



Annual Programme Report¹ For the Year (2020)

Programme Code and Title:

Bachelor of Health Sciences (UBHEAL02-000)

Programme/Department/School/Division:

Division of Health Sciences

Year of Introduction:

2018

1. Description

- (a) Provide a brief description of the programme structure, levels, and papers as approved by CUAP. Include paper titles, points, and NZQF Level. Describe succinctly, but in sufficient detail so that the programme structure may be understood without reference to the original proposal, the Calendar or websites, and write for a non-specialist audience. The description should be no more than around 200 words so that it can easily form part of the GYR, and it should generally not include a schedule or table.

The Bachelor of Health Sciences (BHealSc) was approved by CUAP as an NZQF Level 7 degree in 2017 and offered for the first time in 2018. The degree follows a standard three-year (360 point) Bachelor degree structure with four majors and minors offered: Community Health Care, Māori Health, Pacific and Global Health, and Public Health. All students complete HUBS 191 and 192 (Human Body Systems I and II) and POPH 192 (Foundations of Population Health) as part of the degree. A further six 18-point papers at 200-level (108 points) and four 18-point papers at 300-level (72 points) are required, depending on the major chosen. The remaining seven papers (126 points) can be any paper in the University¹.

An unendorsed BHealSc qualification is available to students who have completed 360 points towards a health professional programme and permanently withdraw/are excluded from that programme.

¹ With the exception of Community Health Care and Māori Health, which also require students to pass EDUC 105 (Disability Studies: An Introduction) and MAOR 102 (Māori Society). For these majors, students only have six papers remaining available.

- (b) If any concerns were raised or changes requested by CUAP at the time of approval, indicate how they have been addressed. If the programme has had a delayed start, say so and explain why.

Not applicable.

2. Changes Made to the Programme since Introduction

- (a) Mention and explain any significant changes (from the original proposal) that have been made to the programme since its introduction, such as: deletion of papers; introduction of new papers; regulation changes; changes to the Graduate Profile; changes to the assessment regime.

There were no changes to the BHealSc regulations or schedules for any of its constituent majors in 2020. However, the following changes were approved by the Board of Undergraduate Studies for two papers (changes to take effect in 2021):

1. The paper titles for CMHC 211 and CMHC 311 were changed from *Disability and Health I* and *Disability and Health II* to *Enabling Wellness and Ability I* and *Enabling Wellness and Ability II* respectively. Both staff and students felt these changes reflected the papers' content and emphasis better.
2. The EDUC 105 (Disability Studies: An Introduction) prerequisite for CMHC 211 was removed, with the prerequisite simply becoming 108 points. EDUC 105 remained a required paper for the Community Health Care major (CMHC 211 is a core required paper). However, experience of delivering CMHC 211 highlighted that the material from EDUC 105 was not necessary preparation for CMHC 211, and the relevant material was covered in the first weeks of CMHC 211 anyway. This was borne out in conversations with CMHC 211 students.

The above changes did not result in changes to the content or delivery of CMHC 211 or CMHC 311.

- (b) If any changes were reported in a previous Annual Programme Report, comment on their ongoing adequacy and appropriateness.

The 2019 APR reported the following changes:

1. MAOH 201 (Hauora Māori in Practice: Working with Individuals and Whānau), CMHC 211 (Enabling Wellness and Ability I), MAOH 301 (Hauora Māori in Practice: Working with Organisations and Communities) and CMHC 311 (Enabling Wellness and Ability II) were added to the core and optional papers for the Pacific and Global Health major. The Academic Lead of the major considered these papers to align strongly with, and enhance material from, the major's core papers. There has been no negative feedback from students about the addition of the MAOH papers. No students from this major took the CMHC papers in 2020. This may have reflected the EDUC 105 prerequisite for CMHC 211 in force during 2020; students from the Pacific and Global Health major may not have seen a need to do EDUC 105 in preparation for CMHC 211 because CMHC 211 was not an option for their major and, lacking the prerequisite, could not do CMHC 211 in 2020.

The 2020 APR reported the following change:

1. The prerequisite for PUBH 211 (Epidemiology of Global Health Conditions) was changed from (HEAL 192 or POPH 192 or PUBH 192) and 90 further points from Arts and Music or Science Schedule C or BHealSc Schedule Part 1 to (HEAL 192 or POPH 192 or PUBH 192) and 90 further points (i.e. the specific schedule requirements of the 90 further points was dropped). This change was in response to some students

not meeting the prerequisites for PUBH 211 because they had done Commerce papers which did not count towards the 90 further points. We have not monitored the impact of change by specifically looking to see how many students with Commerce papers now enrol in PUBH 211.

