

Master in Physiotherapy Practice (MPhysioPrac)

You can find the information about:

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ABOUT PROGRAMME

Masters in Physiotherapy Practice (MPhysioPrac) degree programme **commences in February**.

The application process is closing on the **1st of October**. There are **no** mid-year intakes. The limit is **20** places. **No** online learning is available due to the nature of the programme. The students must arrive to Auckland by February.

To be eligible for this degree, a student must have completed a relevant bachelor's degree with a Grade Point Equivalent [GPE] of 5.0 or higher. A relevant degree may include one of health sciences or science. Whether a degree is considered relevant will also depend on the courses taken. Relevant areas may include exercise sciences, health sciences, physiology, and psychology.

If you have completed a Bachelor's degree at the University of Auckland, please refer to the University of Auckland Calendar for the entry GPA requirement

[\[https://www.calendar.auckland.ac.nz/en/progprog/regulations-science/mphysioprac.html\]](https://www.calendar.auckland.ac.nz/en/progprog/regulations-science/mphysioprac.html).

The MPhysioPrac programme is not recommended for people who hold an undergraduate degree in Physiotherapy that might enable them to apply to the Physiotherapy Board of New Zealand for registration in the Scope of Practice – Physiotherapist (General Scope). Please verify your eligibility prior to beginning the study.

In addition to the University of Auckland's [standard admission process](#), students applying for the MPhysioPrac degree programme must **arrange two references**. The letter template can be found on the Department of Exercise Sciences 'Forms and Guides' web page

[\[https://www.auckland.ac.nz/en/science/about-the-faculty/department-of-exercise-sciences/forms-and-guides.html\]](https://www.auckland.ac.nz/en/science/about-the-faculty/department-of-exercise-sciences/forms-and-guides.html). The new template will be available from July. We

recommend you arrange one tertiary academic and one work (including volunteering) reference e.g., a research supervisor, undergraduate/postgraduate course Coordinator, a line manager etc. It is your responsibility to check with your referees that these have been sent

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in time to meet the 1st of October closing date – this is not a task undertaken by the University. Letters of Reference received after this date may not be considered.

PREREQUISITE KNOWLEDGE

Applicants for the Master of Physiotherapy course must have extensive pre-existing knowledge and be able to demonstrate the completion of university level courses completed within the last 10 years in four essential areas:

- Neuroscience
- Exercise Physiology
- Human Anatomy with a focus on musculoskeletal anatomy
- Human Physiology

In addition, courses relating to psychology, exercise prescription and biomechanics would provide important content that would be of considerable benefit in the MPhysioPrac and so should be listed on the attached Master of Physiotherapy Practice Assumed Knowledge Self-Assessment Form.

Neuroscience

- Study of the anatomy and physiology of neural structures as well as fundamental concepts of nervous system functioning.
- It is assumed that the anatomy of the human brain and spinal cord have been studied.
- It is assumed that applicants have also studied the structure of the nervous system and neurons as well as the basic electrical concepts underlying neural signals including signal transmission and communication.
- It is assumed that the following systems/pathways have been studied:
 - spinal reflexes,
 - somatosensory system (including receptors and pathways for sensations such as touch, temperature, proprioception, and pain),
 - autonomic nervous system (including the sympathetic and parasympathetic pathways),
 - the descending motor pathways (including the pyramidal and extrapyramidal systems).

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Exercise Physiology

- Study of the systemic responses to exercise and exercise training.
- It is assumed that applicants have studied the responses of the human muscular and cardiorespiratory systems to acute exercise and to exercise training.
- It is assumed that applicants have studied the acute changes in endocrine and acid-base (renal and respiratory) regulation during exercise.
- Adaptations to exercise training have been studied.

Human Anatomy

- Study of human anatomy, particularly of the musculoskeletal, nervous, cardiovascular,
- respiratory and renal systems.
- It is assumed that the following areas of the human body have been studied:
 - bones,
 - joints,
 - ligaments,
 - muscles,
 - nerves of the:
 - upper limb
 - lower limb
 - vertebral column
 - thorax
 - pelvis
- It is assumed that the anatomy of the cardiovascular, respiratory, and renal system has been studied. This anatomy may be covered in physiology, exercise physiology or neuroscience units of study.

Human Physiology

- Study of the physiology and histology of the main systems of the human body.
- It is assumed that the physiology of the following systems of the human body have been studied (cardiovascular, respiratory, and renal physiology may be studied in exercise physiology units of study):

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- cardiovascular,
- respiratory,
- endocrine,
- renal.

SELECTION PROCESS

Applications and references will be collected and reviewed to check the academic grades, relevant courses, work experience, career aspirations, personal qualities after the 1st of October.

