



A Toolkit for the Design, Implementation & Evaluation of Exercise Referral Schemes

A guide to training and qualifications

Introduction

Welcome to the exercise referral toolkit - a guide to qualifications and training.

All professionals involved in the delivery, coordination and commissioning of exercise referral schemes have key responsibilities with regards to qualifications, training and quality assurance.

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This guide attempts to clarify the main issues, specifically outlining the qualifications for exercise professionals working with referred patients and highlighting key considerations for the exercise referral scheme coordinators and commissioners.

To accompany this resource, we have also developed:

- **Guidance for referring healthcare professionals** - a resource which provides background information on exercise referral schemes, detailing information about the referral pathway, clinical governance and scheme governance.
- **Guidance for exercise professionals** - a resource which outlines the roles and responsibilities of the exercise professional and includes some practical tips for working with referred patients.
- **Guidance for exercise referral scheme coordinators** - a resource outlining the key steps to developing and coordinating a high quality exercise referral scheme.
- **Guidance for exercise referral scheme commissioners** - this resource provides an overview of the national guidance and protocols for developing and commissioning local exercise referral schemes.
- **A guide to evaluating exercise referral schemes** - this guide includes helpful hints on how to improve the evaluation of exercise referral schemes. It provides a checklist for evaluating schemes.

Exercise referral qualifications and training guide

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Terms of Use

The aim of this toolkit is to provide an easy-to-read, practical guide for all those professionals involved in the delivery, coordination, commissioning and evaluation of exercise referral schemes. These professionals include general practitioners, practice nurses, community nurses, allied health professionals (physiotherapists, dieticians etc.), exercise professionals, health promotion/public health specialists, commissioners and researchers.

The toolkit has been developed in consultation and collaboration with a range of professionals involved with exercise referral schemes and key national stakeholders.

It draws upon current Government policy for the design and delivery of quality assured exercise referral schemes; it is **NOT** a replacement for such national policy. Furthermore it **should NOT** be used in isolation from the National Quality Assurance Framework for exercise referral schemes (NQAF).

It is a tool to aid the design, delivery and evaluation of exercise referral schemes, but is **NOT POLICY**. It uses the evidence base and local scheme practice to support schemes in meeting the guidelines set out within the National Quality Assurance Framework and to raise standards within schemes.

This resource was written and produced by the British Heart Foundation National Centre for Physical Activity and Health. It was last updated March 2010.

Using the toolkit

It is recognised that capacity, resources and funding vary across schemes and that some schemes are struggling to implement elements of the National Quality Assurance Framework and consequently may struggle to adopt some of the recommendations set out within the toolkit.

The toolkit is not designed as a 'blueprint' for how exercise referral schemes must be designed, implemented and evaluated; it offers some best practice principles for all those involved in the delivery, management and commissioning of exercise referral schemes. It is for individual schemes to consider whether the implementation of these principles will improve the design, delivery and effectiveness of their scheme, given the capacity and resources available.

Many schemes may already be meeting the recommendations outlined within the toolkit, in which case the toolkit can be used as a resource for professionals to take a fresh look at their scheme or as a guide for on-going reflection.

Some local health boards and primary care trusts may have developed an integrated system for the promotion of physical activity, which offers a range of physical activity opportunities for the local population, such as led-walks, green-exercise, exercise referral schemes and/or specialist condition specific whole exercise classes. This toolkit is predominantly concerned with exercise referral schemes designed for low to medium risk patients which

involve the transfer of medical information from a healthcare practitioner to an appropriately qualified level 3, exercise professional.

Whilst it is recommended that, where appropriate, primary care professionals should advise patients to increase their physical activity it should be noted that recommending or sign-posting patients to local physical activity opportunities such as lay-led walking schemes is quite distinct from referring an individual to a dedicated service and transferring relevant medical information about this individual to this service.

Where schemes offer specialist condition specific whole exercise classes for patients/clients with any conditions covered by the level 4 national occupations standards these schemes should ensure they comply with the relevant governance arrangements and quality assurance guidelines.

Acknowledgements

This document could not have been completed without the assistance of many professionals involved in the delivery, coordination and commissioning of exercise referral schemes. We would like to thank all those professionals who responded to the audit questionnaire; kindly provided us with sample forms, scheme protocols and service level agreements and attended the consultation workshops to help shape the toolkit.

We would also like to extend our gratitude to Flora Jackson, Physical Activity Alliance Coordinator NHS Health Scotland; Nicola Brown, former Physical Activity Lead for the Health Promotion Agency Northern Ireland and the Department of Health Regional Physical Activity Leads for their assistance in identifying relevant professionals and convening the national and regional consultation workshops.

We would also like to acknowledge and thank those people and organisations who responded during the consultation phase, their comments have helped shape the final toolkit. Following the consultation process a national exercise referral toolkit working party was established to assist us in finalising the toolkit.

We would, therefore like to acknowledge the following individuals and organisations for their contribution to the working party and for their support in ensuring the comprehensiveness of the toolkit.

