



Consultation

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

for: Competent Authority Pathway (CAP) Programme Review | Consultation 2

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Competent Authority Pathway (CAP) Programme Review

The Osteopathic Council of New Zealand | Kaunihera Haumanu Tuahiwi o Aotearoa (the Council) is seeking feedback on its Competent Authority Pathway Programme (CAPP).

The Competent Authority Pathway Programme (CAPP) is a programme by which overseas registrants with recognised qualifications can demonstrate their competence to practice in New Zealand, and that serves to support osteopaths with transitioning to independent practice in the New Zealand context. These practitioners have generally trained in countries that have similar academic requirements and regulatory environments to New Zealand, and often demonstrate clinical experience in these countries.

The CAPP (and associated Guide) was last reviewed in 2017 and the Council has undertaken this review to ensure it remains suitable for the modern regulatory environment. This review provides an opportunity for Council to ensure that the programme requirements are targeted and efficient while meeting the goal of assuring Council that registrants meet the expected standard for safe, independent osteopathic practice in New Zealand.

The scope of this review includes the structure, content, and timing of the current CAP programme. The Council is not currently intending on reviewing the overall format from that of a post-registration, portfolio-based assessment.

Response to Consultation Feedback

This document outlines the proposed changes to the Competent Authority Pathway Programme in response to the feedback received during the initial consultation held August/September 2024. This consultation document and a detailed summary of the feedback received is available in the *Consultations* section of the Osteopathic Council website. Key feedback themes are presented in text boxes throughout this document, for each section where changes have been made.

Proposed Changes to the Competent Authority Pathway Programme (Revised)

Overview

This section provides a high-level overview of the proposed changes to the current CAP programme. Detailed material will be developed once the overall structure of the programme has been finalised.

To situate the portfolio content and tasks more clearly within the programme, this section will describe the purpose of the CAPP and the principles that the Council have used to guide this review. These guiding principles will also serve to underpin ongoing dialogue regarding the programme and demonstrate the Council's intent for how the programme is implemented.

Purpose

Key consultation feedback: Overall, feedback provided strong agreement that supporting the transition to practice in the New Zealand context should be a primary aim of the programme. While some feedback queried the role of the programme in improving broad or measurable changes in competence, there was also strong agreement that the programme should assist in developing competencies specific to the New Zealand context. The proposed purpose therefore remains unchanged.

The CAP programme was originally developed based on a joint report developed for the Osteopathic Council of New Zealand and the Australia and New Zealand Osteopathic Council¹ to replace the existing clinical examination assessment. The following excerpt from this report sets out the background to the programme:

¹ Development of an assessment process for overseas osteopaths to practice in Australasia, Caroline Stone, 2011.

The osteopathic profession globally is increasingly confronting the challenge of assessing practitioners who wish to migrate and work in different geographical and regulatory jurisdictions to their place of training and current workplace experience, a factor not confined to osteopathy. Changing healthcare practices over time places new stressors on assessment of competence mechanisms. The establishment of national regulatory frameworks in law and codes of practice call for the identification of requirements for continuous professional development and minimum levels of qualification for entry into the profession - and how to assess these. This brings the question of comparability or equivalence between jurisdictions to the fore. Each regulatory authority must therefore decide upon an approach to the assessment of overseas osteopaths wishing to gain entry into that region's workforce. Cultural change may be required to bring thinking about competency assessment into a form that suits this purpose.

Assessment of overseas osteopaths for entry into the profession is arguably more closely related to ongoing assessment and work based reflective practices than high stakes examinations conducted at the end of entry level programmes and requires differing assessment strategies. Assessment of overseas applicants 'stands alone' from institutional needs and should necessarily engage with professionals already working within the field with a much greater range of experiences, capabilities and professional approaches and values. The migration and global mobility of healthcare workers, including osteopaths, creates a unique set of challenges to the question of how assessment is best organised to capture the nature of a person's professional capability and suitability to work within any given regulatory environment, and how best to guide them for future development to either maintain their regulatory status or to improve and mature their current skills and knowledge to meet required standards for entry.

The CAP programme has been set by the Osteopathic Council as a competence programme under section 40 of the Health Practitioners Competence Assurance Act (2003).

Under this section:

- (1) For the purpose of maintaining, examining, or improving the competence of health practitioners to practise the profession in respect of which an authority is appointed, the authority may from time to time set or recognise competence programmes in respect of health practitioners who hold or apply for practising certificates.