3. Student Enrolment and Completion Trends

- (a) Provide information on student numbers enrolling and completing over the period the programme has been offered with respect to the following. *(Please refer to the datasets provided by the Strategy, Analytics and Reporting Office, which have been attached to the email initiating this report. You are welcome to simply copy and paste the enrolment data into this report, or you can provide your own data if you believe they offer more clarity. If you are providing your own data, explain why.)*

Table 1: Community Health Care major

Year	Predicted Numbers	Total Headcount	Full-time	Part-time	With-drawn	Year					Completions	EFTS
						Year 1	Year 2	Year 3	Year 4	5+		
2018	17	6	6	0	0	6	0	0	0	0	0	5.7
2019		12	12	0	0	10	2	0	0	0	1	8.3
2020		15	14	1	0	12	2	1	0	0	2	12.6

Table 2: Māori Health major

Year	Predicted Numbers	Total Headcount	Full-time	Part-time	With-drawn	Year					Completions	EFTS
						Year 1	Year 2	Year 3	Year 4	5+		
2018	17	23	23	0	0	23	0	0	0	0	0	19.0
2019		34	32	0	2	18	16	0	0	0	7	28.2
2020		34	32	2	0	20	11	3	0	0	6	31.4

Table 3: Pacific and Global Health major

Year	Predicted Numbers	Total Headcount	Full-time	Part-time	With-drawn	Year					Completions	EFTS
						Year 1	Year 2	Year 3	Year 4	5+		
2018	9	10	10	0	0	10	0	0	0	0	0	9.0
2019		16	16	0	0	10	6	0	0	0	3	12.6
2020		14	13	0	1	6	5	3	0	0	1	10.5

Table 4: Public Health major

Year	Predicted Numbers	Total Headcount	Full-time	Part-time	With-drawn	Year					Completions	EFTS
						Year 1	Year 2	Year 3	Year 4	5+		
2018	17	42	40	0	2	42	0	0	0	0	0	35.6
2019		54	52	2	0	30	24	0	0	0	13	47.0
2020		51	48	2	1	20	21	10	0	0	18	45.0

- (b) Discuss the data and comment on any anomalies such as disparity between the predicted student numbers (in the original proposal) and actual numbers. *(Please take care to ensure that no student can be identified in the Report. All information should be anonymised so that individuals are not identifiable.)*

Enrolments in the BHealSc as a whole were slightly lower in 2020 compared with 2019 (111 students in 2020 vs 116 in 2019) although overall EFTS increased slightly (96.1 in

2019 vs 99.5 in 2020). Fewer new enrolments drove this decline in enrolments into the degree in 2020 compared to 2019 (55 vs 66 respectively), coupled with a slight increase in graduands (28 in 2020; 24 in 2019). According to figures supplied by the Strategy, Analytics and Reporting Office, 35 (60%) of the new BHealSc students were new to Otago in 2020 or came from Foundation Studies. The BHealSc's cohort retention rate increased slightly from 87% in 2019 to 92% in 2020 (retention rate includes completions as well as returning to Otago for further study).

Public Health continued to be the most popular BHealSc major in 2020, with almost half of the students. The Māori Health major was the next largest major, with 31% of the total degree enrolments. Both of these majors continue to outperform predicted enrolments from the CUAP proposal, as does the Pacific and Global Health major. While still not meeting its predicted number of enrolments, the Community Health Care major is seeing a continuing rise in enrolments (and EFTS) against a backdrop of slightly reduced overall BHealSc enrolments. This suggests that our efforts to increase awareness of the major as described in our previous APR might be beginning to have an impact.

The BHealSc minors continue to be attractive to non-BHealSc students. There were 32 non-BHealSc students enrolled in one of the BHealSc minors (compared to 36 in 2019), with the majority in Public Health (18, 50%) followed by Māori Health (10, 28%).

The BHealSc, particularly the Māori Health and Pacific and Global Health majors, provides an appealing pathway for Māori and Pacific students. A total of 45 (41%) of BHealSc students identified as of Māori ethnicity, while 28 (25%) identified as one of the Pacific Peoples' ethnicities. These figures are both slight increases on 2019.

- (c) If the programme has not yet been offered, or has attracted no enrolments, explain why not and outline the intended future of the programme. *(Please note that when a programme has not been offered or has attracted no enrolments in the five years following its introduction, its approval lapses. The programme should either be resubmitted to CUAP for re-evaluation or formally deleted. This report should outline the intended course of action. If the decision is made to delete the programme, a Form 5 should be submitted.)*

Not applicable.

4. Monitoring Programme Quality

- (a) What processes are in place to monitor programme quality? (These will have been identified in the original proposal.)