- Elaine McNish, Physical Activity Specialist, Welsh Assembly Government.
- Suzanne Gardner, Regional Physical Activity Coordinator - West Midlands, PANWM
- Hazel Ainsworth, Health Development Officer, Mansfield District Council.
- Dr William Bird, Strategic Health Advisor, Natural England.
- Claire Flood, Physical Activity Coordinator, NHS Havering.
- Mary Hague, Senior Public Health Strategy Manager, NHS Derbyshire County.
- Craig Lister, Public Health Manager, NHS Bedfordshire.
- Jean Ann Marnoch, Registrar, Register of Exercise Professionals.
- Niamh Martin, Senior Programme Officer, Physical Activity, NHS Health Scotland.
- Suzanne Mee, former Healthy Lifestyles Manager, London Borough of Tower Hamlets.
- Dr John Searle, Chief Medical Officer, Fitness Industry Association.
- Ruth Shaw, Programme Manager (Health Inequalities, PA Lead), NHS Greenwich.
- Martin Skipper, former Policy Officer, Fitness Industry Association.

- Steven Ward, Public Affairs and Policy Manager, Fitness Industry Association.
- Victoria Smith, Development Officer - Fitness, Skills Active.
- Jeannie Wyatt-Williams, National Exercise Referral Scheme Coordinator, WLGA.

We would like to extend special thanks to Elaine McNish for chairing the national working party and to Suzanne Gardner for her unquestionable commitment at the final stage of the production of the toolkit.

I would like to acknowledge Karen Milton, Research Associate, for her valuable contribution to the guide to evaluating exercise referral schemes.

A number of other individuals have also contributed to the development of this toolkit in various ways and I would like to acknowledge these individuals for their valuable input.

- Sonia McGeorge
- Sandra Prickett
- Sarah Wortley

Finally I would like to thank Rob Adams for his assistance with the templates and graphics included in the toolkit.

Supporting Partners



**East of England Regional
Physical Activity Alliance**



Executive Summary

All professionals involved in the delivery, coordination and commissioning of exercise referral schemes have key responsibilities with regards to qualifications, training and quality assurance.

This guide attempts to clarify these issues - outlining the qualifications for exercise professionals working with referred patients and highlighting key considerations for the exercise referral scheme coordinators and commissioners.



Exercise referral schemes **MUST NOT** operate without qualified instructors who are registered on the Register of Exercise Professionals (REPs)ⁱ with the Level 3 exercise referral category of registration.

The use of exercise instructors who are not Level 3 exercise referral qualified and not registered on REPs **DOES NOT** represent national policy and **ONLY** applies to those schemes which have an appropriately qualified and registered Level 3 exercise referral professional designing, agreeing, adapting and reviewing the client's physical activity programme.

Schemes MUST NOT use only Level 2 qualified exercise instructors.

ⁱ REPs is an independent public register which recognises the qualifications of exercise and fitness professionals in the UK. REPs provides a system of regulation for instructors and trainers to ensure that they meet the health and fitness industry agreed National Occupational Standards



Exercise referral schemes operating with 'other instructors' who are not registered with REPs with the Level 3 exercise referral category of registration should look at the legal implications of this model.

Where a scheme offers physical activities specialist whole classes for clients with any of the conditions covered by the Level 4 fitness National Occupational Standards they should ensure that the instructors designing, agreeing, adapting and reviewing programmes for these clients are registered with REPs at Level 4 with the relevant Level 4 category of registration (e.g. cardiac rehabilitation).

Exercise referral coordinators/managers need to ensure that ALL exercise referral instructors have a clear understanding of how to risk stratify clients using accepted models and what factors indicate that a client is 'MEDIUM RISK' and should NOT BE REFERRED ON to 'other instructors' during their referral period.

Exercise referral instructors referring on to 'other instructors' must define and document an individually determined risk stratification category for every client referred on to satisfy themselves that clients are 'LOW RISK'.

Exercise referral commissioners should include the requirement for instructors designing, agreeing, adapting and reviewing programmes to be members of REPs with a Level 3 exercise referral category of registration within Service Level Agreements and service specifications.

Relevant training/CPD should be provided as an add-on to the Level 3 exercise referral qualification and should reflect the latest and emerging guidelines on physical activity for the prevention, treatment and management of medical conditions.¹

Training providers offering CPD relevant to exercise referral instructors (e.g. in the areas of behaviour change, monitoring and evaluation, prevention, treatment and management of medical conditions) are encouraged to seek SkillsActive endorsement to enable instructors to apply for REPs CPD points to maintain their status on the register.

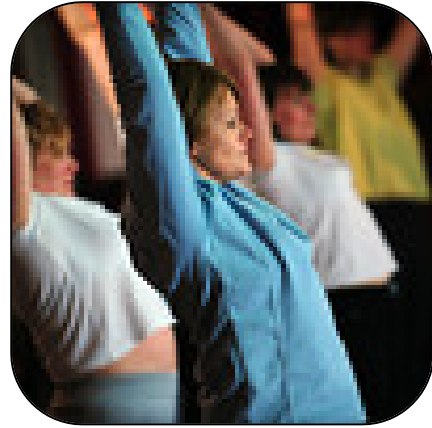
Training providers and relevant national agencies should conduct learning needs analysis with exercise referral schemes/exercise referral professionals in order to identify knowledge and skills gaps and develop training/CPD opportunities accordingly.

Training providers should offer learning and professional development opportunities for exercise referral scheme coordinators/managers.

From April 1st 2010 a new REPs framework and new National Occupational Standards for exercise referral will be in place.

A Guide to Qualifications and Training

The aim of this section is to provide clear guidance on qualifications and training for professionals involved in the delivery, coordination and commissioning of exercise referral schemes.



