Physical Activity Clinical Champions: A Peer-to-Peer Physical Activity Education Programme in England.

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Background

Physical inactivity is a key risk factor for morbidity and mortality worldwide[1]. Targeted interventions aim to increase activity participation, with healthcare professionals (HCPs) having a vital role in its promotion[2,3]. The England-based Physical Activity Clinical Champion Programme is a global example of a professional development programme designed to harness HCPs influence. This editorial reflects its history, with insight from some key individuals who shaped it.

Development

The Physical Activity Clinical Champion (PACC) programme is a peer-to-peer educational programme aimed at HCPs. It forms part of the Moving Healthcare

Professionals programme, led by the Office for Health Improvement and Disparities (OHID) and funded by Sport England[4]. Established in 2014, it aims to encourage and empower HCPs to integrate physical activity (PA) advice within clinical practice, maximising the push for 'making every contact count'[5]. It principly involves an 1-3 hour-length education session, using a standardised slide set, delivered to HCPs by a PACC (usually based in the region).

The programme includes a manager, two administrators and three clinical leads (one each for doctors, nurses and allied healthcare professionals). Champions undergo open recruitment and a structured, evidence-based training programme delivered by the clinical leads (Figure 1). The posts are paid per sessional delivery of training. Once trained, a PACC will utilise contacts, working relationships and external requests to provide peer-to-peer training to HCPs of various backgrounds. The training aims to increase the knowledge, capability and motivation of HCPs to dispense brief advice on PA to patients. Content includes PA recommendations, approach to behaviour change (using case studies and practical tips) and aims to reinforce the numerous health benefits on long-term conditions[1]. This was developed by clinical leads with academic input from a university.

Insert Figure 1 here

Dr Justin Varney, Public Health Consultant and creator of the PACC programme:

"The Clinical Champion programme was created because, fundamentally, medics gain more from each other than e-learning modules or textbooks. Many barriers to

brief advice on PA in clinical practice are about confidence rather than knowledge; building confidence involves learning from those facing similar challenges who have made it work. Text based learning is important for knowledge, but less helpful toward skills, which is why the champions are part of the matrix of the Moving Healthcare Professional programme, alongside e-learning, infographics and the spiral undergraduate curriculum. Working with the Champions has been a huge privilege: from a range of healthcare backgrounds, they brought practical experience and passion to sharing learning… making it 'real' for colleagues has been at the heart of the success of this programme."

Challenges facing the PACC programme

Despite overwhelming evidence of the health benefits of PA, only 35.7% of GPs are at least 'somewhat familiar' with current PA guidance[6]. This possibly stems from limited PA education in undergraduate and postgraduate training[7].

Multiple national policy drivers highlight PA as an issue but a lack of cohesion between stakeholders is thought to be unhelpful in driving this change[8]. PACCs can reach health professionals from various backgrounds and localities to instigate a whole system response by spreading a consistent message.

Even with training, barriers such as limited consultation time and patients' attitudes to risk may stop HCPs from providing brief interventions[6]. The programme tries to tackle this by signposting to the Moving Medicine resources, which provide consultation guides for one minute conversations,[9] and imparting practical suggestions on approaching barriers, such as reinforcing the safety of PA.

The pandemic brought more pressures for HCPs and prevented the traditional face-to-face delivery model of the PACC programme[10]. Despite this, the programme has adapted and now provides remote teaching in a hybrid model.

Impact of the PACC programme

There are currently 58 active PACCs, 26 having been recently recruited. This includes 16 PACCs stationed within hospitals.

To date, more than 40,549 HCPs have been trained by PACCs. This includes 18,459 HCPs through Phase Two of the programme (August 2019 - August 2022), despite the COVID-19 pandemic.

An independent evaluation of the PACC programme shows the positive impact of training, with 43% of attendees reporting improved knowledge of PA promotion. 47% report increased confidence and 40% increased skills.[11] The attendees who did not report benefits were often those with pre-existing knowledge, skills and confidence prior to training, suggesting more advanced or tailored teaching could be appropriate. Having better knowledge, confidence and skills does not necessarily translate to a change in clinical practice and further follow up with those that received training is needed to robustly evaluate the programme.

Dr Dane Vishnubala, Consultant physician in Sport and Exercise Medicine and lead Doctor for the PACC programme:

“Peer-to-peer education, on the scale of the PACC programme, is unique. Recruiting champions, who are passionate about PA, and who use their local network and knowledge to educate clinicians (including clinicians who are less accessible) is a strength of the PACC programme. Utilising local clinicians has also allowed tailoring of education to suit the local setting, allowing more insightful discussions around implementation. The PACC therefore understands the landscape, challenges and, potentially, some possible solutions to providing PA advice to the local patient population. Anecdotally, I have seen a real paradigm shift, with clinicians keen to receive the education and agreeing that providing PA advice is a part of their role. This is a significant change from 8 years ago.”

Reflections and the Future of the PACC programme

Peer-to-peer models of education delivered by clinicians is the core strength of the programme, providing recognisable clinical challenges and realistic practical solutions. This model demonstrates both that being a clinical peer educator has an impact for colleagues but is also a rewarding role. Further evaluation is required to capture the frequency of PA interventions and the subsequent effect on PA levels.

The PACC team hopes to continue its work in creating a sustainable programme, with proposals for a new delivery provider currently being negotiated in collaboration with Sport England, OHID, the Advanced Wellbeing Research Centre at Sheffield Hallam University, the Faculty of Sport and Exercise Medicine UK and Intelligent Health.

Competing Interests

DE is employed as a PACC. DV is employed as medic lead for the PACC programme.

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