

# Annual Report 2015

The logo for the Osteopathic Council New Zealand (OCNZ) is displayed within a dark grey rectangular background. The letters 'OC' are in white, 'NZ' are in yellow, and the 'N' and 'Z' are in a bold, sans-serif font.

**OSTEOPATHIC COUNCIL  
NEW ZEALAND**

**Te Kaunihera Whakanao Uaiwi**

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# GOVERNANCE

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## 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 as the shared services with the Nursing Council progresses this arrangement will adjust. Co-location is also moving forward but a little slower than planned.

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 been working with the Nursing Council to move from its current IT platform to a modified NERS IT platform. This will enable online recertification from mid-2015, improving efficiencies in the office.

### **Recertification process**

The Council has, over a number of years, been looking into 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, with registrants using an e-portfolio platform to record their self-directed learning. Registrants will gradually move to this over 2016-2017. Council has piloted the e-portfolio platform with a number of groups and there are some challenges with supporting the profession through these changes. The nature of the profession is such that these issues are likely to be ongoing for a number of years and one of the ways Council is managing this is to ensure a gradual implementation with full support from the secretariat for those registrants who may struggle.

### **Child and adolescent health**

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

This project has been running for a number of years and Council expects that a consultation document will go to the profession and wider stakeholders in mid-2015. This consultation document will present 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.

The Council will ensure that the consultation document goes to both Health Workforce New Zealand (HWNZ) and the Minister's office.

### **Competent Authority Pathway Programme (CAPP)**

The Council continues to use the year-long CAPP process in supporting 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 continued to see an increase in competence and discipline costs over the year and is in open dialogue with the profession regarding this. All responsible authorities have seen an increase in costs over the last few years, however, as a smaller profession these can be challenging to manage. Council is planning that the regional conferences it runs each year in the main centres will be focused around the issues of competence and conduct, and so engage the profession in this area of practice.

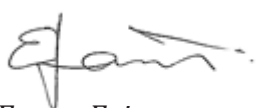
Council envisages that the new recertification process will assist in reducing competence and discipline costs.

Council is also, along with a number of other RA's, developing a consensual disposal policy that will be based on the foundations of restorative justice. This policy will (where appropriate) be used to improve the process and outcomes of discipline cases.

The Council has adopted the guidelines on the treatment of sensitive areas and internal techniques and communicated to the profession the requirements of practice in this area.

### **Informed Consent guidelines**

The Council has adopted its revised informed consent guidelines and has informed the profession of these.



*Emma Fairs*  
*Chairperson*

## From Our Registrar

This has been a busy year for the organisation with a number of challenging disciplinary cases, some of which have gone through to the Health Practitioners Disciplinary Tribunal. The Council has published guidance on issues that have been highlighted by the cases. A good example of this is the Practice Guidelines for the Examination and Treatment of Genitalia, Sensitive Areas and Internal Techniques in Osteopathic Practice. The Council also published guidance on informed consent. The cost of managing the disciplinary matters is difficult to predict which makes budgetary provision difficult. Council is determined to establish disciplinary reserves in an effort to reduce the disciplinary levy over the coming years.

The Council has an agreement with the Occupational Therapy Board of New Zealand (OTBNZ) for the provision of services. This agreement has been in place for over 4 years. The agreement provides access to additional resources within the OTBNZ and is an effective way of addressing the needs of Council's work.

The Council has undertaken a competence review this year. In the future the cost of competence reviews will be paid by the practitioner. The Council signed a memorandum of understanding with the Nursing Council of New Zealand for the provision of back office functions. This provision will be part of co-location with eight other responsible authorities taking place in early 2016. Regulation will not be part of back office functions so the agreement with OTBNZ on provision in this area will continue.

Council has announced changes to the continuing professional development (cpd) requirements. Previously practitioners were required to confirm with Council the cpd points awarded for programmes of study. Council has decided that practitioners themselves are best placed to identify what programmes of study they will undertake. The cpd requirement has also changed and now falls within the annual practising certificate cycle of 1 April to 31 March. The Council has been piloting the use of an online platform (Pebble Pad) for practitioners to record their cpd on. This work will continue into the future with pilot sites reporting on implementation.

Council has purchased a new registration database, our current system is 15 years old. The new system will allow practitioners to renew their practising certificate and pay online. This, together with a self-declaration on cpd requirements, should make the process streamlined.