The Osteopathic Council intends to set the CAP programme for the purpose of improving the competence of internationally trained osteopaths registering with the Council. Being registered under the Competent Authority Pathway means that an applicant is registered with the General Osteopathic Council of the United Kingdom (GOsC) and holds a qualification recognised by the GOsC and listed on the GOsC website. The CAP programme may also be considered for other internationally trained osteopaths as part of the non-recognised qualification pathway.

The key purpose of the CAP programme is to improve the competence of new registrants who may have limited experience of practising in New Zealand. Council recognises that these osteopaths will typically have training and experience that is equivalent to, or as satisfactory as, those trained in New Zealand. The primary aim of the CAP programme, therefore, is to improve the competence of practitioners in areas of practice that may be different to their previous experience or that are unique to New Zealand. In effect, the programme also serves to support the transition of a new registrant into independent practice as an osteopath in the New Zealand context.

All osteopaths must meet the expected Osteopathic Practice Competencies and be capable of safe, independent practice as an osteopath in New Zealand. These competencies represent the minimum or threshold competencies for osteopathic practice in New Zealand and the CAP programme allows practitioners to demonstrate they meet this threshold across all Practice Competencies. While practitioners may wish to demonstrate the full range of their skills through their portfolio submissions, this is not a requirement – meeting the threshold competencies is sufficient.

This requires a programme that includes elements of formal assessment to ensure satisfactory completion of the programme, but that also results in a collaborative environment for osteopaths to transition into New Zealand practice in a supported and safe manner. The relative focus on each of these aspects, however, may change depending on an osteopath's unique situation and experience.

Guiding Principles

Key consultation feedback: There was strong support for the proposed principles. The recommendation that the principles take a dual framed approach, recognising the value of mātauranga Māori in informing their design and implementation. Additional principles suggested, but not included were:

Flexibility: This is now reflected in the revised programme structure rather than a stand-alone principle

Respect: This has been included under the principle of being 'Supportive'

Equity | Tauritanga: This principle may be an important concept for practitioners to understand and embody, rather than describing how the programme is delivered.

These principles include an aim for the programme to be:

Manaakitanga | Supportive

Manaakitanga: the process of showing respect, care, and support for others, ensuring their mana (dignity, prestige) is upheld

While the CAP programme does require a formalised assessment process, which may be challenging to practitioners, the Council also recognises the vulnerable position of practitioners who may be new to the country and may lack strong support networks. Relationships between preceptees and preceptors should be professional, collegial and reflect the status of those engaged as professional peers. These relationships should be seen to reflect mutual respect between all parties.

Arotahinga | Targeted

Arotahinga: being intentional and focused in directing resources or support where they are most needed

The requirements of the CAP programme should be targeted to enable the aims of the programme to be met without being overly onerous. On occasion, a pragmatic, flexible approach may be taken to allow CAP requirements to be refocused, either to recognise existing areas of demonstrated competence and strength or to provide targeted support and additional review in areas of potential weakness.

Tikanga | Fair and Transparent

Tikanga: the correct procedure, ethics, or the right way of doing things, aligning with the concept of fairness and integrity in the process

While the CAP programme may be responsive to the unique situation of each preceptee, the requirements should be clear and the overall experience of preceptees should be standardised across all those engaged in the programme. While some variation in the preceptee-preceptor relationship will naturally exist, the assessment of achievement and quality of feedback must be equal and fair. This will be reflected in strong moderation and alignment processes along with clear expectations for both preceptees and preceptors throughout the programme.

Whai Hua | Valuable

Whai Hua: the sense of something being valuable, fruitful, or meaningful. It emphasises the idea of something having purpose and significance

Although the primary purpose of the CAP programme is to help satisfy the Council's responsibilities towards public protection under the Act, there is also substantial opportunity for the programme to be a valuable experience for preceptees. Where possible, the design of the programme should demonstrate value to preceptees through authentic tasks and meaningful discussions. This will serve to both increase preceptee buy-in and help to ensure a genuine learning experience.

Pūmautanga | Rigorous

Pūmautanga: being consistent, steadfast, and reliable, while also suggesting thoroughness and strength in commitment

Tasks completed as part of the programme should be both valid and reliable with respect to their individual purpose. Valid means that they accurately achieve these aims, while reliable means that they will give consistent results. To achieve this, both individual task and overall programme design should be developed and reviewed with current evidence and best practice in mind. While strong rigour is important, however, it should also be considered in the context of the other guiding principles listed here.

