



## Consultation

by: The Osteopathic Council of New Zealand | Kaunihera Haumanu Tuahiwi o Aotearoa

for: Scope of Practice – Needling Techniques in Osteopathic Practice Review

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## Scope of Practice – Needling Techniques in Osteopathic Practice Review

The Osteopathic Council of New Zealand (OCNZ) is committed to ensuring that all practitioners registered under its jurisdiction meet the highest standards of competence, safety, and professionalism. As part of this commitment, the Council regularly reviews and updates the scopes of practice and associated education requirements for osteopaths in Aotearoa New Zealand.

This document seeks feedback from stakeholders, including practitioners, educators, professional associations, and members of the public, on key issues for the extended scope of practice that regulates the use of needling techniques in osteopathic practice. The Council's aim is to ensure that practitioners who incorporate needling techniques into their osteopathic practice are appropriately trained, competent, and able to deliver safe, effective, and culturally responsive care.

### Background

#### Regulatory Context

The Osteopathic Council New Zealand (OCNZ) registers osteopaths and prescribes the qualifications and standard of ongoing competence required for osteopathic practice in New Zealand.

The Health Practitioners Competence Assurance Act 2003 imposes a duty on health care regulators in New Zealand to determine scopes of practice and mechanisms to ensure health practitioners are competent and fit to practice their profession. This duty was the driver for the Osteopathic Council developing the Western Medical Acupuncture and Related Needling Techniques Scope of Practice (WMA Scope), which, after extensive consultation with stakeholders, and the support of the Ministry of Health, was gazetted in 2009.

At the time, Council recognised that osteopaths were commonly using needling techniques, however no standards of training were determined leading to competency in practice and no sustainable means of developing and delivering training programmes existed.

Although comprehensive data on osteopaths and dry-needling adverse events is not available, the use of dry-needling and acupuncture related techniques carry risks,

including rare but serious adverse events such as pneumothorax. At the time the WMA Scope was developed there were no available competency frameworks for dry needling / western acupuncture related techniques for allied health professionals in the regulatory space.

Building on feedback received from recent consultation on education standards, the Council is currently undertaking a review of the scope of practice that regulates the use of needling techniques in osteopathic practice. The outcome of this review may result in an update to, or replacement of, the current Western Medical Acupuncture and Related Needling Techniques extended scope of practice.

## Previous Consultations and Research

The Council has previously undertaken significant work to clarify and update the standards and competencies for Western Medical Acupuncture (WMA) and Related Needling Techniques scope of practice. Key documents informing this earlier consultation included:

- **Research Report: Competencies for WMA:** Provides a comprehensive review of the literature, international standards, and stakeholder feedback regarding the competencies required for safe needling practice.
- **WMA Standards Consultation Document:** Outlines the proposed competency standards for the safe and effective use of needling techniques in osteopathic practice, with a strong emphasis on cultural safety, evidence-based practice, and alignment with Te Tiriti o Waitangi responsibilities.
- **Proposed Competencies for Western Medical Acupuncture:** Sets out the draft competencies for practitioners wishing to incorporate WMA and related needling techniques into their practice.

## Overview of WMA Standards Consultation Response

In addition to comments directly relating to the proposed standards, which are discussed below, themes within the feedback received indicated a strong difference in views between those involved with Western Medical Acupuncture and those considering the practice of 'dry needling'.

Several respondents advocated for a dual-scope model, distinguishing between dry needling and WMA. They argued that dry needling, rooted in anatomy and physiology, should be considered an extension of manual therapy and require only short, safety-focused training. In contrast, WMA, was seen as requiring more extensive education.

While many respondents supported the need for WMA-specific clinical skills and reasoning, particularly around contraindications and evidence-based practice, some respondents also questioned the reliance on university-delivered qualifications and suggested competency-based CPD frameworks as more flexible and accessible alternatives.

Overall, an unexpected result of this consultation was the clear difference between these two groups, with a tendency for those involved with WMA suggesting formal, tertiary-based education remained appropriate, and those referencing dry needling techniques concerned that such education was excessive, and that informal or self-directed education may be sufficient.

## Response to WMA Standards Consultation

In considering the feedback received regarding appropriate education standards for different needling techniques, Council determined that a review of the full Western Medical Acupuncture (WMA) and Related Needling Techniques scope of practice was warranted.