As described in more detail in the previous APRs, we have instituted a number of processes for monitoring and enhancing the quality of the BHealSc programme (these include and extend on those detailed in the original proposal; all of the programme quality monitoring processes described in the approved BHealSc CUAP proposal have been implemented and active since the programme's inception). These are listed below, along with any additional relevant information relevant to the reporting period:

1. An overall Programme Director responsible for the whole degree.

Dr Horsburgh's term as Programme Director finished at the end of 2020. However, he was reappointed for another three-year term to ensure continuity through to the Graduating Year Review.

2. A dedicated Board of Studies to provide academic governance.

The Board of Studies met three times in 2020, including an extended meeting in the middle of the year to consider the strategic issues related to the degree.

These meetings are minuted, with the minutes feeding into the documentary evidence for the BHealSc's GYR.

3. An Operational Group to foster communication between the degree papers and majors.

Meetings of the Operational Group were reduced from monthly to every second month. This change was in response to the papers in the programme having largely 'bedded in' and therefore not requiring as many formal meetings of paper convenors. The disruption of COVID-19 alert level changes, with the resulting substantial increase in time spent in Zoom meetings, meant that enthusiasm for virtual meetings was also low. Meeting every second month seemed to fulfil the purpose of the meetings still, so it was agreed to continue the reduced frequency in 2021.

These meetings are minuted, with the minutes providing documentary evidence for the BHealSc's GYR.

4. Major meetings, where the convenors of papers required for a particular BHealSc major meet to discuss academic alignment and contribution to the major's learning objectives.

A summary of the dates of these meetings is available on request.

5. Paper results meetings to help maintain consistency in assessment practices and share expertise across the BHealSc papers.

These meetings were held at the end of each semester just before paper results had to be submitted. Each paper convenor produces a report on their paper which is collated

and submitted to the Board of Studies. In addition to the information in the reports described in the previous APR, paper convenors were also asked to provide any evidence of achievement of graduate attributes and learning outcomes from that year with examples from the *Evidence for the Achievement of the Graduate Profile: Best Practice Guidelines* document. This information will be requested in the paper reports going forward.

The paper results reports provide an important source of documentary evidence for the GYR.

6. *Student feedback and evaluations.*

All BHealSc papers with more than ten students enrolled are required to run HEDC student paper evaluations every year using a BHealSc-specific template to ensure consistency across papers and years. Additionally, each BHealSc paper is required to have and meet with OUSA Class Representatives, and there are two student representatives on the BHealSc's Board of Studies.

As indicated in our previous APR, we are maintaining contact with BHealSc graduates to identify their post-graduation pathways. From 2021, BHealSc graduates from 2019 will also be included in the Graduate Opinion Survey, with subsequent cohorts of graduates included every year after that (i.e. the Survey includes graduates from two years previously).

The BHealSc majors are included in the schedule of the undergraduate Student Opinion Survey.

- (b) Summarise the evidence that has been generated by those monitoring mechanisms during the year under review by answering as many of the following questions as possible. If you can't answer a question, explain how you will gather evidence to answer it next year. Depending on the length of the programme, some of these questions may be more challenging to answer in the first year or two.
 - i. To what degree are the goals of the programme as stated in the original proposal being achieved?

The BHealSc has four main goals under its original proposal. Each of these will be considered in turn with brief summaries of collected evidence.

- a) *To provide relevant higher education for those in the existing and future unregulated health workforce, particularly those working as care co-ordinators/case managers/health navigators, or in Public Health, Māori Health, or Pacific Health.*

There is currently only one cohort of graduates (2019) with sufficient follow-up time to assess graduate destinations. At the end of 2020, four of the seven (58%) students who had not gone on to further study had found employment in the health sector. Two of these seven (29%) were on a gap year, and the remaining student could not be found.

We are contacting graduates to identify their ultimate destinations to assess how well the degree is meeting this goal. The BHealSc will also start being included in the

Graduate Opinion Survey from 2021, thereby providing further evidence assessing the achievement of this goal.

- b) *To be a foundation for possible new health professional postgraduate programmes for emerging health professional roles, reflecting future models of care.*

We are unable to assess this goal currently, as we are unaware of any relevant new health professional programmes reflecting future models of care. We note that this was intended to be a goal evaluated over a longer-term, as such new programmes were not expected to be developed in the short term.

