

**Musculoskeletal Core Capabilities Framework for first point of contact practitioners mapped to GOPRE and OPS**

<b>MSK framework</b>	<b>Osteopathic Practice Standards (Note – both standards and guidance are shown below. The standards are highlighted in bold).</b>	<b>Guidance for Osteopathic Pre-registration Education (GOPRE) The graduate will be able to do the following:</b>
<b>Domain A – Person Centred Approaches</b>		
<b>Capability 1. Communication</b> The practitioner can do the following:		
a) Use a critical self-awareness of their own values, beliefs, prejudices, assumptions and stereotypes to mitigate the impact of these in how they interact with others.	A1.4 Be aware that patients will also have particular needs or values in relation to gender, ethnicity, culture, religion, belief, sexual orientation, lifestyle, age, social status, language, physical and mental health and disability. You must be able to respond respectfully and appropriately to these needs.  <b>A7 You must make sure your beliefs and values do not prejudice your patients’ care.</b>	Not specifically referenced in this way within GOPRE.
b) Listen to and communicate with others, recognising that both are an active, two-way process.	<b>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.</b>	18b 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.
c) Modify conversations to optimise engagement and understanding, informed by assessing individuals’ and carers levels of activation and health literacy.	A1.1 Poor communication is at the root of most patient complaints. Effective communication is a two-way exchange,	<b>18d</b> Communicate information effectively. This should be demonstrated by, for example:

	<p>which involves not just talking but also listening with care.</p> <p><b>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.</b></p> <p>A2.3 You should be sensitive to the specific needs of patients, and be able to select and utilise effective forms of communication, which take these into account.</p> <p>A1.2 You should be alert to patients' unspoken signals; for example, when a patient's body language or tone of voice indicates that they may be uneasy, experiencing discomfort or anxious and vulnerable.</p> <p><b>A3 You must give patients the information they want or need to know in a way they can understand.</b></p>	<p><b>(i)</b> providing space for the patient to talk and the graduate to listen</p> <p><b>(ii)</b> demonstrating high-quality interpersonal skills with patients and colleagues</p> <p><b>(iii)</b> demonstrating written and verbal communication skills to foster collaborative care</p> <p><b>(iv)</b> communicating sensitive information to patients, carers or relatives effectively and compassionately, providing support where appropriate</p> <p><b>(v)</b> recognising situations that might lead to complaint or dissatisfaction, and managing situations where patients' expectations are not being met</p> <p><b>(vi)</b> disclosing and apologising for things that have gone wrong, and taking steps in partnership with the patient to minimise their impact</p> <p><b>(vii)</b> encouraging and assisting patients to make decisions about their care.</p>
<p>d) Adapt how they engage with others (including those with cognitive and sensory impairments) through using different verbal and non-verbal communication styles, and in ways that are responsive to individuals'</p>	<p>A1.2 You should be alert to patients' unspoken signals; for example, when a patient's body language or tone of voice indicates that they may be uneasy,</p>	

<p>communication and language needs and preferences.</p>	<p>experiencing discomfort or anxious and vulnerable.</p> <p><b>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.</b></p> <p>A3.3 If you propose to examine or treat a patient who has difficulty communicating or understanding, you should take all reasonable steps to assist them. For example, make use of an appropriate interpreter if the patient communicates in a different language to you. If you are unable to communicate sufficiently with the patient, you should not treat them.</p>	
<p>e) Convey information and discuss issues in ways that avoid jargon, negative descriptors and assumptions.</p>	<p>A3.2 You should discuss care options, encourage patients to ask questions, and deal with these clearly, fully and honestly. You should inform your patients of anticipated benefits and any material or significant risks associated with the treatment you are proposing, and confirm their understanding of these. If proposing no treatment, you should explain any potential risks and benefits associated with this.</p>	<p>18(ii) demonstrating high-quality interpersonal skills with patients and colleagues</p> <p>18 (iii) demonstrating written and verbal communication skills to foster collaborative care</p>
<p>f) Engage with individuals and carers and respond appropriately to questions and concerns about their MSK condition and its impact on their current situation and potentially in the future.</p>		<p>18 (iv) communicating sensitive information to patients, carers or relatives effectively and compassionately, providing support where appropriate</p>

<p>g) Respond to individuals' communication and information needs and support the use of accessible information where appropriate.</p>	<p><b>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.</b></p> <p>A2.3 You should be sensitive to the specific needs of patients, and be able to select and utilise effective forms of communication, which take these into account.</p>	<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>h) Signpost individuals appropriately and effectively to sources of information and support.</p>	<p><b>A5 You must support patients in caring for themselves to improve and maintain their own health and wellbeing.</b></p> <p>1. Supporting patients in caring for themselves may include:</p> <ul style="list-style-type: none"> <li>1.1 providing information on the effects of their life choices and lifestyle on their health and wellbeing</li> <li>1.2 supporting decision making about lifestyle changes where appropriate</li> <li>1.3 encouraging and supporting patients to seek help from others, including other health professionals, or those</li> </ul>	

	<p>coordinating their care, if necessary</p> <p>1.4 respecting patients' decisions about their care, even if you disagree with those decisions.</p> <p><b>C6 You must be aware of your wider role as a healthcare professional to contribute to enhancing the health and wellbeing of your patients.</b></p> <p>1. You should be aware of public health issues and concerns, and be able to discuss these in a balanced way with patients, or guide them to resources or to other healthcare professionals to support their decision making regarding these.</p>	
<p>i) Communicate effectively with colleagues using a variety of media (e.g. verbal, written and digital) to serve individuals' best interests.</p>	<p><b>D9 You must support colleagues and cooperate with them to enhance patient care.</b></p>	<p>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, as appropriate.</p>
<p>j) Respect and draw on colleagues' knowledge and expertise within the multi-disciplinary team to serve individuals' best interests.</p>	<p><b>D10 You must consider the contributions of other health and care professionals to optimise patient care.</b></p>	<p>20 (n) Formulate accurate and succinct clinic letters and discharge summaries to other healthcare professionals and patients.</p>
<p>k) Communicate with colleagues in ways that build and sustain relationships, seeking, gathering and sharing information</p>	<p>D10.1.4 Work collaboratively with other healthcare providers to optimise patient care,</p>	<p>20 (t) Guide and support the learning of others.</p>

