

Submission to the Osteopathic Council of New Zealand

Needling Techniques in Osteopathic Practice - Scope of Practice Review

Submitted by: Osteopathy New Zealand (ONZ)

On behalf of: ONZ membership

Consultation deadline: 5pm Friday 26 June 2026

Submitted to: osteo.admin@osteopathiccouncil.org.nz

Preamble

Osteopathy New Zealand (ONZ) welcomes the opportunity to respond to the Osteopathic Council of New Zealand's (OCNZ) consultation on the proposed Needling Techniques in Osteopathic Practice scope of practice, competency standards, and education accreditation requirements (May 2026).

ONZ represents the interests of osteopaths practising in Aotearoa New Zealand. This submission reflects the collective views of our membership and has been developed following internal discussion and review of the consultation documents, including the OCNZ Feedback Summary: Proposed Competencies for Western Medical Acupuncture and Related Needling Techniques (the Feedback Summary). ONZ wishes to engage constructively with this process and acknowledges the significant work OCNZ has undertaken to arrive at these proposals.

This submission should be read alongside ONZ's earlier submission on the Proposed Competencies for Western Medical Acupuncture and Related Needling Techniques (the ONZ-WMA Submission, signed by ONZ Chair Anj Young). That submission set out ONZ's foundational positions, a number of which remain relevant to this current consultation. Where those positions have been addressed by the revised proposals, this submission acknowledges

that. Where concerns remain or new matters have arisen, this submission addresses them directly.

ONZ notes that the Feedback Summary published by OCNZ confirms that many of the positions raised in the ONZ-WMA Submission were shared broadly across the twenty-one respondents to the earlier consultation. This submission draws on that published record where relevant.

Section 1: Acknowledgement of Progress Since the Prior Submission

ONZ acknowledges that the revised proposals respond meaningfully to a number of concerns raised in the ONZ-WMA Submission and reflected in the Feedback Summary. Specifically:

- The removal of "Western Medical Acupuncture" terminology in favour of modality-neutral "Needling Techniques in Osteopathic Practice" language directly addresses the boundary confusion that respondents flagged in the Feedback Summary, particularly concerns about practitioners appearing to claim acupuncture competency and the interaction with TCM regulation.
- The move away from a single-provider model tied to the AUT programme responds to the widespread concern across respondents about reliance on university-delivered qualifications and the need for more flexible, accessible alternatives.
- The proposed reduction in education requirements to 80 hours at NZQA Level 5 (or equivalent) addresses the concerns about disproportionate training burden raised across multiple domains in the Feedback Summary.
- The explicit exclusion of TCM-based acupuncture from the scope responds to the Domain 5 feedback questioning alignment with other regulatory bodies such as the Chinese Medicine Council.

ONZ thanks the Council for the evident care taken in considering the earlier consultation responses.

Section 2: Position on the Revised Scope of Practice

2.1 Support for a Profession-Neutral Needling Scope

ONZ supports the decision to adopt a broader, modality-neutral framing of "Needling Techniques in Osteopathic Practice." This change appropriately reflects the diversity of needling practice within the profession and resolves the longstanding confusion that the Feedback Summary records as a significant theme across Domain 5 respondents - namely, the need to differentiate clearly between WMA and traditional acupuncture.

The consultation correctly identifies that the profession sits in two distinct groups and that a single scope applicable to both is the most administratively workable solution. ONZ agrees with this reasoning. ONZ notes that the Feedback Summary records strong disagreement among earlier respondents about whether dry needling should be included in the extended scope or regulated separately, with many advocating for a dual-scope model. While ONZ understands and acknowledges those views, ONZ accepts OCNZ's conclusion that a dual-scope model would create significant implementation and administration hurdles that would ultimately not serve the profession or the public well.

ONZ also supports explicitly excluding TCM-based acupuncture from the proposed scope. The Feedback Summary confirms that concerns about cultural appropriation and the ethical implications of using TCM-derived techniques without appropriate training were raised by multiple respondents [file:37], and the revised scope clearly resolves this.