Design and Structure

Key consultation feedback: The consultation feedback provided a clear call for greater flexibility in the programme. This included a recommendation for content and/or timing that is responsive to the skills of each preceptee, and a greater focus on longitudinal tasks that show more integration with clinical practice. The Council also considers that a revision of the structure will help recognise the skills and aptitudes that preceptees may bring as qualified professionals transitioning to New Zealand practice. This has led to a substantial revision of the proposed programme structure.

The current CAP programme structure requires 22 to 26 items to be completed over four, three-month phases. This results in an overall standard timeline of 12 months to complete the programme.

The revised programme proposes an initial phase of coursework on key topics, and a secondary phase incorporating a flexible portfolio. This is intended to result in both the development of competence in areas of practice unique to the New Zealand context, as well as the demonstration of competence against the New Zealand Osteopathic Practice Competencies.

The draft CAP Programme Plan (Revised) is presented in Appendix 1. Descriptions of the recommended tasks for each preceptee to complete are presented in Appendix 2.

Coursework modules as CPD

While completing the identified coursework modules is a requirement of the programme, the Council also recognises the importance of reflective practice and incorporating this knowledge into clinical practice.

The coursework modules will be supported by targeted preceptor discussions and will require the preceptee to reflect on their understanding both prior to, and after, completing the modules. This reflection aligns with that required of all osteopaths under the Council's Continuing Competence Programme (CCP) for Osteopaths, and is intended to help the preceptee develop the necessary skills to meet the requirements of the CCP.

Flexible Portfolio Development

Rather than consisting of discreet tasks and stages that must each be assessed by a preceptor, the preceptee will develop a portfolio that demonstrates that:

- they meet the Osteopathic Practice Competencies, and;
- they have successfully incorporated the coursework material into their clinical practice

The development of this portfolio will follow a supervisory model of learning². While the preceptee is responsible for identifying, developing and recording the necessary evidence for their portfolio, they will receive regular supervision from their preceptor to provide guidance and support. When the preceptee and preceptor consider that the portfolio will meet the expected goals, the preceptee submits the portfolio for assessment by a second preceptor.

This revised programme design has two significant impacts:

Assessment against competencies, not against tasks

As the primary focus of the CAP programme is the competence of a preceptee, the method of assessment should reflect this. Whereas the current CAP programme assesses preceptees on the satisfactory completion of required tasks, the revised programme proposes to assess preceptees directly against their ability to evidence meeting the Osteopathic Practice Competencies. This will help to maximise the flexibility of tasks and ensure the programme can be adapted to the individual needs of a preceptee.

² See, for example, Lee, A. (2008). How are doctoral students supervised? Concepts of doctoral research supervision. *Studies in Higher Education*, 33(3), 267–281.

Split roles for preceptors

In the current CAP programme, a preceptor is responsible for both supporting a preceptee, and determining whether submitted work meets the required standard. This requirement to act as both a supervisor and assessor may lead to conflict in the preceptee/preceptor relationship. Under the proposed programme, preceptorship roles will be split into two distinct roles: a *supervisory preceptor*, and an *assessing preceptor*. While an individual preceptor may be able to act in either of these roles, a preceptee will be assigned different preceptors for supervision and portfolio assessment.

The programme design will still retain the intent to follow an *assessment as learning* approach, which incorporates “assessment that necessarily generates learning opportunities for students through their active engagement in seeking, interrelating, and using evidence”³. If an assessor identifies gaps in the submitted portfolio, the preceptee receives detailed feedback and may be provided with an opportunity to resubmit after making any required revisions.

As a competence assessment process, however, the programme will maintain a focus on requiring evidence of meeting the Osteopathic Practice Competencies and retain the current provision for onsite clinical assessment where required. In addition, where a preceptee fails to make satisfactory progress through the programme, or where significant concerns are raised about the practitioner’s competence, further intervention may be required by the Council.

³ Assessment As Learning: Maximising Opportunities for Student Learning and Achievement, edited by Zi Yan, and Lan Yang, Taylor & Francis Group, 2021.

Timing

The removal of discreet Stages (or phases) within the development of the portfolio allows the programme to be more responsive to the preferred workflow of a preceptee.

Given the intent of the CAP programme to support transition into practice in New Zealand and that many tasks rely on the preceptee discussing appropriate cases from their clinical experience, however, it is expected that preceptees would need a degree of clinical experience and time in practice within New Zealand to generate the required evidence for their portfolio. It would therefore be expected that completion of the portfolio would take a minimum of three months from starting practice in New Zealand.

