



minutes

Osteopathy Stakeholders Advisory Committee

Weds 8th May 2019, 7.00am – 8.30am
Unitec Mt Albert Campus, Building 111, Room
2037

1. Welcome and Introductions [s 9(2)(a), Head of School]

Brief introductions from attendees:

- s 9(2)(a) – Unitec Head of School
- s 9(2)(a) – Unitec Osteopathy Lead
- s 9(2)(a) – Unitec Clinical Tutor & employer of Unitec graduates
- s 9(2)(a) – Osteopathy Pukekohe; graduate of programme
- s 9(2)(a) – Unitec Clinical Tutor & employer of Unitec graduates
- s 9(2)(a) – Osteopathy Pukekohe & employer of Unitec graduates
- s 9(2)(a) – Auckland Osteopath; graduate of programme
- s 9(2)(a) – Unitec Clinical Tutor & employer of Unitec graduates
- s 9(2)(a) – Queenstown (Zoom)
- s 9(2)(a) – Unitec Lecturer (Zoom)
- s 9(2)(a) – Wanganui Osteopathy (Zoom)
- s 9(2)(a) – Unitec Academic Quality Administrator

2. Apologies

- s 9(2)(a) – Dunedin osteopath; recent graduate

3. Terms of Reference, Membership and Committee Chair [s 9(2)(a)]

- First meeting re setting up the Advisory Committee. s 9(2)(a) spoke briefly about Terms of Reference and all accepted them.
- s 9(2)(a) asked for someone willing to take up the position of Chair. s 9(2)(a) offered to be the Chair for future meetings and all accepted and agreed. s 9(2)(a) will be support and back-up person.
- Membership – s 9(2)(a) had send out invites to Alumni, tutors and employers – asked if we are missing a voice? No other suggestions made.

4. Summary of the Current Situation in the Osteopathy Programmes [s 9(2)(a)] Osteopathy Leader

Programmes are teaching out. AUT was to have developed programme but has now decided not to take this on.

No first year intakes this year. 21 students in Year Two, 15 students in Year Three, 8 students in Year Four and 15 Students in Year Five. Unitec has committed to supporting students in completing the programmes.

Staffing levels are the same as 2018 but this will change with the teaching out of the programmes and if existing students leave or transfer.

Professional Development: staff are being encouraged to use their PD entitlement. One staff member has enrolled in a Doctorate this year.

The osteopathy department and Clinic have moved to new premises. Now much closer to the main campus hub within Unitec and this is working well. The new premises (very old building) have been fully refurbished and the department have obtained all resources that they required and asked for. The revamping of these premises showed Unitec commitment to this programme.

Due to teaching out Accreditation (Osteopathic Council of New Zealand) for the programme has been extended and monitoring visits are to happen yearly.

s 9(2)(a) acknowledged that the programme has been taught at Unitec for the past 20 years and also noted that it is important that staff look after themselves (self-care) and each other during the teaching out period.

Question re students needing to re-sit. s 9(2)(a) mention that the normal programme regs had been amended with transitional arrangements being put in place. These arrangements include consideration of re-sits but with the required "checks and balances" in place for integrity and quality.

Question re reversing Unitec's decision for the programme. This had been brought up at the Monitor's visit considering AUT's decisions to halt their development. Unitec is open to conversations about osteopathic education. There are current barriers at the stage. This is due to Unitec's changed category, which means that programme development is stalled across the institution. Also, with the combining of the polytechnics and the major reforms that are happening in the sector, how we will operate in the future is unknown at this time. Unitec would likely be at the table for these conversations.

ARA is just starting its programme and cohorts are approx. 12 students per intake.

Question from s 9(2)(a) - Why such small numbers of students coming into the profession. It was mentioned that only about 400 Osteopaths are practicing within NZ. (Many of the more mature practitioners will be retiring over the next few years). Was stated that NZ does have more Osteopaths per head of population than Australia and UK. s 9(2)(a) spoke on how Osteopaths operated more individually and there was an overall lack of working together and promoting the profession. Covered that the demand was increasing especially in rural areas and the need to encourage more students to move from urban to rural.

