The Qualification Hub

Qualification Specification

TQH Level 3 Diploma in Exercise Referral



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The Qualification Hub (TQH)

The Qualification Hub (TQH) is an Awarding Organisation based in Northern Ireland that is regulated by CCEA Regulation. TQH is responsible for creating and granting professional and technical (vocational) qualifications at Levels 2 and 3 within the 08.1 Sport, Leisure and Recreation sector.

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Qualification Level

The level of a qualification reflects the level of difficulty and complexity of the knowledge and skills it requires. The qualification levels range from Entry Level 1 to Level 8.

Qualification Size

In the context of qualifications, size refers to the total amount of time typically required for a learner to complete all study and assessment activities. This is measured as Total Qualification Time (TQT), which includes both Guided Learning Hours (GLH)—the time spent under direct supervision or instruction—and time spent on independent study and assessment preparation. (See GCOR J1.8).

The start and end dates of TQH qualifications operation signify the duration of its regulated lifecycle. The end date marks the final deadline for learners to enrol in the qualification. After this date, learners have a maximum of 2 years to finish the qualification and obtain their certificate.

All The Qualification Hub qualifications are published to the Register of Regulated Qualifications (https://register.ofqual.gov.uk/). This site shows the qualifications and awarding organisations regulated by CCEA Regulation.

TQH Qualification Regulation Information

Level 3 Diploma in Exercise Referral

Qualification Type: Diploma
Operational start date: 22 October 2026
Certification end date: (TBC)
Sector Subject Area - 8.1 - Sport, leisure and recreation
Grading is pass/fail.

Links to National Standards
This qualification aligns with industry-recognised standards including the Chartered Institute for the Management qualification has been informed by the Chartered Institute for the Management of Sport and Physical Activity (CIMSPA) Professional Standards, the SkillsActive National Occupational Standards (NOS) for Exercise Referral (SKAER1–SKAER3), and relevant NICE guidance relating to physical activity and exercise referral schemes. ent of Sport and Physical Activity (CIMSPA), SkillsActive, and NICE guidelines.

Mapping to National Occupational Standards (NOS)

TQH Level 3 Diploma in Exercise Referral has been developed with reference to the SkillsActive National Occupational Standards (NOS) for Exercise Referral.

These standards define the knowledge, skills and behaviours required for safe and effective practice within exercise referral roles. The content, learning outcomes and assessment criteria within this qualification have been designed to reflect the competencies required of exercise referral practitioners whilst remaining appropriate to the level and scope of a Level 3 qualification.

Primary alignment is with the following National Occupational Standards:

• SKAER1 – Collaborate with individuals with health and medical conditions to determine and plan their physical activity needs and goals

• SKAER2 – Design a physical activity programme for individuals with health and medical conditions

• SKAER3 – Deliver physical activity programmes for individuals with health and medical conditions

These standards underpin the core competencies required for exercise referral instructors working with individuals presenting with low to moderate risk health conditions, including consultation, information gathering, programme design, delivery, monitoring and review.

The qualification has also been informed by the following National Occupational Standards:

• SKAER4 – Collaborate with individuals with high-risk health and medical conditions to determine and plan their physical activity needs and goals

• SKAER5 – Design physical activity programmes for individuals with high-risk health and medical conditions

• SKAER6 – Deliver physical activity programmes for individuals with high-risk health and medical conditions

These standards have been incorporated at an awareness level to support learner understanding of higher-risk populations, risk stratification, referral pathways, professional boundaries and the need to work appropriately with healthcare and specialist professionals.

Learners are not expected to independently design or deliver exercise programmes for individuals classified as high risk. Instead, they are required to:

• Recognise the characteristics of higher-risk health and medical conditions

• Understand the limitations of their scope of practice

• Apply appropriate referral and signposting procedures

• Work in accordance with guidance provided by healthcare professionals

This approach ensures that learners operate safely, ethically and within defined professional boundaries at all times.

Application of NOS within the Qualification

The structure of the qualification reflects the knowledge, skills and behaviours contained within the National Occupational Standards for Exercise Referral.

Qualification Unit	**Primary NOS Alignment**
Understanding Professional Standards and Responsibilities in Exercise Referral	SKAER1
Planning Exercise Programmes for Referral Patients	SKAER1 and SKAER2
Delivering Exercise Programmes to Referred Patients	SKAER3

Understanding Medical Conditions for Exercise Referral	Underpinning knowledge supporting SKAER1–SKAER3
Applied Anatomy and Physiology	Underpinning knowledge supporting SKAER1–SKAER3
Principles of Nutrition and Application to Exercise and Health	Underpinning knowledge supporting SKAER1–SKAER3

SKAER1 focuses on consultation, information gathering, risk assessment, collaborative goal setting and planning physical activity needs with individuals presenting with health and medical conditions.

SKAER2 focuses on the design, management and review of physical activity programmes for individuals with health and medical conditions, including the application of anatomy and physiology, principles of training, risk management and behaviour change strategies.

SKAER3 focuses on the safe delivery, monitoring and review of physical activity programmes for individuals with health and medical conditions and supports the practical competencies required of exercise referral practitioners.

Knowledge relating to more complex and higher-risk health conditions, as referenced within SKAER4, SKAER5 and SKAER6, is incorporated at an awareness level to support appropriate decision-making, risk recognition, referral procedures and professional boundaries. Learners are not expected to independently design or deliver programmes for individuals classified as high risk.

Access to National Occupational Standards

The full National Occupational Standards can be accessed via:

https://www.ukstandards.org.uk

The standards may be located by searching the reference codes SKAER1, SKAER2, SKAER3, SKAER4, SKAER5 and SKAER6.

Progression

This qualification provides a pathway for progression into:

• Level 4 qualifications in exercise referral, health and wellbeing, physical activity, behaviour change, coaching and rehabilitation-related disciplines

• Foundation Degrees, Higher National qualifications and degree programmes in Sport and Exercise Science, Public Health, Physiotherapy, Health Promotion and related subjects

• Employment and voluntary roles supporting physical activity, exercise referral, health improvement and community wellbeing initiatives, subject to organisational requirements and scope of practice

Successful achievement may also contribute towards continued professional development within the sport, physical activity and health sectors.

Delivery Languages
This qualification is available in English only at this time.

Qualification Target Group

This qualification is aimed at fitness professionals, personal trainers, exercise instructors and individuals seeking to work within exercise referral, health improvement, rehabilitation support, physical activity or community-based health settings. It may also be suitable for individuals currently supporting the delivery of physical activity programmes who wish to develop specialist knowledge and skills in exercise referral practice.

Qualification Aim

TQH Level 3 Diploma in Exercise Referral is designed to develop learners' knowledge, understanding and applied skills required to safely support individuals referred for exercise by healthcare professionals.

The qualification enables learners to interpret referral information, explain the impact of common medical conditions on participation in physical activity, and apply appropriate exercise principles to plan, deliver and review safe, effective and individualised exercise programmes.

The term "clinical presentation" can sometimes imply a level of clinical assessment beyond the scope of a Level 3 Exercise Referral Instructor. The NOS emphasise working with information provided and operating within scope of practice rather than undertaking clinical assessment.

Learner Entry Guidance and Prior Learning

Entry to this qualification is at the discretion of the centre. There are no formal mandatory prerequisites; however, learners will benefit most from holding a relevant Level 2 or Level 3 qualification in sport, fitness, or healthcare (such as a Level 2 Certificate in Fitness Instructing or Level 3 Diploma in Personal Training) or equivalent industry experience.

Centres are responsible for ensuring that this qualification is appropriate for the age and ability of their learners, and that learners possess the capability to safely and effectively fulfill the requirements of the learning outcomes

Qualification Objectives

By the end of this qualification, learners will be able to:

- Interpret the structure and function of key body systems and explain their relevance to exercise in referred populations
- Interpret the pathophysiology, signs, symptoms and progression of common medical conditions relevant to exercise referral

- Explain the risks and benefits of physical activity for individuals with controlled clinical conditions
- Apply appropriate screening, consultation and information-gathering methods to inform safe and effective programme design
- Plan and justify exercise referral programmes using recognised principles, including appropriate adaptations for individual needs and comorbidities
- Deliver safe and effective exercise sessions, using appropriate instruction, communication and monitoring techniques
- Explain and respond to exercise and adapt programmes in line with progression, regression and clinical considerations
- Apply patient-centred approaches to support engagement, adherence and long-term behaviour change
- Operate within professional scope of practice, recognising when referral to healthcare or other appropriate professionals is required
- Maintain accurate, secure and appropriate documentation in line with legal, ethical and professional requirements

Qualification Purpose

The purpose of TQH Level 3 Diploma in Exercise Referral is to prepare learners to operate as exercise referral instructors within health, fitness and community-based settings, supporting individuals who have been referred for physical activity as part of a health management strategy.

The qualification provides learners with a clear understanding of the relationship between medical conditions and exercise, and develops the applied skills required to plan, deliver, monitor and review safe and effective exercise programmes for referred individuals.

Learners will develop the ability to interpret referral and health-related information, apply risk stratification principles, and make appropriate decisions to support safe participation in physical activity whilst working within defined professional boundaries.

This qualification does not qualify learners to diagnose medical conditions or prescribe clinical or nutritional treatment. Learners are trained to provide exercise-based support within their scope of practice and to refer appropriately to qualified healthcare or nutrition professionals where required.

Learners will not independently design or deliver exercise programmes for individuals classified as high risk and will operate within defined professional boundaries at all times.

