FACULTY OF HEALTH

Self Review

DEAKIN UNIVERSITY

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Acknowledgment

Deakin University acknowledges the Traditional Custodians of the land on which our five physical campuses are situated and pay our respects to their Elders, past, present and future. We acknowledge the Wadawurrung people of the Kulin Nation on whose land our Geelong campuses are located, the Wurundjeri and Boon Wurrung people of the Kulin Nation on whose land our Melbourne campus and Melbourne Corporate Centre are located, and the Gunditjmara people on whose land our Warrnambool campus is located. We welcome all Aboriginal and Torres Strait Islanders to Deakin. Deakin is committed to valuing, building and sustaining recognition, understanding and positive relationships between Aboriginal and Torres Strait Islanders and non-Indigenous Australians.

Explanatory notes

Indigenous and Aboriginal and Torres Strait Islander People

Throughout this report the use of the terms Indigenous and Aboriginal and Torres Strait Islander people will be used interchangeably.

Rural and Regional

Throughout this report the term rural and regional is also referred to as 'regional and remote' because of University reporting protocols. Where possible the term rural and regional has been used as per the Terms of Reference of this review unless in reference to a specifically identified data set or report used by others.

Faculty context

Faculty of Health Background

The Faculty of Health was established in 1993, following the merger in 1992 between Deakin University, which had previously absorbed the Warrnambool College of Advanced Education and Victoria College of Advanced Education. The Faculty is led by Executive Dean, Professor Rachel Huxley who commenced in October 2019. Within the Faculty of Health are five schools including: School of Exercise and Nutrition Science, School of Health and Social Development, School of Medicine, School of Nursing and Midwifery and the School of Psychology. In addition, the Faculty has three independent research institutes: Institute for Health Transformation (IHT), Institute for Physical Activity and Nutrition (IPAN) and the Institute for Mental and Physical Health and Clinical Translation (IMPACT) and two strategic research centres: Centre for Sport Research and the Centre for Social and Early Emotional Development.

The Faculty of Health is recognised internationally (see Appendix C, page 32) for its contribution to the health field in teaching, training, research, and service. As one of the largest health faculties in Australia, Deakin Health has been able to assist governments, communities, and organisations in advancing health and social policies and programs. The Faculty's strategic intent is to support the Deakin 2030: Ideas to Impact Plan and through the Faculty of Health Strategic Plan, deliver improved health and social outcomes through innovation and impact in education and research and reduce inequalities across the life course in the communities we serve. An overview of key achievements for the Faculty of Health in recent years can be found in Appendix D, page 33.

Figure 1.1– Faculty of Health Strategic Plan Overview

Delivering improved health and social outcomes and reducing inequalities across the lifecourse through innovation and impact in education and research:

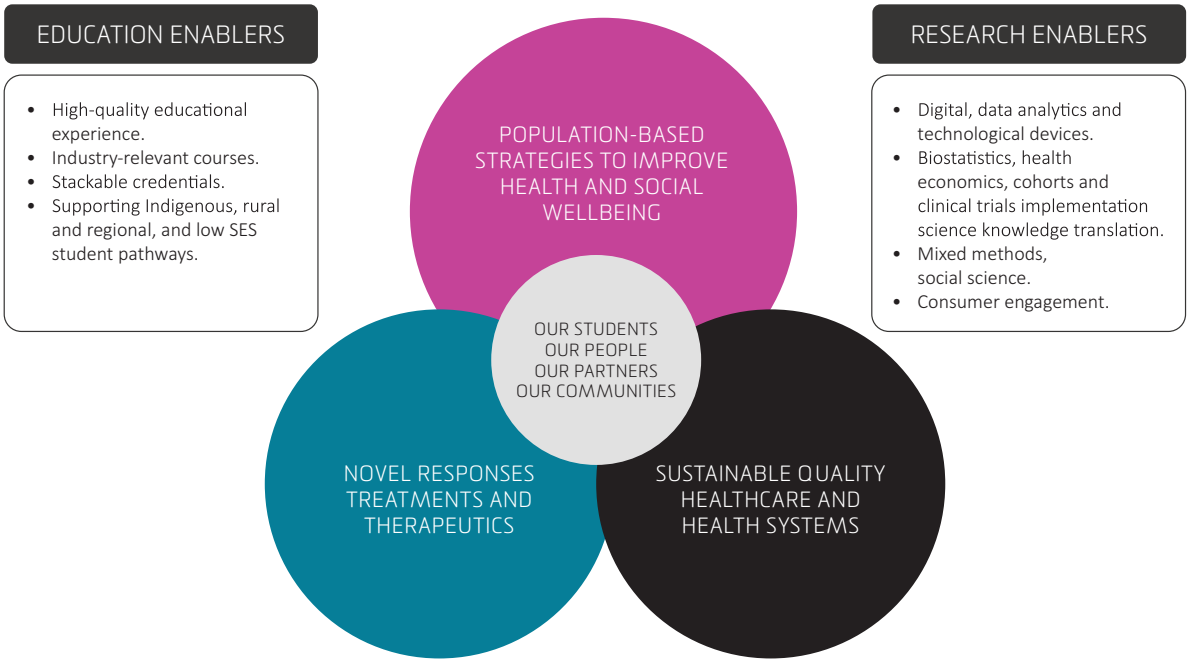
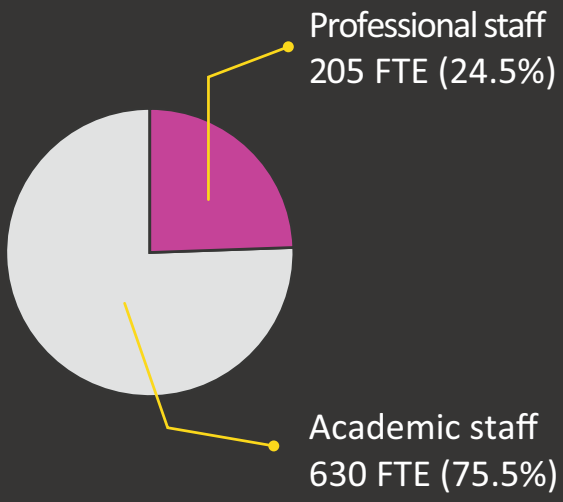
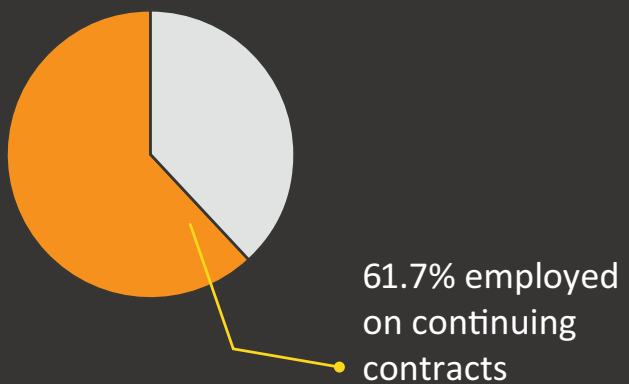