1.0 Professional competencies

According to the National Quality Assurance Framework (NQAF)² and the Register of Exercise Professionals (REPs)³ exercise professionalsⁱⁱ involved in the delivery of physical activity as part of an exercise referral scheme should hold appropriate qualifications and insurance, be a member of the register and should:

“Confine themselves to practice only those activities for which their training and competence is recognised by the Register.”

p1 REPs (2006)

For the exercise professional working within an exercise referral scheme their role includes designing, monitoring, adapting and implementing physical activity programmes for individual clients with a range of medical conditions. They collect and analyse information to ensure the safety and effectiveness of physical activity programmes and actively encourage clients to adhere to regular physical activity programmes, employing appropriate motivational strategies to achieve this.

ⁱⁱ In this context the exercise professional is identified as the person responsible for developing the exercise/physical activity programme for a referred patient

Exercise professionals working with referred clients should work within their professional role boundaries (e.g. REPs registered Level 3 exercise referral instructor or REPs registered Level 4 specialist instructor) or refer back to the referring healthcare professional in cases where there are any objectives, physical activities or risks that fall outside their professional boundaries or that they do not feel competent to deal with.

Exercise referral instructors give guidance to encourage referred clients to follow the evidence-based key safety guidelines for their medical conditions during exercise and physical activity and discourage them from any activity deemed to be potentially hazardous/contraindicated, to enable them to participate safely and effectively.



In the absence of any further training and CPD they may have undertaken, exercise referral qualified instructors have the knowledge, understanding and skills to work with referred clients with the following medical conditions:

- **Cardiovascular:** Hypertension; Hypercholesterolemia.
- **Respiratory:** Asthma; Chronic Obstructive Pulmonary Disease (COPD).
- **Musculoskeletal:** Osteoarthritis; Rheumatoid arthritis; Joint replacement; Simple mechanical back pain; Osteoporosis.
- **Psychological/Mental Health Problems:** Depression; Stress; Anxiety.
- **Metabolic/Immunological:** Diabetes Type 1 and Type 2; Obesity.

2.0 Qualifications

According to the NOAF the minimum level of qualification recommended for exercise professionals devising programmes for clients engaged in exercise referral schemes is a Level 3 advanced instructor with a recognised exercise referral qualification and a relevant CPR qualification. The exercise referral qualification must meet unit D449 National Occupational Standard⁴ in exercise referral developed by the sector skills council, Skills Active.ⁱⁱⁱ

It is recognised that due to the current shortage of appropriately qualified staff some schemes may offer referred clients the opportunity to participate in physical activities that are led by instructors who do not hold a recognised exercise referral qualification.

For example, many schemes offer yoga, tai chi, dance, swimming, walking, which are delivered by instructors who may or may not be qualified in exercise referral. Given that clients' physical activity needs and preferences are diverse, such activities are a valuable part of the menu of physical activity options

ⁱⁱⁱ This recommendation reflects the position at the time the National Quality Assurance Framework was written and will change from April 1st 2010 - refer to part 6 for further details

available within schemes. There is a greater likelihood of clients adhering to a physical activity programme when activities are enjoyable and there are variations in the types of activities on offer; indeed, clients may actively seek out such alternative physical activities during their referral period.⁵

However, the diverse range of activities being offered by exercise referral schemes raises questions about client safety and quality assurance, as not all instructors delivering the wider range of activities will hold the appropriate qualifications for working with referred clients. It must also be acknowledged that the supervision of a client during their exercise programme may not always be undertaken by the qualified exercise referral instructor due to shift patterns, annual leave or sickness absence or due to the attendance preferences of individual clients.

The REPs' Registered Level 3 exercise referral instructor should be responsible for designing, agreeing, adapting and reviewing the client's physical activity programme and should retain overall responsibility for the client whilst participating in the scheme.

However, in some circumstances, the REPs' registered Level 3 exercise referral instructor might deem it is safe and appropriate to delegate to another exercise instructor to supervise or deliver part of the client's exercise programme.

In these circumstances, the qualified exercise referral professional must:

- Define and document an individually determined risk stratification category for every client referred on to satisfy themselves that clients are at 'low risk' of an adverse event occurring during exercise.

N.B. According to their condition, 'medium risk' clients should be supervised by either a REPs' registered Level 3 exercise referral instructor or REPs' registered Level 4 qualified instructor (as appropriate) AT ALL TIMES.

- Ensure that the exercise instructor holds the qualification/s relevant to the mode of activity they are instructing.
- Ensure clients are able to make an informed choice about the exercise/physical activity they are to participate in based on an understanding of their condition/s and the exercise instructors qualifications to design, agree, adapt and review a programme according to their individual needs.

- Inform clients if an instructor to whom they are referred on to does not hold a recognised exercise referral qualification.
- Be confident that the client can safely follow the exercise programme and is able to accurately monitor their exercise intensity.

Where exercise referral schemes deem it is safe to use 'other instructors' who are not REPs' registered Level 3 exercise referral instructors, it is strongly recommended that these schemes ensure all parties have:

- A clear understanding of the boundaries of their role i.e. what they can and cannot do with the referred client.
- A clear understanding of the absolute contraindications to exercise and factors that indicate that a client is at 'low, medium or high risk' of an adverse event occurring during exercise.
- REPs membership with the appropriate qualifications for the mode of exercise they are supervising.
- A minimum standard of emergency first aid.
- Appropriate insurance cover.
- Clear instructions and reporting mechanisms, e.g. what to do in an emergency

- Necessary information about the client's condition.
- Records of any exercise programme the client is to follow and advice given.
- The knowledge and skills to recognise the signs and symptoms of any adverse events associated with a range of common medical conditions, i.e. hypoglycaemic event, asthma attack, epileptic fit etc.

