

## Responsible Authority Core Performance Standards Review Report

<b>Authority Name</b>	<b>Kaunihera Haumanu Tuahiwi o Aotearoa Osteopathic Council of New Zealand</b>
<b>Date of Review Report</b>	<b>1 - 3 December 2021</b>
<b>Name of reviewing Designated Auditing Agency</b>	<b>DAA Group</b>

### 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 provide, 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 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.

## Recommendations

The below table summarises the areas for improvement identified from this review with associated timeframes.

Ref #	Related core performance standards	Reviewer's comments	Rating	Risk Level	Recommendation	Timeframe (months / date)
1	118 (i)	<p>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</p> <ul style="list-style-type: none"> <li>• reviewing the cultural competencies to better reflect te</li> </ul>	PA	Low to Moderate	It is a recommended that the reviews outlined in the council's strategic goals are completed.	March 2022

Ref #	Related core performance standards	Reviewer's comments	Rating	Risk Level	Recommendation	Timeframe (months / date)
		Tiriti o Waitangi obligations and reviewing the osteopathic scope of practice <ul style="list-style-type: none"> <li>•</li> </ul>				
2	118 (j)	The council's strategic goals are intentioned to address and review the capabilities of osteopathic practice.  To meet te Tiriti obligations the review of the cultural competence standards will require engagement with Māori.	PA	Low to Moderate	It is recommended that engagement with Māori continue, and the reviews outlined in the council's strategic goals are completed.	March 2022
3	118 (m)	The OCNZ recognises its ongoing journey of understanding its responsibilities towards te Tiriti o Waitangi 'putting our partnership into practice.'	PA	Low	It is recommended that the council's strategic goal two is completed.	June 2022

## Functions under section 118 HPCA Act 2003 and their related core performance standards

### Purpose and requirements

Responsible Authorities are designated under the Health Practitioners Competence Assurance Act 2003 (the Act) to fulfil certain functions. An amendment in 2019 to the Act adding section 122A, required a performance review of all Responsible Authorities be conducted within three years of enactment. The Ministry of Health (the Ministry) is responsible for the facilitation of these reviews.

Performance reviews provide assurance to the Crown and the public that responsible authorities are performing their functions efficiently and effectively. This includes the assurance that: the responsible authorities are carrying out their required functions in the interests of public safety, their activities focus on protecting the public without being compromised by professional self-interest, and their overall performance supports high public confidence in the regulatory system.

This initial performance reviews will assess a responsible authority's performance against the full set of *Core Performance Standards*. These standards are aligned with the functions under section 118 of the HCPA Act.

### Risk management

Identify the degree of risk to patient safety and/or public confidence that is associated with the level of attainment the responsible authority achieves for each criterion. Review the 'risk' in relation to its possible impact based on the consequence and likelihood of harm occurring if the responsible authority does not fully attain the criterion. Use the risk management matrix when the audit result for any criterion is partially attained or unattained.

To use the risk management matrix, you need to:

1. consider what consequences for consumer safety might follow from the responsible authority achieving partially attained or unattained for a criterion, within a range from extreme/actual harm to negligible risk of harm occurring
2. consider how likely it is that this adverse event will occur due to the provider achieving partially attained or unattained for a criterion, within a range from being almost certain to occur to rare
3. plot the findings on the risk assessment matrix to identify the level of risk, and prioritise risks in relation to severity
4. approve the appropriate action the provider must take to eliminate or minimise risk within the timeframe. Note that timeframes are set based on full resolution of the requirement, which may include a systems change or staff training programme. Anything requiring urgent attention is identified in the report, along with any longer timeframe needed to make sustainable change.

