



**General
Osteopathic
Council**

Further Evidence to Practice

Guidance for Assessors and Applicants

Contents

Guidance for Assessors and Applicants

- > Introduction
- > Questions
 - 1 Profile of the applicant's patients and caseload
 - 2 How do you keep your professional knowledge and skills up to date?
 - 3 case presentations
 - 4 Application of osteopathic techniques in practice

Appendix 1

- > Osteopathic Practice Standards Checklist

Appendix 2

- > Evaluation Form 1

Appendix 3

- > Evaluation Form 2

Appendix 4

- > Further Evidence of Practice form

Introduction

1. These guidelines provide a reference for the evaluation of an applicant's Further Evidence of Practice application against the Osteopathic Practice Standards. They should be considered in conjunction with the underpinning checklist indicators provided in Appendix 1.
2. The 'decisions' required for each question enable the assessor to determine whether the applicant is able to provide sufficient evidence to fulfil the Osteopathic Practice Standards assessed by the Further Evidence of Practice application. In addition to considering whether the responses provided are sufficient, assessors should consider whether evidence is also plausible and credible. This process will involve completing Evaluation Form 1 (Appendix 2).
3. Having considered each question on its own merits, the assessor must then evaluate the combined responses against the Osteopathic Practice Standards by completing Evaluation Form 2 (Appendix 3) in a process of triangulation. This will lead to a decision as to whether the applicant is able to progress to the Assessment of Clinical Performance (ACP). A summary of the outcomes of the Further Evidence of Practice application is provided to ACP assessors. There is also an obligation for the assessors to provide specific feedback to the applicant.
4. The onus is on the applicant to provide sufficient evidence to support their claim to fulfil the Osteopathic Practice Standards. If, for genuine reasons, the applicant is unable to provide patient records, they will be asked to supply written evidence to support this claim before proceeding further with their application. If the GOsC are satisfied with the reasons provided, the applicant will then be asked to provide written hypothetical scenarios for each of the questions to demonstrate their knowledge, clinical reasoning skills and ensuing clinical actions. If the applicant does submit hypothetical scenarios then this should be clearly marked on the evaluation forms.

Questions

1 Profile of the applicant's patients and caseload

Evaluation guidance:

- > The applicant should provide a breakdown of their patient profile and their presenting complaints for a three-month period in order for assessors to be able to gain an insight of: the scope and breadth of the applicant's current clinical practice and patient profile; whether they have any areas of specialised focus; and their ability to collect and analyse data about their professional practice.
- > Have any areas of special interest or focus been identified?

Decisions required:

Does the applicant provide evidence of?

- B1 an adequate breadth/scope of patient profile to support their knowledge and skills as an osteopath
- B4 their ability to collect and analyse data about professional practice

2 How do you keep your professional knowledge and skills up to date?

Evaluation guidance:

The applicant should consider in their response the following:

- > Their patient profile – choosing two cases to outline how these have contributed to their professional development.
- > Continuing professional development (CPD) Activities – providing an outline of CPD undertaken over the last two years (this may include specific courses, networking with colleagues, self-reflections, and objective feedback activities such as clinical audit or patient feedback)

Decisions required:

Does the applicant provide evidence of?

- B1 how their CPD activities maintain their knowledge and skills their ability to monitor, and act accordingly, on the quality of osteopathic care they provide
- B3 Keeping their professional knowledge and skills up to date.
- B4 their ability to collect and analyse data about professional practice

3 Case presentations

In this section, applicants are asked to provide four separate case scenarios. These should include one from each category 1-3 below, plus a case from either category 4 or 5.

1. A neuro-musculoskeletal presentation.
2. A musculoskeletal presentation with or without nerve involvement
3. A case where they concluded that the primary issue was non-musculoskeletal in origin, but mimics a musculoskeletal presentation.
4. A case where the patient was referred to another healthcare practitioner.
5. A case where they felt that some osteopathic approaches/techniques were contraindicated from the outset, or had been indicated, but become no longer appropriate.

Evaluation guidance:

- > There should be consistency between the case presentation and the anonymised copy of the patient records.