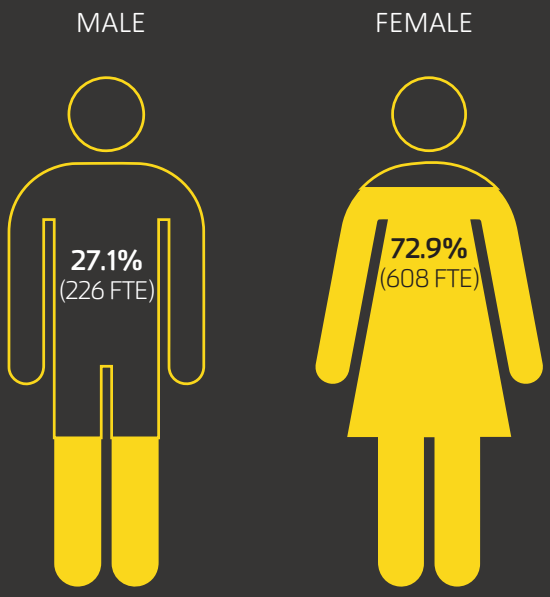
Figure 1.2 – Faculty Staffing Profile Overview

Effective November 2021, the Faculty of Health employs 834.1 FTE (Full Time Equivalents) (996 head count) staff:





Gender balance



Two staff in the Faculty of Health do not identify as male or female, and for system and reporting purposes are included in the male FTE total.

Staff who identify as having an Aboriginal and Torres Strait Islander background

5

(4.4 FTE)

Further staff demographic information can be found in Appendix E, page 35.

The Faculty delivers:

111 courses

(40% [44] of which are externally accredited)

558 units

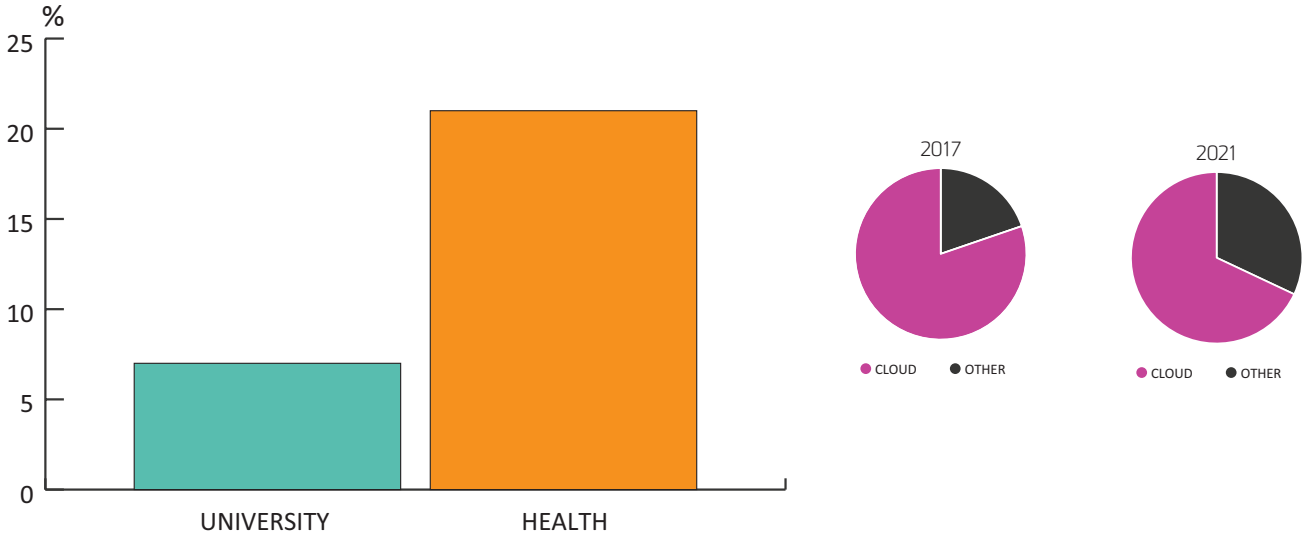
at undergraduate, postgraduate and higher degree by research levels

Spread across the five schools and in some cases as combined degrees with other faculties at Deakin.

