



National Clinical Programme Respiratory
A Competency Framework for Pulmonary Rehabilitation services
Part 2
January 2022



National Clinical
& Integrated Care Programmes
Person-centred, co-ordinated care

Introduction

This document has been created by the NCP Respiratory, to compliment the competency framework part 1 document identifying the need to develop a pulmonary rehabilitation competency framework. Competent health care professionals are essential to the successful delivery of a PR service, which meets the needs of the patient while promoting a high quality service. Pulmonary rehabilitation like a lot of other services had to adapt during the COVID 19 pandemic and developed into a “hybrid model”. This allowed services to continue to run in a virtual format where possible as well as face to face when public health guidelines allowed. This model will remain in place for the future and this document includes related competencies however this model is still evolving.

It is acknowledged that individual teams can differ greatly in staffing, skill mix and roles; teams can also work differently depending on local pathways and patient demographics. It was therefore recognised that a single competency document would provide a structured framework, meeting the needs of all service areas whilst avoiding duplication of competence assessment. In time as the Integrated pulmonary rehabilitation teams are implemented and expand more specific competencies related to the different professionals will be developed with professional bodies.

This document provides guidance on the key competencies required to ensure the use of best practice standards and guidelines for the delivery of pulmonary rehabilitation. This document uses a common framework of knowledge and skills.

The overall purpose is to:

- Identify knowledge and skills required for pulmonary rehabilitation services.
- Identify staff learning and development needs.
- Guide continuing professional development.
- Serve as a document to support professional and clinical supervision.

This document should be used in conjunction with respective professional body guidelines and local policies, procedures, protocols and guidelines as well as other NCP Respiratory documents including models of care.

Further Considerations

This document contains a comprehensive set of knowledge and skill sets that can be used in full or adapted according to their own competency needs. Healthcare professionals can use the document as part of their Continued Professional Development (CPD) portfolio and may not have to complete it all at once.

Using this document

Each competency is laid out in a table format so that the response can be recorded easily and can be completed electronically or on a hard copy. Within each competency there are a number of columns to complete including date, whether the competency was observed, discussed or other and a comments area.

Evidence to determine success of a staff member to fulfil the criteria can be achieved through various methods e.g. practical observation, verbal communication, questioning, in service training, mandatory training, external courses, and other resources. It is not intended that observation and or achievement of the competencies be a time consuming exercise.

This tool can be used over a period of time to monitor performance and professional development required. At the end of each competency there is a summary table for summary of performance, comments, actions and signatures.

As the document relates to the different elements of service a PR including exercise assessment and prescription and conducting a class not all competencies will be relevant to all staff members. Hence not all competencies may need to be achieved.

After successful completion of the competencies it is recommended that the competencies will be reviewed as part of an annual appraisal to ensure competency is maintained in response to newly published evidence or guidelines.

Governance and Responsibility for Completing the Document

The competencies are a shared document between the staff member and their line manager. The staff member is responsible for maintaining an accurate record of their continued professional development and competency to carry out their role. The line manager is responsible for ensuring competence of the staff member and ensuring the document is updated.

Part 1 Clinical Competencies

Competency 1: Core knowledge

No.	Competency	Evidence	Date	Comments
In relation to Core Knowledge the pulmonary rehabilitation professional will:				
	Demonstrate knowledge of respiratory anatomy & physiology.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate knowledge of pathophysiology of Chronic Lung Disease (CLD).	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate knowledge of CLD risk factors.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate knowledge of timescales for recovery from exacerbation & exacerbation risks factors.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate knowledge of pulmonary assessments, diagnostics tests & procedures, staging of CLD.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate knowledge and understanding of the inclusion & exclusion criteria for PR.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate knowledge of exercise physiology and effects of exercise on respiratory & cardiovascular systems.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate knowledge of benefits and potential risks of exercise on respiratory disease.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate knowledge of physiological response (normal and abnormal) to exercise and adaptations required.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		

