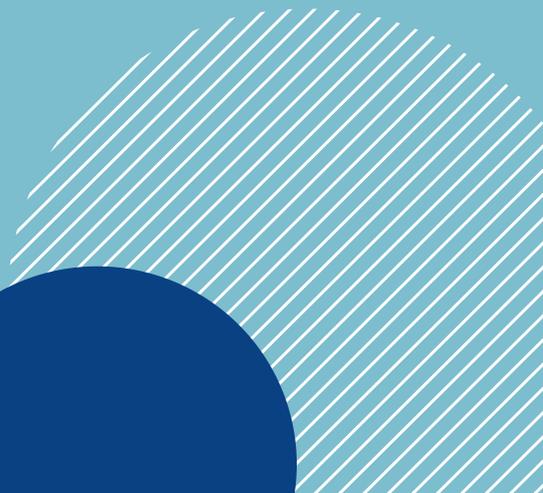


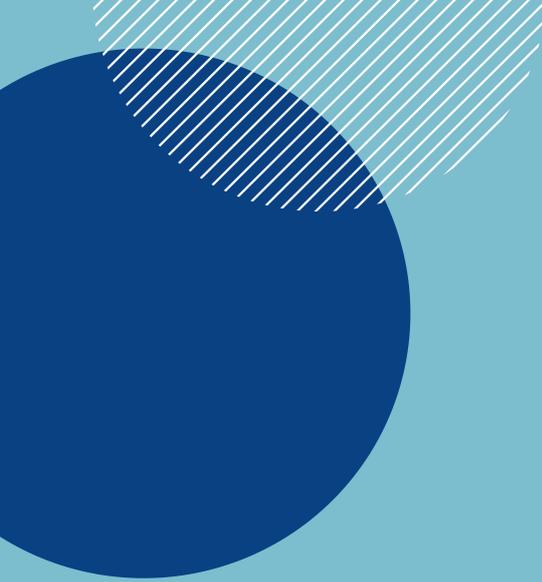


CORE CAPABILITY FRAMEWORK

FOR QUALIFIED HEALTH
PROFESSIONALS TO OPTIMISE
CARE FOR PEOPLE WITH
OSTEOARTHRITIS

AN OARSI INITIATIVE





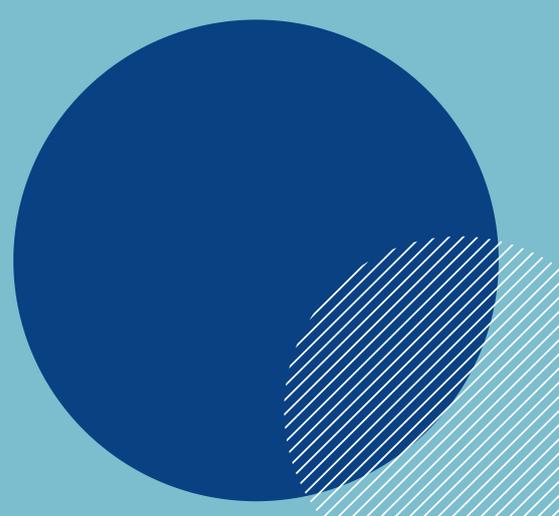
FOR SPECIFIC DETAILS ABOUT HOW THE FRAMEWORK WAS DEVELOPED, PLEASE REFER TO THE FOLLOWING PUBLICATION:

Hinman RS, Allen KD, Bennell KL, Berenbaum F, Betteridge N, Briggs AM, Campbell PK, Dahlberg L, Dziedzic KS, Eyles JP, Hunter DJ, Skou ST, Woolf A, Yu S, van der Esch M. Development of a core capability framework for qualified health professionals to optimise care for people with osteoarthritis: an OARSI initiative. *Osteoarthritis & Cartilage* 2020; 28(2): 154-66.