<p>appropriately, efficiently and effectively to expedite and integrate individuals' care.</p>	<p>where such approaches are appropriate and available.</p>	<p>20 (x) Recognise and work within their limits of competence, requesting appropriate guidance or referring where appropriate to ensure patient safety and effective care.</p>
<p><b>Capability 2. Person-Centred Care</b> The practitioner can do the following:</p>		
<p>a) Demonstrate sensitivity to the significance of individuals' background, culture, values and experiences for how an MSK condition impacts on their life, recognising the expertise that individuals bring to managing their own care.</p>	<p>A1.4 Be aware that patients will also have particular needs or values in relation to gender, ethnicity, culture, religion, belief, sexual orientation, lifestyle, age, social status, language, physical and mental health and disability. You must be able to respond respectfully and appropriately to these needs.</p>	<p><i>The sensitivity of individuals' backgrounds, culture, values etc is not specifically referenced, but is not inconsistent with:</i></p> <p>18(a) Prioritise the needs of patients above personal convenience without compromising personal safety or the safety of others.</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(c) Work with patients and colleagues to develop sustainable individual care plans, in order to manage patients' health effectively.</p>
<p>b) Engage with the impact of persistent pain and disability on individuals' lives, including on their relationships, self-esteem and ability to participate in what they need and want to do (including paid and unpaid work).</p>	<p><i>There isn't a standard which equates with this particular requirement, though that's not to say that this approach is not reflected in the day to day practice of osteopaths. One might consider that the following from B1 guidance encompasses aspects of this, without specifically referring to persistent pain or disability etc:</i></p>	<p><i>Not expressly covered in this way, though it could be argued that these elements are implicit within the work of osteopaths:</i></p> <p>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....</p>

	<p><b>B1 You must have and be able to apply sufficient and appropriate knowledge and skills to support your work as an osteopath</b></p> <p>These should include.....</p> <p>B1.4 an understanding of the psychological and social influences on health, sufficient to inform clinical decision-making and patient care</p>	
<p>c) Demonstrate sensitivity to the burden of treatment for individuals with long-term MSK conditions and co-morbidities, including regular appointments that may also be for the management of their other healthcare needs.</p>	<p><b>This is not expressly stated within the OPS.</b></p>	
<p>d) Progress care, recognising that reducing pain, restoring and maintaining function and independence, and improving quality of life all form clinical outcomes and meaningful goals of treatment.</p>	<p><b>This is not expressly stated within the OPS, but osteopaths may well argue that this is an inherent part of their approach, reflected in B1:</b></p> <p><b>B1 You must have and be able to apply sufficient and appropriate knowledge and skills to support your work as an osteopath</b></p> <p>1. These should include:</p> <p>1.1 an understanding of osteopathic philosophy, principles and concepts of health, illness and</p>	<p><b>Not set out in this way explicitly, but the intention is likely captured here:</b></p> <p>h. Undertake an 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 or maintaining factors.</p> <p>i. Use the most effective combination of care, agreed with and tailored to the expectations of the individual patient.</p>

	<p>disease, and the ability to apply this knowledge critically, in the care of patients</p>	<p>j. Implement the treatment plan skilfully and appropriately.</p> <p>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.</p>
<p>e) Enable individuals to make decisions about their care by:</p> <ul style="list-style-type: none"> <li>• helping them to identify the priorities and outcomes that are important to them</li> <li>• explaining in non-technical language all available options (including doing nothing)</li> <li>• exploring with them the risks, benefits and consequences of each available option and discussing what these mean in the context of their life and goals</li> <li>• supporting them to make a decision on their preferred way forward.</li> </ul>	<p><b>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.</b></p> <p><b>A3 You must give patients the information they want or need to know in a way they can understand.</b></p> <p>A3.2 You should discuss care options, encourage patients to ask questions, and deal with these clearly, fully and honestly. You should inform your patients of anticipated benefits and any material or significant risks associated with the treatment you are proposing, and confirm their understanding of these. If proposing no treatment, you should explain any potential risks and benefits associated with this.</p>	<p>18 (d) Communicate information effectively. This should be demonstrated by, for example:</p> <ul style="list-style-type: none"> <li>(i) providing space for the patient to talk and the graduate to listen</li> <li>(ii) demonstrating high-quality interpersonal skills with patients and colleagues</li> <li>(iii) demonstrating written and verbal communication skills to foster collaborative care</li> <li>(iv) communicating sensitive information to patients, carers or relatives effectively and compassionately, providing support where appropriate</li> <li>(v) recognising situations that might lead to complaint or dissatisfaction, and managing situations where patients’ expectations are not being met</li> <li>(vi) disclosing and apologising for things that have gone wrong, and taking steps in partnership with the patient to minimise their impact</li> </ul>



		(vii) encouraging and assisting patients to make decisions about their care.
<b>Domain B. Assessment, Investigation and Diagnosis</b>		
<b>Capability 3. History-taking</b> The practitioner can do the following:		
a) Listen to individuals, ask questions and obtain appropriate additional information, with due sensitivity and consideration of what information needs to be sought to optimise the effectiveness and efficiency of the subjective examination.	<b>C1 You must be able to conduct an osteopathic patient evaluation and deliver safe, competent and appropriate osteopathic care to your patients.</b>  1. This should include the ability to:  1.1 take and record the patient’s case history, adapting your communication style to take account of the patient’s individual needs and sensitivities	20 (d) Take an accurate and appropriate patient history, utilising all relevant sources of information (including, for example, diet and exercise).
b) Gather and synthesise information on the nature of the individual’s symptoms taking account of how these issues relate to the presenting and past history, their activities, any injuries, falls, frailty, multimorbidity or other determinants of health and the characteristics of MSK conditions.	<b>This is not stated in this way in the OPS, but is reflective of an osteopathic approach reflected in the skills and knowledge outlined in relation to OPS B1. The whole guidance to B1 is set out below with particular aspects highlighted to indicate which might impact :</b>  These should include: <b>1.2 an understanding of osteopathic philosophy, principles and concepts of health, illness and disease, and the</b>	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.  20 (f) Record the patient’s history and findings succinctly and accurately in accordance with GOsC guidance (recognising that a patient’s notes can be requested by the patient).

	<p>ability to apply this knowledge critically, in the care of patients</p> <p>1.3 a knowledge of human structure and function sufficient to inform appropriate care</p> <p>1.4 a knowledge of pathophysiological processes sufficient to inform clinical judgement and to identify where patients may require additional or alternative investigation or treatment from another healthcare professional</p> <p>1.5 an understanding of the psychological and social influences on health, sufficient to inform clinical decision-making and patient care</p> <p>1.6 an awareness of the principles and applications of scientific enquiry and the ability to critically evaluate scientific information and data to inform osteopathic care</p> <p>1.7 an understanding of the principles of biomechanics sufficient to apply osteopathic treatment safely and effectively</p> <p>1.8 well-developed palpatory skills</p> <p>1.9 an understanding of the characteristics of the normal and abnormal functioning of different body tissues and systems to inform the interpretation of clinical findings</p>	
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	<p>1.10 the ability to determine changes in health and function by the appropriate use of observation, palpation, motion and clinical evaluation</p> <p>1.11 problem-solving and thinking skills in order to inform and guide the interpretation of clinical and other data, and to justify clinical reasoning and decision-making</p> <p>1.12 the ability to protect yourself physically and psychologically during interactions with patients to maintain your own health</p> <p>1.13 the ability to critically appraise your own osteopathic practice. For example, this could be achieved through:</p> <p>1.13.1 self-reflection</p> <p>1.13.2 feedback from patients</p> <p>1.13.3 feedback from colleagues</p> <p>1.13.4 case analysis or clinical audit.</p>	
<p>c) Assess the impact of individuals' presenting symptoms, including the impairment of function, limitation of activities and restriction on participation, including work.</p>	<p>This is not expressly stated in this way within the OPS. C1.2 states:</p> <p>C1.1.2 select and undertake appropriate clinical assessment of your patient, taking into account the nature of their presentation and their case history</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>d) Gather and synthesise information on the nature of individuals’ issues from various appropriate sources e.g. previous histories and investigations, considering how symptoms relating to the MSK system may manifest as pain, stiffness, weakness, fatigue, limitation of activities and restriction of participation.</p>	<p>See capability 3 (b) above.</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>e) Explore and appraise with individuals’ perceptions, ideas or beliefs about their symptoms and condition and whether these may act as a driver or form a barrier to recovery or a return to usual activity or work.</p>	<p><i>This is not expressly stated within the OPS, though it would be consistent with the requirements set out within theme A of the OPS (Communication and patient partnership), including:</i></p> <p><b>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.</b></p>	<p><i>Not expressly stated in these terms, though largely covered in:</i></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>f) Appraise factors affecting individuals’ ability to participate in life situations, including work and social activities, and their perceptions of the relationship between their work and health.</p>	<p><i>This is not expressly stated within the OPS, though see Capability 3 (b) above.</i></p>	
<p>g) Critically appraise information obtained, taking account of the potential for MSK symptoms to be features of non-MSK conditions, indicative of serious pathology,</p>	<p><i>As above, this is not expressly stated, but features within the knowledge and skills outlined within the guidance to B1 (see Capability 3 (b)), particularly:</i></p>	<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</p>

