

Annual Report **2016**

Table of Contents

Governance	4
From Our Chair	4
Registrar's Report 2015 – 2016	6
The Osteopathic Council	7
Corporate Governance	8
Board Members	8
Board Meeting Attendance 2015 – 2016	9
Secretariat	10
Philosophy and Principles of Osteopathic Treatment	10
Scope of Practice	11
Registration Data	12
Notification Information	14
Notifications – Their source and outcome	14
Health Practitioners Disciplinary Tribunal	15
Financial Statements	17

Governance

From Our Chair

Dear Minister

The Council has been busy with a number of ongoing projects this year, as well as continuing to develop its shared services and co-location arrangement with the Nursing Council and a number of other responsible authorities (RAs).

The OCNZ continues to be hosted within the OTBNZ, and the shared services with the Nursing Council has now been implemented and is functioning well. Co-location with a number of other authorities has occurred and as a smaller council the OCNZ is committed to shared secretarial functions and the benefit this brings to both quality regulation and financial prudence.

Change of IT platform

The Council has now moved to a modified NERS IT platform and from March 2016 registrants can complete the recertification process online, improving efficiencies in the office.

Recertification process

The Council has, over a number of years, been looking at changing the recertification process for registrants. The current system has a poor relationship to ongoing clinical competency, and Council is committed to improving this.

The Council is developing a recertification system that is focused around self-reflective practice and the principles embedded in life long learning. Council is continuing to develop the new scheme and ensure that appropriate communication and support is available to the profession during this process.

Child and adolescent health

The Council has continued to develop the specific knowledge, skills and attitudes (KSA's) that registrants need in relation to treating patients under the age of 18 years.

Council released a consultation document to the profession and wider stakeholders in mid-2015. This consultation document presented a summation of the research and all possible options available to the Council to better manage this area of practice. The Council is committed to raising standards but is also aware this process needs to be carefully implemented.

Following on from this consultation process the Council has been developing a scheme to ensure appropriate KSA's can be developed within the profession. Guidance to registrants about their responsibilities in this area of practice have been made available, and a recertification process will begin in 2017.

Competent Authority Pathway Programme (CAPP)

The Council continues to use the year-long CAPP process to support around 25 British trained osteopaths per year. The number of New Zealand osteopathic graduates does not meet demand. The CAPP process provides assurance that practitioners new to New Zealand are supported. The CAPP process is now in its third year.

Preceptors trained to support new entrants to the CAPP can also be utilized by the Council for competence issues or where return to practice support is required.

Competence and discipline costs

Council has seen a reduction in competence and discipline costs over the year.

Council continues to run regional conferences each year in the main centres; these are focused on updating the profession about the activities Council is involved in and has focused on discussing with the profession issues relevant to ongoing competency.

Council envisages that the new recertification process will further support improved patient care by the profession.

A handwritten signature in black ink, appearing to read 'Emma Fairs', with a stylized flourish at the end.

Emma Fairs
Chairperson

Registrar's Report 2015 – 2016

Another financial year draws to a close and it is traditional in the annual report to reflect on the activities of the past twelve months.

Operational management

The Service Level Agreement with the Occupational Therapy Board of New Zealand continues. The agreement has been in place for over 5 years and will be reviewed for the next financial year. The Agreement allows the Council to access a wider range of services while remaining cost effective.

In February the Council moved offices. We are now collocated with ten other health regulatory authorities. All ten authorities have a service level agreement with the Nursing Council to provide financial and governance support.

Online platform

Our on-line platform for renewal of annual practising certificates was used for the first time this year. We hope that practitioners found this a much simpler system to use rather than the previous system of posting and returning hard copy renewal forms. We will continue to develop the platform over time. Information technology is changing all the time so it will be important that the platform remains contemporary.

Continuing Professional Development

Council has made changes to its Continuing Professional Development (CPD) requirements. Council no longer assess and awards CPD points for practitioners undertaking CPD. Instead practitioners need to decide their own CPD requirements. Practitioners are required to self-declare that they have undertaken 25 hours of CPD when renewing their licence to practice each year. Council will be providing more information and tools to support practitioners maintain and evidence their CPD.

Osteopathic Key Strategic Stakeholders (OKSS)

The Council was instrumental in establishing OKSS. OKSS, as the name suggests, is made up of key stakeholders in the profession: Osteopathic Council of New Zealand, Unitec, Osteopaths New Zealand and Ara Polytechnic. The group meets twice a year and shares information about projects and developments. It is hoped that as OKSS matures it will develop a strategy for osteopathic practice in New Zealand.

International connections

The Council now has a memorandum of understanding with its counterparts in Australia and the United Kingdom. The connections with other jurisdictions allows for discussions on regulatory activities which enables the sharing of ideas and policy developments.

Facilitated Resolution Policy

The *Facilitated Resolution Policy* (the Policy) is the result of a collaboration between the Occupational Therapy Board of New Zealand (the Board) and the Osteopathic Council of New Zealand (the Council). This work was supported by Professor Chris Marshall.

