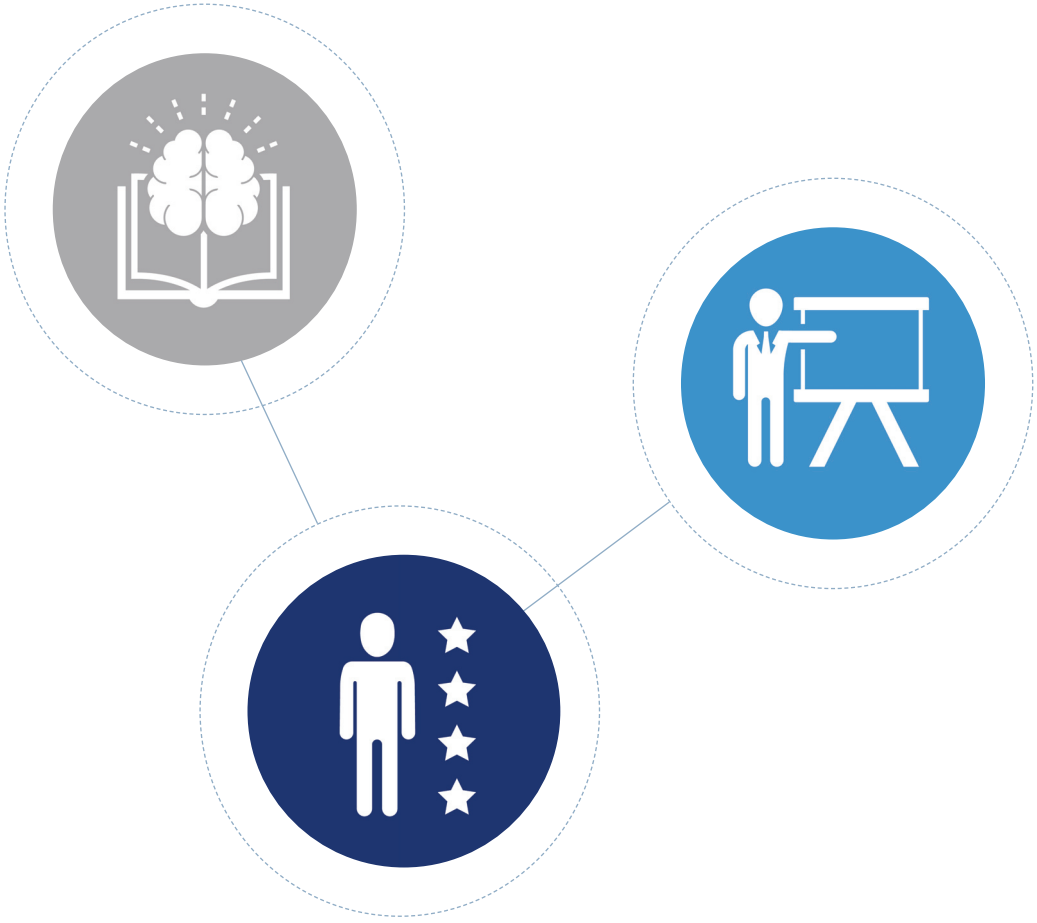
FIT TO CARE

Key knowledge, skills and training for clinicians providing respiratory care



Produced on behalf of the Primary Care Respiratory Society (PCRS) Education Committee

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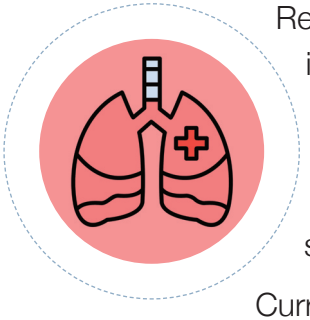
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INTRODUCTION

Respiratory disease is a significant UK health concern, affecting approximately one in five people. As the third leading cause of mortality in England, it accounts for 115,000 deaths annually, averaging one death every five minutes. These statistics have remained essentially unchanged during the past decade.[1,2]



Respiratory disease is intrinsically linked to health inequalities. Individuals residing in the most deprived areas experience disproportionately higher rates of diagnosis, emergency hospital admissions and premature mortality from these conditions.[1] Even so, this burden is preventable. Effective, consistent and greener respiratory healthcare in primary and community settings can substantially reduce its impact.[3]

Current national respiratory audit programme (NRAP) data consistently demonstrate discrepancies between evidence-based guidance and the care patients receive.[4] These variations are influenced by the availability of services and the training, education and experience of healthcare professionals.



