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APPENDIX 2

Mapping of academic transcript, experience and training to the *Osteopathic Practice Standards*

(To be completed by the applicant)

Instructions for completion.

This mapping document should be completed by the applicant by referencing where in the documentation, each standard is evidenced. Ensure that your referencing is as clear as possible, to enable the UK assessor to understand what you are referring to. All references should be to English translations of documents.

This mapping document is designed to help you as the applicant to show to the UK assessor that there is no substantial difference between the *Osteopathic Practice Standards* and your educational qualification, professional experience and lifelong learning or Continuing Professional Development (CPD).

Please note you should try to demonstrate each standard by referencing examples from one or more of your qualifications, work experience and lifelong learning or CPD. You may only be able to show some standards from your lifelong learning and CPD only. For other standards, you may be able to show relevant activities in both qualifications and also work experience. It does not matter whether evidence comes from education and training or practice. You do not have to show examples from all areas for each standard. Your focus should be on providing the best evidence possible to show the standard.

Please indicate on this page how your qualification and/or experience and/or lifelong learning demonstrates no substantial difference to the *Osteopathic Practice Standards*. It is in your interests to complete this form at Appendix 2 as accurately as possible by referencing the relevant page and paragraph numbers of the verified qualification, work experience and lifelong learning or CPD to help you to show that there are no substantial differences between your qualification, training and experience and the *Osteopathic Practice Standards*. This will provide the assessors with all the information that you need to assess the application.

Please note that we have also outlined the *Guidance for Osteopathic Pre-registration Education* which sets out the outcomes expected of UK osteopathic graduates. These areas are outlined for information only to help you to see how UK graduates are expected to meet these standards and to help you to consider how to demonstrate the *Osteopathic Practice Standards* from your own qualification and experience.

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| <p>A1 – You must have well-developed interpersonal communication skills and the ability to adapt communication strategies to suit the specific needs of the patient.</p> | <p>18.d. Communicate information effectively. This should be demonstrated by, for example, (1) providing space for the patient to talk and the graduate to listen (2) demonstrating high-quality interpersonal skills with patients and colleagues. (3) demonstrating written and verbal communication skills to foster collaborative care. (4) communicating sensitive information to patients, carers or relatives effectively and compassionately, providing support where appropriate.</p> <p>18.b. Work in partnership with patients in an open and transparent manner,</p> | | | |

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| | elicit and respect their perspective / views on their own treatment and treat patients as individuals. 18.a. Prioritise the needs of patients above personal convenience without compromising personal safety or the safety of others. | | | |
| A2 – Listen to patients and respect their concerns and preferences. | 18.d. Communicate information effectively. This should be demonstrated by, for example, (1) providing space for the patient to talk and the graduate to listen (2) demonstrating high-quality interpersonal skills with patients and colleagues. (3) demonstrating written and | | | |

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| | <p>verbal communication skills to foster collaborative care. (4) communicating sensitive information to patients, carers or relatives effectively and compassionately, providing support where appropriate.</p> <p>18.b. Work in partnership with patients in an open and transparent manner, elicit and respect their perspective / views on their own treatment and treat patients as individuals.</p> <p>18.f. Deal independently with queries from patients and relatives, ensuring that patient information is treated confidentially in</p> | | | |

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| | accordance with the Osteopathic Practice Standards. | | | |
| A3 – Give patients the information they need in a way that they can understand. | 18.b. Work in partnership with patients in an open and transparent manner, elicit and respect their perspective / views on their own treatment and treat patients as individuals. 18.d. Communicate information effectively. This should be demonstrated by, for example, (1) providing space for the patient to talk and the graduate to listen (2) demonstrating high-quality interpersonal skills with patients and colleagues. (3) demonstrating written and verbal communication skills | | Q3 – Neuromsk presentation Q4 – Visceral (non neuromsk) presentation Q6 – Case presentation in which the patient was considered unsuitable for osteopathic treatment. Q7 – Two case presentations which demonstrate your osteopathic management of a patient. Q9 – Case presentation in which you concluded that certain techniques | |

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| | <p>to foster collaborative care. (4) communicating sensitive information to patients, carers or relatives, effectively and compassionately, providing support where appropriate. (5) recognising situations that might lead to a complaint or dissatisfaction, and managing situations where patients' expectations are not being met. (6) Disclosing and apologising for things that have gone wrong and taking steps in partnership with the patient to minimise their impact (7) encouraging and assisting patients to make decisions about their care. (7) encouraging and assisting patients to make</p> | | <p>were unsuitable (contra-indicated).</p> | |