Discussed the exploring of building up relationships with other countries, partnering with another organisation, setting up a private college. Growth mainly coming from overseas graduates.

Discussed about government funding from TEC that supports student fees and that now the first year of study is available free and that the government is aiming to have the first three years of study free.

5. Graduate outcomes in the first few years working as osteos. How well prepared are students for work? What is working well? What could we do better?

Discussed whether students were work ready. Many spoke about the need for students to be more realistic to the amount of earnings they could expect. The need to have business awareness such as the skills to set up and run a small business.

§ 9(2)(a) mentioned that ACC did come into the programme at different stages and that students gained knowledge in this area.

In the final year perhaps more mentoring and practice visits. Was pointed out that students only take note if it counted towards an assessment.

It was noted that graduates needed to work more within a team (most practices were small) and help out behind and in front of house. The need for them to realise that all of the little details are important if they want clients to come back to them/or the practice. § 9(2)(a) mentioned that the students did learn these skills e.g. did laundry, set up rooms, customer service and booked in clients, etc.

§ 9(2)(a) (note taker) spoke from her perspective as a patient that she had noticed that many of the newer osteopaths that she had visited were very keen to explain in much more detail what they were doing and appeared a lot more helpful that she fully understood the treatment and the effects/benefits.

It was spoken that overall students were doing very well with their Clinical work and stacked up excellently with other international graduates.

Covered the individualism "live in a cave" of the work environment for most Osteopaths. The need for a mind shift to network better, promote themselves and the profession.

The main points for employability were:

- Business Acumen
- Front of House Skills
- Full engagement with work colleagues and clients

Learn to work well in a team so that the practice runs smoothly. Another skill mentioned was Public Speaking.

Discussed the involvement of students with perhaps college sports/ marathons. Some issues were that they would need to be supervised as not yet registered and mainly due to safety.

If they were to be involved in such events perhaps count some of the outside hours towards their clinical hours (this has happened in the past).

Mentioned an upcoming Unitec event that they could get students involved in.

6. Supporting students as we teach out. What do we need to be concerned about and how can we ensure they are employable?

Deferred to next meeting

7. Date of Next meeting

All agreed to date and time.

7th August 2019 (Wednesday)
7am to 8.30am



minutes

Osteopathy Stakeholders Advisory Committee

Weds 7th Aug 2019, 7.00am – 8.30am
Unitec Mt Albert Campus, Building 111, Room 2037

1 Welcome and Introductions

s 9(2)(a) –the chair opened the meeting and welcomed everyone to the second Industry Advisory Committee for the Osteopathy programmes.

The chair welcomed s 9(2)(a) from Osteopaths New Zealand to the committee.

There was a round of self-introductions.

2 Members in Attendance and Apologies

Members in Attendance:

s 9(2)(a) – Queenstown (Zoom video conferencing)	s 9(2)(a) – Unitec Clinical Tutor & employer of Unitec graduates
s 9(2)(a) - Unitec Clinical Tutor & employer of Unitec graduates	s 9(2)(a) – Osteopathy Pukekohe; graduate of the programme
s 9(2)(a) - Unitec Clinical Tutor & employer of Unitec graduates	s 9(2)(a) – Osteopath (Unitec graduate) (Zoom video conferencing)
s 9(2)(a) – Osteopaths New Zealand (Zoom video conferencing)	s 9(2)(a) – Unitec Head of School
s 9(2)(a) – Unitec Osteopathy Lead	s 9(2)(a) – Administrator Academic Quality

Members Not in Attendance

s 9(2)(a) – Unitec Lecturer	s 9(2)(a) - Wanganui Osteopathy
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MOTION: The chair proposes that the apologies for the committee members listed in the table below be accepted.

MOTION CARRIED. The committee accepts the apologies for the committee members.

s 9(2)(a) – Auckland Osteopath; graduate of the programme	
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3 Matters Arising

3.1 s 9(2)(a) resignation

The Committee notes that the committee member s 9(2)(a) (Osteopathy Pukekohe & employer of Unitec graduates) has formally resigned from the committee.