Rule of Combination

To achieve the TQH Level 3 Diploma in Exercise Referral, learners must successfully complete and achieve all six (6) mandatory units (300 GLH / 420 TQT / 42 Credits)

Indicative Content and Depth of Coverage

Learners will develop knowledge and understanding of a range of medical conditions commonly encountered within exercise referral settings. These include:

- Hypertension
- Hypercholesterolaemia
- Chronic Obstructive Pulmonary Disease (COPD)
- Asthma
- Obesity
- Type 1 and Type 2 Diabetes
- Osteoarthritis
- Rheumatoid Arthritis
- Osteoporosis
- Depression
- Stress and Anxiety
- Simple Mechanical Back Pain
- Joint Replacement

For each condition, learners are required to demonstrate understanding of:

- Basic pathophysiology and key disease characteristics
- Common signs, symptoms and presentations
- Disease progression and long-term implications
- Modifiable and non-modifiable risk factors
- The impact of the condition on body systems and functional capacity

Learners will also develop knowledge of:

- Pharmacological treatments, including intended effects and potential side effects
- How medication may influence exercise response and tolerance
- Appropriate lifestyle interventions, including physical activity and general healthy eating guidance
- The risks and benefits of exercise participation
- Contraindications and necessary exercise restrictions
- Principles of programme design, progression, regression and adaptation, including when working with individuals presenting with multiple health conditions and comorbidities

This content underpins learners' ability to interpret referral information, apply risk stratification principles, plan and adapt exercise programmes, and support safe and effective exercise referral practice within their defined scope of practice.

Requirements for Tutors

Tutors should hold, or be working towards, a teaching qualification. The following examples are acceptable, although TQH will consider other teaching qualifications on request:

- Preparing to Teach in the Lifelong Learning Sector (PTLLS).
- Certificate in Teaching in the Lifelong Learning Sector (CTLLS).
- Diploma in Teaching in the Lifelong Learning Sector (DTLLS).
- Certificate of Education.
- PGCE.
- Award in Education and Training.
- Certificate in Education and Training.
- Bachelor of Education (BEd)

The tutor must demonstrate that they have the appropriate knowledge, understanding and occupational competence relevant to the TQH qualification they wish to deliver.

Tutors must hold a relevant qualification and either maintain current CIMSPA membership or demonstrate active engagement within the industry through a minimum of four operational hours per month during the preceding 12 months.

Requirements for Assessors

Assessors should hold, or be working towards, a recognised assessing qualification. The following examples are acceptable, although TQH will consider other assessor qualifications on request:

- D32/33 qualification.
- A1 qualification.
- Level 3 Award in Understanding the Principles and Practices of Assessment or equivalent.
- Level 3 Award in Assessing Vocationally Related Achievement or equivalent.
- Level 3 Award in Assessing Competence in the Work Environment or equivalent.
- Level 3 Certificate in Assessing Vocational Achievement or equivalent.

If assessors wish to assess work-based competency qualifications, then they must hold, or be working towards, one of the following qualifications:

- D32/D33 qualification.
- A1 qualification.
- Level 3 Award in Assessing Competence in the Work Environment or equivalent.
- Level 3 Certificate in Assessing Vocational Achievement or equivalent.

Assessors must hold a relevant qualification in addition to CIMSPA membership OR have been actively engaged in the industry, working for a minimum of 4 operational hours per month during the last 12 months prior to applying for the Assessor role. This ensures staff keep up with the current trends and standards of others working in their industry.

Trainee assessors must be given a clear action plan for achieving the appropriate qualification(s) and their decisions should be countersigned by a suitably qualified individual until the qualification(s) are achieved.

Requirements for an Internal Quality Assurer (IQA)

Internal Quality Assurers should hold, or be working towards, a recognised qualification in the internal quality assurance of assessment processes and practice. The following examples are acceptable, although TQH will consider other IQA qualifications on request:

- Level 4 Award in Understanding the Internal Quality Assurance of Assessment Processes and Practice.
- Level 4 Award in the Internal Quality Assurance of Assessment Processes and Practice.
- Level 4 Certificate in Leading the Internal Quality Assurance of Assessment Processes and Practice.
- V1 (previously D34).

Internal Quality Assurers must hold a relevant qualification in addition to CIMSPA membership OR have been actively engaged in the industry, working for a minimum of 4 operational hours per month during the last 12 months prior to the IQA role. This ensures staff keep pace with the current trends and standards of others working in their industry.

Trainee IQA's must be given a clear action plan for achieving the appropriate qualification(s) and their decisions should be countersigned by a suitably qualified individual until the qualification(s) are achieved.

Important Notes

- It is not best practice for the IQA to provide the QA for aspects of course delivery that s/he has tutored
- It is not permitted for the IQA to provide the internal quality assurance of his/her own assessment.

Centre Performance

External Quality Assurance
The EQA will typically conduct quality assurance activities at least twice per year, which may include announced and unannounced visits, remote monitoring activities and evidence sampling, depending on centre risk profile and qualification activity.

The role of the External Quality Assurer is to collaborate with the Centre to review its systems and procedures, interview assessors for consistency, support and work with the IQAs, and interview learners both remotely and in person, sampling assessment decisions, learner evidence and quality assurance records through both planned and unannounced quality assurance activities. The EQA will also examine internal quality assurance decisions and records, and verify that full qualification or individual unit certifications are correct.

The Centre is responsible for providing the EQA with access to its premises, staff, learners, data, records, meetings, and documents as required. The Centre uses TQH Platform and all learner data is available online 24/7.

The EQA may review learner evidence, assessment decisions and certification claims as part of ongoing quality assurance and certification activities.

Standardisation
Standardisation is a process that supports tutors, assessors and quality assurance personnel in applying qualification requirements, assessment criteria and quality assurance arrangements consistently.

If requested, centres offering units of a TQH qualification must attend and provide assessment materials and learner evidence for standardisation events.

Learner Registration

- Use its best endeavours to verify that the identity and information provided by the Learners
- upon registration is accurate and complete as per Identification Policy;
- Register learners promptly following enrolment. Centres must register learners on the TQH Platform within 14 days of enrolment.
- Only register Learners for qualifications whom it reasonably expects to complete a qualification;
- Only register Learners for qualifications the centre is approved to deliver;
- Take all reasonable steps to ensure that learners are fully informed about the requirements of their selected qualifications as set out in the relevant qualification specifications and guides published by TQH.
- Provide appropriate induction and support to learners, in accordance with TQH Policies and Procedures.
- Have in place arrangements to allow for recognition of prior learning, where this is appropriate for a qualification, and in accordance with the relevant TQH Policies and Procedures;

(To obtain further information regarding registration, kindly refer to Registration of Learners)

Administration

Certification
The primary responsibility for initiating certificate claims lies with the Centres. A Centre cannot make a claim for certification unless it is confident that the student has completed all necessary assessments and has reached the required standard for the qualification . Only after completing all internal quality assurance procedures can a Centre make this determination. Certificates will be issued within 20 working days.

Qualification Fees
TQH publishes all up to date qualification fees in its Fees and Invoicing Policy.

Equality, Fairness and Inclusion
In developing the specifications for this qualifications, TQH has taken into account the demands of equality legislation. If you need more information or guidance on how to access fair assessments or want to know more about TQH's Reasonable Adjustments and Special Considerations policies.

TQH Centre handbook contains additional information on the headings mentioned. Please refer to it for further details.

Structure and Content

Introduction

This Level 3 qualification develops learners' knowledge, understanding and applied skills required to safely plan, deliver, monitor and review exercise programmes for individuals referred by healthcare professionals as part of a health management strategy.

Learners will develop an understanding of the professional responsibilities associated with exercise referral practice, including scope of practice, patient-centred care, risk stratification, safeguarding, confidentiality and effective communication with patients and healthcare professionals. The qualification also develops knowledge of anatomy and physiology, nutrition, behaviour change and a range of common medical conditions encountered within exercise referral settings.

The qualification enables learners to interpret referral information, understand the impact of health and medical conditions on participation in physical activity, and apply appropriate exercise principles when designing and delivering exercise programmes for referred individuals. Learners will develop the skills required to monitor progress, adapt programmes appropriately and support long-term adherence to physical activity.



Through a combination of knowledge-based and practical assessment activities, learners will demonstrate their ability to apply exercise referral principles safely and effectively whilst operating within their professional boundaries and defined scope of practice.

Knowledge, Skills and Understanding Developed

Knowledge

Learners will develop knowledge of:

• Professional standards, ethical responsibilities and scope of practice within exercise referral.

• Human anatomy and physiology and its application to exercise referral.

• Principles of nutrition and healthy lifestyle guidance.

• Common health and medical conditions encountered within exercise referral settings.

• The pathophysiology, signs, symptoms, risk factors and progression of relevant medical conditions.

• Pharmacological treatments and their potential impact on exercise participation.

• Risk stratification, contraindications and exercise precautions.

• Principles of programme design, progression and adaptation.

• Behaviour change, motivation and patient adherence strategies.

• Legal, ethical and professional requirements relating to record keeping, confidentiality and data protection.

Skills

Learners will develop skills in:

• Conducting consultations and gathering relevant patient information.

• Interpreting referral information and screening outcomes.

• Planning safe and effective exercise referral programmes.

• Adapting exercise programmes to meet individual needs and health considerations.

• Delivering exercise sessions using appropriate instruction and communication techniques.

• Monitoring participant responses to exercise and making appropriate adjustments.

• Reviewing progress and evaluating programme effectiveness.

• Maintaining accurate records and documentation.

• Communicating effectively with patients, healthcare professionals and other relevant stakeholders.

• Applying appropriate referral and signposting procedures when required.

Understanding

Learners will develop understanding of:

• The relationship between physical activity and health management.