The purpose of the Policy is to allow for suitable complaints and concerns brought to the Board's or the Council's attention to be addressed by a facilitated resolution process involving the complainant, the health practitioner and other relevant stakeholders.

The Policy allows for a variety of resolution processes to be used depending on the circumstances, including negotiation, mediation and restorative resolution.

A facilitated resolution process aligns with the Board's and Council's 'right-touch' approach to the regulation of health practitioners. This recognises that there is always risk that needs to be managed through regulation, but urges taking a common-sense approach to dealing with a risk or problem.



Andrew Charnock
Registrar

The Osteopathic Council

We are pleased to present this report for the year ending 31 March 2016 to the Minister of Health. This report is presented in accordance with section 134(1) of the Health Practitioners Competence Assurance Act 2003.

Our Functions

The Council is an appointed body corporate in accordance with the Health Practitioners Competence Assurance Act 2003 (the Act). 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 education institutions and degrees, courses of studies, or programmes
- b. To authorise the registration of health practitioners under the Act, and to maintain registers
- c. To consider applications for annual practising certificates
- 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 and act on information from health practitioners, employers, and the Health and Disability Commissioner about the competence of health practitioners
- 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 function required for the practice of the profession
- i. To set standards of clinical competence, cultural competence, and ethical conduct to be observed by health practitioners of the profession
- j. To liaise with other authorities appointed under the Act about matters of common interest
- 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 the Act or any other enactment.

Corporate Governance

Board Members

Members are appointed to the Council by the Minister of Health. Their term is for three years. A member can be reappointed for a subsequent three year term. After two three-year terms a member must step down. A third term can be agreed upon by the Minister of Health. Re-election is possible after a one term break.

Name	Profession	Region	Date of Original Appointment	Term	Term Ends
Martin Lambert	Osteopath (Deputy Chairperson)	Auckland	November 2010	2	November 2016
Tim Friedlander	Osteopath	Auckland	March 2012	2	November 2018
Max Belcher	Osteopath	Whangarei	March 2012	2	November 2018
Emma Fairs	Osteopath (Chairperson)	Christchurch	September 2010	2	September 2016
Adele Blackwood	Layperson	Wellington	September 2015	1	November 2018
Lara Sanders	Osteopath	Wellington	September 2015	1	November 2018
Lawrence Cartmell	Osteopath	Wellington	May 2014	1	May 2017
Sue Ineson	Layperson	Wellington	September 2015	1	November 2018
Warwick Bullen	Layperson	Wanganui	May 2011	2	Term ended July 2015

Board Meeting Attendance 2015 – 2016

The Council has a day and a half business meeting quarterly.

Name	08/06/15	09/06/15	13/09/15	14/09/15	08/11/15	09/11/15	21/02/16	22/02/16
Martin Lambert	✓	✓	✓	✓	✓	✓	✓	✓
Tim Friedlander	✓	✓	✓	✓	✓	✓	✓	✓
Max Belcher	✓	✓	✓	✓	✓	✓	✓	✓
Emma Fairs	✓	✓	✓	✓	✓	✓	✓	✓
Adele Blackwood	Not yet appointed	Not yet appointed	✓	✓	✓	✓	✓	✓
Lara Sanders	Not yet appointed	Not yet appointed	✓	✓	✓	✓	✓	Apologies
Lawrence Cartmell	✓	✓	✓	✓	✓	✓	✓	✓
Sue Ineson	Not yet appointed	Not yet appointed	✓	✓	✓	✓	✓	✓
Warwick Bullen	✓	✓	Term ended					

Secretariat

Registrar	Andrew Charnock Overall management responsibility for statutory matters pertaining to the Health Practitioners Competence Assurance Act 2003.
Senior Solicitor	Trina Williams Provides legal advice concerning the HPCA Act including competence, conduct and fitness cases.
Registration Officer	Josephine Lange Oversees the processing of all registration processes ensuring policies are met.
Administrator	Madeline Jensen Provides general administrative services to the organization as needed.

Philosophy and Principles of Osteopathic Treatment

The Council endorses the following philosophy and principles of osteopathic treatment:

- » The body is a unit.
- » Structure and function are reciprocally interrelated.
- » The body possesses self-regulatory mechanisms.
- » The body has the inherent capacity to defend itself and repair itself.
- » When normal adaptability is disrupted, or when environmental changes overcome the body's capacity for self-maintenance, disease may ensue.
- » Movement of body fluids is essential to the maintenance of health.
- » The nerves play a crucial part in controlling the fluids of the body.
- » There are somatic components to disease that are not only manifestations of disease but also are factors that contribute to maintenance of the diseased state.

Implicit in these philosophies is the belief that osteopathic intervention has a positive influence on the above.

Scope of Practice

The Scope of Practice – Osteopath on the Council’s Register is:

Osteopaths are primary healthcare practitioners.

Central to the competent practice of osteopathy is an understanding of the roles of the primary care team and referral routes within the primary care team and to hospital based services.

Osteopathy is a person-centred form of manual medicine informed by osteopathic principles.