Please direct correspondence to:
Professor Rana Hinman
Email: ranasheunimelb.edu.au

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Steering Group:

Co-Chairs: Professor Rana Hinman (University of Melbourne, Australia)
Dr Martin Van Der Esch (University of Applied Sciences Amsterdam, Netherlands)

Members:

Professor Kelli Allen
(University of North Carolina at Chapel Hill and Durham VA Medical Center, North Carolina, USA)

Professor Kim Bennell
(University of Melbourne, Australia)

Professor Francis Berenbaum
(Sorbonne Université, France)

Mr Neil Betteridge
(Neil Betteridge Associates, UK)

Professor Andrew Briggs
(Curtin University, Australia)

Professor Leif Dahlberg
(Lund University, Sweden)

Professor Krysia Dziedzic
(Keele University, UK)

Dr Jill Eyles
(University of Sydney and Royal North Shore Hospital, Australia)

Professor David Hunter
(University of Sydney and Royal North Shore Hospital, Australia)

Professor Soren T. Skou
(University of Southern Denmark and Næstved-Slagelse-Ringsted Hospitals, Denmark)

Professor Anthony Woolf
(Royal Cornwall Hospitals Trust, UK)

Dr Shirley Yu
(University of Sydney and Royal North Shore Hospital, Australia)

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- the broader membership of the Joint Effort Initiative who stimulated this project.

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THE FRAMEWORK AT A GLANCE

WHAT IS A CAPABILITY FRAMEWORK?

A “capability” is as an integration of knowledge, behaviours, skills, personal qualities and understandings used appropriately and effectively, not just in familiar contexts, but in response to new and changing circumstances. A capability framework is a set of capabilities that are required of individuals to ensure success in a given role.

WHY IS A CORE CAPABILITY FRAMEWORK IMPORTANT FOR OSTEOARTHRITIS CARE?

The quality of care received by people with OA is influenced by the capability of the healthcare workforce to deliver care that is aligned with evidence-based recommendations and a biopsychosocial approach to management. Clinicians often feel ‘underprepared’ to manage people with OA, lacking knowledge about recommended practice and/or how to implement recommendations into routine care, as well as the skills to support patients to make lifestyle changes. A capability framework can guide clinicians about the knowledge, skills and behaviours that are required to deliver high quality care to people with OA.

WHO IS THE FRAMEWORK FOR?

The Framework is trans-disciplinary. It was developed using consumer participation and an international inter-professional consensus process. The Framework is intended to be applicable to all qualified health professionals involved in OA care. The Framework outlines a core set of capabilities to ensure that any health professional managing OA is able to implement evidence-based care, either directly themselves or as part of an integrated multi-professional team. The Framework is not intended to dictate what any clinician should be doing within their specialist scope of practice. Rather, it aims to set a common standard across all clinicians involved in OA care, at any point on the care pathway, across the disease spectrum and across healthcare settings.

WHO CAN USE THE FRAMEWORK?

The Framework may be used by a range of stakeholders including higher education, public and private healthcare and professional and consumer advocacy sectors. It is intended as a reference guide that may be applied according to local priorities and needs. Education providers may use the Framework to audit, develop and refine educational curricula for health professionals, as well as guide assessment of learning. Private and public health service managers may use the Framework to recruit and train staff to deliver OA services and management programs. The Framework may be used by individual clinicians as a self-evaluation tool to identify areas for personal professional development.

HOW WAS THE FRAMEWORK DEVELOPED?

We established a Delphi Panel and conducted an e-Delphi survey to achieve expert consensus on the core capability framework. The international inter-professional Delphi Panel of 173 experts (including Steering Group members) comprised:

- a) Health professionals involved in OA human research (researchers);**
- b) Health professionals who provide clinical care for people with OA (clinicians); and**
- c) Consumer representatives.**

The panel was diverse, comprising experts from 31 different countries, spanning 18 different health professions and including 26 consumer representatives.



Figure 1. A global map showing locations of the expert Delphi panel (highlighted in green).