• How common medical conditions may affect participation in exercise.

• The risks and benefits of exercise for referred populations.

• The importance of operating within professional boundaries and scope of practice.

• The role of exercise referral within wider health improvement and healthcare pathways.

• The impact of medication, lifestyle factors and comorbidities on exercise participation.

• The importance of patient-centred approaches to programme planning and delivery.

• How exercise can support long-term health outcomes, wellbeing and quality of life.

• The need for safe, ethical and evidence-informed practice within exercise referral settings.

Accreditation Number	Pending
Guided learning hours	300
Total qualification time	420
Credit	42

Unit	Level	GLH	Credits	Portfolio	Practical observation
Applied Anatomy and Physiology for Exercise, Health, and Fitness	3	45	7	✔	
Principles of Nutrition and Application to Exercise and Health	3	45	7	✔	
Understanding Professional Standards and Responsibilities in Exercise Referral	3	45	7	✔	
Understanding Medical Conditions for Exercise Referral	3	55	7	✔	
Planning Exercise Programmes for Referral Patients	3	55	7	✔	✔
Delivering Exercise Programmes to Referred Patients	3	55	7	✔	✔

1 Applied anatomy and physiology for exercise, health, and fitness

Learning Outcome (LO)	Assessment Criteria (AC)
1. Understand the role of exercise in supporting posture and bone health.	1.1 Explain how the skeletal system protects internal organs from injury. 1.2 Classify the different shapes of bones and provide examples of each. 1.3 Explain the structure and function of the vertebral column. 1.4 Explain the stages of bone growth and bone remodelling, including the roles of osteoblasts and osteoclasts. 1.5 Explain the effects of ageing on bone density and skeletal structure. 1.6 Explain the production and functions of red and white blood cells. 1.7 Explain the roles of osteoblasts, osteoclasts, hormones, body weight, calcium and vitamin D in maintaining bone density. 1.8 Compare weight-bearing and non-weight-bearing exercise and their relevance to bone health.
2. Understand joint structure and joint actions in relation to exercise.	2.1 Classify the three main joint types: fibrous, cartilaginous and synovial. 2.2 Explain joint movement potential and joint actions during major exercises. 2.3 Explain the relationship between anatomical axes, planes of movement and joint actions during exercise.
3. Understand postural control and core stability in relation to movement and exercise.	3.1 Explain the structure and function of spinal stabilising ligaments and muscles. 3.2 Explain local muscle adaptations associated with poor spinal stabilisation. 3.3 Differentiate between static and dynamic posture control. 3.4 Explain the impact of abdominal adiposity and poor posture on movement efficiency. 3.5 Describe potential movement problems associated with postural deviations. 3.6 Explain common muscle imbalance patterns including Upper Crossed Syndrome, Lower Crossed Syndrome and Pronation Distortion Syndrome. 3.7 Evaluate the benefits and risks associated with core stabilisation exercises. 3.8 Compare different stretching methods including static, dynamic and proprioceptive neuromuscular facilitation (PNF).

4. Understand muscular function and biomechanical principles in relation to exercise.	4.1 Explain the principles of muscle contraction using the sliding filament theory. 4.2 Explain the effects of different types of exercise on muscle fibre types. 4.3 Identify and locate attachment sites of the major muscles of the body. 4.4 Explain joint actions produced by specific muscle group contractions. 4.5 Explain the structure and function of the pelvic girdle and associated muscles and ligaments. 4.6 Explain the effects of levers, gravity and resistance on movement during exercise. 4.7 Explain delayed onset muscle soreness (DOMS), including causes, symptoms and prevention strategies.
5. Understand the structure and function of the cardiovascular system in relation to exercise and health.	5.1 Explain the function of heart valves in regulating blood flow. 5.2 Explain coronary circulation and the role of coronary arteries in supplying oxygen to cardiac muscle. 5.3 Explain how disease processes affect blood vessel structure and function, including atherosclerosis and hypertension. 5.4 Explain the stages involved in the development of atherosclerosis. 5.5 Evaluate the short- and long-term effects of exercise on blood pressure. 5.6 Explain the Valsalva effect and its influence on blood pressure. 5.7 Explain the cardiovascular benefits and risks associated with endurance training. 5.8 Interpret blood pressure classifications and associated health risks.
6. Understand the nervous system in relation to exercise and movement.	6.1 Explain the structure and functions of the central and peripheral nervous systems. 6.2 Explain nervous impulse transmission including action potentials, synaptic transmission and neurotransmitters. 6.3 Explain the structure and function of neurons and the role of glial cells. 6.4 Explain the role of motor units in muscle contraction. 6.5 Explain motor unit recruitment and its significance for force production. 6.6 Explain the stretch reflex and inverse stretch reflex and their role in regulating muscle tension. 6.7 Explain the function of muscle spindles in proprioception and muscle stretch responses. 6.8 Explain the role of Golgi tendon organs in regulating muscle tension.

	6.9 Explain the concepts of autogenic inhibition and reciprocal inhibition during movement and stretching.
7. Understand the endocrine system in relation to exercise and health.	7.1 Explain the functions of the endocrine system and hormonal regulation of body processes. 7.2 Identify the major endocrine glands and Explain their functions. 7.3 Explain the role of key hormones including insulin, glucagon, thyroid hormones, cortisol, testosterone, oestrogen, progesterone, growth hormone and prolactin. 7.4 Explain the signs and symptoms associated with overtraining. 7.5 Explain the stages of the General Adaptation Syndrome (GAS) and their relationship to training stress.
8. Understand energy systems and their relationship to exercise performance.	8.1 Explain the factors influencing the predominant energy system used during exercise. 8.2 Explain how energy system contribution varies according to exercise duration, type and intensity.
Assessment method	**Portfolio of evidence**

UNIT 1: Applied Anatomy and Physiology for Exercise, Health, and Fitness - Content Amplification (Delivery and Assessment Guidance)

Level: 3 | GLH: 45 | Credits: 7

Learning Outcomes 1 – 6: Body Systems, Pathophysiology & Exercise Adaptation

Syllabus Content (Range)

- Cardiovascular & Respiratory Mechanics (LO1, LO2): Cardiac cycle, stroke volume, cardiac output, blood pressure regulation (systolic/diastolic dynamics), vascular resistance; pulmonary ventilation, gas exchange (VO_2 dynamics), respiratory adaptations to chronic aerobic exercise.
- Musculoskeletal System & Joint Mechanics (LO3): Bone remodeling, osteoporosis mechanics, muscle fiber types (Type I, Type IIa, Type IIx), sarcopenia, joint structures (synovial joint mechanics in osteoarthritis and rheumatoid arthritis), kinetic chain alignment.
- Nervous System & Neuromuscular Control (LO4): Central vs. peripheral nervous system, motor unit recruitment, proprioception, muscle spindle and Golgi tendon organ mechanisms, neuromuscular adaptations to resistance training.
- Endocrine & Metabolic Regulation (LO5): Insulin sensitivity, GLUT4 translocation, cortisol, adrenaline/noradrenaline response during exercise, thyroid function, metabolic energy systems (ATP-PC, glycolytic, oxidative phosphorylation).
- Pathophysiological Responses to Exercise (LO6): Acute vs. chronic adaptations in referred populations, exercise-induced physiological strain, temperature regulation, fatigue mechanics, delayed onset muscle soreness (DOMS) vs. pathological pain.

Delivery and Assessment Guidance

- Delivery: Interactive classroom lectures, anatomical modeling, and physiological testing workshops (e.g. resting heart rate, blood pressure, submaximal step testing). Tutors should explicitly link anatomical structures to clinical presentations (e.g., how elevated systemic vascular resistance causes hypertension).
- Assessment: Portfolio assignment including a written physiological report analysing how common medical conditions alter normal anatomical and physiological function during exercise.

Suggested Types of Evidence

- Written physiological analysis report.
- Completed anatomical identification and system dynamics workbook.
- Case-study exercise response chart.

2 The principles of nutrition and their application to exercise and health

Learning Outcome (LO)	Assessment Criteria (AC)
1. Understand how credible nutrition information can be accessed for exercise and health.	1.1 Explain the roles of professionals and professional bodies involved in providing nutrition guidance. 1.2 Differentiate between evidence-based nutritional knowledge and unsupported marketing claims. 1.3 Evaluate the credibility of different sources of nutrition information used in exercise and health contexts.
2. Understand key guidelines relating to nutrition.	2.1 Explain key nutritional terminology including diet, wellness/wellbeing, healthy eating, balanced diet, nutrition, nutrient, macronutrient, micronutrient, phytonutrient, health, unhealthy eating and glycaemic index.
3. Understand the principles of nutrition for health and physical activity.	3.1 Explain the main food groups and the nutrients they contribute to the diet. 3.2 Interpret the caloric value of nutrients. 3.3 Explain key healthy eating guidance that underpins a balanced diet. 3.4 Evaluate the nutritional principles of the national food model or dietary guide. 3.5 Interpret portion sizes within the context of the national food guide. 3.6 Explain food labelling and principles of healthy food preparation. 3.7 Explain the glycaemic index rating system and its relevance to human health. 3.8 Explain the role of water in the body and the importance of hydration for health and performance. 3.9 Evaluate the contribution of phytonutrients to human health. 3.10 Explain the relationship between nutrition, physical activity, body composition and health risks.