Osteopathic medicine is not confined to historical osteopathic knowledge; rather osteopathic philosophies and concepts inform the interpretation and application of interdisciplinary knowledge and the basic medical sciences. Osteopathic medicine is an evolving field of knowledge and incorporates new concepts as understanding of health and disease progresses.

Osteopaths treat people and conceptualise health and disease within a broad holistic bio-psycho-social and environmental context.

Osteopaths have a particular interest in conditions of the neuro-musculoskeletal system and the management of pain. Osteopaths seek to prevent disease and promote health by empowering patients through sharing knowledge on lifestyle choices that improve health outcomes.

Osteopathic practice may be situated within a continuum of healthcare and wellness, with osteopaths applying evidence-based approaches to the management of named pathologies and conditions through to promoting wellbeing through supportive treatment.

The competent practice of osteopathy clearly requires broad diagnostic competencies and a differential diagnosis is required to determine if a structural diagnosis and the use of osteopathic manual treatment (OMT) is appropriate. Although osteopathic practice is often defined by OMT, the practice of osteopathy is not limited to a structural diagnosis and OMT. Whilst there may well be a somatic component to disease, OMT may not be a suitable or principal modality in every presentation.

Osteopaths work across the lifespan and may treat an individual from birth to old age, or deliver services in group settings. Professional knowledge may be applied in a range of settings not limited to clinical practice, such as health promotion, education and research, health policy and healthcare management.

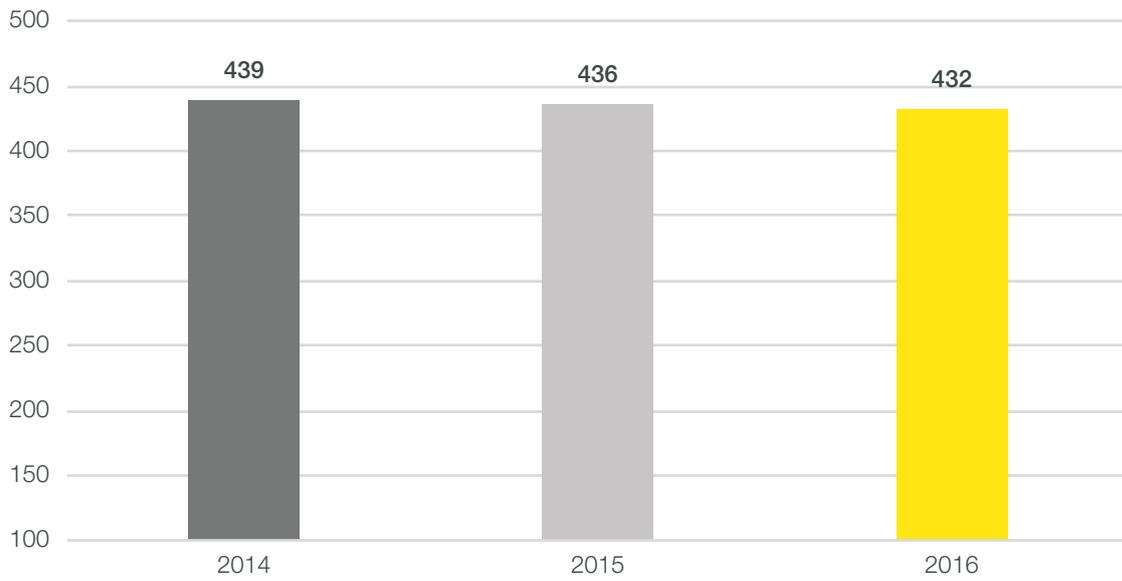
The Osteopathic Council also has several specific scopes of practice for practitioners. They are:

- » Western Medical Acupuncture and Related Needling Techniques
- » Gerontology
- » Pain Management
- » Special Purpose
- » Trainee Osteopath
- » Visiting Osteopathic Presenter/Educator