	Demonstrate knowledge of exercise prescription methodology for cardiovascular endurance and resistance training for a patient with CLD.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate knowledge of absolute and relative contraindications to exercise and indications to terminate and exercise session.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate knowledge of common comorbidities that may limit an individual's ability to exercise or exercise safely.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate knowledge of current recommendations for exercise activity for individuals with CLD.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate an understanding of tailored rehabilitation interventions to meet the needs of the CLD patient.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate knowledge of pharmacological therapy for CLD.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate knowledge of effective behavioural change strategies.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate understanding of the role of other HCP in self-management & the education component of PR.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate knowledge of relevant national standards, policies and guidelines	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
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 Patient Assessment & Management

No.	Competency	Evidence	Date	Comments
In relation to patent assessment and management the pulmonary rehabilitation professional will:				
	Demonstrate understanding and adherence to consent & GDPR policies.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate ability to perform a relevant symptom history, a physical history for each individual.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate the ability to collate and interpret information prior to assessment including PFTs, ABGs, and CXR.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate the skills to explain assessment process to individual.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate the skills to ascertain <ul style="list-style-type: none"> ➤ PMH. ➤ Past and current respiratory status. ➤ Co morbidities and functional impairment. ➤ Current symptoms. ➤ Identify inappropriate referrals based on absolute and relative contraindications to exercise. 	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate understanding of current medications and their implications for exercise.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate skills to ascertain previous and current levels of exercise activity through discussion and identify limitations.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate ability to risk stratification according to assessment include falls risk and risk of exercise –induced hypoxia. Consider risk factors for severe disease, including current smoking and poor inhaler adherence, particularly important in asthma population.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate the skills to assess the individual's readiness and motivation to participate in behaviour change strategies and setting goals.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		

	Demonstrate the skills to perform physiological baseline measures to guide in determining suitability for PR: Heart rate, blood pressure, respiratory rate, temperature, auscultation oxygen saturations, height and weight and estimate body mass index (BMI).	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate the skills to perform measures of Dyspnoea: Modified BORG Score, Modified Medical Research Council Score for Breathlessness (mMRC).	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate the skills to perform measure of Co-Ordination: such as the Finger Nose Test, Shin Test. Demonstrate the skills to perform measure of Balance: such as the 3 or 4 Point Balance Test.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate the skills to perform measure of Strength: <ul style="list-style-type: none"> ➤ Manual Muscle Testing (MMT) (Grade 0-5) or 1Rep Max. ➤ Grip Strength using a dynamometer. ➤ 5-STS. ➤ TUG. 	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate skills to identify and screen for frailty when appropriate using the Clinical Frailty Score. Assess for need for walking aid if appropriate.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate the skills to critically evaluate the information collected to determine exercise prescription and a physical activity plan.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate the ability to screen for symptoms/health status using validated tools such as: <ul style="list-style-type: none"> ➤ The COPD Assessment Test (CAT). ➤ Psychiatric Questionnaires. ➤ The Hospital Anxiety and Depression scale (HADs.) ➤ General Anxiety Disorder 7-item (GAD-7). ➤ The Patient Health Questionnaire (PHQ-9). ➤ Generic QOL Questionnaire. ➤ The EuroQol 5D-5L (EQ-5D-5L). ➤ Screening for malnutrition risk using the Mini Nutritional Assessment (MNA). 	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		

	Demonstrate an understanding of Knowledge of Mean Clinical Importance Difference (MCID) scores for each tool used.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	All professionals need to have knowledge of referral criteria and referral processes to other health professionals for input following outcomes of the screening.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate the ability to use shared decision making with the patient to provide a treatment plan and achievable goals.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate the skills to quantify patient outcomes through pre and post assessment.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate the ability to communicate with referring physician.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
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: Dyspnoea assessment and management

