

## The Scope of Practice for a UK Clinical Exercise Physiologist

### 1. What is a Clinical Exercise Physiologist (CEP)

- CEPs specialise in the prescription and delivery of evidence-based exercise interventions to optimise the prevention, treatment and long-term management of acute, sub-acute, chronic and complex conditions.
- CEPs work in a range of primary, secondary and tertiary care settings as part of a multidisciplinary team of health care and rehabilitation providers.
- CEP services aim to optimise physical function and health and promote long-term wellness through lifestyle modification and behaviour change across the lifespan.

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

CEPs specialise in exercise testing and assessment, alongside the design, delivery and evaluation of evidence-based exercise interventions. CEP scope of practice encompasses apparently healthy individuals to those with chronic and complex conditions, along the care pathway from primary prevention, through acute management, to rehabilitation and maintenance. Interventions are exercise or physical activity-based and also include health and physical activity education, advice and support for lifestyle modification and behaviour change. CEPs work in a range of primary, secondary and tertiary care settings as part of a multidisciplinary team of health care and rehabilitation providers and in community settings.

### 3. Conditions a CEP can work with (including examples)

- **Cancer** irrespective of type of cancer e.g. prehabilitation, during cancer treatment, post treatment or with advanced cancer.
- **Cardiovascular** e.g. 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** e.g. sarcopenia, osteoporosis, falls history or fear of falling.
- **Renal** e.g. chronic kidney disease (CKD) stages 1-5 and common aetiologies.
- **Mental Health** e.g. anxiety disorders, affective disorders, psychotic disorders and trauma, and stress related disorders.
- **Metabolic** e.g. obesity, metabolic syndrome, dyslipidaemias, Type 1 diabetes, Type 2 diabetes, gestational diabetes.
- **Musculoskeletal** e.g. rheumatoid arthritis, osteoporosis, acute, sub-acute and chronic specific and non-specific musculoskeletal pain / injuries /disabilities.
- **Neurological/Neuromuscular** e.g. stroke, dementia, Parkinson's disease, multiple sclerosis.
- **Respiratory/Pulmonary** e.g. asthma, chronic obstructive pulmonary disease (COPD), cystic fibrosis.

### 4. Areas of CEP Employment (included as examples)

The role of CEP is to work as part of the healthcare team across healthcare settings from in hospital to community. For example within:

- Secondary care pre/rehabilitation settings
- Primary Care
- Private hospital settings
- Public and private multidisciplinary clinics and leisure services
- Defence Medical Services
- Population/Public health/ Policy advisors
- Workplace health and rehabilitation
- Research/Academic

## **5. Scope of CEP Practice**

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 from an RCCP-accredited MSc. For CEPs entering the profession, it is reasonable for these professionals to:

- a. Understand the physiological, psychological, social, behavioural and cultural factors that influence health status, including its management using exercise and physical activity interventions.
- b. Understand the effect of disease, disorder and dysfunction and their prescribed medicines, on acute exercise response and chronic adaptation to exercise and physical activity interventions.
- c. Undertake and record a thorough, appropriate and detailed assessment of health status and history to guide exercise risk stratification using evidence-based methods.
- d. Select, conduct and interpret appropriate evidence-based tools for the assessment and monitoring of clinical status and functional capacity.
- e. Apply problem solving and clinical reasoning to assessment findings to plan and prioritise appropriate exercise and physical activity goal-setting and support methods.
- f. Plan, design, prescribe and deliver personalised evidence-based exercise and physical activity interventions based on health status, functional capacity and aetiology.
- 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 advice to support behaviour change including self-management of long-term exercise and physical activity engagement.
- i. Provide education, advice and support to enhance health and well-being including basic nutritional information in-line with national guidelines.

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 who specialise in the assessment of functional capacities and the delivery of exercise, lifestyle and/or behaviour modification programmes for the prevention, treatment and management of long-term conditions. They are trained to screen, assess and apply clinical and scientific reasoning to ensure safety and appropriateness of exercise-based interventions; and are expected to advance their practice through continuing education, competency development and professional experience. It is acknowledged that whilst an RCCP 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.

A CEP is expected to practise safely, effectively and lawfully within their given scope of practice and must not practise 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.

### **7. Code of Professional Conduct & Ethical Practice**

CEPs must practice in accordance with the RCCP standards of Professional Conduct & Ethical Practice. They must also respect and adhere to standards established through legislation, regulations and common law.

### **8. Level of Training**

CEPs undertake a minimum of 4 years equivalent study up to Level 7 with a relevant undergraduate degree and MSc in the area of Clinical Exercise Physiology. CEPs are required to meet an accreditation process that includes practicum experience in a range of settings and environments.

*This scope of practice has been adapted from Exercise and Sport Science Australia (ESSA) scope of practice for Accredited Exercise Physiologists.*