4. Understand the role of carbohydrates in exercise and health.	4.1 Explain the physiological functions of carbohydrates in the body. 4.2 Differentiate between carbohydrate types including simple carbohydrates, complex carbohydrates and fibre. 4.3 Explain carbohydrate metabolism in the body. 4.4 Identify major dietary sources of carbohydrates. 4.5 Explain carbohydrate terminology including glycogen, glycogenolysis and gluconeogenesis. 4.6 Explain carbohydrate digestion and absorption processes. 4.7 Evaluate health implications associated with carbohydrate excess and deficiency. 4.8 Interpret carbohydrate intake recommendations based on national guidelines. 4.9 Explain the role of carbohydrates in exercise performance.
5. Understand the role of protein in exercise and health.	5.1 Explain the physiological role of protein within the body. 5.2 Explain protein metabolism. 5.3 Identify main food sources of protein. 5.4 Explain protein terminology including amino acids, essential and non-essential amino acids, peptides, complete and incomplete proteins. 5.5 Explain protein digestion and absorption processes. 5.6 Evaluate health implications associated with protein excess and deficiency. 5.7 Interpret protein intake recommendations according to national guidelines. 5.8 Explain the role of protein in exercise recovery and performance.
6. Understand the role of fats in exercise and health.	6.1 Explain the physiological functions of fats in the body. 6.2 Explain fat metabolism. 6.3 Identify major dietary sources of fats. 6.4 Explain fat terminology including saturated fats, unsaturated fats, cholesterol, fatty acids, trans fats, omega-3 and omega-6. 6.5 Explain fat digestion and absorption processes. 6.6 Evaluate health implications associated with fat excess and deficiency. 6.7 Interpret fat intake recommendations according to national guidelines. 6.8 Explain the role of fats in physical performance.
7. Understand the role of vitamins in exercise and health.	7.1 Explain the functions of vitamins within the body. 7.2 Differentiate between fat-soluble and water-soluble vitamins. 7.3 Identify major food sources of vitamins.

	7.4 Evaluate health implications of vitamin deficiency and excess. 7.5 Explain the role of vitamins in supporting exercise performance.
8. Understand the role of minerals in exercise and health.	8.1 Explain the functions of minerals in the body. 8.2 Differentiate between macrominerals and trace minerals. 8.3 Identify major dietary sources of minerals. 8.4 Evaluate health implications associated with mineral deficiency and excess. 8.5 Explain the role of minerals in supporting physical performance.
9. Understand how macronutrients fuel and support recovery from physical activity.	9.1 Explain the components of energy expenditure and the energy balance equation. 9.2 Explain terminology relating to weight management including energy balance, TEPA, NEAT, positive and negative energy balance, BMR and TEF. 9.3 Explain methods used to estimate nutritional requirements and hydration needs. 9.4 Evaluate guidelines for safe and effective fat loss through nutrition and exercise strategies. 9.5 Evaluate guidelines for muscle gain through dietary and training interventions. 9.6 Explain nutritional strategies for endurance events including pre-event, during-event and post-event nutrition. 9.7 Evaluate the role of protein and vitamin supplementation.
10. Understand how sensitive nutritional information should be communicated with clients.	10.1 Explain sensitive issues when collecting nutritional information from clients. 10.2 Explain the importance of confidentiality in handling client information. 10.3 Evaluate methods used to assess body composition and health risks. 10.4 Explain strategies for communicating results sensitively to clients. 10.5 Identify clients who may be at risk of nutritional deficiencies. 10.6 Explain circumstances that require referral to a GP or registered dietitian. 10.7 Explain the signs and symptoms of disordered eating patterns including anorexia nervosa, bulimia nervosa, binge eating disorder and OSFED.

11. Understand principles of nutritional goal setting with clients.	11.1 Explain how goal-setting principles can be applied to nutritional guidance. 11.2 Translate nutritional goals into practical healthy eating advice aligned with national guidance. 11.3 Explain when additional individuals should be involved in nutritional goal setting. 11.4 Identify appropriate professionals who may support nutritional goal setting. 11.5 Explain barriers that may prevent clients from achieving nutritional goals. 11.6 Evaluate motivational strategies that support adherence to healthy eating behaviours. 11.7 Explain the importance of reviewing body composition and relevant health indicators throughout a programme.
12. Be able to collect and evaluate nutritional information to support healthy eating guidance.	12.1 Collect relevant information required to provide guidance on healthy eating. 12.2 Record client details and nutritional objectives using an approved format. 12.3 Interpret dietary habits, preferences and lifestyle factors to determine nutritional needs. 12.4 Develop and agree nutritional goals aligned with best practice and national guidelines. 12.5 Establish appropriate review points with the client. 12.6 Ensure nutritional goals align with other components of the exercise programme. 12.7 Apply basic dietary assessment method to collect and interpret data.
Assessment method	**Portfolio of evidence**

UNIT 2: Principles of Nutrition and Application to Exercise and Health - Content Amplification (Delivery and Assessment Guidance)

Level: 3 | GLH: 45 | Credits: 7

Learning Outcomes 1 – 5: Nutritional Science, Energy Balance & Healthy Lifestyle Guidance

Syllabus Content (Range)

- Macronutrient Function & Energy Metabolism (LO1): Carbohydrate classification (simple vs. complex, Glycemic Index/Load), proteins (amino acids, muscle protein synthesis), dietary fats (saturated, unsaturated, trans-fats, lipid profiles), energy balance equation (BMR, PAL, TDEE).
- Micronutrients, Hydration & Health (LO2): Essential vitamins and minerals (calcium, Vitamin D for bone health, sodium/potassium in blood pressure control), fluid balance, dehydration risks, electrolytes.
- Dietary Screening & Assessment (LO3): Food diary analysis, dietary screening questionnaires, identifying nutritional imbalances, estimating energy requirements for clinical/referral clients without clinical prescription.
- Nutrition for Long-Term Conditions (LO4): Non-prescriptive, evidence-based healthy eating guidance for weight management, Type 2 diabetes, hypercholesterolaemia, and cardiovascular health (aligned with Public Health/Eatwell Guide standards).
- Scope of Practice & Referral (LO5): Boundaries of a Level 3 Exercise Referral Instructor vs. Registered Clinical Dietitian/Clinical Specialist; identifying red-flag nutritional behaviors (eating disorders, extreme restriction) and formal referral protocols.

Delivery and Assessment Guidance

- Delivery: Seminars, case study evaluations, and food diary analysis exercises. Tutors must emphasise non-prescriptive dietary guidance and strict adherence to professional boundaries.
- Assessment: Portfolio assignment evaluating a client's 3-day food diary, generating healthy lifestyle recommendations, and detailing referral boundaries for clinical dietetic needs.

Suggested Types of Evidence

- 3-day food diary analysis and report.
- Client healthy lifestyle guidance portfolio sheet.
- Registered Dietitian referral pathway flowchart.

3 Understanding Professional Standards and Responsibilities in Exercise Referral

Learning Outcomes	Assessment Criteria
1. Understand the role and importance of exercise referral within health and fitness contexts	1.1 Explain the significance of exercise referral in promoting public health. 1.2 Evaluate how exercise contributes to reducing the risk of chronic conditions. 1.3 Explain the purpose of key national and local policies supporting exercise referral practices. 1.4 Evaluate the core principles of the Professional and Operational Standards. 1.5 Explain ways exercise referral integrates with healthcare and community initiatives. 1.6 Evaluate how exercise referral schemes address public health priorities. 1.7 Explain how exercise referral schemes are evaluated in terms of effectiveness.
2. Understand professional responsibilities and boundaries within exercise referral schemes.	2.1 Explain the roles of fitness professionals and healthcare practitioners in referral systems. 2.2 Identify the limitations of practice for exercise referral instructors. 2.3 Explain appropriate procedures when a patient presents a condition beyond the instructor's scope. 2.4 Evaluate when and how to refer to medical professionals or the original referrer. 2.5 Explain the characteristics of an inappropriate referral. 2.6 Evaluate the ethical implications of accepting a patient previously declined by a health professional. 2.7 Explain the importance of collaborative communication between professionals in referral schemes.
3. Understand how UK healthcare structures relate to exercise referral.	3.1 Explain the responsibilities of Integrated Care Systems (ICSs) in referral schemes. 3.2 Explain the influence of key NHS or healthcare policy documents on referral practices. 3.3 Explain the pathway from initial patient consultation to integration into referral programmes. 3.4 Identify how exercise fits into national long-term condition management strategies.

	3.5 Explain recent developments in public health strategies promoting physical activity. 3.6 Evaluate the relevance of NICE guidelines to exercise referral protocols. 3.7 Explain how local authorities influence and support referral programme delivery.
4. Understand the procedures and responsibilities involved in the referral process.	4.1 Explain the steps involved in processing a patient referred by a healthcare provider. 4.2 Evaluate how to carry out an initial consultation with a referred client. 4.3 Explain best practices for ongoing monitoring and data gathering. 4.4 Explain key legal and professional obligations relevant to the instructor's role. 4.5 Identify how informed consent is obtained and documented. 4.6 Evaluate the procedures for escalating medical concerns discovered during the programme. 4.7 Explain data security and confidentiality principles in exercise referral.
5. Understand documentation, data handling, and reporting within referral schemes.	5.1 Explain how to securely maintain and store patient records. 5.2 Evaluate how to comply with data protection legislation when handling patient information. 5.3 Explain the meaning of validity and reliability in recording assessment results. 5.4 Evaluate how to verify the quality of client progress records. 5.5 Explain how digital tools can be used for managing exercise referral data. 5.6 Evaluate how to audit outcomes to ensure programme effectiveness. 5.7 Explain situations that require reporting or formal documentation updates.

