



Feedback Summary: Proposed Competencies for Western Medical Acupuncture and Related Needling Techniques

1. Introduction

This document serves to summarise the responses received to the consultation *Proposed Competencies for Western Medical Acupuncture and Related Needling Techniques (2025)*.

The Council received a total of twenty-one responses, consisting of:

- Seventeen responses from individuals
 - Eight relatively brief responses
 - Nine more comprehensive responses
- Four responses from organisations

The following summary considers responses to each proposed domain of competence followed by a review of areas of agreement and disagreement between responses.

2. Domains

Domain 1: Te Tiriti o Waitangi Partnership Responsibilities

Feedback on this domain was mixed. Several respondents acknowledged the importance of cultural safety and the inclusion of Te Tiriti o Waitangi principles, particularly in the context of broader osteopathic practice. However, many questioned whether these competencies were appropriate within a framework focused on a highly technical skill like WMA. Some felt that these responsibilities were already covered in undergraduate osteopathic education and that reiterating them in short-term CPD courses risked diluting the focus on safety and efficacy. Others expressed concern that including Treaty-specific competencies in this scope could set a precedent for all CPD courses, regardless of relevance, potentially creating administrative burdens. There was also a call for clearer articulation of how these competencies would be assessed and integrated into practice, with suggestions to reframe them around ethical and cultural safety rather than Treaty obligations.

Domain 2: Communication and Patient Partnership

This domain received broad support. Respondents agreed that clear communication, informed consent, and culturally inclusive explanations are essential when using needling techniques. There was particular emphasis on ensuring patients and their whānau understand the clinical reasoning behind the use of WMA, especially in sensitive areas. Some suggested enhancements, such as including the development of care plans in partnership with patients and ensuring communication is tailored to diverse populations. However, a few respondents cautioned against duplicating competencies already covered in general osteopathic practice, recommending that the framework focus on WMA-specific communication challenges.

Domain 3: Knowledge, Skills, and Performance

This domain attracted the most detailed feedback. Many respondents supported the need for WMA-specific clinical skills and reasoning, particularly around contraindications and evidence-based practice. However, there was widespread concern that the proposed competencies duplicated general osteopathic standards and could lead to inflated qualification requirements. 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, which draws from Traditional Chinese Medicine (TCM), was seen as requiring more extensive education. There were calls for clearer definitions of terms like “appropriate” and for competencies to be framed as measurable performance outcomes. Some respondents also questioned the reliance on university-delivered qualifications and suggested competency-based CPD frameworks as more flexible and accessible alternatives.

Domain 4: Safety and Quality in Practice

Safety was universally recognised as a critical component of needling practice. Respondents supported competencies related to safe needle use, disposal, and management of adverse reactions. However, there was concern that the current framework lacked clarity on how these competencies would be assessed. Some felt that osteopaths already possess sufficient anatomical training to perform dry needling safely and that additional training should focus on technique-specific risks, such as pneumothorax. Others highlighted the need for better CPD options and questioned the proportionality of the training burden compared to other professions. There were also calls for improved adverse event reporting and integration of evidence from recent studies on dry needling safety. A few respondents noted that the current prescribed qualifications may not adequately prepare practitioners for the unique practice environment in Aotearoa New Zealand.

Domain 5: Professionalism

Feedback on professionalism focused on scope clarity, regulatory alignment, and accountability. Respondents emphasised the need for practitioners to work within their limits and to differentiate clearly between WMA and traditional acupuncture. There were concerns about cultural appropriation and the ethical implications of using TCM-derived techniques without appropriate training. Some suggested adding competencies that reinforce scope boundaries and ensure practitioners refer patients appropriately when outside their expertise. Others questioned how the Osteopathic Council would ensure alignment with standards from other regulatory bodies, such as the Chinese Medicine Council and PAANZ. There was also support for integrating evidence-based practice and regulatory awareness into this domain, with calls for clearer guidance on how these competencies would be maintained and assessed.

3. Areas of Agreement and Disagreement

Agreement

- Safety-related competencies, including safe needle use, adverse event management, and informed consent, are essential and widely supported.
- WMA requires specific training beyond general osteopathic education, particularly in clinical reasoning and evidence-based practice.
- Clear communication and patient partnership are critical, especially when working with diverse populations and in sensitive areas.

Disagreement

- Mixed views on the inclusion of Te Tiriti o Waitangi competencies, with some seeing them as essential and others questioning their relevance in a technical scope.
- Strong disagreement on whether dry needling should be included in the extended scope or regulated separately, with many advocating for a dual-scope model.
- Concerns about duplication of general osteopathic competencies and the burden of training requirements, particularly the reliance on university-based qualifications.