- c) *To provide a customised and alternative undergraduate degree for entry into existing Health Sciences Undergraduate and Postgraduate Professional Programmes.*

The majority of 2019 BHealSc graduates went on to further study. This includes six (26%) who entered Medicine at Auckland and Otago and a further ten (43%) who carried on to postgraduate study (the vast majority in postgraduate Public Health). Feedback from the students who have entered Medicine has indicated that they have found the degree to be excellent preparation, providing them with a more nuanced and broader perspective on health than their direct-entry colleagues.

- d) *To provide an exit degree for those withdrawing from Health Sciences Undergraduate Professional Programmes after successful completion of at least 3 years of university.*

There were six exit degrees for a BHealSc (Unendorsed) awarded in 2020. Most (4, 66%) were to students exiting Medicine. The BHealSc continues to provide a useful means of recognising the study undertaken by students withdrawing from a health professional programme with the equivalent of a Bachelor degree's worth of points.

ii. How well are the Graduate Attributes being met?

There has not been any change to the overall BHealSc graduate attributes or the graduate attributes for its constituent majors. Each BHealSc major has a curriculum map indicating the contribution of each component paper to the graduate attributes of that specific major. BHealSc papers are required to report significant changes in their papers to the Programme Director (and, via them, to the Board of Studies). The Operational Group and Paper results meetings provide important fora for discussing how well the papers contribute to graduate attributes. The Major meetings also allow for discussion of the contribution of each paper to a major's graduate attributes. The reflections and discussion from these meetings indicate that each major's component papers contribute to the development of the graduate attributes they were intended to and that students who have completed their 300-level papers have achieved these attributes, often to a high calibre.

While we will have more evidence once we are able to follow up with the 2020 graduates to collect information on their outcomes and feedback from their employers/postgraduate destinations, the early signs are positive that the BHealSc is delivering graduates with the skills and attributes that we said we would. This is based

on the feedback from relevant stakeholders on assessment tasks in our papers and the examples listed in (v) below.

- iii. How strongly does the evidence indicate appropriate content, delivery and assessment in the component papers?

As with (ii) above, the Operational Group, Paper results and Major meetings all provide opportunities, which are taken up, to reflect on how appropriate the content, delivery and assessment in the component papers is. Section 5(a) of our previous APR describes how an important part of the degree is using assessments that reflect the tasks that students would be likely to perform if employed in a career in their chosen major or if they continue to postgraduate study. We also reported on the involvement of people from stakeholder groups, including community groups and potential employers, in delivering the BHealSc papers. These collectively create a clear alignment between what is taught in the papers, the skills and knowledge required by employers or for postgraduate study, and how we assess student achievement of these skills and knowledge. We continue to document stakeholder, community group, and potential employer involvement in our papers and their feedback on our papers through the Paper results reports.

The BHealSc HEDC paper evaluation template also contains items relevant to assessing the appropriateness of the papers from a student perspective. For example, the template contains the items *'There was a clear match between stated learning outcomes and course material'*, *'How well did the assessments reflect the content and emphasis of the paper?'*, *'To what extent did this paper repeat material which you had been taught in other papers?'* and *'To what extent did this paper develop your competency in this area?'*. In 2020, the mean percentage of 1&2 responses across BHealSc papers for these items was between 84% and 90%, except for the level of repetition question, which had a mean percentage of 1&2 responses across BHealSc papers of 26%. In conjunction with the evaluation results reported in (iv) below, these findings suggest that from the student perspective, the content, delivery and assessment in the BHealSc papers is appropriate. They feel that these match the papers' learning outcomes and that their competency in the areas covered by the paper is increased.

While minor changes will occur in the content, delivery and assessment in BHealSc papers due to staff self-reflection and feedback from students and external parties, we consider that the collective evidence from the sources listed above points strongly towards these three elements being appropriate in the BHealSc papers. Importantly, as highlighted by the issue described in section 5(b), we have robust processes to identify where any of these elements are not of sufficient quality, address them in the short term and implement improvements in the paper to prevent them from occurring in the future.

- iv. How confident are you that students are satisfied with the programme?

Paper evaluations have continued to be very positive this year. To the question 'Overall, my learning experience in this paper was valuable', a mean of 91% of students (lowest: 37%, highest: 100%) responded with a one or two. Students were also very positive

about the teaching in the BHealSc papers, with a mean of 90% (lowest: 37%, highest: 100%) of students responding with a one or two to the question 'Overall, the teaching in the paper was valuable for my learning'. The two low (37%) responses reported here were for the same paper, and the situation with that paper (and how it was addressed) will be discussed later in section 5(b).

As with previous APRs, feedback from OUSA Class Representatives and the Student Representatives on the Board of Studies was positive. In particular, we received very positive feedback on the level of pastoral care and extra support provided to students during the lockdown and through alert level changes.

