

Next Generation Higher National Unit Specification

Management of Long-Term Health Conditions for Exercise Practitioners (SCQF level 8)

Unit code: J7CC 48
SCQF level: 8 (32 SCQF credit points)
Valid from: session 2024–25

Prototype unit specification for use in pilot delivery only (version 2.0) August 2024

This unit specification provides detailed information about the unit to ensure consistent and transparent assessment year on year.

This unit specification is for teachers and lecturers and contains all the mandatory information required to deliver and assess the unit.

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Unit purpose

This unit provides learners with the knowledge and skills to apply exercise prescription to people with long-term health conditions (LTHCs); or those at a high or higher risk of developing an LTHC; as well as to people with comorbidities and multimorbidity. Through research and application, learners develop knowledge and understanding of the epidemiology, aetiology, pathophysiology and pharmacology associated with LTHCs. They examine the UK national and local health landscape and pathways to provision of local physical activity services, before researching the latest evidence-based practice that supports sustained behaviour change. Learners work with a range of clients to apply pre-service delivery screening and assessment. They interpret functional and clinical assessments before planning, delivering and evaluating physical sessions, offering suitable progression routes, education and lifestyle advice.

Throughout the unit, learners examine the scope of practice and industry requirements for exercise practitioners, and the importance of accessing relevant and recognised continuing professional development (CPD) opportunities.

Entry requirements

Learners must have completed one of the following qualifications before undertaking the Professional Development Award (PDA) in Management of Long-Term Health Conditions for Exercise Practitioners:

- ◆ Higher National Diploma (HND) Physical Activity and Health
- ◆ HND Fitness, Health and Exercise
- ◆ an industry-recognised fitness qualification, for instance Gym Instructor or Group Exercise Instructor

Centres must ensure learners undertaking the qualification are at least 16 years old prior to the course start date due to Student Public Liability Insurance requirements.

We recommend that learners have some experience and/or participation in a sport or fitness environment. We also recommend that learners possess communication skills to a level equivalent to at least SCQF level 6.

This unit is a mandatory unit in the Next Generation: HND in Physical Activity and Health (SCQF level 8) or can be delivered as a stand-alone unit in the PDA in Management of Long-Term Health Conditions for Exercise Practitioners.

Unit outcomes

Learners who complete this unit can:

- 1 analyse the epidemiology of inactivity and other lifestyle behaviours that impact on health, and the correlation between these behaviours and consequent risk factors that contribute to developing or living with LTHCs
- 2 interpret the aetiology, pathophysiology and pharmacology for common LTHCs
- 3 examine the physical, psychological and social benefits of increasing physical activity for those living with LTHCs
- 4 research the latest evidence-based practice that supports sustained behaviour change for people at risk of developing or living with LTHCs
- 5 apply pre-service delivery screening and assessment for clients with LTHCs
- 6 design and deliver a physical activity intervention for clients with LTHCs
- 7 evaluate physical activity sessions and offer suitable progression routes, education and lifestyle advice
- 8 examine the scope of practice and industry requirements for exercise practitioners and access relevant and recognised CPD activities

Evidence requirements

Learners can generate evidence through stand-alone assignments, oral questioning, or form part of an overall unit project. Assessment conditions for outcomes 1 to 5, and outcomes 7 and 8 must be open book. Assessment conditions for outcome 6 must be practical.

Analyse the epidemiology of inactivity and other lifestyle behaviours that impact on health, and the correlation between these behaviours and consequent risk factors that contribute to developing or living with LTHCs (outcome 1)

Learners must successfully analyse:

- ◆ the epidemiology (prevalence) of inactivity and other lifestyle behaviours that impact on health. Learners must refer to:
 - relevant UK-wide, national and local physical activity health inequalities social demographics
 - predicted patterns and trends
 - the wider determinants of health, their impact on health inequalities, and the use of health profiles to develop knowledge of local demographics
 - barriers and motivators that affect participation in physical activity within the context of a low-risk LTHC (Client 1)
- ◆ the correlation between inactivity and lifestyle behaviours that contribute to developing or living with LTHCs
- ◆ common comorbidities and multimorbidity within the context of a low-risk LTHC (Client 1)
- ◆ the functional, cognitive and other biopsychosocial limitations that are common across people living with multiple LTHCs, or comorbidities, and multimorbidity within the context of a low-risk LTHC (Client 1)

Interpret the aetiology, pathophysiology and pharmacology for common LTHCs (outcome 2)

Learners must choose two LTHCs from the list below to complete this outcome:

- ◆ diabetes and metabolic conditions
- ◆ musculoskeletal
- ◆ mental health conditions
- ◆ dementia
- ◆ chronic fatigue
- ◆ circulatory, including cardiovascular and respiratory
- ◆ cancers
- ◆ neurological conditions

Learners must successfully interpret:

- ◆ the aetiology and associated risk factors of two LTHCs
- ◆ the impact of two LTHCs and how they may manifest in the physiology and psychology of pain, and how this may further impact upon the functional and mental capacity of an individual
- ◆ the ways in which two LTHCs can be medically managed including related medications, invasive interventions or treatments, and surgery
 - how they work
 - potential short and long-term side effects which may impact physical activity

Examine the physical, psychological and social benefits of increasing physical activity for those living with LTHCs (outcome 3)

Learners must successfully examine the physical, psychological and social benefits of increasing physical activity for a minimum of two LTHCs from the following list:

- ◆ diabetes and metabolic conditions
- ◆ musculoskeletal
- ◆ mental health conditions
- ◆ dementia
- ◆ chronic fatigue
- ◆ circulatory, including cardiovascular and respiratory
- ◆ cancers
- ◆ neurological conditions

Learners must examine:

- ◆ the impacts on functional capacity and health outcomes

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- ◆ the physical benefits of increasing physical activity for the management of the condition, including functional capacity, physical and protective effects

Learners must refer to UK-wide and national government evidence, recommendations, and primary messaging for physical activity. This must include the benefits of physical activity and primary messaging for a range of common lifestyle behaviours.

Research the latest evidence-based practice that supports sustained behaviour change for people at risk of developing or living with LTHCs (outcome 4)

Learners must successfully research:

- ◆ the latest evidence-based practice that aims to improve sustained behaviour change for people at high, or higher, risk of living with LTHCs
- ◆ how relevant behaviour change theories can be applied to the design and delivery of an intervention, and how to intervene to meet the needs of those who are at a high, or higher, risk of developing or living with one or more LTHCs
- ◆ person-centred behaviour change incorporating a variety of skills in an integrative style that draws on an appropriate method from the list below to meet the clients' needs:
 - motivational interviewing
 - solution-focused brief therapy
 - cognitive behavioural therapy (CBT)
 - positive psychology
- ◆ relevant behaviour change theory to design an intervention to meet the needs of the target population, that considers and supports people at different stages of change and will motivate them to become and stay more active and cope with relapse
- ◆ evidence for providing one-to-one, group and peer behaviour change support, face-to-face versus remote communication, for example digital, print and telephone, to develop an intervention protocol for the identified populations
- ◆ current evidence and emerging trends to inform:
 - delivery of the physical activity
 - education

Learners should apply the last three bullet points and their sub-bullet components to their design for an intervention to keep a client engaged in outcome 6.