*Andrew Charnock*  
*Registrar*

# The Osteopathic Council

We are pleased to present this report for the year ending 31 March 2015 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

## Council 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.

	Profession	Region	Appointment Date	Term	Term End Date
<b>Emma Fairs</b> <i>Chair</i>	Osteopath	Christchurch	September 2010	2	September 2016
<b>Martin Lambert</b> <i>Deputy Chair</i>	Osteopath	Auckland	November 2010	2	November 2016
<b>Max Belcher</b>	Osteopath	Whangerei	March 2012	2	July 2018
<b>Warwick Bullen</b>	Layperson	Wanganui	May 2011	1	May 2014
<b>Lawrence Cartmell</b>	Osteopath	Wellington	May 2014	1	May 2017
<b>Tim Friedlander</b>	Osteopath	Auckland	March 2012	1	July 2015
<b>Sharon Lambert</b>	Layperson	Hamilton	July 2009	2	Resigned August 2014
<b>Vacant</b>	Osteopath				

## Council Meetings

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

	08.06.14	09.06.14	07.09.14	08.09.14	16.11.14	17.11.14	01.03.15	02.03.15
<b>Emma Fairs</b>	✓	✓	✓	✓	✓	✓	✓	✓
<b>Martin Lambert</b>	✓	✓	✓	✓	✓	✓	✓	✓
<b>Max Belcher</b>	✓	✓	✓	✓	✓	✓	✓	✓
<b>Warwick Bullen</b>	✓	✓	✓	✓	✓	✓	✓	✓
<b>Lawrence Cartmell</b>	✓	✓	✓	✓	✓	✓	✓	✓
<b>Tim Friedlander</b>	✓	✓	✓	✓	✓	✓	✓	✓
<b>Sharon Lambert</b>	✓	✓						

The Council also conducts business by teleconference as required between their usual business meetings as seen below.

	17.06.14	15.10.14	29.10.14	6.11.14	10.11.14	11.11.14	8.12.14	16.12.14
<b>Emma Fairs</b>	✓	✓	✓	✓	✓	✓	✓	✓
<b>Martin Lambert</b>	✓	✓	✓	✓	✓	✓	✓	✓
<b>Max Belcher</b>	✓	✓	✓	✓	✓	✓	✓	✓
<b>Warwick Bullen</b>	✓	✓	✓	✓	✓	✓	✓	✓
<b>Lawrence Cartmell</b>	✓	✓	✓	✓	✓	✓	✓	✓
<b>Tim Friedlander</b>	✓	✓	✓	✓	✓	✓	✓	✓
<b>Sharon Lambert</b>	✓							



## 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.*

### Executive Assistant and Office Manager

April-Mae Marshall

*Manages the day to day office needs and supports the Council, Registrar and secretariat as needed. Also manages communications and special projects.*