The respiratory care workforce has undergone a significant transformation since the original publication of this document.[5] The multidisciplinary team now includes not only GPs and practice nurses but also pharmacists, paramedics, nursing associates, physician associates, physiotherapists, healthcare support workers and social prescribing link workers. These evolving roles raise new considerations for how respiratory care is coordinated and delivered.

Many professionals deliver respiratory care as part of a broader generalist remit, not solely as specialists. The NHS is strategically advancing towards neighbourhood-focused, integrated care models, with data-driven, AI supported risk stratification of individuals. Over the last 10 years there has been a significant shift towards community based respiratory care for many long-term conditions including chronic obstructive pulmonary disease (COPD) and asthma management.[6,7] To support this shift, clear standards and expectations for all clinicians are required to preserve and improve patient and staff outcomes.

FIT TO CARE provides a clear framework setting forth standards and expectations for respiratory care. It defines exemplary practice at each level and explicitly guides clinicians and their managers in identifying developmental needs and appropriate training. This tool supports daily practice by informing personal development plans, guiding identification of learning needs during appraisals and enabling structured discussions on training and service delivery.

For instance, clinicians should consult the framework during annual appraisals to identify professional development opportunities and promote ongoing learning. However, it does not function as a competency assessment or verification tool. Clinicians are expected to maintain currency with national and local guidelines and to utilise competency frameworks aligned with their professional background and responsibilities.

This document aims to:

- **Enable clinicians** to rigorously assess their knowledge and skills, identify development needs and provide robust evidence for appraisals and revalidation.
- **Provide service managers and commissioners** with a frame of reference for the knowledge, skills and training expected of healthcare professionals at standard, advanced and expert level, to support respiratory service design and set up.
- **Establish an authoritative standard** to eliminate unnecessary differences in respiratory care by defining good practice at every level.
- **Support the development of a workforce** fully capable of delivering integrated neighbourhood-based respiratory care across all primary care roles.
- **Support and advance the Respiratory Transformation Programme** (RTP)[8] by fostering a skilled, confident and supported respiratory workforce at every level.

It should not be used as a prescriptive training manual and is not a substitute for existing resources. There is some signposting to specific resources within within the main Fit to Care webpages: www.pcrs-uk.org/fit-to-care.

The Primary Care Respiratory Society (PCRS) developed this document to align with current policy and evidence. It will be subject to regular review and revision to ensure continued relevance and accuracy as the field evolves. ***The next review will be due in 2028****.*

This document has been prepared using Standard, Advanced and Expert levels reflecting the different roles of healthcare professionals within the environment in which they work irrespective of their professional discipline. The document applies equally to doctors, nurses, pharmacists, physiotherapists and other allied healthcare professionals (including non-specialist and neighbourhood roles) involved in the care of people with respiratory conditions.

FIT TO CARE cannot be used as proof of skills, knowledge and training and is purely an information repository of an agreed best practice. If necessary, it will be up to the individual to provide proof of meeting FIT TO CARE requirements for professional development and review processes.

SUPERVISION AND DELEGATION

As the workforce delivering respiratory care in the neighbourhood settings has significantly expanded in recent years, this has created new challenges and opportunities for supervision and delegation. Effective delegation and supervision is a professional skill in its own right, and requires dedicated training, continual professional development and regular reflection. It should be treated with the same seriousness as any other clinical skill, should not be assumed to develop naturally through experience alone and should be reflected in the job plan for the role.

Facilitation of supervision is often easier with clinicians in your own professional specialty but, with many other disciplines working in primary care, good supervision requires an understanding of the training and skills of those other professional groups as well as understanding the experience that each individual brings. There are risks in assuming that clinicians share the same training and ways of thinking.