The Faculty collaborates with the National Indigenous Knowledges Education Research Innovation Institute (NIKERI Institute) for the delivery of Bachelor of Social Work, Bachelor of Nursing and Master of Public Health programs. The Faculty also teaches the Psychology major as part of the Bachelor of Arts (Psychology) degree and teaches into courses in the faculties of Arts and Education and Business and Law through the School of Exercise and Nutrition Sciences. Courses are offered across the span of the Deakin campuses including Burwood, Waterfront, Waurn Ponds, Warrnambool, and the Cloud. In addition, the Faculty offers courses and micro-credentials through the FutureLearn platform in areas such as Diabetes Education, Caring for Older People, Improving Mental Health through Diet and Nutrition and Sustainable Health.

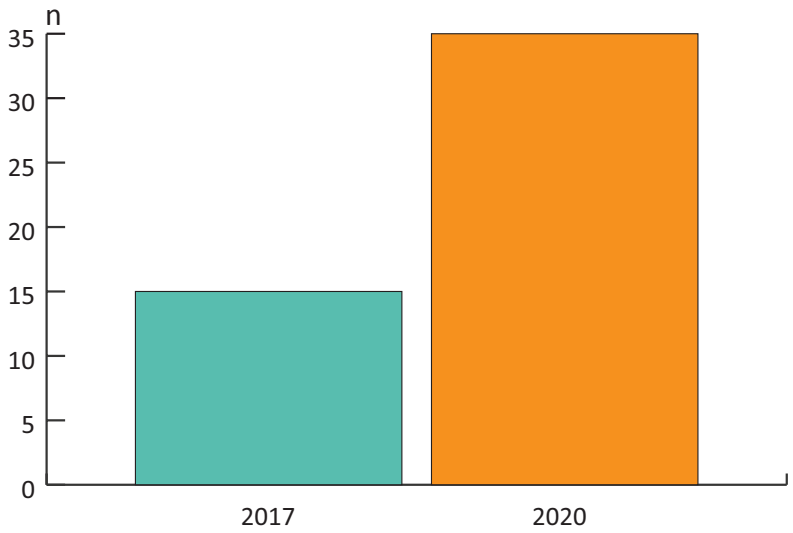
The student population (see Appendix F, page 39) in the Faculty of Health is 18,249 (headcount) as of 19 July 2021 which equates to approximately 28% of the overall enrolments at Deakin (including all Faculties, Institutes, Deakin College, and cross-institutional enrolments). While enrolments have increased by 7% across the University between 2017 and 2020, the Faculty of Health has seen growth of 21% over this period. Faculty of Health Cloud campus enrolments have increased by 62% between 2017 and 2020 and currently account for 32% of the Faculty's course enrolments (2021 interim).

Figure 1.3 – Faculty of Health Enrolment Growth 2017–2020



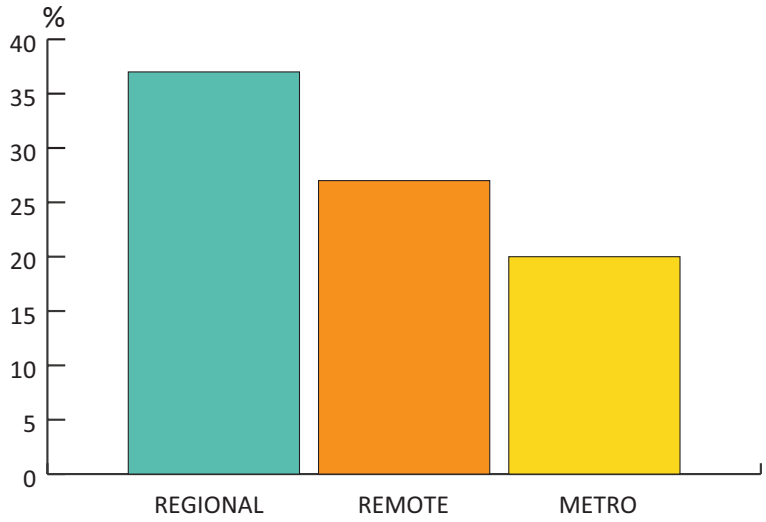
Participation of students identifying as Aboriginal and Torres Strait Islander people (see Appendix G, page 41) in courses offered within the Faculty of Health have increased by 69% between 2017 and 2020 with a total of 67 currently enrolled students in 2021 (as at 21/7/21). There are currently 16 students who identify as Aboriginal and Torres Strait Islander people studying Faculty of Health courses in the NIKERI Institute in 2021 continuing the decrease in this cohort (10% decrease from 2017 to 2020). The retention rate for Indigenous students (see Appendix H, page 43) in the Faculty was either above or equal to the University rate for Indigenous students from 2015 to 2018. The Faculty of Health retention rate for Indigenous students increased steadily from 2015 to 2017 however has decreased in both 2018 and 2019 to below 2015 levels. The success rate (see Appendix J, page 45) for Indigenous Health students has been above or in line with the University rate for Indigenous students since 2016. The approach to calculation of success for all students can be found in Appendix K, page 47. The success rate for Indigenous Health students has increased by 7% since 2016 to 74% while the University rate has increased by 10% to 72%. However, Indigenous students are identified at the university level as at risk of greater attrition and lower success than non-Indigenous students. In terms of completions, Indigenous students (see Appendix M, page 49) have consistently accounted for approximately 1% of the total completions within Faculty of Health courses since 2016 with the number who have completed Faculty of Health courses more than doubling over the last 3 years, increasing from 15 in 2017 to 35 in 2020.

