



Summary of Consultation Results

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

for: Competent Authority Pathway (CAP) Programme Review

Consultation released: 23 August 2024
Deadline for submissions: 5PM 13 September 2024

Osteopathic Council
www.osteopathiccouncil.org.nz
22/28 Willeston Street, Wellington Central
Wellington 6011

Summary of Results

The Council received seven responses to the consultation, representing two organisations and five individuals. A summary of the major themes identified in the consultation is presented below:

- Clear call for flexibility – a programme that can change to meet the needs of the registrant
- Strong agreement with a programme focused on enabling successful transition into New Zealand practice that doesn't over-assess transferrable skills and knowledge
- Indication of a need for high-quality, well-trained preceptors who can provide consistent support and assessment of standards

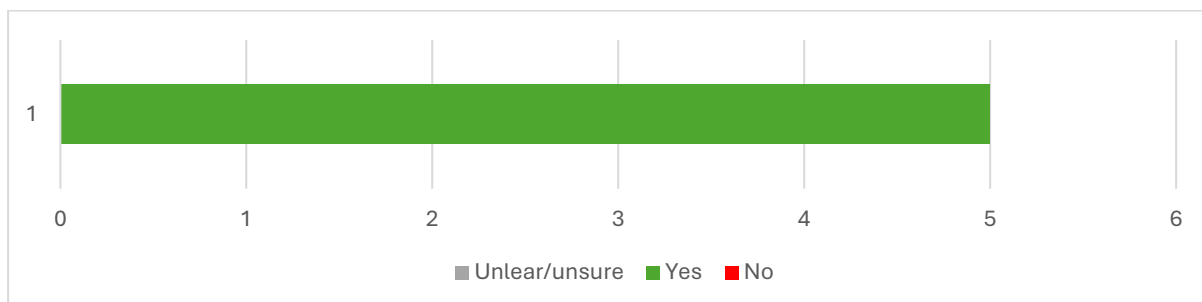
Key areas recommended for review in consultation feedback:

- Consider adding guiding principles in Te Reo Māori
- Consider including Child and Adolescent Health modules
- Consider flexibility in content and/or timing that is responsive to skills of each preceptee
- Consider longitudinal, integrated tasks
- Consider whether competence improvement and assessment should focus on NZ-specific material
- Consider contracting a Māori health educator to assist with content development

Consultation Question 1 – Indications for Change:

1. Do you agree that the stated areas of focus are important for this review?

Strong Agreement

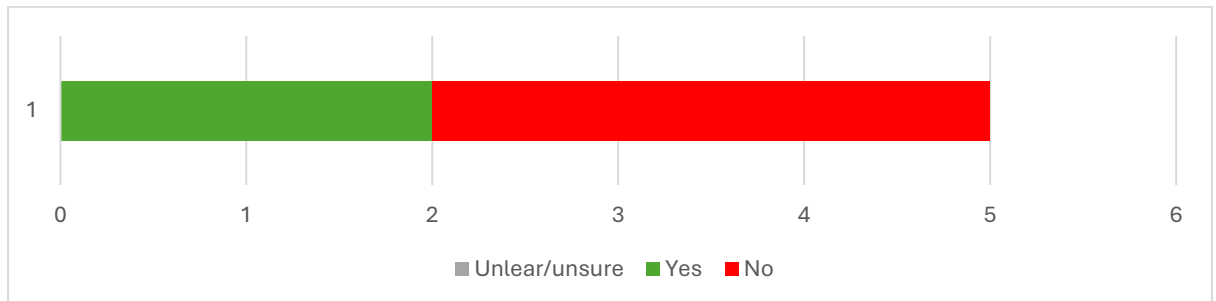


Comments:

- “Yes, particularly greater consistency between preceptor and preceptee expectations”.
- “A more holistic, flexible approach may better suit the graduate-level professionals entering the CAPP”.
- “Yes, but it could include an appreciation of other areas such as the prior career of an individual in much the same way as accreditation of prior learning might work”.
- Yes: “These areas provide the opportunity to support and enable the active protection of Māori health interests.”

2. Do you feel that there are other areas of the current CAP programme that would benefit from a review?

Some Disagreement



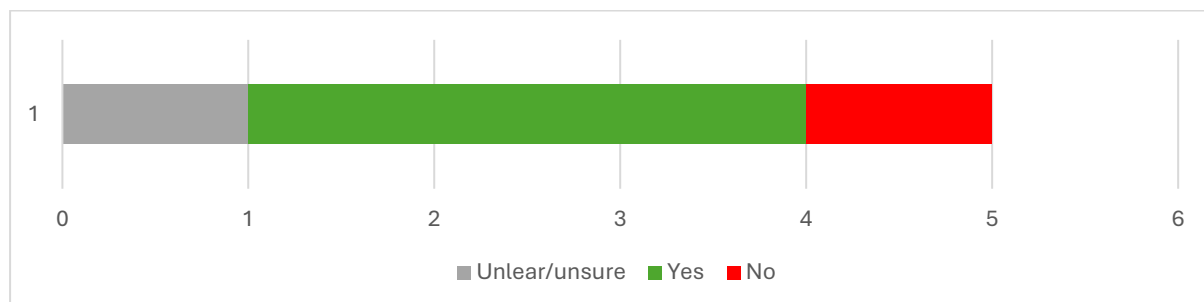
Comments:

- Yes: “I would suggest including the child health courses, or elements of them, in the CAPP process”.
- Yes: “The discussion around aligning with the higher-level expectations of the competencies document reveals a disconnect, as the CAP programme requires greater granularity in many of its tasks”. “Our competency assessment approach should reflect the flexibility of osteopathic philosophy and clinical practice. The overemphasis on granular, isolated tasks may detract from the broader, integrated skills that the CAP programme should ideally evidence”.