Apply pre-service delivery screening and assessment for a client with LTHCs (outcome 5)

Learners must choose one client from category one (live client):

- ◆ diabetes and metabolic conditions
- ◆ musculoskeletal
- ◆ mental health conditions
- ◆ dementia

Further details on each of these conditions can be found in the 'Knowledge and skills' table.

Learners must complete pre-service delivery screening for one live client with a stable, managed LTHC. The screening session must last for a minimum of 30 minutes.

Learners must select and conduct an appropriate clinical assessment and functional testing, including sub-maximal tests relative to the client's ability and LTHC from the list below:

- ◆ function
- ◆ strength
- ◆ balance
- ◆ cardiorespiratory

You can assess learners either by a live observation or recorded video submission. You must use an assessor checklist.

Learners must successfully:

- ◆ apply a pre-exercise health screening assessment using the following appropriate risk stratification tools:
 - physical activity readiness questionnaire (PAR-Q)
 - PreCise
 - American College of Sports Medicine (ACSM)
- ◆ gain informed consent from the client to take part in the exercise programme, outlining the risks and benefits of participation
- ◆ conduct the appropriate functional and/or clinical assessment or assessments, interpret and apply results to establish a baseline and to demonstrate client progress and collective outcomes
- ◆ apply the safety considerations required during the pre-delivery screening and assessment, including how to support a client with mental health problems (if applicable)
- ◆ record all health details and personal information, ensure that all sensitive and/or personal information imparted by clinicians and/or the client is documented and stored confidentially
- ◆ identify appropriate measurement tools, including those designed to measure physical (including functional) and mental wellbeing outcomes

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- ◆ interpret medical and/or clinical information from referring health and social care professionals (if applicable)
- ◆ adhere to the industry standard code of conduct and ethical practice during decision-making processes and delivery of exercise
- ◆ apply person-centred behaviour change techniques incorporating a variety of skills in an integrative style that draws on the following methods:
 - motivational interviewing
 - solution-focused brief therapy
 - CBT
 - positive psychology

Learners must interpret clinical information shared by a health care referral form and know when clients need to be referred to practitioners.

The health assessment must assess the following variables:

- ◆ client medical history
- ◆ client medication and associated side effects
- ◆ medical terminology
- ◆ contraindications
- ◆ referral procedures
- ◆ mental health

Fitness assessment must assess the following variables:

- ◆ general fitness tests
- ◆ condition specific fitness tests
- ◆ risk assessment

Design and deliver a physical activity intervention for a client with LTHCs (outcome 6)

Learners must choose a live client:

- ◆ diabetes and metabolic conditions
- ◆ musculoskeletal
- ◆ mental health conditions
- ◆ dementia

You can find further details on each of the conditions in the 'Knowledge and skills' table.

Learners must plan 12 progressive physical activity sessions (minimum of 45 minutes each). Learners must deliver a minimum of six sessions (one session per week) including one observed assessed session for the live client. The client must have a stable, managed and controlled LTHC.

Learners must plan a minimum of one exercise that covers each of the following areas for inclusion:

- ◆ function
- ◆ strength
- ◆ balance
- ◆ cardiorespiratory fitness
- ◆ bone density

Learners should record all session plans in their portfolio or e-portfolio.

Learners must design physical activity session plans. They must:

- ◆ select and adapt appropriate exercises that accommodate the functional limitations common to the individual or group
- ◆ select and adapt appropriate exercises that accommodate the biopsychosocial limitations common to the individual or group
- ◆ include sets, reps, timings, frequency, intensity, time and type (FITT) principles
- ◆ identify and enhance individual capabilities through a range of exercises
- ◆ improve capacity to achieve activities of daily living (ADLs)
- ◆ take account of safety considerations
- ◆ take account of motivation levels
- ◆ include medical information
- ◆ take account of personal preferences
- ◆ review and adapt training programmes at regular intervals, as appropriate

Session plans must demonstrate application of the following as part of the development and design of the session plans:

- ◆ physical activity goals and/or objectives
- ◆ ageing and associated comorbidities
- ◆ medical management for people at higher risk of, or living with LTHCs
- ◆ interpreting local clinical governance guidelines

A risk assessment of the venue, equipment and planned activity must be completed to ensure suitability for people with LTHCs. Learners must take account of mitigating actions from the risk assessment process.

Learners must deliver physical activity session plans. Learners must:

- ◆ review and adapt appropriate exercises that support changes such as progression, regression and maintenance, according to the individual or group needs
- ◆ use an empathetic and motivational approach to support behaviour change
- ◆ apply assessments at an appropriate point in a behaviour change intervention, in an empathetic and non-judgemental style
- ◆ apply the results of these assessments to plan and deliver a safe and effective exercise programme for an individual
- ◆ tailor the need of the individual to improve jointly identified biopsychosocial health and wellbeing goals and outcomes; and adapt and review to support changes according to the individual's needs
- ◆ utilise relevant methods of monitoring exercise, including perceived rate of exertion (estimation and production modes) for intensity or breathlessness, heart rates and utilising skilled observation and questioning techniques
- ◆ adapt and tailor exercise appropriately based on presenting signs and symptoms of risk factors for LTHCs according to the needs of the client

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- ◆ provide opportunities for social interaction before, after and during the exercise component
- ◆ monitor individual clients by selecting appropriate methods and work towards them being able to be aware of and self-manage the intensity or level of difficulty or challenge they work at

Assessors must record evidence in an assessor checklist.

Evaluate physical activity sessions and offer suitable progression routes, education and lifestyle advice (outcome 7)

Learners must complete a minimum of six evaluations for a live client.

Learners must complete their evaluations after they have delivered each physical activity session, to show what they applied during the sessions to support changes. Their evaluation must include the following:

- ◆ instructor strengths and weaknesses
- ◆ delivery and instructional style
- ◆ communication (verbal and non-verbal)
- ◆ how they applied professional practice
- ◆ qualitative feedback from clients
- ◆ relevant adaptations
- ◆ progressions
- ◆ regressions
- ◆ maintenance

Learners must provide advice to clients on progression routes, education and lifestyle. The advice must include:

- ◆ education or advice at an appropriate level both for individuals and/or groups, using appropriate language that they communicate in a non-judgemental manner
- ◆ education or advice underpinned by evidenced-based health and lifestyle messaging
- ◆ monitoring of changes to client's circumstances, both physical and emotional improvements and/or decline, review and follow up appropriately
- ◆ education or advice on nutrition within the boundaries set out by the Association for Nutrition in the 'Competence Framework for Nutrition for Fitness and Leisure' including for 'specialist instructors working with vulnerable groups'
- ◆ the roles of key local and national care pathways and health interventions that link to the provision of local physical activity services that support the participant

Examine the scope of practice and industry requirements for exercise practitioners and access relevant and recognised CPD activities (outcome 8)

Learners must examine:

- ◆ the importance, benefits and mechanisms of keeping technical knowledge and skills up to date through a variety of both traditional and innovative learning activities and reflective practice
- ◆ the scope of practice required to work in the physical activity and health industry
- ◆ how to access relevant and recognised CPD activities
- ◆ relevant individual CPD opportunities
- ◆ how their knowledge and experience are updated regularly and in line with industry requirements

Learners must access a minimum of one relevant and recognised CPD activity to enhance their knowledge and skills.

