



ASSOCIATION OF CHARTERED PHYSIOTHERAPISTS IN CARDIAC REHABILITATION

Role of the Support Worker in Cardiac Rehabilitation

This document is written as guidance for physiotherapists who supervise or manage support workers in cardiac rehabilitation services.

What is a support worker?

“A support worker (e.g. healthcare or physiotherapy assistant) is a person who provides care under direction of registered or qualified professionals. Support workers are usually employed within Agenda for Change bands 2, 3 or 4. Developing the skills and competences of your support workers, whether generic, profession specific or multi-disciplinary, can be really beneficial to you as an employer, and can help you to meet local service and employment needs. Doing this can provide stability by flexibly managing variations in workforce and service supply and demand.” *www.nhsemployers.org*

Does their name matter?

There is currently no national policy that determines a single name for support workers. Numerous titles exist to reflect the many and varied roles carried out and the plurality of employers. Examples of titles used are: Physiotherapy Assistant, Rehabilitation Assistant, Cardiac Rehabilitation Assistant, Technical Instructor, Assistant Practitioner, Support Practitioner.

However the name does matter because its meaning should be very clear to patients and it should reflect the role.

What about banding?

The Chartered Society of Physiotherapy (CSP) describes the following as a rough guide to responsibilities within each banding:

Band 2

Perform delegated tasks only.

Band 3

Educated to at least NVQ Level 2 and perform delegated tasks only. The majority (approximately 70%) of support workers are within this band.

Band 4

Likely to have greater autonomy and is able to make decisions within a protocol. They will have greater knowledge, experience, skill and competence than a Band 3 but usually in one specific area or speciality. They may supervise Bands 2 or 3 co-workers and be responsible for practical skills training. They may change treatment within agreed parameters as deemed appropriate by their supervising physiotherapist but dependent on their individual knowledge, experience, skill and competence.

Band 5

Band 5 support workers are usually autonomous but they will be working in a very specific area such as orthopaedics and they will only work within agreed protocols/pathways. They should need very little supervision but appropriate management should be in place. They should not diagnose or use clinical reasoning to plan a treatment session and should only treat according to a set protocol. There are very few of these posts.

It is vital that the support worker role, regardless of banding, meets the necessary professional, legal and ethical standards of the physiotherapy profession as stated by the CSP.

What is competence?

There are two key questions:

1. Does the physiotherapist view the support worker competent to carry out the tasks?
2. Does the support worker feel competent to carry out the activity they have been asked to perform?

Competence is an individual's ability to effectively apply knowledge, understanding, skills and values within a designated scope of practice. It is evidenced in practice by the effective performance of the specific role and its related responsibilities.

Competence also involves individuals in critical reflection about, and modification of, their practice. The support worker must be aware of the extent of his/her expertise at all times and seek support from available sources, when appropriate.

Further reading can be accessed by CSP members in the CSP document - Supervision, accountability and delegation of activities to support workers - a guide for registered practitioners and support workers which can be found via the link <http://www.csp.org.uk/publications/supervision-accountability-delegation-activities-support-workers-guide-registered-pract>.

Evidence to determine competence of a support worker by a physiotherapist can be achieved through various methods, e.g:

- a) Practical observation
- b) Verbal communication
- c) Questioning
- d) In-service training
- e) Mandatory training
- f) External courses
- g) Other resources, e.g. British Association of Cardiovascular Prevention and Rehabilitation (BACPR) and the Association of Chartered Physiotherapists in Cardiac Rehabilitation (ACPICR).

Can support workers be members of the CSP?

Yes, CSP associate membership is open to support workers as long as their role involves some delegated physiotherapy duties.

Can a support worker lead the cardiac rehabilitation exercise session?

To lead (*'Lead' is defined as the person(s) taking overall responsibility for the supervised exercise component of a cardiac rehabilitation service), The British Association for Cardiovascular Prevention and Rehabilitation (BACPR) Exercise Professionals Group statement cites that the person must:

1. hold an exercise qualification as outlined in **Statement 1** on page 4
2. have evidence of relevant continuing professional development in cardiac rehabilitation
3. be responsible for ensuring that all essential competences outlined in **Statement 2** on page 4 are being met individually or collectively by the cardiac rehabilitation team

STATEMENT 1: minimum qualifications and registration requirements

To lead and deliver exercise in early cardiac rehabilitation, in addition to competences outlined in statement 2, exercise professionals should fulfil at least one of the following:

- Degree/diploma in Physiotherapy with current Health and Care Professions Council (HCPC) registration, membership of CSP and recommended membership of Association of Chartered Physiotherapists in Cardiac Rehabilitation.
- Degree in Sport and Exercise Science or Exercise Physiology, registered as a British Association of Sport and Exercise Sciences (BASES) Certified Exercise Practitioner or BASES Accredited Sport and Exercise Scientist
- Recognised REPS (Register of Exercise Professionals) Level 4 Cardiac Disease (Rehab) qualification in exercise and fitness e.g. BACPR Exercise Instructor Training qualification and current registration with REPs at Level 4
- In addition all exercise professionals must demonstrate evidence of relevant continuous professional development and related specialist experience.

STATEMENT 2: Essential competences

Specific experience, knowledge and skills are required to lead a safe and effective exercise component within a cardiac rehabilitation programme. These essential competences are listed below and may be met by one exercise professional that has all these competences and therefore can lead the exercise component, or may be met collectively by the CR team including the physiotherapist.

Experience required:

- delivering exercise in a cardiac rehabilitation environment
- planning, leading and evaluating exercise sessions for the cardiac population
- working effectively as a team member

Knowledge required:

- relevant national standards, policies and guidelines, and application to practice in this field
- health related benefits of regular physical activity and exercise
- an applied understanding of cardiovascular anatomy and exercise physiology and principles of exercise prescription for cardiovascular training

Reference: BACPR Exercise Professionals Group (EPG) Position Statement 2012 (version 2)
Essential competences and minimum qualifications required to lead the supervised exercise component in early cardiac rehabilitation

http://www.bacpr.com/resources/51A_EPG_Position_Statement.pdf

ACPICR role of the support worker in cardiac rehabilitation 2015

What are the essential competences?

These are the BACPR Core Competences for the Physical Activity and Exercise Component for Cardiovascular Disease Prevention and Rehabilitation Services.

http://www.bacpr.com/resources/BACPR_Core_Comp_PA_Exercise_web_FINAL_NOV_12_2.pdf

They are divided into:

1. Core knowledge
2. Professional behaviour
3. Communication
4. Prepare, adapt and restore the environment and equipment
5. Preparing the individual for supervised exercise
6. Assessment
7. Physical activity planning and exercise prescription
8. Lead and/or deliver the supervised exercise session
9. Forward planning
10. Managing the unwell individual
11. Educational materials
12. Service planning and management
13. Service evaluation

Not all the performance criteria within each competency are relevant to support workers and there will be variation between CR services, depending on the support worker banding and whether they are in a rotational or static post. It is not essential that all of the 13 competences listed above and their individual performance criteria are achieved by the individual support worker but it is essential that the appropriate and relevant performance criteria and competences are met for their particular role.

It is the responsibility of the manager/supervisor of the support worker to:

1. identify which of the competences are applicable to the support worker for their particular role in the CR service in which they work
2. determine if achievement of each specific performance criteria within the identified competences is essential or desirable
3. assess the individual support worker for each performance criteria as determined in the 2 steps above
4. ensure any delegated tasks and responsibilities are not beyond the level of skill and experience of the support worker

To be able to carry out the above the manager/supervisor should

- be competent in determining which BACPR competences are relevant
- have a sound understanding of the knowledge, experience and skills required to deliver safe and effective physical activity and exercise in cardiac rehabilitation
- be competent in assessing an individual's ability according to the competences

When delegating work to others there is a legal responsibility to have determined the knowledge and skill level required to perform the delegated task. The manager/supervisor is accountable for delegating the task and the support worker is accountable for accepting the delegated task, as well as being responsible for his/her actions in carrying it out.

Below is an example of how part of a competency may be completed for a support worker.