3.2 Review our online discussion re patient representative

s 9(2)(a) informed the committee that there was some discussion in the last meeting and afterwards an online discussion as to whether we should have a patient representative in the meeting or not. There were some mixed views regarding the matter; hence, the matter is brought to the committee to discuss and decide if we should have a patient representative for the meeting or not.

The members recognized that a patient's representative could only provide input for the clinical aspect, whereas the Committee needs to consider the broader perspective.

The committee decided not to have the patient representative for the time being.

3.3 Work readiness – disseminating feedback; increased hours for practice visits

s 9(2)(a) provided feedback of some of the actions taken after discussion at the last meeting around the committee members' concern that graduates do not always have an awareness of 'back of house' aspects of running a practice.

The staff use opportunities in the class and clinic to give feedback that potential employers value people who are a team player. Discussions around what a 'team player' looks like have taken place in Professional Practice classes.

s 9(2)(a) informed the committee that we will be increasing the allowable hours external observation practice visits in response to feedback from the last meeting. Students will be allowed an additional four hours of external observations.

s 9(2)(a) raised concern that the hours, which are counted toward the clinical hours, are mostly observational and not practical experience and can therefore be very passive. He also suggested that the new clinical opportunities should be developed by sending out the letters to the Osteopath in Auckland and asking them to open and share their profession with the students.

s 9(2)(a) added that this promotion activity could be done after the programme has developed the guidelines for the practices and the students. However, the students are not allowed to do any hands-on work as this is not covered in Unitec's insurance. s 9(2)(a) also suggested that external observations are not restricted to the Auckland area, and students use external observations as an opportunity for networking.

s 9(2)(a) and s 9(2)(a) commented that only observation is also valuable, and both the students and the osteopath can get benefit from these practice hours.

s 9(2)(a) suggested that there can be an opportunity to develop a system whereby clinics that provide educational training to the students have an education provider endorsement based on standards and guidelines. This would mean that when a patient sees the endorsement sign, he/she is aware that there might be some students present for observations and learnings purposes.

ACTION: s 9(2)(a) to raise the idea of a training endorsement at the next OKSS(Osteopathic Key Strategic Stakeholders) meeting.

4 Updates

4.1 Teach-out

s 9(2)(a) informed the committee that staffing calculations and planning have been completed and staff informed that no one would be made redundant until the end of 2022. However, it is anticipated that there will be some natural attrition during that time, which will be managed by recruiting staff on a contract for service or hourly contract. The programme can not plan these things in advance as it can not be predicted.

s 9(2)(a) added that in these turbulent times, it is important to protect and respect the expertise the Unitec have in the osteopathy space. We are trying to keep consistency in the three main domains of research, teaching and clinic.

4.2 Child and Adolescent Health

s 9(2)(a) informed the committee that, over the last two years, we have been planning changes to the curriculum that would allow us to incorporate Child & Adolescent Health and so avoid our graduates needing to undertake the recertification. We put a draft plan to the OCNZ Registrar last year and the initial feedback was positive, so we continued with the development. However, at a follow-up meeting with the Registrar and an external auditor appointed by Council, it became apparent that we would be required to undertake extensive changes, which were not possible in the current scenario. Hence it was decided that Unitec is not pursuing the proposal any further. The students have been advised that they will therefore need to undertake the recertification within three years of graduating.

4.3 ROVE

s 9(2)(a) informed the committee that the ROVE (Reform of Vocational Education) is the review of tertiary education in New Zealand. The minister has announced that from 1st of April 2020 the new national entity will become functional and all the polytechnic institutes will become the subsidiary of that entity. The degree and postgraduate space will not be impacted much. PTE will remain as it is while the ITOs will be amalgamated into ITPs.

5 Discussion Item: Supporting students as we teach out. What additional things should we be doing to maintain the Unitec osteopathy graduate reputation as we teach out?

s 9(2)(a) commented that we do realise that Osteopathy is a small profession, and it is very important to maintain the reputation of osteopathy and our graduates so that the profession remains confident in the capabilities of Unitec graduates.

s 9(2)(a) suggested that we might arrange some profession- student networking meeting opportunities. There was further discussion about what this might look like, with the possibility of showcasing student research and CPD events.

