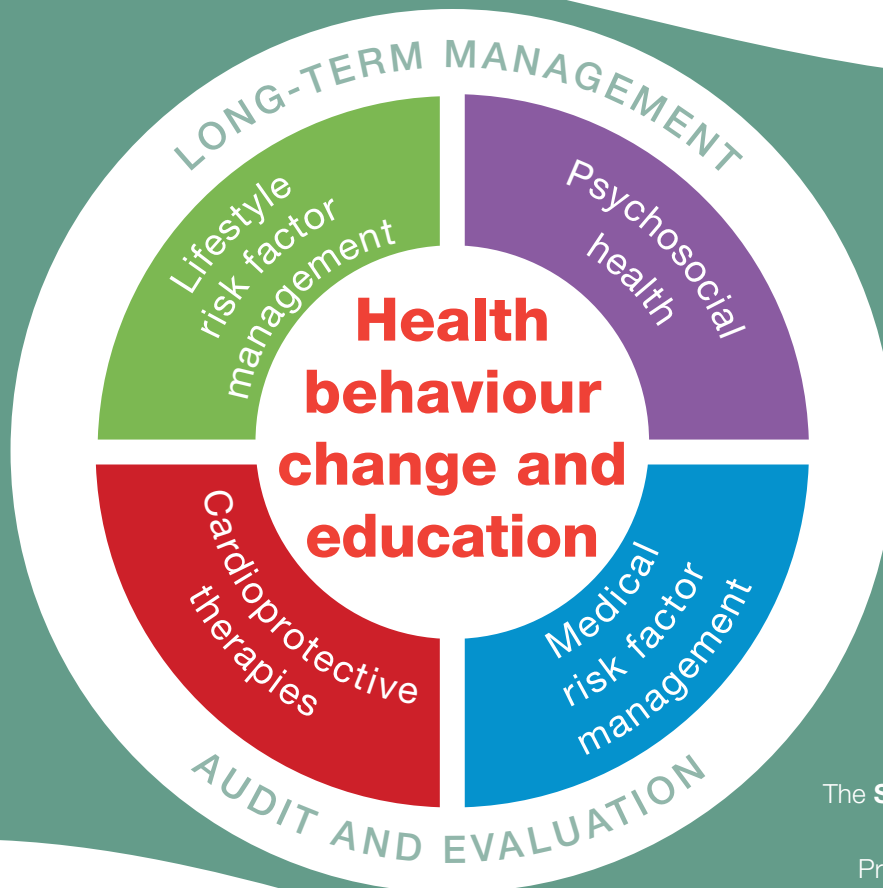


Core Competences for the Health Behaviour Change and Education Component

for Cardiovascular Disease Prevention and Rehabilitation Services



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

Contents

Introduction	1
A guide to using this document	2
The Competences	4
Competency 1: Core knowledge	4
Competency 2: Professional behaviour	9
Competency 3: Communication	13
Competency 4: Prepare, adapt and restore the environment	18
Competency 5: Facilitating health behaviour change - one to one and group work	20
Competency 6: Assessment	23
Competency 7: Delivering the education component (group)	26
Competency 8: Forward planning	31
Competency 9: Managing the unwell individual	32
Competency 10: Educational materials	35
Competency 11: Service planning and management	37
Competency 12: Service evaluation	41
Glossary	43
Acknowledgements	45
References	45

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.
- ii. The British Association for Cardiac Prevention and Rehabilitation (BACPR) Standards and Core Components for Cardiovascular Disease Prevention and Rehabilitation 2012.

The BACPR has launched the second edition of the BACPR Standards and Core Components for Cardiovascular Disease Prevention and Rehabilitation (March 2012). One of these core components is Health Behaviour Change and Education 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 health behaviour change and education. In total, 12 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.

A guide to using this document

- 1. As part of the development process for this competency framework our thanks have been expressed to the organisations responsible for the development/publishing of the following documents that were utilised in the early scoping period:**
 - a) Health Behaviour Change Competency Framework: Competences to deliver interventions to change lifestyle behaviours that affect health' British Psychological Society & Scottish Government (2010)
 - b) 'Prevention & Lifestyle behaviour change – a competency framework' Yorkshire & Humber NHS (2010)
 - c) BACPR Standards and Core Components for CR (2012)
 - d) Core competencies for cardiac rehabilitation/secondary prevention professionals: 2010 update: position statement of the American Association of Cardiovascular and Pulmonary Rehabilitation (2010)
 - e) A refined taxonomy of behaviour change techniques to help people change their physical activity and eating behaviours. The CAL-RE taxonomy (2011).
 - f) Skills for Health National Occupational Standards (2010)