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| | decisions about their care. 18.k. Set expectations about how patients can get in touch (e.g. by telephone or email) if they have any concerns. 18.e. Explain to and reassure patients that information will be kept confidential (with the graduate being aware of the very limited exceptions). | | | |
| A4 – You must receive valid consent before treatment. | 18.e. Explain to and reassure patients that information will be kept confidential (with the graduate being aware of the very limited exceptions). 18.g. Recognise where a patient's capacity is impaired and take appropriate action. | | | |

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| | 18.h. Obtain consent as appropriate in accordance with GOsC Guidance. This includes: (1) being able to explain the nature and implications of treatment (2) ensuring that the patient is providing consent voluntarily - that the patient is able to accept or refuse the proposed examination or treatment (3) ensuring that the patient is appropriately informed - that the patient has understood the risks of the proposed examination, treatment or other action. (4) ensuring that the patient has the capacity to consent to the proposed examination, treatment or other action - this is | | | |

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| | particularly important in the case of children and vulnerable adults who lack mental capacity. Further guidance about capacity and consent is available on the GOsC website at www.osteopathy.org.uk 18.i. Work with the wider healthcare team to plan care for patients with complex or long term illnesses receiving care from a variety of different healthcare professionals. | | | |
| A5 – Work in partnership with patients to find the best treatment for them. | 18.b. Work in partnership with patients in an open and transparent manner, elicit and respect their perspective / views on their own treatment and treat patients as individuals. 18.i. Work with the wider | | Q3 – Neuromsk case presentation Q4 – Visceralmsk (non-neuromsk) case presentation Q5 – Referral of a patient to a healthcare professional | |

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| | <p>healthcare team to plan care for patients with complex or long term illnesses receiving care from a variety of different healthcare professionals.</p> <p>18.c. Work with patients and colleagues to develop sustainable individual care plans, in order to manage patient's health effectively.</p> | | <p>Q6 – Case presentation in which the patient was considered unsuitable for osteopathic treatment.</p> <p>Q7 – Two case presentations which demonstrate your osteopathic management of a patient.</p> | |
| A6 – Support patients in caring for themselves to improve and maintain their own health. | 18.j. Discuss and evaluate the patient's capacity to self-care, and encourage them to do so. | | <p>Q3 – Neuromsk case presentation</p> <p>Q5 – Referral of a patient to a healthcare professional</p> <p>Q6 – Case presentation in which the patient was considered unsuitable</p> | |

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| | | | for osteopathic treatment. Q7 – Two case presentations which demonstrate your osteopathic management of a patient. | |
| B1 – You must understand osteopathic concepts and principles and apply them critically to patient care. | 20.a. Know and understand the key concepts and bodies of knowledge in order to be able to practise osteopathy, underpinned by osteopathic principles and appropriate guidelines. These key concepts include: (1) normal and disordered human structure and function (2) principles of a healthy lifestyle (for example nutrition) (3) knowledge of basic pharmacology (4) | | Q3 – Neuromsk case presentation Q4 – Visceral (Non-neuromsk) case presentation Q5 – Referral of a patient to a healthcare practitioner Q6 – Case presentation in which the patient was considered unsuitable for osteopathic treatment. Q7 – Two case | |

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| | osteopathic concepts of health, illness, disease and behaviours, and related psychological and sociological perspectives. (5) critical appraisal of research and professional knowledge (6) the context of osteopathy within the wider healthcare environment. 20.b. Know how osteopathic philosophy and principles are expressed and translated into action through a number of different approaches to practice. 20.c. Know how to select or modify approaches to meet the needs of an individual. This includes knowledge of the relative and absolute contra- | | presentations which demonstrate your osteopathic management of a patient. Q9 – Case presentation in which you concluded that certain techniques were unsuitable (contra-indicated) | |

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| | indications of osteopathic treatment modalities and other adjunct approaches. | | | |
| B2 – You must have sufficient knowledge and skills to support your work as an osteopath. | 20.a. Know and understand the key concepts and bodies of knowledge in order to be able to practise osteopathy, underpinned by osteopathic principles and appropriate guidelines. These key concepts include: (1) normal and disordered human structure and function (2) principles of a healthy lifestyle (for example nutrition) (3) knowledge of basic pharmacology (4) osteopathic concepts of health, illness, disease and behaviours, and related psychological and sociological perspectives. | | Q1 – profile of applicant’s patients and case load. Q2 – How do you keep your professional knowledge and skills up to date. Q3 – Neuromsk presentation Q4 – Visceral (nonmsk) presentation Q5 – Referral of a patient to another healthcare professional Q6 – Case presentation in which the patient was considered unsuitable | |