ACTION: s 9(2)(a) and s 9(2)(a) to look into an evening CPD/networking event

6 [continued discussion from the last meeting] – The future of osteopathy/osteopathic education with the loss of a North Island provider

s 9(2)(a) commented that ROVE might bring some opportunity to revamp the feasibility of running Osteopathy programmes at a national level by possibly sharing the expertise with other institutes. s 9(2)(a) supported the suggestion from Unitec perspective.

s 9(2)(a) commented that Unitec, ONZ and OCNZ are not much connected as one group in terms of where we are going with this teach-out process.

s 9(2)(a) commented that at ONZ there is a general disappointment, but there have been no specific discussions within their membership regarding the closure of the Untiec programme

s 9(2)(a) added that since Unitec has a 5-year programme hence it has set a high education standard, while ONZ has brought down to 4 years programme with no research component. Therefore it would be critical to see what the market needs are, as for some people 4-years are appropriate while for others, the research is the fundamental component of the profession. s 9(2)(a) asked regarding the changes in the accreditation standards for 4 years programme as the drop is from level 9 to level 7, making it a degree. s 9(2)(a) was not aware of it.

s 9(2)(a) commented that in Australia the programme is also of level 7. s 9(2)(a) suggested that it can work like a step-up programme followed by level 9 qualification, and then accompanied by certification programmes. s 9(2)(a) commented that this would be for the council to decide.

s 9(2)(a) commented that Unitec has served in the osteopathic education space for more than 20 years, and since 2010, our clinic has served more than 55000 patient making it one of the biggest osteopathic clinics in New Zealand. She pointed out that within the next two - three years, all the expertise and knowhow could disappear. s 9(2)(a) commented that we are receiving more concern from our patients about the closure of the programme than from the profession.

s 9(2)(a) asked s 9(2)(a) if this might be a topic for the upcoming ONZ conference next month. s 9(2)(a) resposded that she would go back to the conference committee to see if there might be space in the rpgoramme for such a discussion.

There was some discussion about whether overseas institutions (eg BSO, RMIT) might be interested in developing a NZ offshoot. s 9(2)(a) commented that if there is a programme which is approved by NZQA and the same programme is offered by an international institute in an ITP, then it would be possible, but otherwise it would need to be approved by NZQA first. The process would be different again if a PTO were involved.

s 9(2)(a) commented that it might be beneficial not to restrict to Australasia region, suggesting that the profession is more developed in Europe and North America.

7 How do we prepare our students for working in multidisciplinary practices and working collaboratively with other health professionals?

s 9(2)(a) talked about ONZ involvement in a recent multi-disciplinary competition run by AUT and noted that there was poor interdisciplinary awareness of what each discipline offers. There was a suggestion that we help address this by inviting professionals from different healthcare disciplines to speak to the students. Some disciplines can be chiropractor, Maori healer, etc.

s 9(2)(a) inquired if there is any possibility that an orthopaedic specialist might work at the Unitec clinic. s 9(2)(a) responded that previously s 9(2)(a) has tried contacting Waitakere Hospital, but there was no traction as the focus is on physiotherapy.

We already have guest speakers from different disciplines and utilise some interdisciplinary connections within Unitec (with Nursing and Medical Imaging). This had resulted in some overlap between these groups and the related learning of each other profession. But we can work a bit more to link the existing groups within Unitec so that cross-disciplinary learning can happen among themselves. s 9(2)(a) supported the idea.

s 9(2)(a) suggested that contacting hospitals for letting osteopathy students link and observe might be an area to be looked at. s 9(2)(a) added that for Unitec it had been one of the most difficult things to do. s 9(2)(a) added that we could learn lessons from European counterparts as they have started their work to penetrate mainstream healthcare sector 2 to 3 decades ago. s 9(2)(a) commented that partnering with an occupational therapy programme in New Zealand can be better suited as compared to Physiotherapy or any other profession.