The use of exercise instructors who are not Level 3 exercise referral qualified and not registered on REPs DOES NOT represent national policy and ONLY applies to those schemes which have an appropriately qualified and registered Level 3 exercise referral professional designing, agreeing, adapting and reviewing the client's physical activity programme. Schemes MUST NOT use only Level 2 qualified exercise instructors.

Exercise referral schemes operating with additional instructors who are not Level 3 exercise referral qualified and not registered on REPs should look at the legal implications of this model.

Many schemes are now providing enhanced services in the form of phase IV cardiac rehabilitation or falls prevention programmes. Guideline 7 of the National Quality Assurance Framework states that schemes

should ensure that patients who have conditions which may place them in the 'high risk' category in an exercise environment are only referred to programmes with appropriately qualified and experienced staff.

Where a scheme offers specialist whole classes for clients with any of the conditions covered by the Level 4 National Occupational Standards for Exercise Professionals, these schemes must ensure that the exercise professionals designing, agreeing, adapting and reviewing programmes for these clients hold the relevant Level 4 qualification.

For example, an exercise professional working with cardiac patients (who may be individually stratified as being low, medium or high risk) must be registered on REPs with an appropriate Level 4 cardiac rehabilitation qualification.

The conditions covered by the Level 4 standards include:

- Cardiac Rehabilitation
- Falls Prevention
- Low Back Pain
- Stroke
- Obesity and/or Diabetes
- Mental Health.

3.0 Training and continuing professional development (CPD)

Exercise professionals working in exercise referral schemes are advised to regularly update their knowledge and skills on the latest guidelines for exercise testing and prescription for specific medical conditions.

Exercise professionals are also expected to undertake CPD to maintain their status on REPs. Consequently many undertake training simply to fulfil this obligation rather than reviewing where there are gaps in their existing skills, knowledge and competencies.

Furthermore, opportunities for acquiring the appropriate CPD points are often restricted by what's available in the marketplace from local or national training providers.

Due to the increasing prevalence of long-term medical conditions⁶ it is likely that exercise referral professionals are now dealing with a wider range of medical conditions compared to when exercise referral schemes first began. Qualitative evidence from existing schemes has shown that patients would have liked instructors to be more knowledgeable about their specific condition and which exercises would be most suitable for them.⁷

Given these findings, exercise professionals need to be able to access more in-depth Level 3 training/CPD opportunities for the wider range of conditions which they encounter. Such courses should be provided as an add-on to the Level 3 exercise referral qualification and should reflect the latest and emerging guidelines on physical activity for the prevention, treatment and management of medical conditions.¹

As reported in section 2: A snapshot of current practice, exercise professionals are asked to gather data on a range of physiological, lifestyle and psycho-social indicators for monitoring and evaluation purposes. Specific knowledge and skills are required to conduct such measures and to capture reliable data. To minimise errors in gathering data it is important that exercise referral professionals are provided with adequate and standardised training in using these techniques. It is not known what level of detail is given on these indicators in existing training courses, however according to the NQAF exercise professionals should be trained to assess specific health indicators such as blood pressure, heart rate, body composition and lung function.

NQAF recommends that:
“Exercise professionals should employ an acceptable model of behaviour change in their interaction with potential patients participating in the referral process”

p19 NQAF (2001)

It is recognised that many of the behaviour change training courses are not approved and therefore do not carry CPD points with the Register of Exercise Professionals which can act as a disincentive for exercise professionals pursuing this type of training. Whilst REPs may be able to award CPD points for such training on a case by case basis, 8 training providers offering CPD relevant to exercise referral instructors (e.g. in the areas of behaviour change, monitoring and evaluation, prevention, treatment and management of medical conditions) are strongly encouraged to seek SkillsActive endorsement to enable instructors to apply for REPs CPD points to maintain their status on the register.

As previously noted National Occupational Standards for the role of the exercise referral scheme coordinator do not exist, however as

part of their ongoing professional development exercise referral coordinators are advised to update their qualifications and undertake training relevant to the delivery and management of the exercise referral scheme.

Coordinators are encouraged to look to existing regional physical activity networks and exercise referral forums for opportunities for continuing professional development.

It would be advantageous for exercise referral coordinators to work in partnership with existing training providers to systematically gather data about what gaps there are in the existing skills, knowledge and attitudes of qualified exercise referral instructors to best meet the needs of their local scheme. This would enable training providers to offer appropriate learning opportunities to fill the gaps identified and ensure that there is sufficient continuing professional development training relevant to the needs of qualified exercise referral professionals.

4.0 Risk stratification

The significance of risk stratification in the exercise referral context warrants its consideration separately in this section; however the concept of risk stratification is applicable to referring health professionals and should be borne in mind when agreeing protocols with prospective referrers.

According to SkillsActive one of the key components of the current National Occupational Standard for Exercise Referral (D449) relates to the importance of risk stratification: the identification of morbidities in terms of low, medium and high risk and the need to risk stratify clients. However, there has never been a nationally agreed definition and understanding of risk stratification in the context of exercise referral in the UK.⁹

In developing this toolkit it has been evident that exercise professionals are struggling with the concept of risk stratification for referred clients. A range of approaches are being utilised by schemes: Some schemes are following the pyramid presented in the NQAF which aligns the patient's health characteristics with the required level of exercise professional expertise according to the National Occupational Standards; some schemes are using the American

College of Sports Medicine (ACSM)¹⁰ risk stratification categories; others schemes are using guidelines developed at a local level in consultation with medical professionals and clinical exercise physiologists; and finally, some schemes are unsystematically using a combination of one or more of the above approaches.

