

OCNZ

**OSTEOPATHIC COUNCIL
NEW ZEALAND**

**KAUNIHERA HAUMANU
TUAHIWI O AOTEAROA**

Annual Report 2023

for the year ended 31 March



***Nāu te rourou, nāku te rourou,
ka ora ai te iwi***

***With your food basket and
my food basket the people
will thrive***

This whakataukī reflects the idea that working in partnership
can make a bigger difference than working alone.



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Governance

The Osteopathic Council is responsible for the registration, competence, and fitness to practise of osteopaths in Aotearoa New Zealand.

The Council acknowledges Te Tiriti o Waitangi and recognises it has a responsibility to give effect to, and realise the promise of te Tiriti.

The Council is an appointed body corporate in accordance with the Health Practitioners Competence Assurance Act 2003 (the Act).



Key data

590
registered
osteopaths

Added in 2023

30
NZ-graduated osteopaths

21 (18+3 TMRs)
Internationally qualified osteopaths



Specialist scopes

3
Pain
management

1
Educators

30
Western
medical
acupuncture

Complaints


9
notifications
3
professional misconduct cases

Chair's report

Tēnā koutou katoa,

This last year has seen New Zealand shift from facing a pandemic which had an impact on us all, including those involved in providing healthcare services, to managing the ongoing risk of COVID-19. This has resulted in a new approach to meet these changes. As we emerge from what has been a turbulent period, we would like to acknowledge and thank our practising osteopaths for their ongoing professionalism and for supporting their communities by continuing to provide excellent healthcare and advice to their patients throughout this last year.



There has also been a period of significant change for the Osteopathic Council. After farewelling seven members over 2021 and 2022, we welcomed three new members onto the Council in March 2022 and worked as a team of four throughout 2022. While this turnover created challenges, it also offered the opportunity to refresh how we work.

The new team brought a variety of life experiences and expertise to the table and worked hard to understand the responsibilities of their new roles. In particular, Laurence Fauatea, lay member, stepped into the roles of Deputy Chair and Chair of the Finance, Audit and Risk Committee, and offered valuable insights in these spaces. Three further members were appointed to the Council in January 2023, making a well-rounded and diverse team of seven. The enthusiasm and professionalism observed within the team is impressive.

Alongside the Council's statutory functions, a number of key projects were initiated or completed throughout the year. These included a refreshed Competencies for Osteopathic Practice document. This provides streamlined, high-level guidance on the standard of ongoing competence required for osteopaths in New Zealand. Notable changes include the highlighting of Te Tiriti o Waitangi responsibilities for practitioners and a strengthened focus on culture, cultural safety, and diversity.

The work of Matiu Taingahue in his role as co-Chair of the Council's Te Tiriti Committee must be acknowledged. Matiu has been instrumental in recruiting the appropriate person to undertake work on the Code of Conduct for osteopaths. This allowed Council to revise this document with a new emphasis on responsible Tiriti partnership. In addition, a Critical Tiriti Analysis was completed, evaluating the strength of Māori participation in the making of the

Code of Conduct and the extent to which Māori aspirations and expectations were positioned to influence the document. The Critical Tiriti Analysis provided valuable feedback which will be used to develop a more meaningful engagement approach with Māori in future.

We have also revised the Guidelines on Examination and Treatment of Sensitive Areas. This revision sought to highlight the nature of what may be considered a sensitive area and how this can be influenced by cultural and social factors such as age, gender, personal history, beliefs, and attitudes, as well as contextual factors. The importance of communication and practitioner awareness of patient comfort when treating these areas was also strengthened.

This year has seen significant changes in pre-registration education for osteopaths, with both a change in provider and the

Reform of Vocational Education (RoVE) leading to the creation of Te Pūkenga. We would like to welcome to the register all newly-practising osteopaths including the final cohorts of the Unitec Master of Osteopathy programme, and the first cohorts of the newer Ara Postgraduate Diploma in Osteopathy programme.

The Council continued to receive a high number of registration applications from overseas-trained osteopaths throughout the year, highlighting the importance of a robust process for ensuring these osteopaths have the necessary knowledge and skills to provide safe care in Aotearoa. The Council's Competent Authority Pathway Process (CAPP) has been in place for a number of years for this purpose, and a project was initiated to review this program to ensure it is fit for purpose into the future. Additionally, the Council's CAPP preceptors, key to the success of this programme, were brought together for a successful and productive training session, guided by the newly-appointed Lead Preceptor.

The Council has continued to build and maintain relationships with its diverse stakeholders. Activities in this space have included a digital campaign to raise awareness with the public of the Council's work, our annual practitioner conference, regular meetings with the professional association, taking part in Allied Health discussions led by Manatū Hauora the Ministry of Health, and meeting with Australian and UK osteopathic regulators.

The Council's ongoing service level agreement with the Nursing Council of New Zealand has again been key to our success in achieving our goals. The support of our Secretariat services through this time of transition must also be acknowledged. The pathway was smoothed with the consistently reliable advice of Tim Friedlander, Registrar, and supported by the work of the wider Nursing Council team. In addition, the work of the Council has been enhanced by the contractors who assist the Council to meet its statutory functions, including accreditations, reviews, and project work.

The Council's strategic plan has laid the path for its work, providing guidance and priorities through a transition period. The Council is in a strong position with its inspired, motivated and skilled teams within governance and operations to achieve further success in the year ahead.

Nāku iti noa, nā,



Lara Sanders
Chair

Council members

Members are appointed to the Council by the Minister of Health for an initial term of three years and can be reappointed for subsequent three-year terms. After three, three-year terms a member must step down. The following were Board members as at 31 March 2023:

Name	Profession	Region	Date of Original Appointment	Term	Term Ends
Lara Sanders	Osteopath Chair	Wellington	July 2015	3	November 2024
Matiu Taingahue	Osteopath Deputy Chair	Auckland	February 2022	1	February 2025
Laurence Fauatea	Layperson	Wellington	February 2022	1	February 2025
Gracela Gregorio	Osteopath	Auckland	February 2022	1	February 2025
Sue Kedgley	Layperson	Wellington	November 2022	1	November 2025
Rebecca Mowat	Osteopath	Auckland	November 2022	1	November 2025
Kesava Kovanur Sampath	Osteopath	Dunedin	November 2022	1	November 2025

Board meetings were held six times across the financial year, on:

- 11/04/22
- 13/06/22
- 15/08/22
- 28/09/22
- 28/11/22
- 13/02/23

An extraordinary meeting was held on 31/03/23 to host the Osteopathy Board of Australia.