# 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.

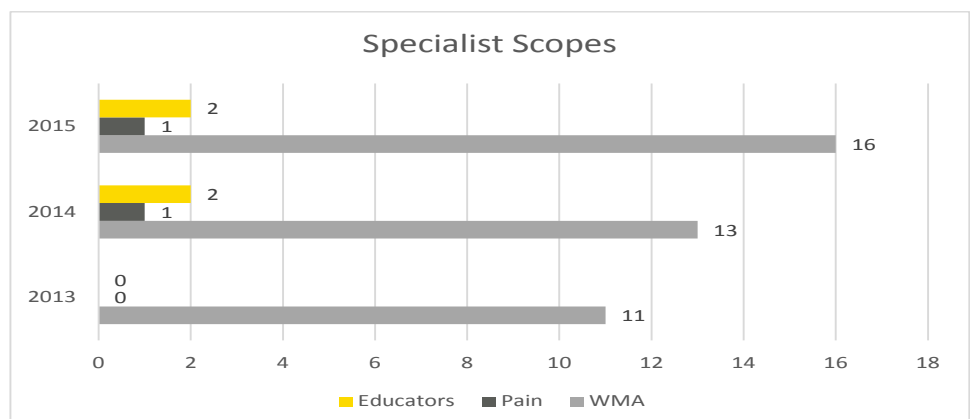
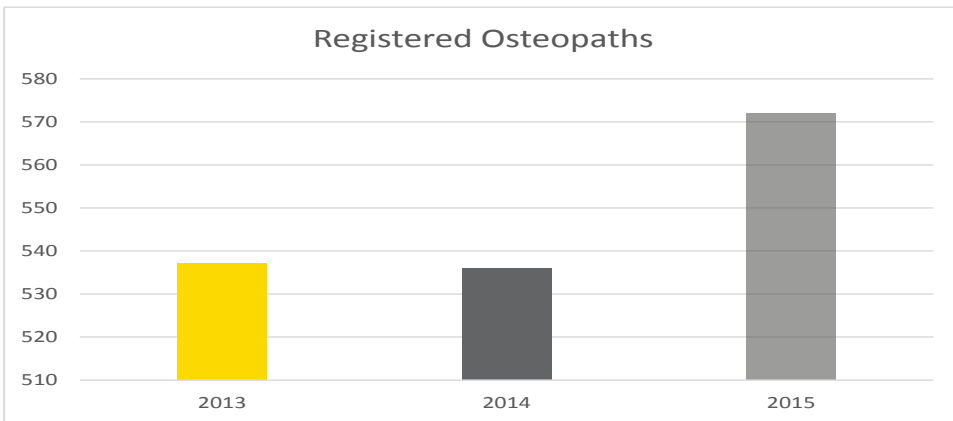
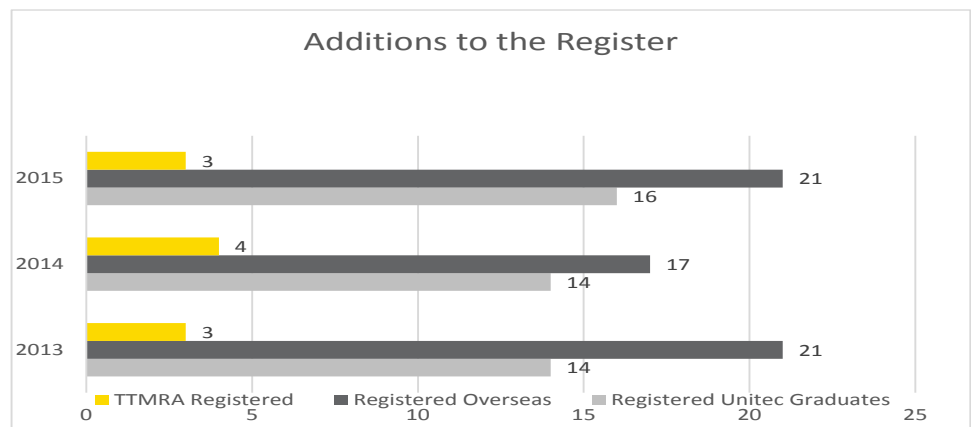
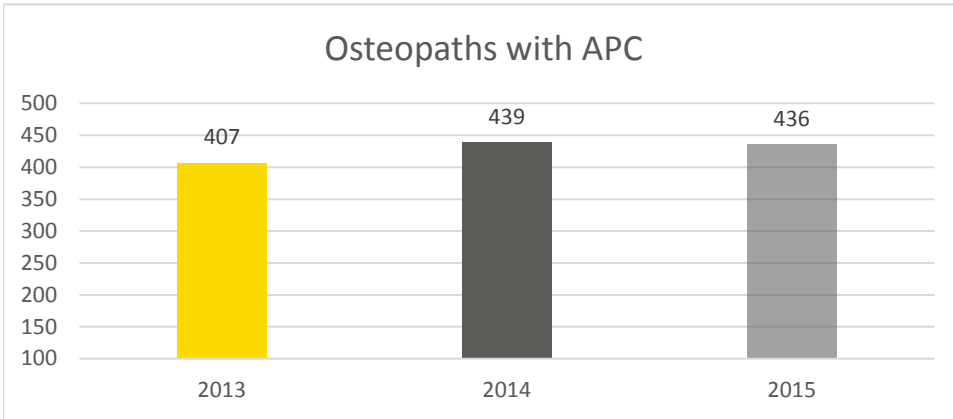
**Osteopaths work across the lifespan** and may treat an individual from birth to old age, or deliver services in group settings. Professional knowledge may be applied in a range of settings not limited to clinical practice, such as health promotion, education and research, health policy and healthcare 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 2015



# Disciplinary Information

## Complaints - Their Source and Outcome

As at March 31 2015

TYPE	Number	Referrals		
		Section 45 Medical	PCC*	HDC**
Competence Notification	4			
Conduct Notification	10		4	6
Section 16 Convictions	1			
Health Notification	1	1		
Consumer Complaints	6		2	
Practitioner Complaints	2			

\* Professional Conduct Committee

\*\* Health Practitioners Disciplinary Tribunal

## Health Practitioners Disciplinary Tribunal

As at March 31 2015

*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 who 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 osteopaths. The executive officer is responsible for administrative functions associated with the Tribunal.

