

**OCNZ**

**OSTEOPATHIC COUNCIL  
NEW ZEALAND**

**KAUNIHERA HAUMANU  
TUHIWI O AOTEAROA**

# Annual Report 2022

for the year ended 31 March



***Ko te pae tawhiti, whāia kia tata; ko te  
pae tata, whakamaua kia tīna***

***Seek out distant horizons and cherish  
those you attain***



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# 565 registered osteopaths

Added in 2022

**28**  
Internationally-qualified osteopaths

**15**  
NZ-graduated osteopaths



## Specialist Scopes

**4**  
Pain  
management

**2**  
Educators

**30**  
WMA

## Complaints



**13**  
notifications

**1**  
professional misconduct case

## Chair's foreword

Tēnā koutou katoa,

The second year of the COVID-19 pandemic proved to be tumultuous as Aotearoa moved from the freedom of zero community cases to widespread community transmission, extended lockdowns, the vaccination programme, and the beginning of the Omicron outbreak. The close-contact nature of osteopathic healthcare meant that during lockdowns, most clinics remained closed for in-person treatments, causing profound levels of uncertainty and stress for many self-employed osteopaths. The Osteopathic Council of New Zealand/Kaunihera Haumanu Tuahiwi o Aotearoa (OCNZ) worked quickly to sort and share Ministry of Health guidelines and communicate directly with the profession throughout.



Once again, we thank the osteopaths of New Zealand for their continuing professionalism and for supporting their communities by providing excellent healthcare and advice to their patients throughout these challenging times.

The Council was guided by its strategic plan in the development and implementation of its 2021/22 work plan and was able to complete many projects despite the disruptions brought by COVID-19, including:

- A new Continuing Competence Programme was launched in April 2021. With a two-year cycle, the programme gives recognition to a wider range of learning activities and promotes the importance of self-reflection for life-long learning.
- As part of our public engagement strategy, we

developed and shared hard-copy and digital resources with our registrants and utilised digital media channels to promote public awareness of the existence and role of the OCNZ and the status of osteopathy as a regulated healthcare profession. Our digital media campaign resulted in a significant increase in traffic to our website, and the campaign will be repeated in future years.

- We welcomed a higher than usual number of internationally-qualified osteopaths onto the Register and were able to recruit and train new preceptors to guide them through the Competent Authority Pathway Process (CAPP) as they integrated into practice in Aotearoa. A project proposal to review our process for CAPP and ensure it is fit for

purpose was developed, with the project to be completed in 2022.

- Our virtual Annual Conference ran in September, with a focus on the history of Te Tiriti o Waitangi and cultural safety in practice. We enjoyed a high level of engagement from the profession at this event, which marked an important step towards ensuring that the Council is responsive to Māori and providing culturally safe guidance to the profession.
- The Osteopathic Education Standards for tertiary education providers were reviewed, refreshed, consulted on, and published, aiming to ensure providers meet contemporary requirements for the provision of quality programmes leading to safe and competent Osteopath practitioners.

- An enormous amount of resource went into preparing for the external review of the OCNZ by the Ministry of Health. While providing a valuable opportunity to review our documentation and procedures, it was also pleasing to receive overwhelmingly positive feedback from the reviewers as well as clear advice on specific areas requiring more work.

We have continued to build our relationship with Osteopaths New Zealand, the professional association, with the understanding that a well-supported profession with a responsive regulator has the best chance of thriving and providing safe healthcare into the future.

We have also continued to strengthen our collegial relationships with other Allied Health Responsible Authorities throughout the year, and the willingness of these organisations to share information, documents, and guidance saves time and resources for all. We have re-started regular meetings with the Osteopathy Board of Australia which have proved useful for sharing perspectives and resources.

The OCNZ was pleased to renew its Service Level Agreement for secretariat services with the Nursing Council (NCNZ) for a fourth year, with an adjustment to allow for more time to be devoted to the Registrar role. After nine years as a practitioner member of Council, Tim Friedlander was hired as our new OCNZ Registrar, and his specialist knowledge as an osteopath and an educator has made him an asset in this role. We are grateful to retain Clare Prendergast as Deputy Registrar, with her many years of experience in regulation, and we express our thanks to the wider Secretariat team at the NCNZ for their excellent work. Shona Jefferies, Osteopathic Co-ordinator, has continued to provide steady support which has been appreciated by many registrants through these difficult times. For a small profession like osteopathy, the model of purchasing support services from a larger Responsible Authority has been successful from both regulation and budgetary perspectives.

The end of the financial year saw a significant change to the membership of the Council. We farewelled several Council members reaching the end of

their terms or moving on to new opportunities. Our sincere thanks go to Lawrence Cartmell, Emma Fairs, Janet Miller, Larissa Morgan, and Melinda Sweeney for their commitment to sharing their varied perspectives on Council matters over the past years. In particular, Emma Fairs must be recognised for her enormous contribution. Previously serving as Chair, Emma played a major role in the development of the Child and Adolescent Health Recertification programme, and ultimately stayed on the Council for over 11 years due to delays in the reappointment process. We are grateful to temporarily retain her experience in a New Member Support role, as we anticipate welcoming six new members imminently, and we look forward to gaining fresh perspectives and new ideas for the ongoing development of the OCNZ.