<p>compounded by psychological and mental health factors, and affected by lifestyle factors (including smoking, alcohol and drug misuse).</p>	<p>B1.1.3 a knowledge of pathophysiological processes sufficient to inform clinical judgement and to identify where patients may require additional or alternative investigation or treatment from another healthcare professional</p>	<p>osteopathic treatment modalities and other adjunct approaches.</p>
<p>h) Critically appraise complex, incomplete, ambiguous and conflicting information presented by individuals, distilling and synthesising key factors from the appraisal, and identifying those elements that may need to be pursued further.</p>	<p><i>As above, this is not expressly stated, but is likely to be reflected within the elements of B1 guidance (Capability 3 (b) above)</i></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>i) Record the information gathered through taking individuals' history concisely and accurately for clinical management, and in compliance with local protocols, legal and professional requirements.</p>	<p><b>C2 You must ensure that your patient records are comprehensive, accurate, legible and completed promptly.</b></p> <ol style="list-style-type: none"> <li>1. Records help you to provide good quality care to your patients, and should include:             <ol style="list-style-type: none"> <li>1.1 date of the consultation</li> <li>1.2 patient's personal details</li> <li>1.3 any problems, symptoms, concerns and priorities discussed with your patient</li> <li>1.4 relevant medical, family and social history</li> <li>1.5 your clinical findings</li> </ol> </li> </ol>	<p>20(f) Record the patient's history and findings succinctly and accurately in accordance with GOsC guidance (recognising that a patient's notes can be requested by the patient).</p>

	<ul style="list-style-type: none"> <li>1.6 the information and advice you provide, including a record of how this is communicated to your patient</li> <li>1.7 a working diagnosis and treatment plan</li> <li>1.8 records of consent</li> <li>1.9 any treatment you undertake</li> <li>1.10 any communication with, about or from the patient</li> <li>1.11 copies of any correspondence, reports, test results, etc. relating to the patient</li> <li>1.12 clinical response to treatment and treatment outcomes</li> <li>1.13 the location of your visit if outside your usual consulting rooms</li> <li>1.14 whether any other person was present and their status</li> <li>1.15 where an observer is present (for example, a chaperone, peer observer, osteopathic student, or potential student) as well as their status and identity, you should record the patient's consent to their presence.</li> </ul> <p>2. Your notes should be contemporaneous or completed promptly after a</p>	
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	<p>consultation (generally on the same day).</p> <p>3. The information you provide in reports and forms or for any other purpose associated with your practice should be honest, accurate and complete.</p>	
<p><b>Capability 4. Physical assessment</b> The practitioner can do the following:</p>		
<p>a) Appropriately obtain individuals' consent to physical examination, respect and maintain their privacy, dignity and comfort, as far as practicable, and comply with infection prevention and control procedures.</p>	<p><b>A4 You must receive valid consent for all aspects of examination and treatment and record this as appropriate</b></p> <p><b>A6 You must respect your patients' dignity and modesty.</b></p> <p><b>C5 You must ensure that your practice is safe, clean and hygienic, and complies with health and safety legislation.</b></p>	<p><b>18(h).</b> Obtain consent as appropriate in accordance with GOsC guidance. This includes:</p> <p><b>(i)</b> being able to explain the nature and implications of treatment</p> <p><b>(ii)</b> ensuring that the patient is providing consent voluntarily – that the patient is able to accept or refuse the proposed examination or treatment</p> <p><b>(iii)</b> ensuring that the patient is appropriately informed – that the patient has understood the nature, purpose and risks of the proposed examination, treatment or other action</p> <p><b>(iv)</b> ensuring that the patient has the capacity to consent to the proposed examination, treatment or other action – this is particularly important in the case of children and vulnerable adults who lack mental capacity. Further guidance on</p>

		capacity and consent is available on the GOSc website at: <b><a href="http://www.osteopathy.org.uk">www.osteopathy.org.uk</a></b>
b) Adapt their practice to meet the needs of different groups and individuals (including those with particular needs such as cognitive impairment or learning disabilities), working with chaperones, where appropriate.	<b>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.</b>	31. The graduate must be able to demonstrate appropriate understanding (i.e. explain critical reasoning) and application of a range of approaches to treat patients safely, appropriately and effectively, within the context of the <i>Osteopathic Practice Standards</i> , osteopathic principles and reflective practice. This includes knowledge and application of contra-indications to the use of any techniques for particular patients, taking into account presenting complaints and history.
c) Undertake observational and functional assessments of individuals relevant to their presenting condition to identify and characterise any abnormality.	<b>C1 You must be able to conduct an osteopathic patient evaluation and deliver safe, competent and appropriate osteopathic care to your patients.</b>  C1.1.2 select and undertake appropriate clinical assessment of your patient, taking into account the nature of their presentation and their case history	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.
d) Select and conduct an appropriate initial MSK screening assessment.	<b>This is likely to be seen as included within the clinical assessment outlined in C1 above.</b>	<b>This would be inherent within the elements of 18 outlined above.</b>
e) Apply a range of physical assessment techniques appropriately, systematically and effectively, informed by an understanding of techniques' respective validity, reliability, specificity and sensitivity and the implications of these limitations within an assessment.	<b>Again, see as referenced C1.1.2 above. The reliability and validity of assessments is not referenced in the OPS guidance.</b>	