The applicant should consider the following in their response:

- I. The case history including the patient profile, presenting complaint, and relevant medical, family and social history
- II. Their assessment of the patient's general health
- III. The contribution of any physiological, psychological, and social factors that they thought were relevant to the presenting complaint
- IV. An overview of their examination and osteopathic assessment of the patient's biomechanics and musculoskeletal system
- V. The clinical findings, including any orthopaedic, neurological or systemic evaluation.
- VI. Their interpretation of the significance of the presenting signs and symptoms
- VII. The differential diagnostic hypothesis and the diagnostic conclusion reached to explain the patient's presenting symptoms.
- VIII. How they applied osteopathic principles and concepts in the evaluation and treatment of the patient
- IX. Whether the case was:
 - Suitable for osteopathic treatment, and if so, the treatment and management plan based upon the working diagnosis, the patient, and the likely effects and/or risks of osteopathic treatment. This should include an overview of the types of techniques used.
 - Not suitable for osteopathic treatment and what steps they took to ensure ongoing care for the patient, whether this included referral to another healthcare practitioner and what the outcome was, if known.
- X. How they involved the patient in making an informed decision about their management and treatment.
- XI. How they have demonstrated compliance with the Osteopathic Practice Standards over the range of their cases, covering

standards A1, A2, A3, A4, B1, B2, C1, C2, D10 as a minimum.

Decisions required:

Across the four case scenarios, does the applicant provide evidence of?

- A1 listening to patients, respecting their individuality, concerns and preferences
- A2 How they worked in partnership with the patient.
- A3 How they gave sufficient information to the patient, including benefits, risks and options,
- A4 How they gained consent to examination and treatment.
- B1 sufficient knowledge and skills to support their work as an osteopath (please refer to osteopathic practice standard indicators under B1)
- B2 their consideration of the need to seek advice or assistance for ongoing patient care.
- C1 their ability to conduct an osteopathic patient evaluation sufficient to make a working diagnosis and formulate and deliver a treatment plan (please refer to osteopathic practice standard indicators under C1)
- C2 their ability to maintain comprehensive, accurate and legible patient records.
- D10 their consideration of the contribution of other healthcare professionals to ensure best patient care

4 Application of osteopathic techniques in practice

Evaluation guidance:

- > Does the applicant demonstrate knowledge of at least two valid examples for contra-indications for each of the techniques in use?

- > Is there consistency between the responses provided with and the examples given from the applicant's patient profile?

Decisions required

Does the applicant provide evidence of their ability to?

- B1 apply osteopathic techniques in relation to their patient profile?
- C1 identify contra-indications to using specific osteopathic techniques given the needs of the patient, the context of their presenting complaint and history.

Appendix 1: Further Evidence of Practice Osteopathic Practice Standards Checklist

STANDARDS	CHECKLIST
A1 You must listen to patients and respect their individuality, concerns and preferences. You must be polite and considerate with patients and treat them with dignity and courtesy.	Does the applicant: <ul style="list-style-type: none">➤ Demonstrate effective communication, taking into account unspoken signals, from a patient's body language or tone of voice?➤ Demonstrate awareness of the particular needs or values of patients in relation to gender, ethnicity, culture, religion, belief, sexual orientation, lifestyle, age, social status, language, physical or mental disability?
A2 You must work in partnership with patients, adapting your communication approach to take into account their particular needs, and supporting patients in expressing to you what is important to them.	Does the applicant: <ul style="list-style-type: none">➤ Involve the patient in treatment and management planning?➤ Demonstrate sensitivity to the specific needs of patients, and be select and utilize effective forms of communication to take these into account?
A3 You must give patients the information they want or need to know in a way that they can understand.	Does the applicant inform the patient: <ul style="list-style-type: none">➤ About what to realistically expect from the applicant as an osteopath?➤ About any material or significant risks associated with any clinical action proposed pertinent to the specific patient's presenting situation and needs?
A4 You must receive valid consent for all aspects of examination and treatment and record this as appropriate.	Does the applicant: <ul style="list-style-type: none">➤ Demonstrate that they have gained valid consent to examination and treatment of the patient, and recorded this appropriately?
A5 You must support patients in caring for themselves to improve and maintain their own health and wellbeing.	Does the applicant: <ul style="list-style-type: none">➤ Provide information on the effects of lifestyle choices on health and wellbeing, support decision making around lifestyle changes where appropriate and encourage and support patients to seek help from other health professionals if necessary?
B1 You must have and be	Does the applicant:

Appendix 1: Osteopathic Practice Standards Checklist

able to apply sufficient and appropriate knowledge and skills to support your work as an osteopath.