**The Risk management matrix uses a probability versus impact quadrant with the following risk categories: low, low-med, medium and high.**

**Function 1: Section 118a) 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**

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
1.1	the RA has defined clear and coherent competencies for each scope of practice	<p>The OCNZ has seven scopes of practice:</p> <ul style="list-style-type: none"> <li>• General</li> <li>• Extended scope of practice - presently there is one extended scope of practice related to Western Medical Acupuncture (WMA)</li> <li>• Vocational scopes of practice               <ul style="list-style-type: none"> <li>○ Gerontology</li> <li>○ Pain Management</li> <li>○ Child and Adolescent Health</li> </ul> </li> </ul> <p>Extended and Vocational practitioners must be concurrently registered in the general scope of practice.</p> <p>Two special or limited scopes of practice are identified:</p> <ul style="list-style-type: none"> <li>• Trainee Osteopaths - allows students who have completed all of the requirements of the master's programme and are awaiting marking of their thesis to practice</li> <li>• Special Purpose is for those practitioners who are not involved in clinical practice, such as educators, those involved in research, health policy and regulation development and</li> </ul>	FA			

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		<p>provide the OCNZ with specific details to meet this requirement.</p> <p>The OCNZ requires each practitioner to work within:</p> <p>a) The documented Capabilities for Osteopathic Practice which has six domains:</p> <ul style="list-style-type: none"> <li>• Clinical Analysis</li> <li>• Person Oriented Care and Communication</li> <li>• Osteopathic Care and Scope of Practice</li> <li>• Primary Healthcare Responsibilities</li> <li>• Interprofessional Relationships and Behaviour</li> <li>• Professional and Business Activities</li> </ul> <p>Each domain has a detailed description and a list of elements.</p> <p>b) The Code of Conduct for Osteopaths is a set of standards that describe the behaviour or ethical conduct that osteopaths must uphold.</p>				
1.2	the RA has prescribed qualifications aligned to those competencies for each scope of practice	<p>The OCNZ has prescribed qualifications related to the scopes of practice.</p> <p>The General Osteopathic scope requires:</p>	FA			

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		<ul style="list-style-type: none"> <li>• a Master of Osteopathy from the Unitec Te Whare Wananga o Wairaka, or</li> <li>• a Bachelor of Musculoskeletal Health and Postgraduate Diploma in Osteopathy from the Ara institute of Canterbury,</li> </ul> <p>Practitioners who don't hold a recognised, prescribed qualification must also pass an OCNZ qualifications assessment process.</p> <p>Vocational and extended scopes require osteopaths to be registered in the General Osteopathic scope. The vocational scopes require the completion of a Postgraduate Diploma offered by AUT, Otago University, or an equivalent qualification agreed by the OCNZ.</p> <p>WMA osteopaths require a:</p> <ul style="list-style-type: none"> <li>• Post Graduate Certificate in Western Acupuncture, Auckland University of Technology</li> <li>• Post Graduate Certificate in Western Medical Acupuncture, University of Hertfordshire (United Kingdom).</li> </ul> <p>Or they may hold an overseas qualification that is, in the opinion of the Council, equivalent to, or as satisfactory as, one of the qualifications prescribed above.</p> <p>The OCNZ are commended on the work they undertook on identifying a potential risk</p>				

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		of public harm around osteopaths working with children and adolescents. They undertook consultation with stakeholders and identified that a process should be put in place for recertification of practitioners in this area. All osteopaths are required to complete a recertification programme in child and adolescent health within 3 years of gaining registration, unless granted an exemption on the basis of relevant post-graduate education.				
1.3	the RA has timely, proportionate, and transparent accreditation and monitoring mechanisms to assure itself that the education providers and programmes it accredits deliver graduates who are competent to practise the relevant profession	<p>The OCNZ has published Accreditation Standards, which were revised in 2017, outlining the detailed expectations of educational institutions including alignment with the Capabilities for Osteopathic Practice and Code of Conduct.</p> <p>The standards have eight overarching sections (principles) with detailed expectations for each:</p> <ul style="list-style-type: none"> <li>• Programme overview, philosophy, and purpose</li> <li>• Curriculum content and sequence</li> <li>• Educational methods</li> <li>• Practical education/clinical practice</li> <li>• Local context of professional practice</li> <li>• Educators</li> <li>• Resources</li> </ul>	FA			