The strong response from those practising dry needling, as well as other feedback received regarding the use of the term 'acupuncture' within the scope, suggested that the scope needed to be more agnostic towards the various needling modalities that may be used by osteopaths.

The Council was clear that their role was to protect the health and safety of members of the public, to set appropriate competence standards, and to set qualifications at a level necessary to protect members of the public. The Council considered that these requirements would be the same for any use of needling techniques in osteopathic practice, regardless of the specific modality. Therefore, the scope of practice, standards of competence and educational requirements should be developed to cover the range of needling techniques used in osteopathy and focus on mitigating the risks such techniques may present to the public.

## Consultation

The Council is now seeking feedback on three key proposals:

- Update to the Scope of Practice: Adoption of a revised scope of practice for needling techniques.
- Confirmation of Competency Standards: Finalisation of the competence standards for needling techniques.
- Establishment of Education/Accreditation Standards: Introduction of high-level education requirements that describe requirements for the prescribed qualification.

The proposed scope of practice can be found in the document [\*\*OCNZ Proposed Needling Techniques Scope\*\*](#)

The proposed standards can be found in the document [\*\*Proposed Competencies for Needling Techniques in Osteopathic Practice\*\*](#).

The proposed accreditation standards can be found in the document [\*\*OCNZ Proposed Education Standards Needling Techniques\*\*](#)

Details of the research project underpinning this can be found in the document [\*\*Research Report: Competencies for the Extended Osteopathic Scope of Practice for Western Medical Acupuncture\*\*](#)

## Proposed Scope of Practice

The revised scope of practice, as proposed, is designed to ensure clarity for practitioners, the public, and other stakeholders regarding the boundaries and expectations of needling techniques within osteopathic practice.

The two primary changes reflected in this proposed scope respond to the feedback received regarding the interaction between dry needling, Western Medical Acupuncture, and Acupuncture from a Traditional Chinese Medicine perspective.

Firstly, specific references to Western Medical Acupuncture have been removed in favour of more generic references to 'needling techniques'. This reflects the range of needling techniques present in osteopathic practice, including the use of dry needling. While some feedback proposed separate scopes of practice for osteopaths using Western Medical Acupuncture and dry needling techniques, or suggested that dry needling could be safely utilised without an additional scope, the Council considered that this was not appropriate.

Many of the risks Council seeks to mitigate through the extended scope of practice are related to the use of needles and piercing the skin and are not specific to a particular modality or style of needling technique. Council therefore sought to develop a scope of practice that would appropriately cover any use of needling technique in osteopathic practice. In addition, a dual-scope model (or a scope that excluded dry needling practice) would present significant implementation and administration hurdles and would likely increase the cost of regulation.

Secondly, Council seeks to clarify that the use of needling techniques in osteopathic practice specifically relates to practitioners using such techniques as osteopaths, based in osteopathic philosophy and clinical science. The proposed scope specifically excludes the use of Acupuncture using a Traditional Chinese Medicine approach, as this is explicitly outside the scope of osteopathic practice.

The full text of the revised scope can be found in the attached document; however, the key points of this scope are provided below:

## **Scope of Practice: Needling Techniques in Osteopathic Practice**

- This scope applies to osteopaths who hold the primary Scope of Practice: Osteopath and who are qualified to perform needling techniques, such as dry needling, intramuscular stimulation, or other skin-penetrating techniques using a fine filiform needle, as part of their osteopathic practice.
- The scope specifically excludes the practice of acupuncture as a component of traditional Chinese medicine, as this is considered outside the scope of osteopathic practice.
- Needling techniques are to be practised within a biomedical framework, grounded in contemporary knowledge of anatomy, physiology, pathology, and evidence-based healthcare. Practitioners do not adhere to traditional acupuncture concepts such as Yin/Yang or qi circulation.
- The primary purpose of needling techniques in osteopathic practice is to support musculoskeletal care, including the management of myofascial trigger points, postoperative pain, and nausea, informed by osteopathic diagnosis and management.
- The Council regulates these techniques to mitigate risks associated with skin penetration and to ensure public safety.
- Practitioners must adhere to the Competence Standards for the use of Needling Techniques in Osteopathic Practice.
- Title protection applies: those registered in this scope may use titles such as “Osteopathic Practitioner of Needling Techniques” or “Osteopathic Needling Technique Practitioner”. Recognised needling techniques will be published on the Council website.

