



Clinical Exercise
Physiology UK



Clinical Exercise Physiology **Curriculum Framework**

Foreword

The CEP-UK Curriculum Framework provides a nationally consistent, evidence-based foundation for the education and training of Clinical Exercise Physiologists (CEPs) in the UK. It defines the core knowledge, skills and competencies required for safe, effective and ethical clinical practice, aligned with Academy for Healthcare Science (AHCS) standards and the Healthcare Science Career Framework expectations. The CEP-UK Curriculum Framework supports higher education institutions in designing and delivering MSc courses that prepare graduates for regulated professional practice, while providing clarity for employers, commissioners and regulators on CEP scope of practice and professional capability.

The framework is subject to mandatory review and update every five years to ensure alignment with emerging research, evolving clinical practice, regulation and workforce needs. Updates in this current version incorporates evidence from UK CEP-related research including specifically (i) the core knowledge, skills and competencies of a UK CEP (Osin et al., 2024; Crozier et al., 2026) and (ii) how CEP training influences service delivery in the UK (Crozier et al., 2023; 2024). These research insights have directly informed updates in this version, expanding guidance for MSc course teams on curriculum content, assessment and clinical training. This supports consistent, high-quality and flexible course design, ensuring graduates are well prepared for real-world practice and able to meet current and future healthcare priorities.

Purpose

This document presents the CEP-UK Curriculum Framework (Version 2.0) for accredited CEP MSc courses. The AHCS accredits education programmes to ensure that, on successful completion, all students meet the AHCS Standards of Proficiency for Healthcare Science Practitioners and the AHCS Good Scientific Practice (GSP) which define the minimum requirements for safe and effective professional practice. The CEP-UK Curriculum Framework document complements and expands upon the AHCS Standards of Proficiency for Healthcare Science Practitioners, AHCS GSP, and the CEP-UK Scope of Practice. As a requirement of AHCS MSc CEP accreditation, universities must demonstrate that teaching, learning and assessment activities are mapped to these documents. Collectively, these documents form the formal basis for AHCS accreditation of CEP MSc degree courses.

Accredited MSc programmes must also comply with the AHCS Standards for Education and Training, the Quality Assurance Agency (QAA) Framework for Higher Education Qualifications (Level 7), and relevant QAA subject benchmark statements. These documents should be consulted at the outset of course design, including for those previously delivered in a non-accredited format, to ensure that both the overall structure and detailed components of the curriculum are aligned a priori, rather than being retrospectively adjusted at the point of the accreditation application.

All MSc courses wishing to become accredited will need to contact the AHCS directly, with a request to undergo the accreditation process. A pre-visit checklist is then completed and supporting evidence is required for the AHCS to begin the accreditation process. The CEP-UK / the Chartered Association of Sport and Exercise Science has an accreditation assistance program (MSc Degree Accreditation | Clinical Exercise Physiology UK) that can be accessed at a nominal fee to assist universities in gaining AHCS accreditation.

What is a Clinical Exercise Physiologist?

A CEP is recognised by the AHCS as a master's Level University qualified (or equivalent) health professional equipped with requisite knowledge, skills and competencies to work autonomously and as part of multi-disciplinary teams across health conditions outlined in the CEP-UK Scope of Practice. CEPs specialise in personalised exercise testing and physiological assessment, which underpin the design, delivery and evaluation of evidence-based exercise interventions. As part of the Healthcare Science workforce, CEPs apply physiological science to support individuals across the health continuum, from those who are apparently healthy to people living with complex, chronic and multiple long-term conditions. Their role spans the entire care pathway, including primary prevention, acute management, prehabilitation, rehabilitation and long-term maintenance. CEPs are trained to evaluate clinical risk, assess physical function, and deliver individualised exercise and behaviour-change interventions that are safe, effective, and tailored to the broader clinical and psychosocial context of each individual.