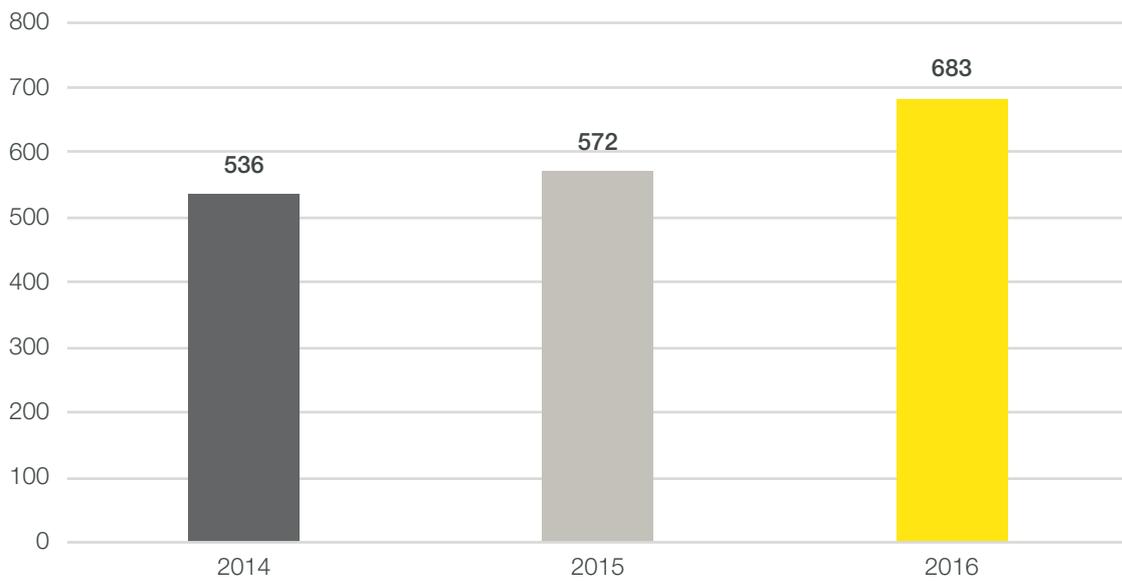
Registration Data

As at March 31 2016

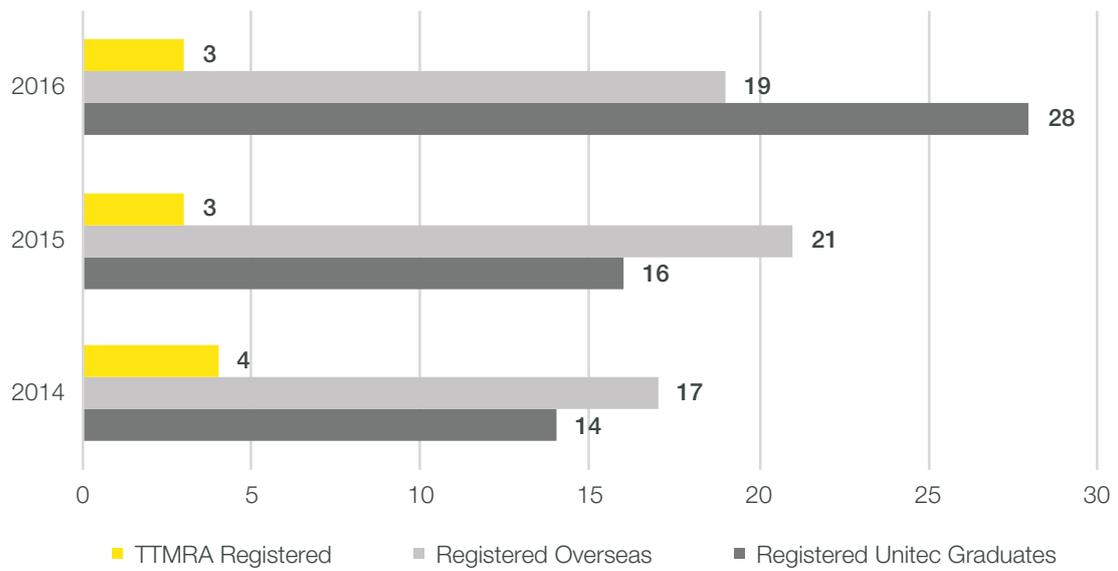
Osteopaths with APC



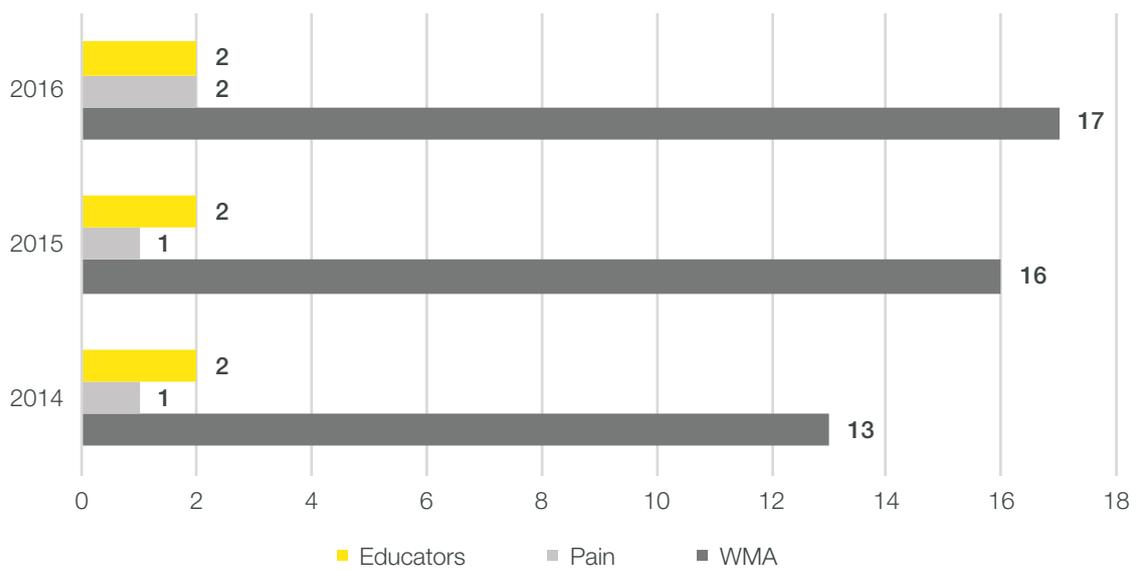
Registered Osteopaths



Additions to the Register



Specialist Scopes



Notification Information

Notifications – Their source and outcome

As at March 31 2016

TYPE	Number	HPCAA 2003 Reference
Competence Notifications	0	Section 34
Conduct Notifications	2	Sections 7, 8
Complaint HDC	2	Section 64
Health Notifications	0	Sections 16, 45
Fitness – conviction	0	Sections 16, 67
Tribunal Cases	1	