The Delphi Panel considered a draft Framework (adapted from elsewhere) of 131 specific capabilities mapped to 14 broader capability areas across four domains. **Over three rounds**, the Panel rated their agreement on whether each specific capability in **Domains B and C** was essential (core) for all health professionals when providing care for all people with OA. Those achieving consensus were retained. **Generic domains (A and D)** were automatically included in the final Framework and amended based on Panel comments.

The final framework comprised **70 specific capabilities** across **13 broad areas**.

OSTEOARTHRITIS MANAGEMENT REQUIRES CAPABLE CLINICIANS

**70 CAPABILITIES
IN 13 BROAD
AREAS....**



-  **COMMUNICATION**
-  **PERSON-CENTRED CARE**
-  **HISTORY-TAKING**
-  **PHYSICAL ASSESSMENT**
-  **INVESTIGATIONS & DIAGNOSIS**
-  **INTERVENTIONS & CARE PLANNING**
-  **PREVENTION & LIFESTYLE INTERVENTIONS**
-  **SELF-MANAGEMENT & BEHAVIOUR CHANGE**
-  **REHABILITATIVE INTERVENTIONS**
-  **PHARMACOTHERAPY**
-  **SURGICAL INTERVENTIONS**
-  **REFERRALS & COLLABORATIVE WORKING**
-  **EVIDENCE-BASED PRACTICE & SERVICE DEVELOPMENT**

QUALITY OSTEOARTHRITIS CARE NEEDS CAPABLE CLINICIANS WHO CAN....



 USE OPTIMISTIC & POSITIVE LANGUAGE WHEN TALKING ABOUT OA	UNDERSTAND DIAGNOSIS IS BASED ON CLINICAL SYMPTOMS 
INCLUDE THE INDIVIDUAL IN DECISION-MAKING TO FORM A PERSONALISED MANAGEMENT PLAN	FACILITATE BEHAVIOUR CHANGE TO SUPPORT SELF-MANAGEMENT 
 UNDERSTAND THE ROLE OF REHAB, DRUGS & SURGERY	EXPLAIN BENEFITS & HARMS OF ALL TREATMENT OPTIONS 

THE FRAMEWORK

DOMAIN A

Person-centred approaches

- Capability 1. Communication
- Capability 2. Person-centred care

DOMAIN B

Assessment, Investigation & Diagnosis

- Capability 3. History-taking
- Capability 4. Physical assessment
- Capability 5. Investigations and diagnosis

DOMAIN C

Management, Interventions & Prevention

- Capability 6. Interventions and care planning
- Capability 7. Prevention and lifestyle interventions
- Capability 8. Self-management and behaviour change
- Capability 9. Rehabilitative interventions
- Capability 10. Pharmacotherapy
- Capability 11. Surgical interventions
- Capability 12. Referrals and collaborative working

DOMAIN D

Service & Professional Development

- Capability 13. Evidence-based practice and service development

DOMAIN A

Capability 1. Communication

Within their role and scope of professional practice in OA, the health professional can do the following:

- a) Apply a critical self-awareness of their own values, beliefs, prejudices, assumptions and stereotypes especially related to pain and overweight/obesity to mitigate the impact of these in how they interact with others.
- b) Listen to and communicate with others, recognising that both are an active, two-way process.
- c) Modify conversations to optimise engagement and understanding, and convey information in ways that avoid jargon, negative or potentially threatening descriptors and assumptions.
- d) Respond to individuals' communication and information needs by adapting communication style (verbal and non-verbal) and supporting the use of accessible information as needed.
- e) Engage with individuals and carers and respond appropriately to questions and concerns about their OA and its impact on their current situation and potentially in the future.
- f) Direct individuals appropriately and effectively to sources of accurate and reliable information and support.
- g) Communicate efficiently and effectively with colleagues to serve individuals' best interests and to expedite and integrate care.
- h) Respect and draw on colleagues' knowledge and expertise within the inter-disciplinary team (where available) to serve individuals' best interests.