Scope of Practice: Health Conditions

The health conditions are included in the Scope of Practice, with examples provided (not exhaustive). In the following curriculum framework, the term condition encompasses all categories of conditions currently included in the Scope of Practice: cancer, cardiovascular, frailty, renal, mental health, metabolic, musculoskeletal, neurological, respiratory. It is expected that MSc CEP courses will include these conditions within course learning and assessment materials. Other specialist and developing areas of practice can be included in individual university programs (see scope of practice).

Pathophysiology and Clinical Management

Knowledge and skills

- Knowledge of human anatomy and integrative systems physiology.
- Knowledge of the pathophysiological bases for all conditions in the scope of practice.
- Ability to identify risk factors, signs and symptoms, and common comorbidities and how pathology might impact on activity of daily living for all conditions.
- Knowledge of common diagnostic procedures and criteria for all conditions.
- Ability to explain the purpose, rationale, and clinical outcomes of typical therapeutic interventions for all conditions, including common surgical, medical (pharmacological and non-pharmacological) and allied health treatments.
- Ability to describe the impact of conditions on the physiological responses to common forms of exercise, including aerobic exercise, resistance exercise, flexibility and activities of daily living.
- Knowledge of, and ability to consider the effect of, surgical, medical and pharmacological treatments on exercise capacity and the physiological responses to exercise.
- Knowledge of, and ability to describe adaptations to exercise training, and how these are modulated by conditions and common treatments.

Screening and Risk Stratification

Knowledge and skills

- Knowledge of human anatomy and integrative systems physiology.
- Knowledge of the pathophysiological bases for all conditions in the scope of practice.
- Ability to identify risk factors, signs and symptoms, and common comorbidities and how pathology might impact on activity of daily living for all conditions.
- Knowledge of common diagnostic procedures and criteria for all conditions.
- Ability to explain the purpose, rationale, and clinical outcomes of typical therapeutic interventions for all conditions, including common surgical, medical (pharmacological and non-pharmacological) and allied health treatments.
- Ability to describe the impact of conditions on the physiological responses to common forms of exercise, including aerobic exercise, resistance exercise, flexibility and activities of daily living.
- Knowledge of, and ability to consider the effect of, surgical, medical and pharmacological treatments on exercise capacity and the physiological responses to exercise.
- Knowledge of, and ability to describe adaptations to exercise training, and how these are modulated by conditions and common treatments.

Assessment of Health Status and Functional Capacity

Knowledge and skills:

- Knowledge of a broad range of evidence-based measurements (e.g. cardiorespiratory fitness, joint range of motion, balance, strength, spirometry, electrocardiogram) and patient reported outcome measures (e.g., rate of perceived exertion, dyspnoea, physical activity) for the assessment of clinical and functional status for all conditions.
- Ability to select and safely administer appropriate measurements to assess physiological function and health status.
- Ability to safely interpret assessments to establish a baseline or ongoing health status as part of the planning of exercise interventions.
- Ability to record and evaluate the results of assessments of clinical status and functional capacity and to communicate the outcomes and relevance to patients and other healthcare providers.
- Ability to assess individual goals, needs and objectives based on health and exercise history, motivation level and physical activity readiness.
- Ability to communicate appropriate support strategies to facilitate in-person and telehealth service delivery, which considers needs, preferences, health and digital literacy and accessibility factors.
- Ability to translate exercise assessment data into meaningful equivalents within activities of daily living (e.g. in the workplace, home or recreational activities).

Design of Exercise Interventions

Knowledge and skills

- Knowledge and ability to explain optimal modes, frequencies, intensities, durations and volumes of acute and chronic exercise for all conditions, based on scientific evidence.
- Ability to design evidence-based exercise plans that are safe, effective and consider treatment goals.
- Ability to consider environmental, medical history, clinical status and physiological assessment information and take psychological, social and cultural needs into consideration.
- Ability to recognise the risks and benefits of exercise training for all conditions including aerobic, resistance, balance and flexibility exercise training.
- Knowledge of and ability to design appropriate regressions and progressions for individual exercises and/or adapt an exercise where necessary for specific conditions.
- Knowledge of best practice and condition specific exercise and nutrition guidance and resources based on available scientific evidence.
- Knowledge and ability of how to incorporate other activities of daily living into the overall weekly dose of physical activity including breaking up sedentary behaviour.