- 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) In-service training
 - e) Mandatory training
 - f) External courses
 - g) Other resources, e.g. BACPR and ACPICR 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 health behaviour change support and education throughout the patient's journey,** not all competences will be relevant to each member of staff. Hence not all 12 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. **Each competency is also mapped against BACPR Education and Training courses** to identify appropriate training for the reviewee if applicable.
10. **The competences can be linked** with the NHS Agenda for Change Knowledge and Skills Framework (KSF) and therefore used as evidence for the KSF.
11. **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 physical activity and exercise prescription in CR. It is recommended however, that a reviewer holds a relevant assessor qualification to enable objective assessment of the reviewee's knowledge and ability.
12. **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

No.	Performance criteria	Date achieved	E, D, N/A*	Comments / Evidence
1.1	<p>In relation to health behaviour change and education, the cardiac rehabilitation professional has demonstrated knowledge and understanding of:</p> <p>The potential significance and impact of social and cultural difference on the effectiveness and acceptability of an intervention, across a range of domains, including:</p> <ul style="list-style-type: none"> • ethnicity • culture • education • deprivation level/socioeconomic status • religion • gender • age • disability • sexual orientation 			
1.2	<p>Health behaviour and health behaviour considerations, including:</p> <ul style="list-style-type: none"> • common health behaviour considerations during assessment and when carrying out interventions, including knowledge of national guidelines for health behaviours • factors associated with the initiation and maintenance of health behaviours • usual patterns of health behaviour and modifiable risk factors • ways in which health behaviour can impact on health and functioning • usual knowledge and understanding that people may have about their health behaviour • barriers to behaviour change adoption and maintenance • assessment of literacy 			

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

No.	Performance criteria	Date achieved	E,D,N/A*	Comments / Evidence
1.3	Key cardiac or other misconceptions (including any about cardiac prevention and rehabilitation) and illness perceptions that may lead to increased disability and distress.			
1.4	Key lifestyle risk factors and corresponding lifestyle targets as defined by the most relevant current national guidelines for cardiac rehabilitation.			
1.5	<p>The appropriate use of behaviour change models / theories to assist in developing interventions and ongoing behaviour change</p> <ul style="list-style-type: none"> • knowledge of the key factors common to behaviour change models/theories and methods • positive working relationship between health professional and individual, characterised by warmth, respect, acceptance, empathy, and trust • active participation of the individual and significant others • opportunities for the individual to discuss matters of concern 			

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

Competency 1: Core knowledge

No.	Performance criteria	Date achieved	E, D, N/A*	Comments / Evidence
1.6	<p>Key behaviour change techniques for individual motivation maintenance and development, including:</p> <ul style="list-style-type: none"> • developing self-efficacy: encouraging individual to believe in herself/himself and the possibilities of improvement • establishing level of understanding of health behaviour • seeking permission to provide information about the behaviour and behaviour change • providing information about the causes and consequences of the behaviour and record appropriately • providing general information about the behaviour and behaviour change • providing &/or identifying potential sources of social support and give generalised positive feedback • decision-making: generating alternative courses of action, and pros and cons of each, and weighing them up • using appropriate communication methods, e.g. motivational interviewing • reframing: encouraging individual to adopt a different perspective on behaviour in order to change attitude • generating a contract of agreed performance of target behaviour, (written and signed or verbal) • providing comparisons of previous and current behaviour, including comparison between self and other people • providing and/or identifying sources of social support 			

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

Competency 2: Professional behaviour

No.	Performance criteria	Date achieved	E, D, N/A*	Comments / Evidence
1.7	<p>Techniques for action on motivation:</p> <ul style="list-style-type: none"> • self-monitoring of behaviour: record the specified behaviour (e.g. diary) • facilitating patient identification of and setting behavioural goals • agree clear step-by-step instructions to achieve the goal • coping planning: identify and plan ways of overcoming barriers • action planning: adopt a SMART approach • goal review • provide feedback of monitored (including self-monitored) behaviour • agree home-based tasks that repeat or build on work done with individual 			
1.8	<p>Address the therapeutic alliance components:</p> <ul style="list-style-type: none"> • the relationship or bond between health professional and individual • consensus between the health professional and individual regarding the goals of intervention • consensus between the health professional and individual regarding the techniques/methods employed in the intervention 			
1.9	<p>Commonly used questionnaires and rating scales, which are relevant to health behaviour.</p>			