A single approach to risk stratification does not exist, however it is apparent that there is a significant need for a risk stratification tool which would enable exercise professionals to standardise their approach to risk stratifying referred patients.

Background work undertaken by SkillsActive in 2005/2006 recognised that there was a need to standardise the concept of risk stratification in the exercise referral context, unfortunately due to a lack of resources this project came to a standstill.

A project is currently underway to establish a national protocol for risk stratification that can be applied to exercise referral, however, in the absence of any national guidance presently, exercise professionals are advised to continue to use the pyramid presented in the NQAF as a

guide for stratifying morbidities in terms of low, medium and high risk. In addition an alternative risk tool developed by Irwin and Morgan has been presented in the appendices; this tool uses a traffic light system to identify risk.

5.0 Summary of responsibilities

All professionals involved in the delivery, coordination and commissioning of exercise referral schemes have key responsibilities with regards to qualifications, training and quality assurance.

5.1 Exercise professionals

With regard to qualifications and training exercise professionals working within an exercise referral scheme should:

- Be registered with REPs with the Level 3 exercise referral category of registration necessary for working with referred clients. This confirms that the exercise professional:
 - Possess a nationally recognised exercise referral qualification that meets the relevant National Occupational Standards.
 - Maintains and develops their knowledge and skills through recognised CPD.
 - Accepts the REPs Code of Ethical Practice and has adequate insurance cover.
- Undertake training in relevant theory-led behaviour change techniques and monitoring and evaluation procedures.
- Regularly engage in relevant continuing professional development.

5.2 Exercise referral scheme coordinators

With regard to qualifications, training and quality assurance exercise referral coordinators should:

- Ensure all instructors involved in delivering sessions as part of the exercise referral scheme are registered on REPs with the appropriate qualifications to carry out their role safely and effectively e.g. a Level 3 Exercise Referral Qualification that meets the relevant National Occupational Standards.
- Work to ensure that facilities offering exercise referral meet industry quality assurance standards such as QUEST, FIA Code of Practice or Inclusive Fitness Initiative Mark (see useful links and resources for further information about the different schemes).
- Work with referrers to identify their training needs - provide specific training about the scheme - aims, protocols, operating procedures etc and the benefits of the scheme to them and their patients, where necessary provide additional training about the benefits of physical activity for health.

- Regularly verify the REPs membership of existing and new exercise referral instructors (i.e. to ensure that they undertake the required training/CPD to maintain registration and/or have the appropriate qualifications that meet the relevant National Occupational Standards).
- Consider future training needs and resource implications to ensure providers continue to meet National Occupational Standards.
- Recommend that facilities offering exercise referral are QUEST or FIA Code of Practice accredited.

5.3 Exercise referral scheme commissioners

With regard to qualifications and training exercise referral scheme commissioners should:

- Put mechanisms in place as part of Service Level Agreements and service specifications to ensure that:
 - Exercise professionals responsible for designing, agreeing, adapting and reviewing programmes for exercise referral clients are REPs registered with the Level 3 exercise referral category of registration;
 - Where a scheme offers specialist whole classes for clients with any of the conditions covered by the Level 4 fitness NOS, the instructors designing, agreeing, adapting and reviewing programmes for these clients are REPs registered at Level 4 with the relevant Level 4 category of registration (e.g. cardiac rehabilitation).

As previously noted, some exercise referral schemes are currently operating with professionals who are not on the Register of Exercise Professionals with the appropriate Level 3 exercise referral qualification.

These schemes must recognise they have a duty of care to the client and the law would expect reasonable care and skill to be shown in minimising any potential risks for referred patients participating in an exercise referral scheme. In the unlikely event that a referred patient should have an adverse event whilst participating in an exercise session which is part of the exercise referral scheme, the exercise instructor responsible for delivering the exercise session would be deemed to be working outside of their code of practice and beyond their training and competencies and could potentially be liable.

It is essential that all instructors responsible for designing, agreeing, adapting and reviewing a physical activity programme for referred patients are registered on the Register of Exercise Professionals with the exercise referral category of registration; this means they will hold an appropriate Level 3 qualification that meets the relevant industry agreed National Occupational Standards in the area of exercise referral.

6.0 The future of qualifications and training

From 1st April, 2010 a new REPs framework and new National Occupational Standards for exercise referral will be in place.

Under the new framework ALL Level 3 exercise referral qualifications will be required to cover the core Level 3 exercise instructor standards* and align to the new exercise referral standards (D463 Design, manage and adapt a physical activity programme with referred patients/clients and D464 Plan and instruct physical activities with referred patients/clients).

*The core Level 3 standards include: C22 Promote health, safety and welfare in active leisure and recreation; C317 Work with clients to help them to develop and maintain

adherence strategies; A335 Reflect on and develop own practice in providing exercise and physical activity; D459 Evaluate exercise and physical activity programmes and the Level 3 knowledge requirements.

The additional core units/standards that will comprise a mandatory component of exercise referral qualifications from April 1st 2010 will be entirely relevant to the role of the exercise referral instructor (i.e. this is in recognition that the current requirement for instructors to first obtain the Level 3 advanced instructor qualification prior to progressing to Level 3 exercise referral is not appropriate).