Knowledge and skills

The following table shows the knowledge and skills covered by the unit outcomes:

Knowledge	Skills
<p>Outcome 1 Learners should understand:</p> <ul style="list-style-type: none"> ◆ relevant UK-wide, national and local physical activity health inequalities ◆ common comorbidities and multimorbidity that clients encounter ◆ the epidemiology (prevalence) of inactivity and other lifestyle behaviours by social demographic, and the correlation between these behaviours, predicted trends, risk factors, LTHCs and comorbidities or multimorbidity; and the relationship between these and the wider determinants of health ◆ the functional, cognitive and other biopsychosocial limitations that are common across people living with multiple LTHCs or comorbidities and multimorbidity ◆ health and social care policy for the promotion of physical activity, prevention of inactivity and sedentary behaviour ◆ policy relating to the management of LTHCs by use of physical activity ◆ local health strategies and needs assessments that influence the development of local services, including physical activity and sedentary behaviour ◆ the wider determinants of health, their impact on health inequalities and the use of health profiles to understand local demographics ◆ how physical activity services could be developed and delivered to improve all LTHC limitations 	<p>Outcome 1 Learners can:</p> <ul style="list-style-type: none"> ◆ use local health strategies and policies to understand the make-up of the local population and target audiences ◆ use existing community assets to build strong relationships with a range of health professionals working in local primary, secondary or tertiary care services, and the wider workforce including social care, third-sector professionals and carers, to develop accessible pathways to reflect local need ◆ apply knowledge of the customer experience and the impact of health inequalities to ensure empathy with, and appropriate signposting for, clients throughout their journey ◆ demonstrate appropriate communications strategies

Knowledge	Skills
<p>Outcome 1 (continued) Learners should understand:</p> <ul style="list-style-type: none"> ◆ the importance of engaging and maintaining strong relationships with key stakeholders and how this informs service development of a local physical activity programme ◆ the language used in the health and social care sector ◆ the various communication strategies required for the promotion of a physical activity programme via referral and self-referral routes including the use of: <ul style="list-style-type: none"> — community — outreach — digital marketing and social media — local press posters and leaflets — health routes 	
<p>Outcome 2 Learners should understand:</p> <ul style="list-style-type: none"> ◆ the aetiology of LTHCs and their prevalence and risk factors including how the impact of ageing, disease and injury affects the anatomy, physiology, and biomechanics of the human body ◆ the impacts of LTHCs on functional capacity and health outcomes for a range of health conditions, including the importance of mental health for those at risk of or living with long-term conditions ◆ how the impact of LTHCs is manifest in the physiology and psychology of pain and how this may impact upon the functional and mental capacity of a client 	

Knowledge	Skills
<p>Outcome 2 (continued) Learners should understand:</p> <ul style="list-style-type: none"> ◆ the levels of functional, cognitive or other biopsychosocial limitations for LTHCs, including comorbidities and multimorbidities ◆ the causes and the medical terminology related to the most prevalent LTHCs and their associated risk factors ◆ the underlying importance of mental health and wellbeing for people at risk of developing or living with single LTHCs or comorbidities ◆ common comorbidities and multimorbidities that clients encounter ◆ the ways in which LTHCs may be medically managed, including related medications and how they work, invasive interventions or treatments and surgery ◆ how associated risk factors, including surgical and pharmacological interventions, may impact upon the exercise tolerance, health and quality of life, including functional and mental capability ◆ recognise and know how to respond to the signs and symptoms of different LTHCs, associated risk factors and the safety considerations required for these during an exercise session, including how to support a client with mental health problems 	
<p>Outcome 3 Learners should understand:</p> <ul style="list-style-type: none"> ◆ the anatomy, physiology and biomechanics of the human body; including the cardiorespiratory, musculoskeletal, nervous, and endocrine and cognitive systems 	

Knowledge	Skills
<p>Outcome 3 (continued) Learners should understand:</p> <ul style="list-style-type: none"> ◆ how ageing, disease and injury affects the anatomy, physiology and biomechanics of the human body including the cardiorespiratory, musculoskeletal, nervous, endocrine and cognitive systems ◆ how ageing, injury and disease impact on functional capacity and health outcomes for a range of health conditions ◆ the protective effects of physical activity and exercise for both the prevention and management of a range of LTHCs, including the physiological, biomechanical, anatomical and physiological response to physical activity ◆ the impacts of an LTHC on functional capacity and health outcomes for a range of health conditions, including the importance of mental health for those at risk of or living with LTHCs ◆ UK-wide and national government evidence, recommendations and primary messaging for physical activity, including the benefits of physical activity and primary messaging for a range of other common lifestyle behaviours for a number of conditions 	
<p>Outcome 4 Learners should understand:</p> <ul style="list-style-type: none"> ◆ the relevant behaviour change theories to design and deliver an intervention, to meet the needs of those who are at a high or higher risk of developing or living with one or more LTHCs, with health inequalities. These interventions must consider those at different stages of change 	<p>Outcome 4 Learners can:</p> <ul style="list-style-type: none"> ◆ apply the latest evidence to ensure that they improve clinical outcomes and enable sustained behaviour change for people at high or higher risk of, or living with, LTHCs, while considering health inequalities

Knowledge	Skills
<p>Outcome 4 (continued) Learners should understand:</p> <ul style="list-style-type: none"> ◆ relevant behaviour change theories including: <ul style="list-style-type: none"> — health belief model — self-determination theory — capability, opportunity, motivation behaviour model (COM-B) — transtheoretical model ◆ barriers and motivators (COM-B) ◆ the most effective techniques that can be used to support someone to change their behaviour both on a one-to-one basis or as part of a group ◆ how to apply motivational support (including peer support) in a physical activity session ◆ the insight of people with lived experience of an LTHC, including barriers and motivators, for the different medical conditions and, for those with comorbidities or multimorbidity, examples of organisations they could talk to, for example, Macmillan, Richmond Group of Charities ◆ the latest evidence, emerging trends and initiatives that support the improvement of clinical outcomes that enables sustained behaviour change, for people at high or higher risk of developing or living with LTHCs and help to increase physical activity 	<p>Outcome 4 (continued) Learners can:</p> <ul style="list-style-type: none"> ◆ use and apply relevant behaviour change theory to design an intervention to meet the needs of the target population, that supports people at different stages of change and motivates them to become and stay more active, and cope with relapse ◆ explain how relevant behaviour change theories can be applied to design and delivery of an intervention to meet the needs of those who are at high or higher risk of developing or living with one or more LTHCs, and consider health inequalities ◆ use evidence from the following to develop an intervention protocol for: <ul style="list-style-type: none"> — one-to-one sessions — group and peer behaviour change support — face-to-face versus remote communication, for example digital, print and telephone ◆ apply current evidence and research, and critically appraise emerging trends, to inform delivery of the physical activity, exercise, education and behaviour change components of the programme, and keep people engaged