- Demonstrate an understanding of osteopathic principles and concepts in their clinical decision making?
- Demonstrate a knowledge of pathophysiological processes sufficient to inform clinical judgement.
- Demonstrate an understanding of psychological and social influences on health
- Consider the patient as whole in the context of the presenting complaint?
- Use palpation as an evaluation, diagnostic, treatment and re-evaluation tool?

B2 You must recognise and work within the limits of your training and competence.

Does the applicant:

- demonstrate that they are able to use their professional judgement to assess whether they have the training, skills and competence to treat a patient, and to seek advice when necessary?

STANDARDS

CHECKLIST

C1 You must be able to conduct an osteopathic patient evaluation and deliver safe, competent and appropriate osteopathic care to your patients.

Does the applicant demonstrate the ability to

- take and record the patient's case history, adapting their communication style to take account of the patient's individual needs and sensitivities?
- select and undertake appropriate clinical assessment of the patient, taking into account the nature of their presentation and their case history?
- formulate an appropriate working diagnosis or rationale for care and explain this clearly to the patient?
- develop and apply an appropriate plan of treatment and care. This should be based on:
 - the working diagnosis
 - the best available evidence
 - the patient's values and preferences
 - their own skills, experience and competence?
- adapt an osteopathic technique or treatment approach in response to findings from the examination of the patient?
- evaluate post-treatment response and justify the decision to continue, modify or cease osteopathic treatment as appropriate?
- recognise adverse reactions to treatment, and take appropriate action?
- monitor the effects of their care, and keep this under review?
- where appropriate, refer the patient to another healthcare professional, following appropriate referral procedures?

STANDARDS

CHECKLIST

C2 You must ensure that your patient records are comprehensive, accurate, legible and completed promptly

Do the patient records contain:

- The date of the consultation?
- The patient's personal details?
- Any problems and symptoms reported by the patient?
- Relevant medical, family and social history?
- The clinical findings, including negative findings?
- The information and advice provided, whether this is provided in person or via the telephone?
- A working diagnosis and treatment plan?
- Records of consent, including consent forms?
- The investigation or treatment undertaken and the results?
- Any communication with, about or from the patient?
- Copies of any correspondence, reports, test results, etc. about the patient?
- Clinical response to treatment and treatment outcomes?
- The location of the treatment if outside the usual consulting rooms?
- Whether a chaperone was present or not required?
- Whether a student or observer was present?
- Monitor the effects of care and keep this under review, recognize adverse reactions to treatment and take appropriate action, and make appropriate referrals when necessary.

D10 You must consider the contributions of other healthcare professionals to optimise patient care.

Does the applicant

- Treat other health and care professionals with respect, acknowledging the role that they may have in the care of patients?
- Ensure any comments about other healthcare professionals are honest, valid and accurate?
- Follow appropriate referral procedures?
- Work collaboratively with other healthcare providers to optimise patient care, where such approaches are appropriate and available?

Appendix 2 Further Evidence of Practice Questionnaire Evaluation Form 1

To be completed with reference to the Further Evidence of Practice Questionnaire - Guidelines for assessors.

How the applicant's patient profile and CPD activities support the maintenance and development of their osteopathic capabilities.

1 Profile of the applicant's patients and caseload

- 1 Has the applicant presented a sufficient profile of their practice over a three month period (30-50 cases) to provide a representative overview of their practice and any areas of specialized focus or interest?

-
- 2 Has the applicant demonstrated that they are able to analyse and present data from their practice?

Other comments

2 How do you keep your professional knowledge and skills up to date

1 Has the applicant provided a summary of CPD activities undertaken over the last two years, and/or their approach to professional development?

2 Has the applicant referenced two cases from their patient profile (section 1) and discussed how they have contributed to their professional development?