2.2 Ongoing Concern: Equity with Other Professions

ONZ continues to hold the view, as stated in the ONZ-WMA Submission, that osteopaths are held to a higher regulatory standard than comparable professions - most notably physiotherapy - when it comes to needling requirements. The Feedback Summary confirms that this was not an isolated concern: Domain 4 responses specifically questioned the proportionality of the training burden relative to other professions and noted that osteopaths already possess sufficient anatomical training to perform dry needling safely. The Physiotherapy Board has itself noted that trained physiotherapists can safely use needles without undue risk, and there is no requirement for physiotherapists to hold an extended scope. Internationally, Australia

adopts a more flexible approach, and the United Kingdom has no regulatory requirement for osteopaths performing needling.

ONZ acknowledges OCNZ's explanation that this disparity arises from the gazetted scope rather than from any view of osteopathic competence. However, given that the Feedback Summary confirms this concern was widely held across the consultation respondents, ONZ respectfully submits that OCNZ should clearly and publicly articulate this distinction so that members do not interpret the regulatory burden as a reflection on their professional standing or capability.

ONZ requests that OCNZ include in the final consultation response a direct acknowledgement of the cross-profession context, and that the preamble to any final scope or standards document explicitly notes why osteopaths are regulated differently in this area - not because they pose greater risk, but because the profession proactively sought standards.

2.3 Question of Scope Necessity

ONZ notes that during this review process, the question of whether to retain the scope at all was a legitimate point of inquiry, and one raised in the ONZ-WMA Submission. ONZ accepts the Council's conclusion that there is sufficient evidence of public risk from needling techniques to justify maintaining a scope, and treats this as the operative starting point for this consultation.

ONZ reiterates its concern, however, that the research process leading to that determination involved only a single bid for the initial risk assessment, from an individual with prior involvement in establishing the original scope. ONZ is not alleging impropriety and understands the practical constraints of a small profession. However, future research procurement should include more proactive outreach - including to international researchers - to reduce the appearance of circularity and strengthen confidence in the evidence base.

Section 3: Position on the Proposed Education Requirements

3.1 Agreement on the Need for Structured Education

ONZ agrees that needling should not be practised without structured, quality-assured training. As stated in the ONZ-WMA Submission, a "wild west" approach - where practitioners complete a

weekend course with no assessment, supervision, or formal standard - is not acceptable. Public safety requires a baseline of competency, and the existence of at least one complaint relating to needling practice confirms that real risk exists.

The Feedback Summary confirms broad agreement across respondents that safety-related competencies, including safe needle use, adverse event management, and informed consent, are essential. ONZ is aligned with this consensus position.

3.2 Support for the Proposed Academic Level and Hours

ONZ supports the proposed minimum of 80 learning hours at NZQA Level 5 (or equivalent), including a minimum of 16 hours of face-to-face instruction. This is consistent with recommendations from the Physiotherapy Acupuncture Association of New Zealand and the Australian Society of Acupuncture Physiotherapists, and is a pragmatic and defensible minimum given that osteopaths already hold a five-year primary qualification with substantial anatomy and clinical science content.

The Feedback Summary records that a number of respondents suggested competency-based CPD frameworks as more flexible and accessible alternatives to university-based qualifications [file:37]. ONZ supports the proposal's move in this direction, and also supports the flexibility for programmes to be delivered by providers not formally listed on the NZQA framework, provided they can demonstrate equivalent academic rigour. This directly addresses a concern raised in the ONZ-WMA Submission about the need to recognise accredited private providers such as ACE, PAANZ, and GEMt.

3.3 Concern: Competency Duplication and Osteopathic Training as a Foundation

ONZ raises the question of whether Core Standard 1 of the proposed competency framework - which relates to Te Tiriti o Waitangi and cultural safety obligations - should be considered already partially satisfied by the ARA programme's existing osteopathic training curriculum. The Feedback Summary confirms this was a widespread concern: many respondents felt that Te Tiriti 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.

Respondents to Domain 3 also raised broad concern that the proposed competencies duplicated general osteopathic standards and could lead to inflated qualification requirements.

ONZ requests that OCNZ clarify whether the proposed accreditation standards will allow education providers to recognise prior learning from the primary osteopathic qualification in relevant domains, or whether all competency areas must be independently demonstrated through the needling programme. This clarification would directly address one of the most consistently raised concerns across the earlier consultation.

3.4 Concern: Education Provider Viability and Transparency of Engagement

ONZ acknowledges OCNZ's advice that early discussions with potential education providers have been encouraging. However, given that the AUT WMA programme has effectively ceased, there is currently no available pathway for osteopaths to obtain the scope. This creates an immediate and practical problem for members who wish to needle and for the profession's credibility.