The Selection Committee will invite for **interview** a group of applicants from those who meet the criteria specified. Selection for interviewing will be based on the information in the Application and Confidential Letters of Reference. The dates for the interviews are to be set for October and will allow the Selection Committee to judge more accurately the suitability of applicants for the programme. It is not possible to interview applicants outside of the specified dates. Interviews may take place in person or via Zoom.

Other criteria used:

- Communication Skills: the ability to communicate with a wide range of people in a non-judgmental, accepting, and genuine manner. This includes good listening skills as well as being able to express yourself clearly.
- Compassion: able to be warm, supportive, and patient, and for this to be sufficiently overt for it to be perceived by clients and colleagues.
- Self-awareness/reflexivity: awareness of your own values, motivations, issues, and limitations.
- Cultural Sensitivity: have experience with and level of sensitivity towards people from different cultural backgrounds.
- Te Tiriti o Waitangi: We are looking for your behavioural commitments to the Treaty of Waitangi and how they have informed your identity.
- Ability to Contribute: ability to contribute to a group (staff team, student class), including willingness to offer ideas, skills and knowledge, assertiveness, ability to be cooperative and supportive of others.

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ENGLISH LANGUAGE PROFICIENCY

International applicants whose first language is not English must provide evidence of English proficiency. English is considered the first language of citizens of Canada, Ireland, Singapore, the United Kingdom, and the United States of America.

Domestic applicants whose first language is not English may be asked to provide evidence of competence in written and spoken English. See link for more information

<https://www.auckland.ac.nz/en/study/applications-and-admissions/entry-requirements/postgraduate-entry-requirements/postgraduate-english-language-requirements.html>

Applicants who receive an offer of place conditional on English, may wish to consider applying for entry to a pathway English language course at the University's English Language Academy. <https://www.ela.auckland.ac.nz/epps>

Applicants who have English as an additional language are required to have an International English Language Test System (IELTS) overall score of 7.0 and no grade less than 6.5 in each band.

SAFETY CHECK

Applicants will be required to consent to a disclosure of criminal convictions and safety checks required by the Children's Act 2015 to ensure they meet the requirements of the Health Practitioners Competence Assurance Act 2003. For applicants convicted by a court in New Zealand, please note your rights under the [Criminal Records \(Clean Slate\) Act 2004](#) before providing details of any criminal record(s).

The process involves:

- Criminal Record report or Police Certificate from any country you lived in for more than 12 months in the last 10 years since the age of 18.
- Identity verification that includes sighting the originals of primary and secondary identity document,
- New Zealand/Australia police vetting service,
- Reference check,
- Interview face-to-face,
- Self-Report (Please be prepared to discuss your answers to the following questions during the interview process.

How did your interest in physiotherapy begin?

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Identify those personal qualities and academic abilities that would likely help you become a qualified physiotherapist.

What are your major areas for improvement and future development?

Have you acted violently towards another person?

Do you currently have, or have had, problems associated with alcohol or drug use?

Do you currently have, or have you had, problems with health or well-being (physical and/or psychological) that may impact your ability to train and/or work as a physiotherapist?

Have you ever been convicted of an offence?

Have complaints ever been made about your practice in previous employment (paid or unpaid)?

What were your reasons for leaving your previous job(s)?

Evidence of Identity

The purpose of this section is to confirm the identity of the applicant to ensure the correct person is being vetted to a standard accepted by New Zealand Police for vetting purposes. This is based on identity confirmation requirements set out in the Vulnerable Children Act Regulations 2015. It states that a NZ Birth Certificate may only be used as a Primary identity document if issued on or after the 1st of January 1998 and carrying a unique identification number. To confirm the identity of the applicant, two forms of ID must be sighted, one primary and one secondary, one of which must be photographic.

<p>Primary IDs include:</p>	<ul style="list-style-type: none"> • Passport (NZ or Overseas) • NZ Firearms Licence • NZ Full Birth Certificate (issued on or after 1998) • NZ Citizenship Certificate • NZ Refugee Travel Document • NZ Emergency Travel Document • NZ Certificate of Identity
<p>Secondary IDs include:</p>	<ul style="list-style-type: none"> • NZ Driver Licence • 18+ card • NZ Full Birth Certificate (issued before 1998) • Community Services card • SuperGold Card • NZ Employee Photo Identification Card • NZ Student Photo Identification Card • Inland Revenue number • NZ issued utility bill (issued not more than six months earlier) • NZ Teachers Registration certificate • NZ Electoral Roll Record

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	<ul style="list-style-type: none"> • International Driving Permit • Steps to Freedom Form
Evidence of a name change	If the two identity documents have different names (e.g., a birth certificate contains the applicant's maiden name, and a driver licence contains their married name) evidence of a name change must be sighted such as a marriage certificate or statutory declaration.