Good supervision in a primary care context is regular, structured and genuinely reciprocal. It enables supervised clinicians to work safely within their scope, builds their confidence and capability progressively over time, and is responsive to both patient safety concerns and individual development needs. Supervision is a professional activity and should be protected in job plans and rotas, and be accessible to all clinical staff regardless of professional background or employment setting. It should be documented clearly, with agreed actions and review points, and is informed by reflection on real cases and experiences rather than being a tick-box exercise.

Definitions of supervision in primary care

Clinic/practice supervision: Day-to-day support provided by a named/duty senior/more experienced clinician for issues arising in the practice,[9] accessible in real-time providing a debrief and feedback-in-action.[10]

Clinical/professional supervision: Regular support from a named senior/experienced clinician to promote high clinical standards and develop professional expertise.[9] Providing reflection-on-action[10] to facilitate reflection on performance, support change, identify gaps in knowledge and skills, provide a safe space for review and reflection on cases and incidents and provide evidence for revalidation. This may be delivered in a one-to-one or in a group setting. The clinical supervisor should have the appropriate knowledge and skills in the management of the conditions for which the healthcare professional is delivering care. In some circumstances clinicians may need to source this support externally from someone working at a more advanced level.

Educational supervision: Supports learning and enables learners to achieve proficiency.[9] It is provided by a trained and appropriately accredited educator who supports the learner, providing feedback and assessment to build capability and skills.

Managerial supervision: Takes place with a designated line manager and is related to monitoring and appraising performance, addressing matters related to human resources, clinical governance and safety.



Other professional development and support mechanisms include:

Coaching: Enhances performance, leadership skills and outcomes through focusing on personal insights, reflections and identification of areas for improvement through questioning and inquiry. Coaching can be conducted by anyone with coaching skills.

Mentoring: Can be formal or informal. Mentoring is a longer-term supportive relationship where the mentor is trusted and respected but is typically working at a more advanced level and has greater experience than the mentee and will share knowledge, ideas and experiences to support capability and potential.

Delegation

Delegation can be defined as the allocation of a specific task to a competent individual giving them the responsibility and authority to perform a specific task in a specific situation.

This involves understanding the individual's normal working practice, competency and skill level. Clinician accountability includes decisions to delegate aspects of care. This means there is a responsibility to ensure provision of risk assessment, supervision, support and regular review to ensure safe delivery of clinical care. All clinicians involved in delegation and supervision should maintain their own competence and skills as part of their mandatory appraisal and revalidation.



DIGITISED FIT TO CARE TOOL

A digital version of the FIT TO CARE resource has been produced and is available at www.pcrs-uk.org/fit-to-care

This interactive resource enables the user to tailor the tool to their specific needs, the expectations of their role and track their progress against the Standard, Advanced and Expert level requirements. It includes progress tracking and reporting to support professional development.

Key knowledge and skills required for clinicians providing **STANDARD** respiratory care

Definition of level

Individuals will have a working understanding of:

- what good looks like for individuals (children, young people and adults) with respiratory conditions;
- key features of under-optimised and non-diagnosed respiratory disease; and
- identifying those at risk of long-term respiratory conditions.

They will have the ability to apply individualised prevention, public health and social prescribing knowledge to these groups and refer/signpost to specific pathways and initiatives for further support.

Key considerations

- A recognition of one's own limitations and competencies is paramount. Clinicians require access to an experienced mentor for advice and/or ongoing supervision and reflective learning.
- Clinicians should regularly source training updates and consider a reflective continued professional development (CPD) journal using real case studies. These can be discussed during clinical supervision to support safe practice and be part of a professional revalidation process where necessary.
- Clinicians remain accountable for their own practice and to their regulating body and must work to local and national protocols and guidelines.

Desirable skills, knowledge and training

- Completion of or working towards completion of respiratory assessment module/s, for example:
  - Diploma module in asthma
  - Diploma module in COPD
  - Module in current respiratory-related vaccination
  - Diploma module in child and young persons' asthma care
  - Remote consultation methods
  - NCSCT Training and Assessment Programme for Smoking Cessation or equivalent
- Being part of a respiratory/peer support network (if and where available).