Secretariat

Registrar	Tim Friedlander
Deputy Registrar	Clare Prendergast
Coordinator	Shona Jefferies

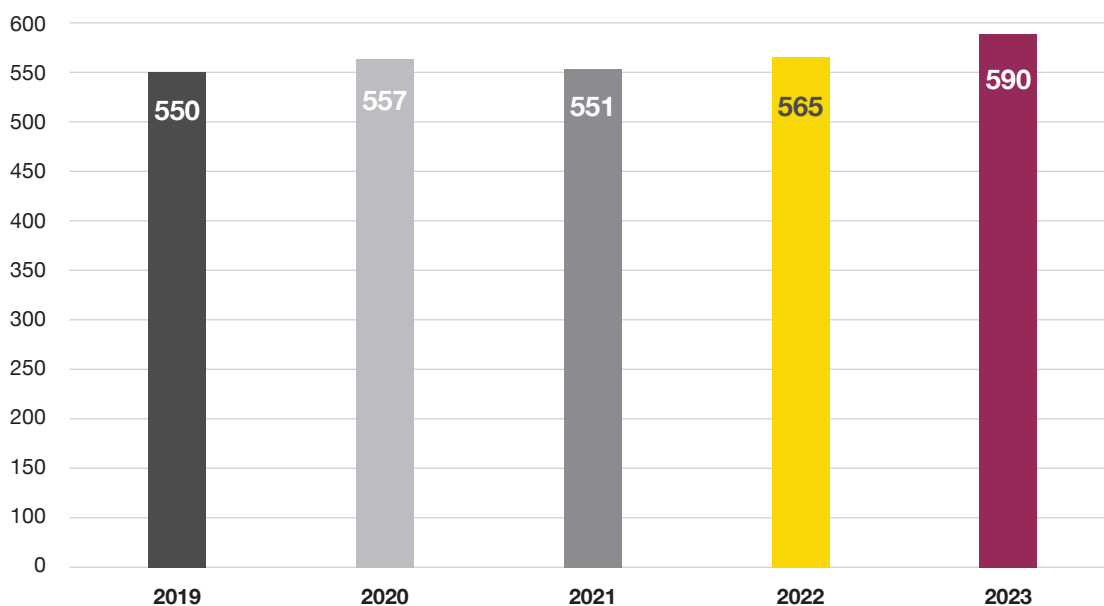
Managing the Register of Osteopaths

The Council registers osteopaths who meet the required standards, maintains the New Zealand Register of Osteopaths, and issues annual practising certificates (APCs). Every osteopath working in New Zealand must be registered and hold a current APC. This informs the public that the osteopath is competent and fit to practise.

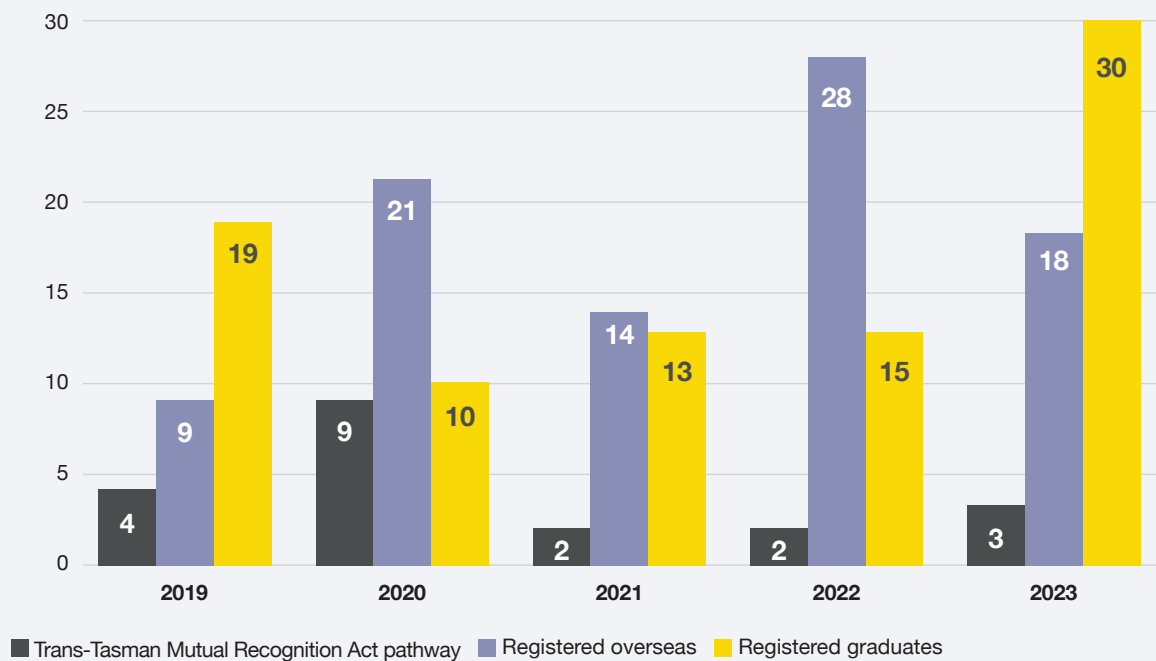
The number of registered osteopaths with current practising certificates has remained relatively steady over the last few years. While New Zealand continues to see a number of osteopaths trained overseas joining the register, this year has seen registrants from both the final cohorts of the Unitec Master of Osteopathy programme, and the first cohorts of the newer Ara Postgraduate Diploma in Osteopathy programme. This has resulted in a higher number of locally trained osteopaths joining the register over the year.

Māori and Pacific osteopaths are under-represented in the New Zealand workforce, and increasing representation of these groups within the workforce is an area of focus for the profession. The education providers promote and actively support the recruitment, retention, and completion by Māori and Pacific peoples of their programmes.