Health Practitioners Disciplinary Tribunal

As at March 31 2016

The functions of the Tribunal are:

- » To hear and determine charges brought under section 91 of the HPCA Act
- » To exercise and perform any other functions, powers, and duties that are conferred or imposed upon it by or under the HPCA Act or any other Act.

The membership of the Tribunal consists of:

Chairperson	Mr. David Carden, Barrister
Deputy Chairperson	Ms. Maria Dew, Barrister
Deputy Chairperson	Mr. Kenneth Johnston, Barrister
Osteopath Panellist	Ms. Julia Griffiths
Osteopath Panellist	Mr. Micheal Jones
Osteopath Panellist	Mr. Tim Soar
Osteopath Panellist	Mr. Ben Evans
Osteopath Panellist	Ms. Victoria Tate
Lay Members are appointed as needed by the Minister of Health	

Constitution of the Tribunal for Hearings

- » Chairperson (or Deputy Chairperson)
- » Three Osteopath Panel members
- » One Layperson

Executive Officer

The OCNZ has contracted Gay Fraser as executive officer for the Tribunal for cases involving occupational therapists. The executive officer is responsible for administrative functions associated with the Tribunal.

Financial Statements

For the year ended 31 March 2016

Non-Financial Information	18
Entity Information	18
Financial Information	19
Statement of Financial Performance	19
Statement of Movement in Equity	19
Statement of Financial Position	20
Statement of Cash Flows	21
Statement of Accounting Policies	22
Notes to the Performance Report	23
Auditors Report	28



THE OSTEOPATHIC COUNCIL OF NEW ZEALAND

Entity Information

"Who are we?", "Why do we exist?"
FOR THE YEAR ENDED 31 March 2016

Legal Name of Entity:	THE OSTEOPATHIC COUNCIL OF NEW ZEALAND
Type of entity and Legal Basis :	The Osteopathic Council is a body corporate established by the Health Practitioners Competence Assurance Act 2003 and is a Responsible Authority under that Act.
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.	
<ul style="list-style-type: none">(a) To prescribe the qualifications required for scopes of practice within the profession, and, for that purpose, to accredit and monitor education institutions and degrees, courses of studies, or programmes(b) To authorise the registration of health practitioners under the Act, and to maintain registers(c) To consider applications for annual practising certificates(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 and act on information from health practitioners, employers, and the Health and Disability Commissioner about the competence of health practitioners(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 function required for the practice of the profession(i) To set standards of clinical competence, cultural competence, and ethical conduct to be observed by health practitioners of the profession(j) To liaise with other authorities appointed under the Act about matters of common interest(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 the 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 Annual Practice Certificates 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 - 4740747
Email:	registrar@osteopathiccouncil.org.nz
Website:	www.osteopathiccouncil.org.nz



**THE OSTEOPATHIC COUNCIL OF NEW ZEALAND
STATEMENT OF FINANCIAL PERFORMANCE
"How was it funded?" and "What did it cost?"
FOR THE YEAR ENDED 31 MARCH 2016**

		2016	2015
		\$	\$
Revenue	NOTE		
Annual Practice Certificates Fees		340,286	318,602
Examination Fees		75,966	78,417
Registration Fees		32,096	30,732
Other Income		21,198	17,386
Interest		13,152	9,858
Disciplinary Penalties		19,334	59,249
Disciplinary Levy		158,024	112,025
Total Revenue		<u>660,055</u>	<u>626,270</u>
Expenditure			
Board & Committees	1	288,534	357,051
Secretariat	2	196,662	231,292
Total Expenditure		<u>485,196</u>	<u>588,343</u>
Net Surplus/(Deficit)		<u>174,859</u>	<u>37,927</u>

**THE OSTEOPATHIC COUNCIL OF NEW ZEALAND
STATEMENT OF MOVEMENT IN EQUITY
FOR THE YEAR ENDED 31 MARCH 2016**

	2016	2015
	\$	\$
Equity at beginning of period	76,128	38,201
Net surplus/(deficit) for the period	174,859	37,927
Total recognised Revenues and Expenses for the period	<u>174,859</u>	<u>37,927</u>
Equity at End of period	<u>250,987</u>	<u>76,128</u>

The accompanying notes form part of these financial statements



**THE OSTEOPATHIC COUNCIL OF NEW ZEALAND
STATEMENT OF FINANCIAL POSITION
"What the entity owns?" and "What the entity owes?"
AS AT 31 MARCH 2016**