Key knowledge and skills required for clinicians providing **STANDARD** respiratory care

Skills

- Accurate recording of clinical data and understanding its significance, for example:
  - heart rate and rhythm, respiratory rate, pulse oximetry, peak flow rate, blood pressure, carbon monoxide level, FeNO, chest examination
  - scoring tools: RCP three questions/ACT questionnaire, CAAT score, MRC/BORG Breathlessness Scale, QRISK2 (or 4, or ASSIGN)
  - mental health scoring tools
- Inhaler and NRT delivery techniques
- Initiate standard, personalised self-management/action and care plans
- In-person and remote consultation skills including basic behaviour change interventions e.g. Very Brief Advice and motivational interviewing
- Describe how we breathe in good and poor health and demonstrate simple techniques to improve breathing during poor health
- Provide brief preventative interventions including smoking cessation advice, vaccination promotion and physical activity encouragement
- Support patients to access simple digital resources where appropriate

Knowledge

- Good understanding of:
  - respiratory anatomy and function
  - more common respiratory pathophysiology, e.g. asthma and COPD
- Knowledge and understanding of:
  - commonly used respiratory medications including indications, safety and optimal dosing
  - non-pharmacological interventions such as weight management, PR and psychological support, including the supportive role of the healthcare professional
  - the holistic approach to the management of long-term conditions, including social prescribing to support mental and physical wellbeing
  - local and national guidance for the management of asthma and COPD
  - social care provision, community services and local initiatives (e.g. housing, gyms, winter fuel allowances etc) that may help support individuals with, or at risk of, respiratory conditions and other determinants of health
- Awareness:
  - that respiratory disease disproportionately affects people at the lower end of the sociodemographic spectrum
  - that prevention (smoking cessation, vaccination, physical activity, weight management, clean air advice) is a core component of respiratory care
  - the environmental impact of healthcare and basic principles of greener respiratory care (e.g. avoiding inhaler waste, supporting adherence, considering lower carbon options where clinically appropriate)
  - that digital tools may support care, including remote consultations, digital self-management resources and symptom monitoring apps

Training

- Basic training in how to:
  - conduct a respiratory review in a diagnosed patient living with a respiratory disease
  - identify when care is not optimised
  - identify when there are new features that require assessment
- Local NHS approved training/in-house training with a suitably qualified professional in the field of respiratory care as a precursor to formal diploma level or similar
- Ongoing clinical supervision with a qualified mentor working at an advanced or expert level in the field of respiratory care
- Completion of:
  - NCSCT online module 1
  - an inhaler technique module
  - person-centred care communication module
- Basic training in prevention approaches relevant to respiratory disease
- Introductory training in greener respiratory healthcare principles

Key knowledge and skills required for clinicians providing ADVANCED respiratory care

All skills, knowledge and training required for STANDARD level PLUS:

Definition of level

These clinicians will be able to work autonomously with individuals living with respiratory disease (e.g. running chronic respiratory clinics). This includes – but is not limited to – responsibility for assessing, treating, reviewing and providing ongoing management and support including treating tobacco dependency (with support/supervision where necessary).

They can diagnose or question a current diagnosis in someone who:

- presents with respiratory symptoms; or
- presents with symptoms or treatment responses inconsistent with their current diagnosis.

In addition, they:

- can recognise, assess and recommend treatment for acute exacerbation or change in status of chronic respiratory diseases;
- are aware of and can conduct a holistic assessment of an individual, considering symptoms beyond the lungs (frailty, cancer, mental health and cardiovascular disease);
- can identify when expert (specialist) review is required;
- have an awareness of less common respiratory disease;
- have a greater understanding of health inequalities and its impact on respiratory conditions;
- can risk stratify individuals for their practice; and
- can consider the impact and wellbeing of dependents and/or carers.

Key considerations

Clinicians working at this level should be competent in the criteria expected for standard level, plus:

- Advanced clinicians are expected to act as the role model in a team and, as such, provide education and clinical advice to colleagues responsible for the care of patients living with respiratory conditions.
- Clinicians will have systems set up to utilise local level data for risk stratification and identify high-risk patient/populations.
- Clinicians will be working within a multi-professional team (including access to an expert/specialist) to deliver proactive care and contributing to quality improvement.