<p>f) Identify, analyse and interpret potentially significant information from the physical assessment (including any ambiguities).</p>	<p>The interpretation of testing is not expressly mentioned in the OPS, but is likely to be viewed as implicit within C1.1.3:</p> <p>C1.1.3 formulate an appropriate working diagnosis or rationale for care, and explain this clearly to the patient</p>	
<p>g) Record the information gathered through assessments concisely and accurately, for clinical management and in compliance with local protocols, legal and professional requirements.</p>	<p>See capability 3 (i) above with reference to OPS C2.</p>	<p>20(f) Record the patient’s history and findings succinctly and accurately in accordance with GOsC guidance (recognising that a patient’s notes can be requested by the patient).</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><b>Capability 5. Investigations and diagnosis</b> The practitioner can do the following:</p>		
<p>a) Assess the importance and meaning of presenting features from the clinical assessment, recognising the different patterns, syndromes and conditions commonly seen in first point of contact roles.</p>	<p>B1 You must have and be able to apply sufficient and appropriate knowledge and skills to support your work as an osteopath</p> <p>C1 You must be able to conduct an osteopathic patient evaluation and deliver safe, competent and appropriate osteopathic care to your patients.</p>	<p>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:</p> <p>(i) normal and disordered human structure and function</p> <p>(ii) principles of a healthy lifestyle (for example, nutrition)</p>

		<p>(iii) knowledge of basic pharmacology</p> <p>(iv) osteopathic concepts of health, illness, disease and behaviours, and related psychological and sociological perspectives</p> <p>20(p) Recognise the impact of sedentary lifestyles and the possible effects of diet, nutrition, alcohol and drugs, and use opportunities to promote health by explaining the implications to patients.</p> <p>30. The graduate should be able to demonstrate a sound understanding of a range of presentations, which should include:</p> <ul style="list-style-type: none"> <li><b>a.</b> neuromusculoskeletal case presentation</li> <li><b>b.</b> non-neuromusculoskeletal case presentation</li> <li><b>c.</b> case presentation presenting communication challenges</li> <li><b>d.</b> patients displaying a range of characteristics which might include gender, ethnicity, disability, culture, religion or belief, age, social status or language</li> <li><b>e.</b> a patient receiving a full course of treatment – the graduate should continue to see the patient from taking the initial case history through treatment to discharge, and should also deal with follow-up</li> </ul>
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<p>b) Identify potential serious pathology and make appropriate onwards referral.</p>	<p>B1.1.3 a knowledge of pathophysiological processes sufficient to inform clinical judgement and to identify where patients may require additional or alternative investigation or treatment from another healthcare professional</p>	<p>20(l) Recognise when referral is necessary.</p>
<p>c) Identify risk factors for severity or impact and use tools where they exist to analyse</p>	<p>Not expressly stated in terms of tools, but see C1.1.8:</p>	<p>29(e) Assess and explain the possible contribution of any factors relevant to the</p>

<p>and stratify risk of progression to long-term pain and disability.</p>	<p>C1.1.8 monitor the effects of your care, and keep this under review. You should cease care if requested by the patient or if you judge that care is likely to be ineffective or not in the patient’s best interests</p>	<p>presenting complaint (for example, anatomical, physiological, psychological and social and other relevant factors).</p>
<p>d) Diagnose common problems that can usually be managed at first point of contact.</p>	<p><b>This is likely to be implicit within the guidance to standards B1 and C1 as mentioned above:</b></p> <p><b>B1 You must have and be able to apply sufficient and appropriate knowledge and skills to support your work as an osteopath</b></p> <p><b>C1 You must be able to conduct an osteopathic patient evaluation and deliver safe, competent and appropriate osteopathic care to your patients.</b></p>	<p><b>Not expressly stated but arguably inherent within the various outcomes in para 18.</b></p>
<p>e) Recognise and act where an early referral and diagnosis may be particularly important for optimising individuals’ long-term outcomes.</p>	<p>A2.5 The most appropriate treatment for patients will sometimes involve:</p> <ol style="list-style-type: none"> <li>1.1. referring them to another osteopath or other healthcare professional</li> <li>1.2. providing advice on self-care</li> <li>1.3. not treating them at all.</li> </ol> <p>B1.1.3 a knowledge of pathophysiological processes sufficient to inform clinical judgement and to identify where patients</p>	<p>20(l) Recognise when referral is necessary.</p>

	may require additional or alternative investigation or treatment from another healthcare professional	
f) Recognise how MSK conditions and their impact can interact with mental health, and identify when this is relevant.	Not expressly stated within the OPS, but, again, see OPS B1 and its guidance which would be consistent with this holistic approach.	Not expressly stated.
g) Understand how MSK problems may be a manifestation of injury not only from trauma but also abuse, recognising particular at-risk groups (such as older people with frailty and those with cognitive impairment) and take appropriate action when there are grounds for concern.	<p>This is not expressly stated in the OPS, but C4 deals with safeguarding:</p> <p><b>C4 You must take action to keep patients from harm</b></p> <ol style="list-style-type: none"> <li>1. You must comply with the law to protect children and vulnerable adults.</li> <li>2. You should have an awareness of, and keep up to date with, current safeguarding procedures, including those relevant to your local area, and follow these if you suspect a child or vulnerable adult is at risk.</li> <li>3. You should take steps to protect patients if you believe that the health, conduct or professional performance of a colleague or other healthcare practitioner poses a risk to the patient. You should consider one of the following courses of action, keeping in mind that your objective is to protect the patient:</li> </ol>	22(f) Identify the signs that suggest children or other vulnerable people may be suffering from abuse or neglect, and take action to safeguard their welfare, including seeking advice and informing other agencies where required.

	<ol style="list-style-type: none"> <li>3.1 discussing your concerns with the colleague or practitioner</li> <li>3.2 reporting your concerns to other colleagues or the principal of the practice, if there is one, or to an employer</li> <li>3.3 if the practitioner belongs to a regulated profession, reporting your concerns to their regulator</li> <li>3.4 if the practitioner belongs to a voluntary register, reporting your concerns to that organisation</li> <li>3.5 where you have immediate and serious concerns for a patient, reporting the colleague to social services or the police.</li> <li>4. In any circumstances where you believe a patient is at immediate and serious risk of harm, you should consider the best course of action, which may include contacting the police or social services (though see D5 regarding confidentiality).</li> <li>5. If you are the principal of a practice, you should ensure that systems are in place for staff to raise concerns about risks to patients.</li> <li>6. You must comply with any mandatory reporting requirements, for example,</li> </ol>	
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	those related to female genital mutilation (FGM) in England and Wales.	
h) Instigate appropriate investigative tests to aid diagnosis and assessment.	<p>B1.1.3 a knowledge of pathophysiological processes sufficient to inform clinical judgement and to identify where patients may require additional or alternative investigation or treatment from another healthcare professional</p> <p>C1.1.10 where appropriate, refer the patient to another healthcare professional, following appropriate referral procedures.</p>	<p>Not expressly covered, but likely to be included within:</p> <p>20(l) Recognise when referral is necessary.</p>
i) Understand and interpret test results and act appropriately, demonstrating an understanding of the indications and limitations of different tests to inform decision-making and the imperative of using scarce, expensive or potentially harmful investigations judiciously.	<p>Not expressly stated within the OPS, though see:</p> <p><a href="file:///D:/users/goc-sbattles/Downloads/clinical-imaging-requests.pdf">file:///D:/users/goc-sbattles/Downloads/clinical-imaging-requests.pdf</a></p>	
<b>Domain C. Condition Management, Interventions and Prevention</b>		
<b>Capability 6. Prevention and lifestyle interventions</b> The practitioner can do the following:		
a) Appraise the impact that a range of social, economic, and environmental factors can have on outcomes for individuals with MSK	B1.1.4 an understanding of the psychological and social influences on health, sufficient to inform clinical decision-making and patient care	<p>Not covered in quite this way, but reference is made to lifestyle issues:</p> <p>20(p)Recognise the impact of sedentary lifestyles and the possible effects of diet,</p>