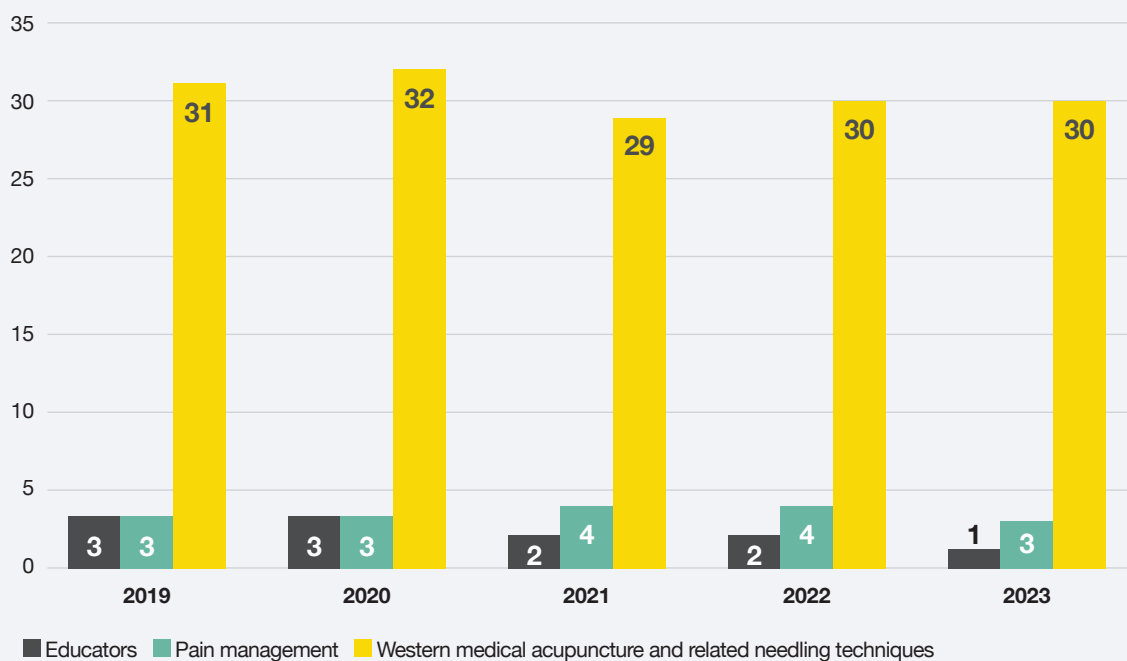
Osteopaths with APCs



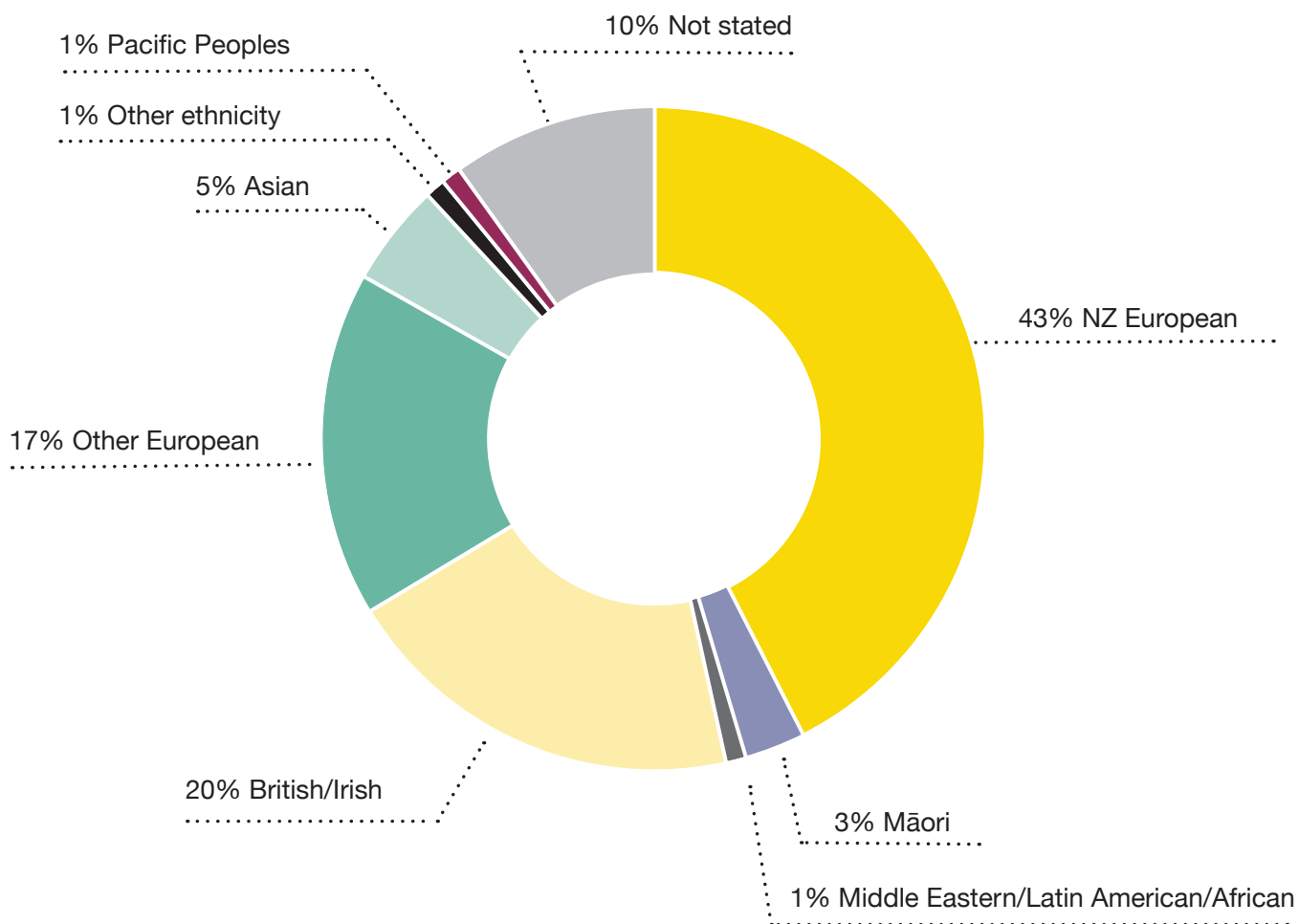
Additions to the register



Specialist scopes (APC)



Ethnicity of osteopaths



Achievements

As we emerged from the pandemic to the ongoing management of COVID-19, the Osteopathic Council continued to provide guidance for practitioners, and refresh policies to ensure they were fit for purpose. Over this past year, we have been able to advance a number of our strategic projects and are happy to report that we have achieved the following key achievements, as outlined below:

1. Core standards development

Over this year, the Council completed the development of two core sets of standards – a revision of the Code of Conduct, and the new Osteopathic Practice Competencies. In addition to the Accreditation Standards approved in the previous financial year, these documents represent a significant refresh of the core standards for osteopathic practice.

1.1 Osteopathic practice competencies

In 2022, the Council embarked on a project to redevelop the (previously named) Capabilities for Osteopathic Practice, which were first developed in 2009.

An initial review of the capabilities indicated that it would be beneficial to use a simpler, higher-level, and more strategic approach to setting these standards. This would also assist in future-proofing the framework by providing a degree of flexibility needed to address continuing changes in the health and professional contexts, while still defining the required minimum or threshold competence. These new competencies also provided an opportunity to highlight Te Tiriti o Waitangi responsibilities in a distinct domain and strengthen the focus on culture, cultural safety, and diversity.

After introducing the draft competencies during the OCNZ 2022 webinar series, followed by formal consultation later the same year, the Council has now approved the final Osteopathic Practice Competencies.

1.2 Revised Code of Conduct

After releasing the Code of Conduct for Osteopaths in 2020, and in line with the requirements under the Health Practitioners Competence Assurance Act (2003), the Council embarked on a review to provide greater reference to expectations around engaging with te Tiriti and enabling effective and respectful interaction with Māori for both the Council and the profession.

Consultation on these initial proposed changes in 2021 resulted in the Council receiving some constructive feedback from the profession, and led to further revisions of the Code of Conduct.

This updated Code of Conduct was approved in February 2023 and specifically notes the Council's acknowledgement of Te Tiriti o Waitangi and sets out the articles and principles that guide the Council and the profession in engaging with their responsibilities and obligations under te Tiriti. In addition, Principle 2 of the Code of Conduct now includes an expectation that the Council and the profession will demonstrate this commitment to Te Tiriti o Waitangi in their professional work.

1.2.1 Critical Te Tiriti Analysis

To support the development of the Code of Conduct, the Council commissioned a Critical Te Tiriti Analysis of the revised code.

A Critical Te Tiriti Analysis (CTA) is a five-step process for policy-makers, decision-makers, advisory groups, and interested citizens to strengthen and review public policy in relation to the articles and provisions of Te Tiriti o Waitangi, specifically the Māori text signed in 1840. The analysis involves five defined phases, including (i) orientation; (ii) close reading; (iii) determination; (iv) strengthening practice; and (v) Māori final word.

Whilst the review indicated room for improvements to the draft code, on balance a fair response to the CTA indicators was demonstrated and the review provided recommendations to allow all CTA indicators to be met at an excellent level. The Council will also reflect on this review and apply these learnings to future decisions and policy developments.