References

1. US Department of Health and Human Services (2008) Physical Activity Guidelines for Americans. Washington, DC: USDHHS.
2. Department of Health (2001) Exercise Referral Systems: A National Quality Assurance Framework. London: Department of Health.
3. Register of Exercise Professionals (2006) Information and Guidance: Qualifications and Training in Exercise Referrals. London: REPS.
4. Skills Active (2007) National Occupational Standard: D449 Design, agree and adapt a physical activity programme with referred patients and clients. London: Skills Active.
5. Dishman, R.K., Sallis, J.F. & Orenstein, D.R. (1985) The determinants of physical activity and exercise. *Public Health Reports*, 100, 158-171 Cited in: R.K. Dishman (Ed) *Exercise Adherence: Its impact on public health*. Champaign, IL: Human Kinetics. 1988.
6. <http://www.dh.gov.uk/en/Healthcare/Longtermconditions/tenthingsyouneedtoknow/index.htm>
7. Wormald, H. & Ingle, L. (2004) GP exercise referral schemes: improving the patient's experience. *Health Education Journal* 63 (4):362-373.
8. Personal communication with REPS Friday 6th February 2009
9. Skills Active (2006) Briefing Paper - Exercise Referral: Risk Stratification. London: Skills Active
10. American College of Sports Medicine (2006) *Guidelines for Exercise Testing and Prescription: 7th Edition*. Philadelphia: Lippincott, Williams & Wilkins.

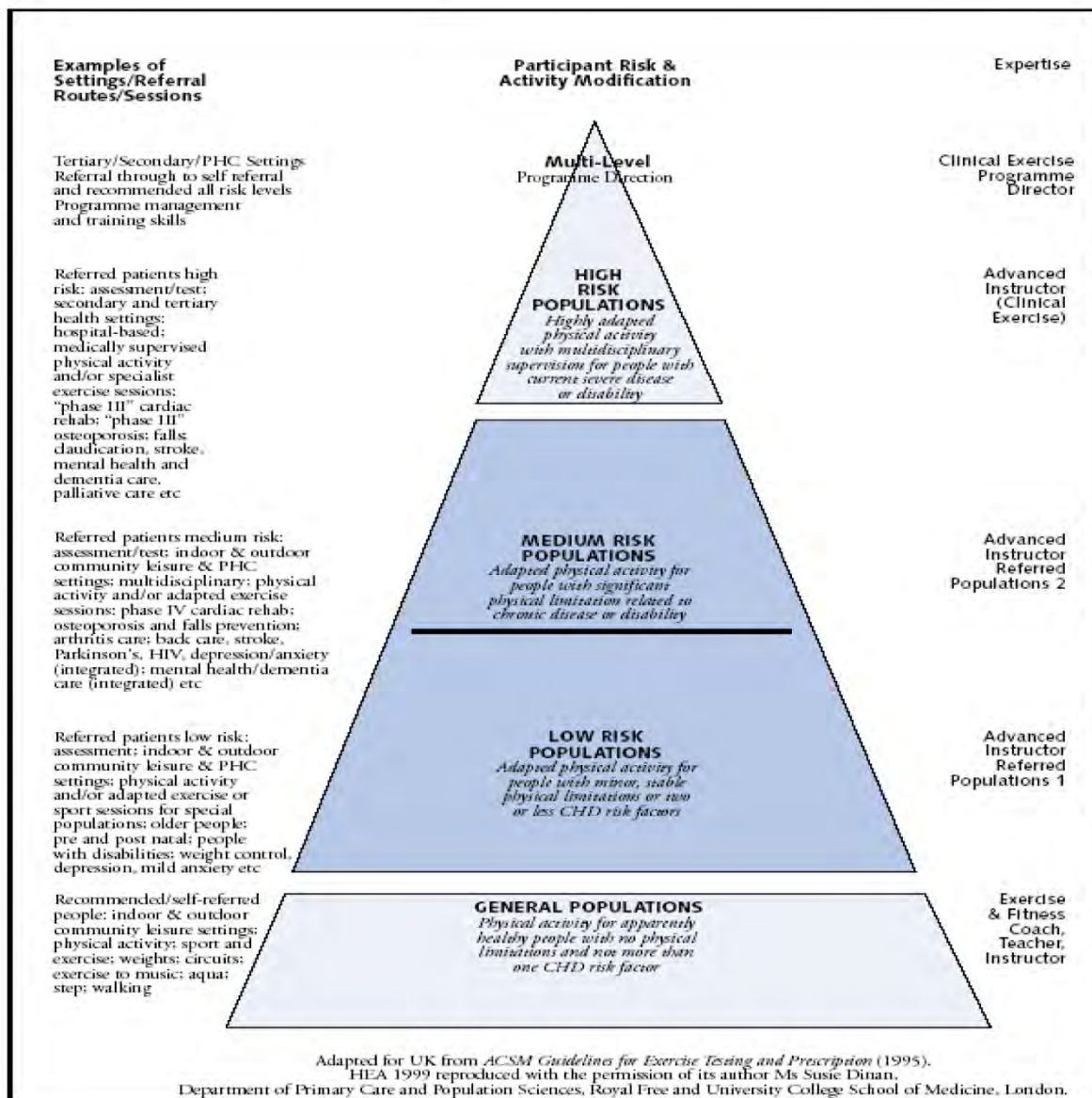
Appendices

1. NOAF Patient Characteristics & Exercise Professional Expertise Pyramid
2. Irwin and Morgan Sample Risk Stratification Tool

Appendix 1 NQAF Patient Characteristics & Exercise Professional Expertise Pyramid^{iv}

Figure 1. A contextual diagram for matching participant characteristics with exercise professional expertise within the UK National Occupational Standards (NOS)

Note: the expertise in this diagram can be determined for an individual instructor by matching with the Professional Register for Exercise and Fitness (England) described in Section C7 of this document, whose structure is illustrated in Appendix 11.