IMMUNISATION

Clinical placements for the Physiotherapy Practice programme require that the students complete the same infectious disease screening procedures as required by Auckland District Health Board (ADHB). The purpose of this Immunisation Status Report (ISR) and screening procedure is to minimise the risk of infectious disease transmission between staff, students, and patients, specifically those involved in direct patient contact.

The screening procedure is required for:

- Measles,
- Mumps,
- Varicella (chickenpox),
- Rubella,
- Tuberculosis (TB)
- Hepatitis B & C,
- COVID-19.

Process:

Contact your local General Practitioner as soon as possible for advice on how to organise and prepare for your immunisation screening programme. They will also need to sign-off your test results. We recommend using your GP rather than the University of Auckland Student Health Centre as the Student Health Centre will not be open in enough time to facilitate completion of the screening and immunisation process prior to the start of the programme.

If you are intending to travel over the holiday period, please inform your GP as this may have implications for the timing of your screening programme. The immunisation process must be completed prior to the start of the programme to enable involvement in the clinical aspects of the Physiotherapy programme. The only exception to this is the immunisation against hepatitis B (if it is applicable) as it requires a course of 3 injections over a 3–6-month period.

Please be aware that there will be a charge for testing and for any immunisations that are required. If you have a community services card (CSC) please bring it when you go for your immunisation screening programme. Application forms for CSCs are available from WINZ. These take a couple of weeks for WINZ to process so if you need one, please apply

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well in advance. Students are responsible for all costs related to any immunisations needed.

It is likely that you will be asked to ensure you have something to eat or drink before having any blood tests carried out. You will also be advised of any risks associated with immunisation, for example, pregnancy should be avoided for the first three months after MMR vaccination.

[University Health & Counselling Service](#)

City Campus Level 3, Student Commons Building Tel.: 923-7681	Grafton Campus 85 Park Rd Tel.: 9236962
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University Health & Counselling Service offers Immunisation Programme as a service to the students, informing them of their results and providing a certificate (ISR) to keep and use at those points of their training and career when they are asked to verify this information. This is students' responsibility to provide this documentation to the Department.

The current screening is for Immunisation/Infection status of Hepatitis B & C, Measles, Mumps, Rubella and Varicella Pertussis and Tuberculosis (TB). If results confirm that a student is infected/carrier with/of Hepatitis B, C or TB the student is offered a treatment/management pathway and are informed as necessary to bring this information to the attention of the clinical co-ordinator of their course. Each student is individually contacted with details on how to meet the Immunisation Status Report requirements.

The service is provided to students who choose to enrol with UHCS as their Health Provider. Each student is responsible for blood testing and vaccination costs. The deadline for submission of the completed ISR, or notification of delayed results, is 1 May each year.

Students who lack immunity should be vaccinated (if appropriate) and then have repeat testing for antibody response after allowing time for this to occur. The ISR can then be completed when an antibody response is demonstrable.

[Infectious diseases targeted by our Immunisation Screening Programme](#)

Measles, Mumps, and Varicella have continued to cause epidemics of disease in New Zealand. While most adults will have acquired immunity to disease by vaccination or natural infection, all students should be tested for immunity to measles, mumps, and varicella zoster; and those who are not immune should receive a single injection of MMR (measles, mumps, rubella) vaccine and should be vaccinated for varicella.

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Risk: These diseases may be passed on when asymptomatic or in the prodromal phase to patients that are immunocompromised and not protected. For example, transplant wards, paediatric oncology, etc.

Rubella (German measles)

Because rubella is frequently a trivial illness in adults, medical students and other health workers may unwittingly acquire that infection, continue working while infectious, and transmit the infection to their patients. This poses a particular risk for women in the early stages of pregnancy in whom infection is associated with a high rate of foetal malformation. It is possible that students who are not known to be immune to rubella may be excluded from contact with such patients.

All students, *male and female*, should be tested for immunity to rubella and those who are not immune should receive a single injection of MMR (measles, mumps, and rubella) vaccine.

Hepatitis B

Hepatitis B infection is common in Māori, Pacific Island and Southeast Asian people living in New Zealand. It is very easily transmitted in blood (or other secretions) from an infected person to a susceptible person.