Knowledge	Skills
<p>Outcome 4 (continued) Learners should understand:</p> <ul style="list-style-type: none"> ◆ the evidence for providing one-to-one, group and peer behaviour change support, face-to-face versus remote communication (for example, digital, print and telephone), and how these can be combined to develop an intervention protocol to meet the needs of those at high or higher risk of developing or living with LTHCs, including comorbidities or multimorbidity, and those with health inequalities ◆ what a customer relationship management (CRM) system is and how it can support the practitioner and participant to manage behaviour change ◆ the importance of using a CRM system to monitor change in behaviour and tailor follow up motivational support, according to individual needs ◆ UK-wide and national government evidence, recommendations and primary messaging for physical activity; including the benefits of physical activity and primary messaging for a range of other common lifestyle behaviours for a number of conditions ◆ UK-wide and national government evidence, recommendations and primary messaging for a range of other common lifestyle behaviours: for example, Public Health England (PHE) healthy eating guidance and stop smoking brief ◆ how national and local marketing campaigns support awareness of the promotion of physical activity 	

Knowledge	Skills
<p>Outcome 4 (continued) Learners should understand:</p> <ul style="list-style-type: none"> ◆ the principles of self-management that enable clients to maintain physical activity and other lifestyle changes beyond the intervention ◆ the evidence for the most effective techniques that can be used to support someone to change and sustain positive lifestyle behaviours, both on a one-to-one basis or as part of a group, using a range of appropriate, person-centred communication modalities ◆ the use of incorporating a variety of skills in an integrative style that draws on the following methods: <ul style="list-style-type: none"> — motivational interviewing — solution-focused brief therapy — CBT — positive psychology 	
<p>Outcome 5 Learners should understand:</p> <ul style="list-style-type: none"> ◆ a range of validated service evaluation outcome measurement tools, including those designed to measure physical (including functional), and mental wellbeing outcomes ◆ a range of medical diagnoses and how to interpret clinical information shared on a health care referral, including knowing when and how to refer back to referring practitioners ◆ the need for a pre-exercise health screening assessment; the pros and cons of different methodologies, the evidence for these and impact on practice in selection; and how to use in a person-centred behaviour change approach 	<p>Outcome 5 Learners can:</p> <ul style="list-style-type: none"> ◆ evidence how the benefits of physical activity can be measured for inactive people and those living with LTHCs ◆ interpret information about the medical management for people at higher risk of, or living with, a range of LTHCs ◆ ensure that medical and other sensitive and/or personal information imparted by clinicians and/or the clients is confidential ◆ select and use appropriate measurement tools, monitoring frameworks, and data collection systems ◆ elicit and record full and accurate health details and personal information from a service user

Knowledge	Skills
<p>Outcome 5 (continued) Learners should understand:</p> <ul style="list-style-type: none"> ◆ what health and personal information is required and why ◆ how to select and administer appropriate functional (including sub-maximal tests) or other clinical assessments to establish a baseline and measure change in functional and/or clinical outcomes over time ◆ how to interpret and apply the results of a variety of assessment tools ◆ how to use segmentation tools that can assist in understanding barriers, motivators and preferred types of physical activity ◆ the distinctions between referral and self-referral ◆ how to set-up an agreed, simple, and seamless self-referral and referral protocol with local professionals and allied services ◆ various data collection and analysis methodologies ◆ at what stage of the intervention to refer or signpost on to another professional with the skills and capabilities to plan and manage a safe and effective exercise programme, or to another type of health intervention, for example stop smoking services 	<p>Outcome 5 (continued) Learners can:</p> <ul style="list-style-type: none"> ◆ carry out a pre-exercise health screening assessment using appropriate risk stratification tools, for example PAR-Q, PreCise, ACSM ◆ gain informed consent from the client to take part in the exercise programme, outlining risks and benefits of participation ◆ interpret medical and/or clinical information received from referring health and social care professionals ◆ select and conduct the appropriate functional and/or clinical assessment or assessments, interpret and apply results to establish a base line and to demonstrate client progress and collective outcomes ◆ liaise with health care and social care professionals where there are considerable concerns for a participant’s safety, and refer back where necessary ◆ adhere to the industry standard code of conduct and ethical practice during decision-making processes and delivery of exercise ◆ recognise the need for self-referral pathways that ensure the needs of target audiences ◆ identify the relevant behaviour change techniques (from the behaviour change taxonomy) and apply them in a person-centred consultation and in all service user interactions ◆ conduct a needs assessment and use health profiles to understand the make-up of the local population and target audiences

Knowledge	Skills
	<p>Outcome 5 (continued) Learners can:</p> <ul style="list-style-type: none"> ◆ competently use person-centred behaviour change, incorporating a variety of skills in an integrative style that draws on one or more of the following methods: <ul style="list-style-type: none"> — motivational interviewing — solution-focused brief therapy — CBT — positive psychology ◆ use any relevant local CRM system, keep service user records up to date and use CRM to manage behaviour change support
<p>Outcome 6 Learners should understand:</p> <ul style="list-style-type: none"> ◆ how to design, adapt and review a safe and effective individual and group-based physical activity programme for a client, based on the client’s needs and personal preferences (both clinical and psychological) ◆ the relevant methods of monitoring a client or group of clients before, during and after exercise, including use of perceived rate of exertion (estimation and production modes) for intensity or breathlessness, heart rates and utilising skilled observation and questioning techniques ◆ the role of evidence-based technologies that support the uptake and maintenance of physical activity ◆ how to conduct appropriate risk assessments for the venues and activities proposed, including ensuring access for those with a disability 	<p>Outcome 6 Learners can:</p> <ul style="list-style-type: none"> ◆ communicate in a credible manner with health, social care and third-sector professionals at different levels working in the health and social care system ◆ evidence how medical management of people with LTHCs is applied in conjunction with knowledge of physiological, pathophysiological, and cognitive systems, in the design and delivery of safe and effective physical activity programmes ◆ apply knowledge of physical activity, and ageing and disease processes, to design and deliver a safe and effective physical activity programme ◆ apply knowledge of the cardiorespiratory, musculoskeletal, nervous, endocrine and cognitive systems, to design and deliver a safe and effective physical activity programme