We have also received unsolicited positive feedback from graduates about their experiences of the degree. The following quote neatly encapsulates this feedback:

I have absolutely loved taking this degree from head to toe and feel I have learned so much and met so many amazing people both in staff and in my peers and I don't think I could have imagined taking anything else or enjoying it nearly so much.

Based on the sources of evidence, we feel confident that students are satisfied with the BHealSc programme.

- v. What evidence do you have of industry acceptance, particularly in graduate employability?

As mentioned above, early signs are promising with regards to graduate employability and industry acceptance. Feedback documented in the paper reports in 2020 has provided further evidence of industry acceptable, including:

- A student being offered employment after an assessment that required interviewing a healthcare provider.
- Employment of graduates at Kōhatu and Preventive and Social Medicine to undertake research, student support and stakeholder engagement.
- Invitation to students by CEO of Māori Public Health Non-Governmental Organisation to apply for summer internships within their organisation.
- Positive feedback from stakeholders in Public Health workforce on the quality of the students' understanding and ability to interview them about their Public Health roles.
- Students undertaking internships with relevant Government Ministries (Ministry of Business, Industry and Enterprise and Ministry of Health).

As more BHealSc graduates head into the workforce, and as data from the Graduate Opinion Survey become available, we will further document industry acceptance and graduate employability. There is anecdotal evidence from BHealSc graduates that employers are becoming increasingly aware of the BHealSc, and we have received positive comments about the need for graduates with the skills developed in the BHealSc from people who work in the health sector at public presentations about the degree. We intend to more formally pursue this by approaching employers of BHealSc graduates for feedback on their experiences.

- vi. If there is external moderation, what does this reveal about the quality and consistency of the assessment procedures?

The approved CUAP proposal for the BHealSc requires an external review of the programme to occur once every ten years, so this has not occurred or is planned in the next few years. However, some papers may be reviewed independently of the programme as part of reviews of their hosting departments.

5. Highlights and Issues

- (a) Comment on what is going well and identify any examples of good practice – such as learning and assessment activities, employer involvement or special projects—that may be helpful to other programmes or boards of studies.

As with every other programme in the University, 2020 was a challenging year for the BHealSc. The disruption of teaching through abrupt changes in alert levels and the need to embrace different modes of teaching brought additional layers of stress to staff and students alike beyond those that they already had to cope with in their personal lives. Throughout, the BHealSc teaching and administrative staff were absolutely phenomenal. The values of manaakitanga and whanaungatanga underpin the BHealSc, and these came to the fore in 2020. Our staff provided enormous levels of pastoral support to our students as they navigated the new normal together as a community. Our students also supported each other and were understanding of the efforts of our staff as they rapidly transitioned to new ways of teaching (not always successful on the first time!) whilst dealing with events in their own lives. It was truly inspiring to see the BHealSc values on full display in our staff and our students. Both staff and students within the BHealSc have a sense of being part of a special community where they are valued, and their strengths are recognised and encouraged. The BHealSc is in good shape, both as an academic programme and as a community.

In the coming year, we will be embracing the tools and approaches we learned in 2020 that added to our teaching. We have also set enhancing the teaching culture and continuing to improve our teaching practices as foci in 2021 by increasing the sharing of ideas and experiences, input from people outside of the BHealSc and research into our teaching.

- (b) Comment on any particular issues that have arisen and what is being done to respond to and improve upon them.

As indicated in section 4(b)(iv), students raised issues around the delivery and assessment in one of the BHealSc papers. Independently, the paper convenor also raised concerns around some of the assessment. In response to this, an independent person moderated the internal assignments and determined that the marking was fair and appropriate. A mark adjustment was applied for the paper's final examination to reflect the identified concerns of staff and students. Feedback from the student representatives on the BHealSc Board of Studies indicated that the affected students felt that their concerns had been taken seriously and acted on appropriately. The paper convenor has been working proactively with Medical Education staff to improve the delivery of the paper in 2021.

6. Response to Previous Annual Programme Report (if applicable)

State how you have responded to any Divisional Board or other feedback arising from the previous year's Annual Programme Report.

The Board of Undergraduate Studies provided general feedback concerning the importance of monitoring whether students are achieving graduate attributes. We continue with the strategies and processes outlined in our previous APR in response to the same feedback and feel we are beginning to see the fruits of these by documenting evidence such as graduate destinations and health sector feedback. We hope to expand on these existing processes by further engaging with employers of BHealSc graduates and receiving findings from the Graduate Opinion Survey. The BHealSc promotes a strong culture of reflection in its teaching staff. We explicitly build in mechanisms for reviewing paper content and assessment to ensure reflection on alignment with the graduate profile for each major.