Exercise Delivery and Implementation

Knowledge and skills:

- Ability to deliver safe and effective exercise sessions, adapted for individual and exercise environment needs (e.g. home, virtual, workplace etc).
- Ability to lead individuals with single or multiple conditions and comorbidities in exercise programmes.
- Knowledge of, and ability to evaluate, contraindications to exercise and associated risks/benefits including the ability to modify via exercise progressions or regressions or cease the exercise program where necessary.
- Ability to identify and monitor adverse signs and symptoms during an exercise session and recovery and take appropriate action where necessary.
- Ability to monitor and evaluate the outcomes of exercise interventions.



Behaviour Change and Communication

Knowledge and skills

- Knowledge of barriers and motivators to exercise (e.g. capability, opportunity, motivation) and of living with health conditions (e.g. pain, anxiety, depression, bereavement), including influence of wider socio-cultural factors (e.g., ethnicity, gender, deprivation).
- Knowledge of the evidenced based biological, psychological, social mechanisms through which exercise impacts mental health and wellbeing.
- Ability to promote a healthy relationship with exercise and understand how to recognise, support and signpost in case of concerns (e.g., compulsive exercise).
- Ability to understand contemporary evidenced based theories of behaviour change (e.g. Self-Determination Theory, Social Cognitive Theory, Affective-Reflective Theory) and implement these to inform approaches to support behaviour change.
- Ability to apply basic evidence-based, client-centred, exercise counselling/coaching skills to understand goals, confidence, motivation, thereby effectively promoting exercise initiation and adherence (e.g., motivational interviewing).
- Knowledge of behaviour change technique taxonomies and ability to select and apply evidence-based techniques in practice to promote self-regulation of long-term exercise behaviour (e.g., barrier identification, action planning, self-monitoring).
- Ability to consistently engage in reflective practice with the understanding of and use of reflective models.
- Ability to co-produce with the client/patient meaningful longer-term goals, beyond the weeks of focused/structured exercise, that lead to an enhanced quality of life, which includes sustainable levels of health-related physical activity (e.g. at home, workplace, part of transport etc).

Research

The CEP-UK Curriculum Framework and the AHCS GSP standards are underpinned by evidence-based research. Together, these documents provide a research-informed structure for curriculum design, ensuring that education programmes reflect current scientific knowledge, emerging evidence and best practice across healthcare science. The AHCS Principles of Good Scientific Practice domains provide a professional framework to inform the design and delivery of education programmes, including to ensure that future members of the workforce are prepared to engage with and meet high standards of professional practice.

Domain four, “Research, Development and Innovation” sets out the expectations for healthcare scientists to engage in ethical research, contribute to the scientific evidence base, and support innovation and service improvement. The AHCS GSP framework identifies this domain as encompassing two core areas: Research Activity and Service Development.

This domain ensures that the workforce contributes to advancing healthcare science, improving patient outcomes, and embedding evidence-based practice across diagnostic and therapeutic services.

Relevance to AHCS Accreditation

Domain four underpins accreditation expectations by ensuring that training programmes demonstrate that learners and registrants can demonstrate an ability to:

- Engage in ethical, high-quality research aligned with professional and organisational governance.
- Apply scientific evidence to drive service improvement and innovation.
- Communicate research findings accurately and professionally, meeting GSP requirements for communication and data integrity.
- Contribute to a culture of evidence-based practice and continuous improvement across healthcare science.

These requirements support the broader Good Scientific Practice aim of ensuring the healthcare science workforce delivers safe, effective and innovative patient care.