<p>conditions, their carers and their circles of support.</p>		<p>nutrition, alcohol and drugs, and use opportunities to promote health by explaining the implications to patients.</p>
<p>b) Recognise and promote the importance of social networks and communities for individuals and their carers in managing an MSK condition.</p>	<p><b>Not expressly stated within the OPS.</b></p>	
<p>c) Promote the importance of physical activity (e.g. continuing work/exercise participation) for MSK health and advise on what people with MSK conditions can and should do.</p>	<p><b>A5. You must support patients in caring for themselves to improve and maintain their own health and wellbeing.</b></p> <p>2. Supporting patients in caring for themselves may include:</p> <ul style="list-style-type: none"> <li>1.5 providing information on the effects of their life choices and lifestyle on their health and well-being</li> <li>1.6 supporting decision making about lifestyle changes where appropriate</li> <li>1.7 encouraging and supporting patients to seek help from others, including other health professionals, or those coordinating their care, if necessary</li> <li>1.8 respecting patients’ decisions about their care, even if you disagree with those decisions.</li> </ul>	<p><b>Not expressly stated.</b></p>



<p>d) Advise on the effects of injuries on MSK health and conditions.</p>	<p>Not specifically stated, but falls within the more general requirements of B1, it could be argued:</p> <p><b>B1 You must have and be able to apply sufficient and appropriate knowledge and skills to support your work as an osteopath</b></p>	<p>This isn't expressly stated in this way, but is likely to be interpreted as being inherent within the various components of:</p> <p>20. The graduate will be able to do the following:</p> <p><b>a.</b> 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.....</p>
<p>e) Advise on the effects of smoking, obesity and inactivity on MSK health and conditions and, where appropriate promote change or refer to relevant services.</p>	<p><b>C6 You must be aware of your wider role as a healthcare professional to contribute to enhancing the health and wellbeing of your patients.</b></p> <p>C6.1 You should be aware of public health issues and concerns, and be able to discuss these in a balanced way with patients, or guide them to resources or to other healthcare professionals to support their decision making regarding these.</p>	<p>20(p) Recognise the impact of sedentary lifestyles and the possible effects of diet, nutrition, alcohol and drugs, and use opportunities to promote health by explaining the implications to patients.</p>
<p>f) Advise individuals living with frailty how to adapt the physical environment to promote independence, orientation and safety (e.g. to reduce risk of falls)</p>	<p>Not expressly stated within the OPS, but it would not be inconsistent with A5:</p> <p><b>A5 You must support patients in caring for themselves to improve and maintain their own health and wellbeing.</b></p>	<p>Not specified.</p>
<p>g) Advise individuals and relevant agencies on how MSK related work loss can be</p>	<p>Not expressly stated within the OPS.</p>	<p>Not expressly stated within GOPRE.</p>

<p>prevented through acting on effective risk assessments and providing appropriate working conditions, including adaptation to meet the individual’s needs.</p>		
<p>h) Use interactions to encourage changes in behaviour that can have a positive impact on the health and wellbeing of individuals, communities and populations.</p>	<p>Again, see C6:</p> <p><b>C6 You must be aware of your wider role as a healthcare professional to contribute to enhancing the health and wellbeing of your patients.</b></p> <p>C6.1 You should be aware of public health issues and concerns, and be able to discuss these in a balanced way with patients, or guide them to resources or to other healthcare professionals to support their decision making regarding these.</p>	<p><b>As referred to in Capability 6 (e) above:</b></p> <p>18(j) Discuss and evaluate the patient’s capacity to self-care, and encourage them to do so.</p> <p>20(p) Recognise the impact of sedentary lifestyles and the possible effects of diet, nutrition, alcohol and drugs, and use opportunities to promote health by explaining the implications to patients.</p>
<p>i) Facilitate behaviour change using evidence-based approaches that support self-management</p>	<p><b>Lifestyle changes referenced in A5:</b></p> <p><b>A5 You must support patients in caring for themselves to improve and maintain their own health and wellbeing.</b></p> <p>The osteopathic care referenced in C1 guidance, refers to the best available evidence:</p> <p>C1.1.4 develop and apply an appropriate plan of treatment and care. This should be based on:</p> <p>1.4.1 the working diagnosis</p>	

	<p>1.4.2 the best available evidence</p> <p>1.4.3 the patient’s values and preferences</p> <p>1.4.4 your own skills, experience and competence.</p>	
<p>j) Work collaboratively across agencies and boundaries to improve MSK related health outcomes and reduce health inequalities.</p>	<p>D9 You must support colleagues and cooperate with them to enhance patient care.</p> <p>D10 You must consider the contributions of other health and care professionals to optimise patient care.</p>	<p>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.</p>
<p><b>Capability 7. Self-management and behaviour change</b> The practitioner can do the following:</p>		
<p>a) Support individuals to self-manage and fulfil their role in their management plan, and where appropriate use principles of behaviour change theory and patient activation, to optimise their physical activity, mobility, fulfilment of personal goals and independence relevant to their MSK condition.</p>	<p>See Capability 6 (i) above.</p>	<p>Not specifically referenced as behaviour change, but covered to some extent in:</p> <p>20(p) Recognise the impact of sedentary lifestyles and the possible effects of diet, nutrition, alcohol and drugs, and use opportunities to promote health by explaining the implications to patients.</p>
<p>b) Support individuals to explore the consequences of their actions and inactions on their health status and the fulfilment of their personal health goals (e.g. their</p>	<p>See Capability 6 (i) above.</p>	