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		<ul style="list-style-type: none"> <li>Quality improvement processes.</li> </ul> <p>It also details the process to be followed to gain accreditation, and the possible outcomes of the process. This includes:</p> <ul style="list-style-type: none"> <li>being accredited for a maximum of five years</li> <li>conditional accreditation</li> <li>provisional accreditation</li> <li>declined accreditation.</li> </ul> <p>Monitoring reporting and annual visits are scheduled to ensure conformity dependant on the accreditation status of the organisation.</p> <p>OCNZ has a key strategic objective for 2021/2022 to review and update the education standards.</p>				
1.4	the RA takes appropriate actions where concerns are identified	<p>The Accreditation Standards document details the actions that will be taken if concerns are identified during the monitoring process.</p> <p>Evidence of monitoring results of the two institutions was sighted. One has had continual annual visits, to allow for communication on changes that were occurring. It is in the process of a 'teach out' and will be monitoring the process annually until the accreditation expires in 2023 or the 'teach out' has been achieved.</p>	FA			

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		The other gained provision accreditation as a new provider and is subject to annual monitoring with a fully accreditation audit due within the next year.				

Function 2: Section 118b) To authorise the registration of health practitioners under this Act, and to maintain registers. Section 118c) To consider applications for annual practicing certificates						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
2.1	The RA maintains and publishes an accessible, accurate register of registrants (including, where permitted, any conditions on their practice)	<p>The OCNZ database, is similar to and managed by the staff of the Nursing Council of New Zealand (NCNZ). This contains all the registration requirements as per section 138 of the Act. It provides one source of knowledge for the team and includes communications that have occurred with the individual practitioner, such as any notification/complaint being undertaken and the relevant documentation. There is an alert system where, for example, conditions could be easily flagged.</p> <p>The database updates the OCNZ's website, in real time. There is a 'public tab' which allows consumers of the services access to individual osteopath's details, which meet the requirements of section 149 of the Act and contains:</p> <ul style="list-style-type: none"> <li>• Profile details of the individual, registration number, annual practising certificate expiry date,</li> <li>• Scope</li> <li>• Qualifications</li> <li>• Employer</li> <li>• Any conditions of practice for example, 'Has not satisfactorily</li> </ul>	FA			

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**Section 118c) To consider applications for annual practicing certificates**

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		completed a profession-wide education requirement in child and adolescent health and may not treat individuals under 18 years old until this education is completed and Council has removed this restriction on practice'.				
2.2	<p>The RA has clear, transparent, and timely mechanisms to consider applications and to:</p> <ul style="list-style-type: none"> <li>• Register applicants who meet all statutory requirements for registration</li> <li>• Issue practicing certificates to applicants in a timely manner</li> </ul> <p>Manage any requests for reviews of decisions made under delegation</p>	<p>There are policies, guidelines, and information available on the organisation's website related to the application for registration.</p> <p>This includes details for applicants who are:</p> <ul style="list-style-type: none"> <li>• New Zealand trained from programmes accredited by the Council</li> <li>• returning to practice after an absence of three or more years</li> <li>• applicants registered in Australia (via Trans-Tasman Mutual Recognition Act)</li> <li>• applicants from a Council recognised jurisdiction (currently only the UK)</li> <li>• applicants from a non-recognised jurisdiction</li> </ul> <p>Applications for registration do so electronically and are required to</p>	FA			

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		<p>provide evidence of fitness to practice for registration under section 16 of the Act. Each of the different application types have specific requirements to be provided for assessment. All overseas applicants are required to complete a successful competent authority pathway programme (CAPP) with the support of a OCNZ approved preceptor. Preceptors receive training and provide reports to the council on a quarterly basis. The programme is estimated to take a year to complete.</p> <p>Once the applicant has successfully completed registration, they are required to apply for a practising certificate. OCNZ has electronic processes for communicating this to the practitioner and there is an online process to be followed.</p>				

