Clinical Exercise Physiology UK

The Scope of Practice for a UK Clinical Exercise Physiologist

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1 What is a Clinical Exercise Physiologist (CEP)

A CEP is 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. The Clinical Exercise Physiologist title is recognised by the regulator the Academy of Health Care Science (AHCS) as a registered Healthcare Professional.

2 What is the role of a Clinical Exercise Physiologist (CEP)

A CEP specialises in performing individual health-fitness assessments, which underpin the design, delivery and evaluation of evidence-based exercise interventions. As part of the Healthcare Science workforce, CEPs apply scientific principles 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, design and deliver individualised exercise and behaviour-change interventions that are safe, effective, and tailored to the broader clinical and psychosocial context of each person.

3 Health conditions that CEP's work with

Areas of CEP practice vary in maturity and integration within healthcare services. Established areas of practice are underpinned by a strong, well-validated evidence base supporting the role of exercise in improving or maintaining health and functional outcomes and are typically aligned with highly prevalent conditions that are managed within formalised healthcare pathways. These areas form a core component of CEP education and early professional development, supporting the acquisition of transferable competencies consistent with CEP-UK curriculum framework. For example;

- Cancer: across all types and stages within the cancer care pathway (e.g. prehabilitation, during treatment, post treatment and advanced cancer/palliative care).
- Cardiovascular: including ischaemic heart disease (IHD) / acute myocardial infarction, congestive heart failure, arrhythmias and pacemakers, hypertension, peripheral artery disease (PAD), valvular diseases, cardiomyopathies, congenital heart disease (CHD) and cardiac transplant (including prehabilitation).
- Frailty: including sarcopenia, osteoporosis, history of falls and fear of falling.
- Renal: including chronic kidney disease (CKD) stages 1-5 and common aetiologies.
- Mental Health: including anxiety disorders, mood (affective) disorders, psychotic disorders and trauma and stress related disorders.

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- Metabolic: including obesity, metabolic syndrome, dyslipidaemia, Type 1 diabetes, Type 2 diabetes, gestational diabetes and non-alcoholic fatty liver disease.
- Musculoskeletal: including rheumatoid arthritis and osteoarthritis, acute, sub-acute and chronic specific and non-specific musculoskeletal pain / injuries / disabilities.
- Neurological/Neuromuscular: including stroke, dementia, Parkinson's disease, multiple sclerosis.
- Respiratory/Pulmonary: including asthma, chronic obstructive pulmonary disease (COPD), and cystic fibrosis.

Specialist or developing areas of practice typically focus on condition-specific applications of exercise science and may require additional expertise, training or service development. Although less routinely delivered, these areas offer important opportunities for clinical innovation, service expansion and research within UK healthcare settings (e.g., chronic fatigue and pain conditions, hepatology and gastroenterology conditions). Specialist or developing areas of practice reflect the evolving evidence base that supports the contribution of exercise science to emerging health priorities. These areas of practice are shaped by changing population needs, advances in technology and service redesign, and provide opportunities for collaboration, evaluation and the continued evolution of CEP roles within the Healthcare Science workforce (e.g. long-covid, sleep disorders). Conditions within these areas of practice may be included in CEP education or where appropriate, within continuing professional development of Academy of Healthcare Science (AHCS) registered CEPs

4 Areas of CEP Employment (included as examples)

The role of a CEP is to work as part of a multi-disciplinary team across healthcare settings in primary, secondary and community care. For example:

- Secondary care e.g., prehabilitation and perioperative exercise (such as in cancer care), and rehabilitation services (such as cardiac and pulmonary rehabilitation).
- Primary Care e.g., GP practice-based delivery of exercise interventions.
- Private hospital settings
- Public and private multidisciplinary community clinics and/or leisure services
- Independent practice e.g. Public and private one-to-one consultation and exercise provision delivered virtually or face-to-face.
- Defence Medical Services
- Population and public health/ Policy advisors
- Workplace health and rehabilitation
- Research and academia

5 Scope of CEP Practice

The CEP scope of practice is influenced by many factors including the context in which practice occurs, the service user needs, and the practice environment, as well as local and national healthcare policies. The outline of the scope of practice for CEPs is based upon knowledge and skills obtained from a AHCS accredited MSc programme. For CEPs entering the profession, it is reasonable for these professionals to:

a. Possess knowledge of the (patho)physiological, psychological, social, behavioural and cultural factors that influence health status, including its management using exercise and physical activity interventions.

b. Possess knowledge of the effect of disease, disorder and dysfunction and their prescribed medicines on acute response and chronic adaptation to exercise and physical activity interventions.

c. Perform and record a thorough, appropriate, and detailed assessment of health status and history to guide exercise risk stratification using evidence-based methods.