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| | (5) critical appraisal of research and professional knowledge (6) the context of osteopathy within the wider healthcare environment. | | for osteopathic treatment. Q7 – Two presentations which demonstrate your osteopathic management of a patient. Q8 – Application of osteopathic techniques in practice. Q9 – Case presentation in which you concluded that certain techniques were unsuitable (contra-indicated) | |
| B3 – Recognise and work within the limits of your competence | 20.x. Recognise and work within their limits of competence, requesting appropriate guidance or referring where | | Q3 – Neuromsk case presentation Q4 – Visceral (non neuromsk) case presentation | |

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| | <p>appropriate guidance or referring where appropriate to ensure patient safety and effective care.</p> <p>20.l. Recognise when referral is necessary.</p> <p>20.n. Formulate accurate and succinct clinic letters and discharge summaries to other healthcare professionals and patients.</p> <p>20.o. Discharge a patient from care appropriately.</p> <p>20.w Deliver and justify high-quality, reliable and informed care.</p> | | <p>Q5 – Referral of a patient to a healthcare professional</p> <p>Q6 – Case presentation in which the patient was considered unsuitable for osteopathic treatment.</p> | |
| <p>B4 – Keep your professional knowledge and skills up to date.</p> | <p>20.s. Demonstrate a critical and reflective approach to practice. This should include: (a) a</p> | | <p>Q1 – Profile of the applicant’s patients and case load.</p> <p>Q2 – How do you</p> | |

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| | commitment to getting feedback from others (2) reflection based on literature, guidelines and experience in the development of clinical skills (3) lifelong learning (4) the enhancement of the quality of care throughout their practice life. 20.u. Maintain and improve skills in key areas. 20.v. Seek to extend the range of procedures, techniques and treatments that can be performed. 25.i. Recognise personal learning needs and address these. 25.j. Maintain a professional development portfolio to document reflection; this should also | | keep your professional knowledge and skills up to date? Q7 – Two case presentations which demonstrate your osteopathic management of a patient. | |

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| | include career development and planning. 20.t. Guide and support the learning of others. 25.g. Participate in peer learning and support activities and provide feedback to others. 25.f. Reflect on feedback from patients, colleagues and others to improve skills. | | | |
| C1 – You must be able to conduct an osteopathic patient evaluation sufficient to make a working diagnosis and formulate a treatment plan. | 20.d. Take an accurate and appropriate patient history, utilising all relevant sources of information (including for example, diet and exercise). 20.d. Take an accurate and appropriate patient | | Q3 – Neuromsk case presentation Q4 – Visceral (non-neuromsk) case presentation Q5 – Referral of a patient to a healthcare professional Q6 – Case | |

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| | <p>history, utilising all relevant sources of information (including for example, diet and exercise).</p> <p>20.e. Perform an accurate and appropriate examination including relevant clinical testing, observation, palpation and motion analysis to elicit all relevant physical , mental and emotional signs.</p> <p>20.e. Perform an accurate and appropriate examination including relevant clinical testing, observation, palpation and motion analysis to elicit all relevant physical , mental and emotional signs.</p> <p>20.h. Undertake an osteopathic evaluation that is adequate to form the</p> | | <p>presentation in which the patient was considered unsuitable for osteopathic treatment</p> <p>Q7 – Two case presentations which demonstrate your osteopathic management of a patient.</p> <p>Q9 – Case presentations in which you concluded that certain techniques were unsuitable (contra-indicated).</p> | |

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| | <p>basis of a treatment and management plan in partnership with the patient, including an analysis of the aetiology and any predisposing and maintaining factors.</p> <p>30. All these elements in Theme C should be referenced through a range of experience either at undergraduate level or practice to include: neuromusculoskeletal cases, non-neuromusculoskeletal presentation, a case involving communication challenges, patients displaying a range of characteristics , a patient receiving a full course of treatment, a patient</p> | | | |