6. Understand how to apply a patient-centred approach in exercise referral.	6.1 Explain how appearance, tone, and body language influence client trust. 6.2 Evaluate effective verbal and non-verbal consultation techniques. 6.3 Explain how to adapt communication for patients with different physical or emotional needs. 6.4 Evaluate strategies for involving patients in goal-setting and planning. 6.5 Explain how empathy and active listening contribute to adherence. 6.6 Evaluate barriers to patient engagement and methods to overcome them. 6.7 Explain the importance of cultural sensitivity and individualised care in referral schemes.

UNIT 3: Understanding Professional Standards and Responsibilities in Exercise Referral - Content Amplification (Delivery and Assessment Guidance)

Level: 3 | GLH: 45 | Credits: 7

Learning Outcomes 1 – 6: Public Health Frameworks, Scope Boundaries & Patient-Centred Care

Syllabus Content (Range)

- Public Health & Exercise Referral Context (LO1): Role of exercise referral in chronic disease management, public health strategies (NICE guidance, Active Living Strategy), Integrated Care Systems (ICSs), cost-effectiveness of physical activity interventions.
- Professional Boundaries & Scope of Practice (LO2): Scope of practice of Level 3 Exercise Referral Instructors vs. Healthcare Professionals (GPs, Consultants, Physiotherapists); handling inappropriate referrals, managing medical contraindications.
- Healthcare Structures & Referral Pathways (LO3): UK healthcare frameworks, primary/secondary care referral routes, NHS long-term condition strategies, collaborative multidisciplinary communication.
- Referral Operations & Legal Obligations (LO4): Processing referred patients, initial consultations, informed consent protocols, risk escalation procedures, legal liabilities and insurance requirements.
- Documentation, Data Protection & Digital Tools (LO5): GDPR compliance, secure storage of clinical/medical records, data integrity, validity/reliability of health data, auditing outcomes.
- Patient-Centred Consultation & Communication (LO6): Active listening, empathy, building rapport, adapting communication for emotional/physical barriers, cultural sensitivity, overcoming engagement barriers.

Delivery and Assessment Guidance

- Delivery: Classroom discussions, legal compliance workshops, and role-play consultation simulations in a health-and-fitness environment.
- Assessment: Portfolio assignment containing a professional practice report, a GDPR/data protection policy review, and a recorded mock patient consultation.

Suggested Types of Evidence

- Professional scope of practice and legal compliance report.
- Recorded video/audio patient consultation with Assessor Checklist.
- Data security and record-keeping policy document.

4 Understanding medical conditions for exercise referrals

Learning Outcome	Assessment Criteria
1. Understand the pathology, management, and exercise considerations for Hypertension in the context of exercise referral.	1.1 Explain the pathophysiology of hypertension. 1.2 Identify and interpret the clinical signs associated with hypertension. 1.3 Identify and interpret symptoms associated with hypertension. 1.4 Explain how the pathophysiology of hypertension changes with disease progression. 1.5 Explain how the symptoms of hypertension may change over time. 1.6 Differentiate modifiable risk factors associated with hypertension. 1.7 Differentiate non-modifiable risk factors associated with hypertension. 1.8 Explain the impact of hypertension on cardiovascular function. 1.9 Identify and categorise medications used in the management of hypertension. 1.10 Evaluate therapeutic and lifestyle interventions used to manage hypertension. 1.11 Explain the intended physiological effects of antihypertensive medications. 1.12 Explain potential side effects associated with antihypertensive medications. 1.13 Evaluate how antihypertensive medications may influence exercise responses. 1.14 Explain nutritional strategies that support blood pressure control. 1.15 Interpret physical activity recommendations for individuals with hypertension. 1.16 Explain the potential risks associated with exercise for individuals with hypertension. 1.17 Explain the health benefits of exercise for individuals with hypertension. 1.18 Evaluate the balance of risks and benefits of exercise participation for individuals with hypertension. 1.19 Interpret exercise guidelines appropriate for individuals with hypertension. 1.20 Identify and explain exercise restrictions relevant to individuals with hypertension.

	1.21 Explain key considerations when designing exercise programmes for individuals with hypertension. 1.22 Evaluate programme design considerations for individuals with hypertension and comorbidities.
2. Understand the pathology, management, and exercise considerations for Hypercholesterolaemia in the context of exercise referral.	2.1 Explain the pathophysiology of hypercholesterolaemia. 2.2 Identify and interpret the clinical signs associated with hypercholesterolaemia. 2.3 Identify and interpret symptoms associated with hypercholesterolaemia. 2.4 Explain how the pathophysiology of hypercholesterolaemia progresses over time. 2.5 Explain how symptoms associated with hypercholesterolaemia may change over time. 2.6 Differentiate modifiable risk factors associated with hypercholesterolaemia. 2.7 Differentiate non-modifiable risk factors associated with hypercholesterolaemia. 2.8 Explain the effects of elevated blood lipid levels on cardiovascular health. 2.9 Identify and categorise medications used to manage cholesterol levels. 2.10 Evaluate non-pharmacological interventions used to manage hypercholesterolaemia. 2.11 Explain the intended physiological effects of cholesterol-lowering medications. 2.12 Explain potential side effects associated with cholesterol-lowering medications. 2.13 Evaluate how cholesterol-lowering medication may influence exercise response. 2.14 Explain dietary strategies used to support cholesterol management. 2.15 Interpret physical activity recommendations for individuals with high cholesterol. 2.16 Explain potential risks of exercise for individuals with poorly managed cholesterol. 2.17 Explain the benefits of exercise for individuals with hypercholesterolaemia. 2.18 Evaluate the balance of risks and benefits of exercise for individuals with hypercholesterolaemia. 2.19 Interpret exercise guidelines appropriate for individuals with hypercholesterolaemia. 2.20 Identify and explain exercise restrictions relevant to individuals with hypercholesterolaemia.

	2.21 Explain key considerations when planning exercise programmes for individuals with hypercholesterolaemia. 2.22 Evaluate programme design considerations for individuals with hypercholesterolaemia and additional comorbidities.
3. Understand the pathology, management, and exercise considerations for Chronic Obstructive Pulmonary Disease (COPD) in the context of exercise referral.	3.1 Explain the pathophysiology of chronic obstructive pulmonary disease (COPD). 3.2 Identify and interpret the clinical signs associated with COPD. 3.3 Identify and interpret symptoms associated with COPD. 3.4 Explain how the pathophysiology of COPD progresses over time. 3.5 Explain how symptoms associated with COPD change with disease progression. 3.6 Differentiate modifiable risk factors associated with COPD. 3.7 Differentiate non-modifiable risk factors associated with COPD. 3.8 Explain the impact of COPD on respiratory function and functional capacity. 3.9 Identify and categorise medications used in the treatment of COPD. 3.10 Evaluate therapeutic and pulmonary rehabilitation interventions used to manage COPD. 3.11 Explain the intended physiological effects of COPD medications. 3.12 Explain potential side effects associated with COPD medications. 3.13 Evaluate how COPD medications may influence exercise response and tolerance. 3.14 Explain nutritional considerations relevant to individuals with COPD. 3.15 Interpret physical activity recommendations appropriate for individuals with COPD. 3.16 Explain the potential risks associated with exercise for individuals with COPD. 3.17 Explain the physiological and functional benefits of exercise for individuals with COPD. 3.18 Evaluate the balance of risks and benefits of exercise participation for individuals with COPD. 3.19 Interpret exercise guidelines appropriate for individuals with COPD.

	3.20 Identify and explain exercise restrictions relevant to individuals with COPD. 3.21 Explain key considerations when planning exercise programmes for individuals with COPD. 3.22 Evaluate programme design considerations for individuals with COPD and additional comorbidities.
4. Understand the pathology, management, and exercise considerations for Asthma in the context of exercise referral.	4.1 Explain the pathophysiology of asthma. 4.2 Identify and interpret the clinical signs associated with asthma. 4.3 Identify and interpret symptoms associated with asthma. 4.4 Explain how the pathophysiology of asthma changes with disease progression. 4.5 Explain how asthma symptoms may change or be triggered. 4.6 Differentiate modifiable risk factors associated with asthma. 4.7 Differentiate non-modifiable risk factors associated with asthma. 4.8 Explain the effects of asthma on respiratory function during physical activity. 4.9 Identify and categorise medications used in the treatment of asthma. 4.10 Evaluate therapeutic and non-pharmacological interventions used to manage asthma. 4.11 Explain the intended physiological effects of asthma medications. 4.12 Explain potential side effects associated with asthma medications. 4.13 Evaluate how asthma medication may influence exercise response. 4.14 Explain nutritional and lifestyle strategies that support asthma management. 4.15 Interpret physical activity recommendations for individuals with asthma. 4.16 Explain potential risks associated with exercise for individuals with asthma. 4.17 Explain the benefits of exercise for individuals with asthma. 4.18 Evaluate the balance of risks and benefits of exercise participation for individuals with asthma. 4.19 Interpret exercise guidelines appropriate for individuals with asthma.