1.3 Updated clinical guidance

While not included as part of the core standards, the Council has continued to review and develop guidance for practitioners in specific areas of need.

1.3.1 Guidelines on examination and treatment of sensitive areas

A proportion of cases the Council has referred to professional conduct committees over the last few years have related to allegations of boundary violations or inappropriate touching. This revision of the guidelines sought to highlight what may be considered a sensitive area and that this can be influenced by cultural and social factors (such as age, gender, personal history, beliefs, and attitudes), as well as contextual factors. The importance of communication and practitioner awareness of patient comfort when treating these areas was also strengthened.

1.3.2 Issuing certificates of sickness or injury

Section 68(3) of the Holidays Act (2003) provides that osteopaths, as registered health practitioners under the Health Practitioners Competence Assurance Act (2003), may issue certificates where proof of sickness or injury is required under section 68(1) of the Holidays Act. This guidance is intended to assist osteopaths in ensuring they meet their legal and professional obligations if they are issuing such a certificate to, or in relation to, a patient.

2. Pre-registration education

This year has seen significant changes in pre-registration education for osteopaths, with both a change in provider and the Reform of Vocational Education (RoVE) leading to the creation of Te Pūkenga.

2.1 Unitec Institute of Technology

2022 marked the final year of the osteopathic training programme at Unitec Institute of Technology, following a five-year 'teach-out' process. Throughout the teach-out period, the Council has been conducting yearly monitoring visits to Unitec which have reported on the dedication, leadership, and professionalism shown by Unitec staff. Similarly, students have been reported as engaged, determined, and motivated, benefitting from close attention from their academic and clinical leaders. The Council would like to express their appreciation to Unitec staff and management for their work during these final stages of the programme.

2.2 Ara Institute of Canterbury

With Ara Institute of Canterbury graduating their first cohort of students from the Postgraduate Diploma in Osteopathy at the end of 2021, the Council began work to move this programme (including the Bachelor of Musculoskeletal Health) from provisional to full accreditation. Provisional accreditation was initially granted in 2017 prior to the initial delivery of these programmes, and the graduation of the first cohort marks an important milestone in their development.

To ensure this accreditation process was future-focused, the Council, in consultation with Ara, conducted the accreditation under the Council's recently revised accreditation standards. This process culminated in a site visit in late 2022 where the accreditation team had the opportunity to meet with current staff and students and visit the on-campus osteopathic clinic.

2.3 Te Pūkenga – New Zealand Institute of Skills and Technology

In 2020, as part of the New Zealand government's Reform of Vocational Education (RoVE), the New Zealand Institute of Skills and Technology (NZIST, now known as Te Pūkenga) was created. All Institutes of Technology and Polytechnics (ITPs) became subsidiaries of this new institute. In 2022 and 2023, these subsidiary ITPs became part of Te Pūkenga New Zealand Institute of Skills and Technology. This included the providers of osteopathic education in New Zealand, Unitec Institute of Technology (delivering the Master of Osteopathy) and Ara Institute of Canterbury (delivering the Bachelor of Musculoskeletal Health and Post Graduate Diploma in Osteopathy). The Council has worked with these institutions to ensure a smooth transition for osteopathic education and minimise any impact on New Zealand registrants from this change.



3. Staffing and support changes

Along with further appointments to the membership of the Osteopathic Council in late 2022, the Council continued to take part in a number of activities around their own processes and support services to help ensure these were efficient and effective.

3.1 Council member changes

This year saw further additions to Council membership with three new members being appointed in late 2022. The addition of these new members to those appointed to the Council in February 2022 has resulted in a significant renewal of Council membership, with six of the seven current members of Council being appointed in 2022.

Council would like to welcome the following new members:

- Sue Kedgley (lay member)
- Kesava Kovanur Sampath (practitioner member)
- Rebecca Mowat (practitioner member)

3.2 Council training and development

To support the work and development of Council members, the Council has participated in a number of training opportunities. These have included focused training on the Health Practitioners Competence Assurance Act, governance for regulatory authorities and regulation in the healthcare space, as well as general orientation for the Council's new members.

3.3 Osteopathic preceptor training

The Council has also continued its training for osteopathic preceptors, who are primarily involved in working with new registrants from overseas who enter into the Osteopathic Council Competent Authority Pathway Programme (CAPP).

This year saw a return to in-person training visits, after a period of remote training due to the COVID-19 pandemic, and this provided an excellent opportunity for our preceptors to collaborate on best practice and renew collegial relationships.



Fitness to practise 2023

Notifications and complaints

The Council's role is to protect the public by putting in place effective processes to ensure osteopaths are competent and fit to practise osteopathy. Systems for managing complaints about osteopaths and the associated disciplinary sanctions are part of a multi-faceted approach to maintaining professional standards.

Osteopaths are responsible for assuring the Council they are fit to practise. They must do this annually when applying for a practising certificate. This means declaring that they have maintained the required standard of competence and completed sufficient continuing professional development. They are required to declare if they have a mental or physical condition that may impact on their ability to practise safely, and whether they are the subject of criminal proceedings.

Conduct

Complaints are made to the Council or to the Health and Disability Commissioner (HDC). Where the conduct has affected a health consumer, the Commissioner may investigate the matter or refer it back to the Council to investigate. When the Council receives a complaint about the conduct of an osteopath, it considers whether the matter is within its jurisdiction (that it is a professional issue, not an employment issue or personal matter) and if the complaint is serious enough to warrant further action. The Council then determines if the matter should be referred to a professional conduct committee (PCC), the HDC or whether further information is required that may include a response from the osteopath (initial assessment).

Over this last year, the Council referred two health consumer complaints about osteopaths to the HDC. The HDC referred both complaints back to the Council to consider further action and the Council subsequently referred each case to a professional conduct committee.

The Council referred one complaint directly to a professional conduct committee as there was no allegation that this affected a health consumer.



Court convictions

In this year, the Council has not received any notifications of court convictions related to osteopaths.

Table 1: Sources of notifications and complaints 2022-2023

Source	2021	2022	2023
Health consumer/member of the public	2	10	7
Health and Disability Commissioner	0	0	2
Health practitioner	0	3	2
Ministry of Justice (court convictions)	0	0	0
Employer	0	0	0
Colleague	0	0	0
Self-notification	2	0	0
ACC	1	0	0
Other	0	0	0
Total	5	13	11

Table 2: Outcomes of assessment of notifications and complaints 2022-2023

Outcome	2021	2022	2023
No further action	0	2	0
No further action following response from practitioner	0	3	3
Refer to PCC – conduct	0	0	3
Refer to PCC – initial investigation	2	0	0
Refer to HDC	1	2	2
Refer to health process	0	1	0
Refer to competence process	0	1	3
Refer to PCC – court conviction	1	0	0
Refer for health assessment – conviction	1	0	0
Refer to Ministry of Health	0	4	0
Other	0	0	0
Total	5	13	11

Professional conduct committee

There were three cases of professional misconduct referred to a professional conduct committee in the 2022-2023 year.

In one of these cases, the PCC determined no further disciplinary action was to be taken and recommended a letter of counsel be sent to the practitioner. For two of the cases, a determination had not been made as of the end of the reporting period.

Health Practitioners Disciplinary Tribunal

There were no cases of professional misconduct heard by the Tribunal in the 2022-2023 year.