<p>engagement in exercise and their use of medication).</p>		
<p>c) Support individuals to get the most from conversations about the management of their MSK condition and its impacts (e.g. loss of independence) by supporting and encouraging them to ask questions about what is a priority or concern for them.</p>	<p>A3.2 You should discuss care options, encourage patients to ask questions, and deal with these clearly, fully and honestly. You should inform your patients of anticipated benefits and any material or significant risks associated with the treatment you are proposing, and confirm their understanding of these. If proposing no treatment, you should explain any potential risks and benefits associated with this.</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(c) Work with patients and colleagues to develop sustainable individual care plans, in order to manage patients' health effectively.</p> <p>h. Formulate a treatment and management plan based on:.....</p> <p>(iii) an understanding of the patient which is based on listening to the patient and discussing their expectations</p>
<p>d) Recognise in their management approach that MSK conditions are often coupled with mental health issues, frailty, multimorbidity or other determinants of health.</p>	<p>Not expressly stated, but consistent with B1 guidance (see above)</p>	<p>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.</p>
<p>e) Identify risk factors for the persistence and impact of MSK conditions and help individuals manage the psycho-social implications of their condition.</p>	<p>Not expressly stated, but consistent with B1 guidance (see above)</p>	<p>29(e) Assess and explain the possible contribution of any factors relevant to the presenting complaint (for example, anatomical, physiological, psychological and social and other relevant factors).</p>
<p>f) Advise on and refer individuals to psychological therapies and counselling services, in line with their needs, taking account of available local services</p>	<p>Reference is made in several standards to referring patients to other healthcare professionals, but not specifically for psychological therapies.</p>	<p>Not specified, other than in the requirement to be able to:</p> <p>20(i) Recognise when referral is necessary.</p>

<p>g) Advise individuals on the effects of their MSK condition and their response to it, including the causal links between absence from work, prolonged absence, reduced return to work and subsequent loss of employment.</p>	<p>Again, not expressly stated in the OPS, but consistent with the knowledge required by B1, referenced in several of the above responses.</p>	
<p>h) Advise individuals on how MSK related limitations of activities and restriction of participation can be reduced through adaptations to meet the individual's needs.</p>		
<p>i) Advise and assist individuals to identify and use strategies to address work instability and to improve work retention.</p>		
<p>j) Advise on sources of relevant local or national self-help guidance, information and support including coaching.</p>	<p>A5.1.1 Supporting patients in caring for themselves may include: providing information on the effects of their life choices and lifestyle on their health and well-being</p> <p>C6.1 You should be aware of public health issues and concerns, and be able to discuss these in a balanced way with patients, or guide them to resources or to other healthcare professionals to support their decision making regarding these.</p>	<p>20(p) Recognise the impact of sedentary lifestyles and the possible effects of diet, nutrition, alcohol and drugs, and use opportunities to promote health by explaining the implications to patients.</p>
<p><b>Capability 8. Pharmacotherapy</b> The practitioner can do the following:</p>		

<p>a) Understand the role of common medications used in managing MSK conditions, including analgesics, non-steroidal anti-inflammatory drugs, corticosteroids, drugs used in treating individuals with metabolic bone diseases, gout, inflammatory arthritis, and in the management of people with persistent pain.</p>	<p>Knowledge of pharmacotherapy is not specifically referenced within the OPS.</p>	<p>Not specifically referenced other than: 20(a)(iii) knowledge of basic pharmacology</p>
<p>b) Use their understanding of the most common medications used in MSK and pain disorders to advise individuals on the medicines management of their MSK problem, the expected benefits and limitations, and inform them impartially on the advantages and disadvantages in the context of other management options.</p>		<p>As above.</p>
<p>c) Identify sources of further information (e.g. websites or leaflets) and advice (e.g. pharmacists) and be able to signpost individuals as appropriate to complement the advice given.</p>	<p>This would be consistent with A5 and C6 as mentioned above:</p> <p>A5.1.1 Supporting patients in caring for themselves may include: providing information on the effects of their life choices and lifestyle on their health and well-being</p> <p>C6.1 You should be aware of public health issues and concerns, and be able to discuss these in a balanced way with patients, or guide them to resources or to other</p>	

	healthcare professionals to support their decision making regarding these	
d) Address and seek to allay individuals' fears, beliefs and concerns.	Nothing express in the OPS in relation to medication.	
e) Keep individuals' response to medication under review, recognising differences in the balance of risks and benefits that may occur in the context of polypharmacy, multimorbidity, frailty and cognitive impairment.		
<b>Capability 9. Injection therapy</b> The practitioner can do the following:		
a) Understand the role of joint injections, informed by the evidence base, in MSK practice.	<p>The OPS do not specify knowledge of injection therapy, and its risks and benefits. This approach would not be inconsistent , however, with the requirements of:</p> <p>A3.2 You should discuss care options, encourage patients to ask questions, and deal with these clearly, fully and honestly.</p> <p>You should inform your patients of anticipated benefits and any material or significant risks associated with the treatment you are proposing, and confirm their understanding of these. If proposing no treatment, you should explain any potential risks and benefits associated with this.</p> <p>B1.1.3 a knowledge of pathophysiological processes sufficient to inform clinical judgement and to identify where patients may require additional or alternative</p>	<p>Specific knowledge about injection therapies and surgical interventions is not specified in this way.</p> <p>See, however:</p> <p>19. Osteopaths must possess the relevant knowledge and skills required to function effectively as primary-contact healthcare professionals.</p> <p>20. The graduate will be able to do the following:</p> <p>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.</p>
b) Advise on the expected benefits and limitations of injection therapy for managing an individual's condition and inform them impartially on its advantages and disadvantages in the context of other management options.		
c) Work in partnership with individuals to explore the suitability of injection therapy, addressing and seeking to allay individuals' fears, beliefs and concerns.		
d) Refer for advice about local injections, when considered appropriate.		

	<p>investigation or treatment from another healthcare professional</p> <p>B2. You must recognise and work within the limits of your training and competence.</p> <ol style="list-style-type: none"> <li>1. You should use your professional judgement to assess whether you have the training, skills and competence to treat a patient, seeking advice where necessary.</li> <li>2. If not, you should consider:             <ol style="list-style-type: none"> <li>2.1 seeking advice or assistance from an appropriate source to support your care for the patient</li> <li>2.2 working with other osteopaths and healthcare professionals to secure the most appropriate care for your patient</li> <li>2.3 referring the patient to another osteopath or appropriately qualified healthcare professional.</li> </ol> </li> </ol> <p>D10 You must consider the contributions of other health and care professionals to optimise patient care.</p> <ol style="list-style-type: none"> <li>1. To achieve this, you should:             <ol style="list-style-type: none"> <li>1.1. Treat other health and care professionals with respect, acknowledging the role that they</li> </ol> </li> </ol>	
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	<p>may have in the care of your patients. Any comments that you make about other healthcare professionals should be honest, valid and accurate.</p> <p>1.2. Understand the contribution of osteopathy within the context of healthcare as a whole.</p> <p>1.3. Follow appropriate referral procedures when referring a patient, or one has been referred to you.</p> <p>1.4. Work collaboratively with other healthcare providers to optimise patient care, where such approaches are appropriate and available.</p>	
<p><b>Capability 10. Surgical interventions</b> The practitioner can do the following:</p>		
<p>a) Understand the role of common surgical interventions used in managing MSK conditions.</p>	<p>As with injection therapy in capability 9 above, a knowledge of surgical interventions is not specified in the OPS, though the same comments apply regarding the standards set out above.</p>	
<p>b) Advise on the expected benefits and limitations of most common surgical interventions used in managing specific MSK conditions where these are relevant to individuals' care and inform them impartially</p>		