## Proposed Competence Standards

In 2023, the Council engaged a research team to lead development of a competency framework for Western Medical Acupuncture and related needling techniques within osteopathic practice and to conduct the necessary research to ensure these would be underpinned by current literature and osteopathic practise in New Zealand. As there is an existing community of practice of osteopaths that currently hold the WMA scope and utilise these techniques in practice, engagement with this community was a core activity in developing these standards.

As a regulatory authority, independent from the Crown, the Council also has a responsibility to work with iwi and Māori to give effect to and realise the promise of Te Tiriti o Waitangi. As such, this work included appropriate consideration of the principles of Te Tiriti o Waitangi as described in the Osteopathic Council Code of Conduct and incorporates advice and feedback from Te Mana Tautoko, the Māori advisory group to the Council.

The Council consulted on the initial draft competence standards in early 2025, receiving a range of feedback as outlined in the *Proposed WMA Competencies Consultation Response Summary* document. Much of this feedback related to broader aspects of the scope, such as the educational level of prescribed qualifications and consideration of the interaction between dry needling, Western Medical Acupuncture, and Acupuncture from a Traditional Chinese Medicine perspective, and informed this full review of the scope of practice. There were, however, several key themes regarding the proposed competence standards that are discussed below.

The Council is re-presenting the proposed competence standards in this consultation, which have been updated to remove specific reference to WMA, and to provide a response to the feedback received during the previous consultation process.

## Domain 1: Te Tiriti o Waitangi Partnership Responsibilities

Feedback on this domain was mixed. While some respondents agreed that these competencies were important inclusions in the WMA competence standards, others questioned their inclusion in standards related to a 'technical' skill.

The Council views this domain as highly important across all areas of osteopathic practice. While the application of needling techniques may be seen as a technical skill, they occur within the patient context, and this must be considered when using such techniques. While this domain mirrors the equivalent competencies found in the general Osteopathic Practice Competencies, there are also considerations specific to the use of needling techniques. As a practical example, the use of needling techniques may result in a potential for minor bleeding to occur. As blood is considered tapu, practitioners must be aware of appropriate protocols to manage this situation and ensure culturally and clinically safe practice.

## Domain 2: Communication and patient partnership

Overall, feedback on this domain demonstrated broad support. While some feedback suggested that a higher degree of specificity in this domain may help avoid overlap with the Osteopathic Practice Competencies, the Council is purposefully taking a high-level, principles-based approach to the development of competence descriptors. This follows the approach taken in the development of the Osteopathic Practice Competencies and allows for a simplified set of competencies that also allow the standards to be responsive to evolving practice.

While this may result in some apparent repetition of these competencies within the proposed *Competencies for Needling Techniques in Osteopathic Practice*, this signifies that these competencies remain important in the context of utilising needling techniques in osteopathic practice.

### Domain 3: Knowledge, skills, and performance | Domain 4: Safety and Quality in Practice | Domain 5: Professionalism

While these domains received extensive feedback, much of this related to broader aspects of the scope, such as the educational level of prescribed qualifications and consideration of the interaction between dry needling, Western Medical Acupuncture, and Acupuncture from a Traditional Chinese Medicine perspective. These topics have been addressed elsewhere in this review.

Some feedback also suggested greater clarity with terms such as ‘appropriate’ or recommended measurable performance outcomes. As discussed in the response to Domain 2, above, Council is taking a high-level approach to the development of these standards. The standards should also be considered in conjunction with the scope of practice and accreditation criteria (also included in this consultation) which provide additional detail.

### Summary of Changes

After considering the feedback, the Council was satisfied with the proposed standards but recognised that a broader review of the scope of practice was necessary. The competence standards presented in this consultation remain fundamentally the same as those presented in the previous consultation. Those changes that have been made serve to align the proposed standards with the focus on generic needling techniques presented in this consultation.