DOMAIN A

Capability 2. Person-centred care

Within their role and scope of professional practice in OA, the health professional can do the following:

- a) Recognise the expertise that individuals bring to managing their own care, demonstrating sensitivity to the individuals' background, identity, language, culture, resources, values, needs, preferences and experiences of pain and functional limitations related to OA.
- b) Explore the impact of persistent pain and disability on individuals' lives, including on their relationships, family and social roles, self-esteem and ability to participate in what they need and want to do (including paid and unpaid work).
- c) Take account during care planning of the burden (financial and time) of treatment for individuals with OA, including regular appointments that may also be for the management of their other healthcare needs.
- d) Progress care, recognising that meaningful positive outcomes (such as restoring and maintaining function and independence, and improving quality of life) may be achieved without a reduction in pain (whilst preferable).
- e) Enable individuals to make decisions about their care by:
 - empowering them to identify the priorities and outcomes that are important to them and supporting them to set goals.
 - explaining in non-technical language all available options (including doing nothing), and the evidence base underpinning the interventions.
 - 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.

DOMAIN B

Capability 3. History-taking

Within their role and scope of professional practice in OA, the health professional 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) 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 prior injuries, falls, frailty, comorbidities or other determinants of health and the characteristics of OA.
- c) Assess patient preferences and values to determine pain-related goals and priorities.
- d) Assess the impact of individuals' presenting symptoms on their quality of life, including the impairment of function, limitation of activities and restriction on participation, including work, social roles and relationships.
- e) Gather information on the treatments the individual has previously undertaken to manage their OA symptoms, including whether these were effective or ineffective.
- f) Record the information gathered through taking individuals' history concisely and accurately for clinical management, and in compliance with local protocols, legal and professional requirements.

DOMAIN B

Capability 4. Physical assessment

Within their role and scope of professional practice in OA, the health professional can do the following:

- 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.
- b) Adapt their practice to meet the needs of different groups and individuals (including cultural and religious factors, and those with particular needs such as cognitive impairment or learning disabilities), working with care-givers, where appropriate.
- c) Undertake observational and functional assessments of individuals, relevant to their OA and problem(s), to identify and characterise any impairments.
- d) Record the information gathered through assessments concisely and accurately, for clinical management and in compliance with local protocols, legal and professional requirements.



DOMAIN B

Capability 5. Investigations and diagnosis

Within their role and scope of professional practice in OA, the health professional can do the following:

- a) Understand that diagnosis of OA is based on clinical presentation (symptoms) rather than structural changes observed on imaging, and that routine use of imaging is not necessary for a clinical diagnosis of OA.
- b) Assess the importance and meaning of presenting features from the clinical assessment, recognising the wide variation in how OA may manifest.
- c) Identify potential serious pathology and make appropriate onwards referral.
- d) Identify risk factors for symptomatic, functional and/or structural OA progression.
- e) Recognise and act where an early referral and diagnosis may be particularly important for optimising individuals' long-term outcomes.
- f) Recognise how OA and its impact can interact with other comorbidities (eg mental health, cardiovascular disease, obesity), and identify when this is relevant. Use accurate and non-threatening language in talking about the diagnosis of OA, including avoidance of phrases such as 'wear and tear', 'grinding', and 'bone on bone'.



DOMAIN C

Capability 6. Interventions and care planning

Within their role and scope of professional practice in OA, the health professional can do the following:

- a) Work in partnership with the individual to develop management plans that take account of individuals' needs, goals, preferences, local service availability and relevant guidelines.
- b) Recognize that different types of pain (nociceptive, neuropathic, nociplastic) may require different management approaches.
- c) Identify pain treatment options that can be accessed by the individual in a comprehensive pain management plan.
- d) Ensure the management plan considers all options that are appropriate for the care pathway, as well as the benefits and risks of available treatments, and the underlying evidence for each.
- e) Advise on pharmacological and non-pharmacological aspects of pain management.
- f) Review management plans regularly, including monitoring of the individual's symptoms and effectiveness and tolerability of treatments, and adjust the plan of care as needed.