# Financial Statement

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The Osteopathic Council of New Zealand  
Statement of Financial Performance  
for the Year Ended 31 March 2015

	NOTE	2015 \$	2014 \$
<i>Revenue</i>			
Annual Practising Certificate Fees		430,628	364,319
Examination Fees		78,417	48,513
Registration Fees		30,732	28,497
Other Income		17,386	12,106
Interest		9,858	9,523
Disciplinary Income		59,249	0
<b>Total Revenue</b>		<b>626,270</b>	<b>462,959</b>
<i>Expenditure</i>			
Board & Committees	1	357,051	480,021
Secretariat	2	231,292	158,782
<b>Total Expenditure</b>		<b>588,343</b>	<b>638,803</b>
<i>Net Surplus/(Deficit)</i>		<b>37,927</b>	<b>-175,844</b>

The Osteopathic Council of New Zealand  
Statement of Movement in Equity  
for the year ended 31 March 2015

	2015 \$	2014 \$
Equity at beginning of period	38,201	214,045
Net surplus/(deficit) for the period	37,927	-175,844
<b>Total recognised Revenues and Expenses for the period</b>	<b>37,927</b>	<b>-175,844</b>
<b>Equity at End of period</b>	<b>76,128</b>	<b>38,201</b>

The accompanying notes form part of these financial statements



Osteopathic Council of New Zealand  
Statement of Financial Position  
as at 31 March 2015

	NOTE	2015 \$	2014 \$
<b>Equity</b>		76,128	38,201
<b>Current Assets</b>			
Cash, Bank and Bank Deposits		582,797	499,425
Accounts Receivable	3	3,240	1,796
Prepayments		6,177	3,918
Loan to Health Regulatory Authorities Secretariat Ltd	4	6,528	6,528
Investment in Health Regulatory Authorities Secretariat Ltd		20	20
Office Rental	5	694	694
<b>Total Current Assets</b>		<b>599,457</b>	<b>512,383</b>
<b>Non-Current Assets</b>			
Fixed Assets	7	1,069	2,611
Intangible Assets	8	4,650	0
<b>Total Assets</b>		<b>605,175</b>	<b>514,993</b>
<b>Current Liabilities</b>			
Goods and Services Tax		53,492	47,811
Accounts Payable	9	57,631	47,361
Income in Advance	11	417,925	381,620
<b>Total Current Liabilities</b>		<b>529,048</b>	<b>476,792</b>
<b>Total Liabilities</b>		<b>529,048</b>	<b>476,792</b>
<b>Net Assets</b>		<b>76,128</b>	<b>38,201</b>

For and on behalf of the Board



Emma Fairs  
Council Chair  
Dated: 19 August 2015



Andrew Charnock  
Registrar  
Dated: 19 August 2015





## STATEMENT OF ACCOUNTING POLICIES FOR THE YEAR ENDED 31 MARCH 2015

### *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 Council is an entity qualifying for differential reporting exemptions as it has no public accountability and is not large as defined by the Framework for Differential Reporting. The Council has taken advantage of all differential reporting exemptions.

### *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

#### *Taxation*

The Council 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*

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 have been no changes in accounting policies. All policies have been applied on a consistent basis with those of the previous period.

#### *Comparatives*

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



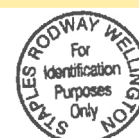
Notes to the Financial Statements for the Year Ended 31 March 2015

	Note	2015 \$	2014 \$
<b>1. Board and Committee</b>			
Fees		116,154	145,217
Meeting expense, conferences & travel		72,368	129,037
Special Projects		40,988	100,956
Legal, Investigation & Hearing (discipline)		127,541	104,812
		<b>357,051</b>	<b>480,021</b>
<b>2. Secretariat</b>			
Audit Fees		6,028	5,836
Depreciation & amortisation	10	2,723	5,133
Telephone, Postage & Courier		8,268	6,961
Other costs		27,988	28,272
Secretariat Operating Costs		90,991	83,686
Legal and Professional Fees		36,046	28,893
Doubtful debts expense		58,249	0
		<b>231,292</b>	<b>158,782</b>
<b>3. Account Receivables</b>			
		<b>2015</b>	<b>2014</b>
		\$	\$
Accounts receivable		61,612	63
Allowance for doubtful debts		-59,249	0
Sundry Receivables		-601	0
Accrued income		1,478	1,733
		<b>3,240</b>	<b>1,796</b>

**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.

	2015	Unpaid at 31/03/2015	2014
Emma Fairs	28,662	816	60,812
Stiofan Mac Suibhne	28,579	4,380	51,587
Martin Lambert	6,088	1,293	12,580
Sharon Lambert	863	0	5,926
Max Belcher	6,309	40	11,991
Warwick Bullen	3,661	124	4,788
Tim Friedlander	4,969	525	10,399
Dee Taylor	0	0	2,902
Lawrence Cartmell	3,978	1,559	0
<b>Total</b>	<b>83,108</b>	<b>8,738</b>	<b>160,985</b>



### 5. Investment

The Council has an undivided 1/51 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 2015.