* 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	Apply the above competences (1.1 – 1.9) to support long term self-management (and significant others).			
1.11	Techniques to support self-monitoring: <ul style="list-style-type: none"> • appropriate use of self-monitoring forms and mobile apps • advantages of using self-monitoring to assess change and provide feedback • the use of self-monitoring as a collaborative tool 			
1.12	Adult learning and its application to the development and delivery of an education component, which encourages individual engagement and facilitates learning, including: <ul style="list-style-type: none"> • principles of adult learning • theories of learning • learner styles • factors influencing effective learning 			

* 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

No.	Performance criteria	Date achieved	E,D,N/A*	Comments / Evidence
2.1	<p>General</p> <p>In relation to health behaviour change and education, the cardiac rehabilitation professional has demonstrated knowledge and understanding of the ability to:</p> <p>Show evidence of:</p> <ul style="list-style-type: none"> • current professional body registration • reflective practice • appropriate liability and indemnity insurance • Disclosure & Barring Service (DBS) clearance or equivalent • continuing professional development including revalidation and reflective practice • practice within legal and ethical boundaries • delivering services which comply with their professional code of conduct & relevant medico-legal requirements • 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
2.2	<p>Equality and diversity</p> <ul style="list-style-type: none"> • Ensure practice in a non-discriminatory manner (in line with the Equality Act, 2010). • 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. 			
2.3	<p>Confidentiality and record keeping</p> <ul style="list-style-type: none"> • Demonstrate compliance with the Data Protection Act, Information Governance and Caldicott principles. • Provide evidence of comprehensive and accurate record keeping in line with local protocols as appropriate. 			
2.4	<p>Informed consent</p> <ul style="list-style-type: none"> • Understand the importance of, and be able to obtain informed consent and be compliant with local and national policies. 			
2.5	<p>Duty of care</p> <ul style="list-style-type: none"> • Exercise the professional duty of care and to act in the best interests of the individual at all times. • Ensure the individual's privacy, dignity, wishes and beliefs are respected, whilst minimising any unnecessary discomfort. 			

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

No.	Performance criteria	Date achieved	E,D,N/A*	Comments / Evidence
2.6	<p>Working relationships Conduct professional working relationships with individuals, significant others, colleagues and partners / stakeholders, to ensure:</p> <ul style="list-style-type: none"> • honesty • accuracy • co-operation • avoidance of misrepresentation • avoidance of any conflict of interest • integrity and high standards of professional conduct ensuring avoidance of any inappropriate behaviour • work is within your own scope of practice and expertise, seeking advice or referring to another professional as appropriate • professional boundaries and standards of others are respected • development of the knowledge and practice of others • mentor support for colleagues is provided • you act as a good role model 			

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

Competency 2: Professional practice

No.	Performance criteria	Date achieved	E,D,N/A*	Comments / Evidence
2.7	<p>Health and safety Be aware of and compliant with, applicable health and safety legislation, including incident reporting and be able to act accordingly.</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 3: Communication

Competency 3: Communication

No.	Performance criteria	Date achieved	E,D,N/A*	Comments / Evidence
	In relation to health behaviour change and education, the cardiac rehabilitation professional has demonstrated the ability to:			
3.1	<p>Work and communicate effectively with individuals, groups, significant others (including spouses, partners, relatives, families):</p> <ul style="list-style-type: none"> • deliver information in a manner that can be understood by individuals/group members • use simple, jargon free language and clearly explain any technical language, checking back to ensure understanding • provide information in a manner the individual / group members can understand and build on this when needed • seek permission to provide advice in a manner that enables the individual to choose whether or not to follow it • check individuals' understandings of the information provided • provide information about additional resources and support relevant to the health behaviour 			
3.2	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.			
3.3	Use interpersonal skills and active (or reflective) listening techniques to encourage understanding, cooperation, informed decision-making and active engagement with individuals/group members.			

