

# Heart Failure Competency Framework for Healthcare Professionals



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## Introduction

The British Society for Heart Failure (BSH) believes that heart failure is one of the biggest societal issues in health care today and should be treated as a national priority. This cannot be achieved by specialists alone and we welcome the inclusion and support of wide-ranging healthcare professionals. Together we can make all the difference to outcomes for patients.

Heart failure is becoming a pressing health priority across all four nations of the United Kingdom. It is as common as many cancers with comparable malignancy without treatment. Heart failure rarely exists in isolation and patients typically have complex multi-factorial needs. Those with the condition need holistic care provided by a range of health and social care professionals, both specialists and generalists and involving those working across all care settings. Collaborative care is a cornerstone of treatment strategies in all national and international heart failure guidelines. This framework sets out to equip all health professionals with the core competencies required to care for people with heart failure.

This British Society for Heart Failure Competency Framework is intended for use by Physiotherapists, Dieticians, Occupational Therapists, Cardiac Physiologists and Scientists. These generic competencies centre on heart failure knowledge and include heart failure-specific as well as general clinical skills.

The framework has been developed by a national multidisciplinary panel of senior experts in heart failure across a broad range of health care professions.

The framework is structured with two levels of scope. This initial document does not focus on job-specific skills unique to any individual profession. Individuals will need to interpret and use this framework according to their own needs, role and circumstance. It gives guidance to members of staff who want to get more involved in the care of heart failure patients or who are new to a heart failure specialist role.

Core competencies	Additional competencies
For healthcare staff regardless of role	Specialist healthcare staff working with the Heart Failure MDT



# 1: Core Heart Failure Knowledge

Competencies	Expected date of achievement	Evidence submitted	Date of completion	Assessor sign off
<b>Heart failure syndrome:</b>				
Understanding of basic normal cardiac anatomy, including physiological and electrical functionality				
Awareness of definition of heart failure				
Awareness of guidelines on defining heart failure by ejection fraction				
Awareness that heart failure commonly develops as a consequence of the treatment of other illnesses or other health conditions				
<b>Diagnosis of Heart Failure:</b>				
Understanding of typical presenting symptoms of heart failure				
Awareness of the standard routine diagnostic investigations in heart failure, including: <ul style="list-style-type: none"> <li>▶ Natriuretic peptides</li> <li>▶ ECG</li> <li>▶ Echo</li> </ul>				
Awareness of suspected heart failure assessment pathways in local area				
<b>Clinical heart failure management:</b>				
Understanding of generic lifestyle factors leading to or affecting heart failure, including smoking, alcohol diet and exercise				
Awareness of national treatment guidelines of heart failure (e.g. NICE, SIGN)				
Awareness of treatment guidelines of the major clinical conditions which lead to heart failure, including: <ul style="list-style-type: none"> <li>▶ Coronary heart disease (stable and acute)</li> <li>▶ AF</li> <li>▶ Hypertension</li> <li>▶ Diabetes</li> <li>▶ Obesity</li> </ul>				

# 1: Specialist Heart Failure Knowledge

Competencies	Expected date of achievement	Evidence submitted	Date of completion	Assessor sign off
<b>Heart failure syndrome:</b>				
Understanding of heart failure epidemiology				
Understanding of the physiological response to left ventricular dysfunction and/or heart failure				
Understanding of different underlying aetiologies, including <ul style="list-style-type: none"> <li>▶ Diseases of the myocardium</li> <li>▶ Abnormal loading conditions</li> <li>▶ Arrhythmias</li> <li>▶ Structural heart disease</li> </ul>				
Understanding of the natural history of heart failure and prognosis: disease progression and trajectory				
Understanding the psychological impact from a patient's point of view of the heart failure diagnosis				
Understanding the physical, social and psychological impact of the heart failure diagnosis on a patient and their family				
<b>Diagnosis of Heart Failure:</b>				
Understanding of the results of routine diagnostic investigations in heart failure, including: <ul style="list-style-type: none"> <li>▶ Natriuretic peptides</li> <li>▶ ECG</li> <li>▶ Echo</li> </ul>				
Understanding of strengths and weaknesses of additional aetiological investigations in heart failure, including: <ul style="list-style-type: none"> <li>▶ Cardiac MRI</li> <li>▶ Cardiac CT</li> <li>▶ Invasive coronary angiography/right heart catheter</li> </ul>				
Understanding of routine additional serum blood tests relevant to heart failure, including: <ul style="list-style-type: none"> <li>▶ Renal function</li> <li>▶ Liver function</li> <li>▶ Thyroid function</li> <li>▶ Lipids</li> <li>▶ Full blood count</li> <li>▶ Iron studies</li> <li>▶ Glucose</li> <li>▶ Glycosylated haemoglobin</li> </ul>				