Desirable skills, knowledge and training

- Degree level module in acute and chronic respiratory assessment and/or conditions such as COPD, asthma and acute respiratory infection or chronic breathlessness
- Clinical examination skills and the ability to differentiate breathlessness
- Understanding of possible differential diagnoses for respiratory symptoms such as acute and chronic breathlessness, wheeze and cough (e.g. heart failure, gastric reflux, anaemia)
- Nationally recognised spirometry certificate (minimum in performing test and referring to qualified mentor for interpretation)
- Able to mentor and advise clinicians providing standard levels of respiratory care
- Independent prescribing qualification for respiratory medicine
- Able to undertake group consultations
- ARTP spirometry certification ± CYP component

Key knowledge and skills required for clinicians providing ADVANCED respiratory care

All skills, knowledge and training required for STANDARD level PLUS:

Skills

- Perform spirometry testing, including with reversibility
- Interpret spirometry testing, including with reversibility
- Initiate and make referrals for relevant investigations e.g. FBC, NT-Pro BNP, CXR, ECG and HRCT
- Recognise, assess and manage acute deteriorations in chronic respiratory conditions
- Make referrals for PR and respiratory specialist review
- Make referrals to appropriate multidisciplinary teams, including mental health and social care professionals
- Formulate and review personalised, self-management and care plans with individuals and their families/carer
- Incorporate prevention strategies proactively into chronic disease reviews and respiratory clinics
- Use and interpret digital tools such as remote monitoring data, symptom scores and virtual consultation platforms

Knowledge

- Advanced knowledge of cardiopulmonary anatomy and physiology, including the ability to explain conditions such as AF and the effects of skeletal muscle deconditioning
- Understanding of the pathophysiology of both common and complex respiratory diseases, including ILD and bronchiectasis
- Awareness of extrapulmonary manifestations of respiratory disease, including effects such as erectile, bladder dysfunction, bone health, etc
- Comprehensive knowledge of evidence-based interventions to support smoking cessation
- Understand:
  - how to individualise pharmacological and non-pharmacological options in asthma and COPD
  - the psychosocial implications of respiratory disease and its impact on the individual and their family and carers
  - how to apply greener respiratory healthcare to care and treatment considerations, where appropriate
  - referral criteria for surgery/intervention and support early recognition of need for these.
- Greater understanding of the relationship between deprivation, multimorbidity, ethnicity, occupational exposures and respiratory outcomes
- Understanding of greener prescribing principles
- Knowledge of digital respiratory pathways including remote monitoring, virtual reviews and digitally enabled self-management support

Training

- Postgraduate module/s in respiratory assessment relevant to practice; asthma; COPD (Level 6), including pharmacological and non-pharmacological
- Completed NCSCT Training and Assessment Programme for Smoking Cessation and be on the NCSCT register of certified practitioners Level 2
- Training in/on:
  - population health management and risk stratification tools
  - the impact on extrapulmonary considerations, i.e. frailty, deconditioning, mental health
  - the social, emotional and financial implications of long-term respiratory disease and solutions to support the individual
  - greener prescribing, lifestyle – public health management
  - greener respiratory healthcare and sustainable prescribing
  - digital consultation skills, remote monitoring systems and use of electronic risk tools

Key knowledge and skills required for clinicians providing EXPERT respiratory care

All skills, knowledge and training required for STANDARD and ADVANCED level PLUS:

Definition of level

For clinicians working at a high level, with clinical complexity requiring extensive multifaceted intervention. They:

- can support individuals:
  - with worsening/progressive/poorly managed symptoms;
  - living with mental health conditions including but not limited to addiction and substance misuse;
  - requiring advanced interventions i.e. oxygen therapy, biologic medications, surgical interventions;
- implement advance care planning;
- devise and evaluate personalised care plans, based upon individual requirements and considering local health inequalities and neighbourhood health models;
- have a wider knowledge of less common respiratory diseases;
- can optimise the complexity of living with multiple co-morbidities/diagnoses;
- are aware of and use digital tools. Ideally, they would also be able to evaluate and implement digital tools within their practice; and
- will foster a culture of integration across their primary care network (PCN)/neighbourhood and contribute to local respiratory networks.