* 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	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).			
3.5	Show sensitivity and empathy when responding in a non-judgemental manner, to concerns and questions raised by individuals, giving clear, concise and accurate information (verbal and written).			
3.6	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.			
3.7	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

No.	Performance criteria	Date achieved	E,D,N/A*	Comments / Evidence
3.8	Engage an individual: <ul style="list-style-type: none"> • to initiate a discussion about health behaviour • to show appropriate levels of warmth, concern, confidence and genuineness, matched to the individual's need, whilst maintaining professional boundaries • to engender/establish trust 			
	<ul style="list-style-type: none"> • to develop rapport 			
	<ul style="list-style-type: none"> • to adapt personal style so that it blends with that of the individual/group 			
	<ul style="list-style-type: none"> • to adjust the level and structure of the session to individual/group needs 			
	<ul style="list-style-type: none"> • to be aware of own feelings/emotions in response to individual/group behaviour and ability to effectively manage these (e.g. impatience, frustration) 			
	<ul style="list-style-type: none"> • to convey an appropriate level of confidence and competence 			

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

Competency 3: Communication

No.	Performance criteria	Date achieved	E, D, N/A*	Comments / Evidence
3.9	<p>Have capacity to develop and maintain the partnership, and:</p> <ul style="list-style-type: none"> listen to concerns in a manner that is non-judgemental, supportive and sensitive and which conveys a comfortable attitude when the individual describes their behaviour and experience help the individual/s express any concerns or doubts they have about the intervention and/or the health professional, especially where this relates to mistrust or skepticism respond appropriately to disagreements about tasks and goals check that the individual is clear about the rationale for the intervention and to review this with them and/or clarify any misunderstandings accurately summarise individual contributions and group discussions 			

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

No.	Performance criteria	Date achieved	E,D,N/A*	Comments / Evidence
3.10	<p>Manage the individual's/group's expectation of the Intervention:</p> <ul style="list-style-type: none"> communicate the frequency and duration of consultations/sessions communicate what is expected of individual /s between consultations/sessions manage endings: <ul style="list-style-type: none"> signal the ending of the intervention at appropriate points during the intervention (e.g. when agreeing the intervention contract, and especially as the intervention draws to close) in a way which acknowledges the potential importance of this transition for the individual review the work undertaken together say 'goodbye' 			

* 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:		Date:
Signed Reviewer: Print Name:		Date:

Competency 4: Prepare, adapt and restore the environment

No.	Performance criteria	Date achieved	E, D, N/A*	Comments / Evidence
	In relation to health behaviour change and education, the cardiac rehabilitation professional has demonstrated knowledge and understanding of the ability to:			
4.1	Apply national health & safety guidelines and local operational policies when conducting environmental health and safety assessments.			
4.2	Identify potential risks and minimise any resulting hazards in the environment where the session will take place, e.g. inadequate heating, lighting, ventilation, humidity.			
4.3	Ensure that any necessary equipment, furniture or resources are prepared, available, in a fit state and ready for use, and if not, take any necessary remedial action.			
4.4	Ensure the environment is conducive to one to one and group learning, health behaviour change interventions e.g. seating, confidentiality.			
4.5	Follow the correct procedures and protocols to report and record problems with the environment, equipment and materials.			

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

Competency 4: Prepare, adapt and restore the environment

No.	Performance criteria	Date achieved	E,D,N/A*	Comments / Evidence
4.6	Move and handle equipment and resources in an appropriate, safe manner which is consistent with current legal and organisational requirements.			
4.7	Return equipment, furniture and resources to the correct location for storage or transportation after use and leave the environment in a condition suitable for future use.			
4.8	Ensure compliance to current organisational infection control requirements.			

* 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: Facilitating health behaviour change - one to one and group work

No.	Performance criteria	Date achieved	E,D,N/A*	Comments / Evidence
5.1	<p>In relation to health behaviour change and education, the cardiac rehabilitation professional has demonstrated knowledge and understanding of the ability to:</p> <p>Recognise the opportunities and barriers to implementing interventions:</p> <ul style="list-style-type: none"> • organisational barriers: <ul style="list-style-type: none"> – availability of time and resources – organisational attitudes – provision of supervision and ongoing support to practice • individual health professional barriers and facilitators: <ul style="list-style-type: none"> – own beliefs and attitudes to health behaviour and behaviour change • individual opportunities and barriers: <ul style="list-style-type: none"> – beliefs, attitudes, health condition – social and physical environment 			
5.2	<p>Agree goals for the intervention:</p> <ul style="list-style-type: none"> • negotiate a specific agenda for the discussion in partnership with individual(s) • managing opening exchanges and developing therapeutic alliance • help the individual(s) generate their own goals and to reach a shared agreement by helping them to develop SMART goals 			