Figure 1.4 – Indigenous Student Completions 2017–2020



Commencing enrolments from regional locations (see Appendix G, page 41) have increased by 37% between 2017 and 2020 while remote students have increased by 27% and metro students by 20%.

Figure 1.5 – Commencing Enrolment Growth Rate 2017–2020



When NIKERI Institute and Indigenous students are excluded, the proportions remain much the same (only slight shifts of around 0.2% from regional/remote to metro). There have been increases in the number of commencing regional and remote enrolments between 2017 and 2020 across all Faculty of Health schools except for Medicine which has seen a decrease of 8% since 2017 (8 students). The School of Psychology and the School of Health and Social Development have had the highest increases (103% and 58% respectively). The Faculty of Health's retention rate for regional students (see Appendix I, page 44) has been 1%–2% higher than the Deakin retention rate for this cohort (from 2015–2019), however the Deakin retention rate has remained stable while the health rate has decreased by 2% over the last 5 years. All Health schools had success rates (see Appendix L, page 48) for regional and remote students of at least 90% in 2020 and the Faculty has consistently performed above the university rate in recent years, although this gap is closing in terms of regional students.

The Faculty of Health also seeks to drive positive employability outcomes for graduates through maintaining an agile and responsive course portfolio that improves health and social outcomes and reduces inequalities. This includes industry relevant short and taster courses, micro-credentials and expanded packaged undergraduate and postgraduate course offerings. The Faculty works closely with the Pro Vice-Chancellor Graduate Employability team, building employability skills across all undergraduate degrees and to further improve employability results, there are plans to expand interdisciplinary and virtual work integrated learning (WIL) offerings, particularly those with a rural and regional focus. The provision of extra-curricular activities such as the peer mentor program where students can build enhanced leadership, communication and problem-solving skills will also assist in building competence and resilience.

Focusing on innovation, the Faculty of Health is committed to increasing the participation of under-represented groups including Indigenous, rural and regional students, students with disabilities and low SES (Socio Economic Status). This will in part be achieved through expanded entry pathways for Indigenous students, rural and remote students and students entering Deakin through non-traditional pathways. Innovation is also linked to planned translational research across the Faculty that informs health systems reform and optimises health and wellbeing outcomes.

The Faculty of Health has enjoyed an extended period of growth and continues to develop its course offerings across identified areas of need. Further expansion into rural and regional areas is assisting with the provision of health services and highly trained professionals to meet the needs of these communities. Deakin Health also has a commitment to move Indigenous Knowledges into the mainstream of Australian life by producing graduates who have had an Indigenous Knowledges learning experience.

Purpose of Self Review

This review is being undertaken as part of the University's continuous quality improvement cycle. This is to ensure compliance with the Higher Education Threshold Standards and alignment with the University's strategic plan. In consultation with the University and Faculty Executive, three key areas (see Appendix A, page 28) of review have been identified as priorities that the Faculty has a deep commitment to explore, improve on and gain insights from the process of review. It should be noted here that research will not be included as a specific component of the review, however reference will be made to opportunities that may arise from the key areas being investigated.

The Faculty seeks to increase participation of rural and regional and Indigenous students into its courses and to ensure successful progress through to graduation and entry into the workforce. It is also a priority to enhance and expand Indigenous Knowledges and experiences throughout all course offerings to ensure that all health professional graduates from the Faculty have the capabilities required to impact positively on the health of Australia's Aboriginal and Torres Strait Islander people.

All Health graduates are likely to work with interprofessional teams, it is therefore a priority that the Faculty explore how it can expand on current Interprofessional Education (IPE) offerings and how these can be successfully integrated across courses that lead directly to a health profession. This will ensure that Deakin Health graduates are prepared to make an effective contribution to a multidisciplinary health workforce and feel confident in their ability to participate and make a difference in their chosen profession.

The Royal Commissions into the Family Violence, Mental Health, Aged Care and Disability sectors provide the Faculty with an opportunity to focus on new course development, refreshing of existing courses and opportunities for critical research to ensure that future health workforce needs are realised, and research and development is in response to community need.

To ensure that an expansive review was undertaken, the Faculty consulted widely within its staff population. A series of workshops were undertaken and facilitated by members of the Faculty Executive. Each area of the Faculty was provided opportunity to submit feedback and once the draft report was completed it was made available to all stakeholders to ensure accuracy and fairness in reporting across each of the key topics identified for review.

Improving the health and wellbeing of Indigenous and non-Indigenous Australians in the communities we serve

The gap in health outcomes between Indigenous and non-Indigenous Australians remains of deep concern for the Faculty, for Deakin and more broadly, on health professional education institutions in Australia.