No.	Competency	Evidence	Date	Comments
In relation to dyspnoea assessment and management the pulmonary rehabilitation professional will				
	Demonstrate an understanding of causes & physiology of dyspnoea in patients with CLD.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate an understanding of appropriate tools to measure dyspnoea – mMRC, modified BORG, CRDQ(dyspnoea domain), Dyspnoea 12 and multidimensional dyspnea profile covering functioning, breathing and psychological etc.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate an understanding of <ul style="list-style-type: none"> ➤ Breathing strategies/ dysfunctional breathing. ➤ Pharmacological /psychological treatment of dyspnea. ➤ Supplemental oxygen. ➤ Pharmacological therapy-e.g. bronchodilators. ➤ CBT. ➤ Non- pharmacological approaches- breathing retraining, NIV, PLB. 	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate an ability to perform pulse oximetry.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate an ability to identify need for alternate testing e.g. ABG.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate the skills to identify need for referral for long term oxygen assessment and collaborate with consultant and other HCP for optimal prescription for LTOT if indicated.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate the skills to titrate flow settings and modify delivery devices when needed as exercise modality changes and intensity increases or decreases.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate the ability to promote patient understanding of the uses, benefits and risk of oxygen therapy.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		

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: Exercise testing (primarily physiotherapist competency)

No.	Competency	Evidence	Date	Comments
In relation to exercise testing the pulmonary rehabilitation professional will :				
	Demonstrate understanding of exercise prescription and testing.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate an understanding of the use of a field test e.g. ISWT or 6MWT as an outcome measure.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate an understanding of the use of standardised; published guidelines and consistent protocols when performing field test.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate an understanding of Knowledge of Mean Clinical Importance Difference (MCID) scores for each tool used.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate an understanding of the application of exercise testing results into exercise prescription.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate the skills to complete 6MWT in line with ATS criteria.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		

	Demonstrate the skills to a shuttle walk test in line with guidelines.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate the skills to complete symptom limited cardio-pulmonary exercise testing on selected patients as appropriate.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate the skills to develop an exercise prescription based on the exercise test results.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
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 Exercise training & prescription (primarily physiotherapy competency)

No.	Competency	Evidence	Date	Comments
In relation to exercise training and prescription the pulmonary rehabilitation professional will				
	Demonstrate an understanding of normal and abnormal physiologic responses to exercise.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate an understanding of specific pathophysiologic factors limiting exercise tolerance in CLD.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate an understanding of the basis of exercise training in CLD including reduction in peripheral muscle mass predominantly in the quadriceps and distal lower limbs, presence of sarcopenia and cachexia.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		

	Demonstrate understanding of the safety precautions for exercise training.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate an understanding of an individual exercise plan with SMART goals including ADLs and a home exercise programme.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate an understanding of the prescription and adaptation of safe and effective exercise to the individuals needs in line with guidelines and exercise principles and using monitoring tools.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate knowledge of exercise principles including overload principle & FITT principle, adaptation, specificity, reversibility variation and recovery and individual response.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate the skills to develop an individualised and effective exercise prescription including endurance, strengthening and flexibility components.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate skills to modify an exercise plan due to pain, breathlessness or drop in oxygen levels.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate skills to use objective physiological measures to inform individualised exercise prescription e.g. RPE.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate skills to interpret data during exercise training.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate skills to encourage effective use of resources to help individual meet goals and objectives-e.g. activity diary.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate skills to recognise signs and symptoms of exercise intolerance.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate skills to educate and support safe exercise signs and symptoms of overexertion or under achievement and activities to avoid.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate skills to review and adapt the exercise plan and prescription in response to the individuals' motivation, needs and abilities and progress or regress.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		

	All members of the MDT involved in the exercise component of the class will familiarise themselves with the participant's medical history and risk assessment.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
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: Prepare the individual for supervised exercise

No.	Competency	Evidence	Date	Comments
In relation to preparing the individual for supervised exercise the Pulmonary rehabilitation professional will				
	Demonstrate the skills to ensure the individual understands the purpose, structure, procedures and objectives of their session and how they link to their goals.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate the skills to identify and respond to any information the individual provides in response to their previous sessions or any change in their condition through pre- class screening and clinical measures.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate skills and understanding to agree and record with the individual any changes to their planned session's activities.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate skills and understanding to ensure individuals have any necessary medications prior to class.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate skills and understanding to reinforce safety measures at all times.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		