3 Has the applicant demonstrated that they are professionally engaged and take an appropriate approach to CPD?

Other comments

Case 1	Scenario:
OPS criteria	Comment
<p>Communication and patient partnership</p> <p>Has the applicant provided evidence of effective and appropriate communication with the patient, providing the information that they need to make informed choices about their healthcare and to give consent?</p> <p>Key standards: A1, A2, A3, A4</p>	
<p>Knowledge, skills and performance</p> <p>Has the applicant demonstrated they have, and can apply appropriate knowledge and skills to support their work as an osteopath? This would include an understanding of osteopathic concepts and principles, anatomy, pathophysiological and psychosocial influences on health.</p> <p>Have they shown an awareness of their own limits and competence?</p> <p>Key standards: B1, B2</p>	
<p>Safety and quality in practice</p> <p>Has the applicant demonstrated that they have conducted an appropriate evaluation of the patient, and been able to devise and deliver (where appropriate) a management plan?</p> <p>Has the applicant shown that they are able to keep comprehensive and accurate records?</p> <p>Key standards: C1, C2</p>	
<p>Professionalism</p> <p>Has the applicant, where appropriate, demonstrated an awareness and understanding of the contributions of other healthcare practitioners to patient care</p> <p>Key standards: D10</p>	
<p>Other comments</p>	

Case 2	Scenario:
OPS criteria	Comment
<p>Communication and patient partnership</p> <p>Has the applicant provided evidence of effective and appropriate communication with the patient, providing the information that they need to make informed choices about their healthcare and to give consent?</p> <p>Key standards: A1, A2, A3, A4</p>	
<p>Knowledge, skills and performance</p> <p>Has the applicant demonstrated they have, and can apply appropriate knowledge and skills to support their work as an osteopath? This would include an understanding of osteopathic concepts and principles, anatomy, pathophysiological and psychosocial influences on health.</p> <p>Have they shown an awareness of their own limits and competence?</p> <p>Key standards: B1, B2</p>	
<p>Safety and quality in practice</p> <p>Has the applicant demonstrated that they have conducted an appropriate evaluation of the patient, and been able to devise and deliver (where appropriate) a management plan?</p> <p>Has the applicant shown that they are able to keep comprehensive and accurate records?</p> <p>Key standards: C1, C2</p>	
<p>Professionalism</p> <p>Has the applicant, where appropriate, demonstrated an awareness and understanding of the contributions of other healthcare practitioners to patient care</p> <p>Key standards: D10</p>	
<p>Other comments</p>	

Case 3	Scenario:
OPS criteria	Comment
<p>Communication and patient partnership</p> <p>Has the applicant provided evidence of effective and appropriate communication with the patient, providing the information that they need to make informed choices about their healthcare and to give consent?</p> <p>Key standards: A1, A2, A3, A4</p>	
<p>Knowledge, skills and performance</p> <p>Has the applicant demonstrated they have, and can apply appropriate knowledge and skills to support their work as an osteopath? This would include an understanding of osteopathic concepts and principles, anatomy, pathophysiological and psychosocial influences on health.</p> <p>Have they shown an awareness of their own limits and competence?</p> <p>Key standards: B1, B2</p>	
<p>Safety and quality in practice</p> <p>Has the applicant demonstrated that they have conducted an appropriate evaluation of the patient, and been able to devise and deliver (where appropriate) a management plan?</p> <p>Has the applicant shown that they are able to keep comprehensive and accurate records?</p> <p>Key standards: C1, C2</p>	
<p>Professionalism</p> <p>Has the applicant, where appropriate, demonstrated an awareness and understanding of the contributions of other healthcare practitioners to patient care</p> <p>Key standards: D10</p>	
<p>Other comments</p>	