ONZ is also aware that OCNZ has been in early conversations with potential educators to sense-check the feasibility of the proposed requirements - prior to or during the formal consultation period. ONZ wrote to OCNZ seeking clarification on this matter, specifically asking:

- Whether potential educators were identified from those who submitted during the formal consultation process or through other channels
- What process was used to identify and engage with these providers
- Whether all providers who expressed interest or made submissions have been given an opportunity for follow-up discussion

ONZ is aware of at least two experienced providers - both osteopaths and acupuncturists delivering programmes in Australia and the Asia-Pacific region - who submitted during the consultation period and had not received any follow-up contact at the time of writing. Given their relevance, experience, and geographic accessibility to New Zealand practitioners, this

raised legitimate questions about how engagement with potential educators has been approached.

ONZ submits that OCNZ must ensure that engagement with potential education providers is transparent, consistent, and equally accessible to all who have expressed interest. If certain providers have been in early conversation with the Council while others who formally submitted have not been contacted, this risks creating a perception - and potentially a reality - of preferential treatment. Given the history of this scope and the profession's existing concerns about the involvement of the same individuals across successive stages, this is a matter ONZ takes seriously.

ONZ requests:

- A clear statement from OCNZ on what process has been used to identify and engage with potential education providers
- Confirmation that all submitters who indicated interest in delivering a programme have been or will be contacted
- A clear statement on the expected timeline for at least one accredited programme to be available
- Clarification on what interim arrangements, if any, exist for practitioners currently needling under the existing scope while this review is finalised

3.5 Face-to-Face Requirement is Appropriate

ONZ specifically supports the requirement for a minimum of 16 hours face-to-face instruction. Needling is a physical, procedural skill. It cannot be adequately assessed through distance learning alone, and the ability for an experienced practitioner to directly observe technique and provide correction is fundamental to safe practice. The Feedback Summary confirms respondents supported practical skills assessment and direct observation as necessary components of competency assurance. ONZ would resist any future moves to reduce or remove this requirement.

Section 4: Position on the Proposed Competency Standards

4.1 Broad Support

ONZ broadly supports the proposed competency standards as presented. The five domains - Te Tiriti o Waitangi Partnership Responsibilities; Communication and Patient Partnership; Knowledge, Skills and Performance; Safety and Quality in Practice; and Professionalism - are appropriate and align with the general Osteopathic Practice Competencies. The Feedback Summary confirms broad support for the overall structure, particularly around safety and communication.

4.2 Domain 1: Te Tiriti o Waitangi

ONZ acknowledges the importance of this domain and does not contest its inclusion. We note, however, that the practical application in the needling context requires specific and tangible guidance. As one concrete example, the management of minor bleeding in a culturally safe way is a real and specific consideration, given the tapu status of blood under te ao Māori. ONZ submits that the competency framework should include at least one such specific, practical example to assist educators in ensuring this competency is meaningfully taught rather than treated as an abstract box-ticking exercise.

The Feedback Summary records 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. ONZ shares this view - the standard should require evidence of genuine engagement, not merely nominal compliance.

4.3 Domain 2: Communication and Patient Partnership

ONZ supports this domain. The Feedback Summary records broad support from respondents, with particular emphasis on ensuring patients and whanau understand the clinical reasoning behind the use of needling techniques, especially in sensitive areas. ONZ endorses this emphasis and notes it should extend to ensuring informed consent processes are documented clearly.

4.4 Domain 3: Knowledge, Skills and Performance

The Feedback Summary records that this domain attracted the most detailed feedback, with widespread concern about duplication of general osteopathic standards. ONZ reiterates its position that competencies already required of all registered osteopaths should not be restated as separate requirements attached to a specific technique without clear justification for why that technique creates a meaningfully different obligation. Where there are technique-specific knowledge requirements, these should be framed as additions to the existing foundation, not repetitions of it.

4.5 Research Methodology Concerns

ONZ reiterates its concern, first raised in the ONZ-WMA Submission, about the Q methodology used in the foundational research for this scope. The concern is that research statements influenced by the researcher's own prior involvement may have shaped participants' responses toward confirming existing positions rather than critically assessing alternatives. Existing international frameworks, such as WHO guidelines and the Australian regulatory approach, could have provided an independent reference point.