	Demonstrate skills and understanding to ensure individuals are appropriately dressed and equipped for exercise e.g. footwear.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
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 Lead and deliver the supervised exercise session				

No.	Competency	Evidence	Date	Comments
In relation to leading and delivering the supervised exercise session the pulmonary rehabilitation professional will:				
	Demonstrate exercise background to support leading session.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate the skills to teach review and adapt individual and group exercise in response to changing circumstances and individual's response to exercise.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate the skills to establish and justify the staff/patient ratio based on supervision requirements and risk stratification.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate the skills to utilise other members of team appropriately during exercise to ensure safe and effective class management.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		

	Demonstrate the skills to lead exercise sessions in line with the exercise principles appropriate to individual needs and functional abilities.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate the skills to provide individuals' with warm up and cool down exercises that are appropriate to their clinical status and ability.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate the skills to provide instruction, explanation and exercise demonstration.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate the skills to monitor the individuals exercise performance by using subjective e.g. RPE, and objective e.g. HR, SpO2 measures to effectively monitor exercise intensity Being aware of the individuals response to exercise and taking appropriate action as required Demonstrate ability to observe individuals throughout the exercise session and take appropriate action as required including correcting technique and positive reinforcement.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate skills to perform <ul style="list-style-type: none"> ➤ Endurance exercise. ➤ Resistance exercise. ➤ Flexibility. ➤ Balance and coordination etc. 	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate the skills for effective use of verbal instruction, demonstration and audio and visual cues and motivational techniques when delivering group exercise.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate the skills to teach and monitor the performance of all individuals within a group setting.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate the skills to provide individuals with an appropriate period of post exercise supervision.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		

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: Managing the unwell patients

No.	Competency	Evidence	Date	Comments
In relation to managing the unwell patient the pulmonary rehabilitation professional will:				
	Demonstrate evidence of BLS certification.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate evidence of anaphylaxis training.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate an understanding of how to identify and treat life-threatening situations or adverse events.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate an understanding of the appropriate emergency response to changing signs and symptoms.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate understanding of adverse events such as falls, sprains and fractures, muscle weakness, poor balance.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Act in a calm, sensitive efficient manner when dealing with an unwell individual.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		

	Use the skills and support of colleagues when managing an unwell individual, be able to adapt your role within the team in response to the developing situation and ensure other group participants are managed appropriately.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Assess for signs and symptoms which may indicate a change in respiratory status and take appropriate action.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Recognise other signs and symptoms which may indicate a new condition or change in an underlying condition and take appropriate action.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Differentiate between respiratory and non-respiratory symptoms and take appropriate action.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Deal appropriately with individuals who present with medical complications that require intervention but do not necessarily require exclusion from exercise e.g. angina, poor diabetic control, hypotension, slow or fast HR etc.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Be familiar with and describe the local emergencies protocols for summoning assistance when individual becomes unwell.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Rapidly assess an individual who has collapsed and provide appropriate treatment as per resuscitation guidelines.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Give a concise and accurate handover to HCP and complete appropriate documentation.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
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 Collaborative self – management & psychosocial management & MDT Education

No.	Competency	Evidence	Date	Comments
In relation to collaborative self-management the pulmonary rehabilitation professional will				
	Have experience working with individuals with chronic lung disease in their own profession.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Have experience working in a group setting in their own profession.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate an awareness of whole-system supports for self-management including maintenance exercise programmes, Peer Support Groups, the Living Well Programme, Social Prescribing.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Practise and reinforce techniques to promote self-management behaviour change, increase patient knowledge, goal setting, problem solving and shared decision making.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Understand the need to provide individuals with information necessary to enable them to make informed decisions about all aspects of PR.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate the ability to identify impairments to learning and behaviour change.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Provide relevant resources related to all areas of exercise and education.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate an understanding of behaviour change.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate an understanding of COPD exacerbation and teach related self-management.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		