COMPETENCY 4: PREPARE, ADAPT & RESTORE THE ENVIRONMENT AND EQUIPMENT					
		*Key: E = Essential		D = Desirable	N/A = Not applicable
No.	Performance Criteria	Date Achieved	E,D,N/A	Comments	
<i>The Cardiac Rehabilitation Professional has demonstrated the ability to:</i>					
4.1	Apply national health & safety guidelines and local operational policies when conducting environmental health and safety assessments.	1-11-14	E	Aware of national guidelines (ACPICR standards). Adheres to local policies	
4.2	Identify potential risks and minimise any resulting hazards in the environment where the session will take place, e.g. inadequate heating, lighting, ventilation, humidity.	1-11-14	E	Prepares gym space in readiness for exercise class eg opens windows, turns on fans	
4.3	Ensure that any necessary equipment, furniture or resources are prepared, available, in a fit state and ready for use, and if not, take any necessary remedial action.	1-11-14	E	Prepares exercise equipment ready for class and problem solves any issues	
4.4	Follow the correct procedures and protocols to report and record problems with the environment, equipment and materials.	1-11-14	E	Reports issues that cannot be resolved to supervisor	
4.5	Ensure availability of appropriate resuscitation equipment which is checked and ready for use.	1-11-14	E	Part of agreed role, checks equipment every morning	
4.6	Adapt exercise equipment and the environment during exercise sessions as appropriate	1-11-14	E	Eg alters exercise cycle seat height and sets tension to agreed parameter for individual patients	

Competency assessments should be reviewed and repeated as deemed appropriate by the manager/supervisor.

In summary

A support worker may be able to lead the exercise component if they meet the following criteria:

- hold the BACPR Exercise Instructor Qualification and on the current Level 4 REPS register or has another exercise qualification as described in **Statement 1** on page 4
- has all the locally agreed essential competences
- has the appropriate level of knowledge, skill and experience
- plus there should be a clinical lead available who they can work alongside

How can a support worker achieve the BACPR Specialist Exercise Instructor REPS Level 4 Cardiac Qualification?

Qualifications:

Essential entry requirements to enrol on the BACPR Exercise Instructor course are: a NVQ Level 3 qualification in Exercise and Fitness and holding of an Exercise Referral qualification, recognised by REPS. If there is any doubt about whether training matches the standards required, REPS should be contacted. www.exerciseregister.org / 020 7632 2022

A relevant degree combined with evidence of extensive instructor experience may also be accepted. In this case evidence of the syllabus/modules relating to the theory and application of cardiovascular anatomy and physiology should be provided along with details of the assessment process.

Experience:

Evidence should be submitted of a minimum of 150 hours of teaching adults land-based exercise within the last 2 years and there should be at least 6 months experience since exercise qualification.

Phase III Endorsement:

Applications must be endorsed by a local Phase III professional as if accepted on the course: candidates must observe the cardiac rehabilitation programme on at least four occasions in order to submit a critique on the programme and a written case study as part of the course assessment.

More information can be found from BACPR Education website: www.bacpr.com

What other courses can a support worker undertake specific to the exercise component of cardiac rehabilitation?

There are several relevant BACPR short courses (no qualification but REPS points can be earned)

- Practical Application of Physical Activity and Exercise in the Management of Cardiovascular Disease (Part 1)
- Advanced Application of Physical Activity and Exercise in the Management of Cardiovascular Disease (Part 2)
- Physical Activity and Exercise in Heart Failure
- Adapting Group Exercise
- Monitoring Exercise Intensity (HR, RPE and METS)
- Health Behaviour Change and Psychosocial Support

- Dietary Approach to Managing Cardiovascular Disease and Weight
- Assessing Functional Capacity - How to Administer and Interpret Submaximal Tests in Clinical Populations

For full details of BACPR education follow the link:

<http://www.bacpr.com/education/default.asp?navcatid=166>

These courses are highly recommended for support workers who have a static role in CR.

NB. Most support workers are not qualified to perform functional capacity tests however attending the 'Assessing Functional Capacity' course can still be encouraged to increase understanding of the assessment process and how functional capacity testing is used to determine the exercise prescription.

Frequently asked questions

Can a support worker pre-screen prior to an exercise class including the monitoring of blood pressure, heart rate and blood sugar levels?

Yes, if they have been trained and have been assessed as competent by their manager/supervisor. It is essential that they are also trained and skilled to know when to report findings and readings of concern in a timely manner to the physiotherapist for further assessment.

Can a support worker perform functional capacity assessments?

Yes, **but** only if they have:

- a recognised exercise qualification as defined in Statement 1
- the relevant knowledge, skills and experience
- been trained and assessed as competent to perform the specific functional capacity test they are to carry out

Can a support worker lead a warm up and cool down?

Yes, if they have been trained and assessed as competent by their manager/supervisor.

Can a support worker induct a patient into an exercise session using the exercise prescription prescribed?

Yes, if they have been trained and assessed as competent by their manager/supervisor. It is essential that support workers are trained and skilled to know when to discuss issues about the exercise prescription with the physiotherapist.