Knowledge	Skills
<p>Outcome 6 (continued) Learners should understand:</p> <ul style="list-style-type: none"> ◆ how to recognise and respond to the signs and symptoms of a range of LTHCs, associated risk factors and safety considerations required for these during an exercise session 	<p>Outcome 6 (continued) Learners can:</p> <ul style="list-style-type: none"> ◆ communicate the impact of exercise on the human body in simple terms to a participant ◆ interpret information about medical management for people at higher risk of, or living with, a range of LTHCs, and demonstrate how to apply this knowledge in the development and delivery of safe and effective physical activity programmes ◆ design and deliver a physical activity programme that focuses on selecting and adapting appropriate exercises that accommodate the functional and other biopsychosocial limitations that are common to a group of clients across a range of risk factors and/or condition or conditions, and through identifying and enhancing client capabilities, improve capacity to achieve ADLs ◆ enter relevant personal and sensitive data, and ensure its safe storage and transfer at all stages in the physical activity programme, with due regard to local and NHS and/or other information governance requirements ◆ consider and/or use local clinical governance guidelines when delivering a physical activity service for people at risk of, or living with, an LTHC ◆ provide feedback on progress of clients to referring professionals, as appropriate ◆ design physical activity programmes based on service user clinical and biopsychological needs, taking into account safety considerations, motivation levels, medical information and personal preferences. Learners must review and adapt at regular intervals as appropriate

Knowledge	Skills
	<p>Outcome 6 (continued) Learners can:</p> <ul style="list-style-type: none"> ◆ adopt a person-centred, empathetic approach, that takes account of the wider determinants of health and the impact on a client’s ability to change their behaviour ◆ deliver face-to-face, group, individual and remote behaviour change support, using an empathetic and motivational approach ◆ carry out assessments at an appropriate point in a behaviour change intervention, in an empathetic and non-judgemental style ◆ record health details and personal information within a person-centred behaviour change approach ◆ demonstrate how to apply the results of health screening assessments to plan and deliver a safe and effective exercise programme for a client ◆ interpret and apply processes and protocols where delegation is adopted, including clear reporting mechanisms ◆ deliver one-to-one physical activity classes that are tailored to the need of the client, to improve jointly identified biopsychosocial health and wellbeing goals and outcomes, and adapt and review to support changes such as progression, regression and maintenance according to the client’s needs. Outcomes include: <ul style="list-style-type: none"> — function — strength — balance — bone density — cardiorespiratory fitness — fatigue — wellbeing — social isolation

Knowledge	Skills
	<p>Outcome 6 (continued) Learners can:</p> <ul style="list-style-type: none"> ◆ provide opportunities for social interaction before or after, and during the exercise component ◆ monitor changes to client’s circumstances, both physical and emotional improvements and/or decline, review and follow up appropriately ◆ ensure the venue, equipment and activity or activities are suitable for people with LTHCs and take account of mitigating actions from the risk assessment or assessments process ◆ manage participant safety and record any incidents according to the relevant operating procedures ◆ respond quickly and effectively to a medical emergency ◆ determine safety considerations in relation to physical activity, considering all relevant health and wellbeing information ◆ adapt and tailor exercise appropriately, based on presenting signs and symptoms of risk factors for LTHCs, according to the needs of the client ◆ adhere to the industry standard code of conduct and ethical practice during decision-making processes and delivery of exercise ◆ use any relevant local CRM system to keep service user records up to date and manage behaviour support change

Knowledge	Skills
<p>Outcome 7 Learners should understand:</p> <ul style="list-style-type: none"> ◆ the various data methodologies in the data collection process, for example: <ul style="list-style-type: none"> — qualitative — quantitative — customer feedback — evaluation — impact — instructor’s role ◆ the importance of linking to health interventions and other wider community assets that can support the clients, if or when clients have not been signposted to further interventions, for example: <ul style="list-style-type: none"> — health trainers — improving access to psychological therapies — stop smoking services — physiotherapy — pharmacy — defendant — replacement ◆ the importance and value of monitoring and evaluating service outcomes, including knowledge of key evaluation documents ◆ key national and local care pathways that link to the provision of local physical activity services ◆ UK-wide and local health care system structures across primary, secondary and tertiary care, and their roles and responsibilities ◆ links to health interventions and other wider community assets that can support the participant, and knowing how, when and where to signpost 	<p>Outcome 7 Learners can:</p> <ul style="list-style-type: none"> ◆ collect locally agreed data pre-, during and post-intervention from clients ◆ gather and provide qualitative feedback from clients, including case studies ◆ provide feedback on progress of clients to referring professionals, as appropriate ◆ know about relevant physical activity opportunities across an area and be able to signpost clients onwards ◆ provide education or advice at an appropriate level both for individuals and in groups, using appropriate language underpinned by evidence-based health and lifestyle messaging, delivered in a non-judgemental manner ◆ monitor changes to client’s circumstances, both physical and emotional improvements and/or decline, review and follow up appropriately, for example clients with advanced cancer or spinal cord injury ◆ adapt and tailor exercise sessions to keep people engaged, and for people who have signs and symptoms of risk factors for LTHCs, according to the needs assessment for the client. This includes contingency plans to address any acute physical or mental health changes that may occur ◆ provide education or advice on nutrition within the boundaries set out by the Association for Nutrition in the ‘Competence Framework for Nutrition for Fitness and Leisure’, including for specialist instructors working with vulnerable groups

Knowledge	Skills
	<p>Outcome 7 (continued) Learners can:</p> <ul style="list-style-type: none"> ◆ utilise knowledge of the client experience and the impact of health inequalities, to ensure empathy with, and appropriate signposting for, clients throughout their journey ◆ build strong relationships with a range of health professionals who are working in primary, secondary and tertiary services, to ensure a smooth customer journey ◆ communicate the physiological, psychological and sociological benefits of participating in regular physical activity for inactive people and those with LTHCs ◆ identify and build effective relationships with all relevant wider health opportunities and community assets that support health improvement across an area, to cross signpost/refer individuals to according to individual participants' needs
<p>Outcome 8 Learners should understand:</p> <ul style="list-style-type: none"> ◆ service capacity and the skills, competencies and values required by staff and volunteers supporting or delivering part of the programme ◆ how to motivate, value and support peer mentors and our volunteers ◆ how to support and guide other instructors and/or coaches providing part of a programme of sport and exercise ◆ emergency first aid, including CPR 	<p>Outcome 8 Learners can:</p> <ul style="list-style-type: none"> ◆ quality assure community physical opportunities, including identifying training needs ◆ mentor and supervise health champions and/or volunteers by providing one-to-ones and group-based learning and action sets, to include development of core skills, for example communication and general behaviour change techniques ◆ apply reflective practice on a regular basis