	NOTE	2016 \$	2015 \$
Equity		250,987	76,128
Current Assets			
Cash, Bank & Bank deposits		533,894	450,108
Investments		186,176	132,689
Accounts Receivable	3	13,839	3,240
Prepayments		13,794	6,177
Loan to Health Regulatory Authorities Secretariat Ltd	4	6,528	6,528
Investment in Health Regulatory Authorities Secretariat Ltd	5	20	20
Office rental		-	694
Total Current Assets		754,251	599,457
Non-Current Assets			
Fixed assets	7	7,963	1,069
Intangible assets	8	40,658	4,650
Total Assets		802,872	605,176
Current Liabilities			
Goods and Services Tax		54,969	53,492
Accounts payable	9	62,728	57,631
Income in Advance	11	434,188	417,925
Total Current Liabilities		551,885	529,048
Total Liabilities		551,885	529,048
Net Assets		250,987	76,128

For and on behalf of the Board.

Emma Fair
Council Chair
Dated: 28-8-16


Andrew Charnock
Registrar
Dated: 28/8/16

The accompanying notes form part of these financial statements



THE OSTEOPATHIC COUNCIL OF NEW ZEALAND
STATEMENT OF CASH FLOWS
"How the entity has received and used cash"
FOR THE YEAR ENDED 31 March 2016

	2016	2015
	\$	\$
Cash flows from Operating Activities		
Cash was received from:		
Statutory fees and levies	512,998	469,034
Registration income	32,096	24,894
Other fees	88,288	100,446
Interest Revenue	8,864	5,551
Cash was applied to:		
Payments to suppliers & employees	(467,974)	(515,893)
Net cash flows from operating activities	<u>174,271</u>	<u>84,032</u>
Cash flows from Investing and Financing Activities		
Cash was received from:		
Short-term investments	411,043	257,719
Cash was applied to:		
Purchase of fixed Assets	(41,529)	(4,182)
Short-term investments	(460,000)	(280,000)
Net Cash Flows from Investing and Financing Activities	<u>(90,486)</u>	<u>(26,463)</u>
Net Increase / (Decrease) in Cash	<u>83,785</u>	<u>57,569</u>
Opening Cash Brought Forward	450,108	392,539
Closing Cash Carried Forward	<u><u>533,894</u></u>	<u><u>450,108</u></u>
Represented by:		
Cash and cash equivalents	533,894	450,108



THE OSTEOPATHIC COUNCIL OF NEW ZEALAND STATEMENT OF ACCOUNTING POLICIES "How did we do our accounting?" FOR THE YEAR ENDED 31 March 2016

BASIS OF PREPARATION

The Osteopathic Council Of New Zealand 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 Board 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

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 16.67% Straight Line Method

Taxation

The Board is exempt from Income Tax.

Investments

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

Income recognition

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

Goods & Services Tax

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

CHANGES IN ACCOUNTING POLICIES

There has been one addition to the depreciation rate of Office Refit. All other policies have been applied on a consistent basis with those used in previous years.

Comparatives

Some prior year comparative figures have been reclassified to match current year disclosure.



**THE OSTEOPATHIC COUNCIL OF NEW ZEALAND
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2016**

	NOTE	2016 \$	2015 \$
1. BOARD & COMMITTEES			
Fees		122,745	116,154
Meeting expenses, training ,travel & others		64,510	72,368
Special projects		29,095	40,988
Legal,investigation and hearing expenses		72,183	127,541
		<u>288,534</u>	<u>357,051</u>
2. SECRETARIAT			
Audit fees		6,152	6,028
Depreciation & amortisation	10	1,640	2,723
Telephone, Postage & Printing and Stationery		2,838	8,268
Other costs		41,253	27,988
Secretariat Operating Cost		91,228	90,991
Legal and Professional fees		53,381	36,046
Loss on disposal		172	-
Doubtful debts expense		-	59,249
		<u>196,662</u>	<u>231,292</u>
3. ACCOUNTS RECEIVABLE			
		2016 \$	2015 \$
Accounts receivable		23,144	61,612
Allowance for doubtful debts		(10,535)	(59,249)
Sundry receivable		-	(601)
Accrued income		1,230	1,478
		<u>13,839</u>	<u>3,240</u>

4. RELATED PARTIES

The working capital advance to Health Regulatory Authorities Secretariat Limited (HRAS) of \$5,000 and the accounts payable of \$1,528 remain outstanding from 2011. Total remuneration paid to Board Members of Osteopathic 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

	2016	Unpaid on 31/03/16	2015
Emma Fairs	34,493	310	28,662
Stiofan Mac Suibhne	6,558	-	28,579
Martin Lambert	15,957	696	6,088
Sharon Lambert	-	-	863
Max Belcher	8,238	-	6,309
Warwick Bullen	1,947	-	3,661
Tim Friedlander	7,869	508	4,969
Lawrence Cartmell	9,082	344	3,978
Sue Ineson	6,042	172	-
Lara Sanders	4,945	-	-
Adele Blackwood	1,376	2,666	-
Total Key Management Personnel	<u>96,506</u>	<u>4,695</u>	<u>83,108</u>



THE OSTEOPATHIC COUNCIL OF NEW ZEALAND NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2016

5. INVESTMENT

The Board has an undivided 1/5th share in the issued share capital of Health Regulatory Authorities Secretariat Limited (HRAS). The consideration of \$20 is not yet paid.