Case 4	Scenario:
OPS criteria	Comment
<p>Communication and patient partnership</p> <p>Has the applicant provided evidence of effective and appropriate communication with the patient, providing the information that they need to make informed choices about their healthcare and to give consent?</p> <p>Key standards: A1, A2, A3, A4</p>	
<p>Knowledge, skills and performance</p> <p>Has the applicant demonstrated they have, and can apply appropriate knowledge and skills to support their work as an osteopath? This would include an understanding of osteopathic concepts and principles, anatomy, pathophysiological and psychosocial influences on health.</p> <p>Have they shown an awareness of their own limits and competence?</p> <p>Key standards: B1, B2</p>	
<p>Safety and quality in practice</p> <p>Has the applicant demonstrated that they have conducted an appropriate evaluation of the patient, and been able to devise and deliver (where appropriate) a management plan?</p> <p>Has the applicant shown that they are able to keep comprehensive and accurate records?</p> <p>Key standards: C1, C2</p>	
<p>Professionalism</p> <p>Has the applicant, where appropriate, demonstrated an awareness and understanding of the contributions of other healthcare practitioners to patient care</p> <p>Key standards: D10</p>	
<p>Other comments</p>	

4 Application of osteopathic techniques in practice

Has the applicant provided sufficient evidence that:

> They are familiar with a typical range of osteopathic techniques

> They understand the relative contraindications of these

> They have utilised techniques which they say use frequently or occasionally in relation to their patient profile ?

Comments

Appendix 3 - Evaluation Form 2

Please cross-refer between the individual questions and collate your feedback in the relevant sections below. You must consider areas where the osteopathic practice standards are met, areas requiring clarification and areas of omission.

←————— Able to progress —————→			Not able to progress —————→	
Osteopathic Practice Standards	Evidence submitted to fulfil Osteopathic Practice Standards	Majority of evidence submitted to support clinical safety and practice but areas requiring clarification	Some evidence submitted but major areas of clinical safety and practice omitted	Little or no evidence submitted.
A: Communication and Patient Partnership A1, A2, A3, A4				
B: Knowledge, Skills and Performance B1, B2, B3				
C: Safety and quality in practice C1, C2				
D: Professionalism D10				

Appendix 3 - Evaluation Form 2

Recommendation: (please tick)

Progression through to the Assessment of Clinical Performance	<input type="checkbox"/>	Not able to progress	<input type="checkbox"/>
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For consideration by Assessment of Clinical Performance assessors

> Areas of good practice (please list and cross refer to the Osteopathic Practice Standards)

> Areas requiring further exploration/clarification (please list and cross- refer to the Osteopathic Practice Standards)

> Areas requiring enhancement



General
Osteopathic
Council

Reference Number:

Appendix 4 Further Evidence of Practice Questionnaire Evaluation Form 2

1. Further Evidence of Practice Introduction

1. All osteopaths practising in the United Kingdom must be registered with the General Osteopathic Council (GOsC). An applicant wishing to register must satisfy the GOsC that they meet the standards outlined in the GOsC *Osteopathic Practice Standards*. These standards can be accessed on the General Osteopathic Council (GOsC) website www.osteopathy.org.uk and at <https://standards.osteopathy.org.uk/>. These set out the standards of conduct, ethics and competence required of osteopaths to promote patients' health and wellbeing, protect them from harm and maintain public confidence in the profession. They provide a framework to support the delivery of ethical, competent and safe osteopathic care.
2. This Further Evidence of Practice application is used as part of the assessment process to determine whether you meet the required standards. You should familiarise yourself with the Osteopathic Practice Standards prior to completing the questionnaire, as you will need to provide sufficiently detailed evidence to demonstrate your understanding and application of the standards.
3. The Further Evidence of Practice application comprises a number of questions relating to your practice and asks you to provide examples of specific aspects of practice where you have taken sole clinical responsibility. You will be asked to describe the case histories and clinical presentations, and submit anonymised copies of your clinic records. These examples should be as recent as possible and ideally within the last two years of practice.
4. As the applicant wishing to register, it is your responsibility to submit information which demonstrates that you are able to meet the standards of clinical safety, knowledge and skills required. If you are genuinely unable to provide patient records, you must inform the GOsC in advance as to why you cannot do so before you complete the application.
5. If the GOsC is satisfied with your reasons for not being able to produce patient records, then you will be requested to complete the application by providing written hypothetical scenarios for each of the questions, considering how you would manage the outlined circumstances. In doing so this allows you to demonstrate your clinical knowledge and thought processes, and your proposed clinical actions relevant to each circumstance.