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

Competency 5: Facilitating health behaviour change - one to one and group work

No.	Performance criteria	Date achieved	E,D,N/A*	Comments / Evidence
5.3	<p>Implement behaviour change in a manner consistent with its underlying philosophy:</p> <ul style="list-style-type: none"> • balance the need to structure consultations, allowing the individual to make choices and to take responsibility • maintain a problem-solving perspective • implement behaviour change flexibly, that supports the individual's autonomy, avoiding a manner which becomes didactic, directive, or controlling 			
5.4	<p>Make and review action plans based on identified goals:</p> <ul style="list-style-type: none"> • to develop action plans and relapse prevention <ul style="list-style-type: none"> – to work with the individual to agree appropriate and manageable action plans – to work with individual to identify strategies • to review & discuss action plans with the individual • to help individuals appraise the outcomes of action plans • to use summaries and feedback to structure the consultation and adapt the action plan accordingly • to structure the consultation by regularly giving feedback to the individual, and by eliciting regular feedback from the individual 			

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

Competency 5: Facilitating health behaviour change - one to one and group work

No.	Performance criteria	Date achieved	E, D, N/A*	Comments / Evidence
5.5	<p>Carry out health behaviour problem solving:</p> <ul style="list-style-type: none"> • explain the rationale for problem-solving to the individual • help the individual specify the problem(s), and break down larger problems into smaller (more manageable) parts • facilitate the identification of achievable goals with the individual, in line with the individual's resources • help the individual generate possible solutions • help the individual select, plan and implement a preferred solution • help the individual evaluate the outcome of the implementation 			
5.6	<p>End the intervention in a planned manner and to plan for long-term maintenance of the new health behaviours.</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 6: Assessment

No.	Performance criteria	Date achieved	E, D, N/A*	Comments / Evidence
In relation to health behaviour change and education, the cardiac rehabilitation professional has demonstrated knowledge and understanding of the ability to:				
6.1	Obtain an approved referral document containing sufficient and meaningful information.			
6.2	Collate and interpret information prior to the assessment.			
6.3	Ascertain: <ul style="list-style-type: none"> • relevant past medical history • past and current cardiac status • co-morbidities and functional impairment • current symptoms 			
6.4	Undertake a generic assessment: <ul style="list-style-type: none"> • obtain a general idea of the nature of the individual's health behaviour • gauge the individual's ability to engage with the HBC & E component (e.g. literacy or cognitive considerations/needs) • elicit information regarding health behaviours and diagnosis • elicit information about past history and present life situation • elicit information about behavioural and other risk factors for disease • screen individual for suitability for group based support, where appropriate • screen for suitability for health behaviour change or referral to specialist help • gauge the individual's motivation for a behaviour change intervention • select and interpret appropriate assessment (and re-assessment) measures relevant to the individual's health behaviours 			

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

Competency 6: Assessment

No.	Performance criteria	Date achieved	E, D, N/A*	Comments / Evidence
6.5	<p>Elicit and establish the individual's illness representations:</p> <ul style="list-style-type: none"> • identity • cause • timelines • consequences • cure / control 			
6.6	Identify inappropriate referrals and deal with these according to local procedure.			
6.7	Identify current medications and the implications for health behaviour change and education.			
6.8	Ascertain previous and current levels of health behaviours through discussion and using appropriate validated tools.			
6.9	Assess the individual's importance and confidence to participate in health behaviour change activities.			

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

No.	Performance criteria	Date achieved	E,D,N/A*	Comments / Evidence
6.10	Identify the knowledge and skills required by individuals to enable them to effectively self-manage.			
6.11	Assess individuals' self-monitoring skills.			
6.12	Identify the existing knowledge and skills of the individual/group			
6.13	Ensure the time taken to conduct the assessment reflects the process and information to be collected.			

* 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 7: Delivering the education component (group)

The focus of this competency is group education in recognition of the specific competences involved in the management / facilitation of group learning, and the structure of many cardiac rehabilitation programmes. However, a number of these competences will be relevant for individual learning interventions.

No.	Performance criteria	Date achieved	E,D,N/A*	Comments / Evidence
7.1	In relation to health behaviour change and education, the cardiac rehabilitation professional has demonstrated the ability to:			
	Plan and prepare for the delivery of group education sessions.			
	<ul style="list-style-type: none"> use knowledge of adult learning principles and theories to inform the development and delivery of the session 			
	<ul style="list-style-type: none"> use evidence-based health behaviour theory to inform the planning and delivery of education/health behaviour change sessions 			
	<ul style="list-style-type: none"> produce specific aims and learning objectives for the session based on learning needs of individuals/group 			
	<ul style="list-style-type: none"> develop a session plan with appropriate structure, content, sequence and timing 			
	<ul style="list-style-type: none"> prepare a range of delivery methods and learning opportunities to accommodate different learning styles and promote active involvement in learning 			
	<ul style="list-style-type: none"> provide specific support for individuals within the group, e.g. visually impaired 			
	<ul style="list-style-type: none"> provide high quality visual aids and learning resources to support learning 			
	<ul style="list-style-type: none"> finalise learning materials and organise environment, technology and equipment needs 			
<ul style="list-style-type: none"> finalise learning materials and organise environment, technology and equipment needs 				
<ul style="list-style-type: none"> work effectively with co-facilitators or outside speakers 				