s 9(2)(a) suggested that it would be valuable if ONZ have a 'welcome to the profession' type of package, giving some guidelines as to what you might be expected to have to do when you set on practice, like researching the building, making sure that its viable, accessible and it has building regulation, through to interacting with your local GP, paying the GST, and contracts etc. s 9(2)(a) commented that at ONZ it was felt that all of these guidelines are available online; however, we try to link the fresh graduates with the profession in the field as their mentors so that practical guidance can be given to them. s 9(2)(a) suggested that if this package can be developed, it can be given to all the osteopath graduates at the time of graduations bringing in some marketing for ONZ also.

8 Date of Next meeting

All the committee members agreed to the following date and time.

7am to 8.30am on Wednesday 12th February 2020.

RELEASED UNDER THE
OFFICIAL INFORMATION ACT 1982



minutes

Osteopathy Stakeholders Advisory Committee

Weds 12th Feb 2020, 7.00am – 8.30am

Unitec Mt Albert Campus, Building 111, Room
2037

1. In attendance:

s 9(2)(a) (Head of School); s 9(2)(a)
(Chair); s 9(2)(a)

2. Apologies:

s 9(2)(a)

3. Updates

a. General update [s 9(2)(a), HoS]

- Unitec has been through some challenging times but is now moving from strength to strength
 - Clear strategy (Manaakitia te rito)
 - Increased staff NPS
 - Increased student NPS (both across the institution as a whole and in our School specifically)
 - Facilities: there has been significant investment in infrastructure across the campus and there is more planned
 - New programmes have been developed
 - Institutional Code of Conduct was launched in 2019
 - Strong Executive Leadership team in place
- The year ahead
 - EER in Oct 2020
 - The new entity, NZIST, launches on 1st April
- At a School level
 - Increased staff NPS by 26%
 - We were the top performer in student results (course completion, graduate outcomes,
 - Community Studies graduate feedback was exceptional:
 - 91% of our graduates are employed
 - 91% of the respondents were promoters of our programmes

- 90% of graduates think they were well supported
 - 97% of graduates think the teaching was effective
 - 100% of graduates think their learning needs were met
- Stakeholder/industry engagement has been strengthened across the School
 - Sport Waitakere agreement
 - Auckland Council relationship
 - ARA Taiohi, Youth Development
 - Play Therapy in ECE
 - Osteo:
 - OKSS
 - Engagement with Ara
 - Teach-out
 - Staff are searching for the next step. The future of the profession is unclear. This saddens Unitec and our patients who greatly benefit from our service.
 - Every teach-out programme has had resignations. This is a management challenge.
 - There is a staff teach out plan for Osteo as we work to ensure minimal impact on student experience.
 - Transition arrangements are in place for students
 - 2020 sees the final year of the BASHB
 - We continue to celebrate our student successes and we're redefining student success beyond simply course completions.

A member of the Committee asked about osteo student responses on the NPS survey. ^{s 9(2)}_(a) responded that local issues raised included feedback around the practical teaching space and about comms. ^{s 9(2)}_(a) added that course survey results were generally very high.

A member asked how osteo student feedback was tracking. ^{s 9(2)}_(a) responded that we do not have specific data for an osteo trend.

b. Osteopathy (programme) update ^{s 9(2)(a)}, [Osteopathy Leader]

Students:

- Transitional arrangements for students started to take effect in 2019. The arrangements are working well with several students being supported to complete year two through the transitional arrangements.
- 2019 BASHB completions:
 - 15 students completed BASHB, of whom 11 have been offered places in MOST. One student didn't meet the GPA and had opted to pursue osteo studies in Europe. Two students had repeated yr 3 to improve their GPA but unfortunately still did not meet the requirements for MOST. One student has left to pursue a different career.
- Three students are returning to MOST after gaps of 1 – 2 years for personal reasons. These students are being supported to transition back into clinic
- MOST: one final year student is repeating the OSCE, all others successfully completed the taught and clinical elements of the programme. Several are still working on their thesis and by the end of summer it is anticipated that approximately half of the students will have submitted.
- We are ramping up for the start of semester
 - Welcome back BBQ scheduled for first day back
 - Two-week orientation is planned for the new MOST students

Staff:

- s 9(2)(a) is moving on but will continue his commitment to supervising his current students to completion
 - We are currently recruiting a replacement
- A new clinic tutor started late last year and is settling in well
- We are continuing to manage staff changes across clinic and classroom teaching and research.