**Function 3: Section 118d) To review and promote the competence of health practitioners.**

**Section 118e) To recognise, accredit, and set programmes to ensure the ongoing competence of health practitioners.**

**Section 118k) To promote education and training in the profession**

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
3.1	<p>The RA has proportionate, appropriate, transparent, and standards-based mechanisms to:</p> <ul style="list-style-type: none"> <li>Assure itself that applicants seeking registration or the issuing of a practicing certificate meet, and are actively maintaining, the required standard</li> <li>Review a health practitioner's competence and practice against the required standard of competence</li> <li>Improve and remediate the competence of practitioners found to be below the required standard</li> <li>Promote the competence of health practitioners</li> </ul>	<p>The OCNZ has criteria that applicants must meet for registration and the issuing of practising certificates that meet the requirements of legislation. This includes the requirement to undertake a CAPP course if from overseas.</p> <p>Osteopaths returning to practice after three or more years of not having a practising certificate are required to submit specified information to the OCNZ for consideration of their competency to practice. The Council may require the applicant to undertake training such as the CAPP or have conditions placed on their scope of practice.</p> <p>The OCNZ has undertaken a major review to ensure practitioners' competency. This has included national and international review of processes and the development of a Continuing Competency Programme (CCP), which came into effect in April 2021. This requires osteopaths to actively participate in career long Continuing Professional Development (CPD) programme. There are three principles articulated by the OCNZ:</p> <ul style="list-style-type: none"> <li>Continuing professional development opportunities exist in everyday practice</li> <li>Learning with peers creates valuable opportunities for insights and improvement</li> </ul>	FA			

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		<ul style="list-style-type: none"> <li>• Working within an appropriate learning framework helps embed knowledge, skills, and attitudes to practice.</li> </ul> <p>The have set out core requirements for CCP, including:</p> <ul style="list-style-type: none"> <li>• 50 points (hours) of CPD in every two-year recertification programme, with a minimum expectation of 10 hours each year.</li> <li>• Plan a CCP cycle, including plan and record activities, assess and record their learnings, with reference to the OCNZ's Capabilities for Osteopathic Practice and the Code of Rights, document reflections on their learning.</li> <li>• The OCNZ will randomly audit a selection of osteopaths and request their plan and other documents.</li> </ul> <p>The first recertification cycle began in April 2021 and continues upto 2023. Midway through the first cycle, the OCNZ will be commencing a selection of random audits.</p> <p>The work on the child and adolescent health recertification programme with all osteopaths required to complete the training requirements by December 2020, with osteopaths registering after 2017 being required to complete with three years of registration. The OCNZ is currently</p>				

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		<p>managing the first portion of osteopaths who have not met the requirement, working with them on this area and where necessary, imposing a condition on their scope of practice stating that they are not permitted to work with this group.</p> <p>The notification/complaints process is available on the OCNZ website, and they have processes to manage these which can result in changes to scope of practice or limiting practice.</p> <p>An annual conference is run by OCNZ. This year it was by Zoom and focused on Te Tiriti. The OCNZ stated that this was the most successful conference so far with a high attendance.</p>				

**Function 4: Section 118f) 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.**

**Section 118g) 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.**

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4.1	<p>The RA has appropriate, timely, transparent, fair, and proportionate mechanisms for:</p> <p>Providing clear, easily accessible public information about how to raise concerns or make a notification about a health practitioner</p>	<p>The OCNZ website provides a key platform for the public to easily access information on how to raise a concern or notification about a practitioner. There is a 'make a complaint' line on the first page of the website which links with a form for a complaint to be made and submitted to the Council.</p> <p>The website also provides alternative routes for the public or key stakeholders to communicate with OCNZ, for example, telephone, email, face to face, or letter.</p> <p>The registrar and coordinator manage the notifications. Administrative processes are supported by the new database (iMIS - installed in 2021) and aligns to the NCNZ's administrative functions.</p> <p>The OCNZ database's capability timelines correspondence, communication, actions, and when meetings are required/completed. The data base holds all information received and sent in regard to notifications and provides an auditable function to</p>	FA			