AHCS accredited MSc CEP courses should embed research literacy, critical appraisal, evaluation and evidence generation in ways that are appropriate to the discipline and aligned with AHCS standards for safe, effective and continually improving professional practice. This is to enable CEP service leaders of the future to review, design and evaluate research and service provision, to advance the CEP evidence base, enhance innovation in CEP service delivery as well as allow progression to PhD opportunities when progressing through the NHS Career Development Framework. Teaching of research methods does not need to be the traditional 60 credit module per se but needs to be a significant independent assessed piece of work that exposes the student practitioner to applying research in clinical exercise physiology practice.

Entry Requirements

The usual entry requirements for the courses are an undergraduate degree in sport and exercise science (or related area), with a minimum 2:1 degree classification. Education providers must ensure appropriate entry level qualifications.

IELTS requirements for international students applying to UK Higher Education Institutions for programmes leading to professional registration are set at an overall score of 6.5, with a minimum of 6.5 in reading and writing and 6.0 in speaking and listening for postgraduate study.

A satisfactory criminal records check via the Protection of Vulnerable Groups (PVG) Scheme or Disclosure and Barring Service (DBS) as appropriate, as well as an occupational health assessment is required.

Practice-based learning

A minimum of 250 hours of practice-based learning, of which at least 140 hours should take place in a clinical setting i.e., interacting with individuals with health conditions outlined within the CEP Scope of Practice within a hospital, clinical and/or private practice setting. This should include pathophysiology and clinical management, screening and risk stratification, assessment of health status and functional capacity, design of exercise interventions, exercise delivery and implementation prescription and behaviour change for individuals with health conditions. Up to 110 hours of this experience can be course-based practical activities or simulated (in-person or virtual simulation where technology allows) experience which can include healthy individuals if necessary or individuals with long-term conditions under supervision. All hours must be logged in the CEP practice-based logbook (Appendix A). Practical experience outside of the above components cannot be used towards CEP practice-based learning. In addition:

- The practice-based learning component of the course must be a discrete and well organised programme that provides students and clinical supervisors with the support necessary to achieve a high-quality experience. There must be clearly articulated learning outcomes for students to achieve, aligned to core CEP competencies, coupled with appropriate assessment. The university teams must take ownership of ensuring that students have an appropriate level of knowledge and skill before they enter the clinical setting e.g. a pre-placement clinical competency assessment. Whilst shadowing can count towards clinical experience this should progress to performing the role under supervision. Supervisors of students' practice-based learning experiences should not be solely responsible for ensuring that students have the necessary knowledge and skill base to meet AHCS Standards of Proficiency for Healthcare Science Practitioners. Practice-based learning activities should be organised by the University for the students. AHCS specific guidelines for practical placements can be found in the accreditation guidelines.
- Students must be cleared for competence for placement by a AHCS registered clinical exercise physiologist to protect the safety of people they work with and to demonstrate suitability to perform in placement without close supervision. The pre-placement teaching and assessment process should objectively prepare and assess students according to the activities that they will undertake in placement, thus should be authentic and challenge the students to perform semi-autonomously. On-going continuous assessment and feedback on clinical exercise physiology activities is suitable for this purpose.

- Some universities may have their own clinic or community-oriented experiences, which may complement any external experiences. Taught modules that are required to be completed at the same time as the practice-based learning experiences should be structured in a manner to engage students in a high-quality experience, including simulation, to prepare them for clinical practice-based learning.
- In ensuring that practice-based learning reflects the CEP Scope of Practice, practice-based learning should include a mix of in-person or remote delivery, i.e., telehealth or virtual exercise service delivery, whilst ensuring appropriate compliance with GDPR guidance as governed by the setting, observation of expert practitioners, and a combination of other activities designed to support the delivery of exercise services.

Delivery of exercise services may incorporate practicum activities that are supervised via internet or telephone-based video conferencing (e.g. web streaming, e-health conferencing). In these instances, it is expected that the student will conduct the face-to-face delivery of services with a patient while being overseen by a supervisor via real-time video conferencing. The video conferencing technology must

incorporate real-time video and audio streaming and must allow for unimpeded communication between the student and supervisor. Where video supervision is used, due consideration should be given to the safety of the patient, and appropriate risk mitigation planning should be undertaken in advance by the supervisor. Video supervision is likely to be inappropriate for use with high-risk patients. It would not be appropriate for a student to complete all their clinical practicum hours under video supervision.