In addition, while it is expected that portfolio development will take no more than six months, extenuating circumstances may enable the preceptee to apply for an extension to this timeline.

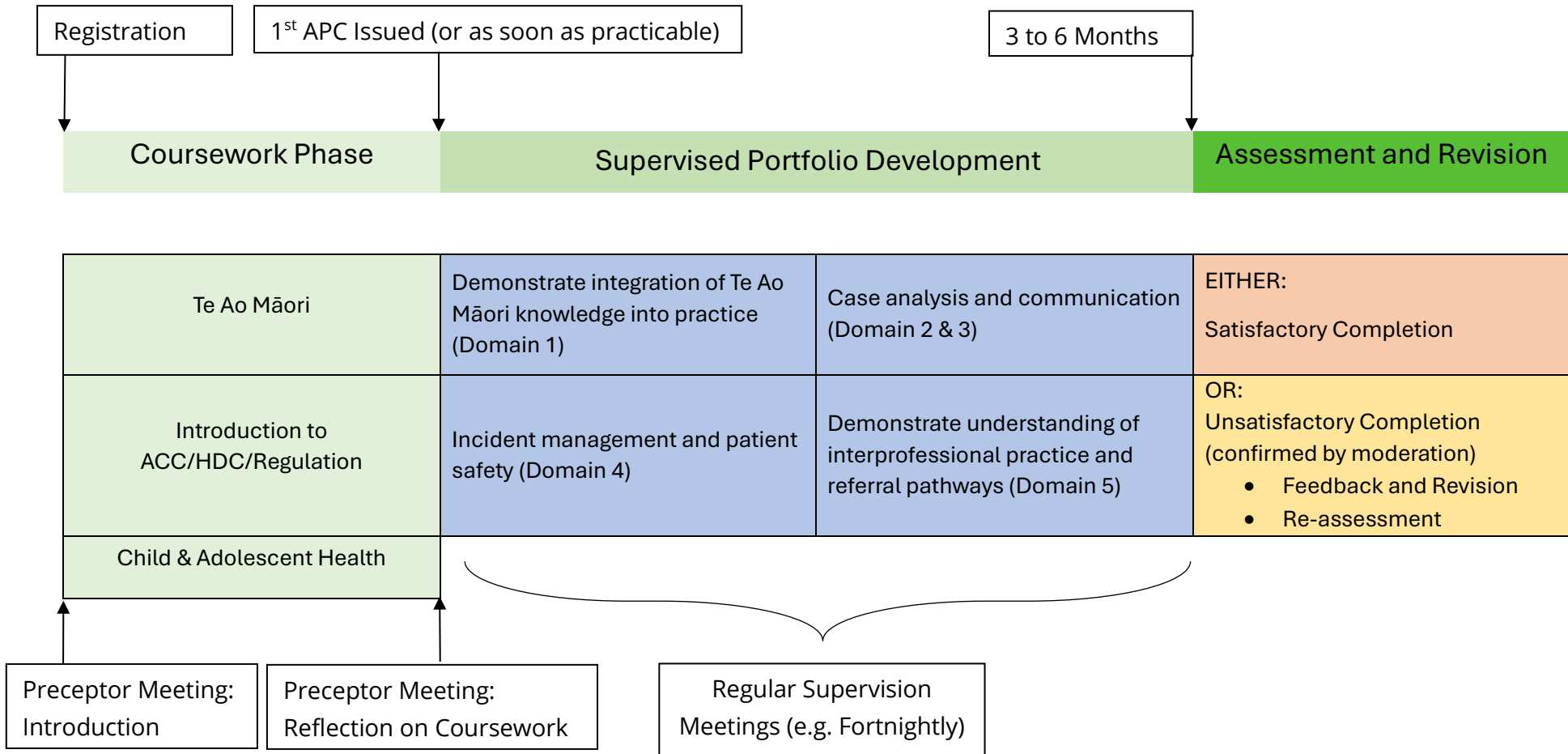
As part of the proposed changes, the Council is considering a time-based fee for enrolment in the CAP programme. Under this proposal, the initial CAP programme fee would cover the initial coursework phase and the first six months of supervisory support. Any extension to this time may require the payment of an additional fee.