Indigenous health professional education

One of the key goals of the University and Faculty Strategic plans is to improve health and wellbeing using transdisciplinary and multidisciplinary approaches. Improving social outcomes and reducing inequalities is also a strong focus for the Faculty. Very appropriately, the accrediting bodies for health professional courses are moving rapidly towards an increased focus on Indigenous health capabilities, as well as the recruitment, support, and retention of students from Australia's Aboriginal and Torres Strait Islander population. The Faculty of Health has a strong commitment to advancing the health of Indigenous Australians and accordingly seeks to consolidate, strengthen, and grow the work that has already been undertaken across the University in this critical area.

The Faculty is guided by principles set out in the Universities Australia Indigenous Cultural Competency Framework. It aims to:

1. Enable safe and productive learning environments for Indigenous students.
2. Embed Indigenous knowledges and perspectives in all University curricula to provide students with the knowledge, skills and understanding that form the foundations of Indigenous cultural competency.
3. Include Indigenous cultural competency as a formal graduate attribute or quality.
4. Incorporate Indigenous Australian knowledges and perspectives into programs according to a culturally competent pedagogical framework.
5. Educate teaching staff in Indigenous pedagogy for teaching Indigenous studies and students effectively, including developing appropriate content and learning resources, teaching strategies and assessment methods.
6. Create reporting mechanisms and standards that provide quality assurance and accountability of Indigenous curricula.

Steps have been made across the Faculty to facilitate safe and productive learning environments, including those summarised in the Appendix N (page 50) of this report.

All Deakin students need to meet the requirements of the eight graduate learning outcomes (GLOs). These describe the knowledge and capabilities graduates have acquired and can demonstrate at the completion of their course. All Faculty of Health units and courses are developed and reviewed to ensure alignment with the GLOs as part of quality assurance processes in place at Deakin and within the Faculty. Embedding the revised GLO 8 (Global Citizenship) that includes a focus on Indigenous Knowledges into the curriculum is a current priority for academic staff. The Faculty seeks to ensure all graduates achieve success in all GLOs by adhering to the Deakin Curriculum Framework, the use of advisory boards and experienced discipline leadership. Continuous quality assurance processes include ongoing review of assessment practices, unit reviews, major course reviews and a commitment to diversity through a range of assessment modalities. This is an ongoing process that is constantly being reviewed and refined.

The Faculty aims to maintain an agile and responsive course portfolio reflecting its research strengths and commitment to improving health and social outcomes and reducing health inequalities. Accordingly, the Faculty will continue to work in partnership with the Pro Vice-Chancellor, Indigenous Strategy and Innovation and the NIKERI Institute to define Indigenous Knowledges capabilities and monitor and evaluate progress. Existing resources such as the Universities Australia Indigenous Cultural Competency Framework, with reference to the National Best Practice Framework for Indigenous Cultural Competency in Australian Universities (2011), and the Commonwealth-endorsed Aboriginal and Torres Strait Islander Health Curriculum Framework will provide valuable assistance when completing these review and mapping exercises. Expansion of training opportunities across the Faculty will ensure that staff are prepared to undertake teaching and assessment in Indigenous health and in turn this will safeguard the authentic integration of Indigenous Knowledges as a priority. Additionally, the Faculty will leverage priority international partnerships to build global perspectives amongst staff and students on Indigenous and First Nations health. Existing international partnerships, in particular the partnerships with Greenland University and the Karolinska Institute, Sweden can facilitate learnings in Indigenous health issues amongst their Inuit (Greenland) and Sami (Sweden) populations. These can be used across research, teaching and learning and mobility activity to evolve globally informed Indigenous health perspectives.

The overall review of content will eventually encompass all Health units and use a multi-cultural lens that will be inclusive of low status workers, migrants, and Indigenous health. The expected outcome will be creation of more inclusive learning experiences and assessments to support all students and especially those with diverse needs. The Faculty also has a goal to increase opportunities for Health students to have an international learning experience at some point in their course either in person or virtually. These activities further support the development of cultural competence of both students and staff.

Future Direction

A range of potential strategies have been identified to ensure support and better understanding of critical issues facing the Faculty. These include:

1. Growing and formalising relationships with Aboriginal Community Controlled Health Organisations in the region to increase the Faculty's capability to deliver Indigenous health curriculum and research targets.
2. Developing and implementing structures to support the workload of Indigenous staff.
3. Investigating strategies to increase staff sustainability and reduce key-person risk.
4. Incorporating Indigenous health across all courses as a longitudinal theme.
5. Providing cultural safety and awareness training to all staff, especially those with teaching and assessment roles, that facilitates greater understanding of culturally safe ways of working with students. This includes developing and implementing structures to support staff to engage in Indigenous Health and cultural safety and awareness training.
6. Developing marketing plans for recruitment of Indigenous students, including evaluation and revisions on how the Faculty can provide continued pastoral care support to Indigenous students enrolled in all health courses.
7. Developing research capacity including a plan for the development of Indigenous Health research in collaboration with the broader university.
8. Working collaboratively across Schools within the Faculty of Health to develop Indigenous health resources that can be utilised across programs.

Supporting our students and staff from regional, rural and underrepresented communities

The Faculty of Health has a strong presence in regional Victoria where it continues to strive to make an impact in the communities it serves.

Recent developments include the new Paramedicine Practitioner suite of courses which have a focus on under-resourced regional communities based on the Warrnambool campus. The School of Psychology provides interprofessional learning and workforce development opportunities in regional settings including South-West Health Care, Colac Area Health, Headspace regional sites and Barwon Health. The Faculty of Health is also considering the viability of offering Occupational Therapy and Social Work at the Warrnambool campus to assist in building future workforce need in western Victoria.