- Administrative work is important for practitioners and can be included as a small component of clinical practice-based learning. Any remaining hours may be completed as health-related activities, possibly without a related exercise intervention:
 - Provision of further exercise delivery.
 - Diagnostic investigations or procedures.
 - Health checks (e.g., point of care testing).
 - Case management.
 - Health promotion, health education or workplace health programmes.
 - Audit and service evaluation

Learning, Teaching and Assessment

Any accredited course should be led by an AHCS registered CEP and the teaching team must employ a minimum of one other AHCS registered CEP to support student teaching and learning. It is acknowledged that this is a developing profession, but the course should demonstrate working towards registered CEP representation as suggested. The external examiner should also be a registered CEP.

Assessments within and across modules must be varied, comprehensive, and criterion-referenced, reflecting best practice and clearly aligned with module learning outcomes and overall course learning objectives. Assessment design must ensure that graduates meet the CEP Scope of Practice and AHCS Standards of Proficiency for Healthcare Science Practitioners. Assessment methods should include but are not limited to objective structured clinical examinations (OSCEs), case studies, reflective practice, written examinations, research reviews, viva voce examinations, professional practice observations, and portfolio-based assessments. All assessments must be passed at a minimum threshold of 50%, with no compensation or condonement permitted at either assessment or module level.

CEP Clinical Assessment of Competency (CEP-CAP)

All courses must embed the CEP Clinical Assessment of Competencies (CEP-CAP) (Appendix B) within taught modules and/or the practice-based learning component. The CEP-CAP is a mandatory, normally non-credit-bearing module that requires the involvement of service users or patients during assessment. Successful completion of the CEP-CAP is required for eligibility for individual registration with the Academy for Healthcare Science (AHCS).

Students must successfully complete:

The CEP practice-based learning logbook (Appendix A), and

The three individual CEP-CAP assessments (Appendix B).

All documentation must be appropriately reviewed and signed off by an AHCS-registered CEP.

Practice-Based Learning and End Point Assessment

Eligibility for AHCS registration requires successful completion of an end point assessment, which includes a practice-based learning logbook evidencing the full range of CEP activities within scope. This includes:

- Working with people with health conditions
- Pre-exercise screening and risk stratification
- Health status and functional capacity assessment
- Exercise intervention design and delivery
- Behaviour change support

A maximum of 110 hours may be completed through simulated learning within timetabled modules. A minimum of 140 hours must be completed in a clinical setting. Practice-based learning should normally be supervised and assessed by a suitably trained and qualified Clinical Exercise Physiologist.

Placement supervisors are considered part of the course team and must be supported through a structured supervisor development framework, including an initial training day, a supervisor handbook, and ongoing training

opportunities. While exercise or healthcare professionals may supervise students in practice, all logbook hours and the end point assessment must be reviewed and countersigned by an AHCS-registered CEP who is part of the teaching or placement team.

Awards, Progression, and Fitness to Practise

A non-credit-bearing, pass/fail module (typically titled Clinical Exercise Physiology Clinical Assessment of Competency) must be included within the course structure to differentiate professional eligibility outcomes.

Students who meet all professional competency and fitness-to-practise requirements will be awarded MSc Clinical Exercise Physiology and are eligible to progress to AHCS registration.

Students who successfully complete all academic assessments (at the 50% threshold) but do not meet professional competency or fitness-to-practise requirements will be awarded an alternate 180-credit MSc, typically titled MSc Clinical Exercise Science. This award does not provide eligibility for AHCS registration and is not an entry route for non-standard applicants.

Fitness to practise is assessed at three sequential stages:

Admission to the accredited course

A satisfactory criminal records check from the Protection of Vulnerable Groups (PVG) Scheme or Disclosure and Barring Service (DBS) as appropriate as well as an occupational health check are required.