Health

Osteopaths who have a health condition that may mean they are unable to perform the functions required for the practice of osteopathy may be required to have a health assessment and may be referred to a health committee following that assessment.

The majority of osteopaths with health conditions manage the conditions themselves with the support of their healthcare providers and/or employers, if necessary. However, the Council should be notified if a health condition affects an osteopath's ability to practise safely. The Council may order that the osteopath's APC is suspended or include conditions in their scope of practice pending a medical assessment.

There were no new health notifications made in this year, however, the Council continues to monitor one osteopath who self-reported for health concerns.

Competence

Where osteopaths are employed, employers may address any competence concerns as part of the employment relationship, with performance improvement plans and similar processes. Where the concerns about an osteopath's competence are more serious, or if an osteopath has been unable to sustain any improvement in practice following additional education and support, a notification to the Council may be required.

Three competence notifications were received this year. In two cases, an initial enquiry into the osteopath's practice did not indicate inappropriate care or a failure to meet the required standards of competence, and no further action was required. A third case was referred for an initial enquiry into the osteopath's practice, and this was ongoing at the end of the reporting period.



Strategic plan

The Osteopathic Council's current strategic plan was developed in 2020 and is due for renewal in 2023. The strategic plan sets out the following strategic goals which are used to inform Council's activity and future planning:

- Goal 1:** To develop and embed a robust recertification scheme for the profession, resulting in engagement, innovation, and autonomy, and driving towards quality improvement in the profession.
- Goal 2:** To develop and maintain effective engagement with the public, Māori, and other stakeholders to foster greater awareness and understanding of the roles and responsibilities of the Council.
- Goal 3:** To ensure that the Council is responsive to Māori and provides culturally safe guidance to the profession by setting appropriate standards.
- Goal 4:** To develop a regular review process of Council activity to ensure and enhance effective governance.
- Goal 5:** To enhance engagement of the profession with the Council through development and implementation of a digital communications strategy.

To achieve these strategic goals, the Council has identified a number of projects that are either currently underway or have been completed. These projects include:

1. Accreditation standards for education programmes renewal

[Strategic goals 1, 3 & 5]

This project, which has now been completed, aimed to review and redevelop Osteopathic Education Standards for tertiary education providers to ensure they meet contemporary requirements for the provision of quality programmes leading to safe and competent osteopath practitioners. The Council's commitment to the principles of Te Tiriti o Waitangi is reflected in the new standards. The standards have been set at a strategic level that can be applied across different educational institutions, future-focused, with consideration of an international workforce, and the increasing mobility of practitioners in the health workforce generally.

2. Public engagement strategy development

[Strategic goals 2 & 5]

One of the functions of the Osteopathic Council under the Health Practitioners Competence Assurance Act (2003) is "to promote public awareness of the responsibilities of the authority". Promoting this awareness also serves to enhance the ability of the public to engage with the Council and promotes better awareness of the Council's role amongst the profession. The Council has developed a public engagement strategy by which the Osteopathic Council may achieve these goals, and the initial roll-out of this has demonstrated value in greater engagement from the public.

3. Communications strategy development

[Strategic goals 4 & 5]

To enable effective regulation, the Council needs to ensure that practitioners are engaged with its processes and messaging. To best enable this, the Council is developing a digital communications strategy to ensure its communications with registrants are targeted and effective.

The Council is working with practitioners to identify the most appropriate communication channels and methods, to help ensure registrants are aware of, and engage with, the Council.

4. Competent Authority Pathway Programme (CAPP) review

[Strategic goals 1, 3, 4 & 5]

The OCNZ Competent Authority Pathway Programme (CAPP) is a programme by which overseas osteopaths with recognised qualifications can demonstrate their competence to practice in New Zealand. The CAPP (and associated Guide) was last reviewed in 2017 and is currently being reviewed to ensure it remains fit for purpose.

Further recruitment and training of osteopathic preceptors has also occurred and is ongoing, to ensure the Council can respond to interest from international applicants.

5. Capabilities of Osteopathic Practice review

[Strategic goals 1, 3, 4 & 5]

This project, which was completed in early 2023, reviewed the existing Capabilities of Osteopathic Practice to ensure these are fit for purpose and reflect current osteopathic standards and practices in New Zealand and, where relevant, internationally. This resulted in the updated Osteopathic Practice Competencies.

The development of these new standards aimed to ensure they align with current literature and practice around health practitioner competence more generally. The new standards also include appropriate cultural competence standards to help the Osteopathic Council and osteopathic practitioners meet their obligations under Te Tiriti o Waitangi.

6. Western medical acupuncture (WMA) extended scope education standards review

[Strategic goals 1 & 4]

The current recognised qualification for the WMA Scope of Practice offered in New Zealand has changed significantly since the WMA scope was created. It is now appropriate to develop an education standard framework that may be utilised to assess if the learning outcomes of other qualifications in this field are suitable to ensure safe practice of this within osteopathic care.

The first phase of this project, consisting of a literature review and environmental scan, was completed in early 2023, and further activity is being planned to develop new competence standards for this activity.

7. Initial review of child and adolescent recertification programme completion

[Strategic goals 1, 3, 4 & 5]

To continue meeting obligations under the Health Practitioners Competence Assurance Act (2003), OCNZ set a mandatory recertification programme in September 2017 requiring osteopaths to complete a course of instruction within three years. This was prompted by the Capabilities of Paediatric Osteopaths (COPO) report, published in July 2015, which highlighted several areas where osteopaths understanding of the wider context of child and adolescent healthcare needed improving. The Council has now gathered and reviewed information on uncompleted child and adolescent recertifications and has taken appropriate action to address any potential ongoing issues.

8. Establishment of a Te Tiriti advisory group

[Strategic goals 2 & 3]

The Council has identified the need to establish a formal advisory group to provide advice around their responsibilities under Te Tiriti o Waitangi and to enhance their engagement with, and responsiveness to, Māori. The establishment of this group will allow genuine and ongoing collaboration and consultation, rather than taking an ad-hoc approach. While identifying key personnel to lead this advisory group has provided some challenges, the Council is continuing to develop processes to ensure the work of the advisory group is integrated into the Council's workflow.

Collaboration

As a small regulatory authority, the Osteopathic Council of New Zealand recognises the significant value that comes from collaboration and consultation with other organisations and key stakeholders.

We would like to specifically acknowledge contributions made from the following:

1. Nursing Council of New Zealand: As an experienced regulator, the Nursing Council of New Zealand has continued to provide full regulatory support to the Osteopathic Council, as part of the service level agreement. The redevelopment and renewal of this agreement demonstrates that this relationship continues to mature.

The Nursing Council has also been gracious in allowing the use of select policies and procedures to help in the development of the Osteopathic Council's own work.

2. Osteopaths New Zealand (ONZ): As the professional body for osteopaths in New Zealand, ONZ plays a large role in supporting the profession, and OCNZ continues to develop its relationship with this association.

While these two organisations have different roles, maintaining regular communication allows a collegial relationship and helps to identify areas of shared focus.

3. Physiotherapy Board of New Zealand | New Zealand Chiropractic Board: We have continued to develop our relationship with the Physiotherapy Board of New Zealand and the New Zealand Chiropractic Board. We are grateful to these Boards for their assistance in the development of the Osteopathic Council guidance and policies.