Consultation Question 2 – Programme Purpose:

1. Do you agree that improving competence should be an aim of the CAP programme?

Some Agreement

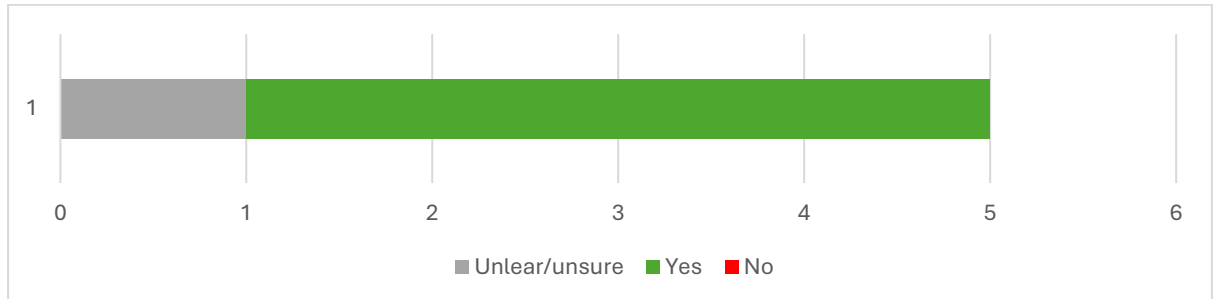


Comments:

- Yes: “We recognise the critical need to strengthen and develop cultural competencies among osteopaths practicing in Aotearoa New Zealand”
- Yes: “But [only] regarding the competence areas that may be different to new registrants’ previous experience or that are unique to New Zealand”
- Yes: “In so far as the New Zealand context needs to be emphasised”.
- Yes: “We recognise the critical need to strengthen and develop cultural competencies among osteopaths practicing in Aotearoa New Zealand as part of a wider approach to provide culturally safe, relevant, and high quality care for Māori and all New Zealanders.”
- No: “it was never intended to raise competence, that would be a very different role for the programme” ... “the aim should not be to improve their competence, with the exception of New Zealand specific elements”.
- Mixed: “it should not be viewed as a means by which to achieve specific measurable changes in competence” [but] “I support the principle that participation in the programme contributes to a long-term improvement in competence by posing carefully targeted questions and tasks”.

2. Do you agree that supporting the transition to practice in the New Zealand context should be a primary aim of the CAP programme?

Mostly Agreement

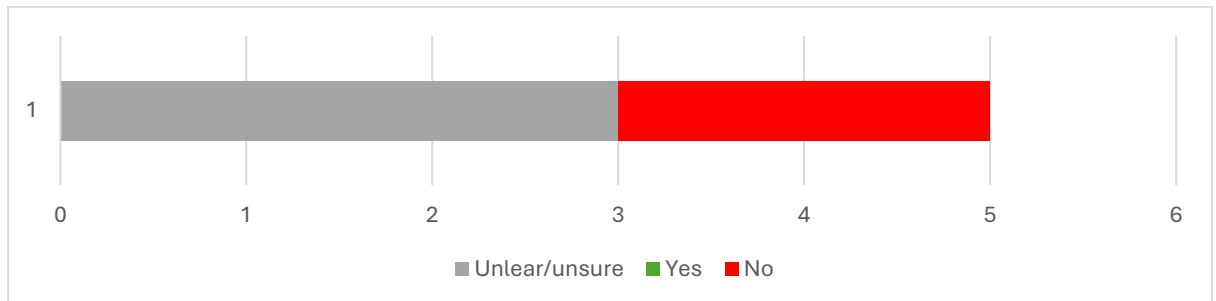


Comments:

- Yes: “Current programme could be extremely arduous” ... “The most value of CAP is in this area”.
- Yes: “Osteopaths embarking on practice in Aotearoa New Zealand should, and need to, start from a broadly shared understanding of the nature of healthcare here”
- Yes: “To some extent” ... “however, there needs to be a relationship between the identified primary aim of the CAP and the assessment of competencies”.