DOMAIN C

Capability 7. Prevention and lifestyle interventions

Within their role and scope of professional practice in OA, the health professional can do the following:

- a) Advise on the effects of inactivity on OA, promote participation in physical activity (that is appropriate for and acceptable to the individual), and refer to relevant services where appropriate.
- b) Advise on the effects of overweight and obesity on OA (including risk of OA development), promote weight management, and refer to relevant services where appropriate.
- c) Use interactions to encourage changes in behaviour that can have a positive impact on the health and wellbeing of individuals, communities and populations.
- d) Facilitate behaviour change using evidence-based approaches that support self-management.

Capability 8. Self-management and behaviour change

Within their role and scope of professional practice in OA, the health professional can do the following:

- a) Explain how health promotion and self-management strategies are important to the management of pain.
- b) 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 OA.
- c) 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 engagement in exercise and their use of medication).
- d) Support individuals to get the most from conversations about the management of their OA 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.
- e) Identify risk factors for the persistence and impact of OA on pain and functional ability.

DOMAIN C

Capability 9. Rehabilitative interventions

Within their role and scope of professional practice in OA, the health professional can do the following:

- a) Understand the role of common rehabilitative interventions, including pain education, therapeutic exercise, weight loss, manual therapy, cognitive behavioural approaches, aids and assistive devices, orthotics, braces and splints for managing OA, based on best available evidence.
- b) Advise on the expected benefits, limitations and risks of different rehabilitative interventions used in managing OA, providing impartial information and advice on the advantages and disadvantages of specific interventions in the context of other management options.
- c) Provide advice on managing pain and optimising function, including graded activity, navigation to self- management resources, and activity pacing.
- d) Understand that some individuals such as those living with mental health issues, co-morbidities or frailty might need additional support during rehabilitation.
- e) Work in partnership with individuals to explore suitability of rehabilitation interventions, including community-based exercise programmes where appropriate.
- f) Refer individuals to specialist rehabilitation practitioners (e.g. physiotherapists, dieticians, occupational therapists, psychologists) where this is appropriate.

DOMAIN C

Capability 10. Pharmacotherapy

Within their role and scope of professional practice in OA, the health professional can do the following:

- a) Understand the role of medications used in managing OA, including acetaminophen, non-steroidal anti-inflammatory drugs, corticosteroids and opioids, based on best available evidence.
- b) Refer for advice about pharmacotherapy, when considered appropriate.

Capability 11. Surgical interventions

Within their role and scope of professional practice in OA, the health professional can do the following:

- a) Understand the role of arthroscopy and arthroplasty in managing OA, based on best available evidence.
- b) Advise on the expected benefits, limitations and risks of arthroscopy and arthroplasty in managing OA (where these are relevant to individuals' care) and inform them impartially on the advantages and disadvantages in the context of other management options.
- c) Refer for surgical opinion when an appropriate course of non-surgical management does not provide sufficient control of pain.

DOMAIN C

Capability 12. Referrals and collaborative working

Within their role and scope of professional practice in OA, the health professional can do the following:

- a) Practise within their professional and personal scope of practice and access specialist advice or support for the individual or for themselves when appropriate.
- b) Engage in effective inter-professional communication and collaboration with clear documentation to optimise the integrated management of the individual with OA.
- c) Engage in effective inter-professional communication and collaboration to optimise care for OA within the population.
- d) Know and be able to draw on the expertise of all members of the inter-disciplinary team and social support to meet individuals' best interests and optimise the integration of their care.
- e) Contribute effectively to inter-disciplinary team activity (including service delivery processes and learning and development).
- f) Participate as an effective team member and understand the importance of effective team dynamics.
- g) Make appropriate referrals using appropriate documentation to other health and care professionals and agencies when this is in individuals' best interests.