Other:

- Our annual accreditation monitoring visit is scheduled for March
- The CPD event proposed at the last Advisory Group Meeting is being planned
 - The plan is to combine research dissemination, workshops and networking
 - Date not yet set, but likely to be mid semester two
- Coronavirus: we are taking a proactive approach across the institution, including in the osteo clinic. Clinic Lead and Practice Manager are working with students to ensure that appropriate precautions are in place

4. **Child & Adolescent Health** – update from the subgroup meeting

- s 9(2)(a) updated about the sub-group meeting following concerns raised about Unitec's decision not to continue development of CAH content
- s 9(2)(a) added that OCNZ have extended the timeline for Unitec graduates to be able to complete the recertification requirements
- A member asked about whether the price would remain the same; no-one was able to answer
- s 9(2)(a) advised that ONZ are unhappy about the situation and plan to consult their membership
- A member commented that the CAH is an additional requirement and is independent of accreditation requirements

5. **Other Business**

A member asked whether the possibility of SCU operating a satellite programme at Unitec

- s 9(2)(a) responded that Unitec has made it clear that we are teaching out and that we need to be careful about mixed messages to staff, students and patients. If there were a realistic and sustainable opportunity then Unitec would consider it, but we are not actively pursuing such a possibility.

6. Date of Next meeting: 12th Aug 2020



minutes

Osteopathy Stakeholders Advisory Committee

Weds 17th Feb 2021, 7.45am – 8.45am
Via Zoom

1. In attendance:

s 9(2)(a) (Head of School); s 9(2)(a)
(Osteo Lead & Acting Chair)

2. Apologies:

s 9(2)(a) (Chair); s 9(2)(a)

3. Updates

a) Institutional update [s 9(2)(a)]

- Te Pukenga and possibility of osteopathy programmes
 - There was a question about whether or not Te Pukenga might develop or offer an osteopathy programme in addition to the Ara programme
 - This led to a discussion about the challenges faced in staffing a programme and what can seem to be a lack of support from the profession
 - s 9(2)(a) asked if this is something ONZ might help with
 - It was suggested that there is a need for the profession to honour the educators
 - There was a suggestion that there might be some recognition of 'giving back' such as free ONZ membership
 - There was a suggestion that an active student osteopathy society could help get across a message of service to the profession from the start, recognising that there are different ways of contributing to the profession beyond the clinical consultation
 - ONZ could be well placed to provide the networking between the educators and the rest of the profession
- Unitec in the media

- s 9(2)(a) acknowledged that there has been some negative publicity around Unitec and outlined the concerns that have been raised, in particular the lack of Māori consultation and the loss of our Tumu. A commitment to students remains.
- Clinical tutors on the Advisory Group said that there has been no real comment or discussion among students or patients
- s 9(2)(a) confirmed that s 9(2)(a) has reached out to a Māori Student to check that she is OK.

b) Osteopathy Update [s 9(2)(a)]

- BASHB has now closed. All students in the final cohort passed, but three students did not meet the admission requirements for MOST. s 9(2)(a) and s 9(2)(a) met with all three students and offered support in seeking alternative career pathways and/or in applying to transfer to Ara.
- Seven students were eligible to apply for the MOST scholarships and we are currently reviewing the applications
- We are working through plans for how students affected by the latest lockdown will be supported to complete the required hours
- We have a three week orientation planned for incoming 4th years.
- Staffing changes since last meeting: s 9(2)(a) has come on board as course coordinator for the yr 4 clinic course, s 9(2)(a) has been recruited as a full time supervisor for research thesis.