## Proposed Education/Accreditation Requirements

The Council is required to prescribe one or more qualifications for every scope of practice. The Council recognises that there is currently limited opportunity for osteopaths in New Zealand to undertake recognised training in needling techniques.

Under section 12 of the Health Practitioners Competence Assurance Act, the Council may designate “the successful completion of a degree, course of studies, or programme accredited by the authority” as a prescribed qualification for a scope of practice. The Council expects that, by setting clear requirements for accreditation of a programme, there will be greater opportunity for education providers to develop and deliver programmes that meet Council’s expectations.

Council has therefore developed draft Accreditation Standards for Education Programmes leading to Registration in the Needling Techniques Scope of Practice.

While these standards largely match the general Accreditation Standards for Education Programmes leading to Registration as an Osteopath, they have been adapted to reflect the specific requirements of education for the Needling Technique scope. These requirements are designed to ensure that practitioners possess the necessary knowledge, skills, and professional attributes to practise safely and effectively, and have been developed in reference to international standards.

In particular, the standards consider specific core curriculum topics and academic requirements as described below.

### Core Curriculum Topics

#### *Anatomical Knowledge*

A thorough understanding of anatomy is essential for safe needling practice. This includes detailed knowledge of musculoskeletal structures, neurovascular pathways, and high-risk regions such as the thorax. Practical palpation skills and anatomical landmark identification are critical to avoid complications such as pneumothorax. This competency should be reinforced through both theoretical instruction and hands-on training. While osteopathic practitioners are expected to have a high degree of existing anatomical knowledge, reviewing this domain with specific reference to needling techniques is considered important.

### *Clean Needle Technique and Infection Control*

Proper hygiene and infection control procedures are vital to prevent infections and other complications. This includes hand hygiene, skin disinfection, use of sterile single-use needles, and safe disposal of sharps. Training should include both theoretical instruction and practical application of clean needle technique protocols.

### *Point Location and Needling Technique*

Accurate point location and safe, effective needling technique are fundamental. This includes understanding different styles of needling technique, appropriate needle selection, insertion depth and angle, and patient positioning. Consistent terminology and procedural clarity are essential. Training should be predominantly practical, supported by theoretical foundations.

### *Safety, Contraindications and Adverse Event Management*

Practitioners must be able to identify contraindications and manage potential adverse events. This includes recognising patient-specific risks (e.g., bleeding disorders, pregnancy), understanding when not to needle, and responding appropriately to complications such as vasovagal reactions or unexpected pain. Emergency protocols and risk mitigation strategies should be covered in both theory and practical sessions.

### *Theoretical Framework*

A coherent theoretical framework underpins safe and effective practice. This includes the integration of anatomical, physiological and pathological knowledge with evidence-based clinical principles. Practitioners should understand the rationale behind their approach and be able to articulate it clearly.

### *Evidence-Based Practice*

Practitioners must be able to interpret and apply current research evidence. This includes understanding the scientific basis of needling theory and practice, evaluating the strength and certainty of evidence, and integrating research findings into clinical decision-making. Training should include critical appraisal skills and familiarity with clinical guidelines.

### *Clinical Reasoning and Integration*

The ability to make informed decisions about when and how to apply needling techniques is crucial. This includes selecting appropriate treatment approaches based on patient presentation, integrating needling with other therapeutic modalities, and adapting techniques to individual needs.

### *Communication and Informed Consent*

Effective communication with patients is essential. Practitioners must be able to explain the procedure, risks, benefits and alternatives in a clear and culturally appropriate manner. Informed consent must be obtained and documented. Training should include patient education strategies and legal considerations.

### *Cultural Safety and Partnership Responsibilities*

Practitioners must demonstrate cultural competence and uphold partnership responsibilities, particularly in contexts such as Aotearoa New Zealand. This includes understanding Māori models of health, respecting diverse cultural perspectives, and applying culturally safe practices. Training should reflect local regulatory expectations and community needs.

## Academic Requirements

### *Academic Level*

The Council proposes that the minimum academic level for a qualification leading to registration in the Needling Techniques Scope of Practice be set at Level 5 on the New Zealand Qualifications and Credentials Framework (NZQCF). This level is consistent with targeted, skill-based education designed to support safe and effective procedural practice.