Assessment

Rather than a review of individual written tasks, as under the current programme, the proposed assessment process will provide an opportunity for a preceptee to present their portfolio to the assessing preceptor (generally via video conferencing or remote meeting) and describe how the included material demonstrates competent practise. This also provides an opportunity for the assessor to enquire about any areas of the portfolio that may be unclear, or to explore potential areas of weakness or strength in the information provided. If an assessor is not yet confident that a preceptee has provided sufficient evidence, they will generally provide feedback to allow further work towards a successful resubmission.

The supervising preceptor will support the preceptee to prepare for this assessment and respond to any feedback by their supervising preceptor; however, the preceptee will ultimately be responsible for developing and presenting their portfolio.

Proposed High-level Structure



Programme Outcomes

In addition to the structure and content of the CAP programme, the current review also seeks to describe the potential outcomes with greater clarity. While the design of the CAP programme does provide for some flexibility in supporting successful completion, the Health Practitioners Competence Assurance Act 2003 also has provision for unsatisfactory results.

Satisfactory completion

A practitioner is considered to have satisfactorily completed the CAP programme when they have demonstrated evidence of meeting the Osteopathic Practice Competencies by:

- Completing all components of the programme to a satisfactory standard and within the required timeframes; and,
- Addressing any minor concerns that may arise regarding the practitioner's competence to a satisfactory standard.

While an assessor may provide feedback on portfolio submissions and/or areas of competence, all submissions will undergo a moderation process before final results are ratified and satisfactory completion is confirmed by the Council.

Addressing Concerns

During the course of completing the programme, concerns may arise regarding a practitioner's engagement in the programme or competence as an osteopathic practitioner. Examples of areas of concern may include:

- Poor communication with preceptors and/or response to feedback
- Failing to meet negotiated timelines for portfolio development
- Difficulty meeting the expected standard of portfolio development or evidence
- Any information suggesting a practitioner is not meeting the Osteopathic Practice Competencies

Where these concerns are borderline and do not indicate a risk of harm to the public, the Council may consider amending the requirements of the CAP programme to further explore areas of concern and facilitate successful completion. Actions or amendments that Council may consider include:

- Completion of a diagnostic onsite clinical assessment
- Adjustment of programme timeline and submission dates
- Modifying existing work or requiring submission of additional work to address areas of concern

Concerns of a more significant nature may lead to consideration of a separate competence process outside of the CAP Programme.

Unsatisfactory results

As the CAP programme is a competence programme under section 40 of the Act, the Council may, at any time where the practitioner is not satisfactorily meeting the requirements, consider action under section 43.

Under this section, if a health practitioner who is required to complete a competence programme does not satisfy the requirements of the programme, the responsible authority may make either of the following orders:

- (a) that the health practitioner's scope of practice be altered—
 - (i) by changing any health services that the practitioner is permitted to perform; or
 - (ii) by including any condition or conditions that the authority considers appropriate:
- (b) that the practitioner's registration be suspended.

If the Osteopathic Council proposes an order under this section, the practitioner must be provided with the reasons why the order is being proposed and have an opportunity to respond.

Appendix 1 | Draft CAP Programme Plan (Revised)

Phase 1 – Coursework

Coursework modules delivered online (external providers and/or resource lists) supported by preceptor discussion.

Topics include:

- Te Ao Māori
- ACC
- HDC/OCNZ Standards/other applicable regulation
- Child & Adolescent Health
- Reflective Practice

Support includes:

- Written outline of topics (including relevance)
- 1-hour meeting with supervising preceptor to discuss context of information/integration into practice

Expected outcomes (included in portfolio) includes:

- Reflective writing based on standard CPD submission (pre- and post-coursework)

Phase 2 – Supervised practice (with supervising preceptor)

Up to six months of standard clinical practice supported by regular supervisory meetings. Preceptee develops portfolio demonstrating that they meet the competencies of osteopathic practice.

Tasks include:

- Demonstrate integration of Te Ao Māori knowledge into practice (Domain 1)
 - Suggested components: Case report(s), clinic process/policy development, evidence of building local relationships

- Case analysis and communication (Domain 2 & 3)
 - Suggested components: Clinical/work-based observation (osteo in good standing w/ 3 years NZ experience, generally employer) – simple signoff with brief comment on knowledge/reasoning, technical practice, communication
- Incident management and patient safety (inc. regulatory environment) (Domain 4)
 - Suggested components: Critical Incident Report(s), integration of clinical processes/policy into practice (including complaints processes).
- Demonstrate understanding of interprofessional practice and referral pathways (Domain 5)
 - Suggested components: Case report(s), communication with local providers, clinical processes/policy inc. templates.