3. Do you feel that the CAP programme should have a stronger focus on competence assessment?

Mostly Unclear

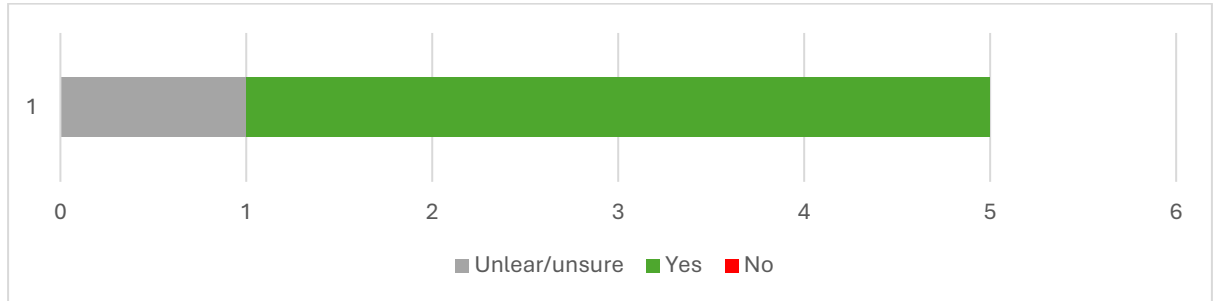


Comments:

- Unclear: “To adopt a stronger focus on competency would suggest that there is a tacit distrust of the jurisdictions from which the preceptors are coming and belief that the New Zealand qualification is somehow superior”.
- Unclear: “if the assessment of competencies for osteopathic practice in Aotearoa New Zealand for overseas registrants are not being made prior to enrolling in the CAP programme, then the CAP programme must be weighted more towards assessing competency in this area”
- No: “The capacity of the applicant to reflect on their actions is the key issue, rather than a [possibly] limited view of competence”.
- No: “Qualification and history of good standing with GOsC should be sufficient here”.

4. Do you feel that there is potential alignment or tensions between these aims?

Mostly Agreement

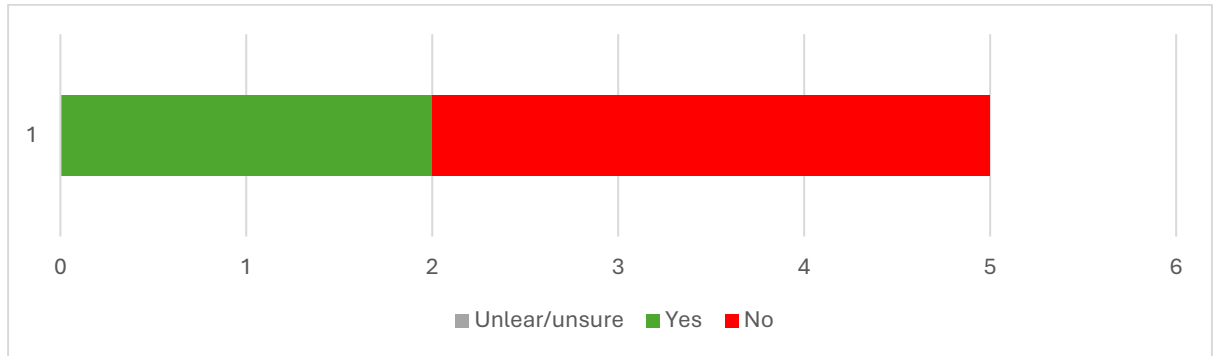


Comments:

- Yes: “being judged by one person who you know nothing of and whose qualifications to be judging your competence are possibly much less than your own”
- Yes: “If we only focus on examining competencies, we may drive a “tick-box” mentality that does not support overseas registrants to effectively transition to the Aotearoa New Zealand context. Conversely, if we only focus on providing a collaborative environment for a safe and supported transition to the Aotearoa New Zealand context, we may inadvertently enable culturally unsafe practice to take place.
- Unclear: “Expecting an almost prescribed way of practicing complicates matters unnecessarily and is not consistent with stated standards in the competencies document”

5. Do you feel that there are other aims that the CAP programme should look to achieve?

Some Disagreement



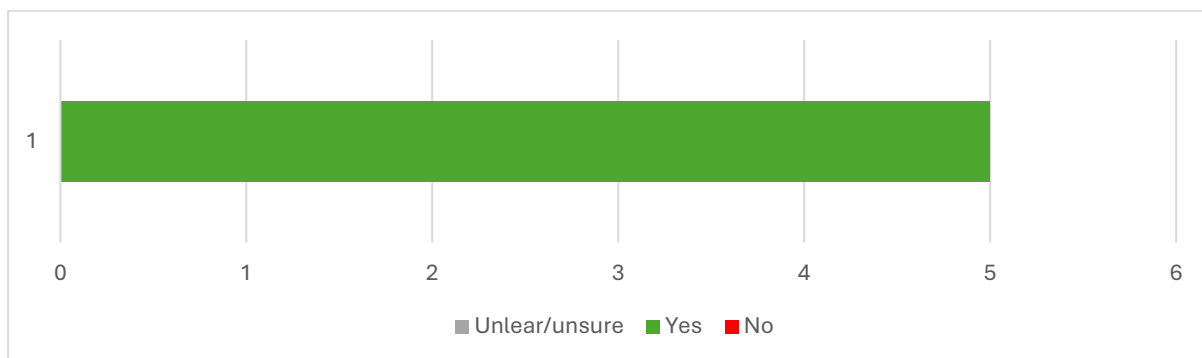
Comments:

- “More around how to complete CPD in NZ”
- “Communication skills and informed consent”
- “Providing better information to overseas candidates BEFORE they commit to coming to NZ”

Consultation Question 3 – Guiding Principles

1. Do you agree that each of the guiding principles listed are important for the CAP programme design and implementation?