The Faculty is also deeply committed to access and support for students with disability and those with primary carer responsibilities and works closely with the Equity and Diversity Unit to ensure appropriate support and resources are available across all campuses. The Disability Resource Centre provides tailored resourcing wherever possible to ensure the best possible outcomes for students. Regional and remote students can present with unique issues and there is a constant requirement to ensure staff are equipped to manage student needs in a diverse range of circumstances. Remaining vigilant to appropriate levels of support and managing expectations is a constant challenge for staff.

The Faculty has demonstrated strength in the areas of peer support and transition. Recent HEPPP funding was awarded to complete a review into service improvement in the peer mentor and transition programs to better support rural and regional and Indigenous students. This is a collaborative effort led by the Health Student Experience team in conjunction with the NIKERI Institute, the Office of the PVC ISI, and the Division of Student Life. Regional and rural students are also supported through the Student Engagement and Transition Support Program (SEATs) which is open to all undergraduate and postgraduate students in the Faculty, providing targeted webinars on topics including learning and motivation, resilience and wellbeing and managing stress and anxiety among others. Both the Peer Mentor Program and the SEATs program have been recognised through Vice-Chancellor awards and are highly valued by the student population.

Staff have identified a need for more professional development opportunities around teaching with a focus on rural and regional students and cultural sensitivity and awareness training. Many staff have indicated that they feel ill equipped teaching areas that have cultural content outside of their own understanding while professional staff teams feel they need better training and understanding as they support growing numbers of Indigenous students and students from culturally diverse backgrounds. While a small number of staff across the five schools have completed either cultural competency or cultural awareness training, there is clearly a need to offer more opportunity for this training to a broader range of staff. It is noted that a standing agenda item has been added to the Joint Committee to monitor training completed.

There are a variety of entry pathways in place that facilitate rural and regional entry into Faculty courses. The Doctor of Medicine provides for a Rural and Regional Residency Adjustment bonus and offers access to the Rural Training Scheme. There is a Regional and Remote Entry Scheme into Exercise Sport Science (Geelong only); Medical Imaging, Vision Science/Optometry, Exercise Sport Science/Nutrition (Geelong only from 2022).

An Alternative Entry Regional Access Scheme will be introduced in 2022 for students in Health Science (Geelong only), Public Health and Health Promotion (Geelong only) (PILOT). There are also scholarships available such as the Epworth Healthcare Indigenous Scholarship and Connect Community and Health Scholarship.

As always, resourcing can be an issue for support programs as they must compete for funds in an ever-increasing pool of initiatives. There is an annual process to review success and retention of all students including all equity groups and a longer time series analysis will allow for a review of the success of these direct entry and pathway programs.

Future Direction

Several strategies are already in place that seek to increase the level of success for all Health students however the Faculty is always striving to find new ways to provide access and support for under-represented groups. This will include:

1. Expanding interdisciplinary and virtual WIL offerings as well as supported opportunities for students to undertake placement and WIL activities in rural and regional locations or with a rural or regional focus.
2. Ensuring the strategies put in place are effective by the creation of a steering group that convenes three times per year to support all under-represented groups.
3. Maintaining an agile and responsive course portfolio reflecting the Faculty's research strengths and commitment to improving health and social outcomes and reducing inequalities.

Interprofessional education strategies for equipping graduates to be exemplary healthcare clinicians, practitioners, and scientists

Many health courses are externally accredited and within the standards of most of these accrediting bodies there is a requirement for an interprofessional component of study.

This is something that is in the forefront of thinking for all health professional programs, but the challenge is how to embed interprofessional education (IPE) (see page 31) across all Faculty of Health courses rather than offering an optional/elective unit at the discretion of individual students. The top priority for the Faculty is to embed IPE in courses that lead to entry to health practice with all other courses to pick up some elements of IPE (e.g., team-work skills and health professions literacy) as soon as possible.

The most significant IPE initiative currently offered in the Faculty of Health is the 'Collaborative Practice in Healthcare' (CPH) curriculum (see Appendix O, page 51). This curriculum was developed within the School of Psychology and implemented in 2009. With ongoing development by a dedicated team, it continues to run over a decade later. CPH is a suite of three interprofessional learning experiences delivered fully online that together equate to one credit point. The CPH offering is delivered via the Cloud to enable broader access to students that may have varied timetables, campus locations and placement commitments that are prohibitive to attendance on a particular campus at a specific time. This approach has contributed to the longevity of this unit offering over many years. It is undertaken as core content for students studying the Bachelor of Occupational Therapy, Bachelor of Medical Imaging, Master of Clinical Psychology, Master of Optometry, Master of Professional Psychology, Master of Social Work, Doctor of Clinical Psychology and Doctor of Medicine. It is also an elective unit for Bachelor of Nursing and Bachelor of Social Work students. There is a degree of flexibility in the way the CPH content can be embedded in each of the degrees, enabling some courses to take it as a standalone one credit point unit (HBS345 – undergraduate/HBS745 – postgraduate Collaborative Practice in Healthcare), while others have it embedded into existing units in their course.

The curriculum of CPH is structured around the internationally recognised 'National Interprofessional Competency Framework' developed by the Canadian Interprofessional Health Collaborative (2010), the most well cited framework of interprofessional collaborative practice competencies. The competencies of this framework (role clarification, team functioning, collaborative leadership, interprofessional conflict resolution, interprofessional communication and patient-centred care) align well with competencies outlined in the accreditation standards of many of the Australian accreditation authorities.