Nāku iti noa, nā,



Lara Sanders  
Chair

## Board 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 2022:

Name	Profession	Region	Date of Original Appointment	Term	Term Ends
Lara Sanders	Osteopath Chair	Wellington	July 2015	2	July 2022
Richard Aston	Layperson	Northland	July 2019	1	July 2022
Laurence Fauatea	Layperson	Wellington	February 2022	1	February 2025
Gracela Gregorio	Osteopath	Auckland	February 2022	1	February 2025
Matiu Taingahue	Osteopath	Auckland	February 2022	1	February 2025

## Secretariat

Registrar	Tim Friedlander
Deputy Registrar	Clare Prendergast
Coordinator	Shona Jefferies

# Managing the Register of Osteopaths

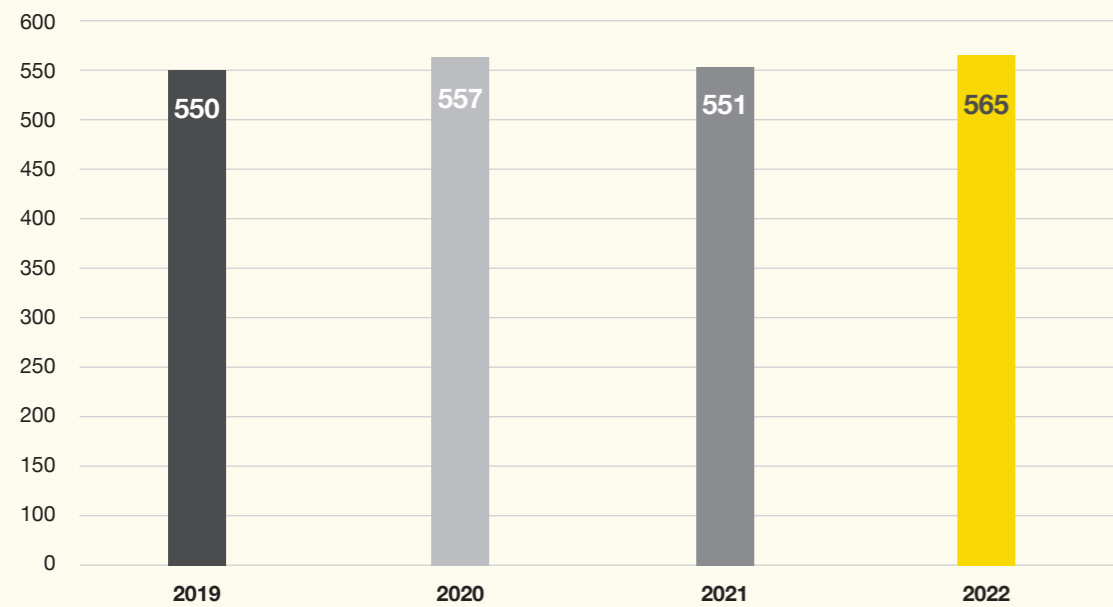
The Council registers osteopaths who meet the required standards, maintains the New Zealand Register of Osteopaths, and issues Annual Practising Certificates (APCs). Every osteopath working in New Zealand must be registered and hold a current APC. This informs the public that the osteopath is competent 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 locally-trained osteopaths joining the register, the majority of additions to the register over the last few years were from osteopaths trained overseas.

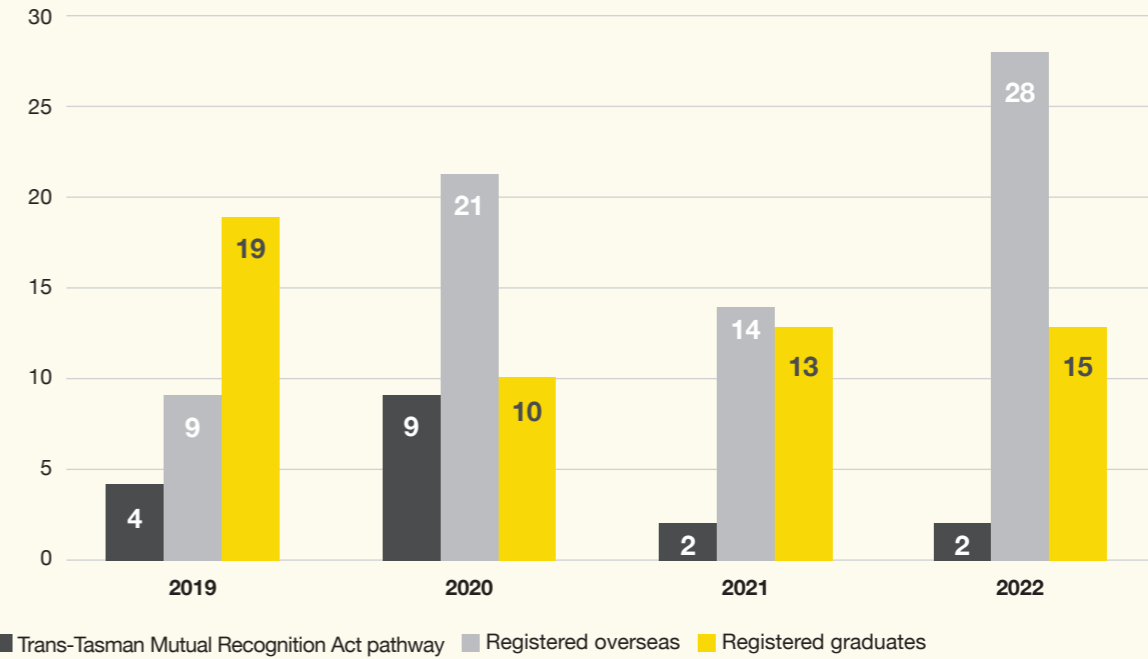
While the number of internationally-qualified osteopaths joining the register has increased substantially over the last year, the number of locally-trained graduates joining the register in future years may be impacted by the changing landscape of osteopathic education in New Zealand. The Bachelor of Musculoskeletal Health and Post-graduate Diploma in Osteopathy from the Ara Institute of Canterbury saw its first graduating cohort at the end of 2021, and the Master of Osteopathy qualification provided by the Unitec Institute of Technology will see its final cohort graduate at the end of 2022.

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.