Regular meetings continue between the Chairs and Registrars of the Osteopathic Council, Physiotherapy Board, and Chiropractic Board to collaborate and build on the parallels within their professions.

4. Osteopathy Board of Australia: The Council has continued to hold regular meetings with our corresponding regulatory body in Australia, including hosting a meeting between the full Boards of both organisations in March 2023.

This has allowed us to reflect on our individual work over the last years, as well as provide a forum for information sharing and discussion of potential opportunities for future collaboration.

5. The General Osteopathic Council (UK): The Council has also renewed its relationship with the General Osteopathic Council (GOsC) in the United Kingdom. A significant proportion of international osteopathic registrants have either trained and/or worked in the United Kingdom, and maintaining strong ties to the UK regulator ensures consistency and collaboration on standards of practice and education, as well as providing opportunities to discuss the easier movement of osteopaths from one jurisdiction to another.

6. Manatū Hauora Ministry of Health: The Council continues to work with Manatū Hauora, the Ministry of Health to respond to the changing demands and environment in the health sector. This includes participation in the regular Allied Health Regulatory Authority Group meetings.

7. Unitec Institute of Technology | Ara Institute of Canterbury | Te Pūkenga: As highly clinical programmes, the Council recognises the continued efforts of these educational institutions in ensuring that osteopathic students were well supported throughout the year and maintained high standards of education, despite the changes that the year has seen in the tertiary education system and the unique context of each of these programmes.

Commentary on OCNZ 2022/2023 financial statements

The Osteopathic Council of New Zealand has recognised that it holds sizeable reserves and has taken steps to ensure that any reserves held are of an appropriate nature:

- For the APC round beginning 1st April 2022, the Council approved a 20% decrease in the total APC fee. The Council agreed to maintain this general APC fee for the 2023-2024 APC period, while reducing the fee collected as a disciplinary levy from \$5 to zero.
- Utilising the Reserves Policy developed and approved by the Council in 2021, the Council has forecasted a 5-year plan to return reserves to a more appropriate level. This plan is designed to maintain the spend-down of reserves over this time, while avoiding rapid changes in registrant fees.
- Related to this plan, Council has looked to consider the approval of deficit budgets:
 - Council approved a deficit 2021/2022 budget of \$73,120
 - Council approved a deficit 2022/2023 budget of \$124,000
 - Council approved a deficit 2023/2024 budget of \$106,641.

The 2022-2023 financial year has seen some return to more normal activity after the recent impact of the COVID-19 pandemic. While not meeting the target set in the approved deficit 2022/2023 budget, the financial statement in this report shows a deficit of \$61,665. This result, in comparison to the surplus of \$160,650 realised in the previous financial year, reflects the Council's careful attention to meeting the budgeted financial performance over this year.

Decreased expenditure was primarily related to personnel costs, being:

- An underspend in Council member fees, travel and other expenses due to a period of reduced Council membership (\$33,670 below budget).
- An underspend in Secretariat operating costs due to lower utilisation of support staff hours (\$8,316 below budget).
- Reduced activity across a small number of operational projects where work had been deferred to the 2023/2024 year.

Financial statements

For the year ended 31 March 2023



INDEPENDENT AUDITOR'S REPORT TO THE READERS OF THE OSTEOPATHIC COUNCIL'S PERFORMANCE REPORT FOR THE YEAR ENDED 31 MARCH 2022

The Auditor-General is the auditor of the Osteopathic Council of New Zealand ('the Council'). The Auditor-General has appointed me, Chrissie Murray, using the staff and resources of Baker Tilly Staples Rodway Audit Limited, to carry out the audit of the performance report of the Council of New Zealand on his behalf.

Opinion

We have audited the performance report of the Council that comprises the entity information and the statement of financial position as at 31 March 2023, the statement of financial performance, the statement of cash flows for the year ended on that date and the notes to the performance report that include accounting policies and other explanatory information.

In our opinion, the performance report of the Council:

- presents fairly, in all material respects,
 - its entity information and financial position as at 31 March 2023; and
 - its financial performance and cash flows for the year then ended; and
- complies with generally accepted accounting practice in New Zealand and have been prepared in accordance with Public Benefit Entity Simple Format Reporting – Accrual (Public Sector)

Our audit was completed on 2 April 2024. This is the date at which our opinion is expressed. We acknowledge that our audit was completed later than required by section 41 of the Charities Act 2005. This was due to the auditor shortage in New Zealand.

The basis of our opinion is explained below. In addition, we outline the responsibilities of the Council and our responsibilities relating to the performance report and we explain our independence.

Basis of opinion

We carried out our audit in accordance with the Auditor-General's auditing standards, which incorporate the professional and ethical standards and international standards on auditing (New Zealand) issued by the New Zealand Auditing and Assurance Standards Board. Our responsibilities under those standards are further described in the responsibilities of the auditor section of our report.

We have fulfilled our responsibilities in accordance with the Auditor-General's auditing standards.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of the Council for the performance report

The Council is responsible for preparing the performance report that is fairly presented and that complies with generally accepted accounting practice in New Zealand.

The Council is responsible for such internal control as it determines is necessary to enable the preparation of the performance report that is free from material misstatement, whether due to fraud or error.

In preparing the performance report, the Council is responsible for assessing the Osteopathic Council's ability to continue as a going concern. The Council is also responsible for disclosing, as applicable, matters related to going concern and using the going concern basis of accounting, unless there is an intention to liquidate the Osteopathic Council or to cease operations, or there is no realistic alternative but to do so.

The Council's responsibilities arise from the Health Practitioners Competence Assurance Act 2003.

Responsibilities of the auditor for the audit of the performance report

Our objectives are to obtain reasonable assurance about whether the performance report, as a whole, is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion.

Reasonable assurance is a high level of assurance but is not a guarantee that an audit carried out in accordance with the Auditor-General's auditing standards will always detect a material misstatement when it exists. Misstatements are differences or omissions of amounts or disclosures and can arise from fraud or error. Misstatements are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of readers taken on the basis of these performance report.

We did not evaluate the security and controls over the electronic publication of the performance report.

As part of an audit in accordance with the Auditor-General's auditing standards, we exercise professional judgement and maintain professional scepticism throughout the audit. Also:

- We identify and assess the risks of material misstatement of the performance report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- We obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Council's internal control.
- We evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the governing body.
- We conclude on the appropriateness of the use of the going concern basis of accounting by the governing body and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Council's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the performance report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Council to cease to continue as a going concern.
- We evaluate the overall presentation, structure and content of the performance report, including the disclosures, and whether the performance report represents the underlying transactions and events in a manner that achieves fair presentation.

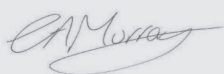
We communicate with the Council regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Our responsibilities arise from the Public Audit Act 2001.

Independence

We are independent of the Council in accordance with the independence requirements of the Auditor-General's auditing standards, which incorporate the independence requirements of Professional and Ethical Standard 1(Revised): *Code of Ethics for Assurance Practitioners* issued by the New Zealand Auditing and Assurance Standards Board.

Other than the audit, we have no relationship with, or interests in, the Osteopathic Council.