### 7. Property, Plant and Equipment

	Cost	Accumulated Depreciation	Book Value
<i>At 31 March 2014</i>			
Office furniture & equipment	5,986	5,305	681
Computer equipment	9,260	7,331	1,929
	15,246	12,635	2,611
<i>At 31 March 2015</i>			
Office furniture & equipment	5,986	5,557	429
Computer equipment	10,441	9,801	640
	16,427	15,357	1,069
	Cost	Accumulated Amortisation	Book Value
<i>8. Intangible Assets</i>			
<i>At March 31 2014</i>			
Website	25,114	25,114	0
Computer Software	6,000	6,000	0
	31,114	31,114	0
<i>At March 31 2015</i>			
Website	25,114	25,114	0
Computer Software	10,650	6,000	4,650
	35,764	31,114	4,650
		2015 \$	2014 \$
<i>9. Accounts Payable &amp; Provisions</i>			
Accounts Payable & Accruals		50,821	41,134
PAYE/WHT		6,810	6,228
		57,631	47,361



Notes to the Financial Statements for the Year Ended 31 March 2015

<b>10. Depreciation &amp; Amortisation</b>	<b>2015</b>	<b>2014</b>
	<b>\$</b>	<b>\$</b>
<i>Depreciation has been charged against</i>		
<i>Office Furniture and Equipment</i>	253	253
<i>Computer Equipment</i>	2,470	4,630
	<b>2,723</b>	<b>4,883</b>
<i>Amortisation of Intangible Assets</i>		
<i>Website</i>	0	0
<i>Computer Software</i>	0	250
	0	250
<b>11. Income in Advance</b>		
<i>Fees Received in Advance</i>		
<i>Annual Practising Certificate Fees</i>	416,729	379,227
<i>Inactive Registration</i>	1,197	2,393
	<b>417,925</b>	<b>381,620</b>

**12. Credit Card Facility**

*A Mastercard credit card with a limit of \$15,000 is held with Westpac Bank.*

**13. Commitments**

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 \$84,696 (2014: \$84,696). An amended provision of services agreement came into effect 1 November 2013.

Contractual commitments for operating leases of premises and equipment. 101-103 Terrace Wellington ASB HOUSE

*Not later than one year*

*One to Two years*

	<b>2015</b>	<b>2014</b>
	<b>\$</b>	<b>\$</b>
<i>Not later than one year</i>	1,285	5,381
<i>One to Two years</i>	0	1,345
	<b>1,285</b>	<b>6,726</b>

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. The full liability as at 31 March 2015 is Current \$57,846 and non-current nil.

**Capital Commitments**

There are no capital commitments at balance date. (2014: \$Nil)

**14. Contingent Liabilities**

There are no contingent liabilities at balance date. (2014: \$Nil)

**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. 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 telephony 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.



## INDEPENDENT AUDITOR'S REPORT TO THE READERS OF OSTEOPATHIC COUNCIL OF NEW ZEALAND'S FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2015

The Auditor-General is the auditor of the Osteopathic Council of New Zealand. The Auditor-General has appointed me, Robert Elms, using the staff and resources of Staples Redway Wellington, to carry out the audit of the financial statements of the Board on her behalf.

We have audited the financial statements of the Council on pages 15 to 21, that comprise the statement of financial position as at 31 March 2015, the statement of comprehensive income, and statement of changes in equity for the year ended on that date and the notes to the financial statements that include accounting policies and other explanatory information.

### **Opinion**

In our opinion the financial statements of the Council on pages 15 to 21:

- comply with generally accepted accounting practice in New Zealand; and
- fairly reflect the Council's:
  - financial position as at 31 March 2015; and
  - financial performance for the year ended on that date.

Our audit was completed on 19 August 2015. 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 financial statements are 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 financial statements. 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 financial statements. The procedures selected depend on our judgement, including our assessment of risks of material misstatement of the financial statements whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the preparation of the Council's financial statements 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 financial statements; and
- the overall presentation of the financial statements.

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

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 financial statements that:

- comply with generally accepted accounting practice in New Zealand; and
- fairly reflect the Council's financial position, and financial performance.

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

# Annual Report 2015

The logo for the Osteopathic Council New Zealand (OCNZ) is displayed within a dark grey rectangular background. The letters 'OC' are white, 'NZ' are yellow, and the 'N' and 'Z' are partially overlapping.

**OSTEOPATHIC COUNCIL  
NEW ZEALAND**

**Te Kaunihera Whakanao Uaiwi**