6. FINANCIAL MANAGEMENT AGREEMENT

Osteopathic Council Of New Zealand has entered into a service agreement with Occupational Therapy Board Of New Zealand. Occupational Therapy Board provides business management support to Osteopathic Council Of New Zealand. This includes the provision of a Registrar, so there is no separate personnel expense in 2016.

7. PROPERTY, PLANT & EQUIPMENT

	COST	ACCUMULATED DEPRECIATION	BOOK VALUE
At 31 March 2015			
Office furniture & equipment	5,986	5,557	429
Computer equipment	10,441	9,801	640
	16,427	15,358	1,069
At 31 March 2016			
Office furniture & equipment	5,524	2,488	3,036
Computer equipment	12,648	10,793	1,855
Office Refit	3,116	43	3,072
	21,287	13,325	7,963

8. INTANGIBLE ASSETS

	COST	ACCUMULATED AMORTISATION	BOOK VALUE
At 31 March 2015			
Website	25,114	25,114	-
Computer Software	10,650	6,000	4,650
	35,764	31,114	4,650
At 31 March 2016			
Website	25,114	25,114	-
Computer Software	47,000	6,342	40,658
	72,114	31,456	40,658

	2016 \$	2015 \$
9. ACCOUNTS PAYABLE & PROVISIONS		
Accounts payable and accruals	54,907	50,821
Lease liability	793	-
PAYE/WHT	7,029	6,810
	62,728	57,631



**THE OSTEOPATHIC COUNCIL OF NEW ZEALAND
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2016**

10. DEPRECIATION & AMORTISATION

	2016 \$	2015 \$
Depreciation has been charged against:		
Office furniture & equipment	262	253
Computer equipment	992	2,470
Office refit	44	-
	1,298	2,723
Amortisation of intangible assets		
Website	342	-
Computer Software	-	-
	342	-

11. INCOME IN ADVANCE

	2016 \$	2015 \$
Fees received relating to next year		
Annual practicing certificate fees	431,047	416,729
Inactive Registration	3,141	1,197
	434,188	417,925

12. CREDIT CARD FACILITY

A visa credit card with a limit of \$15,000 is held

13. COMMITMENTS

Osteopathic Council have an agreement with the Nursing Council of New Zealand for the provision of corporate services. The provision of services are continuing to be provided at a minimum annual cost of \$38,063 for an initial period of five years and then on-going until terminated by mutual agreement.

The contracted services will be reviewed annually.

	2016 \$	2015 \$
Due in 1 year	34,600	-
Due between 1-2 years	34,600	-
Due between 2-5 years	100,387	-
	169,587	-

Contractual commitments for operating leases of premises
Level 5, 22 Willeston Street Wellington

	2016 \$	2015 \$
Due in 1 year	3,463	-
Due between 1-2 years	3,463	-
Due between 2-5 years	10,047	-
	16,973	-

The figures disclosed above reflect Nursing Council of New Zealand's portion of rent, as currently payable. The lease agreement is in the name of Nursing Council of New Zealand.



THE OSTEOPATHIC COUNCIL OF NEW ZEALAND NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2016

13. COMMITMENTS (continued)

Osteopathic Council have an agreement with the Occupational Therapy Board of New Zealand for the provision of secretariat services. The provision of services are continuing to be provided at a minimum annual cost of \$80,000 (2015: \$84,696).

Contractual commitments for Registrar and management operational functions.

	2016	2015
	\$	\$
Due in 1 year	80,000	80,000
Due between 1-2 years	73,644	80,000
Due between 2-5 years	-	73,644
	<u>153,644</u>	<u>233,644</u>

Contractual commitments for operating leases of premises and equipment.

<u>101-103 The Terrace Wellington, ASB Bank House</u>	2016	2015
	\$	\$
Not Later than one year	-	1,285
One to two years	-	-
	<u>-</u>	<u>1,285</u>

The figures disclosed above reflect Osteopathic Council's portion of rent, as currently payable. The lease agreement is in the names of a number of Health Regulatory Authorities which have joint and several liability.

14. CONTINGENT LIABILITIES

There are no contingent liabilities at balance

15. EVENTS AFTER BALANCE DATE

There were no events that have occurred after balance date that would have a material impact on these financial statements.