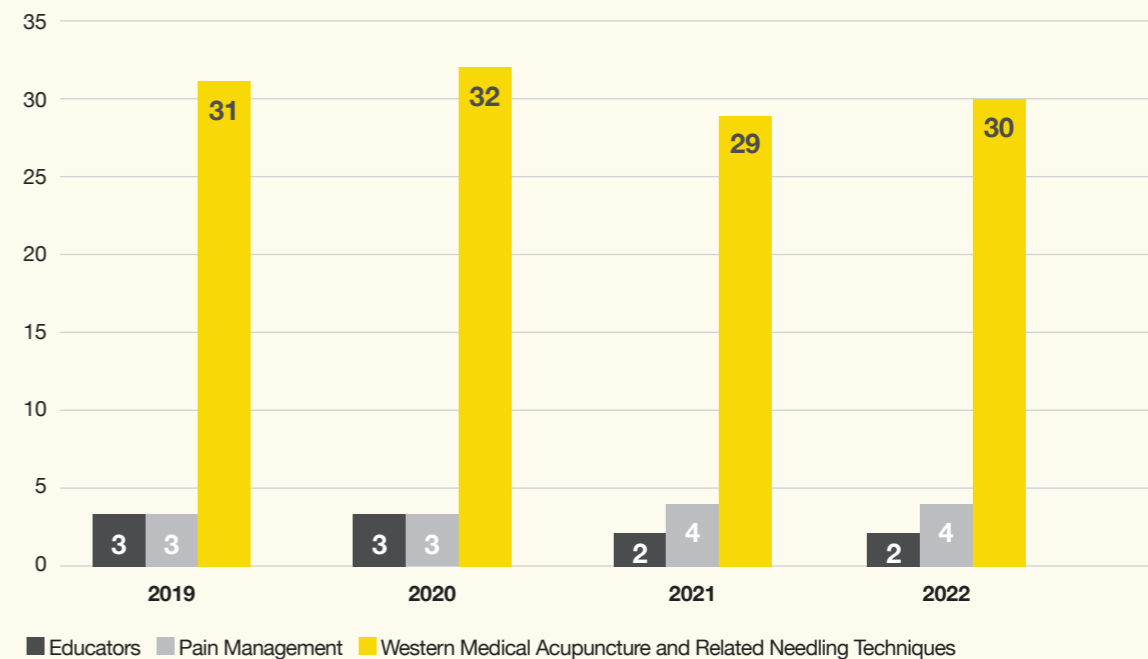
## Osteopaths with APCs



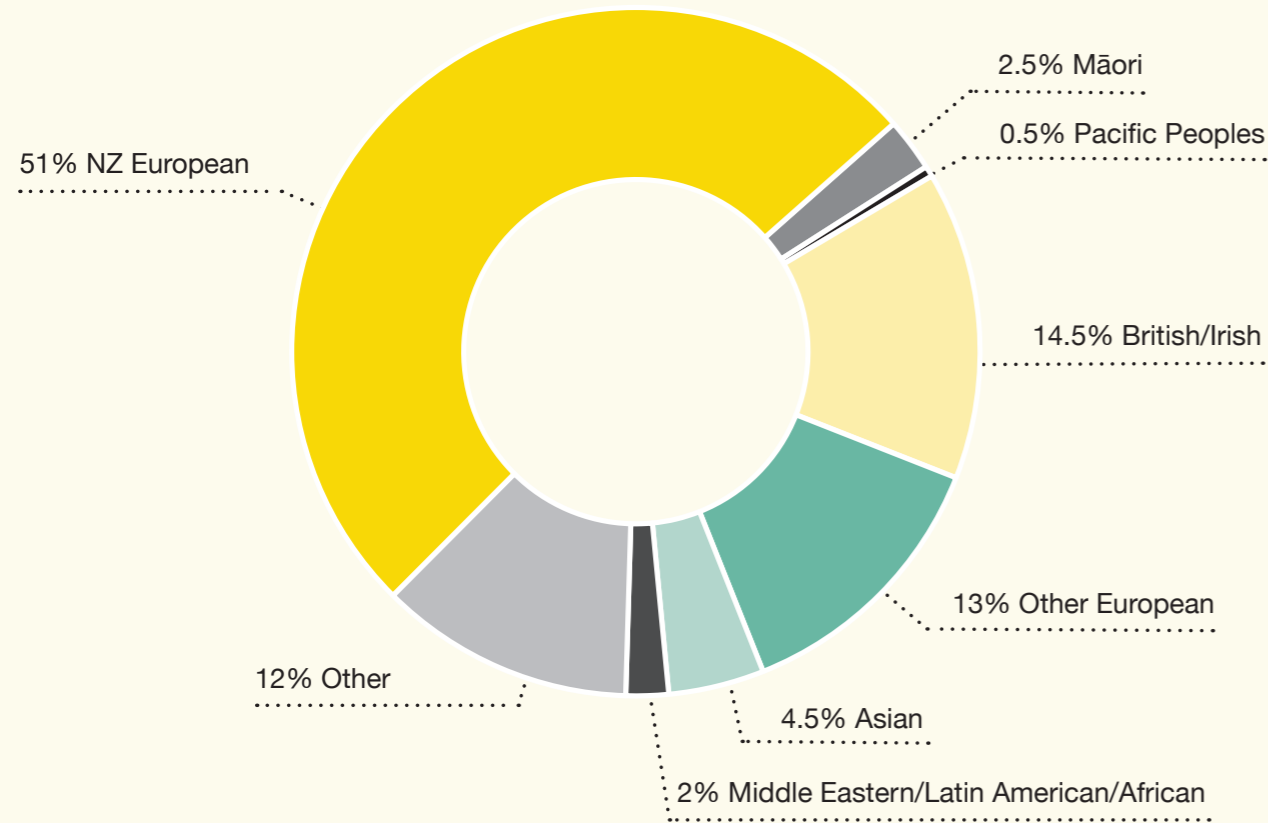
## Additions to the Register



## Specialist Scopes (APC)



## Ethnicity of osteopaths



## Achievements

As the challenges and changes related to the COVID-19 pandemic in New Zealand have continued, the Osteopathic Council has quickly responded and provided guidance for practitioners. It was again encouraging to see the continued collaborative efforts that have been made in response to these challenges, both at a professional and a regulatory level.