Knowledge	Skills
<p>Outcome 8 (continued) Learners should understand:</p> <ul style="list-style-type: none"> ◆ the importance, benefits and mechanisms of keeping technical knowledge and skills up to date through a variety of traditional and innovative learning activities and reflective practice. Examples include: <ul style="list-style-type: none"> — health policy and guidance and implications for practice — peer-to-peer mentoring and action learning sets — strategies for emotional resilience for working with vulnerable people and/or with people with LTHCs, advanced stages of a condition or those who are palliative — on-going learning and supervision for communication techniques, including motivational interviewing, and behaviour change ◆ the scope of industry requirements and how to access relevant and recognised CPD activities ◆ the language used in the health and social care sector ◆ various communication strategies required for the promotion of a physical activity programme ◆ the legislation surrounding the safeguarding of vulnerable people ◆ Data Protection Law ◆ how to evidence CPD of enhanced safeguarding of vulnerable groups 	<p>Outcome 8 (continued) Learners can:</p> <ul style="list-style-type: none"> ◆ identify relevant individual CPD opportunities, and update knowledge and experience regularly and in line with industry requirements ◆ work within professional boundaries and ensure appropriate insurance is in place for the target audiences

Knowledge	Skills
<p>Outcome 8 (continued) Learners should understand:</p> <ul style="list-style-type: none"> ◆ the professional boundaries that apply, including: <ul style="list-style-type: none"> — the distinction between the roles and responsibilities of conditions — when referring professionals, nutritionists and/or dieticians and exercise practitioners — working with own knowledge and competence, based on qualifications and experience — where to access clinical advice or personal support, when required ◆ the role of the practitioner and the distinction between management and/or co-ordinator roles, including interdependencies ◆ the industry code of conduct, ethical issues, and other associated codes of conduct (for example the association for nutrition) relevant to the role in terms of relationships with clinicians, nutritionists, dieticians, referring professionals and clients 	

Meta-skills

Throughout the unit, learners develop meta-skills to enhance their employability in the physical activity and health sector.

Self-management

This meta-skill includes:

- ◆ focusing: sorting information for client training programmes; focusing on the client's needs; adapting sessions based on feedback; educating clients on components of a healthy lifestyle; observing and correcting client's technique during sessions — in outcomes 5, 6 and 7
- ◆ integrity: understanding ethics; being aware of acting on values and principles; work ethic; timekeeping; reliability; discipline; trustworthiness when working with clients in outcomes; undertaking a self-assessment of meta-skills — in outcomes 5, 6 and 7
- ◆ adapting: adapting teaching styles; decision-making; being responsible; responding to changes when working with clients; reviewing programmes based on evaluations and client feedback — in outcomes 5, 6 and 7
- ◆ initiative: decision-making; independent thinking; self-belief; motivation; responsibility when risk assessing and when working with clients in outcomes, evaluating sessions and assessing own meta-skills development — in all outcomes

Social intelligence

This meta-skill includes:

- ◆ communicating: receiving information from clients; giving information; listening to others when working with clients — in outcomes 5, 6 and 7
- ◆ feeling: sense of responsibility; empathy; understanding how others feel when working with clients; sustainability — in all outcomes
- ◆ collaborating: operating in different settings; building relationships with clients; working towards shared goals; team-working with other professionals when working with clients in outcomes — in outcomes 5, 6, 7 and 8
- ◆ leading: inspiring and motivating others; influencing others and being a role model; developing others when working with clients; sustainability — in outcomes 5, 6 and 7

Innovation

This meta-skill includes:

- ◆ curiosity: noticing significant information; asking questions; information sourcing; problem recognition; evaluating sessions; assessing own meta-skills development — in outcomes 5, 6 and 7
- ◆ creativity: creating enjoyable programmes and sessions for clients; using different nutritional assessment tools with clients; responding to different situations and adapting; motivating clients in different ways; coming up with solutions to problems when working with clients; creating a personal training business plan — in outcomes 5, 6 and 7

Professional recognition

Learners who complete the PDA in Management of Long-Term Health Conditions for Exercise Practitioners as part of the HND Physical Activity and Health, or as a stand-alone PDA, can gain professional recognition with the Chartered Institute of Management of Sport and Physical Activity (CIMSPA), for the Professional Standard: Population Specialism — Working with People with Long-Term Health Conditions.

Delivery of unit

This unit has 4 SQA credits, 32 SCQF credit points at SCQF level 8. We recommend 160 hours' contact, and 160 hours' self-directed study.

Additional guidance

The guidance in this section is not mandatory.

The portfolios generated by learners in the unit may provide opportunities for evidence capture from the following mandatory units:

- ◆ Principles of Training for Personal Trainers at SCQF level 8
- ◆ Exercise Practitioner 2 at SCQF level 8

Experiencing a range of assessment methods helps learners to develop different skills that should be transferable to work or further and higher education.

The PDA in Management of Long-Term Health Conditions for Exercise Practitioners at SCQF level 8 provides learners with a framework of skills and knowledge required to work with:

- ◆ clients with single LTHCs
- ◆ clients at high or higher risk of developing a LTHC
- ◆ clients who present with comorbidities and multimorbidity

Learners examine local and national initiatives and epidemiology of inactivity. They also recognise the importance of health and safety in an exercise environment and develop meta-skills in a vocational context. You must emphasise the importance of theoretical knowledge and applied practical skills in relation to delivery of sessions and evaluation of personal practice. LTHCs include, but are not confined to, those affecting the cardiorespiratory, musculoskeletal, nervous system and cognitive processes. Learners should reflect on evidence-based local, national and UK priorities, promoting the development of relationships and networking opportunities that enhance their employment opportunities.

This unit is divided into nine outcomes, with opportunities for learners to gather evidence in a range of modalities, including:

- ◆ academic writing
- ◆ research output
- ◆ oral interview
- ◆ experiential participation
- ◆ practical instruction
- ◆ application of pre-service delivery screening
- ◆ delivery of physical activity sessions
- ◆ evaluations of sessions delivered
- ◆ relevant CPD activities

All evidence forms part of a project, and learners gather this in a portfolio or an e-portfolio.

Resources

Your centre must have:

- ◆ access to comprehensive library and digital resources
- ◆ access to UK, national and local framework, strategy, and policy documents
- ◆ specialist and subject-specific resources from stakeholders and service providers, for inactive clients and those living with or at risk of developing LTHCs
- ◆ software applications to support the development of e-portfolio and other digital artefacts and communication tools, including those required by neurodiverse client groups
- ◆ access to a gym with a range of cardiovascular machines, a range of fixed and free weights and cable machines; small functional equipment including mats, medicine balls and kettlebells
- ◆ access to a suitable facility and/or environment to deliver the physical activity sessions, such as a fitness studio, gym, hall or outdoor space

We recommend that learners are supported and/or mentored by a suitably qualified staff member within the placement provider or organisation where possible. Your centre must have appropriate checks in place to ensure health and safety and correct insurance is in place for learners. Mentors should oversee the delivery of the sessions and provide feedback to the learner as part of their delivery. Learners evaluate their own performance and gain feedback from clients on their professional practice and session content.

There are opportunities for cross-assessment and/or holistic assessment across the mandatory units in the HND Physical Activity and Health. Any practical activity used to generate evidence should reflect the knowledge and skills identified in the evidence requirements for each outcome. Centres should refer to the 'Educator Guide' for guidance and support notes.