DOMAIN D

Capability 13. Evidence-based practice and service development

Within their role and scope of professional practice in OA, the health professional can do the following:

- a) Critically apply relevant national clinical practice guidelines and other best available evidence on OA care and service delivery, identifying where local modifications may be required.
- b) Monitor and evaluate their practice and its outcomes, including through data collection and analysis to assure and improve the quality of OA care, service delivery and address health inequalities.
- 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.
- d) Seek input from individuals and their carers to improve the person-centred design and quality of services.
- e) Act appropriately when service deficiencies are identified (e.g. frequent long waiting times) that have the potential to affect the effective management of individuals' OA care, including by taking or advocating for corrective action, where needed.
- f) Plan, engage in and record learning and development relevant to their role and in fulfilment of professional, regulatory and employment requirements.
- g) Engage in reflective practice and clinical supervision as an integral part of their professional development and to inform OA service development and quality improvement with reference to local needs.

CLINICIAN CHECKLIST

USE THIS CHECKLIST AS A SELF-APPRAISAL TOOL TO IDENTIFY AREAS OF CLINICAL PRACTICE WHERE YOU HAVE REDUCED CONFIDENCE. YOU MAY WISH TO UNDERTAKE PROFESSIONAL DEVELOPMENT IN THESE AREAS.

DOMAIN A

CONFIDENT NOT CONFIDENT NOT RELEVANT TO MY ROLE

Capability 1. Communication - Within your role and scope of professional practice in OA, you can do the following:

a) Apply a critical self-awareness of your own values, beliefs, prejudices, assumptions and stereotypes especially related to pain and overweight/obesity to mitigate the impact of these in how they interact with others.

b) Listen to and communicate with others, recognising that both are an active, two-way process.

c) Modify conversations to optimise engagement and understanding, and convey information in ways that avoid jargon, negative or potentially threatening descriptors and assumptions.

d) Respond to individuals' communication and information needs by adapting communication style (verbal and non-verbal) and supporting the use of accessible information as needed.

e) Engage with individuals and carers and respond appropriately to questions and concerns about their OA and its impact on their current situation and potentially in the future.

f) Direct individuals appropriately and effectively to sources of accurate and reliable information and support.

g) Communicate efficiently and effectively with colleagues to serve individuals' best interests and to expedite and integrate care.

h) Respect and draw on colleagues' knowledge and expertise within the inter-disciplinary team (where available) to serve individuals' best interests.

Capability 2. Person-centred care - Within your role and scope of professional practice in OA, you can do the following:

a) Recognise the expertise that individuals bring to managing their own care, demonstrating sensitivity to the individuals' background, identity, language, culture, resources, values, needs, preferences and experiences of pain and functional limitations related to OA.

b) Explore the impact of persistent pain and disability on individuals' lives, including on their relationships, family and social roles, self-esteem and ability to participate in what they need and want to do (including paid and unpaid work).

c) Take account during care planning of the burden (financial and time) of treatment for individuals with OA, including regular appointments that may also be for the management of their other healthcare needs.

d) Progress care, recognising that meaningful positive outcomes (such as restoring and maintaining function and independence, and improving quality of life) may be achieved without a reduction in pain (whilst preferable).

e) Enable individuals to make decisions about their care by:

- empowering them to identify the priorities and outcomes that are important to them and supporting them to set goals,
- explaining in non-technical language all available options (including doing nothing), and the evidence base underpinning the interventions,
- 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.