# 1: Specialist Heart Failure Knowledge

Competencies	Expected date of achievement	Evidence submitted	Date of completion	Assessor sign off
<b>Clinical heart failure management</b>				
Understanding of the national (e.g. NICE & SIGN) & international (e.g. ESC, AHA etc) heart failure guidelines				
Understanding of treatment guidelines of the major clinical conditions which lead to heart failure.				
Understanding of the pharmacological treatment of patients with heart failure, including: <ul style="list-style-type: none"> <li>▶ ACEI / ARB / ARNI</li> <li>▶ Beta-blocker</li> <li>▶ MRA</li> <li>▶ SGLT2i</li> <li>▶ Ivabradine</li> <li>▶ Diuretics</li> </ul>				
Understanding of the different approach to management based on aetiology as well as ejection fraction				
Understanding of the different approach to management based on co-morbidity, including: <ul style="list-style-type: none"> <li>▶ AF</li> <li>▶ Acute coronary syndrome</li> <li>▶ Renal impairment</li> <li>▶ Iron deficiency / anaemia</li> <li>▶ Diabetes</li> <li>▶ Obesity</li> <li>▶ OSA</li> <li>▶ Frailty syndrome</li> </ul>				
Awareness of the management strategies for treating fluid overload				
Understanding of the importance of influenza, pneumococcal and COVID vaccination in heart failure patients				
Understanding of self-care strategies for heart failure patients				
Awareness of the haemodynamic burden of pregnancy and can relate this to the women with heart failure				



# 1: Specialist Heart Failure Knowledge

Competencies	Expected date of achievement	Evidence submitted	Date of completion	Assessor sign off
Awareness of non-pharmacological treatment options for heart failure, including: <ul style="list-style-type: none"> <li>▶ CRT</li> <li>▶ ICD</li> <li>▶ LVAD / Cardiac transplant</li> </ul>				
Understanding of the advantages and limitations of different methods of monitoring including: face-to-face, remote with external equipment, and remote using implantable devices				
Awareness of when additional specific tests may be warranted, including <ul style="list-style-type: none"> <li>▶ Ambulatory ECG / BP monitors</li> <li>▶ Device interrogation</li> </ul>				
Understanding of the prognosis of HF, including the relevance of independent predictors of prognosis				
Understanding of the approach to palliative care and end of life care in heart failure and can liaise with specialist palliative care MDT where necessary				

## 2: Core General Skills

Competencies	Expected date of achievement	Evidence submitted	Date of completion	Assessor sign off
Ability to communicate effectively with patients, carers and MDT				
Involves the patients' relatives/cares appropriately in shared decision making				
Ability to deliver a holistic individualised care plan (based on profession and specialty), after exploring all patient problems and complaints				
Ability to recognise own limitations and seek advice and support where appropriate				
Ability to document findings and consultations in a legible and structured manner and in a form accessible to other members of the MDT				
Ability to identify treatment plan non-adherence (intentional or non-intentional) and plan interventions to support improved adherence				
Ability to provide suitable and timely follow up based on findings				

## 2: Specialist General Skills

Competencies	Expected date of achievement	Evidence submitted	Date of completion	Assessor sign off
Ability to communicate compassionately and effectively with patients and carers about all aspects of heart failure, including difficult discussions surrounding diagnosis and prognosis				
Ability to provide patients and carers with information in a manner/language understood by patient/carers , including providing or signposting to key resources				
Ability to interpret routine heart diagnostic test results				
Ability to screen and document patients for psychological distress at various points in their journey using a validated tool				
Ability to provide psychological support and support self-management for people with less complex psychological needs				
Ability to identify patients who require more complex psychological intervention and refer them to appropriate services				
Ability to facilitate patient empowerment and self-management				

### 3: Core Heart Failure Specific Skills

Competencies	Expected date of achievement	Evidence submitted	Date of completion	Assessor sign off
Ability to undertake a basic clinical history from a heart failure patient.				
Understanding of the importance of fluid balance				
Ability to recognise when patients require escalation in care and liaise with the MDT, including urgent/emergency transfer to hospital if required				

