



**National Council of  
Women of New Zealand**

Te Kaunihera  
Wahine O Aotearoa

National Office  
Level 4 Central House  
26 Brandon Street  
PO Box 25-498  
Wellington 6146  
(04) 473 7623  
[www.ncwnz.org.nz](http://www.ncwnz.org.nz)

14 December 2004

S04.56

**Submission to the Osteopathic Council of New Zealand on Standards of Clinical  
Competence, Cultural Competence and Ethical Conduct for Osteopaths.**

The National Council of Women of New Zealand (NCWNZ) is an umbrella organisation representing 42 nationally organised societies. It has 33 branches throughout the country attended by representatives of those societies and some 150 other societies. The Council's function is to serve women, the family and the community at local, national and international levels through research, study, discussion and action. NCWNZ has a longstanding history of encouraging the promotion of social and health issues, particularly as they affect women.

NCWNZ has had considerable input into the scope training and continuing maintenance of standards for several professions under the auspices of the Health Practitioners Competence Assurance Act 2003.

Because many branches have held their final meetings for the year wide consultation was not possible. These findings represent the opinions of the corresponding members of the Health Standing Committee and other interested parties. With such a limited timeframe and a smaller group, only the core competencies were sent out. Therefore the focus of this submission is Section A of the questionnaire.

The following is a summary of their comments:

**Section A**

**1. Are you in broad agreement with the proposed core competences?**

Yes.

**2. Do you wish to comment on all or any of these competencies?**

Yes.

**1. Clinical Skills:** NCWNZ agrees that all case histories must be strictly observation-based without personal assumptions of the examiner. The case histories should be legible and signed by the examiner, as these are legal documents and must be readily accessible to the patient. Nothing should be recorded that the patient is not able to see.

**2. Communication:** It was agreed that practitioners should ensure that their professional development is continually updated, assessed and peer reviewed.

To maintain current practices members agreed that Osteopaths must hold a competence based practising certificate.

It was also agreed that the competencies as drafted are satisfactory.

**3. Cultural Competence:** Members felt that it is a pity that the only cultural reference made in detail is to Maori. New Zealand is much more cosmopolitan than this. These competency standards do not reflect this.





**4. Legal Requirements:** NCWNZ notes that several pieces of legislation have been omitted from this section. These include the Health and Safety in Employment Regulations 1995, the Health and Safety in Employment Amendment Act 2003 and the Smoke-free Environment Amendment Act 2003.

**5. Ethical Requirements:** NCWNZ notes with concern that the code of ethics was not available when this document was published for discussion. For many professions this code would appear to be a significant driver for the way in which services are delivered to patients.

**6. Professional Management:** In acknowledging boundaries it is also important that osteopaths, as do others under the auspices of the Health Practitioners Competence Assurance Act 2003, know when to seek outside professional advice for their patients. Other professionals are also required to acknowledge when there is little or nothing they can do to further their patient's treatment/well being. At this time it is important that a thoroughly professional handover of information is undertaken. The paramountcy of patient health and safety should ensure that such attitudes are adopted. There have been recent examples of this not happening, resulting in court cases and causing practitioners to be struck off their respective registers, e.g Dr Gorringer.

NCWNZ thanks you for this opportunity to make even limited comment on this document and looks forward to seeing a copy of the final document.

Christine Low  
National President

Catherine Gurnsey  
Convener, Health Standing Committee