Strong Agreement

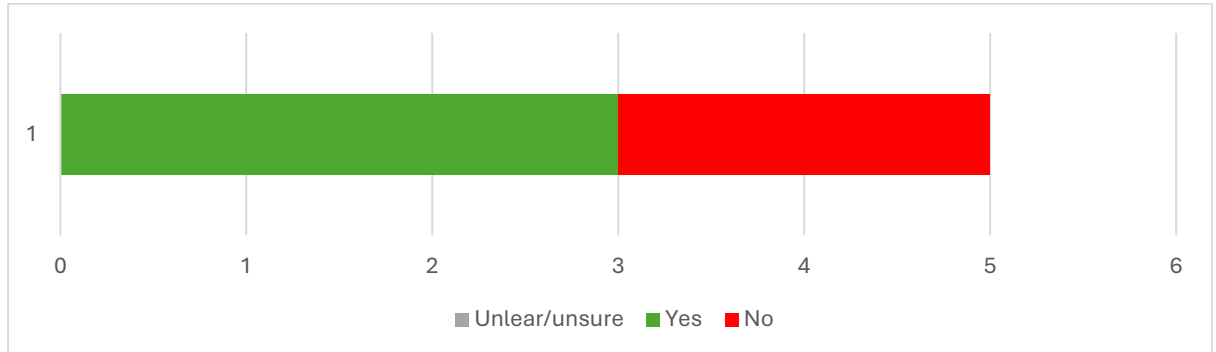


Comments:

- “It’s important that the CAP Process treats each applicant as someone who is demonstrating that they do possess the required attributes, and seeks to enable them to make that clear, rather than creating the impression that they are, in some way, “under suspicion”
- “We see issues with the description of rigorous. We would see valid as more appropriate for the purpose as opposed to the accuracy of the aims achieved. We would also question the use of “consistent results”. Competency can be demonstrated without the need for consistency between candidates”.
- “We also offer a suggestion of taking a dual framed approach to these principles recognising and value of mātauranga Māori for informing the design and implementation.”

2. Do you feel that there are other guiding principles that should be included?

Some Agreement



Comments:

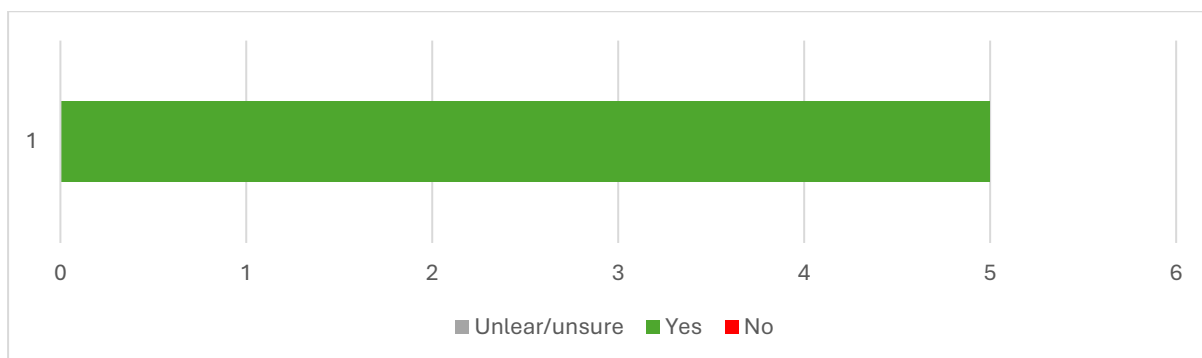
- Yes: “**Flexibility**. Flexibility is a feature of osteopathic practice and should be a guiding principle in the CAP programme approach to assessment and evaluation.” “Competence is best demonstrated by critically reflective practice, which is currently hampered by the CAP programme’s emphasis on summative tasks with little flexibility for authentic comprehensive clinical evaluation”.
- Yes: “**Respect**. It’s important to respect the experience and commitment that is brought to this country by every applicant. It might be argued that this is implied in ‘fairness’ but a more explicit commitment would be of value”.
- Yes: “**Equity – Tauritanga**” “we suggest an additional principle focused on reducing health disparities and inequities in Aotearoa New Zealand ... This principle acknowledges the social, cultural and economic disadvantage and the oppressive forces that disproportionately impact Māori compared to other New Zealanders.”