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		<p>assess transparency. Fair and proportionate mechanisms are in place.</p> <p>The public, stakeholders and practitioners can access the OCNZ's published annual report on its website. The annual report and website summarise the role of the council in the management of concerns about practitioner competence, health, and conduct. Sources of notifications and complaints, outcomes of assessment of notifications and complaints are also published. <i>Annual report 2021.</i></p>				
4.2	<ul style="list-style-type: none"> <li>Identifying and responding in a timely way to any complaint or notification about a health practitioner</li> <li>Considering information related to a health practitioner's conduct or the safety of the practitioner's practice</li> <li>Ensuring all parties to a complaint are supported to fully inform the authority's consideration process</li> </ul>	<p>The OCNZ has adopted NCNZ's fitness to practise and complaints/notification processes, and adapted policies and guidelines as appropriate. The OCNZ processes meet section 118 (f and g). Examples sighted included,</p> <ul style="list-style-type: none"> <li>Policy on convictions for drink driving offences to give the registrar clear guidance to ensure consistency in this matter, including referral to a professional conduct committee.</li> </ul>	FA			

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		<ul style="list-style-type: none"> <li>• Implementing a hold on an APC practice for fitness to practice cases. This process outlines the steps to be taken.</li> <li>• Composition of the professional conduct committee</li> <li>• Publishing and naming osteopaths subject to an order or direction process.</li> </ul> <p>OCNZ has had low numbers of competency or health notifications:</p> <ul style="list-style-type: none"> <li>• 2017-2018 year there 12</li> <li>• 2018 – 2019 there were 7</li> <li>• 2019 – 2020 there were 9.</li> </ul> <p>There were 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.</p> <p>No practitioner files were audited in relation to competence, conduct or health notifications. The management processes, decision making pathways and utilisation of relevant committees are in place. Evidence of providing support and resources to practitioners</p>				

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		as appropriate, were noted in the case of a self-reported health concern.				
4.3	Enabling action, such as informing appropriate parties (including those specified in section 118(g)) that a practitioner may pose a risk of harm to the public	<p>The OCNZ website is one mechanism that the public or appropriate parties can use to notify the council of a concern that a practitioner may pose a risk of harm to the public.</p> <p>The OCNZ has replicated the NCNZ pathways and processes, utilising the secretariat expertise, with systems in place to ensure it meets s118 (g and f). This includes the use of an initial risk assessment to minimise risk to the public and take appropriate actions.</p> <p>The OCNZ uses the same processes (template letters sighted) for notifying and withdrawing notification ACC, employer, Health and Disability Commissioner, Ministry of Health and the practitioner as required by s35 (1) of the Act, of a practitioner who may pose a risk of harm to the public.</p> <p>The OCNZ's strategic plan (goal two), is focussed on maintaining effective engagement with the public, Māori, and</p>	FA			

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		stakeholders. An approved public engagement strategy is being rolled out. The strategy and achievements thus far have been sighted and are commendable.				

**Function 5: Section 118h) To consider the cases of health practitioners who may be unable to perform the functions required for the practice of the profession.**

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5.1	<p>The RA has clear and transparent mechanisms to:</p> <ul style="list-style-type: none"> <li>Receive, review, and make decisions regarding notifications about health practitioners who may be unable to perform the functions required for the practice of the profession</li> <li>Take appropriate, timely, and proportionate action to minimise risk</li> </ul>	<p>As part of the service level agreement between OCNZ and NCNZ, NCNZ provides full regulatory support. OCNZ has its own dedicated registrar working in collaboration with the NCNZ secretariat.</p> <p>The website allows for the reporting of issues related to practitioner's health as does the APC process for self-reporting.</p> <p>The OCNZ has adapted the NCNZ processes for the review and decision</p>	FA			

Function 5: Section 118h) To consider the cases of health practitioners who may be unable to perform the functions required for the practice of the profession.						
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		<p>making about practitioners who may have health issues, as per section 45 of the Act. This includes processes for review of the practitioner, a medical assessment, conditions on scope of practice, and if appropriate, suspension.</p> <p>There have been no health issues identified for osteopaths since 2017.</p> <p>The iMIS database supports the council, registrar, and coordinator to take timely and proportionate action to minimise risk to consumers, the general public, relevant stakeholders, the practitioner, and council.</p>				