	4.20 Identify and explain exercise restrictions relevant to individuals with asthma. 4.21 Explain key considerations when planning exercise programmes for individuals with asthma. 4.22 Evaluate programme design considerations when asthma coexists with additional health conditions.
5. Understand the pathology, management, and exercise considerations for obesity in the context of exercise referral.	5.1 Explain the pathophysiology of obesity. 5.2 Identify the clinical signs associated with obesity. 5.3 Identify the symptoms and physical impacts associated with obesity. 5.4 Explain how obesity develops and progresses over time. 5.5 Explain how the symptoms of obesity affect health and functional capacity. 5.6 Identify modifiable risk factors associated with obesity. 5.7 Identify non-modifiable risk factors associated with obesity. 5.8 Explain the impact of obesity on cardiovascular, metabolic and musculoskeletal systems. 5.9 Identify medications or clinical interventions used to manage obesity. 5.10 Evaluate non-pharmaceutical strategies used to support weight reduction. 5.11 Explain the intended physiological outcomes of obesity treatments. 5.12 Describe potential side effects or complications associated with obesity treatments. 5.13 Explain how obesity treatments may influence exercise tolerance. 5.14 Explain effective nutritional strategies used to support weight management. 5.15 Interpret physical activity recommendations appropriate for individuals with obesity. 5.16 Explain the risks associated with exercise for individuals with obesity. 5.17 Explain the benefits of exercise for individuals with obesity. 5.18 Evaluate the risks and benefits of exercise for individuals with obesity. 5.19 Interpret exercise guidelines appropriate for individuals with obesity. 5.20 Identify exercise restrictions relevant to individuals with obesity.

	5.21 Explain considerations when designing exercise programmes for individuals with obesity. 5.22 Evaluate considerations when obesity coexists with additional health conditions.
6. Understand the pathology, management, and exercise considerations for Diabetes (Type 1 and 2) in the context of exercise referral.	6.1 Explain the pathophysiology of Type 1 and Type 2 diabetes. 6.2 Identify the clinical signs associated with diabetes. 6.3 Identify the symptoms associated with diabetes. 6.4 Explain how diabetes progresses and affects metabolic control. 6.5 Explain how diabetic symptoms may change with glycaemic status. 6.6 Identify modifiable risk factors associated with diabetes. 6.7 Identify non-modifiable risk factors associated with diabetes. 6.8 Explain how diabetes affects energy metabolism and exercise responses. 6.9 Identify medications used to manage diabetes. 6.10 Evaluate non-pharmaceutical strategies used in diabetes management. 6.11 Explain the intended physiological effects of diabetes medications. 6.12 Describe potential side effects associated with diabetes medications. 6.13 Explain how insulin or oral medication may influence exercise response. 6.14 Explain nutritional strategies used to support diabetic health. 6.15 Interpret physical activity guidelines for individuals with diabetes. 6.16 Explain the risks of exercise for individuals with diabetes, including hypoglycaemia. 6.17 Explain the benefits of exercise for diabetes management. 6.18 Evaluate the risks and benefits of exercise participation for individuals with diabetes. 6.19 Interpret exercise guidelines appropriate for individuals with diabetes. 6.20 Identify exercise restrictions relevant to individuals with diabetes. 6.21 Explain considerations when planning exercise programmes for individuals with diabetes.

	6.22 Evaluate considerations when diabetes coexists with additional health conditions.
7. Understand the pathology, management, and exercise considerations for Osteoarthritis in the context of exercise referral.	7.1 Explain the pathophysiology of osteoarthritis. 7.2 Identify the clinical signs associated with osteoarthritis. 7.3 Identify the symptoms associated with osteoarthritis. 7.4 Explain how osteoarthritis progresses over time. 7.5 Explain how symptoms of osteoarthritis may change with activity or joint degeneration. 7.6 Identify modifiable risk factors associated with osteoarthritis. 7.7 Identify non-modifiable risk factors associated with osteoarthritis. 7.8 Explain the effects of osteoarthritis on joint structure and mobility. 7.9 Identify medications used to manage osteoarthritis. 7.10 Evaluate non-pharmacological treatments used to manage osteoarthritis, including physiotherapy and bracing. 7.11 Explain the intended physiological effects of osteoarthritis medications. 7.12 Describe potential side effects associated with osteoarthritis medications. 7.13 Explain how medication use or joint pain may influence exercise ability. 7.14 Explain nutritional or weight-management strategies that support osteoarthritis management. 7.15 Interpret physical activity recommendations for individuals with osteoarthritis. 7.16 Explain the risks associated with exercise for individuals with osteoarthritis. 7.17 Explain the benefits of exercise for joint health in individuals with osteoarthritis. 7.18 Evaluate the risks and benefits of exercise participation for individuals with osteoarthritis. 7.19 Interpret exercise guidelines appropriate for individuals with osteoarthritis. 7.20 Identify exercise restrictions relevant to individuals with osteoarthritis. 7.21 Explain considerations when designing exercise programmes for individuals with osteoarthritis. 7.22 Evaluate considerations when osteoarthritis coexists with additional health conditions.

8. Understand the pathology, management, and exercise considerations for Rheumatoid Arthritis in the context of exercise referral.	8.1 Explain the pathophysiology of rheumatoid arthritis. 8.2 Identify the clinical signs associated with rheumatoid arthritis. 8.3 Identify the symptoms associated with rheumatoid arthritis. 8.4 Explain the progression of rheumatoid arthritis. 8.5 Explain symptom variability during disease flare-ups. 8.6 Identify modifiable risk factors associated with rheumatoid arthritis. 8.7 Identify non-modifiable risk factors associated with rheumatoid arthritis. 8.8 Explain the systemic and joint-level effects of rheumatoid arthritis. 8.9 Identify medications used to manage rheumatoid arthritis, including disease-modifying antirheumatic drugs (DMARDs) and non-steroidal anti-inflammatory drugs (NSAIDs). 8.10 Evaluate therapeutic support interventions used to assist individuals with rheumatoid arthritis, including occupational therapy. 8.11 Explain the intended physiological effects of medications used to treat rheumatoid arthritis. 8.12 Describe potential side effects associated with rheumatoid arthritis medications. 8.13 Explain how immunosuppressant medications may influence exercise response. 8.14 Explain nutritional strategies that support individuals with autoimmune conditions. 8.15 Interpret physical activity recommendations for individuals with stable rheumatoid arthritis. 8.16 Explain the risks associated with exercise during periods of rheumatoid arthritis flare-ups. 8.17 Explain the benefits of regular low-impact physical activity for individuals with rheumatoid arthritis. 8.18 Evaluate the risks and benefits of exercise participation for individuals with rheumatoid arthritis. 8.19 Interpret exercise guidelines appropriate for individuals with rheumatoid arthritis. 8.20 Identify exercise restrictions during periods of inflammation. 8.21 Explain considerations when planning safe exercise sessions for individuals with rheumatoid arthritis. 8.22 Evaluate considerations when rheumatoid arthritis coexists with additional health conditions.

9. Understand the pathology, management, and exercise considerations for Osteoporosis in the context of exercise referral.	9.1 Explain the pathophysiology of osteoporosis. 9.2 Identify the clinical signs associated with osteoporosis. 9.3 Identify symptoms and fracture risk indicators associated with osteoporosis. 9.4 Explain how osteoporosis develops and worsens. 9.5 Explain how fracture risk changes as bone density declines. 9.6 Identify modifiable risk factors associated with osteoporosis. 9.7 Identify non-modifiable risk factors associated with osteoporosis. 9.8 Explain the skeletal effects of osteoporosis. 9.9 Identify medications used to treat osteoporosis. 9.10 Evaluate non-drug interventions used to support osteoporosis management, including weight-bearing activity. 9.11 Explain the intended physiological effects of osteoporosis medication. 9.12 Describe potential side effects associated with osteoporosis medication. 9.13 Explain how medication use or frailty may influence exercise participation. 9.14 Explain nutritional strategies that support bone health, including calcium and vitamin D intake. 9.15 Interpret physical activity guidelines that support bone health. 9.16 Explain the risks associated with exercise for individuals with osteoporosis, including falls. 9.17 Explain the long-term benefits of safe physical activity for individuals with osteoporosis. 9.18 Evaluate the risks and benefits of exercise participation for individuals with osteoporosis. 9.19 Interpret exercise guidelines appropriate for individuals with osteoporosis. 9.20 Identify exercise restrictions that reduce fracture risk. 9.21 Explain considerations when planning exercise programmes for individuals with osteoporosis. 9.22 Evaluate considerations when osteoporosis coexists with comorbidities.

10. Understand the pathology, management, and exercise considerations for Depression in the context of exercise referral.	10.1 Explain the pathophysiology of depression. 10.2 Identify the clinical signs associated with depression. 10.3 Identify the symptoms associated with depression. 10.4 Explain how depression may progress without intervention. 10.5 Explain how symptoms may vary in severity or presentation. 10.6 Identify modifiable risk factors associated with depression. 10.7 Identify non-modifiable risk factors associated with depression. 10.8 Explain the impact of depression on motivation, cognition and functional capacity. 10.9 Identify medications used in the treatment of depression. 10.10 Evaluate non-pharmacological treatments used to manage depression, including cognitive behavioural therapy and counselling. 10.11 Explain the intended physiological and psychological effects of antidepressant medications. 10.12 Describe potential side effects associated with antidepressant medications. 10.13 Explain how depression or antidepressant medication may influence exercise behaviour. 10.14 Explain nutritional and sleep-related lifestyle strategies that support the management of depression. 10.15 Interpret physical activity guidelines appropriate for individuals with depression. 10.16 Explain the potential risks associated with exercise participation for individuals experiencing depression. 10.17 Explain the psychological and physiological benefits of exercise for individuals with depression. 10.18 Evaluate the risks and benefits of exercise participation for individuals with depression. 10.19 Interpret safe and effective exercise guidelines appropriate for individuals with depression. 10.20 Identify exercise restrictions or considerations during depressive episodes. 10.21 Explain considerations when planning exercise programmes for individuals experiencing depression. 10.22 Evaluate considerations when depression coexists with comorbidities.