Consultation Question 4 – Task Streams

1. Do you agree that the topics described in each stream are important components of the CAP programme?

a. Stream 1: The New Zealand Context

Strong Agreement

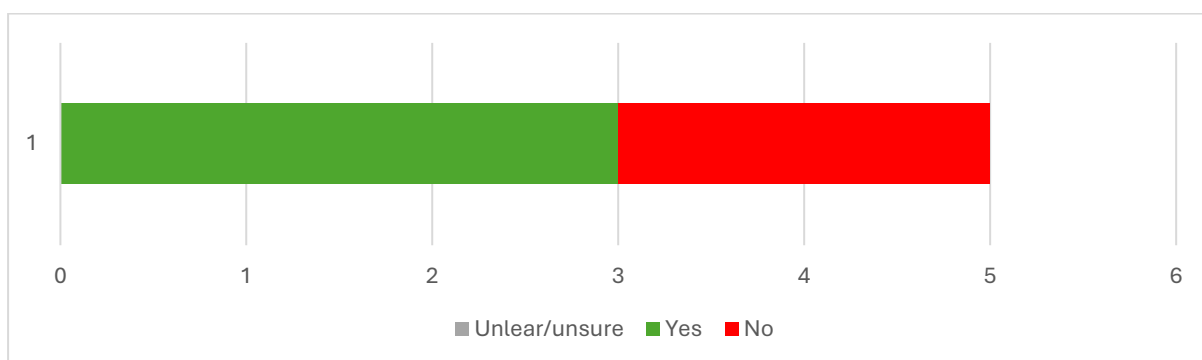


Comments:

- Yes: “The subjects particularly related to NZ in Stream one need to be substantial”
- Yes: “Very relevant to NZ’s unique setup in healthcare”

b. Stream 2: Case Analysis and Reasoning

Some Agreement

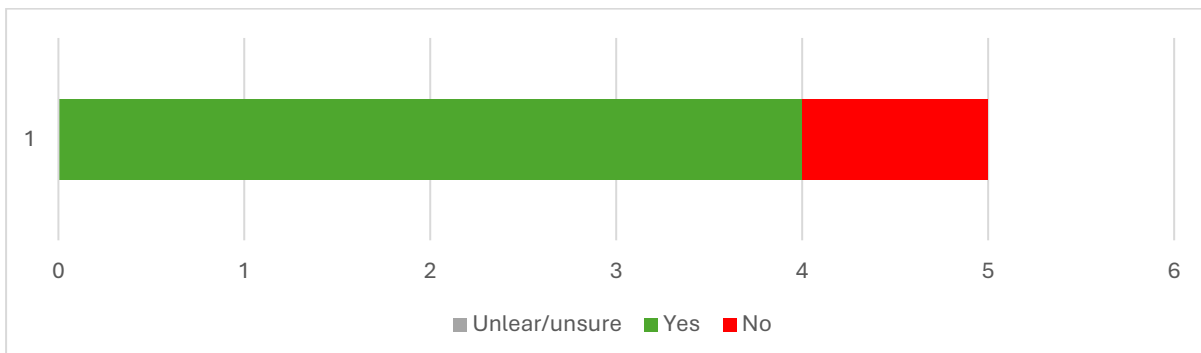


Comments:

- No: “If training is similar overseas and no issues have arisen with previous foreign Council then why should this be vastly different for overseas applicants”

c. Stream 3: Incident Management

Mostly Agreement

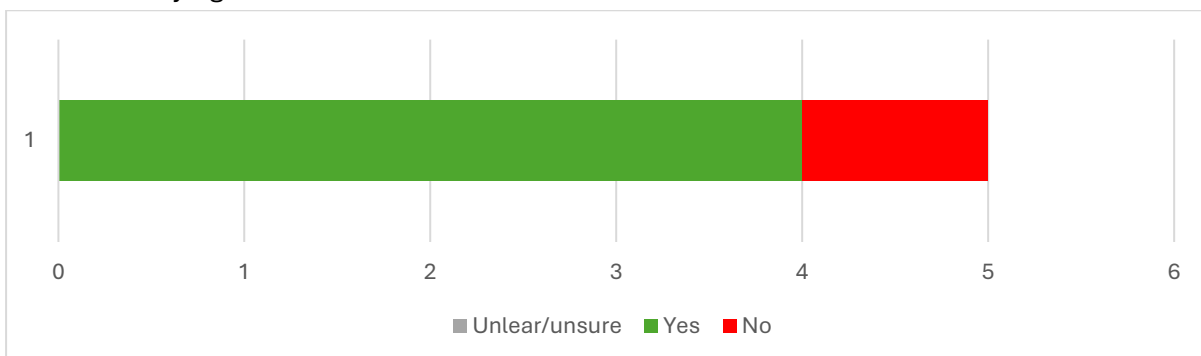


Comments:

- No: "The other three streams are covered by UK degrees and the UK competencies already"

d. Stream 4: Interprofessionalism

Mostly Agreement

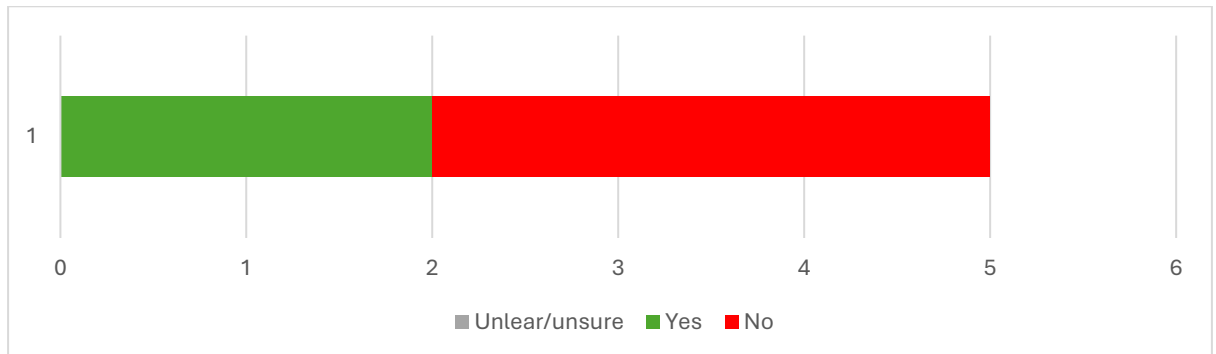


Comments:

- No: "It sounds as if interprofessional is covered by stream 1 and 4, at least there is an overlap around knowledge of the NZ health care system." "The subjects particularly related to NZ ... should be the main focus of the CAP if you are truly supporting people to transition to an NZ context".
- Yes: "but this should be integrated into other tasks rather than treated as a stand-alone task".

2. Do you feel that there are other key topics that should be included?

Some disagreement

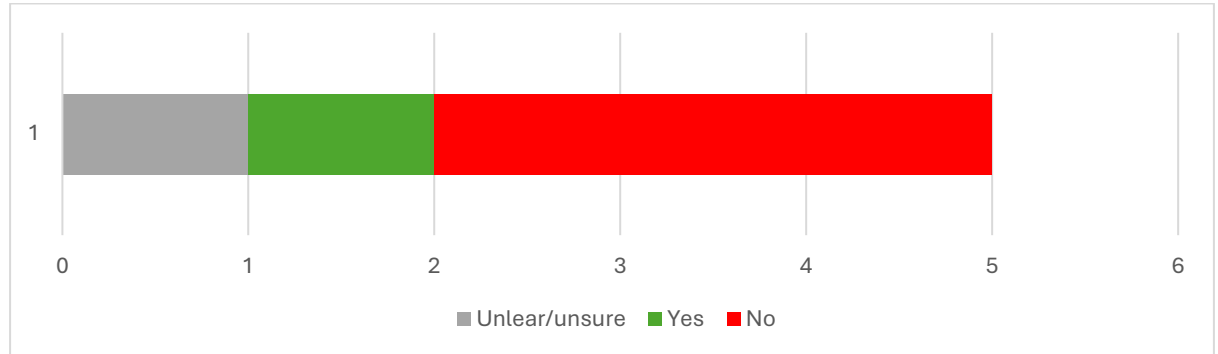


Comments:

- “Reflective practice is implied but not explicitly mentioned.
- Selection of treatment modalities is also implied but not actually stated. What osteopaths actually do, and the level of skill with which they apply those techniques is a crucial component of successful osteopathic practice.”
- “Child health. The content around this varies from degree to degree in the UK.”

3. Do you feel that there is an appropriate balance between formative and summative tasks?

Some Disagreement



Comments:

- No – too many formative: “Why have formative and summative elements? This is just repetitive” “With good robust instructions and guidance and rubrics large formative tasks are not necessary and are repetitive for all involved.”
- No – not enough formative: “Summative tasks are increasingly vulnerable to AI manipulation. Formative tasks allow for preceptees to evidence the evolution and development of their thought processes.”
- No: “We are not confident that limiting Stream 1 to an online module is the best approach to develop Te Tiriti-based competencies” “The best approach to building Te Tiriti o Waitangi relevant competencies into osteopathic practices ... may include embedding elements of Te Tiriti-based competencies across all Stream areas.”
- Yes – “this is an improvement on past models”

4. Do you have any other comments regarding the proposed streams?

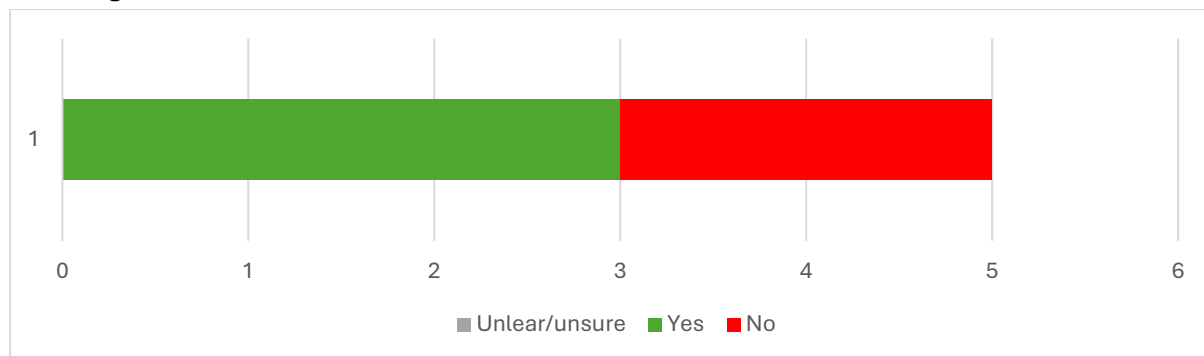
Comments:

- “The streams are relevant to OCNZ competencies but are still too repetitive.”
- “Online modules possibly not the best/ most engaging way to understand Culture ... ideally in person or online webinars would be great and ability to ask questions.”
- “The interprofessionalism task would be more effective as part of a full case discussion or presentation rather than an discrete task.”

