



London Pulmonary Rehabilitation Individual Competency Record – Introduction and Guidance on How to Use.

Developed by the London Respiratory Clinical Network in collaboration with the
Health Innovation Network South London

Introduction

The [London Pulmonary Rehabilitation Competency Framework](#) was created by the London Respiratory Clinical Network (LRCN) to develop and grow a skilled and sustainable pulmonary rehabilitation (PR) workforce for the London region. This will enable services to understand the competencies needed to deliver a high-quality service, and to develop necessary competencies within their staff, increasing workforce retention and skill. This in turn will ensure that safe and effective pulmonary rehabilitation programmes are delivered in a consistent way across London, in line with national guidelines, and that the best outcomes are achieved for patients who complete a course.

Pulmonary rehabilitation has a strong evidence base, and as a result, the NHS Long Term Plan recommends that access to pulmonary rehabilitation should be increased for all eligible patients and that services should be expanded to meet this increased demand. Despite this, there many eligible patients still not being referred for pulmonary rehabilitation, and those who are referred continue to experience long waiting times to start a programme.

Workforce shortages of suitably skilled staff has been a significant contributor. Many services do not have enough staff to meet the demand of their local populations and address long waiting times. As a result, there is often little scope to accommodate increased referral rates, including referrals for conditions other than Chronic Obstructive Pulmonary Disease (COPD). The LRCN has therefore identified an urgent need for systems to invest in approaches to develop the necessary workforce.

The London Pulmonary Rehabilitation Competency Framework provides a structure by which all pulmonary rehabilitation staff, including physiotherapy and non-physiotherapy qualified health care professionals (e.g.

occupational therapists, nurses, clinical exercise physiologists, sports rehabilitators), as well as non-registered staff (e.g. health care support workers, non-registered exercise professionals) can demonstrate competencies required to deliver high-quality pulmonary rehabilitation programmes. This will allow teams to provide career progression outside of traditional models, improve workforce retention of skilled individuals, and expand the workforce to include a wide range of staff from a variety of backgrounds by focusing on competency rather than solely focusing on role.

The London Respiratory Clinical Network has partnered with the Health Innovation Network South London to create an implementation resource to help services embed the competency framework into their practice. **The individual record documents**, which form part of this implementation resource, are for staff members to assess their own competencies against the function they perform in a pulmonary rehabilitation service. It can be used by services to identify knowledge gaps, plan training and education, support career development, and form the basis of personal development plans. It also helps identify transferable skills, training and experience from other roles or pathways. It may also be used to help commissioners with service planning and expansion, and by services to evidence competency achievement such as for accreditation.

The implementation resource was developed after extensive engagement with colleagues working in pulmonary rehabilitation across London, who have helped inform the content, structure and functionality by providing insights on how their services approach workforce development and how they would want to use the competency framework itself.

Acknowledgements

The Health Innovation Network South London would like to thank the members of the London Respiratory Clinical Network, the members of our Task and Finish Group, the British Association for Cardiovascular Prevention and Rehabilitation, Loughborough College, the Wright Foundation, and staff working in pulmonary rehabilitation across London for their engagement, enthusiasm and support throughout the process.

How should this guidance document be used?

The Individual Records, which form part of the Competency Framework Implementation Resource, have been designed for staff to use as part of their personal development process. This is a tailored document that can be used by a staff member to identify the competencies relevant to their function, to record evidence of their achievement of each competency, and to devise action plans in areas that require further training and development.

There are four such individual record documents, each tailored to a different function within a pulmonary rehabilitation service (as detailed below). In each record, you will find certain competencies that are essential for all staff members working in pulmonary rehabilitation or for all staff working in the NHS, and additional competencies where, although a baseline level is required for everyone, the expectations vary depending on the staff member's specific function. These additional competencies have been graded based on the level of knowledge, independence, and overall decision-making responsibility one would expect for a staff member performing both a supporting and delivering function in a pulmonary rehabilitation service.