^{iv} Diagram taken from Department of Health (2001) Exercise Referral Systems: A National Quality Assurance Framework. London: Department of Health.

Appendix 2 Irwin and Morgan Sample Risk Stratification Tool^v

HEALTH PROMOTION



DEVELOPING A RISK TOOL

By Dawn Irwin MSc and Oliver Morgan BEd(Hons)Msc

SCHEME DEVELOPMENT
In the central London borough of Kensington and Chelsea, the local Primary Care Trust has been working in collaboration with two existing exercise referral schemes. The group identified the need to increase the number of people participating in regular exercise.

Our first step was to establish a working group, which included scheme managers, a general practitioner and representatives from the Primary Care Trust and local organisations. The group identified the referral process as the most problematic stage of successful exercise referral schemes. We therefore decided that our aim was to develop a risk stratification tool to use to assess the risk of referral patients we currently referred. To do this we conducted telephone interviews with general practitioners and general practice nurses to find out what they needed to refer patients and what they wanted. We then identified the key areas that were overwhelmingly agreed that they wanted during a clinical consultation.

THE RISK STRATIFICATION TOOL
The group used the National Quality Assurance Framework (4) as the basis of the development process and also looked across the UK. These schemes largely took a risk stratification approach, defining health conditions as high, medium and low risk. While we thought this provided a good starting point, we felt that the majority of the examples contained sufficient

Exercise referral schemes exist in an evidence-free wilderness. The results from existing studies are inconclusive; a review by the Health Education Authority of 1998 (1) found that the majority of schemes were poorly evaluated. A subsequent review of effectiveness and two further reviews by Hillison and Thorogood (2,3) recommend that home-based activities may be better. So where can we draw on evidence in order to improve the effectiveness of existing schemes? This article looks at how one primary care trust developed its own risk stratification tool to improve the referral process to the existing referral schemes.

spends to the risk level that it can take. Finally, a third review designed the tool for use in primary care settings. The risk level of the condition for which they are referring.

OTHER DEVELOPMENTS
Currently a set of evidence based exercise protocols is being developed. These will form the basis of an exercise resource that will be available at each scheme, for use by the exercise referrer. The success of these interventions will be assessed through the scheme's monitoring systems and periodic evaluations within general practice.

CONCLUSION
We expect that this risk stratification tool will help increase the confidence of exercise referrers and help to develop evidence based risk stratification tool is likely to make referrals safer and more effective.

References
1. Riddoch C, Pugh-Ribben A, Cooper A. Effectiveness of physical activity promotion schemes in primary care: a review. *Lancet*: 1998; 352: 1033-1037.
2. Hillison M, Thorogood M, Arnes J, Morris J.

RISK TOOL

| LOW RISK | MEDIUM RISK | HIGH RISK |
|--|---|---|
| <p>Overweight High normal blood pressure (130-139/85-89) not medication controlled Due to age or inactive lifestyle Dine controlled</p> <p>Type 2 diabetes HbA1c risk factors and NOT AT RISK OF FALLS Asymptomatic Antonatal Provides 80% check complete and no complications Mild weight physical activity will provide symptomatic relief BMI > 35 (aged < 25) below young adult mean</p> <p>Mild bone density changes Smoker Stress/mild anxiety Seropositive HIV</p> <p>No complications Due to age or inactive lifestyle Dine controlled HbA1c risk factors and NOT AT RISK OF FALLS Asymptomatic Provides 80% check complete and no complications Mild weight physical activity will provide symptomatic relief BMI > 35 (aged < 25) below young adult mean One other CHD risk factor & no known impairment of respiratory function. Asymptomatic</p> | <p>Hypertension Stage 1 Medication controlled</p> <p>Type 1 diabetes Medication controlled With adequate instructions regarding modification of insulin dosage depending on timing of exercise, and warning signs</p> <p>Physical disabilities With intermittent mobility problems</p> <p>Moderate OA/RA BMD > 2.5 at spine, hip or forearm or > 4 on FRAXTURE index, with no history of previous low trauma fracture.</p> <p>Clinical diagnosis Osteoporosis General of Osteoporosis: NOT OAG/DAG > 1 year ago - Stable DV symptoms. Mobile, no assistance required</p> <p>Surgery - Hip and Knee Without ventilatory limitation (not restrain submaximal exercise)</p> <p>Stroke/TIA Mild (ventilatory limitation does not restrain submaximal exercise)</p> <p>Asthma Without ventilatory limitation (not restrain submaximal exercise)</p> <p>COPD Moderately diminished CD4 cells, intermittent or persistent signs and symptoms</p> <p>Neurological conditions E.g. fatigue, weight loss, fever, lymphadenopathy</p> <p>Early symptomatic HIV Significantly deteriorated due to longstanding symptoms.</p> <p>Chronic Fatigue Syndrome Associated impaired functional ability, poor physical fitness, social isolation, neuroendocrine and autonomic system regulation disorders.</p> <p>Fibrinolygia</p> | <p>REFER DIRECT TO FALLS SERVICE BMI > 2.5 at spine, hip or forearm in the presence of one or more documented low trauma or fragility fractures).</p> <p>REFER DIRECT TO FALLS SERVICE</p> <p>Unstable and uncontrolled</p> <p>Orthostatic hypotension Fall SDP > 20 mmHg or SBP > 130/90/70 within 3 mins of standing.</p> <p>Stroke/TIA Recent > 4 months ago</p> <p>Severe Osteoarthritis/ COPD/emphysema With associated instability</p> <p>Type 1 or Type 2 Diabetes (Advanced) With accompanying autonomic neuropathy, advanced retinopathy.</p> <p>Moderate to severe asthma Where ventilatory limitation restricts submaximal exercise.</p> <p>AIDS With true ventilatory limitation With accompanying neuromuscular complications, severe depletion of CD4 cells, malignancy or opportunistic infection.</p> <p>Psychiatric illness/cognitive impairment/dementia AMI score < 8</p> |