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| | requiring referral to another practitioner, a patient presenting where certain techniques were contra-indicated, a patient not responding to the expected prognosis) 31. All these elements in Theme C may be referenced using a range of osteopathic techniques including diagnostic palpation, direct techniques, indirect techniques, balancing techniques, combined techniques, reflex based techniques and fluid based techniques. | | | |
| C2 – You must be able to formulate and deliver a justifiable | 20.h. Undertake an osteopathic evaluation that is adequate to form the basis of a treatment and | | Q3 – Neuromsk case presentation Q4 – Visceral (nonneuromsk) case | |

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| osteopathic treatment plan or an alternative course of action. | management plan in partnership with the patient, including an analysis of the aetiology and any predisposing and maintaining factors. 20.g. Critically evaluate information collected from different investigations and sources to formulate a differential diagnosis sufficient to identify any areas requiring referral for further treatment or investigation. | | presentation Q5 – Referral of a patient to a healthcare professional Q6 – Case presentation in which the patient was considered unsuitable for osteopathic treatment Q7 – Two case presentations which demonstrate your osteopathic management of a patient. Q8 – Applications of osteopathic techniques in practice Q9 – Case presentation on which you concluded that certain | |

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|--|---|--|--|--|
| | <p>20.c. Know how to select or modify approaches to meet the needs of an individual. This includes knowledge of the relative and absolute contra-indications of osteopathic treatment modalities and other adjunct approaches.</p> <p>20.g. Critically evaluate information collected from different investigations and sources to formulate a differential diagnosis sufficient to identify any areas requiring referral for further treatment or investigation.</p> <p>20.h. Undertake an</p> | | <p>techniques were unsuitable (contra-indicated).</p> | |

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| | <p>osteopathic evaluation that is adequate to form the basis of a treatment and management plan in partnership with the patient, including an analysis of the aetiology and any predisposing and maintaining factors.</p> <p>20.i. Use the most effective combination of care, agreed with and tailored to the expectations of the individual patient.</p> <p>20.j. Implement the treatment plan skilfully and appropriately.</p> <p>22.b. Undertake risk assessment and risk management (including the management of adverse events).</p> <p>22.c. Recognise and take</p> | | | |

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| | appropriate action when adverse events have taken place. 20.k. Review the initial diagnosis and responsiveness to the treatment plan on a regular basis, adapting the plan as appropriate, in partnership with the patient. | | | |
| C3 – Care for your patients and do your best to understand their condition and improve their health. | 25.a. Take personal responsibility for and be able to justify decisions and actions. | | Q3 – Neuromsk case presentation Q4 – Visceral (non-neuromsk) case presentation Q5 – Referral of a patient to a healthcare professional Q6 – Case presentation in which the patient was considered unsuitable | |

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| | | | for osteopathic treatment Q7 – Two case presentations which demonstrate your osteopathic management of a patient. Q9 – Case presentation in which you concluded that certain techniques were unsuitable (contra-indicated) | |
| C4 – Be polite and considerate with patients. | 18.b. Work in partnership with patients in an open and transparent manner, elicit and respect their perspective / views on their own treatment and treat patients as individuals. | | | |
| C5 – Acknowledge your patients’ | 18.b. Work in partnership with patients in an open | | | |

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| individuality in how you treat them. | and transparent manner, elicit and respect their perspective / views on their own treatment and treat patients as individuals. | | | |
| C6 – Respect your patients' dignity and modesty. | 25.a. Practise in accordance with the principles and standards set out in the Osteopathic Practice Standards and associated guidance published from time to time. <i>This includes respecting your patients' dignity and modesty.</i> | | | |
| C7 – Provide appropriate care and treatment. | 25.a. Practise in accordance with the principles and standards set out in the Osteopathic Practice Standards and associated guidance published from time to time. | | Q3 – Neuromsk case presentation Q4 – Visceral (non-neuromsk) case presentation Q5 – Referral of a patient to a healthcare | |

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| | 22.g. Ensure good outcomes for patients, meeting their objectives, in accordance with the Osteopathic Practice Standards and relevant guidelines. | | professional Q6 – Case presentation in which the patient was considered unsuitable for osteopathic treatment. Q7 – Two case presentations which demonstrate your osteopathic management of a patient Q9 – Case presentation in which you concluded that certain techniques were unsuitable (contra-indicated). | |
| C8 – Ensure that your patient records are full, accurate and completed promptly. | 20.f. Record the patient's history and findings succinctly and accurately in accordance with the GOsC Guidance (recognising that | | Q3 – Neuromsk case presentation Q4 – Visceral (non-neuromsk) case presentation | |