11. Understand the pathology, management, and exercise considerations for Stress in the context of exercise referral.	11.1 Explain the physiological and psychological responses to stress. 11.2 Identify the clinical signs associated with chronic stress. 11.3 Identify common symptoms associated with stress. 11.4 Explain how stress can develop and escalate over time. 11.5 Explain how symptoms may vary under different stressors. 11.6 Identify modifiable risk factors associated with stress. 11.7 Identify non-modifiable risk factors associated with stress. 11.8 Explain how stress affects health and behaviour. 11.9 Identify medications or therapies used to manage stress. 11.10 Evaluate non-pharmacological approaches used to manage stress, including relaxation strategies and behavioural coaching. 11.11 Explain the intended outcomes of stress-related interventions. 11.12 Describe potential side effects or risks associated with medication used to manage stress. 11.13 Explain how stress or medication may influence exercise adherence. 11.14 Explain lifestyle management strategies that support stress regulation, including breathing techniques and mindfulness. 11.15 Interpret physical activity guidelines that support stress management. 11.16 Explain potential exercise-related risks for individuals experiencing high stress. 11.17 Explain the benefits of exercise for regulating stress. 11.18 Evaluate the role of exercise in long-term stress management. 11.19 Interpret strategies for introducing exercise to individuals experiencing stress. 11.20 Identify restrictions or cautionary indicators when supporting individuals experiencing stress. 11.21 Explain planning considerations when designing exercise programmes for individuals experiencing stress. 11.22 Evaluate considerations when stress forms part of a complex health presentation.

12. Understand the pathology, management, and exercise considerations for Anxiety in the context of exercise referral.	12.1 Explain the pathophysiology of anxiety. 12.2 Identify the clinical signs associated with anxiety. 12.3 Identify the symptoms associated with anxiety. 12.4 Explain how anxiety may progress or change over time. 12.5 Explain how symptoms may be influenced by environmental factors and triggers. 12.6 Identify modifiable risk factors associated with anxiety. 12.7 Identify non-modifiable risk factors associated with anxiety. 12.8 Explain the effects of anxiety on heart rate, breathing patterns and behaviour. 12.9 Identify medications used in the treatment of anxiety. 12.10 Evaluate non-pharmacological therapies used to manage anxiety, including cognitive behavioural therapy and exposure-based interventions. 12.11 Explain the intended effects of anxiety-related medications. 12.12 Describe potential side effects associated with anxiolytic medications. 12.13 Explain how anxiety or medication use may influence participation in physical activity. 12.14 Explain self-regulation strategies that support anxiety management, including grounding techniques and pacing strategies. 12.15 Interpret physical activity strategies suitable for individuals experiencing anxiety. 12.16 Explain the risks associated with inappropriate exercise participation for individuals with anxiety. 12.17 Explain the benefits of structured exercise for managing anxiety. 12.18 Evaluate the risks and benefits of exercise participation for individuals with anxiety. 12.19 Interpret safe strategies for introducing exercise to individuals experiencing anxiety. 12.20 Identify activity-related restrictions for individuals experiencing anxiety. 12.21 Explain considerations when designing exercise programmes for individuals experiencing anxiety. 12.22 Evaluate considerations when anxiety coexists with comorbidities.

13. Understand the pathology, management, and exercise considerations for Simple Mechanical Back Pain in the context of exercise referral.	13.1 Explain the pathophysiology of mechanical back pain. 13.2 Identify the clinical signs associated with mechanical back pain. 13.3 Identify the common symptoms associated with mechanical back pain. 13.4 Explain how mechanical back pain may develop or persist over time. 13.5 Explain how symptoms may vary in response to movement and posture. 13.6 Identify modifiable risk factors associated with mechanical back pain. 13.7 Identify non-modifiable risk factors associated with mechanical back pain. 13.8 Explain the effects of mechanical back pain on movement patterns and functional capacity. 13.9 Identify medications used in the management of mechanical back pain. 13.10 Evaluate physical therapy interventions used in the management of mechanical back pain. 13.11 Explain the intended effects of pain-relief medications used to manage mechanical back pain. 13.12 Describe potential side effects and dependency risks associated with pain-relief medications. 13.13 Explain how mechanical back pain or medication use may influence participation in exercise. 13.14 Explain strategies that reduce mechanical strain on the spine. 13.15 Interpret exercise strategies appropriate for individuals experiencing mechanical back pain. 13.16 Explain the risks associated with inappropriate physical activity for individuals with mechanical back pain. 13.17 Explain the benefits of physical activity for reducing pain and stiffness. 13.18 Evaluate exercise prescription strategies for individuals experiencing mechanical back pain. 13.19 Interpret back care and posture guidelines relevant to individuals experiencing mechanical back pain. 13.20 Identify movement restrictions and contraindications associated with mechanical back pain. 13.21 Explain considerations when designing exercise programmes for individuals experiencing mechanical back pain. 13.22 Evaluate considerations when mechanical back pain coexists with comorbidities.

14. Understand the pathology, management, and exercise considerations for Joint Replacement in the context of exercise referral.	14.1 Explain the reasons for joint replacement surgery. 14.2 Identify the clinical signs of joint damage prior to surgery. 14.3 Identify common symptoms associated with pre-operative and post-operative joint replacement cases. 14.4 Explain how joint replacement surgery restores joint function. 14.5 Explain changes in mobility following joint replacement surgery. 14.6 Identify modifiable risk factors that influence joint replacement outcomes. 14.7 Identify non-modifiable risk factors associated with joint replacement outcomes. 14.8 Explain the effects of joint replacement on weight-bearing capacity and joint stability. 14.9 Identify medications used to manage pain or inflammation following joint replacement surgery. 14.10 Evaluate rehabilitation and post-operative protocols used following joint replacement surgery. 14.11 Explain the intended outcomes of joint replacement treatment. 14.12 Describe potential complications associated with joint replacement surgery, including infection and joint dislocation. 14.13 Explain how implants or healing stages influence exercise options following joint replacement surgery. 14.14 Explain lifestyle modifications that support recovery following joint replacement surgery. 14.15 Interpret exercise progression strategies following joint replacement surgery. 14.16 Explain the risks associated with excessive loading or inappropriate exercise following joint replacement surgery. 14.17 Explain the benefits of rehabilitation-focused physical activity following joint replacement surgery. 14.18 Evaluate the suitability of exercise interventions following joint replacement surgery. 14.19 Interpret guidelines for safe joint loading following joint replacement surgery. 14.20 Identify activity restrictions following joint replacement surgery. 14.21 Explain considerations when designing exercise programmes for individuals with joint replacements. 14.22 Evaluate considerations when joint replacement coexists with comorbidities.

UNIT 4: Understanding Medical Conditions for Exercise Referral - Content Amplification (Delivery and Assessment Guidance)

Level: 3 | GLH: 55 | Credits: 7

Learning Outcomes 1 – 10: Pathophysiology, Medications & Exercise Considerations for Referral Conditions

Syllabus Content (Range)

- Atherosclerotic Cardiovascular Disease & Hypertension (LO1, LO2): Pathophysiology of hypertension, coronary heart disease, hypercholesterolaemia; pharmacological effects (beta-blockers, ACE inhibitors, diuretics, statins) on heart rate and exercise response; blood pressure monitoring rules, ACS/angina red flags.
- Metabolic Conditions (LO3): Type 1 & Type 2 Diabetes, Obesity, Metabolic Syndrome; GLUT4 activation, insulin resistance, hypoglycemia management (symptoms, emergency protocols), visceral fat dynamics.
- Respiratory Conditions (LO4): COPD, Asthma; exercise-induced bronchospasm, dyspnea scales, bronchodilator use, environmental trigger management.
- Musculoskeletal Conditions (LO5, LO6, LO7): Osteoarthritis, Rheumatoid Arthritis, Osteoporosis, Simple Mechanical Back Pain, Joint Replacements; joint loading rules, impact restrictions, axial loading precautions, spinal neutral alignment.
- Mental Health & Wellbeing Conditions (LO8): Mild-to-moderate Depression, Stress, Anxiety; psychological benefits of exercise, barrier reduction, empathy, motivation strategies.
- Comorbidities & Risk Stratification (LO9, LO10): Multi-condition management (e.g., hypertensive diabetic client with osteoarthritis), absolute vs. relative contraindications, exercise regression triggers, GP clearance protocols.

Delivery and Assessment Guidance

- Delivery: Medical case study workshops, pharmacology lectures, and clinical scenario simulations. Tutors should present complex patient profiles requiring multi-condition risk stratification.
- Assessment: Portfolio submission consisting of comprehensive clinical case-study reports evaluating 4 contrasting medical condition profiles.

Suggested Types of Evidence

- Comprehensive clinical medical condition case-study portfolio.
- Medication vs. exercise response reference guide.
- Comorbidity risk stratification and contraindication matrix.

5 Planning Exercise Programmes for Referral Patients

Learning Outcome (LO)	Assessment Criteria (AC)
1. Understand how to collect relevant information from exercise referral patients.	1.1 Explain strategies used to build rapport with exercise referral patients. 1.2 Explain how to communicate the roles and responsibilities of the exercise referral instructor. 1.3 Evaluate methods used to gather referral-related information. 1.4 Interpret the types of information required to design a safe and effective referral programme. 1.5 Explain the importance of empathy and active listening when collecting personal data. 1.6 Explain how patient information should be presented and formatted to maintain clarity and clinical relevance. 1.7 Describe procedures used to handle patient data in accordance with confidentiality regulations.
2. Understand how to identify suitable goals and create safe, appropriate programmes.	2.1 Evaluate appropriate outcome goals for patients participating in referral programmes. 2.2 Explain how patient needs and medical status influence programme design. 2.3 Apply short-, medium- and long-term goals within an exercise referral plan. 2.4 Describe how goals should be modified based on progression, regression or external professional input. 2.5 Explain methods used to benchmark goals and monitor progress. 2.6 Explain how patient preferences and motivators inform programme objectives. 2.7 Describe situations where consultation or referral to another health professional is required when establishing goals.
3. Understand how to plan exercise referral programmes for a range of conditions.	3.1 Explain how safe and effective exercises are selected based on clinical presentation. 3.2 Apply FITT principles to exercise referral clients. 3.3 Describe how comorbidities influence programme design and delivery. 3.4 Interpret national physical activity guidelines in relation to individual patient goals. 3.5 Explain information obtained from screening tools and assessments to inform programme planning.