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HEALTH PROMOTION

EXERCISE REFERRAL SCHEME - RISK STRATIFICATION

| LOW RISK POPULATIONS | | | |
|---|--|---------------------------------|--|
| Definition: | People with minor, stable physical limitations or 2 or less CHD risk factors (see below). | | |
| Exercise Setting: | Exercise Referral Schemes or other community leisure setting | | |
| MEDIUM RISK POPULATIONS | | | |
| Definition: | People with significant physical limitations related to chronic disease or disability. | | |
| Setting: | Exercise Referral Schemes or other community leisure setting. | | |
| HIGH RISK POPULATIONS | | | |
| Definition: | People with current severe disease or disability. Not suitable for Exercise Referral Schemes. | | |
| Setting: | Secondary and Tertiary Health Care settings ONLY | | |
| EXERCISE REFERRAL SCHEMES | | | |
| Low | Medium | Kensington Leisure Centre | Walmer Road, W11 4PQ Tel: 020 7727 9747 |
| Low | Medium | Chelsea Sports Centre | Chelsea Manor St SW7 5PL Tel: 020 7352 6985 |
| Low | Medium | Portobello Green Fitness Centre | 3-5 Thorpe Close W10 5XL Tel: 020 8960 2221 |
| REHABILITATION AND TERTIARY EXERCISE SERVICES | | | |
| High Risk | | Cardiac Rehabilitation* | Kensington & Chelsea PCT |
| | | Established Osteoporosis** | Tel: 020 8237 2535 |
| | | Falls Risk*** | |
| CHD RISK FACTORS | | | |
| Family history | <55 male; <65 female | | |
| Cigarette smoking | Current or given up within past 6/12 | | |
| Hypertension | ≥ 140/≥ 90 | | |
| Hypercholesterolaemia | Total > 5.2 mmol/L OR HDL <0.9 mmol/L OR LDL > 3.4 mmol/L | | |
| Sedentary lifestyle | Not meeting minimum recommendation ≥ 30 mins moderate physical activity every day | | |
| Obesity | BMI ≥ 30 kg/m ² or waist girth > 100 cm | | |
| Impaired Fasting Glucose | ≥ 6.1 mmol/L | | |
| CONDITIONS INDICATING CARDIAC REHABILITATION - PHASE IV | | | |
| Angina | Stable and controlled with no pain at rest | | |
| CABG | If successful operation and has been discharged from Phase III | | |
| Arrhythmias | Provided full cardiologist screening and approval | | |
| Valvular Heart disease | Provided full cardiac screen and approval | | |
| Congestive Cardiac Failure | Stable, on medical therapy without absolute contraindications (particularly obstruction to left ventricular outflow, decompensated CHF or threatening arrhythmias and have an exercise capacity of > 3 METs) | | |

* At present there is no provision within K&C PCT for Phase IV Cardiac Rehabilitation Exercise Services. Patients who present with any of the conditions overleaf who have associated cardiac problems require special consideration.

** See FRACTURE Index Screening Tool

*** See Falls Risk Assessment Screening Tool

Randomised controlled trials of physical activity promotion in free living populations: a review. *Journal of Epidemiology Community Health* 1995;49:448-453

3. Hillsdon M, Thorogood M. A systematic review of physical activity promotion strategies. *Journal of Sports Medicine & Physical Fitness* 1996; 30:84-89

4. Exercise Referral Schemes: A National Quality Assurance Framework. *Department of Health* 2001

5. American College of Sport Medicine's Guidelines for Exercise Testing and Prescription Sixth edition. *ACSM* 2000

6. Osteoporosis and Exercise. American

College of Sports Medicine's Position Stand *MSSE* 1995;27(4):pp.i - vii

7. Exercise and Type 2 Diabetes. *American College of Sports Medicine Position Stand*

8. Physical Activity, Physical Fitness and Hypertension. American college of Sports Medicine Position Stand. *MSSE* 1993;25(10):ppi - x

9. Exercise and Physical Activity for Older Adults. American College of Sports Medicine Position Stand. *MSSE* 1998;30:6

10. Guidelines for the Management of Osteoporosis. *Chartered Society of Physiotherapy and National Osteoporosis Society* 1999

11. British Association of Cardiac Rehabilitation: Guidelines for Cardiac Rehabilitation. *Blackwell Science* 1995

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