Chrissie Murray
Baker Tilly Staples Rodway Audit Limited
On behalf of the Auditor-General
Wellington, New Zealand

Performance Report

Osteopathic Council of New Zealand For the year ended 31 March 2023

OSTEOPATHIC COUNCIL OF NEW ZEALAND - ENTITY INFORMATION

“Who are we?”, “Why do we exist?”

FOR THE YEAR ENDED 31 MARCH 2023

Legal name of entity: OSTEOPATHIC COUNCIL OF NEW ZEALAND

Type of entity and legal basis : The Osteopathic Council of New Zealand (the Council) is a body corporate established by the Health Practitioners Competence Assurance Act 2003 (HPCAA) and is a Responsible Authority under that Act. The council is a registered charity, Charity number CC4175.

Entity’s purpose or mission: As an Authority under the Act, the Council is responsible for the registration and oversight of Osteopathic practitioners.

The functions of the Council are listed in section 118 of the Act:

- (a) to prescribe the qualifications required for scopes of practice within the profession, and, for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes
- (b) to authorise the registration of health practitioners under this Act, and to maintain registers
- (c) to consider applications for annual practising certificates (APCs)
- (d) to review and promote the competence of health practitioners
- (e) to recognise, accredit, and set programmes to ensure the ongoing competence of health practitioners
- (f) to receive information from any person about the practice, conduct or competence of health practitioners and, if it is appropriate to do so, act on that information
- (g) to notify employers, the Accident Compensation Corporation, the Director-General of Health, and the Health and Disability Commissioner that the practice of a health practitioner may pose a risk of harm to the public
- (h) to consider the cases of health practitioners who may be unable to perform the functions required for the practice of the profession
- (i) to set standards of clinical competence, cultural competence (including competencies that will enable effective and respectful interaction with Māori), and ethical conduct to be observed by health practitioners of the profession
- (j) to liaise with other authorities appointed under this Act about matters of common interest
 - (ja) to promote and facilitate inter-disciplinary collaboration and co-operation in the delivery of health services
- (k) to promote education and training in the profession
- (l) to promote public awareness of the responsibilities of the Authority
- (m) to exercise and perform any other functions, powers, and duties that are conferred or imposed on it by or under this Act or any other enactment

Entity structure:	The Council has eight (8) members: six (6) osteopaths and two (2) lay members to represent public interests. Board members are appointed by the Minister of Health.
Main sources of the entity's cash and resources:	The Council has received its main income from APC fees paid by registered osteopaths.
Additional information:	To protect the public, the Council is also responsible for making sure that osteopaths keep high standards of practice by continuing to maintain their competence once they have entered the workforce.
General description of the entity's outputs	To protect the health and safety of members of the public by providing for mechanisms to ensure that osteopaths are competent and fit to practise.
Contact details:	Physical Address: Level 5, 22 - 28 Willeston Street, Wellington 6011 Phone: (04) 474 0747 Email: registrar@osteopathiccouncil.org.nz Website: www.osteopathiccouncil.org.nz



STATEMENT OF FINANCIAL PERFORMANCE
“How was it funded?” and “What did it cost?”
FOR THE YEAR ENDED 31 MARCH 2023

Revenue	NOTE	2023 \$	2022 \$
APC fees		383,272	494,288
Examination fees		50,257	75,301
Registration fees		32,397	30,468
Non-practising fees		9,171	15,273
Other income		386	4
Interest		36,516	12,906
Disciplinary levy		2,364	9,745
Total revenue		514,363	637,986
Expenditure			
Council & committees	1	247,915	195,740
Secretariat	2	301,981	273,690
Disciplinary	3	26,132	7,906
Total expenditure		576,028	477,336
Net surplus		(61,665)	160,650

STATEMENT OF MOVEMENT IN EQUITY
FOR THE YEAR ENDED 31 MARCH 2023

	2023 \$	2022 \$
Accumulated funds at the beginning of period	1,242,869	1,082,219
Net surplus/(deficit) for the period	(61,665)	160,650
Accumulated funds at the end of period	1,181,204	1,242,869

The accompanying notes form part of these financial statements

STATEMENT OF FINANCIAL POSITION
“What the entity owns?” and “What the entity owes?”
AS AT 31 MARCH 2023

	NOTE	2023 \$	2022 \$
Equity		1,181,204	1,242,869
Current assets			
Cash, bank, & bank deposits		326,954	228,647
Investments		1,184,612	1,317,068
Accounts receivable	5	23,498	14,581
Prepayments		18,073	17,482
Total current assets		1,553,138	1,577,778
Non-current assets			
Fixed assets	4	20,330	5,306
Intangible assets	4	11,957	16,057
Total non-current assets		32,288	21,364
Total assets		1,585,425	1,599,141
Current liabilities			
Accounts payable and accruals		86,085	29,257
Income in advance	6	283,567	283,742
Goods and services tax payables		25,574	37,406
Withholding tax payables		8,995	5,867
Total current liabilities		404,221	356,272
Total liabilities		404,221	356,272
Net assets	7	1,181,204	1,242,869

For and on behalf of the Board.



Matiu Taingahue
Chairperson
Date: 02 April 2024



Lara Sanders
Deputy Chair
Date: 02 April 2024

The accompanying notes form part of these financial statements

STATEMENT OF CASH FLOWS
“How the entity has received and used cash”
FOR THE YEAR ENDED 31 MARCH 2023

	2023 \$	2022 \$
Cash flows from operating activities		
<i>Cash was received from:</i>		
Statutory fees and levies	385,521	431,780
Registration income	92,397	122,897
Other fees	0	4
Interest revenue	7,961	2,062
<i>Cash was applied to:</i>		
Payments to suppliers & employees	(521,610)	(512,098)
Net cash flows from operating activities	(35,732)	44,646
Cash flows from investing and financing activities		
<i>Cash was received from:</i>		
Short-term investments	326,409	70,000
<i>Cash was applied to:</i>		
Purchases of fixed assets	(17,870)	(2,033)
Short-term investments	(174,500)	(200,000)
Net cash flows from investing and financing activities	134,040	(132,033)
Net increase /(decrease) in cash	98,308	(87,387)
Opening cash brought forward	228,647	316,034
Closing cash carried forward	326,954	228,647
<i>Represented by:</i>		
Cash and cash equivalents	326,954	228,647

STATEMENT OF ACCOUNTING POLICIES

“How did we do our accounting?”

FOR THE YEAR ENDED 31 MARCH 2023

Basis of preparation

The Council is a body corporate established by the Health Practitioners Competence Assurance Act 2003 and is a Responsible Authority under that Act.

The financial statements have been prepared in accordance with generally accepted accounting practice in New Zealand (NZ GAAP) and have been prepared on the basis of historical cost.

The Council has elected to apply PBE SFR-A (PS) Public Benefit Entity Simple Format Reporting - Accrual (Public Sector) on the basis that it does not have public accountability and has total annual expenses of equal to or less than \$2,000,000. All transactions in the performance report are reported using the accrual basis of accounting. The performance report is prepared under the assumption that the entity will continue to operate in the foreseeable future.

Specific accounting policies

Income recognition

Fees received for the issue of APCs and register maintenance are recognised in the year to which the fees relate. All other fees are recognised on receipt.

Interest recognition

Interest revenue is recognised in the period in which it is earned.

Receivables

Receivables are stated at estimated realisable values.