	3.6 Describe contraindications and determine when exercise modification is required. 3.7 Explain how to collaborate with patients to finalise an appropriate programme.
4. Understand the role of professional boundaries and referral pathways.	4.1 Explain the professional scope of practice of an exercise referral instructor. 4.2 Explain the importance of adhering to medical advice and clinical decisions. 4.3 Describe professional referral pathways used when additional support is required. 4.4 Interpret procedures for escalating concerns arising during patient interaction. 4.5 Explain legal and ethical requirements relating to consent and data sharing. 4.6 Describe the role of communication when working with other professionals. 4.7 Explain how continuity of care is maintained within a multidisciplinary setting.
5. Understand how to monitor and review exercise referral programmes.	5.1 Evaluate reasons why a referral programme may require review. 5.2 Explain patient progress against established goals. 5.3 Explain strategies used to adapt exercises based on patient feedback. 5.4 Apply procedures used to implement and record programme modifications. 5.5 Interpret how review findings should be documented for professional communication. 5.6 Explain how patients are involved in reviewing their programme. 5.7 Describe how programmes maintain alignment with referral objectives.
6. Understand when and how to adapt referral programmes safely.	6.1 Apply training principles when modifying exercise referral programmes. 6.2 Explain how progression and regression influence exercise prescription. 6.3 Evaluate appropriate points at which an exercise plan should be revised. 6.4 Apply adjustments to frequency, intensity, type and duration of exercise. 6.5 Explain the use of periodisation and structured progression systems.

	6.6 Explain the importance of recording and justifying programme adaptations. 6.7 Describe circumstances requiring involvement of other professionals when modifying a patient's programme.

UNIT 5: Planning Exercise Programmes for Referral Patients - Content Amplification (Delivery and Assessment Guidance)

Level: 3 | GLH: 55 | Credits: 7

Learning Outcomes 1 – 6: Patient Information Gathering, Goal Setting & Programme Design

Syllabus Content (Range)

- Information Gathering & Screening (LO1): Reviewing medical referral forms, PAR-Q+, collecting baseline physiological metrics (RHR, BP, BMI, waist circumference, submaximal aerobic capacity).
- Goal Setting & Patient Collaboration (LO2): SMART goal setting, aligning exercise goals with clinical objectives (e.g., BP reduction, HbA1c improvement), patient preferences, managing expectations.
- Programme Design for Clinical Populations (LO3): Applying FITT principles, exercise selection tailored to medical conditions, managing comorbidities, warm-up/cool-down structures, intensity monitoring (RPE, Borg scale, heart rate reserve).
- Scope, Boundaries & Referral Routes (LO4): Adhering to referring clinician instructions, identifying when to halt planning and request medical clearance, multidisciplinary team communication.
- Monitoring, Review & Adaptation (LO5, LO6): Benchmark testing, tracking patient progress, structured periodisation/progression, regression strategies for symptom flare-ups, documenting programme modifications.

Delivery and Assessment Guidance

- Delivery: Practical programme planning workshops. Learners analyse real or simulated medical referral forms and draft 12-week exercise programmes tailored to specific patient needs.
- Assessment: Submission of two detailed 12-week exercise referral programme plans for contrasting patient profiles, accompanied by full clinical rationales.

Suggested Types of Evidence

- 12-week individualised exercise referral programme plans (compulsory).
- Patient consultation and baseline screening records.
- Clinical rationale and progression/regression log.

6 Delivering Exercise Programmes to Referred Patients

Learning Outcome	Assessment Criteria
1. Be able to prepare appropriate resources, equipment, and environments for safe and effective exercise referral sessions.	1.1 Select a variety of exercises and physical activities that align with patient goals and health conditions. 1.2 Prepare the required equipment, space, and materials needed for the planned exercises. 1.3 Check that all facilities and equipment meet health and safety requirements. 1.4 Ensure accessibility and suitability of the environment for the needs of referral patients.
2. Be able to prepare patients for an exercise referral session.	2.1 Help patients feel comfortable and confident in the exercise environment. 2.2 Explain the intended exercises and session goals clearly to patients. 2.3 Clarify how each exercise supports patient health needs and referral goals. 2.4 Describe the physical and technical demands of the proposed exercises. 2.5 Explain how the activities can be adapted or modified based on patient progress or need. 2.6 Assess each patient's readiness and motivation to engage in the session. 2.7 Collaborate with patients to agree on necessary modifications that support progress and preferences. 2.8 Record any relevant adjustments or changes to planned referral activities.

3. Be able to instruct and adapt planned exercises for exercise referral patients.	3.1 Use motivational strategies that are suitable for the patient group and aligned with best practice. 3.2 Explain the purpose and value of warm-up activities. 3.3 Deliver warm-up exercises suitable for the patient, programme, and setting. 3.4 Make effective use of the environment for safe instruction. 3.5 Provide clear, accurate demonstrations and instructions for all activities. 3.6 Use appropriate verbal and non-verbal communication methods. 3.7 Ensure patients understand and can safely perform each exercise independently. 3.8 Monitor patient performance and provide supportive feedback throughout. 3.9 Correct technique as needed to prevent injury and ensure effectiveness. 3.10 Progress or regress exercises in response to performance and clinical status. 3.11 Adjust intensity appropriately based on patient response and condition.
4. Be able to bring exercise referral sessions to a close.	4.1 Allocate adequate time for the session's closing phase. 4.2 Explain the purpose and benefits of cool-down activities. 4.3 Choose appropriate cool-down strategies based on exercise intensity and patient needs. 4.4 Give constructive feedback and encouragement. 4.5 Link patient progress back to original goals. 4.6 Offer patients a chance to reflect, ask questions, and discuss their progress. 4.7 Provide information on future physical activity opportunities. 4.8 Leave the environment in a safe and organised condition for future use.
5. Be able to review exercise referral sessions.	5.1 Review the overall session outcomes, including patient feedback. 5.2 Identify how effectively the session met the patient's goals and needs. 5.3 Reflect on professional practice, identifying areas for personal improvement. 5.4 Explain the role and benefits of reflective practice in session planning and delivery.

6. Understand how to instruct exercise to exercise referral patients.	6.1 Explain the value of clear verbal and non-verbal communication during instruction. 6.2 Describe how to tailor communication to suit individual needs. 6.3 Evaluate strategies for maintaining patient motivation, especially during difficult exercises. 6.4 Explain the importance of correcting patient form and technique.
7. Understand how and when to adapt exercise instruction, structure, and content to meet the individual needs and progress of exercise referral patients.	7.1 Explain the need to monitor individual progress in group sessions. 7.2 Describe different ways to track progress in individual and group settings. 7.3 Explain when and how to modify exercises to match evolving patient needs. 7.4 Identify reasons why a patient may need regression, progression, or substitution of an exercise. 7.5 Describe how adaptation supports safety, motivation, and long-term adherence.
8. Understand the purpose, methods, and value of reviewing exercise referral sessions collaboratively with patients to support ongoing improvement.	8.1 Describe effective methods of collecting and interpreting patient feedback. 8.2 Explain how to evaluate whether patient goals were met during the session. 8.3 Outline how to use feedback to improve future sessions and instructor performance. 8.4 Explain the benefits of collaborative review for improving patient engagement and progression. 8.5 Identify how review outcomes should be recorded and used in future planning.

UNIT 6: Delivering Exercise Programmes to Referred Patients - Content Amplification (Delivery and Assessment Guidance)

Level: 3 | GLH: 55 | Credits: 7

Learning Outcomes 1 – 8: Session Preparation, Practical Coaching, Monitoring & Collaborative Review

Syllabus Content (Range)

- Facility & Environment Preparation (LO1): Equipment safety inspection, emergency protocol checks, ensuring physical accessibility and space suitability for mobility-restricted patients.
- Patient Preparation & Induction (LO2): Building rapport, explaining session aims, explaining exercise relevance to health conditions, checking pre-exercise readiness and blood pressure/glucose where required.
- Instruction, Coaching & Adaptation (LO3, LO6, LO7): Delivering warm-up, main exercise component, and cool-down; clear technical demonstrations, verbal/visual cues, monitoring exercise intensity (RPE/talk test), immediate regression/modification for fatigue or pain.
- Closing Sessions & Long-Term Adherence (LO4): Controlled cool-down, constructive feedback, linking progress to goals, signposting community physical activity opportunities.
- Collaborative Review & Reflective Practice (LO5, LO8): Gathering patient feedback, evaluating session effectiveness, self-reflection, updating patient progress logs, formal reporting to referring healthcare professionals.

Delivery and Assessment Guidance

- Delivery: Practical gym-based coaching masterclasses where learners instruct peers acting as referred patients with specific health conditions.
- Assessment: Compulsory direct practical observation by the assessor of the learner planning, preparing, and instructing an individualised exercise referral session.

Suggested Types of Evidence

- Assessor Practical Observation Checklist (compulsory).
- Completed patient session plan and pre-exercise screening log.
- Post-session reflective evaluation and client feedback form.