16. CAPITAL COMMITMENTS

There are no capital commitments at balance

17. Assets Held on Behalf of Others

There were no assets held on behalf of others

18. Correction of Errors

There were no Correction of Errors at balance



THE OSTEOPATHIC COUNCIL OF NEW ZEALAND NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2016

19. SHARED SERVICES

In 2012/13 the Osteopathic Council of New Zealand and seven other Responsible Authorities (RAs) agreed to co-locate in shared premises on the 10th and 11th floors of ASB House, 101-103 The Terrace, Wellington. The other RAs include the Physiotherapy Board of New Zealand, Dental Council of New Zealand, Occupational Therapy Board of New Zealand, Psychotherapists Board of Aotearoa New Zealand, Podiatrists Board of New Zealand, Medical Sciences Council of New Zealand and New Zealand Medical Radiation Technologists Board.

To facilitate the management of shared resources, including a joint lease agreement for office rental purposes and shared telephone and network services, the eight RAs entered into a cost-sharing agreement. Generally, for one-off fixed costs (such as legal agreement costs) each RA receives an equal share of those costs, whereas for ongoing operational costs (such as office rental) each RA's share is based on the number of staff places within each RA.

The cost sharing agreement at ASB House ends on the expiry of the lease agreement at ASB House at 30 June 2015.

On 1st June 2015 the Occupational Therapy Board of New Zealand, Podiatrists Board of New Zealand, Psychotherapists Board of Aotearoa New Zealand and Osteopathic Council of New Zealand entered into an agreement to co-locate to 90 The Terrace, Wellington. The lease agreement for 90 The Terrace (signed jointly by the 4 Responsible Authorities) is for one year taking effect from 1st June 2015 and expiring 1st June 2016. The total lease commitment is \$66,640.

In 2015/16, 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, Osteopathic Council of New Zealand, New Zealand Chiropractic Board, Psychologist Board, and Optometrists & dispensing Opticians Board entered into an agreement to co-locate to 22 Willeston Street, Wellington. The lease agreement for 22 Willeston Street (signed solely by Nursing council of New Zealand) is for six years taking effect from 1st February 2016 and expiring on 1st February 2022.

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.

**INDEPENDENT AUDITOR'S REPORT
TO THE READERS OF
OSTEOPATHIC COUNCIL OF NEW ZEALAND'S
FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2016**

The Auditor-General is the auditor of the Osteopathic Council of New Zealand (the Council). The Auditor-General has appointed me, Robert Elms, using the staff and resources of Staples Rodway Wellington, to carry out the audit of the performance report of the Council on her behalf.

We have audited the performance report of the Council on pages 1 to 10, that comprise the statement of financial position as at 31 March 2016, the statement of financial performance, statement of movement in equity and statement of cash flows for the year ended on that date and the notes to the performance report that includes accounting policies and other explanatory information.

Opinion

In our opinion the performance report of the Council on pages 1 to 10:

- fairly reflect the Council's:
 - entity information for the year then ended;
 - financial position as at 31 March 2016 and
 - financial performance and cash flows for the year then ended; and
- comply 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 29 August 2016. This is the date at which our opinion is expressed.

The basis of our opinion is explained below. In addition, we outline the responsibilities of the Council and our responsibilities, 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 International Standards on Auditing (New Zealand). Those standards require that we comply with ethical requirements and plan and carry out our audit to obtain reasonable assurance about whether the performance report is free from material misstatement.

Material misstatements are differences or omissions of amounts and disclosures that, in our judgement, are likely to influence readers' overall understanding of the performance report. If we had found material misstatements that were not corrected, we would have referred to them in our opinion.

An audit involves carrying out procedures to obtain audit evidence about the amounts and disclosures in the performance report. The procedures selected depend on our judgement, including our assessment of risks of material misstatement of the performance report whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the preparation of the Council's performance report that fairly reflect the matters to which they relate. We consider internal control 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.

An audit also involves evaluating:

- the appropriateness of accounting policies used and whether they have been consistently applied;
- the reasonableness of the significant accounting estimates and judgements made by the Council;
- the adequacy of all disclosures in the performance report; and
- the overall presentation of the performance report.

We did not examine every transaction, nor do we guarantee complete accuracy of the performance report. Also we did not evaluate the security and controls over the electronic publication of the performance report.

We have obtained all the information and explanations we have required and we believe we have obtained sufficient and appropriate audit evidence to provide a basis for our audit opinion.

Responsibilities of the Council

The Council is responsible for preparing a performance report that:

- complies with generally accepted accounting practice in New Zealand; and
- fairly reflect the Council's entity information, financial position, financial performance and cash flows.

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

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

Responsibilities of the Auditor

We are responsible for expressing an independent opinion on the performance report and reporting that opinion to you based on our audit. Our responsibility arises from section 15 of the Public Audit Act 2001 and section 134(1) of the Health Practitioners Competence Assurance Act 2003.

Independence

When carrying out the audit, we followed the independence requirements of the Auditor-General, which incorporate the independence requirements of the External Reporting Board.

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



Robert Elms
Staples Rodway Wellington
On behalf of the Auditor-General
Wellington, New Zealand



Osteopathic Council New Zealand

Postal address

PO Box 9644, Wellington 6141
New Zealand

Physical Address

Level 6,
22 – 28 Willeston Street,
Wellington 6011

Tel: + 64 4 474 0747