### 3: Specialist Heart Failure Specific Skills

Competencies	Expected date of achievement	Evidence submitted	Date of completion	Assessor sign off
Ability to perform physical examination of HF patients relevant to individual role within the MDT, including <ul style="list-style-type: none"> <li>▶ Blood pressure</li> <li>▶ Pulses (rate and rhythm)</li> <li>▶ Oedema assessment</li> <li>▶ Chest auscultation</li> <li>▶ JVP assessment</li> </ul>				
Ability to undertake a focused clinical history from a HF patient and assess the common HF signs and symptoms, including <ul style="list-style-type: none"> <li>▶ NYHA</li> <li>▶ PND / orthopnoea</li> </ul>				
Ability to recognise common triggers of decompensation in heart failure patients				
Ability to support patients about living with a device				
Ability to recognise complications of complex devices and seek review				
Ability to sensitively discuss the concepts of ICD deactivation to patients and carers, both at implantation and end of life				
Ability to recognise when patients require a palliative care review/approach				
Ability to identify the common signs and symptoms of other forms of CVD including: <ul style="list-style-type: none"> <li>▶ Ischaemia</li> <li>▶ Syncope</li> <li>▶ Palpitations</li> </ul>				

## 4: Core Clinical Autonomy

Competencies	Expected date of achievement	Evidence submitted	Date of completion	Assessor sign off
Ability to use knowledge and skills to follow guidelines and protocols				
Ability to use knowledge and skills to help deliver aspects of a heart failure management plan produced by a more experienced member of the MDT				

## Specialist Clinical Autonomy

Competencies	Expected date of achievement	Evidence submitted	Date of completion	Assessor sign off
Ability to use knowledge and skills to autonomously make complex decisions in HF patients where there are several potential treatment/ intervention options (with the support of the wider heart failure MDT where appropriate)				

## 5: Core MDT Working

Competencies	Expected date of achievement	Evidence submitted	Date of completion	Assessor sign off
Is a fully integrated member of local healthcare MDT				
Ability to work with the wider healthcare MDT in order to provide the most appropriate care for the patient				

## Specialist MDT Working

Competencies	Expected date of achievement	Evidence submitted	Date of completion	Assessor sign off
Is a fully integrated member of local established heart failure MDT				
Is a member of key national heart failure associations (e.g. British Society for Heart Failure)				
Ability to represent their profession on key local or national heart failure service committees (where appropriate)				
Ability to aid in the production of local HF guidelines and protocols (where appropriate)				

## 6: Core Teaching & Education

Competencies	Expected date of achievement	Evidence submitted	Date of completion	Assessor sign off
<b>For themselves:</b>				
Fulfils all relevant mandatory professional standards of practice				
Fulfils all relevant mandatory professional requirements for Continuing Professional Development and Revalidation				
<b>For others:</b>				
Ability to deliver basic education to patients at a level required to promote understanding of their condition and rationale for treatment				

## Specialist Teaching & Education

Competencies	Expected date of achievement	Evidence submitted	Date of completion	Assessor sign off
<b>For themselves:</b>				
Undertakes additional accredited heart failure education & training necessary for their role.				
Takes responsibility for keeping up-to-date with the evolving evidence-base in heart failure				
Protects time for heart failure specific Continuing Professional Development through accredited providers				
<b>For others:</b>				
Ability to deliver aspects of local heart failure clinical teaching (according to a learning plan developed by others & with support from more senior colleagues)				
Ability to deliver advanced heart failure education relevant to their individual role to patients and colleagues				



## 7: Core Research and Development

Competencies	Expected date of achievement	Evidence submitted	Date of completion	Assessor sign off
Understanding of how to critically appraise research papers, to a sufficient level to apply the evidence-base into routine practice				
Understanding of the basic core features of research				
Ability to support local quality improvement programmes and audits				

## Specialist Research and Development

Competencies	Expected date of achievement	Evidence submitted	Date of completion	Assessor sign off
Understanding of landmark heart failure trials and evidence base				
Understanding of the National Heart Failure Audit				
Ability to deliver defined tasks for a local research team (under the supervision of more senior members of the MDT where needed)				
Understanding of quality improvement methodology and understands how to influence change				
Understanding of ongoing heart failure research trials with local recruitment and has ability to identify patients who fit eligibility criteria for these trials				

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# Abbreviations

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ACEi: Angiotensin converting enzyme inhibitor  
AF: Atrial fibrillation  
ARB: Angiotensin receptor blocker  
ARNI: Angiotensin receptor neprilysin inhibitor  
BP: Blood pressure  
CPAP: Continuous positive airway pressure  
CRT: Cardiac resynchronisation therapy  
CT: Computerised tomography  
CVD: Cardiovascular disease  
ECG: Electrocardiogram  
HF: Heart failure  
ICD: Implantable cardioverter defibrillator  
IV: Intravenous  
LV: Left ventricular  
LVAD: Left ventricular assist device  
MCS: Mechanical circulatory support  
MDT: Multidisciplinary team  
MRA: Mineralocorticoid receptor antagonist  
MRI: Magnetic resonance imaging  
mWHO: Maternal World Health Organisation classification of maternal risk in pregnancy  
NYHA: New York Heart Association  
PPM: Permanent pacemaker

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