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. COVID-19 Response

With the ongoing COVID-19 pandemic, the Osteopathic Council continued its work in developing guidelines around practice for the osteopathic profession and the changing requirements of the pandemic response. As a primarily hands-on practice, with many osteopaths working in sole private practice, the profession faced many challenges throughout this period.

The Council continued to refine and develop guidance documents produced in response to Ministry of Health advice for operating under the various alert level and traffic light requirements, and the Council worked to help ensure practitioners were aware of their responsibilities under the vaccination mandates and Vaccination Pass system.

The Osteopathic Council also continued to work with educational providers to minimise the impact of the disruption on learners, while maintaining the required standards of education.



## 2. Engagement with Te Tiriti o Waitangi

With the establishment of the Te Tiriti subcommittee and professional development for Council members, the Council began work in engaging the profession in discussions around cultural safety and how they may best respond to the needs of Māori.

The Osteopathic Council recognises that meeting its obligations as a responsible Tiriti partner is fundamental if it is to contribute to the overall aim of achieving equity of health outcomes for Māori.

The Council considered further revisions to its Code of Conduct to specifically note acknowledgement of Te Tiriti o Waitangi and set out the articles and principles that guide the Council and the profession in engaging with their responsibilities and obligations under Te Tiriti. Principle 2 of the Code of Conduct (*Respect the cultural needs and values of health consumers*) was also revised to include an expectation that the Council and the profession will demonstrate this commitment to Te Tiriti o Waitangi in their professional work.

The OCNZ Conference 2021 covered topics such as the history and significance of Te Tiriti o Waitangi, working with Māori patients in a culturally competent manner, and the changes to the Osteopathic Council's Code of Conduct around engaging with Māori. This conference saw excellent engagement from the osteopathic profession, with some of the highest attendance rates seen at a Council-led conference.

Consultation on the revised Code of Conduct similarly resulted in some high-quality feedback from the profession around engaging with Māori, the Council's commitment to Te Tiriti o Waitangi, and the Council's expectations of practitioners in this area.

Some of this feedback, along with that received during the 2021 Responsible Authority Performance Review process, prompted the Council to review how it may best demonstrate continual and meaningful engagement with Māori in its work.

The Council recognises that no one organisation can achieve these goals on its own. While remaining independent, the Council will look to collaborate as well as align across systems and settings (as appropriate) to ensure it honours its commitments, responsibilities, and obligations under Te Tiriti o Waitangi as a Tiriti partner with responsibility for performing its statutory functions.

To facilitate this journey, Council has resolved to establish a standing Te Tiriti Advisory Group to collaborate and provide guidance to Council as it continues this journey. Recruitment and initial development of Terms of Reference and Operating Procedures for this group is underway, and the Council expects the Advisory Group to formally commence work in the 2022/2023 year.

## 3. Pre-Registration Education

This year also saw the final approval of the Osteopathic Council's revised *Accreditation Standards for Education Programmes leading to Registration as an Osteopath*.

During 2020 and 2021, the Council engaged with an experienced contracting team to review and update its Accreditation Standards to reflect current national and international trends, and better focus on graduate competence and safety in practice. This review sought to reflect these trends by developing standards that demonstrate:

- a shift to fewer, higher level, more strategic standards to provide flexibility while maintaining quality
- future-proofing standards through simplification, enabling ease of use, flexibility, programme innovation, and timely response to changing health and education contexts
- strengthening the focus on culture, cultural safety, and support for a diverse student group throughout the revised standards
- highlighting Te Tiriti o Waitangi responsibilities by combining these in a separate standard.

After completing a consultation process, these new standards were approved in 2021, and it is expected that the first accreditation using these standards will occur in late 2022.

The first cohort of graduating students from the new osteopathy programme at Ara Institute of Canterbury also completed their studies at the end of 2021, joining students from Unitec Institute of Technology in Auckland. This marks the first time there have been two concurrent osteopathy programmes in New Zealand since the Health Practitioner's Competence Assurance Act (2003) was enacted.

The Council also engaged in initial talks with Te Pūkenga - New Zealand Institute of Skills and Technology regarding the move of the current education providers into Te Pūkenga in 2023.

## 4. Public Engagement Campaign and Communications Strategy

When developing its current Strategic Plan, the Osteopathic Council noted the importance of promoting public awareness of its responsibilities and established a goal 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".

To enable this, the Council engaged a brand agency to assist in developing a public engagement strategy to help raise awareness of the Council's role and activities, and to facilitate communication with the public. This strategy was finalised and approved by Council in August 2021 with initial implementation being rolled out in November 2021.

The results of a digital engagement campaign suggested that the campaign did drive interest and website traffic with a significant click-through from digital media to the public-facing 'FAQ' page on the Council's website. Physical media and digital resources were also sent to osteopathic clinics throughout New Zealand to provide additional targeted communication to osteopathic health consumers.

Work has also begun on a digital communications strategy to help ensure the Council's communications with registrants are appropriate and effective.

## 5. Staffing and Support Changes

Along with changes to the membership of the Osteopathic Council, with new members being appointed in early 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.

### 5.1 Council member changes

This year saw a significant turnover on the Council with the departure of six members and the appointment of three new members.

