>Equality Act 2010</b>	An Act of Parliament that covers nine protected characteristics, which cannot be used as a reason to treat people unfairly. The Equality Act sets out the different ways in which it is unlawful to treat someone, for example direct and indirect discrimination, harassment, victimisation or failing to make a reasonable adjustment for a disabled person.
<b>GDPR</b>	The General Data Protection Regulation standardises data protection law across all 28 EU countries and imposes strict new rules on controlling and processing personally identifiable information (PII). GDPR replaces the 1995 EU Data Protection Directive, (May 25, 2018)
<b>HbA1c</b>	The main clinic blood test used for monitoring long term blood glucose, measuring average blood glucose levels for the last two to three months
<b>Health Behaviour</b>	Any behaviour that a person engages in that can affect their health in either a positive or negative way.
<b>Health Care Professional</b>	An individual, who for the purposes of these competences, provides health services to individuals as part of a cardiovascular prevention and rehabilitation programme.
<b>Individual</b>	Those participating in the cardiac rehabilitation programme during any stage/ phase and covering a broad range of terms including individuals, patients, relatives, carers, significant others and service users.
<b>Individualised</b>	The 'tailoring' to suit the individual based on their specific needs.
<b>Information Governance</b>	Information governance ensures necessary safeguards for, and appropriate use of, patient and personal information.
<b>Intervention</b>	An action to help an individual or group with a behaviour that may affect their health.
<b>Motivational Interviewing</b>	A communication style that activates an individual's own motivation to change behaviour
<b>NACR</b>	National Audit of Cardiac Rehabilitation – a national dataset and management system

<b>Outcome Measures</b>	The standard against which the health professional evaluates health behaviour change.
<b>Pump therapy</b>	also known as continuous subcutaneous insulin infusion (CSII), involves wearing a device (insulin pump) which provides a steady stream of insulin into your body.
<b>Scope of Practice</b>	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.
<b>SMART</b>	Specific, Measurable, Agreed, Realistic, Time bound

## Acknowledgements

### Consultation Groups

We acknowledge and thank the following organisations who reviewed this Competency Document as part of the consultation process:

- Bradford Teaching Hospitals NHS Foundation Trust
- Croí, the West of Ireland Cardiac and Stroke Foundation
- Health & Social Care Northern Ireland
- Imperial College Healthcare NHS Trust
- Leeds Community Healthcare NHS Trust
- Norfolk & Norwich University NHS Foundation Trust
- NHS Scotland.

We thank the British Dietetic Association's members who reviewed the draft document as part of the consultation process.

### The Dietetic Competency Working Group

Acknowledgements for their contribution to the completion of this competency document:

- Registered Dietitians and Working group members: Alison Atrey, Sandra Ellis, Alison Hornby, Lisa Gaff & Katherine Paterson (Authors)
- Annie Holden, Chair & Competency Projects Co-ordinator (Author/Editor)

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[www.bacpr.com](http://www.bacpr.com)



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The British Association for Cardiovascular Prevention and Rehabilitation

British Cardiovascular Society

9 Fitzroy Square, London, W1T 5HW

Email: [bacpr@bcs.com](mailto:bacpr@bcs.com)

Direct Line: +44 (0)20 7380 1919

Fax: +44 (0)20 7388 0903

Website: [www.bacpr.com](http://www.bacpr.com)