Hepatitis B vaccination with a course of three injections over a period of three to six months is required for all students who do not have evidence of prior hepatitis B infections or vaccination. The only way to tell if you have previously been infected with hepatitis B is by a blood test. This test will indicate whether you have:

- a) never been infected with hepatitis B and never been vaccinated against hepatitis B. You should be susceptible to hepatitis B infection. (Your blood would be hepatitis B surface antigen (HBsAg) negative) and hepatitis B surface antibody (HBsAb) negative.
- been infected with hepatitis B and eliminated the infection or been successfully vaccinated against hepatitis B. You should be immune to hepatitis B infection (Your blood would be HBsAg negative and HBsAb positive).
- been infected with hepatitis B and failed to eliminate the infection. You would have hepatitis B infection and could transmit this infection to others. (Your blood would be HBsAg positive and HBsAb negative).

If you have a blood test and it indicates that you are infected with hepatitis B (i.e., HBsAg positive) you will need advice about precautions to prevent transmission of this infection to your patients.

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Hepatitis C antibody

If screening results are negative for hepatitis C antibody, then no further action is required. If screening results are positive for hepatitis C antibody, then your GP will need to refer you to a hepatologist for discussion re: management. If further testing (HCV RNA) confirms HCV infection refer to Assistant Dean (Student Affairs) for referral for career advice.

Tuberculosis

Tuberculosis is an uncommon disease in New Zealand. However, many medical students and other health workers will be exposed to infected patients and thus be placed at a significant risk of developing tuberculosis (TB). Students need to know their TB status. From 2009 the Mantoux test was replaced with the more convenient Quantiferon Gold TB test as the required guide to a person's exposure or immunity to tuberculosis.

Students are not required to have the BCG vaccination. However, health workers sometimes request BCG vaccination if they anticipate that they will be working regularly with known tuberculosis patients.

BCG is a live attenuated (weakened) strain of *Mycobacterium bovis* and is closely related to *Mycobacterium tuberculosis* – the usual cause of tuberculosis. BCG vaccination can reduce the risk of developing tuberculosis, but the benefit is greatest in infants who are at a high risk of infection (especially those living in poor countries with a high prevalence of TB). BCG vaccination of adults provides only modest protection against tuberculosis – some studies have even suggested that the vaccine may increase risk of tuberculosis. BCG vaccination commonly causes a shallow ulcer at the site of the injection, which may take weeks to heal.

Pertussis

Recently, Pertussis (Whooping Cough) has occurred in epidemics approximately every four years in New Zealand. Many adults will have acquired immunity to disease by vaccination or natural infection, however immunity following either disease or vaccination wanes within a decade. Therefore, a history of vaccination within the last four years is required for all students starting their clinical attachments, irrespective of previous history of pertussis or vaccination.

COVID-19

The COVID-19 Public Health Response (Vaccinations) Order 2021 requires vaccination for those working in the Health and Disability Sector. For more detail on the definition and the policy please access the Pre-employment COVID-19 Vaccination Policy [here](#) or through the Te Whatu Ora Health New Zealand (Auckland District Health Board) website.

Other immunisations that are recommended but not required:

- There seems to be an increased rate of Meningococcal C disease in young people living in hostel accommodation or other crowded environments and so this is

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potentially applicable to all students, not especially to those engaged in health care studies.

- Seasonal Influenza vaccination is recommended annually to protect students, patients and reduce community spread.
- Diphtheria is extremely rare in New Zealand, but in third world countries may be contracted either by inhalation of infected droplets or by skin contact with infected material. Students who had a full course of diphtheria vaccinations in childhood are likely to have life-long protective immunity. Booster doses are recommended at age 11, 45 and 65 years. A course of three injections of diphtheria vaccine (low dose for adults) given at intervals of four weeks is recommended for persons who have not previously been immunised.
- Tetanus is an uncommon disease in New Zealand. Students who had a full course of tetanus vaccinations in childhood are likely to have life-long protective immunity. Booster doses are recommended at ages 11, 45 and 65 years. A course of three injections of tetanus vaccine given at intervals of four weeks is recommended for persons who have not previously been immunised.
- HPV (human papillomavirus) vaccination is recommended for female students but not required. Many students will already have completed vaccination.
- Polio (poliomyelitis) is extremely rare in New Zealand, but in a small number of third world countries it may be contracted by consuming contaminated food or drinks. Students who had a full course of polio vaccinations in childhood, and who are neither in contact with patients with polio nor travellers to countries where polio is common, do not require further polio vaccinations. Two injections of inactivated polio vaccine given at an interval of four weeks, followed by a third dose at 6 months, is recommended for adults who have not previously been immunised.
- In line with ADHB Occupational Health Policy, students are no longer routinely required to undergo swabbing for Methicillin Resistant Staphylococcus aureus (MRSA) carriage. There is a shift of emphasis from MRSA carriage to likelihood of MRSA transmission. There will also be more emphasis on hand washing. If treatment is required, each student covers their own costs.

More information about immunisation can be found at <https://www.health.govt.nz/our-work/immunisation-handbook-2020>.