**Function 6: Section 118i) 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.**

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
6.1	<p>The RA sets standards of clinical and cultural competence and ethical conduct that are:</p> <ul style="list-style-type: none"> <li>• Informed by relevant evidence</li> <li>• Clearly articulated and accessible</li> </ul>	<p>In 2009, the capabilities of osteopathic practice were released. The capabilities describe the competencies and wide scope of practice expected of the osteopathic health practitioner. The capabilities promote engagement with te Tiriti o Waitangi and the practitioner becomes familiar with its implications for engagement with Māori clients. The council has recognised their capabilities are overdue and need to ensure they are fit-for-purpose and reflect current national and international standards and practice, including inequities for Māori and the deficient language used in the present capabilities. This was confirmed by the council chair, who saw Te Tiriti obligations needing to be embedded within the workforce to make the osteopaths work environments safer for Māori.</p> <p>NCNZ cultural competencies informed the development of the OCNZ Code of Conduct. The council is committed to:</p> <ul style="list-style-type: none"> <li>• Reviewing the cultural competencies to better reflect te Tiriti o Waitangi obligations and</li> <li>• The osteopathic scope of practice.</li> </ul> <p>The council is at the conceptual planning phase of these two goals. <i>Strategic Plans, Annual Report 2020 - 2021</i></p> <p>The OCNZ has a draft code of conduct which was revised following consultation. The council sought further feedback by November 2021.</p>	PA	Low to Moderate	It is recommended that the reviews outlined in the council's strategic goals are completed.	March 2022

**Function 6: Section 118i) 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.**

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		<p>Evidence of extensive consultation was noted. The new draft of the code of conduct demonstrates te Tiriti o Waitangi is integral to osteopathic practitioners providing services to Māori. This approach is commendable.</p> <p>The OCNZ's website provides the general public, stakeholders and practitioners access to all the council's published resources, osteopathic services, and latest news.</p> <p>The consultation for the accreditation standards for the education programmes renewal has been completed, <i>Registrar's report November 2021</i>.</p>				
6.2	Developed in consultation with the profession and other stakeholders	The OCNZ's investment in consulting with its practitioners and other stakeholders is a strength. The roll out of the public engagement strategy and work on digital communications strategy are central to the council's future clinical and cultural competence projects and reviews.	FA			
6.3	Inclusive of one or more competencies that enable practitioners to interact effectively and respectfully with Māori	<p>The intentions of the council's strategic goals - 1, 3, 4 and 5 - are to review and address the capabilities of osteopathic practice. The review will ensure cultural competence standards are appropriate and meet Te Tiriti obligations.</p> <p>A first step is the council's intention to review its accreditation standards. The new standards will have a flow on effect on clinical and cultural competencies; this work remains at a conceptual level. <i>Refer 6.1</i></p>	PA	Low to Moderate	It is recommended that engagement with Māori continue, and the reviews outlined in the council's strategic goals are completed.	March 2022

**Function 6: Section 118i) 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.**

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
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**Function 7: Section 118j) To liaise with other authorities appointed under this Act about matters of common interest**

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
7.1	The RA understands the environment in which it works and has effective and collaborative relationships with other authorities.	<p>The OCNZ is made up of osteopaths from different sectors of the profession with practitioners with many years of experience in the health sector. The lay members bring the consumer experience to the board as well as governance experience. The registrar, who was chair of the council, and has been in their present role since June 2021, is a registered osteopath with many years of experience in the health sector.</p> <p>The OCNZ recognises the significant value that comes from collaboration and consultation with other RAs, and this has been evident with the work being required around Covid-19. This provided a significant opportunity for relationships to be strengthened.</p> <p>As full regulatory support is provided by the NCNZ, there are benefits from many of the activities of the NCNZ who are willing to share their extensive expertise, knowledge and learnings as well as sharing their policies and procedures, which the OCNZ have adapted for</p>	FA			

<b>Function 6: Section 118i) 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.</b>						
<b>Ref #</b>	<b>Related core performance standards</b>	<b>Reviewer's comments</b>	<b>Rating (FA/PA/UA)</b>	<b>Risk Level if PA /UA (L, L-M, M, H)</b>	<b>Recommendation</b>	<b>Timeframe (months / date)</b>
		<p>their own use. This has assisted with the development of the OCNZ's work.</p> <p>The OCNZ registrar attends combined RA hui and workshops considering both general business and special-topic sessions.</p> <p>They continue to develop their relationship with the Physiotherapy Board of New Zealand (PBNZ) and the New Zealand Chiropractic Board (NZCB), with the Council chairs and registrars meeting every three months. Other regular meetings occur to share current work and best practice, and further build on the regulatory similarities within these professions.</p>				