6. When responding to the questions, it is important that you demonstrate your theoretical knowledge, your knowledge of testing procedures and how you use these to interpret findings in a clinical situation. (For example, if you are describing a case of a patient with upper extremity pain and paraesthesia, to state that the symptoms were in the C6 dermatome and that the C6 reflex was affected, does not provide sufficient detail to demonstrate that your clinical examination was supported by accurate knowledge of the relevant neuroanatomy, or that you applied diagnostic reasoning to the case. A description of where the symptoms were located in the upper extremity, which tendon reflexes, dermatomes and muscle groups were tested, what results were obtained and an explanation of their diagnostic significance is required)
7. In addition to demonstrating your theoretical knowledge and skills and their application, the *Osteopathic Practice Standards* also place an emphasis on communication and patient partnership, safety and quality in practice and professionalism. This is why you are asked to describe how you involved the patient in gaining their consent; how you engaged them in shared decision-making throughout all phases of the consultation; and how you involved them in deciding upon the best course of treatment or management of their presenting complaint.

Assessment

8. Your evidence will be reviewed to determine whether you are able to proceed to the second stage of the assessment process, the Assessment of Clinical Performance (ACP).
9. Each question will be assessed on its own merits and then all responses will be considered together. This process of triangulation should allow for the strengthening of your claim to fulfil the Osteopathic Practice Standards.
10. If assessors of the Further Evidence of Practice recommend that the applicant progresses to the Assessment of Clinical Performance (ACP), then a summary of the outcomes of the Further Evidence of Practice will be provided to the ACP assessors.

Instructions for the completion of the form

- > All application forms must be submitted in English.
- > You should use the form below to type your response in the boxes provided. This should then be printed and returned with any further information which is requested.
- > Please ensure that you include the reference number provided at the top of each page (if you do not have a reference number, then please contact the GOsC). Alternatively, if submitting via email, please use your reference number in the file name.
- > Your name should not appear on any of the material you submit in your application.

- > Some questions have suggested word counts – these are not mandatory but are given as a guide to the extent of the response required.
- > Where questions ask for examples of real clinical cases, your answer must be accompanied by photocopies of the actual clinical records of the cases concerned. You must remove all references to the patients' names or other identifying features to preserve the anonymity of the patients.
- > If your clinical records are not in English, or if they are in handwriting which may make them difficult to read, a certified translation in English must be provided.
- > You must include a glossary of any abbreviations that you commonly use and any diagrams/charts should be clearly labelled. Failure to do this may delay your application

Further Evidence of Practice

1. Profile of your patients and caseload

Please use the table provided at the end of this document (Question 1 – Profile of patients and case load) to provide an overview of your osteopathic patients and case load for a three month period during your last year of practice.

The following should be considered:

- Gender
- Age
- Occupation
- Presenting complaint(s)

If you have any specialised areas of interest or focus, describe what they are and what approximate percentage of your patient load they represent.

Guidance:

The GOsC is aiming to gain an insight of: the scope and breadth of your current clinical practice and patient profile; whether you have any areas of specialised focus; and your ability to collect and analyse data about your professional practice.

You should aim to provide information on 30-50 patient profiles. Please do not include any information which might identify the patient. You should submit anonymised copies of the case notes for each of the patients cited, and ensure that these copies are numbered to match the numbers in the patient profile table.

If you are not currently practising as an osteopath, please select a three month period during the last year in which you were in osteopathic practice.

Ideally, you should only consider patients for whom you had sole responsibility for their management. If your working environment has been one where you have worked under the guidance of other healthcare professionals, then please describe these circumstances.

Relevant Osteopathic Practice Standards
B2, B4.

(Recommended word count: up to 250-300 words)

Empty text area for evaluation response.

2. How do you keep your professional knowledge and skills up to date?

Discuss how you feel you have kept your professional knowledge and skills up to date over the last two years and what initiatives you have undertaken to monitor and enhance the quality of osteopathic care you provide. With reference to your clinical practice outlined in response to question 1, pick two cases, and expand on how they helped you to enhance your professional and clinical skills.

Guidance:

The GOsC is looking to gain an insight into how you personally keep your clinical and professional skills up to date and how this informs your osteopathic practice.