DOMAIN C

CONFIDENT NOT
CONFIDENT RELEVANT TO
MY ROLE

Capability 6. Interventions and care planning - Within your role and scope of professional practice in OA, you can do the following:

- a) Work in partnership with the individual to develop management plans that take account of individuals' needs, goals, preferences, local service availability and relevant guidelines.
- b) Recognize that different types of pain (nociceptive, neuropathic, nociplastic) may require different management approaches.
- c) Identify pain treatment options that can be accessed by the individual in a comprehensive pain management plan.
- d) Ensure the management plan considers all options that are appropriate for the care pathway, as well as the benefits and risks of available treatments, and the underlying evidence for each.
- e) Advise on pharmacological and non-pharmacological aspects of pain management.
- f) Review management plans regularly, including monitoring of the individual's symptoms and effectiveness and tolerability of treatments, and adjust the plan of care as needed.

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Capability 7. Prevention and lifestyle interventions - Within your role and scope of professional practice in OA, you can do the following:

- a) Advise on the effects of inactivity on OA, promote participation in physical activity (that is appropriate for and acceptable to the individual), and refer to relevant services where appropriate.
- b) Advise on the effects of overweight and obesity on OA (including risk of OA development), promote weight management, and refer to relevant services where appropriate.
- c) Use interactions to encourage changes in behaviour that can have a positive impact on the health and wellbeing of individuals, communities and populations.
- d) Facilitate behaviour change using evidence-based approaches that support self-management.

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Capability 8. Self-management and behaviour change - Within your role and scope of professional practice in OA, you can do the following:

- a) Explain how health promotion and self-management strategies are important to the management of pain.
- b) 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 OA.
- c) 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 engagement in exercise and their use of medication).
- d) Support individuals to get the most from conversations about the management of their OA 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.
- e) Identify risk factors for the persistence and impact of OA on pain and functional ability.

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CONFIDENT **NOT CONFIDENT** **NOT RELEVANT TO MY ROLE**

Capability 9. Rehabilitative interventions - Within your role and scope of professional practice in OA, you can do the following:

- a) Understand the role of common rehabilitative interventions, including pain education, therapeutic exercise, weight loss, manual therapy, cognitive behavioural approaches, aids and assistive devices, orthotics, braces and splints for managing OA, based on best available evidence.
- b) Advise on the expected benefits, limitations and risks of different rehabilitative interventions used in managing OA, providing impartial information and advice on the advantages and disadvantages of specific interventions in the context of other management options.
- c) Provide advice on managing pain and optimising function, including graded activity, navigation to self- management resources, and activity pacing.
- d) Understand that some individuals such as those living with mental health issues, co-morbidities or frailty might need additional support during rehabilitation.
- e) Work in partnership with individuals to explore suitability of rehabilitation interventions, including community- based exercise programmes where appropriate.
- f) Refer individuals to specialist rehabilitation practitioners (e.g. physiotherapists, dieticians, occupational therapists, psychologists) where this is appropriate.

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Capability 10. Pharmacotherapy - Within your role and scope of professional practice in OA, you can do the following:

- a) Understand the role of medications used in managing OA, including acetaminophen, non-steroidal anti-inflammatory drugs, corticosteroids and opioids, based on best available evidence.
- b) Refer for advice about pharmacotherapy, when considered appropriate.

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Capability 11. Surgical interventions - Within your role and scope of professional practice in OA, you can do the following:

- a) Understand the role of arthroscopy and arthroplasty in managing OA, based on best available evidence.
- b) Advise on the expected benefits, limitations and risks of arthroscopy and arthroplasty in managing OA (where these are relevant to individuals' care) and inform them impartially on the advantages and disadvantages in the context of other management options.
- c) Refer for surgical opinion when an appropriate course of non-surgical management does not provide sufficient control of pain.

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Capability 12. Referrals and collaborative working- Within your role and scope of professional practice in OA, you can do the following:

- a) Practise within your professional and personal scope of practice and access specialist advice or support for the individual or for themselves when appropriate.
- b) Engage in effective inter-professional communication and collaboration with clear documentation to optimise the integrated management of the individual with OA.
- c) Engage in effective inter-professional communication and collaboration to optimise care for OA within the population.
- d) Know and be able to draw on the expertise of all members of the inter-disciplinary team and social support to meet individuals' best interests and optimise the integration of their care.

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