Progression to practice-based learning

The completion of Statutory and Mandatory Training modules that academic healthcare units provide or can be accessed through the eLearning for Health platform. There should also be an assessment of competency as part of preparation for placement to ensure that students are safe to attend placement.

End point assessment for professional practice

Successful completion of the CEP-CAP is required for eligibility for individual registration with the Academy for Healthcare Science (AHCS).

Failure at any stage will normally result in eligibility only for the alternate MSc award, subject to successful completion of all other academic requirements.

Within the AHCS accreditation framework, fitness to practise policies are essential in demonstrating that education providers can safeguard patients and the public. As part of accreditation, the AHCS requires providers to show that they have clear, fair, and consistently applied procedures for identifying and managing concerns about learners' conduct, competence, or health. Strong and transparent fitness to practise arrangements provide assurance that programmes are producing safe, professional, and practice-ready healthcare science graduates who meet AHCS standards and uphold public trust. CEP courses must be included in the Higher Education Institution Fitness to Practise policy.

Minor changes to this curriculum framework may occur on a yearly basis if required, any such changes will be outlined to prospective and existing accredited university courses. The curriculum framework was devised through an initial consultation in February 2022 resulting in the release of version one. The current version (2.0) was completed in March 2026 after a formal consultation and review process was undertaken between February 2025 – February 2026.

CEP-UK would like to thank all academics and healthcare practitioners who contributed throughout the review process in updating this document.

Table 1: List of academics and healthcare practitioners contributing to the final version

Prof Helen Jones, Liverpool John Moores University, AHCS registered CEP	Dr Andrew Scott, University of Portsmouth, Director, International Confederation for Sport and Exercise Science Practice (ICESP), AHCS registered CEP
Dr Anthony Crozier, University of Liverpool, AHCS registered CEP	Prof Chris Askew University of the Sunshine Coast, ESSA AEP
Dr Gordon McGregor, University Hospitals Coventry and Warwickshire NHS Trust and University of Warwick, AHCS registered CEP	Dr Lisa Board, University of Sunderland
Dr Richard Powell, University of Birmingham, AHCS registered CEP	Matt Annals, Senior Clinical Exercise Physiologist, University Hospitals of Leicester, AHCS registered CEP
Dr Lizanne Steenkamp, AHCS Head of Accreditation	

N.B. Consultation on the CEP-UK Curriculum Framework 2.0 was conducted through the CEP-UK Education and Standards Working Group. The development process was informed by published UK research examining the education, scope of practice and workforce role of Clinical Exercise Physiologists. Draft iterations of the framework were reviewed by the Working Group, with amendments made in response to feedback. The final version was approved through formal consensus of the Working Group members listed above.

References

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Appendix A

Clinical Exercise Physiology Practice-Based Logbook

(Microsoft Word versions are available from the website for teaching purposes)

Name:				
SCREENING AND RISK STRATIFICATION 1/ Assessing and stratifying exercise related risk using evidence-based tools. 2/ Obtaining relevant health information and medical history 3/ Strategies and measurements used to assess and manage health status 4/ Methods used to record and report changing risk factors and adverse signs and symptoms.				
Date:	No. Hrs	Module	CLIENT OR PATIENT(S) DESCRIPTION (HEALTHY/ CLINICAL*) *Whilst a client/patient may have co-morbidities, the primary condition must be noted.	DESCRIPTION (PART of MODULE LAB/ PRACTICE/ SIMULATION/ ASSESSMENT)
ASSESSMENT OF HEALTH STATUS AND FUNCTIONAL CAPACITY 1/ Performing appropriate assessments (e.g. functional capacity, patient reported outcomes) 2/ Evaluating capacity to perform exercise 3/ Reporting clinical status				
Date:	No. Hrs	Module	CLIENT OR PATIENT(S) DESCRIPTION (HEALTHY/ CLINICAL*) *Whilst a client/patient may have co-morbidities, the primary condition must be noted.	DESCRIPTION (PRACTICE/ SIMULATION/ASSESSMENT)
DESIGN OF EXERCISE INTERVENTIONS 1/ Designing safe and effective exercise plans 2/ Utilising optimal modes, frequencies, intensities, durations and volumes of exercise 3/ Recognising the risks and benefits of different forms of exercise training 4/ Designing appropriate regressions, adaptations and progressions				
Date:	No. Hrs	Module	CLIENT OR PATIENT(S) DESCRIPTION (HEALTHY/ CLINICAL*) *Whilst a client/patient may have co-morbidities, the primary condition must be noted.	DESCRIPTION (PRACTICE/ SIMULATION/ASSESSMENT)