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

Competency 7: Delivering the education component (group)

No.	Performance criteria	Date achieved	E,D,N/A*	Comments / Evidence
7.2	<p>Establish an environment for group sessions in which individuals feel safe and comfortable:</p> <ul style="list-style-type: none"> organise the space in a way that promotes interaction, maximises learning and ensures confidentiality e.g. set-up of room, furniture, light, noise, ventilation 			
	<ul style="list-style-type: none"> welcome individuals and accompanying person(s) 			
	<ul style="list-style-type: none"> make appropriate introductions including any observers 			
	<ul style="list-style-type: none"> explain the aims and objectives of the session and how the planned activities will support these 			
	<ul style="list-style-type: none"> explain the participatory style of the session 			
	<ul style="list-style-type: none"> explain and negotiate ground rules, as appropriate, and facilitate the group's maintenance of them, e.g. confidentiality and respect 			
	<ul style="list-style-type: none"> convey an appropriate level of confidence and competence 			

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

Competency 7: Delivering the education component (group)

No.	Performance criteria	Date achieved	E, D, N/A*	Comments / Evidence
7.3	Deliver and facilitate a session. <ul style="list-style-type: none"> • deliver the session according to session plan, modified where appropriate, to meet individual/group needs • manage the group environment in order that individuals feel valued, supported, confident and able to learn • encourage individuals to share their knowledge, skills and experience, and build on this to facilitate group learning, inviting individuals to share an experience of making a change in their life • acknowledge and thank individuals for their contributions • manage group dynamics to ensure effective participation, and maintain effective relationships, e.g. establish and maintain effective group rules • use effective facilitation skills to encourage interaction and communication with and between individuals • manage challenging situations e.g. overly participatory individuals, inappropriate behaviour 			
7.4	Support learning in groups. <ul style="list-style-type: none"> • Use the individual journey as a resource for learning. • initiate discussion about cardiac health and relevant health behaviour, whilst emphasising autonomy, choice and personal responsibility • balance and adjust delivery to meet individual needs while achieving planned group outcomes and agreements • monitor individual responses and use appropriate strategies to motivate individuals, individually and collectively • facilitate individuals to 'group solve' problems 			

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

Competency 7: Delivering the education component (group)

No.	Performance criteria	Date achieved	E,D,N/A*	Comments / Evidence
7.5	Utilise appropriate delivery methods and learning resources to facilitate learning such as: <ul style="list-style-type: none"> • ice breakers • group discussions • presentations • freethinking activities • group learning activities e.g. case studies, card sorts • demonstrations • interactive, participative and collaborative methods 			
7.6	Ensure the number of individuals attending the group education sessions promotes a participatory rather than a didactic approach.			
7.7	Review and evaluate effectiveness of delivery: <ul style="list-style-type: none"> • use appropriate methods to obtain feedback from individual and peers • reflect on performance in relation to content and delivery of session (self-review and peer review) • identify and document areas for improvement • implement appropriate changes to enhance the learning experience 			

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

Competency 7: Delivering the education component (group)

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 8: Forward planning

No.	Performance criteria	Date achieved	E,D,N/A*	Comments / Evidence
In relation to health behaviour change and education, the cardiac rehabilitation professional has demonstrated knowledge and understanding of the ability to:				
8.1	Conduct an appropriate assessment on completion of the programme which evaluates health behaviour change (progress) to date and establishes an exit strategy for the individual.			
8.2	Provide information on future options for maintenance of health behaviour change and support for relapse, e.g. national organisations such as BHF or local community based initiatives.			
8.3	Reinforce the benefits of long-term maintenance of health behaviour change.			
8.4	Transfer timely and accurate information to the primary care team and other healthcare professionals, as necessary, using appropriate documentation / referral information.			