Consultation Questions 5 – Structure

1. Do you agree that the proposed timing is appropriate for the programme?

Some Agreement

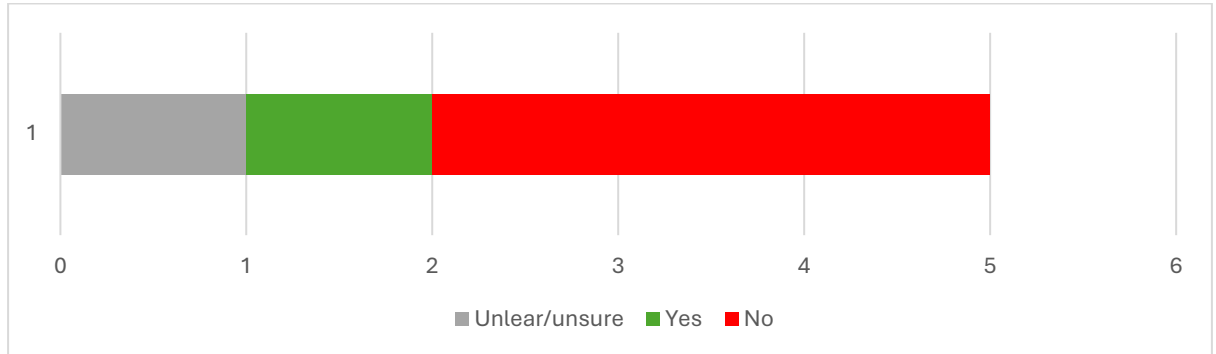


Comments:

- Yes: “9 months is likely an appropriate length of time”
- Yes: “However, improvement or efficiency will not necessarily improve through time and task reduction alone if the actual structure and organisation of the tasks remains effectively unchanged.”
- Yes: “We support the need for the preliminary phase to be completed before practicing in Aotearoa. However, we do have some concern about the level of comfort in enabling osteopaths to practice without completing the preliminary phase.”
- No: “Think preliminary phase is too much to do before getting an APC. APC is required by immigration to approve a visa and therefore see this as a big blocker to getting overseas migrants into NZ”
- No: “The timing has some scope to be more flexible.” “Setting a minimum-maximum time bracket for completion of the programme would reflect this reality. Completion in less than 6 months seems unlikely, so a minimum timeframe of 6 months would be realistic.”

2. Do you feel that there are an appropriate number of tasks to complete across the programme?

Some Disagreement



Comments:

- Yes: “with the caveat that replicating several examples of the same task or document can be counter-productive.”
- No: “The insistence on individualised tasks that can, in their own right, fail a preceptee if not achieved to an accepted but subjective level is inconsistent with accepting that preceptees are qualified professionals who have demonstrated their competence in another approved jurisdiction.”
- No: “There is no need to repeat an assessment of the same thing”.
- No: “Potentially too case focussed and not enough focus on things that are different to country of origin”

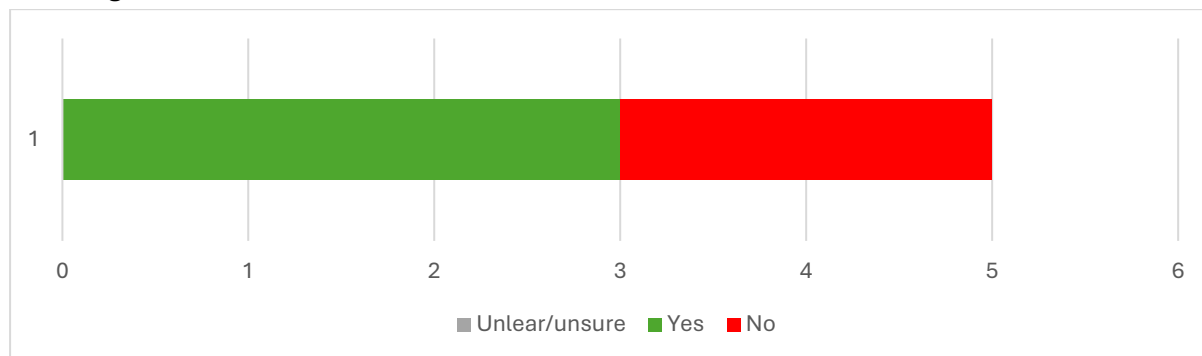
3. Do you have any other comments on the timing or overall structure of the programme?