Reflecting this, students in CPH engage in three distinct learning activities:

- Seven online self-directed interactive modules exploring the concept of interprofessional collaborative practice and its key competencies. Each of these modules includes online MCQ (Multiple Choice Quiz) assessment.
- Three online simulated care plan development blocks in which students are allocated into interprofessional teams of 8–10 students guided by a facilitator (approximately 50 teams in each of the three blocks). In each block (over a three-week period), students develop a team care plan for a case based in the Deakin Point virtual town interacting with each other in a Zoom case conference, on CloudDeakin discussion boards and in Microsoft Word (via Sharepoint). Students are assessed on their participation in these mediums and on the resulting team care plan;
- A reflective piece in which students critique examples of effective and ineffective collaborative practice that they have observed.

Evaluation of the CPH curriculum can be summarised in relation to Barr et al.'s (2005) typology of IPE outcomes, which is based on Kirkpatrick's (1998) classic educational outcomes model. Figure 2.1 (see page 19) summarised key CPH evaluation in relation to the six categories of the typology of IPE outcomes.

Figure 2.1 – Evaluation of CPH Curriculum

1. Learner Reaction: University Evaluate Results

CPH achieves positive quantitative and qualitative feedback via the University eVALUate system. Over the last decade, it has consistently scored above the University and Faculty means on almost all indicators, which is quite an achievement given the complexity of delivering IPE. Qualitative feedback is also extremely positive, regularly indicating the relevance of the curriculum to future practice as a health professional. This also provides constructive feedback that assists with annual quality improvement.

2a. Modification of Attitudes and 2b. Acquisition of knowledge/skills

Summative assessment associated with the three CPH learning activities demonstrate the acquisition of interprofessional knowledge and skills relevant to the competencies of collaborative practice. In addition, research undertaken by the IPE teaching team demonstrates student attitudes towards interprofessional interaction and interprofessional relationships and their confidence in their understanding of the roles of other health professions increases significantly for all professions from pre to post-unit (Evans et al., 2014). Further, evaluation completed by the IPE team demonstrates a high level of agreeance by students in all professions in relation to the ability of CPH to enhance understanding of collaborative practice, the key competencies, and the roles of various health professionals. This evaluation also demonstrated a high level of agreeance that students were provided with the opportunity to collaborative with an interprofessional team, particularly using information and communication technology.

3. Behavioural change, 4a. Change in organisational practice and 4b. Benefits to patients/clients, families and communities

At this stage there is no evidence of the impact of CPH on these higher-level outcomes. The IPE team, in collaboration with Professor Gary Rogers, are undertaking a research study early in 2022 to examine how interprofessional learning activities prior to graduation are drawn on by new health professionals as they experience real collaborative practice in healthcare settings.

While CPH has received positive evaluation, it needs to be noted that not all clinical (Bachelor of Nursing, Master of Dietetics, Master of Clinical Exercise Physiology) or professional (Bachelor of Social Work) courses in the Faculty of Health take it as core curriculum. In most cases the curriculum is situated within a specific six to twelve months of the courses, rather than being scaffolded across the degree. Although CPH is not core to the Bachelor of Nursing and Bachelor of Social Work, IPE is evidenced across the curricula, to meet external accreditation requirements. The removal of the CPH unit in the Master of Dietetics and Master of Clinical Exercise Physiology courses was in response to revised accreditation requirements that did not allow scope for IPE content.

The future focus of IPE will be by necessity around health need and on the health care competency of graduates who end up working in the health care sector. There needs to be enough flexibility to cover entry to practice programs versus graduate students who are already practitioners in the field. This is where it will be extremely important to gather direct input from industry partners regarding how Deakin Health students are operating as part of real life interprofessional teams.

The IPE teaching team have published six papers focused on the facilitation of online IPE and have been recognised for their work in developing and delivering the CPH curriculum, particularly in relation to its online delivery. They were awarded the Vice-Chancellor Award for Teacher of the Year in 2015, and an Office of Learning and Teaching citation for Outstanding Contribution to Student Learning in 2016. The Faculty has also co-developed, delivered and participated in the Barwon Health Deakin University Interprofessional Twilight Challenge that ran for four years. This was suspended in 2020 due to COVID-19. Deakin Health also participated in an Eastern Health pilot collaboration where Nursing students worked with students from Monash and La Trobe universities and was centred on immersive collaborative practice.

The CPH offering at Deakin has been delivered for 12 years with its sustainability attributed to its unique mode of offering, flexibility in approach relative to the disciplines and the commitment to progressing the IPE agenda within the Faculty by the CPH team.

Future Direction

Several opportunities the Faculty is considering for increasing the level of engagement in IPE across the Faculty include:

1. Continuing work within Deakin's Graduate Learning Outcomes framework to define expected interprofessional capabilities of graduates and mapping of these across course offerings. This will include a review of current undergraduate and postgraduate courses with a view to increasing unit diversity from complementary disciplines and design of novel course offerings in partnership with other Faculties.

2. Seeking specific feedback from partners about how well-equipped students and/or graduates are competent in interprofessional collaborative practice. There is little documented feedback from employers of Deakin graduates however there has been positive verbal feedback from Barwon Health, one of the largest industry partners for Deakin Health. The Faculty will make a future priority of seeking targeted feedback from employers, industry partners and clinical placement agencies. Some courses have captured feedback relating to IPE under the heading of 'professionalism' when assessing students in their placement reports (professional psychology and nursing and midwifery) however this information has not been captured more generally at a faculty-level at this stage.