	Demonstrate an ability to teach strategies for prevention, early recognition and treatment of exacerbations including an action plan.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate an understanding and ability to teach medication adherence including inhaler technique and teaching inhaler technique.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate an understanding of end of life discussions and advanced directives including palliative care.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate an understanding and be able to teach the effects of smoking or passive smoking on CLD.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate an understanding of smoking cessation and knowledge of local smoking cessation supports available to the individual with CLD. .	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate an ability to teach an understanding of the effects of being underweight or overweight with CLD when participating in PR.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate an understanding of nutritional counselling.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate an understanding of medications- types, indications, contraindications.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate skills in teaching airway clearance techniques.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate ability to teaching breathing techniques.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate ability to explain and provide an approved Self-management plan & alter as required.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate skills in teaching energy conservation.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		

	Demonstrate an understanding of CLD and emotional functioning especially anxiety and depression.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate an understanding of CLD and social relationships and quality of life.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate an understanding of CLD and cognitive function & socioeconomic factors.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate understanding of the pharmacological agents that can be used to treat psychological distress.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate understanding of other services for onward referral to address psychosocial distress or cognitive concerns.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate skills to use validated tools to screen for anxiety and depression and poor quality of life.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate skills to perform individual or group education to address stress management and effective coping strategies.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
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 10 Virtual PR/Telerehabilitation

No.	Competency	Evidence	Date	Comments
In relation to virtual PR the pulmonary rehabilitation professional will				
	Demonstrate knowledge of telerehabilitation, benefits, indications and criteria for use.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate knowledge of impact of telerehabilitation on patients, including access to suitable internet and devices.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate knowledge of telerehabilitation assessment of patient if unable to perform assessment face to face.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate knowledge of impact of telerehabilitation ability to monitor exercise safety.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate knowledge to identify assessment and monitoring tools appropriate for use with telerehabilitation	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate skills to adhere to local policies on GDPR and consent and security.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate skills to communicate effectively via telerehabilitation.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate the skills to put systems in place that will ensure the safe and effective delivery of a service.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate the skills to identify outcome measures which are safe and easy to collect via virtual technology.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate evidence of pathways/measures in place in the event of adverse reactions to exercise during VPR.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		

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 Forward Planning

No.	Competency	Evidence	Date	Comments
In relation to forward planning the pulmonary rehabilitation professional will				
	Conduct an appropriate assessment on completion of the programme which evaluates progress to date and establishes a discharge plan for the individual.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Provide information on future options for continued activity including home based exercise, support groups and maintenance classes if available. Reinforce ongoing Self-management and tools to support same.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Reinforce the benefits of long term exercise.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Enable the individual to carry out self-monitoring to continue to exercise, and to continue to live well with their condition.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Discuss onward referrals to other services where appropriate.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		

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:

Operational & Services Competencies

Competency 12: Prepare, adapt environment and equipment

No.	Competency	Evidence	Date	Comments
In relation to preparing and adapting the environment and equipment the pulmonary rehabilitation professional will :				
	Demonstrate evidence of up to date mandatory training in infection control, health and safety.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Demonstrate skills to perform a full risk assessment of venue (to include medical gases i.e. oxygen) using the HSE Risk Assessment Matrix (please see HSE Document 'Risk Assessment Tool and Guidance including guidance on application). (Document Reference number OQR012).	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Identify, organise and provide suitable location for the service with senior management.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Apply national health and safety guidelines and local operational policies when conducting environmental health and safety assessments.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Identify potential risks and minimise resulting hazards in the environment in which the session will take place- adequate heat, light, ventilation.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Ensure that any necessary equipment, furniture or resources are prepared, available and in a fit state and ready for use.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Follow local policies and procedures to report and record problems with the environment or equipment.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	If resuscitation equipment in place ensure it is checked and ready to use.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	If Oxygen equipment is in place ensure it is checked and ready to use and stored appropriately.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		