The Council would like to thank the following outgoing members for their service over their respective terms:

#### Practitioner Members

- Emma Fairs (2010-2022)
- Tim Friedlander (2012-2021)
- Lawrence Cartmell (2014-2022)
- Larissa Morgan (2019-2021)
- Melinda Sweeney (2017-2022)

#### Lay Member

- Janet Miller (2017-2022)

**The Council would also like to welcome the following new members:**

- Laurence Fauatea (lay member)
- Matiu Taingahue (practitioner member)
- Gracela Gregorio (practitioner member)

**5.2 Support services changes**

After renewing the Service Level Agreement that outlines the regulatory services provided by the Nursing Council of New Zealand to the Osteopathic Council of New Zealand, a role for a dedicated Registrar was created.

After finishing his term as a member of the Osteopathic Council, Tim Friedlander was appointed to this role and approved as Registrar by the Osteopathic Council in July 2021.

**5.3 Reserves Policy Development**

The Council has been aware that it has seen a year-on-year increase in its financial reserves, despite an aim to reduce these through a reduction in the Annual Practising Certificate fee and identification of expenses related to new and ongoing projects.

To help provide robust information on which to make appropriate decisions related to its financial position, the Council commissioned the development of a Financial Reserves Policy. This policy aims to provide a guideline and process for the Osteopathic Council to manage and retain sufficient financial reserves. This, in turn, may then help provide guidance for Council in determining longer-term strategies related to fee-setting.

**5.4 Osteopathic Preceptor Appointments and Training**

Osteopathic preceptors are primarily involved in working with new registrants from overseas who entered into the Osteopathic Council Competent Authority Pathway Programme (CAPP). The CAPP is an assessment process that also provides a degree of mentoring and assists practitioners in developing an understanding of the specificities of osteopathic healthcare relevant to New Zealand.

The number of internationally-qualified osteopaths joining the register in 2022 increased by 90% over the previous three-year average. The Council has therefore invested in recruiting and training a larger body of preceptors to meet this increasing demand. Once trained as preceptors, this group can be a valuable resource for Council to draw on for other activities including peer mentoring, competence programmes, and other roles requiring advanced peer support.

A Lead Preceptor role was also established to ensure this group had ready access to support when needed, and to oversee and organise training events where required to help ensure consistency and provide guidance and advice for preceptors.

# Our Performance Review

Under the Health Practitioners Competence Assurance Act 2003 (the HPCA), every regulator is required to undergo periodic performance reviews. The Ministry of Health oversees this process, appointing an independent reviewer for each authority. The Osteopathic Council's first review under the Act took place in December 2021 and was conducted by the DAA Group. As the Osteopathic Council has registrar and secretariat services provided by the Nursing Council of New Zealand, as did Te Kaunihera Manapou Paramedic Council at that point, the review covered all three regulators simultaneously.

The review audited our performance against each of our legislated functions set down in section 118 of the HPCA, as well as our responsiveness to Māori and commitment to Te Tiriti o Waitangi. We have included the Executive Summary of the reviewers' report here, while the full document is available on the Council's website.

The reviewers made three recommendations as part of their work. These recommendations all relate to the Council's work around Te Tiriti o Waitangi, cultural competence, and engagement with Māori. The Council is required to respond to these recommendations.





## Performance Review Executive Summary

*Kaunihera Haumanu Tuahiwi o Aotearoa, the Osteopathic Council of New Zealand (OCNZ), had 551 registered professionals as at the end of March 2021. The Council, whose membership is designated by the Minister of Health, meet in person or remotely approximately six times a year or more frequently if required. The term for four members has reached the end of their term, and there are currently two board vacancies. They are supported by a Registrar, who took up their position in June 2021. The Registrar had been the previous chair of the OCNZ. The Registrar is an employee of the Nursing Council of New Zealand (NCNZ). NCNZ provides, through a service level agreement, secretariat and full regulatory services for the OCNZ. The OCNZ is an independent Council and receives timely reports from the Registrar including financial, registration updates and any notifications received, and emerging issues for the sector.*

*The OCNZ has gazetted seven scopes of practice that were consulted on widely within the profession and with other stakeholders. They accredit and monitor two educational institutes to provide the training for New Zealand osteopaths and annual monitoring is occurring. They have clearly articulated the appropriate behaviours and conduct expected of its members in their Code of Conduct.*

*Registration processes are in place for New Zealand-trained osteopaths, Trans-Tasman Mutual Recognition (TTMR) osteopaths, overseas applicants from recognised and non-recognised jurisdictions as well as osteopaths who wish to return to practice following a gap of three years or more. Processes are in place for registered professionals who meet the OCNZ's requirements to hold an annual practising certificate (APC).*

*An extensive programme of work saw the Council agree on a mandatory recertification programme for osteopaths, with input from the profession, which came into force this year. The OCNZ are commended for the work in identifying a potential risk to the public by their profession and developed a recertification programme for osteopaths working with children and adolescents.*

*An internal database forms the register for each health professional which is very detailed. This informs the information available to the public, employers, and health professionals on the organisation's website, including currency of annual practising certificates.*

*There are policies and processes for managing notifications and complaints. The OCNZ has had low numbers of competency or health notifications:*

- 2017 – 2018 year there were 12
- 2018 – 2019 there were 7
- 2019 – 2020 there were 9

*There have been no new competence or health notifications during the 2020 – 2021 period. One health consumer complaint was referred to the HDC and the outcome is pending.*

*The OCNZ recognises the close relationship with the NCNZ allows them to work in a collegial way with two other Councils, and the sharing of documentation and knowledge which is a strength of this relationship. They also attend hui of Responsible Authorities (RA) executive and senior staff and see merit in the developing relationship with the physiotherapy and chiropractic boards. A core domain of the Council is that osteopaths will work positively with other health professionals in the wide areas of health they work in.*