Key considerations

Clinicians working at this level should be competent in the criteria expected for advanced level plus:

- Have a good understanding of the identification and optimal management of co-morbidities in patients living with respiratory disease.
- Demonstrate the ability to work with patients living with both respiratory disease and multiple co-morbidities (e.g. mental health, cardiovascular) and liaise closely with members of the MPT to ensure high standards of care, exceptional communication between disciplines and close working with integrated care teams.
- Recognise the limitations of the practice scope or field and is able to refer for specialist opinion as appropriate.
- Provide shared care with hospital services.
- Have a good understanding of local population and environmental factors that may impact respiratory health.

Desirable skills, knowledge and training

- Masters level or working towards a Masters level module/s in clinical assessment skills in respiratory disease
- Non-medical prescribing qualification in the area of practice
- Leadership involvement in primary care networks, patient safety, clinical governance
- Develop audits, risk stratification and quality improvement tools and strategy and their uses
- Understand and critique primary research in relevant fields
- Able to interpret tests (including blood, radiology and spirometry) in a clinical context
- Advanced practitioner exams

IMPORTANT

It is expected that healthcare professionals working at the EXPERT level of FIT TO CARE are PCRS Premium (paid) members.

For more information, please go to: https://www.pcrs-uk.org/join.

Key knowledge and skills required for clinicians providing EXPERT respiratory care

All skills, knowledge and training required for STANDARD and ADVANCED level PLUS:

Skills

- Assess and treat individuals with complex respiratory disease, potentially referred from standard or advanced practitioners
- Identify individuals requiring advance care planning and provide this along with a personalised care plan
- Recognise when specialist input is needed and can refer for this as appropriate (for example cardiology, surgery consideration or biologics)
- Contribute to integrating working across healthcare systems, including commissioning and service design projects
- Lead proactive, population-level respiratory management, including risk stratification and case finding
- Champion and utilise digital tools to enhance patient care and monitoring
- Lead initiatives to reduce health inequalities, using population health data to identify unmet need and target proactive interventions
- Balance digital innovation with equitable access and inclusion for underserved populations
- Influence commissioning, service design and policy relating to prevention, sustainability and digital transformation

Knowledge

- Detailed knowledge of:
  - less common respiratory conditions, for example ILD and bronchiectasis
  - common comorbidities, including management of multiple and/or complex conditions
  - advanced interventions, such as NIV
  - structural health inequalities and their impact on respiratory outcomes at neighbourhood and population level
- Knowledge of:
  - which individuals require advance care/treatment escalation planning and what these plans involve
  - severe mental health conditions, including addiction and misuse and their impact on management of respiratory disease
  - digital transformation, AI-supported risk stratification and remote monitoring technologies
- Understanding of sustainable healthcare systems, carbon reduction strategies and environmentally sustainable service redesign

Training

- MSc level or equivalent course in advanced assessment skills or in a respiratory related area
- Training in:
  - communication in complex situations with compassion
  - end of life identification, management and communication
  - sustainable healthcare/service redesign
- Relevant assessor course to enable teaching and mentoring of colleagues
- Leadership course and ongoing group or individual mentoring
- Advanced training in leadership, population health and QI methodology and processes
- Training or experience in digital transformation, AI enabled tools and remote monitoring technologies

TRAINING PROVIDERS

PCRS-UK does not take responsibility for assessing individual skill levels or competencies.

The following core organisations offer accredited respiratory training programmes:-

- Association of Chartered Physiotherapists in Respiratory Care (http://www.acprc.org.uk)
- Association for Respiratory Technology and Physiology (http://www.artp.org.uk)
- Education for Health (https://www.educationforhealth.org)
- elearning for healthcare (eLfH) (https://portal.e-lfh.org.uk/)
- The Institute for Clinical Science and Technology (ICST) (https://icst.org.uk/)
- NCSCT (http://www.ncsct.co.uk)
- Primary Care Respiratory Training Centre (http://pcrtc.co.uk/pcrtc/)
- Rotherham Respiratory (https://rotherhamrespiratory.com/)
- Turas: Education for Scotland (https://turasdashboard.nes.nhs.scot/)
- Barrett McGrath Education & Mentoring Services Ltd

There are a number of other regional and national organisations, professional bodies, academic universities and charities who offer respiratory training programmes. Individuals can check with their local postgraduate deanery, professional body and employer for information on local and national courses.



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