EXERCISE DELIVERY AND IMPLEMENTATION

- 1/ Delivering safe and effective exercise sessions, adapted for individual and exercise environment needs
 2/ Monitoring and identifying adverse signs and symptoms during exercise sessions and recovery

Date:	No. Hrs	Module	CLIENT OR PATIENT(S) DESCRIPTION (HEALTHY/ CLINICAL*) *Whilst a client/patient may have co-morbidities, the primary condition must be noted.	DESCRIPTION (PART of MODULE LAB/ PRACTICE/ SIMULATION/ ASSESSMENT)

BEHAVIOUR CHANGE AND COMMUNICATION

- 1/ Supporting learning to self-regulate physical activity behaviour and planning for long-term physical activity maintenance
 2/ Recognising barriers and motivators to exercise and factors that affect long-term exercise adherence and compliance
 3/ Utilising lifestyle strategies, programmes, and resources, including government and community-based population-wide strategies pertinent to supporting physical activity behaviour change

Date:	No. Hrs	Module	CLIENT OR PATIENT(S) DESCRIPTION (HEALTHY/ CLINICAL*) *Whilst a client/patient may have co-morbidities, the primary condition must be noted.	DESCRIPTION (PRACTICE/ SIMULATION/ASSESSMENT)

Logbook outcome	Pass	Fail
Further Feedback		
Date		
Signed* * While exercise or healthcare professionals may supervise students in practice, all logbook hours and the end point assessment must be reviewed and countersigned by an AHCS-registered CEP who is part of the teaching or placement team.		

(Microsoft Word versions are available from the website for teaching purposes)

Appendix B

CEP Clinical Assessment of Competencies (CEP-CAP)

To ensure patient safety it is the responsibility of accredited programmes to ensure that students are assessed in the three CEP-CAP's. Each student is required to meet expectations for each component. There can be more than one attempt to pass each CEP-CAP but failure to pass each CEP-CAP will preclude the student from being eligible to be a graduate ACHS registrant.

1/ Professional Practice Assessment Criteria

STUDENT NAME		
STUDENT ID		
MODULE		
ASSESSOR NAME		
ASSESSOR TITLE/POSITION		
BRIEF DESCRIPTION OF ASSESSMENT AND FOCUS OF SCENARIO		
e.g. What health condition/co-morbidities does the patient have? What is the student expected to achieve?		
Please grade the student in the following areas:	Below Expectation	Meets Expectation
History taking Does the student obtain the correct information from the patient or a clinical colleague prior to undertaking a procedure (e.g., checking identity, medications/history)?		
Communication skills Does the student have appropriate communication skills when meeting and greeting the patient/client? Do they use language appropriate to the situation (verbal and/or body language) when explaining or discussing aspects of clinical care? Do they check the understanding of the patient/client or clinical colleague?		
Patient Assessment Skill Does the student perform the assessment/measurement correctly?		
Assessment Interpretation Was the assessment/measurement method appropriate for the intended outcome? Can they discuss the quality control measures to ensure the result is accurate (ensure correct calibration or verification, where required)?		

Please grade the student in the following areas:	Below Expectation	Meets Expectation
Assessment Feedback Can the student record and evaluate the results of assessments/measurements and effectively communicate the outcomes and relevance to patients and other healthcare providers?		
Professionalism Was the student dressed appropriately, and did they conduct the consultation in a professional manner? Did the student introduce themselves and their role and/or did they discuss the information with a colleague using appropriate language, considering any patient confidentiality or ethical issues?		
Organisation and efficiency Was the student well organised and efficient, ensuring all record keeping was appropriate and accurate? Did the student keep to time and ensure accurate recording of information?		
Overall clinical care Did the student show respect, empathy and compassion for the patient and/or recognise the importance of the procedure/test/assessment within the care pathway?		