*The organisation is commended on the launching, in September 2021, of their communications strategy to raise public awareness of the work of osteopaths and the Council, including the use of their website to raise concerns.*

*The OCNZ is in the emergent stage of its commitment to embedding Te Tiriti o Waitangi principles throughout its regulatory functions and capabilities, and three recommendations are made related to this area.*

*The OCNZ was seen during this review to meet all the other functions of the Act.*

#	Reviewer's Comments	Recommendation
1	NCNZ cultural competencies informed the development of the OCNZ Code of Conduct. The council is at the conceptual planning phase of the following two goals: <ul style="list-style-type: none"> <li>• reviewing the cultural competencies to better reflect Te Tiriti o Waitangi obligations and</li> <li>• reviewing the osteopathic scopes of practice</li> </ul>	It is recommended that the reviews outlined in the council's strategic goals are completed.
2	The council's strategic goals are intended to address and review the capabilities of osteopathic practice. <p>To meet Te Tiriti obligations the review of the cultural competence standards will require engagement with Māori.</p>	It is recommended that engagement with Māori continue, and the reviews outlined in the council's strategic goals are completed.
3	The OCNZ recognises its ongoing journey of understanding its responsibilities towards Te Tiriti o Waitangi 'putting our partnership into practice.'	It is recommended that the Council's strategic goal two is completed.

## Our Response

All three recommendations relate to the Osteopathic Council completing its strategic goals (namely 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*), and the associated reviews.

While reviewing the osteopathic scopes of practice is likely to occur in a future time period, we completed initial consultation on the revised Code of Conduct in October 2021. This revision specifically noted our acknowledgement of Te Tiriti o Waitangi and set out the articles and principles that guide the Council and the profession in engaging with their responsibilities and obligations under Te Tiriti. Principle 2 of the code was also revised to set an expectation that the Council and the profession will demonstrate this commitment to Te Tiriti o Waitangi in their professional work.

As a response to high-quality feedback from this consultation process, and as recommended in this review, we identified a need for further consultation and contribution from Māori to this code and we have sought to identify and engage an appropriate advisor. This process is underway and we expect the revised Code of Conduct to be finalised in 2022.

To further enable us to meet the aims of Strategic Goal 2, and to demonstrate our commitment to Te Tiriti o Waitangi and engagement with Māori, we have also resolved to develop an external Te Tiriti Advisory Group to provide guidance to the Council and provide input on Council projects, such as the revision of Capabilities for Osteopathic Practice. We expect this advisory group to be established in 2022, however, we also recognise the need to take the necessary time to ensure this occurs in a way that allows genuine dialogue, engagement, and integration into the Council's ways of working.

# Fitness to Practise 2022

## 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).

The Council referred two health consumer complaints about osteopaths to the HDC. The HDC is investigating one complaint and has referred the second complaint back to the Council to consider further action.

## 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 2021-2022

Source	Number
Health consumer/member of the public	10
Health and Disability Commissioner	0
Health practitioner	3
Ministry of Justice (court convictions)	0
Employer	0
Colleague	0
Self-notification	0
ACC	0
Other	0
<b>Total</b>	<b>13</b>

Table 2: Outcomes of assessment of notifications and complaints 2021-2022

Outcome	Number
No further action	2
No further action following response from practitioner	3
Refer to PCC – conduct	0
Refer to PCC – initial investigation	0
Refer to HDC	2
Refer to health process	1
Refer to competence process	1
Refer to PCC – court conviction	0
Refer for health assessment – conviction	0
Refer to Ministry of Health	4
Other	0
<b>Total</b>	<b>13</b>

## Professional Conduct Committee

There were no cases of professional misconduct heard by a Professional Conduct Committee in the 2021-2022 year.

## Health Practitioners Disciplinary Tribunal

There was one case of professional misconduct heard by the Tribunal in the 2021-2022 year.

One osteopath has had his registration cancelled following two convictions for indecent assault: OST 20/500P.

## 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 was one new health notification made in this year, where the practitioner was required to undergo a medical examination. The Council also 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. However, 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.

One competence notification was received this year. 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.

## Referrals to the Ministry of Health

There were a number of referrals over this year related to COVID-19, the COVID-19 Public Health Response (Vaccinations) Order 2021, and vaccination mandates.

The Council received four notifications relating to potential breaches of the order which were referred to the Ministry of Health for further investigation.



# Strategic Plans

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, 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, reviewed and redeveloped Osteopathic Education Standards for tertiary education providers to ensure they met 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 the Council's 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 will work with practitioners to identify the most appropriate communication channels and methods, to help ensure registrants are aware of, and engage with us.

## 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 practise in New Zealand. The CAPP (and associated Guide) was last reviewed in 2017 and now requires further review 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 is intended to review the current 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. It will be prudent to ensure they align with current literature and practice around health practitioner competence more generally. This will also help to ensure that cultural competence standards are appropriate to assist 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.

## 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. The Council is identifying key personnel to make up this advisory group and is developing 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.

The events of this year have provided ample opportunity to strengthen these relationships and foster more collaborative practice.

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 played a large role in supporting the profession through the continued challenges of this year.

Open communication between the Osteopathic Council and ONZ saw an agile and coordinated response to these challenges and helped foster a stronger relationship.

**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 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:** After a period where our focus became more inward-looking due to the COVID-19 pandemic and response, we have re-established regular meetings with our corresponding regulatory body in Australia.

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

**5. Ministry of Health:** The Council would also like to recognise the leadership of the Ministry of Health in responding to the COVID-19 pandemic and providing guidance and leadership during the year.

**6. Unitec Institute of Technology | Ara Institute of Canterbury:** 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 maintaining high standards of education despite the disruptions.