Approaches to delivery

Throughout delivery, access to local and national statistics to gather social demographic information relative to LTHCs is advantageous. Learners explore the health landscape and examine the benefits of physical activity in the management and prevention of LTHCs.

Learners must complete pre-service delivery screening and assessment with a live client. The selected client must have a stable, managed LTHC.

Live client:

- ◆ diabetes and metabolic conditions
- ◆ musculoskeletal
- ◆ mental health conditions
- ◆ dementia

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Learners research a range of LTHCs, and apply their findings to design and deliver a range of safe and effective physical activity sessions to a live client.

Learners should plan 12 sessions, evidencing progression, regression and maintenance options, in accordance with the client's medical condition. They should use exercises from their exercise library (for example from the exercise library from HNC Physical Activity and Health Training Principles for Exercise). Learners must deliver a minimum of six sessions (one per week). You should assess learners with a summative observation checklist for a minimum of one session that lasts a minimum of 45 minutes. Learners should monitor and review each session and keep a log. Learners should add their evidence to their portfolio.

As there is no assessment requirement for learners to design a 12-week training intervention for a second client (case study client), it would be supportive for learners to engage in discussions around programming for these types of client to develop their knowledge and skills. We recommend delivering staff take an inclusive approach and embed classroom-based tasks around exercise prescription and planning for clients with the following LTHCs:

- ◆ chronic fatigue
- ◆ circulatory including cardiovascular and respiratory
- ◆ cancers
- ◆ neurological

The following table shows examples of exercises that learners can use in their physical activity sessions:

Function	Strength	Balance	Bone density	Cardiorespiratory fitness
<ul style="list-style-type: none"> ◆ squats and/or sit to stand ◆ step ups and/or toe taps ◆ knee lifts ◆ bicep to overhead press ◆ walking with weights and/or kettlebells ◆ chest press to overhead press 	<ul style="list-style-type: none"> ◆ squat and/or seated leg extension ◆ calf raises ◆ wall press ◆ bicep curls 	<ul style="list-style-type: none"> ◆ tandem walk ◆ one-leg stand ◆ tree pose ◆ flamenco ◆ side leg lifts 	<ul style="list-style-type: none"> ◆ resistance exercise using weights, therabands, medicine ball, etc ◆ walking ◆ jogging ◆ dancing 	<ul style="list-style-type: none"> ◆ walking ◆ cycling ◆ light-moderate intensity aerobics and/or dancing ◆ rower ◆ trampette/bosu ball

Note: The contents of the above table are not exhaustive and not specific to any one medical condition.

Learners also look at CPD, and the importance of maintaining their skills to keep up to date with changing industry standards.

We recommend that you use delivery methods such as:

- ◆ classroom activities
- ◆ guest speakers from local agencies and/or organisations
- ◆ visits and group work
- ◆ practical work

You should use learning and teaching approaches that are varied and appropriate to the aims of the unit.

Approaches to assessment

There are opportunities for cross-assessment and/or holistic assessment across the mandatory units in the HND Physical Activity and Health. Any practical activity used to generate evidence should reflect the knowledge and skills identified in the evidence requirements for each outcome. Centres should refer to the Educator Guide for guidance and support notes.

All written work should contain a declaration of validity that the content is the learner's own work unless cited otherwise. Learners should sign and date their submissions. Digital submissions should be encouraged through centres' virtual learning environment (VLE) using anti-plagiarism software.

Analyse the epidemiology of inactivity and other lifestyle behaviours that impact on health, and the correlation between these behaviours and consequent risk factors that contribute to developing or living with LTHCs (outcome 1)

We recommend that you assess outcome 1 by an academic essay (2,000 words). Learners must analyse the determinants of health due to inactivity and other lifestyle factors that contribute to poor health. Learners should also discuss the correlation between these lifestyle behaviours and the risk factors that contribute to clients developing LTHCs or factors that contribute to the management of living with LTHCs.

Learners should write their academic essay in the third person, and use cohesive language, and correct grammar and punctuation. Learners should include a range of academic references from a range of sources to support their writing. Learners should present their essay in a coherent format. Your centre may wish to specify their own format criteria, for example preferred text font, text size, double line spacing and text alignment.

Interpret the aetiology, pathophysiology and pharmacology for common LTHCs (outcome 2)

We recommend that you assess outcome 2 as an academic essay. Your centre has discretion for learners to complete the essay as a stand-alone for each LTHC or as a combined essay for both conditions. Learners should utilise the same LTHCs as they selected for outcome 3.

The academic essay should interpret the aetiology, pathophysiology and pharmacology for each LTHC. Pharmacological interpretations should include the short and long-term side effects that may be prevalent during physical activity.

Learners should write their academic essay in the third person, and use cohesive language, and correct grammar and punctuation. Learners should include a range of academic references from a range of sources to support their writing. Learners should present their essay in a coherent format. Your centre may wish to specify their own format criteria, for example preferred text font, text size, double line spacing and text alignment.

Examine the physical, psychological and social benefits of increasing physical activity for those living with LTHCs (outcome 3)

We recommend that you assess outcome 3 by a presentation that lasts a minimum of 10 minutes. The presentation must examine the following for two LTHCs:

- ◆ physical benefits of physical activity
- ◆ psychological benefits of physical activity
- ◆ social benefits of physical activity

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Learners should include prevention and management of LTHCs as part of their presentation and discuss how this impacts each of the chosen conditions. They should also refer to local and national government evidence and provide physical activity recommendations for each of the LTHCs. Learners should also discuss primary messages for physical activity and a range of common lifestyle behaviours that contribute to the topic.

Learners should select one LTHC from category one and category two. We suggest that learners select the same LTHCs they have chosen for this outcome, for outcomes 2, 3, 4, 5, 6 and 7.

You should use an assessor checklist to assess learner competence for each evidence requirement.

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Research the latest evidence-based practice that supports sustained behaviour change for people at risk of developing or living with LTHCs (outcome 4)

Learners research the latest evidence-based practice for each of their chosen LTHCs, and use this to support sustained behaviour change for each client.

Learners can provide a written assignment or presentation to demonstrate how they can apply their research to support clients during delivery of their physical activity intervention.

Apply pre-service delivery screening and assessment for a client with LTHCs (outcome 5)

Learners should carry out a pre-exercise health screening assessment to one live client from category one, using appropriate risk stratification tools, for example PAR-Q, PreCise, ACSM. Learners must gain informed consent while utilising a person-centred behaviour approach.

Learners should select and conduct the appropriate functional (including sub-maximal) and clinical assessment or assessments, and interpret and apply results, to establish a baseline and to demonstrate client progress and collective outcomes. Learners should then demonstrate how to apply the results of these assessments to plan and deliver a safe and effective physical activity session for the live client in preparation for outcome 6.

Learners should complete and submit their pre-screening documentation and results from their functional and clinical assessments. They should create a report to interpret results and to form the basis of the goals and objectives of the physical activity intervention. Learners can include the evidence in their portfolio or e-portfolio.