<p>on the advantages and disadvantages in the context of other management options.</p>		
<p>c) Work in partnership with individuals to explore suitability of surgical intervention, addressing and seeking to allay individuals' fears, beliefs and concerns, seeking guidance when appropriate.</p>		
<p>d) Refer for surgical opinion when considered appropriate.</p>		
<p><b>Capability 11. Rehabilitative interventions</b> The practitioner can do the following:</p>		
<p>a) Understand the role of common rehabilitative interventions for MSK conditions.</p>	<p>Again, rehabilitative interventions are not specifically set out within the OPS, but neither are they inconsistent with the standards set out in relation to capability 9 above, nor in relation to standards and guidance such as:</p> <p><b>C1 You must be able to conduct an osteopathic patient evaluation and deliver safe, competent and appropriate osteopathic care to your patients.</b></p> <p>C1.1.3 formulate an appropriate working diagnosis or rationale for care, and explain this clearly to the patient</p> <p>C1.1.4 develop and apply an appropriate plan of treatment and care. This should be based on:</p>	<p>Rehabilitative interventions are not specifically referenced in GOPRE.</p>
<p>b) Advise on the expected benefits and limitations of different rehabilitative interventions used in managing specific MSK conditions, providing impartial information and advice on the advantages and disadvantages of specific interventions in the context of other management options.</p>		
<p>c) Provide advice on restoring function, including graded return to normal activity, navigation to self-management resources, and modifying activity for limited time periods.</p>		
<p>d) Understand that individuals living with frailty might need additional support during rehabilitation and that their trajectory of</p>		

<p>recovery or increased independence may be slower than for others.</p>	<p>1.1.1 the working diagnosis</p>	
<p>e) Work in partnership with individuals to explore suitability of rehabilitation interventions, including social prescribing e.g. referring individuals to a range of local non-clinical services such as community based gym/exercise programmes where appropriate.</p>	<p>1.1.2 the best available evidence</p>	
<p>f) Prescribe personal exercise programmes to help individuals enhance, restore and maintain their mobility, function and independence.</p>	<p>1.1.3 the patient’s values and preferences</p>	
<p>g) Refer individuals to specialist rehabilitation practitioners (e.g. occupational therapists) where this is in their best interests. Make recommendations to employers regarding individuals’ fitness to work, including through the appropriate use of fit notes and seeking of appropriate occupational health advice.</p>	<p>1.1.4 your own skills, experience and competence.</p>	
<p><b>Capability 12. Interventions and care planning</b> The practitioner can do the following:</p>		
<p>a) Work in partnership with the individual to develop management plans that take account of individuals’ needs, goals and wishes, local service availability and relevant guidelines.</p>	<p><b>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.</b></p> <p><b>A2 You must work in partnership with patients, adapting your communication approach to take into account their</b></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><b>particular needs, and supporting patients in expressing to you what is important to them.</b></p> <p>C1.1.3 formulate an appropriate working diagnosis or rationale for care, and explain this clearly to the patient</p> <p>C1.1.4 develop and apply an appropriate plan of treatment and care. This should be based on:</p> <ul style="list-style-type: none"> <li>1.1.1 the working diagnosis</li> <li>1.1.2 the best available evidence</li> <li>1.1.3 the patient’s values and preferences</li> <li>1.1.4 your own skills, experience and competence.</li> </ul>	
<p>b) Ensure the management plan considers all options that are appropriate for the care pathway.</p>	<p>A3.2 You should discuss care options, encourage patients to ask questions, and deal with these clearly, fully and honestly. You should inform your patients of anticipated benefits and any material or significant risks associated with the treatment you are proposing, and confirm their understanding of these. If proposing no treatment, you should explain any potential risks and benefits associated with this.</p>	
<p>c) Advise on and instigate a management plan for common MSK conditions and their</p>	<p>See Capability 12 (a) above.</p>	<p>Not expressly stated in this way, but likely to be implicit within:</p>

<p>symptoms - instigating this may be through referral to others with specific relevant capabilities.</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(l) Recognise when referral is necessary.</p> <p>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, as appropriate.</p> <p>20(n) Formulate accurate and succinct clinic letters and discharge summaries to other healthcare professionals and patients.</p>
<p>d) Advise on pharmacological and non-pharmacological aspects of acute and chronic pain management.</p>	<p>This is not specifically referenced within the OPS.</p>	<p>Not expressly stated in this way, but basic pharmacology is mentioned in relation to the key concepts of which the graduate should have knowledge:</p> <p>20. The graduate will be able to do the following:</p> <p><b>a.</b> 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:</p> <p><b>(i)</b> normal and disordered human structure and function</p>

		<p><b>(ii)</b> principles of a healthy lifestyle (for example, nutrition)</p> <p><b>(iii)</b> knowledge of basic pharmacology</p> <p><b>(iv)</b> osteopathic concepts of health, illness, disease and behaviours, and related psychological and sociological perspectives</p> <p><b>(v)</b> critical appraisal of research and professional knowledge</p> <p><b>(vi)</b> the context of osteopathy within the wider healthcare environment.</p>
e) Advise on the links between prolonged MSK symptoms and reduced mental well-being and refer individuals to sources of mental health support when in their best interests.	Not specifically referenced but referral is covered in several standards guidance as outlined above.	<p>Not specifically stated in this way in relation to mental well-being, though likely to be addressed in relation to:</p> <p>20(l) Recognise when referral is necessary.</p>
e) Identify when first-line intervention has been successful and discharge the patient with appropriate advice.	<p>C1.1.6 evaluate post-treatment response and justify the decision to continue, modify or cease osteopathic treatment as appropriate</p> <p>C1.1.8 monitor the effects of your care, and keep this under review. You should cease care if requested by the patient or if you judge that care is likely to be ineffective or not in the patient’s best interests</p>	<p>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.</p> <p>20(o) Discharge a patient from care appropriately.</p>
<p><b>Capability 13. Referrals and collaborative working</b></p> <p>The practitioner can do the following:</p>		

<p>a) Practise within their professional and personal scope of practice and access specialist advice or support for the individual or for themselves when appropriate.</p>	<p><b>B2 You must recognise and work within the limits of your training and competence.</b></p> <ol style="list-style-type: none"> <li>1. You should use your professional judgement to assess whether you have the training, skills and competence to treat a patient, seeking advice where necessary.</li> <li>2. If not, you should consider:             <ol style="list-style-type: none"> <li>2.1 seeking advice or assistance from an appropriate source to support your care for the patient</li> <li>2.2 working with other osteopaths and healthcare professionals to secure the most appropriate care for your patient</li> <li>2.3 referring the patient to another osteopath or appropriately qualified healthcare professional.</li> </ol> </li> <li>3. Working within your competence also applies if you work within the fields of education and research.</li> </ol>	<p>20(x) Recognise and work within their limits of competence, requesting appropriate guidance or referring where appropriate to ensure patient safety and effective care.</p> <p>25(f) Reflect on feedback from patients, colleagues and others to improve skills.</p> <p>25(g) Participate in peer learning and support activities, and provide feedback to others.</p>
<p>b) Engage in effective inter-professional communication and collaboration with clear documentation to optimise the integrated management of the individual with an MSK condition.</p>	<p><b>D9 You must support colleagues and cooperate with them to enhance patient care.</b></p>	<p>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</p>