# Commentary on OCNZ 2021/2022 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:

- The Council resolved to reduce the APC fee by \$217.80 (20%), including a reduction in the Disciplinary Levy to \$5, for the 2022/2023 year.
- The Council has looked to consider the approval of deficit budgets:
  - The Council approved a deficit 2021/2022 budget of \$73,120 at the Council meeting on 15 February 2021
  - The Council approved a deficit 2022/2023 budget of \$124,000 via e-meeting on 8 December 2021.
- The Council has developed and approved a Reserves Policy at the Council meeting on 22 November 2021.
  - The Reserves Policy incorporates operational reserves targeted towards Ceasing Operations, Financial Resilience, and Long-Term Transformation Projects, suggesting an operational reserve of approximately \$312,000.
  - While recognising the inability to spend down Disciplinary reserves on operational work, this policy suggests that the current deficit budget should return reserves to appropriate levels over approximately two to three years. Further financial forecasting is in progress to help ensure a return to target reserve levels while maintaining a safe level of financial operation.

Despite the approved deficit 2021/2022 budget, the Financial Statement in this report shows a surplus of \$161,598. This surplus reflects, in part, reduced activity due to the COVID-19 pandemic, notably:

- A significant underspend in Administration Expenses (\$60,218), primarily due to a change in treatment for Software as a Service expenses leading to significantly lower amortisation costs, and reduced spending on Information Technology and legal fees.
- A significant underspend in Preceptor Training due to a move to remote training instead of in-person sessions (\$32,234).
- A significant underspend in Fitness to Practice and HPDT expenses (\$35,789). As a small RA, expenses related to Fitness to Practice can be susceptible to small variations in case or notification numbers, and the complexity of cases. This year saw lower than expected activity in this area, with no PCC referrals and one HPDT case related to a conviction, while budgeting for two PCC cases and one HPDT case.
- Reduced activity across a number of operational projects, including a lower than expected spend on preparation for the Responsible Authority Review process.

## Financial Statements

For the year ended 31 March 2022



## 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 Osteopathic 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 Osteopathic Council on his behalf.

### Opinion

We have audited the performance report of the Osteopathic Council, that comprises the entity information, the statement of financial position as at 31 March 2022, the statement of financial performance, the 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 include accounting policies and other explanatory information.

In our opinion the performance report of the Osteopathic Council presents fairly, in all material respects:

- the entity information,
- its financial position as at 31 March 2022; and
- its financial performance and cash flows for the year then ended; and
- complies with generally accepted accounting practice in New Zealand and has been prepared in accordance with Public Benefit Entity Simple Format Reporting – Accrual (Public Sector)

Our audit was completed on 3 October 2022. 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 Osteopathic 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 Osteopathic 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 Osteopathic 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.

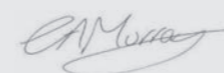
We communicate with the Council regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Our responsibility arises from the Public Audit Act 2001 and section 134(1) of the Health Practitioners Competence Assurance Act 2003.

### Independence

We are independent of the Osteopathic 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 2022

### OSTEOPATHIC COUNCIL OF NEW ZEALAND - ENTITY INFORMATION

“Who are we?”, “Why do we exist?”

FOR THE YEAR ENDED 31 MARCH 2022

**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 2022

Revenue	NOTE	2022 \$	2021 \$
APC fees		494,288	466,702
Examination fees		75,301	39,386
Registration fees		30,468	18,760
Non-practising fees		15,273	9,944
Other income		4	0
Interest		12,906	19,186
Disciplinary levy		9,745	9,205
<b>Total revenue</b>		<b>637,986</b>	<b>563,182</b>
<b>Expenditure</b>			
Council & committees	1	195,740	239,137
Secretariat	2	273,690	235,142
Disciplinary	3	7,906	11,101
<b>Total expenditure</b>		<b>477,336</b>	<b>485,380</b>
<b>Net surplus/(deficit)</b>		<b>160,650</b>	<b>77,802</b>

**STATEMENT OF MOVEMENT IN EQUITY**  
 FOR THE YEAR ENDED 31 MARCH 2022

	2022 \$	2021 \$
Accumulated funds at the beginning of period	1,082,219	1,004,417
Net surplus/(deficit) for the period	160,650	77,802
<b>Accumulated funds at the end of period</b>	<b>1,242,869</b>	<b>1,082,219</b>

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 2022

	NOTE	2022 \$	2021 \$
<b>Equity</b>		<b>1,242,869</b>	<b>1,082,219</b>
<b>Current assets</b>			
Cash, bank & bank deposits		228,647	316,034
Investments		1,317,068	1,175,467
Accounts receivable	5	14,581	17,195
Prepayments		17,482	12,093
<b>Total current assets</b>		<b>1,577,778</b>	<b>1,520,788</b>
<b>Non-current assets</b>			
Fixed assets	4	5,306	1,732
Intangible assets	4	16,057	22,369
<b>Total non-current assets</b>		<b>21,364</b>	<b>24,101</b>
<b>Total assets</b>		<b>1,599,141</b>	<b>1,544,890</b>
<b>Current liabilities</b>			
Accounts payable and accruals		29,257	62,492
Income in advance	6	283,742	356,056
Goods and services tax		37,406	41,259
WHT		5,867	2,864
<b>Total current liabilities</b>		<b>356,272</b>	<b>462,671</b>
<b>Total liabilities</b>		<b>356,272</b>	<b>462,671</b>
<b>Net assets</b>	<b>7</b>	<b>1,242,869</b>	<b>1,082,219</b>

For and on behalf of the Board.