- “Believe it will be harder to get overseas Osteopaths here as a result of changes”

Consultation Questions 6 – Task Design

4. Do you agree with the approach to task design described above?

Some Agreement



Comments:

- No: “Look at group online formative tasks not reems of written work. This is quite boring and open to the use of AI anyway.”
- No: “There is no reason why alignment with the competencies document needs to be dissected into isolated tasks.” “The current CAP programme design, which includes exemplars for many tasks, risks stifling the individuality and critical thinking required of competent practitioners. All of the competencies can be evidenced during a course of treatment.”

5. Do you feel that there are particular task types that should be included, or should NOT be included?

Comments:

- “Written assignments should be used but only if they evidence learning outcomes appropriately”
- “Main issue is standardisation. This may make the assessment faster if can discuss verbally although potentially lose some benefit of the reflective side of the work from sitting down and documenting/ reading cases.”
- “The scope for video/verbal/discussion submissions is very important and overdue.”
- “Using case presentations on video calls or recorded presentations allows for the interrogation of preceptees in real time. This would also cover off very effectively the crux of our work as osteopaths.”
- “[We] hold the view of not making particular task types compulsory, rather that the learning outcome is prioritised with flexibility in the task type to meet the learning needs of preceptees.”

6. Do you have any other comments on areas of task or assessment design that would improve the experience of preceptees and/or the outcomes of the CAP programme?

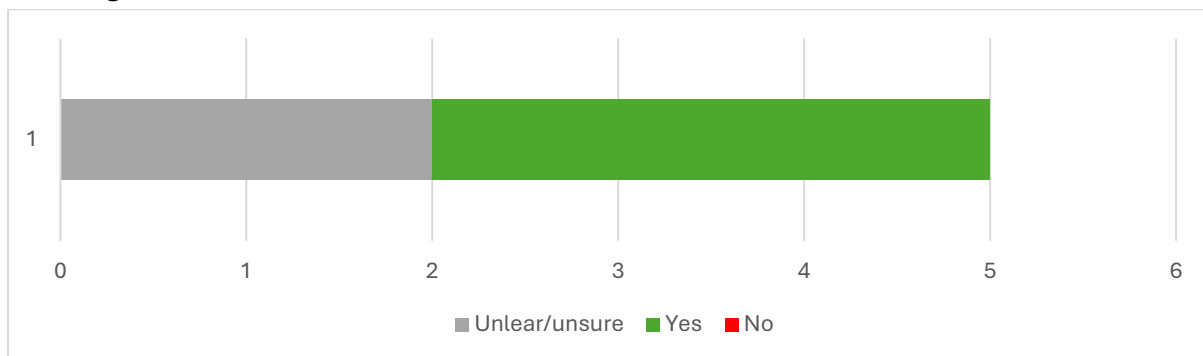
Comments:

- “Feedback from previous preceptees indicates that case-based discussions and critical incidents have consistently been the most valuable and enjoyable part of the CAP programme.”
- “There has lately been an element of tension between the need to engage with providing meaningful and constructive feedback, and the way in which that reduces an applicant’s ‘rating’; discussion, openness and willingness to review one’s approach are some of the characteristics of a well-grounded healthcare professional.”
- “Be more imaginative with the design of outcomes/learning activities. Make sure the preceptors are properly trained and adhere to agreed deadlines themselves”.

Consultation Questions 7 – Programme Outcomes

1. Do you agree with the approach to programme outcomes described above?

Some Agreement



Comments:

- Yes: “Main concern from colleagues is the poor standardisation that seems to exist within the programme.”
- Unclear: “While “satisfactory completion” hinges on the satisfactory “completing (of) all components”, are all the task components critical?” “Where onsite practice visits are required there needs to be a standard terms of reference that is communicated to the preceptee and to the employer of the preceptee. It is unreasonable to expect a practice to host a practice visit without formal guidelines or protocols in place.”

2. Do you have any other comments on programme outcomes that would improve the experience of preceptees and/or achieving the aims of the CAP programme?

Comments:

- “The capability of different preceptors to provide a ‘concluding overview’ piece of feedback, such as a ‘suggestions for further study’ is likely to vary significantly. Where it’s within the capability of the preceptor it should be encouraged.”
- “Good communication. Clear guidance, clear rubrics and assessment criteria, competent preceptees who are available or at least discuss their availability in advance. More group activities with other preceptees.”
- “Focus on CAP bridging gap in knowledge between their past experiences and Osteopathy in NZ (not osteopathy in general) e.g. Culture, ACC, HDC etc. This and incident management should be the most important modules and have the most time/ effort spent on them. Aim to work to support preceptees rather than assess competence.”
- “When there is an obvious issue with standards it is vital that the candidate is provided with a framework that must be adhered to by both council representatives and the preceptee.” “If there are safety issues highlighted it becomes somewhat bizarre to then allow a preceptee to continue practicing without a structure or timeline stated.”
- “[We recognise] the critical role that preceptors play in engaging preceptees in the CAP programme. The level and quality of engagement from the preceptor directly impacts the experience and performance of preceptees.” “We feel that there should be a baseline expectation outlined in the outcomes of the preceptor including their cultural competencies and responsiveness.”