Can a support worker monitor rating of perceived exertion (RPE)?

Yes, if they have been trained and assessed as competent by their manager/supervisor. It is essential that support workers are trained and skilled to know when to discuss issues about RPE with the physiotherapist.

Can a support worker wean a patient off monitoring (blood pressure, heart rate, blood sugars)?

Yes, if agreed by the physiotherapist. The measurements documented during the session must be reported to the physiotherapist in a timely manner for them to agree what monitoring can be weaned and when.

Can a support worker monitor patients post the cool down period?

Yes, if they have been trained and assessed as competent by their manager/supervisor. It is essential that support workers are trained and skilled to know when to discuss issues with the physiotherapist in a timely manner and prior to the patient leaving the session.

Can a support worker refer patients to long term management groups (Phase 4)?

Yes, they can **assist** with the referral process, e.g. completion of paperwork, if they have been trained and assessed as competent by their manager/supervisor. However the final referral should be signed off /countersigned by the physiotherapist.

Can an exercise class continue with a support worker but without a physiotherapist present?

The ACPICR strongly recommends that a physiotherapist should always be present. In exceptional circumstances and with strict provisos an exercise session may be able to take place as a temporary situation to cover a session in the absence of the physiotherapist.

In order to ensure a safe exercise session the provisos strongly recommended are:

1. There is another qualified cardiac trained clinician present (e.g. a cardiac rehab nurse).
2. The support worker must have been assessed as competent by their supervisor/manager in being able to deliver the session in the absence of the physiotherapist should this ever occur.
3. No new patients should be inducted into the class at this session.
4. No patients with high cardiac risk stratification (American Association of Cardiovascular and Pulmonary Rehabilitation risk stratification tool) should attend the session.
5. Any patients with complex exercise needs (cardiac or co-morbidity) should not attend the session.

6. The class should be confined to an appropriate size to meet a safe patient to staff ratio dependent on the individual supervision needs of each patient (low, moderate or high supervision).
7. No alteration of exercise prescription should take place in the session unless a reduction in the exercise prescription is needed for safety reasons, see question below.
8. Any patient with a change in exercise needs (cardiac risk stratification or other changes) identified at pre-screening should not exercise at the session.

NB. If the support worker holds an exercise qualification described in Statement 1 on page 4 and, dependent on their level of experience and competency, some of the provisos listed above may be relaxed as agreed, in advance, by the Physiotherapist.

Can a support worker progress or change an exercise prescription?

They can report the need for a change to the physiotherapist in a timely manner and the physiotherapist can clinically assess the situation and adapt the prescription as appropriate.

Can a support worker who meets the criteria in Statement 1 change an exercise prescription?

Yes if the support worker holds the relevant exercise qualification described in Statement 1, has relevant knowledge, skills and experience, and has been trained and assessed as competent. Changes should always be discussed with the physiotherapist in a timely manner.

Can a support worker reduce an exercise prescription?

Yes, if this is a safety consideration, but the change must be reported in a timely manner to the physiotherapist to clinically assess the situation and decide on the appropriate prescription.

Can a support worker enter information in CR records?

Yes, as indicated, and as long as they have been trained and are assessed as competent. Documentation must always be completed by the appropriate person and within employers' protocols and professional standards.

Can a support worker cover an education session?

Yes but only if they have been trained and deemed competent by their manager/supervisor to deliver a particular education session.

Can a support worker carry out CR home visits in place of a physiotherapist?

Patients who require CR home visits often do so because of complex cardiac and co-morbidity problems. Clinical reasoning plus modification to the exercise prescription is often needed at each visit and therefore this would not be a role for the support worker.

If the physiotherapist is absent, it may be possible for a support worker to accompany another qualified cardiac trained clinician (e.g. cardiac nurse) in order to supervise an exercise prescription prescribed by the physiotherapist as long as they had been trained and deemed competent to do so.

In Summary

Support workers are key members of the CR team and have a considerable amount to offer dependent on their experience, skill and competence. However to guarantee a safe and effective service they should never be regarded as a substitute for a physiotherapist.

The ACPICR 'Role of the Physiotherapist in Cardiac Rehabilitation' document provides further reading to support the need for a qualified physiotherapist in CR. <http://acpicr.com/sites/default/files/Role%20of%20the%20Physiotherapist%20in%20Cardiac%20Rehabilitation%20Document%20version%204.pdf>

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