Lara Sanders  
 Council Chairperson  
 Date: 3 October 2022



Clare Prendergast  
 Registrar  
 Date: 3 October 2022

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 2022

	2022 \$	2021 \$
<b>Cash flows from operating activities</b>		
<i>Cash was received from:</i>		
Statutory fees and levies	431,780	503,015
Registration income	122,897	57,387
Other fees	4	0
Interest revenue	2,062	2,369
<i>Cash was applied to:</i>		
Payments to suppliers & employees	(512,098)	(451,366)
<b>Net cash flows from operating activities</b>	<b>44,646</b>	<b>111,405</b>
<b>Cash flows from investing and financing activities</b>		
<i>Cash was received from:</i>		
Short-term investments	70,000	70,000
Sales of fixed assets	0	0
<i>Cash was applied to:</i>		
Purchases of fixed assets	(2,033)	0
Short-term investments	(200,000)	(270,000)
<b>Net cash flows from investing and financing activities</b>	<b>(132,033)</b>	<b>(200,000)</b>
Net increase / (decrease) in cash	(87,387)	(88,595)
Opening cash brought forward	316,034	404,629
<b>Closing cash carried forward</b>	<b>228,647</b>	<b>316,034</b>
Represented by:		
<b>Cash and cash equivalents</b>	<b>228,647</b>	<b>316,034</b>

**STATEMENT OF ACCOUNTING POLICIES**  
 “How did we do our accounting?”  
 FOR THE YEAR ENDED 31 MARCH 2022

**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.

**NOTES TO THE PERFORMANCE REPORT  
FOR THE YEAR ENDED 31 MARCH 2022**

**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.

	NOTE	2022 \$	2021 \$
<b>1. COUNCIL &amp; COMMITTEES</b>			
Fees paid		108,608	92,937
Conferences		5,149	4,416
Meeting expenses, training, travel & others		23,747	21,610
Projects		58,235	120,175
		<b>195,740</b>	<b>239,137</b>

<b>2. SECRETARIAT EXPENSES</b>			
Audit fees		6,972	6,790
Depreciation & amortisation	4	4,771	10,166
Telephone, postage and printing, and stationery		1,352	637
Information technology		37,841	31,366
Bank fees		9,222	9,001
Other costs		15,478	11,255
Occupancy costs		0	3,706
Professional fees		189,311	157,143
Legal costs		8,743	5,078
		<b>273,690</b>	<b>235,142</b>

<b>3. DISCIPLINARY EXPENSES</b>			
Doubtful debts		(60)	(60)
PCC investigation expense		843	10,657
HPDT hearing expense		7,123	504
		<b>7,906</b>	<b>11,101</b>

4. PROPERTY, PLANT AND EQUIPMENT, AND INTANGIBLE ASSETS					
As at 31 March 2022	Opening Carrying Value	Current Year Additions	Current Year Disposals/Sales/Adjustment	Depreciation & Amortisation	Closing Carrying Value
Computer equipment	1,732	5,825	0	(2,251)	5,306
	<b>1,732</b>	<b>5,825</b>	<b>0</b>	<b>(2,251)</b>	<b>5,306</b>
Database & website software	22,369	0	(3,792)	(2,520)	16,057
	<b>22,369</b>	<b>0</b>	<b>(3,792)</b>	<b>(2,520)</b>	<b>16,057</b>
As at 31 March 2021					
As at 31 March 2021	Opening Carrying Value	Current Year Additions	Current Year Disposals/Sales	Depreciation & Amortisation	Closing Carrying Value
Furniture & fittings	264	0	0	(264)	0
Computer equipment	5,699	0	0	(3,966)	1,732
Office refit	571	0	0	(571)	0
	<b>6,534</b>	<b>0</b>	<b>0</b>	<b>(4,802)</b>	<b>1,732</b>
Database & website software	27,733	0	0	(5,364)	22,369
MyOsteo/IMIS Development (WIP)	7,650.00	0	(7,650)	0	0
	<b>35,383</b>	<b>0</b>	<b>(7,650)</b>	<b>(5,364)</b>	<b>22,369</b>

	2022 \$	2021 \$
5. ACCOUNTS RECEIVABLE		
Accounts receivable	18,982	20,898
Allowance for doubtful debts	(10,135)	(10,195)
Accrued income	5,734	6,492
	<b>14,581</b>	<b>17,195</b>
6. INCOME IN ADVANCE		
Fees received relating to next year		
APC fees received in advance	281,967	349,169
Disciplinary levies received in advance	1,775	6,887
	<b>283,742</b>	<b>356,056</b>
7. EQUITY		
<b>General Reserve</b>		
<i>Accumulated surpluses with unrestricted use</i>		
Balance at 1 April	599,666	519,968
Surplus/(Deficit) for year	158,871	79,698
<b>Balance at 31 March</b>	<b>758,537</b>	<b>599,666</b>
<b>Discipline Reserve</b>		
Opening balance	482,553	484,449
Levies received	9,745	9,205
Discipline costs	(7,966)	(11,101)
<b>Balance at 31 March</b>	<b>484,332</b>	<b>482,553</b>
<b>Total Reserves</b>	<b>1,242,869</b>	<b>1,082,219</b>

**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 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.

	2022 \$	2021 \$
Due in 1 year	225,000	225,000
Due between 1-3 years	187,500	412,500
	<b>412,500</b>	<b>637,500</b>

## 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.

	2022 \$	2021 \$
Emma Fairs	6,536	6,923
Gracela Gregorio	2,924	0
Janet Miller	8,364	6,364
Lawrence Cartmell	8,127	6,278
Larissa Morgan	8,233	5,977
Lara Sanders	22,653	11,717
Melinda Sweeney	6,192	5,488
Richard Aston	6,794	6,106
Tim Friedlander	5,491	15,569
<b>Total</b>	<b>75,314</b>	<b>64,421</b>

## 11. CONTINGENT LIABILITIES

There are no contingent liabilities at balance date. (2021: \$nil)

## 12. EVENTS AFTER BALANCE DATE

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

## 13. CAPITAL COMMITMENTS

There are no capital commitments at balance date. (2021: \$nil)

## 14. 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 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.





**OCNZ**

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