	Ensure a first aid kit with a CPR mask, gloves and rescue medications as well as a Volumatic and a source of quick release sugar such as Lucozade are kept on site. This will need to be discussed locally due to prescribing issues. Where possible patients are advised to bring their own to each class including reliever inhalers, angina medication etc.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Adapt the exercise environment during exercise session as appropriate.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Ensure all equipment is cleansed as per local infection control guidelines. Local guidelines with regards to the disinfectant/sterilizing agent to be used, the strength of the solution, safety wear when mixing solutions, storage and mixing area for chemicals, and individual equipment requirements.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Ensure all staff and patients are aware of HSE cough etiquette and hand washing instructions. Clinical staff should have completed mandatory HSELand online training in this area.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Ensure all staff is aware of and compliant with applicable health and safety legislation, including incident reporting and be able to act accordingly.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
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 13 Service Planning and management

No.	Competency	Evidence	Date	Comments
In relation to service planning and management the pulmonary rehabilitation professional will :				
	Agree and establish clear service aims and objectives with measureable outcomes for exercise and quality of life.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Plan, develop and implement operational procedures and protocols for service delivery including inclusion criteria, exclusion criteria in line with evidence based practice.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Review all protocols on regular basis.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Develop and implement system's to ensure service evaluation and development.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Record and submit national KPIs.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Provide effective operational management of the team prioritising workload, ensuring adequate staffing levels and skill mix to cover service provision.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Engage in effective teamwork to promote quality, continuity of care and a cost effective service.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Be accountable for implementation of health and safety legislation and policies and procedures.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Provide evidence of effective consultation with service users when planning and developing the service.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Ensure that all professionals delivering the exercise programme hold the appropriate qualifications, knowledge and skills.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		

	Provide timely and accurate reports and handovers to ensure seamless transition between service providers.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Contribute to the development of others by providing a wide range of CPD opportunities.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
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 14 Service evaluation

No.	Competency	Evidence	Date	Comments
In relation to service evaluation the pulmonary rehabilitation professional will :				
	Identify develop and implement appropriate monitoring system's to enable a comprehensive service evaluation.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Identify and use appropriately valid and reliable quantitative and qualitative assessment tools to measure the value of the programme.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Collect and record individual patient outcome measures on a database.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Accurately collect and record key service data including referral information, attendance, and uptake records.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Ensure that service users have contributed to the evaluation process.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
	Analyse local service data using reliable methods and draw valid conclusions and make recommendations for the service.	Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other <input type="checkbox"/>		
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:

Acknowledgements

Thank you to the frontline nurses and physiotherapists and dieticians as well as the self- management support coordinators who provided feedback on this document.

NCP Working Group on this document

Dr Desmond Murphy, Clinical Lead
Susan Curtis, Programme Manager
Angela Ryan HSCP Lead
Dr Mark O Kelly, ICGP Rep

Resources

1. Bolton CE, Bevan Smith EF, Blakey JD, et al. Thorax 2013; 68:ii1–ii30. BTS Guideline on Pulmonary Rehabilitation in Adults British Thoracic Society Pulmonary Rehabilitation Guideline Group
2. Prime TOOL <https://www.csp.org.uk/documents/copd-prime-tool>
3. An Official American Thoracic Society/European Respiratory Society Statement: Key Concepts and Advances in Pulmonary Rehabilitation AMERICAN JOURNAL OF RESPIRATORY AND CRITICAL CARE MEDICINE VOL 188 2013
4. Chronic obstructive pulmonary disease in over 16s: diagnosis and management NICE guideline [NG115] Published: 05 December 2018
5. Chronic obstructive pulmonary disease in adults Quality standard [QS10] Published: 28 July 2011 <https://www.nice.org.uk/guidance/qs10>
6. Pulmonary rehabilitation <https://www.erswhitebook.org/chapters/pulmonary-rehabilitation/>
7. ATS Statement Guidelines for the Six-Minute Walk Test <https://www.atsjournals.org/doi/10.1164/ajrccm.166.1.at1102>