Function 8: Section 118ja) To promote and facilitate inter-disciplinary collaboration and cooperation in the delivery of health services.						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
8.1	The RA uses mechanisms within the HPCA Act such as competence standards, accreditation standards, and communications to promote and facilitate inter-disciplinary collaboration and cooperation in the delivery of health services.	<p>It was apparent in discussion with the registrar and chair of the OCNZ and from review of key Council documents that there is a clear expectation of interdisciplinary practice.</p> <p>The Council's Capabilities for Osteopathic Practice has a core domain with a focus on professional relationships and behaviour. The expectation is that all osteopaths will show positive action in "appreciating, respecting and operating in an educated, sensitive and informed manner with other healthcare providers".</p> <p>The Code of Conduct requires osteopaths to "Work respectfully with colleagues and other health services/practitioners to best meet health consumers' needs" (Principle 6) while ensuring they "Advocate for and assist health consumers to access the appropriate level of health care" (Standard 3.6)</p> <p>In addition, both current and proposed academic accreditation standards require programmes to support or foster the development of graduates' competence in both inter-professional learning and practice.</p>	FA			

<b>Function 8: Section 118ja) To promote and facilitate inter-disciplinary collaboration and cooperation in the delivery of health services.</b>						
<b>Ref #</b>	<b>Related core performance standards</b>	<b>Reviewer's comments</b>	<b>Rating (FA/PA/UA)</b>	<b>Risk Level if PA /UA (L, L-M, M, H)</b>	<b>Recommendation</b>	<b>Timeframe (months / date)</b>
		Through continued regular meetings and work with the PBNZ and the NZCB, the OCNZ supports alignment and reduces any perception of disparity between these groups.				
<b>Function 9: Section 118l) To promote public awareness of the responsibilities of the authority.</b>						
<b>Ref #</b>	<b>Related core performance standards</b>	<b>Reviewer's comments</b>	<b>Rating (FA/PA/UA)</b>	<b>Risk Level if PA /UA (L, L-M, M, H)</b>	<b>Recommendation</b>	<b>Timeframe (months / date)</b>
9.1	<p>The RA:</p> <ul style="list-style-type: none"> <li>Demonstrates its understanding of that the principal purpose of the HPCA Act is to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practice their professions</li> </ul>	<p>The OCNZ is aware of its requirements related to the HPCA Act in protecting the health and safety of the public and has developed processes to ensure this. They have mechanisms for registration and application for APCs to ensure safety of practitioners. The ongoing Continuing Competency Programme (CCP) involves the requirement of osteopaths to actively participate in career long Continuing Professional Development (CPD) to ensure continued competency.</p> <p>The OCNZ's service level agreement with NCNZ, has endorsed robust mechanisms to safeguard public safety, including due diligence in investigating notifications and the monitoring of</p>	FA			

Function 8: Section 118ja) To promote and facilitate inter-disciplinary collaboration and cooperation in the delivery of health services.						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		practitioner competence and fitness to practice.				
9.2	<ul style="list-style-type: none"> <li>Provides clear, accurate, and publicly accessible information about its purpose, functions, and core regulatory processes</li> </ul>	<p>The OCNZ's website provides the general public with up-to-date information including:</p> <ul style="list-style-type: none"> <li>Its role. The Osteopathic Council ensures public safety through effective regulation and monitoring of the ongoing competency of the osteopathic profession.</li> <li>Its function. To establish a regulatory framework for registration and maintaining a public register of osteopaths.</li> </ul> <p>The on-line register allows the public and employers to validate the currency of a practitioner's APC.</p> <p>The OCNZ has invested in a digital communications strategy and the strategy is currently being developed. This is commendable. The new strategy will improve the public's experience in accessing information about OCNZ, its purpose, functions, and core regulatory functions.</p>	FA			