4. Transitional Arrangements

- s 9(2)(a) outlined the planned transitional arrangements to support the final cohort through MOST and in particular clinic, and sought feedback from the Group.
 - Student progress will be monitored even more closely than usual and wrap-around support put in place if students seem to be at risk of not succeeding in Clinical Osteopathy 1.
 - Students who are identified as being at risk after the second ILC will be rostered into the first summer clinic group. This will mean that they complete all clinic assessments by Christmas.
 - If anyone fails they will be invited to come back for more clinical hours in Jan, with a re-sit in late Jan. Again, there will be additional support put in place.
 - Under transitional arrangements in the programme regs we are able to offer a second re-sit. Therefore if anyone fails the re-sit that would be able to continue with additional support through Feb with a second re-sit before the start of 5th year.
 - No third re-sit would be offered so if anyone is unsuccessful at that stage, they would be withdrawn from the programme.
- Feedback from Group members indicated that the plan seemed fair and reasonable

5. Membership of the Advisory Group

- Terms of reference indicate that membership of the Group is for three years. However, there have been staff changes over the last two years that mean that the

balance of membership has shifted and we have more staff in the Advisory Group membership. There are also some external members who aren't able to attend meetings regularly.

- It was agreed that someone from Ara should be invited to join the Group.
Action: s 9(2)(a) to approach Ara
- It was agreed that we would look at the attendance and contact people who are not able to attend to see if they wish to stay on the Advisory Group.
Action: s 9(2)(a) to review attendance
- Members were asked to think about possible people to suggest who we could invite to join the Advisory Group.

Action: any suggestions to be sent through to s 9(2)(a)

Date of Next meeting: Wednesday 11th Aug 2021 at 7:45

RELEASED UNDER THE
OFFICIAL INFORMATION ACT 1982



minutes

Osteopathy Stakeholders Advisory Committee
Weds 28th Sept 2022, 7.30am Via Zoom

~ Opening Karakia ~

1. Members in Attendance and Apologies

Members in Attendance:

Chair: s 9(2)(a) – Head of School, Community Studies & Bridgepoint	s 9(2)(a) – clinical tutor
Minutes: s 9(2)(a) – Osteopathy Leader	s 9(2)(a)
s 9(2)(a)	s 9(2)(a)
s 9(2)(a) – President, ONZ	s 9(2)(a)

Members Not in Attendance

s 9(2)(a)	s 9(2)(a)
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2. Welcome and Introductions

s 9(2)(a) welcomed members to the meeting and noted apologies. s 9(2)(a) acknowledged that this is the last formal meeting of the Advisory Group.

3. Actions from previous hui

- Disseminating information to the profession about our COVID response: s 9(2)(a) explained that we'd planned a case study with a recent graduate, but were advised by Unitec's comms team not to proceed as it could backfire and highlight the disruption rather than the success. However, OCNZ have put out comms in a recent newsletter acknowledging

how both Unitec and Ara have worked to ensure quality is maintained through the COVID disruptions.

- Advisory Group Feedback: we had a good response rate from the feedback survey - thank you! Results indicated that the group feels that there is reasonably good representation (good mix of ages, mix of Unitec staff, management and industry representatives). It was noted that membership is quite AKL-centric. Respondents acknowledged having limited input into programme development, but that this is understandable given the teachout. It was identified that a key role has been in supporting programme staff and the institution in ensuring that the quality of the programme is maintained through the teach out.

4. Institutional Update

Te Pūkenga

§ 9(2)(a) acknowledged that there has been a lot of media interest in Te Pūkenga. Consultation on the high-level structural framework has taken place and the outcome is due to be published soon. Unitec will officially merge with Te Pūkenga on 1st Oct. Osteo isn't impacted significantly because of the programme closure; students will graduate with a Unitec qualification.

Campus changes

Changes to the campus continue, with land being cleared at the North end ready for construction to begin. Clinic is well away from any building work.