* 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 9: Managing the unwell individual

No.	Performance criteria	Date achieved	E, D, N/A*	Comments / Evidence
	In relation to health behaviour change and education, the cardiac rehabilitation professional has demonstrated knowledge and understanding of the ability to manage the physically unwell patient:			
9.1	Act in a calm, sensitive, efficient manner when dealing with an identified unwell individual.			
9.2	Use the skills and support of colleagues when managing an unwell individual, be able to adapt your role within the team in response to a developing situation and ensure other group individuals are managed appropriately.			
9.3	Assess for signs and symptoms which may indicate a change in cardiac status and take appropriate action.			
9.4	Recognise signs and symptoms which may indicate a new condition or a change in an underlying condition and take appropriate action.			

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

Competency 9: Managing the unwell individual

No.	Performance criteria	Date achieved	E,D,N/A*	Comments / Evidence
9.5	Differentiate between cardiac and non-cardiac symptoms and take appropriate action.			
9.6	Deal appropriately with individuals who present with medical complications that require intervention.			
9.7	Describe the local emergency protocols for summoning assistance when an individual becomes unwell.			
9.8	Rapidly assess an individual who has collapsed and provide appropriate treatment, as per Resuscitation Council Guidelines, if he/she is: (a) unconscious but breathing normally (b) unconscious and not breathing			
9.9	Give a concise and accurate handover to the relevant health professional and complete the appropriate documentation.			

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

Competency 9: Managing the unwell individual

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:

BACPR Education & Training Course References: BACPR Level 4 Exercise Instructor Training.

Competency 10: Educational materials

No.	Performance criteria	Date achieved	E,D,N/A*	Comments / Evidence
	In relation to health behaviour change and education, the cardiac rehabilitation professional has demonstrated knowledge and understanding of the ability to:			
10.1	Provide individuals with the information necessary to enable them to make informed decisions about health behaviour change, e.g. written resources, online courses and electronic information.			
10.2	Provide, or signpost to, relevant resources to support health behaviour change as appropriate, e.g. record sheets, diaries, interactive behaviour change technology.			
10.3	Know the local availability and cost of appropriate publications and self-help manuals, and be able to facilitate the effective use of these resources.			
10.4	Plan, design and produce resources to meet a specific purpose, taking into account time, money and expertise available.			
10.5	Ensure promotional materials are consistent with other related services.			

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

Competency 10: Educational materials

No.	Performance criteria	Date achieved	E, D, N/A*	Comments / Evidence
10.6	Evaluate existing and new material to determine the validity, accuracy, accessibility and appropriateness, and customise to meet local needs as required.			
10.7	Distribute resources effectively, utilising appropriate routes including dissemination to targeted groups.			

* 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 11: Educational materials

Competency 11: Educational materials

No.	Performance criteria	Date achieved	E,D,N/A*	Comments / Evidence
In relation to health behaviour change and education, the cardiac rehabilitation professional has demonstrated knowledge and understanding of the ability to:				
11.1	Agree and establish clear service aims and objectives with measurable outcomes.			
11.2	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.			
11.3	Develop, adapt and regularly review protocols and procedures as required, proposing changes in existing structures, systems and methods to improve the health behaviour change and education component for individuals / groups			
11.4	Develop, implement and ensure systems are in place to allow effective service evaluation and development.			

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

Competency 11: Educational materials

No.	Performance criteria	Date achieved	E, D, N/A*	Comments / Evidence
11.5	Be accountable for record keeping and management in line with clinical and information governance.			
11.6	Engage in effective partnership working to promote quality, continuity of care and a cost effective service.			
11.7	Ensure that the service promotes equality and diversity in accordance with legislation, policies, procedures and relevant standards.			
11.8	Be accountable for implementation of health & safety legislation and any security policies and procedures.			
11.9	Provide evidence of effective consultation with service users when planning and developing the service.			

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

No.	Performance criteria	Date achieved	E,D,N/A*	Comments / Evidence
11.10	Provide evidence of the team's personal and public liability and indemnity insurance as appropriate.			
11.11	Ensure that all professionals hold the appropriate qualifications, knowledge and skills.			
11.12	Contribute to the development of others by facilitating a wide range of CPD opportunities as appropriate to fulfil service needs and objectives of self and others.			
11.13	Manage individual performance through a range of recognised methods in accordance with local policy (e.g. appraisal, peer review, mentoring).			
11.14	Provide effective workforce planning including recruitment and selection.			

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

Competency 11: Educational materials

No.	Performance criteria	Date achieved	E, D, N/A*	Comments / Evidence
11.15	Identify, organise and provide suitable location(s) for the service.			
11.16	Provide effective operational management of the team prioritising workload, ensuring adequate staffing levels and skill mix to cover service provision.			
11.17	Provide effective management of resources (including finances and educational materials).			