Level 5 qualifications are typically used for vocational and professional development programmes that require structured learning outcomes, formal assessment, and quality assurance, but do not necessitate the depth of theoretical engagement associated with higher-level tertiary qualifications. This level is considered appropriate given that osteopaths already possess foundational anatomical and clinical knowledge through their primary qualification. The proposed qualification is intended to build on this foundation, focusing specifically on the safe application of needling techniques.

To ensure that programme development and delivery is available to a wide range of educators, the Council is willing to consider programmes or qualifications that are not formally listed on the NZQCF (or have equivalent approval from the Committee on University Academic Programmes) but can demonstrate education of an equivalent level.

While the proposed qualification is set at Level 5 to improve accessibility and reflect the foundational anatomical and clinical training osteopaths already possess, the Council acknowledges that international standards vary. For example, the Acupuncture Association of Chartered Physiotherapists (AACP) in the UK requires completion of a postgraduate certificate (Level 7) for membership. The Council will ensure that educational programmes include robust assessment and clinical supervision, as described in the relevant Accreditation Standards, to maintain safety and competence.

### *Minimum Learning Hours*

The Council proposes a minimum of 80 hours of total learning for qualifications leading to registration in this scope. This figure reflects the need for comprehensive coverage of core curriculum topics, including anatomical knowledge, clean needle technique, point location, contraindications, adverse event management, and clinical reasoning.

The proposed minimum of 80 hours is consistent with recommendations from the Physiotherapy Acupuncture Association of New Zealand (PAANZ) and the Australian Society of Acupuncture Physiotherapists (ASAP). While international standards vary, with some jurisdictions requiring up to 300 hours or postgraduate qualifications, the Council considers 80 hours a pragmatic minimum for osteopaths already trained in anatomy and clinical reasoning.

The 80-hour minimum is intended to ensure that practitioners receive sufficient instruction and assessment across all relevant competencies, while maintaining accessibility for those seeking to extend their scope of practice, but also reflects the minimum amount of initial education considered necessary. Practitioners will be expected to demonstrate their capability as life-long learners and maintain an appropriate level of Continuing Professional Development and a commitment to ensuring their ongoing competence in this field.

### *Minimum Face-to-Face Instruction*

The Council is proposing a minimum of 16 hours of face-to-face instruction within the overall 80-hour programme. This requirement is based on the need for supervised practical training in needle handling, point location, and adverse event management.

Face-to-face instruction is critical for ensuring that practitioners develop safe and effective needling technique. It allows for direct observation, feedback, and correction by experienced educators, and provides opportunities for peer learning and simulated practice. The proposed minimum is consistent with international requirements or recommendations for clinicians practising needling techniques: the British Medical Acupuncture Society Foundation Course includes 16 hours of face-to-face instruction, and Australian Society of Acupuncture Physiotherapists recommends a similar duration (12 hours) for dry needling training in Australia.

While some training providers offer longer practical components, the Council considers that 16 hours is a defensible minimum when combined with structured theoretical learning and assessment. Programmes may exceed this minimum, and providers are welcome to do so where appropriate.

## Consultation Questions

The Council invites feedback on the following questions:

- 1. Do you have feedback on the revised scope of practice wording?**  
Are there areas that require further clarification or amendment?
- 2. Do you support the proposed education requirements for the Needling Techniques scope of practice?**  
Please provide reasons for your answer.
- 3. Are the outlined competencies and training topics sufficient to ensure safe and effective practice?**  
Are there additional areas that should be included?
- 4. Is the proposed academic level and minimum hours appropriate?**  
Please provide reasons for your answer.
- 5. Are there additional considerations for cultural safety or partnership responsibilities that should be included?**  
How can the Council further support culturally safe practice in this area?
- 6. Do you have any other comments or suggestions regarding the proposed changes?**

## Submitting Feedback

The Council is now consulting on the changes proposed as a result of this review, and you are invited to provide your feedback. The questions listed above indicate where Council is seeking specific feedback, but you are also welcome to provide any further feedback or areas of clarification that you feel are important. Please note that an anonymised summary of consultation feedback will be published by Council.

If you would like to respond to this consultation, please email your feedback to [osteoadmin@osteopathiccouncil.org.nz](mailto:osteoadmin@osteopathiccouncil.org.nz)