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| | a patient's notes can be requested by the patient). | | Q5 – Referral of a patient to a healthcare professional Q6 – Case presentation in which the patient was considered unsuitable for osteopathic treatment. Q7 – Two case presentations which demonstrate your osteopathic management of a patient. Q9 – Case presentation in which you concluded that certain techniques were unsuitable. | |
| C9 – Act quickly to protect patients and keep them from | 22.b. Undertake risk assessment and risk management (including | | | |

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| <p>harm.</p> | <p>the management of adverse events). 25.e. Demonstrate an understanding of their duty as a healthcare professional to take appropriate action to ensure patient safety (including if they have concerns about a colleague). This may include seeking advice, dealing with the matter directly or reporting concerns to an appropriate authority. 22.a. Recognise when patient safety is at risk and institute changes to reduce risk. 22.f. Identify the signs that suggest that children or other vulnerable people may be suffering from</p> | | | |

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| | abuse or neglect, and take action to safeguard their welfare, including seeking advice and informing other agencies where required. | | | |
| D1 – You must consider the contributions of other healthcare professionals to ensure patient care. | 20.l. Recognise when referral is necessary. 20.m. Participate in the process of referral from primary to secondary and / or tertiary care and vice versa, and demonstrate an ability to make referrals across boundaries and through different care pathways. 20.n. Formulate accurate and succinct clinic letters | | Q3 – Neuromsk case presentation Q4 – Visceral (nonneuromsk) case presentation Q5 – Referral of a patient to a healthcare professional Q6 – Case presentation in which the patient was considered unsuitable for osteopathic treatment. | |

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| | <p>and discharge summaries to other healthcare professionals and patients. 25.d. Demonstrate an understanding of the role of organisations and bodies involved in osteopathic education and regulation and the wider healthcare environment.</p> | | | |
| <p>D2 – You must respond effectively to requirements for the production of high-quality written material and data.</p> | <p>22.h. Gather and analyse data accurately and appropriately. 22.i. Demonstrate knowledge and use of appropriate methods of clinical governance to enhance practice, including (1) complaints mechanisms, (2) patient and colleague feedback (3) clinical audit (4) structured reflection (5) structured</p> | | | |

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| | case based discussion (6) structured case presentation. | | | |
| D3 – You must be capable of processing and analysing information as necessary. | 25.f. Reflect on feedback from patients, colleagues and others to improve skills. 22.h. Gather and analyse data accurately and appropriately. | | Q1 – Profile of the applicant’s patients and caseload. Q2 – Their ability to collect and analyse data about their professional practice. | |
| D4 – Make sure your beliefs do not prejudice your patients’ care. | 18.a. Prioritise the needs of patients above personal convenience without compromising personal safety or the safety of others. 20.m. Participate in the process of referral from primary to secondary and / or tertiary care and vice versa, and demonstrate an ability to make referrals across boundaries and | | | |

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| D5 – You must comply with equality and anti-discrimination laws. | through different care pathways. 22.j. Demonstrate ways of establishing a viable, safe and effective practice including: (1) knowledge of and ability to comply with relevant legislation (in their intended country of practice) including health and safety, data protection, and equality legislation, and financial and accounting requirements. (2) Ability to employ appropriate and legal methods of marketing and advertising and ability to research and use up to date information and comply with good practice. (3) Ability to use social media appropriately and legally. (4) Knowledge and | | | |

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| | understanding of the regulatory requirements in their intended locality, including the roles of the relevant local authority, the Care Quality Commission, Healthcare Improvement Scotland, the Regulation and Quality Improvement Authority (Northern Ireland) and Healthcare Inspectorate Wales. (5) Ability to develop appropriate patient information leaflets or other mechanisms to provide patient information in advance of an appointment. | | | |
| D6 – Respect your patients’ rights to privacy and confidentiality. | 18.e. Explain to and reassure patients that information will be kept confidential (with the graduate being aware of | | | |

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| | the very limited exceptions). | | | |
| D7 – Be open and honest when dealing with patients and colleagues and respond quickly to complaints. | 25.b. Take personal responsibility for and be able to justify decisions and actions. 18.d. Communicate information effectively. This should be demonstrated by, for example, (1) providing space for the patient to talk and the graduate to listen (2) demonstrating high-quality interpersonal skills with patients and colleagues. (3) demonstrating written and verbal communication skills to foster collaborative care. (4) communicating sensitive information to patients, carers or relatives, effectively and | | | |