Function 10: Section 118m) 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						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
10.1	<p>The RA:</p> <ul style="list-style-type: none"> <li>Ensures that the principles of equity and of te Tiriti o Waitangi/ the Treaty of Waitangi (as articulated in <i>Whakamaua: Māori Health Action Plan 2020-2025</i>) are followed in the implementation of all its functions</li> </ul>	<p>The OCNZ recognises its ongoing journey of understanding its responsibilities towards te Tiriti o Waitangi 'putting our partnership into practice,' <i>Annual Report 2021</i>.</p> <p>The council approved its te Tiriti o Waitangi policy statement <i>October 2020</i>, to become a Te Tiriti o Waitangi partner in its statutory functions as a regulatory authority.</p> <p>A further high-level commitment is the investment into a Tiriti subcommittee, made up of council members. Terms of Reference reflect the council's emergent and aspirational stage of its commitment. <i>Te Tiriti subcommittee Minutes February 2021</i>.</p>	PA	Low	It is recommended that the council's strategic goal two is completed.	June 2022
10.2	<ul style="list-style-type: none"> <li>Ensure the principles of Right-touch regulation are followed in the implementation of all its functions</li> </ul>	<p>The OCNZ stated that their Strategic and Business Plan have the principles of right-touch regulation, noting that consistent application of right touch regulation is part of normal business processes. The OCNZ values described in the current Strategic Plan share many commonalities with the principles of right-touch regulation, and these are applied throughout the Council's work.</p> <p>The OCNZ registrar and documentation demonstrated how they implement the</p>	FA			

Function 10: Section 118m) 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						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		principles of Right Touch in all areas of their regulator functions. This was particularly apparent when working with osteopaths to ensure competency, such as the CAPP programme and when notifications/complaints were being managed and risks when identified, such as the children and adolescent recertification work, minimised.				
10.3	<ul style="list-style-type: none"> <li>Identifies and addresses emerging areas of risk and prioritises any areas of public safety concern</li> </ul>	<p>The OCNZ has a policy statement on the process for risk management. This puts the identification and management of risk with the registrar and describes how best to ensure the identification and addressing of emerging risk. Within a risk register, each risk is rated with mitigating actions or other factors. At each OCNZ meeting, the registrar presents a current risk analysis and mitigation plan for their consideration. This process allows Council to consider where risks may lie, and how to best prioritise mitigating actions, prioritising any areas of public safety.</p>	FA			
10.4	<ul style="list-style-type: none"> <li>Consults and works effectively with all relevant stakeholders across all its functions to identify and manage risk to the public in respect of its practitioners</li> </ul>	<p>There was evidence sighted of consultation with relevant stakeholders during the development of scopes of practice, development of recertification processes, accreditation and monitoring</p>	FA			

Function 10: Section 118m) 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						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		<p>of education institutes and documents for competency.</p> <p>Input has been sought from appropriate stakeholders related to the small number of notifications/complaints received by the OCNZ.</p>				
10.5	<ul style="list-style-type: none"> <li>Consistently fulfils all other duties that are imposed on it under the HPCA Act or any other enactment</li> </ul>	<p>OCNZ has a service level agreement for the provision of full regulatory services to be provided by the NCNZ.</p> <p>Discussions with the registrar, NCNZ CE/Registrar, deputy registrars who are also legal advisors, director registration/quality, director policy research and performance, as well as review of the NCNZ's processes showed an in-depth knowledge of how they implement the duties imposed under the HPCA Act. Including their data obligations under section 134 to the Ministry.</p> <p>The OCNZ delegates a number of its duties, functions and powers to the Registrar or other committees. In August 2021, the OCNZ resolved to seek advice on whether these delegations were 'safe' from a good governance perspective. Although this advice noted that the two existent delegation documents would benefit from potential amalgamation, no</p>	FA			

**Function 10: Section 118m) 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**

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		<p>concerns were raised with the legality or 'safety' of the delegations from the perspective of good governance.</p> <p>There is evidence of quality improvement processes being in place. It was noted that the CPP document follows a well-used quality improvement cycle tool process. There is succession planning occurring. Policies and processes had been reviewed and were current. Processes are continually being updated and reviewed as these evolve.</p>				