<p>c) Engage in effective inter-professional communication and collaboration to optimise care for MSK conditions within the population.</p>	<p><b>D10 You must consider the contributions of other health and care professionals to optimise patient care.</b></p> <p>1 To achieve this, you should:</p> <p>1.1 Treat other health and care professionals with respect, acknowledging the role that they may have in the care of your patients. Any comments that you make about other healthcare professionals should be honest, valid and accurate.</p> <p>1.2 Understand the contribution of osteopathy within the context of healthcare as a whole.</p> <p>1.3 Follow appropriate referral procedures when referring a patient, or one has been referred to you.</p> <p>1.4 Work collaboratively with other healthcare providers to optimise patient care, where such approaches are appropriate and available.</p>	<p>and through different care pathways, as appropriate.</p> <p>20(n) Formulate accurate and succinct clinic letters and discharge summaries to other healthcare professionals and patients.</p>
<p>d) Advise on local non-clinical services that individuals and their carers may benefit from accessing to help manage an MSK condition and its impact, including those relating to employment, voluntary activities, counselling services and leisure facilities.</p>		<p><b>Not specifically stated in this way, but might to some extent be included within:</b></p> <p>20(p) Recognise the impact of sedentary lifestyles and the possible effects of diet, nutrition, alcohol and drugs, and use opportunities to promote health by explaining the implications to patients.</p>
<p>e) Know and be able to draw on the expertise of all members of the multi-disciplinary team and social support to meet individuals' best interests and optimise the integration of their care.</p>		<p><b>The following aimed at a critical approach to practice references gaining feedback from others and guiding and supporting learning, which goes towards meeting this requirement.</b></p> <p>20(s) Demonstrate a critical and reflective approach to practice. This should include:</p> <p>(i) a commitment to gaining feedback from others</p>
<p>f) Contribute effectively to multi-disciplinary team activity (including service delivery processes and learning and development).</p>		



		<p>(ii) reflection based on literature, guidelines and experience in the development of clinical skills</p> <p>(iii) lifelong learning</p> <p>(iv) the enhancement of the quality of care throughout their practice life.</p> <p>20(t) Guide and support the learning of others.</p>
g) Participate as an effective team member and understand the importance of effective team dynamics.		Not expressly stated.
h) Make appropriate referrals using appropriate documentation to other health and care professionals and agencies when this is in individuals' best interests.		<p>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, as appropriate.</p> <p>20(n) Formulate accurate and succinct clinic letters and discharge summaries to other healthcare professionals and patients.</p>
<b>Domain D. Service and Professional Development</b>		
<b>Capability 14. Evidence-based practice and service development</b> The practitioner can do the following:		
a) Critically apply relevant national guidance and other best available evidence on MSK	B1.1.10 problem-solving and thinking skills in order to inform and guide the interpretation	20(a)(v) critical appraisal of research and professional knowledge.

<p>care and service delivery, identifying where local modifications may be required.</p>	<p>of clinical and other data, and to justify clinical reasoning and decision-making</p>	<p>20(s)(ii) reflection based on literature, guidelines and experience in the development of clinical skills</p>
<p>b) Monitor and evaluate their practice and its outcomes, including through data collection and analysis to assure and improve the quality of care, service delivery and address health inequalities.</p>	<p>C1.1.4 develop and apply an appropriate plan of treatment and care. This should be based on:</p> <ul style="list-style-type: none"> <li>1.1.1 the working diagnosis</li> <li>1.1.2 the best available evidence</li> <li>1.1.3 the patient’s values and preferences</li> <li>1.1.4 your own skills, experience and competence.</li> </ul>	<p>20(s) Demonstrate a critical and reflective approach to practice. This should include:</p> <ul style="list-style-type: none"> <li>(i) a commitment to gaining feedback from others</li> <li>(ii) reflection based on literature, guidelines and experience in the development of clinical skills</li> </ul>
<p>c) Engage in the distinct activities of clinical audit, service evaluation and research (leading or contributing, as appropriate) adhering to the national and local requirements, and regulatory frameworks that relate to each.</p>	<p><b>B4 You must be able to analyse and reflect upon information related to your practice in order to enhance patient care.</b></p> <ul style="list-style-type: none"> <li>1. To achieve this you will need to have sufficient knowledge and ability to collect and analyse information and evidence about your practice to support both patient care and your own professional development.</li> </ul>	<p>22(i) Demonstrate knowledge and use of appropriate methods of clinical governance to enhance practice, including:</p> <ul style="list-style-type: none"> <li>(i) complaints mechanisms</li> <li>(ii) patient and colleague feedback</li> <li>(iii) clinical audit</li> <li>(iv) structured reflection</li> <li>(v) structured case-based discussion</li> <li>(vi) structured case presentation.</li> </ul> <p>22(h) Gather and analyse data accurately and appropriately.</p> <p>25(f) Reflect on feedback from patients, colleagues and others to improve skills.</p>

		25(g) Participate in peer learning and support activities, and provide feedback to others.
d) Engage in co-production initiatives with individuals and their carers to improve the person-centred design and quality of services.	<b>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.</b>	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.
e) Act appropriately when services deficiencies are identified (e.g. frequent long waiting times) that have the potential to affect the effective management of individuals' care and condition, including by taking corrective action, where needed.	<p>Not expressly stated in the OPS, but most likely covered under:</p> <p><b>B4 You must be able to analyse and reflect upon information related to your practice in order to enhance patient care.</b></p>	<p>Not specifically stated in this way, but may be included to some extent within:</p> <p>25(f) Reflect on feedback from patients, colleagues and others to improve skills.</p>
f) Plan, engage in and record learning and development relevant to their role and in fulfilment of professional, regulatory and employment requirements.	<p><b>B3 You must keep your professional knowledge and skills up to date.</b></p> <p>1. To achieve this, you should:</p> <p>1.1 Be professionally engaged, undertaking professional development activities, and complying with GOS requirements regarding continuing professional development.</p> <p>1.2 Keep up-to-date with factors relevant to your practice, including:</p>	<p>20(s) (iii) lifelong learning</p> <p>(20(s) iv) the enhancement of the quality of care throughout their practice life.</p>

	<p>1.2.1 GOsC guidance</p> <p>1.2.2 legal requirements or changes to the law in relation to your practice, for example, in relation to data storage (see standard C3), health and safety in the workplace (see standard C5) and equality issues (see standard D6)</p> <p>1.2.3 research and other relevant developments in healthcare.</p>	
<p>g) Engage in reflective practice and clinical supervision as an integral part of their professional development and to inform service development and quality improvement with reference to local needs.</p>	<p>Not specifically stated within OPS, though see B3 above, and also the CPD scheme in relation to objective activity requirements:</p> <p><a href="http://cpd.osteopathy.org.uk/">http://cpd.osteopathy.org.uk/</a></p>	<p>20(s) Demonstrate a critical and reflective approach to practice. This should include:</p> <p>(i) a commitment to gaining feedback from others</p>