

Osteoporosis				
Task / Activity	Self-Assessment / Date	Competency Assessed Y / N	Competency Achieved	Signed off by Clinical Assessor / Date
<p>Knowledge and Understanding</p> <ul style="list-style-type: none"> • Demonstrate an understanding of the anatomy and physiology of the musculoskeletal system • Demonstrate an understanding of the pathophysiology of osteoporosis • Demonstrate an understanding of the medications used in the management and treatment of osteoporosis¹ <p>Patient Care</p> <ul style="list-style-type: none"> • Be able to identify those patients at high risk of osteoporosis, including but not limited to²: <ul style="list-style-type: none"> ○ In all women aged 65 years and over and all men aged 75 years and over ○ In women aged under 65 years and men aged under 75 years in the presence of risk factors, for example: <ul style="list-style-type: none"> ○ Previous fragility fracture ○ Current use or frequent recent use of oral or systemic glucocorticoids ○ History of falls ○ Family history of hip fracture ○ Those taking anti-epileptic drugs ○ Those using depo-provera ○ Those on breast cancer treatments ○ Coeliac disease ○ Hyperparathyroidism ○ Low body mass index (BMI) (less than 18.5 kg/m²) ○ smoking 				

¹ <https://bnf.nice.org.uk/treatment-summaries/osteoporosis/>

² <https://www.nice.org.uk/guidance/cg146/chapter/1-Guidance#targeting-risk-assessment>

<ul style="list-style-type: none"> ○ Alcohol intake of more than 14 units per week for men and women. ○ Women <50 who have had untreated premature menopause ● Be able to provide health promotion advice to those patients in high-risk categories to help them improve bone health and reduce risk of fragility fractures³ ● Be able to perform a fracture risk assessment⁴ using either the FRAX⁵ or Qfracture⁶ risk assessment tool ● Be able to support a patient after diagnosis, eliciting their understanding of the condition and signposting to resources and support to increase understanding where appropriate. ● Be able to ensure that patients are referred on to an appropriate prescribing clinician to ensure they can access the appropriate treatment⁷ ● Be able to ensure that patients receiving treatment for osteoporosis are accessing appropriate reviews⁸ ● Be able to address where frailty/frailty syndromes are impacting on the management of the patents osteoporosis⁹ ● Be able to provide the patient with health promotion advice around diet and lifestyle that takes their ethnic, cultural, social, economic and spiritual needs in to account^{10 11} 				
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³ <https://strwebprdmedia.blob.core.windows.net/media/bk1klwye/better-bone-health-for-everybody-easy-print-version.pdf>

⁴ <https://www.nice.org.uk/guidance/cg146/chapter/1-Guidance#methods-of-risk-assessment>

⁵ <https://frax.shef.ac.uk/FRAX/tool.aspx?country=1>

⁶ <https://qfracture.org/>

⁷ <https://www.nice.org.uk/guidance/qs149/chapter/Quality-statement-2-Starting-drug-treatment>

⁸ <https://www.nice.org.uk/guidance/qs149/chapter/Quality-statement-4-Long-term-follow-up>

⁹ <https://www.england.nhs.uk/ourwork/clinical-policy/older-people/frailty/frailty-resources/>

¹⁰ <https://strwebprdmedia.blob.core.windows.net/media/v2pdyew4/ros-further-food-facts-and-bones.pdf>

¹¹ <https://strwebstgmedia.blob.core.windows.net/media/Olhowmrk/about-exercise-fact-sheet-february-2019.pdf>

- Be able to identify when patient complexity exceeds competence and refer on to suitable senior clinician

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