Assessment outcome	Pass	Fail
Assessor Feedback		
Patient feedback		
Date of assessment		
Signed (assessor) * While exercise or healthcare professionals may supervise students in practice, all logbook hours and the end point assessment must be reviewed and countersigned by an AHCS-registered CEP who is part of the teaching or placement team.		

2/ Practical/Procedural Skill Assessment Criteria

STUDENT NAME		
STUDENT ID		
MODULE		
ASSESSOR NAME		
ASSESSOR TITLE/POSITION		
BRIEF DESCRIPTION OF ASSESSMENT AND FOCUS OF SCENARIO e.g. What health condition/co-morbidities does the patient have? What is the student expected to achieve?		
Please grade the student in the following areas:	Below Expectation	Meets Expectation
Understands scientific principles of practical skill or procedure, including basic science underpinning it.		
Has read, understands, and follows the appropriate guidance and standard operating procedures, risk assessments (COSHH if applicable), and any other relevant health and safety documentation.		
Understands and applies the appropriate internal and external quality control associated with the procedure (e.g. calibration and verification of equipment).		
Understands the risks associated with items of equipment and uses them appropriately.		
Completes associated documentation accurately.		
Output meets accepted laboratory/ professional standards.		
Carries out the procedure within the appropriate time frame.		
Can identify limitations of the test.		
Demonstrates awareness of the limits of responsibility and when to seek advice.		

Assessment outcome	Pass	Fail
Feedback		
Patient feedback		
Date of assessment		
Signed (assessor) *While exercise or healthcare professionals may supervise students in practice, all logbook hours and the end point assessment must be reviewed and countersigned by an AHCS-registered CEP who is part of the teaching or placement team.		

3/ Exercise Prescription and Delivery Assessment Criteria

STUDENT NAME		
STUDENT ID		
MODULE		
ASSESSOR NAME		
ASSESSOR TITLE/POSITION		
BRIEF DESCRIPTION OF ASSESSMENT AND FOCUS OF SCENARIO e.g. What health condition/co-morbidities does the patient have? What is the student expected to achieve?		
Please grade the student in the following areas:	Below Expectation	Meets Expectation
Contraindications to exercise Can the student identify the contraindications to exercise for this patient/client(s) based on medical history, clinical status, physiological assessment information?		
Exercise prescription 1. Can the student devise an appropriate, safe and effective exercise prescription for the patient/client(s) (groups or individuals)? 2. Are they able to identify the risks and benefits of distinct forms of exercise (aerobic, resistance, balance and flexibility)? 3. Can the student design appropriate regressions, adaptations, and progressions for the patients/clients?		
Types of exercise Can the student choose and explain the optimal mode, frequency, intensities, durations, and volumes of exercise for the patient/client(s)?		
Exercise Delivery 1. Can the student deliver appropriate and safe exercises for the patient/client(s) (group or individual)? 2. Are they able to demonstrate and provide safe and effective instructions for exercise? 3. Can the student identify adverse signs and symptoms and modify or cease the session/programme where appropriate?		

3/ Exercise Prescription and Delivery Assessment Criteria (continued)

Please grade the student in the following areas:	Below Expectation	Meets Expectation
Behaviour Change Can the student identify patient/client(s) barriers and facilitators to exercise? Can the student select and apply evidence-based techniques in practice to promote self-regulation of long-term exercise behaviour?		

Assessment outcome	Pass	Fail
Feedback		
Patient feedback		
Date of assessment		
Signed (assessor) *While exercise or healthcare professionals may supervise students in practice, all logbook hours and the end point assessment must be reviewed and countersigned by an AHCS-registered CEP who is part of the teaching or placement team.		