As with the competency framework itself, **this is not a mandatory document**; it is intended to be used to help shape and supplement existing workforce development structures within pulmonary rehabilitation services. This document sets out the minimum viable competency required to perform each function within a pulmonary rehabilitation service. It is acknowledged that individual staff members may perform to a higher skill level than that described or have different responsibilities than those expected within this function. It is for each individual and team to use this document in a way that is appropriate and applicable for their service and staff.

Why are the individual records focused on job function over job role or band?

After wide consultation with staff working in pulmonary rehabilitation, we found there was extensive variation in the responsibilities of staff at the same banding in similar roles across London. This was due to a variety of factors, including workforce challenges, variation in individual staff experience and different clinical routes into pulmonary rehabilitation. To create a resource that could foster a consistent approach to competency development whilst accounting for this variation across London services, the individual records have been created according to the **function** a staff member performs in a service rather than their role, job title or NHS band.

The functions are:

(1) Supporting pulmonary rehabilitation programmes

A member of staff that supports the delivery of pulmonary rehabilitation may be working as a band 3-5, and most will not be qualified health care professionals. The roles of someone supporting pulmonary rehabilitation delivery include: performing outcome measures (but not prescribing exercise programmes) delivering warm up and cool down sessions, and supporting the delivery of education programmes (but likely not running sessions independently).

(2) Delivering pulmonary rehabilitation programmes

Those delivering pulmonary rehabilitation programmes would be involved in all aspects of the pulmonary rehabilitation patient pathway. From leading on assessments to the collection of exercise and health-related outcomes, they would be able to deliver all aspects of the pulmonary rehabilitation class and may be involved in pulmonary rehabilitation focused projects.

(3) Leading pulmonary rehabilitation programmes (service management)

This function primarily focuses on service management, evaluation, and overarching leadership. This function is usually performed by the Service Lead. It has been separated from pulmonary rehabilitation session delivery because while Service Leads may often also run the sessions themselves, this is not always the case.

(4) Delivering and managing pulmonary rehabilitation programmes

Aimed primarily at Service Leads who, in addition to service management, also deliver the pulmonary rehabilitation programmes.

Please use the [MS Form survey](#) to access your individual record.

How do I 'evidence' achievement of a competency?

As stated above, use of this document is not mandatory; it is a tool that can be used to identify and record attainment of competencies relevant to one's function. It will be for the services, and ultimately the Service Lead, to make decisions about how this document is used in their team, and what evidence can demonstrate achievement of each competency.

The types of evidence that can be used to gain competence were outlined in the [original framework launched in September 2023](#). Examples included clinical supervision, mandatory training, external and internal training programmes, self-directed learning, attendance at conference, regional networks or completion of post graduate training programmes. Services also deliver a large amount of training as part of their induction process, which could also be used as evidence of certain competencies. The list is not exhaustive, and if there is any confusion or concern, use of regional networks could help to provide further guidance and support to Service Leads.

In each table you will find the following columns:

Reference no.	Competency	Achieved? (yes / no) Self - assessment	Date of self - assessment	Evidence <small>(Please provide 1-2 sentences to evidence your achievement of competency – see 'How to use' section for information and examples)</small>	Signed off – name and date:
Reference number from original competency framework document.		For the staff member to declare whether they have achieved the competency.	For staff to fill in when they complete their self- assessment.	e.g. Completed the Loughborough Level 4 qualification. e.g. Covered in induction training.	For the manager / Service Lead to review and confirm whether the evidence is correct, and is enough to sign off achievement of competency.

Comments and Action Plans

The comment and action plan section of a competency record can be structured using the **SMART** framework. This means that actions should be **Specific**, clearly outlining what needs to be done; **Measurable**, detailing how progress will be tracked; **Achievable**, ensuring the goals set are realistic; **Relevant**, aligning with the competency being developed; and **Time-bound**, specifying deadlines or timelines for completion. This approach helps in setting clear expectations and ensures the ongoing development is well-targeted and achievable within a defined timeframe.