Property, plant, & equipment

Initially stated at cost and depreciated as outlined below. Initial cost includes the purchase consideration plus any costs directly attributable to bringing the asset to the location and condition required for its intended use.

Assets are written down immediately if any impairment in the value of the asset causes its recoverable amount to fall below its carrying value.

Intangible assets

Intangible assets comprise non-physical assets which have a benefit to the Board for periods extending beyond the year the costs are incurred.

Amortisation

Intangible assets are amortised over the period of benefit to the Board at the following rate:

- Website/database 10 years straight line.

Depreciation

Depreciation of property, plant, & equipment is charged at the same rates as the Income Tax Act 1994.

The following rates have been used:

- Office furniture & equipment 20% - 100% Straight Line Method
- Computer equipment 20% - 50% Straight Line Method
- Office refit 20% Straight Line Method

Taxation

The Council is exempt from income tax.

Investments

Investments are recognised at cost. Investment income is recognised as an accrual basis where appropriate.

Goods & services tax

The Council is registered for Goods & Services Tax (GST), and all amounts are stated exclusive of GST, except for receivables and payables that are stated inclusive of GST.

Leases

Payments made under operating leases are recognised in the statement of financial performance on a basis representative of the pattern of benefits expected to be derived from the leased asset.

Cash and cash equivalents

Cash and cash equivalents include petty cash, deposits at cheque account and saving account with banks.

Changes in accounting policies

There had been no change in accounting policies in the period. All policies have been applied on a consistent basis with those used in previous years.

**NOTES TO THE PERFORMANCE REPORT
FOR THE YEAR ENDED 31 MARCH 2023**

	NOTE	2023 \$	2022 \$
1. Council & committees			
Fees paid		131,329	108,608
Conferences		17,390	5,149
Meeting expenses, training, travel, & others		39,467	23,747
Projects		59,728	58,235
		247,915	195,740
2. Secretariat expenses			
Audit fees		7,612	6,972
Depreciation & amortisation	4	6,946	4,771
Telephone, postage & printing, & stationery		952	1,352
Information technology		41,618	37,841
Bank fees		3,166	9,222
Other costs		18,839	15,478
Occupancy costs		12,746	0
Professional fees		203,653	189,311
Legal costs		6,450	8,743
		301,981	273,690
3. Disciplinary expenses			
Doubtful debts		(60)	(60)
PCC investigation expense		18,227	843
HPDT hearing expense		7,965	7,123
		26,132	7,906

4. Property, plant & equipment, & intangible assets

<i>As at 31 March 2023</i>	<i>Opening carrying value</i>	<i>Current year additions</i>	<i>Current year disposals/ sales</i>	<i>Depreciation & amortisation</i>	<i>Closing carrying value</i>
Computer equipment	5,306	1,913	0	(2,048)	5,171
Office refit	0	15,957	0	(798)	15,159
Total property, plant & equipment	5,306	17,870	0	(2,846)	20,330

Database & website software	16,057	0	0	(4,100)	11,957
Total intangible assets	16,057	0	0	(4,100)	11,957

<i>As at 31 March 2022</i>	<i>Opening carrying value</i>	<i>Current year additions</i>	<i>Current year disposals/ sales</i>	<i>Depreciation & amortisation</i>	<i>Closing carrying value</i>
Computer equipment	1,732	5,825	0	(2,251)	5,306
Total property, plant & equipment	1,732	5,825	0	(2,251)	5,306

Database & website software	22,369	0	(3,792)	(2,520)	16,057
Total intangible assets	22,369	0	(3,792)	(2,520)	16,057

	2023 \$	2022 \$
5. Accounts receivable		
Accounts receivable	18,737	18,982
Allowance for doubtful debts	(10,075)	(10,135)
Accrued income	14,836	5,734
	23,498	14,581
6. Income in advance		
Fees received relating to next year		
APC fees received in advance	283,567	281,967
Disciplinary levies received in advance	0	1,775
	283,567	283,742
7. Equity		
General reserve		
<i>Accumulated surpluses with unrestricted use</i>		
Balance at 1 April	758,537	599,666
Surplus/(Deficit) for year	(37,836)	158,871
Balance at 31 March	720,700	758,537
Discipline reserve		
Opening balance	484,332	482,553
Levies received	2,364	9,745
Discipline costs	(26,192)	(7,966)
Balance at 31 March	460,504	484,332
Total reserves	1,181,204	1,242,869

*Note: **General reserve** is used for operating expenses. **Discipline reserve** is used for the professional conduct committees and Health Practitioners Disciplinary Tribunal costs.*

8. Commitments

The Council has entered into a regulatory services agreement with the Nursing Council Of New Zealand on 25th September 2017, which provided regulatory support to the Council for an initial term of one year. This included the provision of a registrar, and a coordinator, so there was no separate personnel expense. Ongoing arrangement of regulatory support continues to renew every three years, unless terminated by either party, from 01 February 2021 with total costs of \$225,000 per annum.

Due in 1 year	187,500	225,000
Due between 1-3 years	0	187,500
	187,500	412,500

9. Credit card facility

Two Visa credit cards, with a limit of \$5,000 and \$10,000, are held with Westpac.

10. Related parties

Total remuneration paid to Board members of the Council during the year is as follows. The remuneration paid includes attendance at Council meetings, other Council activities, travel and meeting expenses, special projects, and discipline expenses.

	2023 \$	2022 \$
Emma Fairs	5,160	6,536
Gracela Gregorio	11,632	2,924
Lara Sanders	25,285	22,653
Matui Taingahue	15,973	0
Laurence Fauatea	15,208	0
Sue Kedgley	3,354	0
Rebecca Mowat	4,214	0
Kesava Kovanur Sampath	774	0
Janet Miller	0	8,364
Lawrence Cartmell	0	8,127
Larissa Morgan	0	8,233
Melinda Sweeney	0	6,192
Richard Aston	0	6,794
Tim Friedlander	0	5,491
Total	81,600	75,314

11. Contingent liabilities

There are no contingent liabilities at balance date. (2022: \$nil)

12. Capital commitments

There are no capital commitments at balance date. (2022: \$nil)

13. Shared services

In 2015/16, the Nursing Council of New Zealand, Occupational Therapy Board of New Zealand, Podiatrists Board of New Zealand, Dietitians Board, Midwifery Council of New Zealand, Psychotherapists Board of Aotearoa New Zealand, New Zealand Chiropractic Board, Psychologist Board, and Optometrists & dispensing Opticians Board Osteopathic Council of New Zealand, entered into an agreement to co-locate to 22 Willeston Street, Wellington. The lease agreement for 22 Willeston Street (signed solely by the Nursing Council of New Zealand) is for three years taking effect from 01 February 2021 and expiring on 01 February 2024. To facilitate the management of shared resources, including a joint lease agreement for office rental purposes and corporate supports, the ten RAs entered into an agreement for the provision of corporate services.

14. Events after balance date

There were no events that have occurred after balance date that would have a material impact on the performance report.

15. Comparatives

There have been some prior period comparatives which have been reclassified to make disclosure consistent with the current year.



OCNZ

**OSTEOPATHIC COUNCIL
NEW ZEALAND
KAUNIHERA HAUMANU
TUHIWI O AOTEAROA**