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d. Select, conduct, and interpret appropriate evidence-based tools for the assessment, monitoring and evaluation of clinical status and functional capacity including the migration of risk and onward referral processes.

e. Apply problem solving, clinical reasoning, goal setting and behaviour change models to assessment findings to plan and design exercise and physical activity interventions

f. Prescribe, and deliver personalised evidence-based exercise and physical activity interventions based on non-assessment (medical history, psychosocial factors) and assessment (e.g. functional capacity, muscular strength) findings.

g. Deliver and evaluate safe exercise-based programmes for individuals and within group settings, using appropriate evidence-based monitoring methods.

h. Provide evidence-based education and person-centred advice to support behaviour change including self-management and long-term adherence to exercise and physical activity.

i. Provide evidence-based education, advice and support to enhance health and well-being including basic nutritional information in-line with national guidelines.

j. Possess knowledge of the importance of effective governance systems and methods that can be used to ensure systematic documentation is in place.

The above may occur at any level of primary, secondary or tertiary health care, and may include employment or volunteer work at an individual, community or population health level through various employers.

6 Core Rules, Regulations & Boundaries

CEPs are university qualified health professionals. They are trained to screen, assess and apply clinical and scientific reasoning to ensure safe and effective exercise-based interventions; and are expected to advance their practice through continuing education, competency development and professional experience. It is acknowledged that whilst an AHCS registrant's base of knowledge is broad, it may become more focused and specialised over time within a defined clinical area or specific patient group. CEPs may also be involved in managerial, educational, or research roles. National CEP job descriptions (Resources | CEP-UK.org) and competency frameworks are available and are mapped to NHS workforce and role profiles (CareerDev framework). NHS Careers (Clinical exercise physiologist | Health Careers) recognises CEPs within the Physiological Sciences workforce, reflecting alignment with NHS Healthcare Science roles and providing an established reference point for workforce planning, role development and integration within NHS services.

A CEP is expected to practise safely, effectively and lawfully within their given scope of practice and must not practice in areas where they are not proficient. Where a CEP wishes to broaden or change their individual scope of practice, they will be expected to exercise personal and professional judgement and complete the requisite training and experience through ongoing professional development. Individuals may expand their scope of practice through appropriate education, training or certification for other therapies; however, these services are beyond the monitoring and CEP scope of practice covered in this guidance.

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7 Code of Professional Conduct & Ethical Practice

Healthcare Science represents a diverse and highly skilled workforce whose scientific expertise underpins the diagnosis, treatment, and prevention of disease across the health and care system. Bringing together over 50 scientific specialisms, Healthcare Science contributes to innovation, service improvement, and the delivery of safe, effective, and evidence-based patient care. Through their commitment to scientific excellence and professional integrity, Healthcare Scientists play a vital role in advancing healthcare, supporting clinical decision-making, and improving outcomes for patients and the public. CEPs form part of Healthcare Science and must practice in accordance with the AHCS Standards of Proficiency for Healthcare Science Practitioners and Good Scientific Practice. They must also respect and adhere to standards established through legislation, regulations and common law: **https://www.ahcs.ac.uk/education-training/healthcare-science-faqs/.**

8 Level of Training and experience

A CEP obtaining registration through AHCS must undertake a minimum of 4 years equivalent study up to Level 7. A relevant undergraduate degree is a minimum requirement alongside an AHCS-accredited MSc in Clinical Exercise Physiology that includes passing of all assessments within the degree, as well as successful completion of a clinical assessment of competencies and a clinical placement to enable AHCS registration.

Minor changes to this scope of practice may occur on a yearly basis if required. Any such changes will be outlined to AHCS Clinical Exercise Physiologists and accredited MSc Clinical Exercise Physiology university providers. The CEP-UK scope of practice was devised through an initial consultation in February 2021 resulting in the release of version one. Version 2.0 was completed in March 2026 after a formal consultation and review process was undertaken between February 2025–February 2026.

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