You should consider in your response:

- Your patient profile – choose two cases from the profile in response to question 1 and discuss how they have contributed to enhancing your practice through professional development.
- Continuing professional development (CPD) activities – outline the professional development activities that you have undertaken over the last two years. These might include specific courses or activities that you have undertaken, as well as your general approach to CPD – for example, attending group meetings, doing case analyses with colleagues, undertaking clinical audit, or receiving feedback on your practice from patients or colleagues.

Relevant Osteopathic Practice Standard(s):

B3, B4.

(Recommended word count: up to 250-300 words)

Empty text area for evaluation response.

3. Case presentations

In this section, you are asked to provide four *separate* case scenarios, which should be as recent as possible, ideally within the last two years. These should include one from each category 1-3 below, plus a case from either category 4 or 5. At least one of the cases should include a patient undergoing a course of treatment, rather than a single session:

Complete all of these:

1. A neuromusculoskeletal presentation
2. A musculoskeletal presentation with or without nerve involvement
3. A case where you concluded that the primary issue was non-musculoskeletal in origin, but mimics a musculoskeletal presentation.

Complete one of these:

4. A case where you referred the patient to another healthcare practitioner
5. A case where you felt that some osteopathic approaches/techniques were contraindicated from the outset, or had been indicated, but becomes no longer appropriate.

In each case, you should indicate How you involved the patient in making an informed decision about their management and treatment, and which Osteopathic Practice Standards you have demonstrated. Over the four cases, we are looking to see that you have demonstrated compliance with at least standards:

A1, A2, A3, A4, B1, B2, C1, C2, D10

An anonymised copy of the patient record in each case should be included with the completed form.

In each case, you should describe, where appropriate:

- i. The case history including the patient profile, presenting complaint, and relevant medical, family and social history
- ii. Your assessment of the patient's general health
- iii. The contribution of any physiological, psychological, and social factors that you thought were relevant to the presenting complaint
- iv. Your examination and osteopathic assessment of the patient's biomechanics and musculoskeletal system
- v. Your clinical findings, including any orthopaedic, neurological or systemic evaluation.
- vi. Your interpretation of the significance of the presenting signs and symptoms
- vii. Whether you adapted your approach, and reflected on the outcomes
- viii. Your differential diagnostic hypothesis and the diagnostic conclusion you reached to explain the patient's presenting symptoms.
- ix. How you applied osteopathic principles and concepts in the evaluation and treatment of the patient
- x. Whether the case was:
 - Suitable for osteopathic treatment, and if so your treatment and management plan based upon your working diagnosis, the patient, and the likely effects and/or risks of osteopathic treatment. This should include an overview of the types of techniques used.

Case 2 (indicate which scenario the case outlines from numbers 1-5 above)
(Recommended word count: 1,500 – 2,000)
How you involved the patient in making an informed decision about their management and treatment
Osteopathic Practice Standards demonstrated:

Case 3 (indicate which scenario the case outlines from numbers 1-5 above)
(Recommended word count: 1,500 – 2,000)
How you involved the patient in making an informed decision about their management and treatment
Osteopathic Practice Standards demonstrated:

4. Application of osteopathic techniques in practice

Please complete the table at the end of the document (Question 4 – Application of Osteopathic Techniques) to indicate in the appropriate box for each technique:

- a) Your familiarity with each technique:
- Very familiar
 - Partially familiar
 - Unfamiliar with the technique

AND

- b) How frequently you use the technique in practice:
- Frequently
 - Occasionally
 - Never

c) For each technique which you use either frequently or occasionally, please state two situations in which the technique is unsuitable for use (contra-indications).

You should also give examples in the final column of the table of two cases (linked to the numbered cases within the patient profile table), of when you have used such techniques in practice.

Guidance:

The GOsC wishes to gain an understanding of:

- The range of osteopathic techniques and approaches within your repertoire.
- Your understanding of the relative indications and contraindications of these.

Relevant Osteopathic Practice Standards
B1, C1.

Functional techniques								
Fascial techniques								
Involuntary mechanism techniques (cranial or cranio-sacral mechanism techniques)								
Soft tissue techniques								
Strain/counter strain techniques								
Visceral techniques								
Any other manual Techniques								