§ 9(2)(a) commented that several patients are concerned about the clinic closure. § 9(2)(a) advised that we are currently putting together a communication plan, and this will include suggestions for referral to local practices. It has been suggested that we highlight where there are Unitec graduates, so provide a sense of continuity for patients. However, there is nothing we can do to mitigate the significant increase in cost for patients moving to private practices.

§ 9(2)(a) asked if there is any appetite from Te Pūkenga to offer the Ara Programme anywhere else. § 9(2)(a) suggested that industry could advocate for this. § 9(2)(a) explained the role of Workforce Development Councils and how Industry input can help to identify gaps. Realistically, the initial focus will likely be on ensuring financial viability. § 9(2)(a) added that what is unclear is how any decision to offer a Programme in different areas would be resourced (especially with regard to staffing). Osteopathic education expertise in Auckland has been lost.

5. Programme Update

Student Progress

§ 9(2)(a) provided an update on progress for the final year cohort. All students have successfully completed the first two clinical assessments. Most have completed the OSCE, with two students due to re-sit stations this week [update: both students successfully completed the re-sit].

Clinical Hours

§ 9(2)(a) informed the group that C Oncil have approved a 7.5% reduction in clinical hours, as was the case for the last two cohorts, as a result of COVID disruption.

Eight students are on track to complete the required hours by the end of semester.

Five students will have hours to complete over the summer, in Dec and Jan.

Impact of COVID and other illnesses

We've had contingency plans in place through 2022 which meant that the clinic was technically overstaffed for all but one session each week. This has meant that in spite of significant staff absence due to illness, there has only been one session that we had to close the clinic. There have been some sessions where the number of new patient slots were restricted because of staffing.

There has been no transmission of COVID-19 within the clinic or practical classes, even though most students have contracted COVID elsewhere. This is a testament to the protocols we've had in place for safe operation of the clinic.

6. Closure of Programme and Clinic

§ 9(2)(a) advised that the HR aspect of the programme closure is underway, and noted that she was not able to discuss that in detail.

§ 9(2)(a) advised that planning for the wrap up of clinic, including patient communications and archiving patient files is underway.

Plans are also underway for supporting students who will still be working on their research in 2023.

Most students from the final cohort are on track to complete their research thesis by March/April. Two students are expected to take longer. We are currently working through a proposal for Council about how those two students might maintain their clinical currency, and about refresher courses for those students from previous cohorts who are about to complete their research thesis.

There are two students who have taken significantly longer to complete and these may need alternative arrangements for re-establishing clinical currency.

§ 9(2)(a) suggested that if any students would like additional support/mentoring as they transition into practice, this could be something that ONZ could help with. There was some discussion about how ONZ might help with facilitating contacts for practice visits and mentoring for those students needing to demonstrate clinical currency during an extended period completing their thesis. **ACTION: § 9(2)(a) to meet with § 9(2)(a) separately to discuss possibility of mentoring**

§ 9(2)(a) asked what a plan to maintain currency would look like for those students who take a long time to complete their thesis, when there is no option for a refresher course. § 9(2)(a) responded that it is for Council to determine if a student meets the requirements for clinical currency, but the plan is to work with Council to put forward some suggestions of what might be appropriate for students.

§ 9(2)(a) asked if there would be something at Ara. § 9(2)(a) responded that she would imagine that Council are in conversation with Ara about the return to practice course that used to be offered at Unitec, and that could be a pathway that would be suitable for those students.

§ 9(2)(a) asked what was going to happen to the various resources that have been gifted to the programme over the years. § 9(2)(a) responded that it might be that such resources would be offered to Ara in the first instance. § 9(2)(a) added that resources such as plinths are likely to be auctioned.

§ 9(2)(a) acknowledged the commitment of the staff to the students and the programme through the teach out. She also thanked the Advisory Group for your support and ongoing commitment.

s 9(2)
(a) , on behalf of ONZ, acknowledged everyone who has been involved in the programme, noting that over 50% of the profession are Unitec graduates.

s 9(2)(a) asked that members of the Advisory Group continue to support us; although this was the last formal meeting, she asked that if issues arise, members keep in touch and let us know of any concerns.

~ Closing karakia ~

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