General requirements:

- Preceptee is required to regularly meet with supervising preceptor (e.g. 1 hour per fortnight) to discuss transition into NZ practice environment plus potential evidence/portfolio development.
 - Examples of experience are preferred, rather than clinical documents with no context

Expected outcomes:

- For each Domain, preceptee is to provide a statement discussing how their submitted evidence demonstrates meeting the Competencies
- Supervising preceptors provide simple sign-off prior to portfolio assessment
- Preceptees present portfolio to assessing preceptor
 - Assessing preceptor has an opportunity to seek clarification and ask further questions about the evidence provided
- Assessing preceptors review portfolio presentation and any further discussion to assess evidence of meeting competencies
 - Rubrics are developed for each Domain, rather than for specific task/types of evidence

- Any portfolio assessed as 'not yet achieved' is re-marked by second assessing preceptor
 - Transcript or recording of any discussion is available to the second assessor, but preceptee does not attend re-marking
 - If submission is confirmed as unsuccessful, feedback is provided to the preceptee. If no major concerns, preceptee is allowed a resubmission opportunity with timeline (e.g. maximum 6 weeks).
- Major concerns or unsuccessful resubmissions are referred to registrar for consideration.

Delayed progression

Initial CAP fee covers content course and up to six months post-APC enrolment. Failure to progress and/or complete in this time will be referred to Registrar. Any extension beyond 6 months may attract additional fees (subject to applicability of compassionate consideration).

Appendix 2 | Descriptors of Suggested Tasks

Learning Needs Analysis

A learning needs analysis helps candidates to identify where they are in terms of their knowledge, skills and competencies, versus where they themselves wish to be – to identify their personal learning goals. This will often result in the identification of skills or knowledge that requires further development, and any expectations or goals that set out how this might be achieved.

Self-Learning Report

Self-learning reports allow a preceptee to describe and reflect on learning tasks that have been of benefit to their professional practice, and the implications this may have for future behaviour, professional actions and/or further learning. These typically relate to the personal self-learning needs identified in a Learning Needs Analysis, but may also relate to other learning opportunities that arise.

Case-Based Analysis

A case-based analysis is used to explore a preceptee's osteopathic analysis of a particular case. This case will typically be one seen by the preceptee as a new patient and that involves some ongoing care. The case-based discussion allows a preceptee to illustrate how they approach clinical reasoning – how they come to conclusions, what they consider are important issues with the case, how they have addressed them and how they approach osteopathic care.

Case-based Comparisons Report

The case-based comparisons report allows preceptees to reflect on several patient cases that show some similarity in presentation, in order to compare and contrast the particulars of each case. The report looks at the decisions a preceptee makes over time, how they may respond to patient needs and individualise their approaches to patient care, and how this is communicated. This process also assists the preceptee in developing reflective skills that facilitate self-directed learning and practice improvement.

Critical Incident Report

A critical incident report relates to an incident which has created an opportunity for a preceptee to become aware of a critical aspect of clinical performance. They are likely to arise most commonly from patient interactions but might emerge from other professional activities. Critical incidents do not necessarily relate to an incident where something has 'gone wrong' but could include positive situations that allow a preceptee to identify and learn from a particular issue, or to recognise and learn from something that had not been previously apparent. It is also useful to explore the reaction to, and management of, such an incident or issue where this may have related to patient care.

Interprofessional Collaboration Report

An osteopath will engage with other health professionals as well as osteopathic peers during the normal course of their clinical work, and this interprofessional practice is an important part of osteopathic practice. This report allows a preceptee to discuss the nature of any interprofessional engagement they have undertaken, what was gained from the experience, and what further self-learning this might have prompted.

Case-based Referrals Report

Similar to the case-based comparisons report above, this report allows preceptees to reflect on several patient cases that incorporated either collaborative interprofessional care and/or complete referral and hand-over of care to another health professional. This report can be used by a preceptee to demonstrate their process and justification for patient referral, as well as their ability to work as part of a healthcare team.

Clinical Observation/Peer Review

A clinical observation or peer review involves observation of a practitioner's clinical practice by a fellow practitioner. As well as providing an opportunity for a practitioner to receive feedback on the clinical encounter from a different perspective, the peer can consider how well the practitioner demonstrated the appropriate Osteopathic Practice Competencies during the encounter.