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

Competency achieved:	
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Yes - competency achieved <input type="checkbox"/>	Comments: Date:
Signed Reviewee: Print Name:	Signed Reviewer: Print Name: Date:

Competency 12: Service evaluation

No.	Performance criteria	Date achieved	E,D,N/A*	Comments / Evidence
	In relation to health behaviour change and education, the cardiac rehabilitation professional has demonstrated knowledge and understanding of the ability to:			
12.1	Identify, develop and implement appropriate monitoring systems to enable comprehensive service evaluation of the HBC&E component.			
12.2	Identify, develop and use appropriate valid, reliable and cost effective quantitative and qualitative assessment tools and techniques to measure the quality and value of the HBC&E component.			
12.3	Collect & record individual patient outcome measures on a cardiac rehabilitation database (e.g. NACR) to enable local and national analysis.			
12.4	Accurately collect and record key service data, including referral information, uptake, attendance and adherence records.			
12.5	Ensure that the service users have contributed to the evaluation process.			

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

Competency 12: Service evaluation

No.	Performance criteria	Date achieved	E,D,N/A*	Comments / Evidence
12.6	Analyse local service data using reliable methods to compare with recognised standards / guidelines and highlight the differences.			
12.7	Draw valid conclusions, make recommendations based on the evidence and implement service improvement, as appropriate.			
12.8	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:	
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:

Glossary

AACVPR	American Association of Cardiovascular and Pulmonary Rehabilitation
ACPICR	Association of Chartered Physiotherapists in Cardiac Rehabilitation
BACPR	British Association for Cardiovascular Prevention and Rehabilitation
BACPR-EIN	British Association for Cardiovascular Prevention and Rehabilitation Exercise Instructor Network
CPD	Continuing Professional Development
DBS	Disclosure and Barring Service
CVD	Cardiovascular Disease
NACR	National Audit of Cardiac Rehabilitation – a national dataset and management system
SMART	Specific, Measurable, Agreed, Realistic, Time bound
Adult Learning Principles	Key principles on how adults learn and how best to support such learning.
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 individual information.
Cardiac Rehabilitation Professional	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 health behaviour change and education.
Cardiac Misconceptions	Inaccurate beliefs about identity, cause, timeline, control/cure or consequences of a cardiac condition or event.
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.
Equality Act 2010	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.
HBC&E	Health Behaviour Change and Education
Health Behaviour	Any behaviour that a person engages in that can affect their health in either a positive or negative way.
Health Care Professional	An individual, who for the purposes of these competences, provides health services to individuals as part of a cardiovascular prevention and rehabilitation programme.
Individual	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.
Individualised	The 'tailoring' to suit the individual based on their specific needs.
Information Governance	Information governance ensures necessary safeguards for, and appropriate use of, patient and personal information.
Intervention	An action to help an individual or group with a behaviour that may affect their health.
Model of Behaviour	Model that increases understanding of behaviours and the underlying factors that influence them.

Motivational Interviewing	A communication style that activates an individual's own motivation to change behaviour
Outcome Measures	The standard against which the health professional evaluates health behaviour change.
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.
Self Efficacy	An individual's belief in their own capability to succeed in a particular situation (e.g. succeed in achieving a behavioural goal).
Theory of Behaviour Change	Theory of how behaviour can change over time and can be changed with an intervention.

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References

Dixon, D. & Johnston, M. (2010). Health Behaviour Change Competency Framework: Competences to deliver interventions to change lifestyle behaviours that affect health. BPS.

Hamm, L.F., Sanderson, B.K., Ades, P.A., Berra, K., Kaminsky, L.A., Roitman, J.L. & Williams, M.A. (2010). Core Competencies for Cardiac Rehabilitation/Secondary Prevention Professionals: 2010 Update. Position Statement of the American Association of Cardiovascular and Pulmonary Rehabilitation.

Michie, S., Ashford, S., Sniehotta, F.F., Dombrowski, S.U., Bishop, A. & French, D.P. (2011). A refined taxonomy of behaviour change techniques to help people change their physical activity and healthy eating behaviours: The CALO-RE taxonomy. *Psychology and Health*, 26(11), 1479-98.

NHS Yorkshire & The Humber (2010). Prevention & Lifestyle Behaviour Change: A Competency Framework.

Skills for Health. Competences and National Occupational Standards. www.skillsforhealth.org.uk

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