Design and deliver a physical activity intervention for a client with LTHCs (outcome 6)

Learners must design 12 progressive physical activity session plans for a client with LTHCs. They should refer to current research, for example from ACSM or other recognised industry guidelines when they design the session plans. Learners should choose a client from category one only.

Learners should deliver one-to-one physical activity classes that are tailored to the needs of the client to improve jointly identified, biopsychosocial health and wellbeing goals and outcomes; and adapt and review to support changes such as progression, regression and maintenance, according to the client's needs. Outcomes include:

- ◆ function
- ◆ strength
- ◆ balance
- ◆ cardiorespiratory fitness
- ◆ bone density

You should assess a minimum of one session per week to a live client that lasts a minimum of 45 minutes, using an observation checklist. We recommend that you assess practical sessions through a live observation utilising a live client. Learners can include the evidence in their portfolio or e-portfolio.

Learners should offer tailored lifestyle advice throughout delivery of the sessions and record advice offered as part of their evaluation in outcome 7.

We strongly recommend, where possible, that learners are mentored by a qualified and competent practitioner to support learners in delivery of their session plans.

Evaluate physical activity sessions and offer suitable progression routes, education and lifestyle advice (outcome 7)

Learners should review and evaluate after they have delivered each exercise session. Learners can include evidence in their portfolio or e-portfolio evaluations, what education and lifestyle advice they offered to their client and possible progression route or routes for clients to continue in their physical activity journey.

Learners should also talk to their clients about suitable progression routes that are available in the client's local area, on a minimum of two separate occasions. Progression routes should include current physical activity opportunities available in local areas using current research from outcome 7.

Learners should provide clients with education and lifestyle advice (for example, health interventions such as stop smoking services, physiotherapy, pharmacy, befriending, group learning). This should be underpinned by evidence-based health and lifestyle research, for example guidelines from the UK Chief Medical Officer (CMO) and ACSM. Learners should offer nutritional advice within the boundaries set out by the Association of Nutrition in the 'Competence Framework for Nutrition for Fitness and Leisure' including 'specialist instructors working with vulnerable groups'.

Learners examine the local and national health landscape to support clients at risk, or living with LTHCs, and examine how agencies and/or organisations provide a range of services that clients can access. Learners can design an information leaflet or infographic to examine which organisations and services are found within their local demographic area. Learners should refer to local and national policies for the provision of local and national services to support physical activity. The research learners carry out for outcome 2 and 3 should underpin the design of the leaflet or infographic they design for their client. The leaflet or infographic should mimic the type of publication that clients living with LTHCs are given on successful completion of their training intervention in the community. Centres may wish to contact local organisations or service providers to request exemplar leaflets or infographics for a range of LTHCs to support learners.

Examine the scope of practice and industry requirements for exercise practitioners and access relevant and recognised CPD activities (outcome 8)

Learners examine the industry requirements for exercise practitioners to maintain relevant and recognised CPD, and how they can access CPD. Learners should generate evidence in the form of a professional discussion. There should be an opportunity for learners to network and have informal discussions with a range of competent qualified practitioners who deliver physical activity for clients with LTHCs. The professional discussion should evidence each criterion as set out within the evidence requirements, including examining the scope of practice for practitioners.

All learners' work should contain a declaration of validity that the content submitted is the learner's own work, unless cited otherwise, and submissions should be signed and dated as appropriate. Digital submissions should be encouraged through the centre's VLE with use of anti-plagiarism software.

Equality and inclusion

This unit is designed to be as fair and as accessible as possible with no unnecessary barriers to learning or assessment.

You should take into account the needs of individual learners when planning learning experiences, selecting assessment methods or considering alternative evidence.

Guidance on assessment arrangements for disabled learners and/or those with additional support needs is available on the assessment arrangements web page:

www.sqa.org.uk/assessmentarrangements.

Information for learners

Management of Long-Term Health Conditions for Exercise Practitioners (SCQF level 8)

This information explains:

- ◆ what the unit is about
- ◆ what you should know or be able to do before you start
- ◆ what you need to do during the unit
- ◆ opportunities for further learning and employment

Unit information

This unit prepares you for employment in the physical activity and health sector, to work with people living with long-term health conditions (LTHCs), comorbidities and multimorbidity, or those at a high or higher risk of developing a long-term condition or conditions. It examines the importance of maintaining continuing professional development (CPD) and potential for further study, for example cancer rehabilitation or coronary heart disease rehabilitation.

Throughout the unit, you examine the physical and psychological causes for common LTHCs and develop an understanding of the common terminology used to explain and describe a range of LTHCs. You also analyse behaviours that influence health, and how inactivity contributes towards developing or living with LTHCs. You look at current research and evidence-based practice used to support people with LTHCs, along with local physical activity services and/or providers.

You work with a live client in an exercise environment and take them through a series of exercise sessions. You carry out pre-exercise screening, develop a range of health tests, and carry out health and safety checks ahead of working with the client.

You must plan, deliver and evaluate your sessions for a client based on their medical needs, using specific exercise considerations based on current research, for example American College of Sports Medicine (ACSM) or other recognised industry guidelines. On successful completion of the exercise intervention, you will continue to offer guidance and support to your client through signposting to a range of local and national pathways.

There are a range of assessments in the unit, including:

- ◆ practical observations
- ◆ presentations/infographics
- ◆ learner portfolio or e-portfolio
- ◆ case study analysis
- ◆ self-reflective evaluations
- ◆ professional discussions

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There are a range of meta-skills embedded through experiential learning, including innovation, problem solving, critical thinking, communication, creativity and leadership. Outcomes 5, 6 and 7 develop social intelligence and self-management skills through the planning and delivery of physical activity sessions based in a vocational context, while innovation skills are developed throughout outcomes 5 and 7, when you investigate pathways to provision and sustained behaviour change.

Once you complete the PDA in Management of Long-Term Health Conditions for Exercise Practitioners as part of the HND Physical Activity and Health, or as a stand-alone PDA, you can gain professional recognition with the Chartered Institute of Management of Sport and Physical Activity (CIMSPA), for the Professional Standard: Population Specialism — Working with People with Long-Term Health Conditions.

Administrative information

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Superclass: PB

History of changes

Version	Description of change	Date
2.0	<ul style="list-style-type: none">◆ Outcome 4 — reduction in 'Evidence requirements' to reduce repetition and improve clarity of what the learner is being asked to produce as part of the assessment evidence.◆ Outcome 7 — change of wording within 'Evidence requirements' to reduce the need to plan a minimum of 12 session plans for both a live client and a case study client.◆ Outcome 8 — reduction in 'Evidence requirements' to remove the need to observe learner completing an evaluation session with their client.	March 2024
2.0	<ul style="list-style-type: none">◆ Updated 'Entry requirements' for learners undertaking the unit as a stand-alone PDA.◆ Amended wording for CIMSPA Professional Standards Recognition.	June 2024

Note: please check [SQA's website](#) to ensure you are using the most up-to-date version of this document.