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| | <p>compassionately, providing support where appropriate. (5) recognising situations that might lead to a complaint or dissatisfaction, and managing situations where patients' expectations are not being met. (6) Disclosing and apologising for things that have gone wrong and taking steps in partnership with the patient to minimise their impact (7) encouraging and assisting patients to make decisions about their care. (7) encouraging and assisting patients to make decisions about their care.</p> | | | |
| D8 – Support colleagues and co-operate with them to enhance patient | 25.g. Participate in peer learning and support activities and provide feedback to others. | | | |

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| care. | 25.k. Act as a role model and (where appropriate) as a leader, and assist and educate others where appropriate. | | | |
| D9 – Keep comments about colleagues or other healthcare professionals honest, accurate and valid. | 25.h. Act with professionalism in the workplace, when using other communication media (including online) and in interactions with patients and colleagues. | | | |
| D10 – Ensure that any problems with your own health do not affect your patients. | 22.e. Recognise that fatigue and health problems in healthcare workers (including themselves) can compromise patient care, and take action - including seeking guidance from others where appropriate - to reduce this risk. | | | |
| D11 – Be aware of | 20.p. Recognise the impact | | | |

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| your role as a healthcare provider to promote public health. | of sedentary lifestyles and possible effects of diet, nutrition, alcohol and drugs, and use opportunities to promote health by explaining the implications for patients. | | | |
| D12 – Take all necessary steps to control the spread of communicable diseases. | 20.q. Meet standards for hygiene and the control of infection. 20.r. Take reasonable steps to avoid the transmission of communicable disease. | | | |
| D13 – Comply with health and safety legislation. | 22.j. Demonstrate ways of establishing a viable, safe and effective practice including: (1) knowledge of and ability to comply with relevant legislation (in their intended country of practice) including health and safety, data protection, and equality | | | |

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| | <p>legislation, and financial and accounting requirements. (2) Ability to employ appropriate and legal methods of marketing and advertising and ability to research and use up to date information and comply with good practice. (3) Ability to use social media appropriately and legally. (4) Knowledge and understanding of the regulatory requirements in their intended locality, including the roles of the relevant local authority, the Care Quality Commission, Healthcare Improvement Scotland, the Regulation and Quality Improvement Authority (Northern Ireland) and Healthcare Inspectorate</p> | | | |

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| | Wales. (5) Ability to develop appropriate patient information leaflets or other mechanisms to provide patient information in advance of an appointment. | | | |
| D14 – Act with integrity in your professional practice. | 25.c. Demonstrate professional integrity, including awareness of and ability to take action to meet their responsibilities related to the duty of candour and whistleblowing. 22.d. Understand the obligation and need to maintain their own fitness to practise. | | | |
| D15 – Be honest and trustworthy in your financial dealings whether personal or | 18.b. Work in partnership with patients in an open and transparent manner, elicit and respect their perspectives / views on | | | |

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| professional. | their own treatment and treat patients as individuals. 25.c. Demonstrate professional integrity, including awareness of and ability to take action to meet their responsibilities related to the duty of candour and whistleblowing. 22.j. Demonstrate ways of establishing a viable, safe and effective practice including: (1) knowledge of and ability to comply with relevant legislation (in their intended country of practice) including health and safety, data protection, and equality legislation, and financial and accounting requirements. (2) Ability to | | | |

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| | or other mechanisms to provide patient information in advance of an appointment. | | | |
| D16 – Do not abuse your professional standing. | 25.c. Demonstrate professional integrity, including awareness of and ability to take action to meet their responsibilities related to the duty of candour and whistleblowing. 25.h. Act with professionalism in the workplace when using other communication media (including online), and in interactions with patients and colleagues. This includes taking responsibility for and maintaining appropriate professional boundaries with patients. | | | |

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| D17 – Uphold the reputation of the profession through your conduct. | 25.l. Ensure punctuality and organisation in their practice. 25.h. Act with professionalism in the workplace when using other communication media (including online), and in interactions with patients and colleagues. 25.a. Practise in accordance with the principles and standards set out in the Osteopathic Practice Standards and associated guidance published from time to time. 25.k. Act as a role model and (where appropriate) as a leader and assist and educate others | | | |
| D18 – You must provide to the GOsC | 22.d. Understand the obligation and need to | | | |

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| any important information about your conduct and competence. | maintain their own fitness to practise. | | | |

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