ONZ is not asking for the research to be redone at this stage. However, ONZ requests that any future research underpinning changes to this scope be subject to independent peer review and that conflict of interest declarations be published alongside the research documentation.

4.6 High-Level Principles Approach

ONZ accepts the rationale for OCNZ's high-level, principles-based approach to the competency descriptors. The Feedback Summary records that some respondents called for clearer definitions of terms such as "appropriate" and for competencies to be framed as measurable performance outcomes. ONZ acknowledges this tension but accepts that more prescriptive standards can become outdated and may limit the flexibility of education providers.

Section 5: Additional Matters for Consideration

5.1 Title Protection

ONZ supports the introduction of title protection for registered needling practitioners, including titles such as "Osteopathic Practitioner of Needling Techniques" and "Osteopathic Dry Needling Practitioner." Clear, protected titles serve both public safety and professional identity purposes.

ONZ requests clarification on how the specific techniques listed on the OCNZ website will be curated and updated over time, and what input the profession will have into that process.

5.2 Transition for Existing WMA Scope Holders

ONZ seeks confirmation that all practitioners currently registered in the Western Medical Acupuncture and Related Needling Techniques scope will be automatically transitioned to the new Needling Techniques in Osteopathic Practice scope without any additional assessment or cost. The consultation document implies this is the case, but explicit confirmation would be valuable for member communication purposes.

5.3 Procurement and Conflict of Interest Transparency

ONZ reiterates its concern, first raised in the ONZ-WMA Submission, about the involvement of the same individuals across successive stages of research, scope development, and course delivery in relation to this scope. The Feedback Summary notes that researchers have an ethical obligation to disclose actual, potential, or perceived conflicts of interest, and that if such disclosures were made, they were not documented within the publicly available research report. ONZ endorses this observation and submits that OCNZ should publish its procurement approach and conflict of interest management framework for projects of this nature. Greater transparency would substantially strengthen confidence in the process across the membership.

5.4 International Practitioner Inconsistency

ONZ notes the inconsistency whereby UK-trained osteopaths are permitted to perform needling in their home country but would be restricted from doing so in New Zealand unless they complete the extended scope requirements. As mutual recognition pathways between OCNZ, the General Osteopathic Council, and the Osteopathy Board of Australia continue to develop, this disparity should be addressed to ensure that internationally trained practitioners are not disadvantaged and that practice rights are equitable across jurisdictions.

5.5 Maintaining Constructive Engagement

ONZ is committed to a professional, constructive relationship with OCNZ. This submission is intended to raise legitimate concerns and queries on behalf of our members, not to question the integrity of the Council or its processes. ONZ recognises that the current Council is working in good faith to resolve a longstanding and complex area of professional regulation, and the Feedback Summary demonstrates that the Council has genuinely engaged with the range of views received.

ONZ looks forward to continued dialogue with OCNZ on this and other matters affecting the profession, and is available to discuss any aspect of this submission if that would be helpful.

Summary of Key Positions

Area	ONZ Position	Supported by Feedback Summary
Removal of "WMA" terminology	Supported	Yes - Domain 5 respondents
Single unified needling scope	Supported	Partially - dual-scope views were common
Exclusion of TCM acupuncture from scope	Supported	Yes - Domain 5 respondents
Maintaining the scope (not disestablishing)	Accepted	Yes - safety competencies broadly supported

80 hours minimum learning	Supported	Yes - flexible CPD frameworks preferred
Level 5 NZQA equivalent	Supported	Yes - university reliance questioned
16 hours face-to-face minimum	Supported	Yes - practical observation valued
Non-NZQA-listed provider eligibility	Supported	Yes - flexible alternatives sought
Equity statement vs other professions	Requested	Yes - Domain 4 proportionality concerns
Prior learning recognition (Domain 1)	Clarification requested	Yes - duplication widely raised
Transition for existing WMA holders	Confirmation requested	Not addressed in Feedback Summary
Education provider engagement transparency	Clarification and assurance requested	Not addressed in Feedback Summary
Conflict of interest disclosure in research	Requested	Yes - noted in Feedback Summary
Title protection	Supported	Not addressed in Feedback Summary
International practitioner inconsistency (UK/NZ)	Resolution requested	Not addressed in Feedback Summary

Contact

For any queries regarding this submission, please contact the ONZ Chair.

Submission prepared on behalf of Osteopathy New Zealand, June 2026.