3. Investigating strategies to assist in implementing these changes including the re-invigoration of the Faculty level steering group that comprises representatives from each School and staff appointed by the chair as enthusiasts.

4. Establishing a small Faculty IPE coordinating unit connected with existing IPE experts within the Faculty, who seek to develop, streamline, and implement IPE changes promptly, with professional staff support potentially coming from the Faculty WIL team.

5. Including a section on opportunities for inclusion of IPE in all new course proposals and course revisions to ensure this is a consideration for all Faculty of Health offerings and is regularly reviewed and refreshed as needed.

6. Posing a question on advisory board agenda each year regarding IPE and how this has been received by both students, placement agencies and employers. This could then be documented and reported back to the Faculty Teaching and Learning Committee and the Faculty Board.

Aligning education and training and staff career development to current and emergent health workforce needs

The Job-ready Graduates Package (JRGP) has changed the domestic student funding landscape for university programs. Funding levels for some subject and course areas have changed significantly as a result of the JRGP and the profitability of particular offerings will be adversely impacted in several cases. JRGP may also lead to further challenges in those areas that exceed funding available from Government to support particular subject and course areas.

For some areas of the university the changes are beneficial, for the Faculty of Health the situation is more complicated. In several instances, the Faculty would be financially penalised for increasing student load particularly for our high demand courses such as nursing, which paradoxically is the opposite intent to the JRG scheme, which was partly instigated to support increased health workforce demand.

Findings arising from the recent Royal Commissions into Family Violence, Mental Health, Aged Care and Disability (in progress) provided a precise lens on gaps in service provision, training, and current and future workforce needs. They highlight the significant challenges in the health and social care sectors dealing with the burden of an ageing population with comorbidity and an escalating mental health crisis.

The Faculty is currently undertaking a review of the existing course portfolio to ensure new course developments align with identified strategic areas. This will require a nimble approach to ensure new program development and how these programs are delivered is targeted and efficient. Taking advantage of new and emerging technologies, simulation facilities and strategic use of resources will be necessary to ensure Deakin Health is at the forefront of emerging workforce needs. Critical to any new developments will be close consultation with industry leaders and partners to ensure the highest quality of training for both staff and students. Preparing graduates who are proficient in multidisciplinary teams will also require close partnership with other faculties to take advantage of existing discipline strengths and best use of precious resources.

A likely future development is the creation of a Faculty of Health external advisory board with membership drawn from across the health sector to provide expert input and provide an exemplar of real-life interdisciplinary teamwork. This group would assist in identifying future developments and monitor existing offerings.

A recurring theme of the Royal Commission findings is the need for interprofessional experience, focus on Indigenous health and access to services for rural and regional communities. These are key areas of commitment that the Faculty has identified in the Strategic Plan as areas of focus. Another key finding is the need to include those with lived experience as part of the future planning and monitoring of new courses and/or content to ensure it is authentic and relatable. This will assist in the aspiration of improving health and social outcomes and reducing inequality for the communities Deakin Health serves.

Any new course developments will be required to be viable in an extremely competitive and often crowded market, whilst also taking into consideration the implications of the JRG Package. It is therefore necessary to explore how short courses, stackable components of courses and micro-credentialling can be best utilised to advance the challenges provided by the University and Faculty plans over the next five years. The areas that have been identified by the Royal Commissions are not necessarily new and many of these are already well advanced or in early planning stages for course development. This should allow Deakin Health to lead the way in providing support and expertise in producing work ready and highly skilled graduates who are prepared to address the challenges facing our society at this extremely volatile time.

Some of the work already in progress includes focus in curriculum on the drivers of violence against women, working with vulnerable populations, aged care needs, and healthy ageing. New counselling courses have been introduced that may be further developed to include streams focusing on aged care, disability, and other identified areas. There is some excellent work emerging in specific disciplines such as the Australian Indigenous Psychology Project that is an Australia wide exercise looking at indigenising psychology content in courses and looking at pathways across the network. Important work is also being undertaken with school psychologists based in schools across Victoria which is another area of specialisation for future consideration as the need for school-based psychologists continues to grow.

The Royal Commission into Aged Care Quality and Safety recognised the importance of increased opportunity for education and training for nurses and personal care workers to individualise and improve the quality of care for the older person. Of concern is that there is declining interest in this field with other nursing specialties providing better pay and conditions. While this is a sector-wide issue it is still critical that Deakin's graduates are appropriately educationally prepared to care for the older person and complex needs.

The changing profile of health and ageing within Australia presents challenges and opportunities for both undergraduate and postgraduate medical, nursing, and allied health training. Curricula needs to be developed to equip the health professionals of the future with the skills and attributes they need for their core patient groups of tomorrow.

The tertiary sector needs to encourage a collaborative approach between the Australian Government, tertiary education providers, aged care providers and unions to consider how jobs should be valued and redesigned and how roles might come together to provide career paths. It will be critical to fast-track development of accredited, nationally recognised short courses, skills set development and micro-credentials for the aged care, disability, and broader health workforce.

The Faculty of Health offers a broad suite of courses that are critical in providing for current workforce need. It is the emerging needs that are providing opportunities for innovation and development. Interprofessional education is a core component that should be included in any health course as chronic disease continues to overwhelm health service providers. Consideration of newer roles such as health navigators (see page 31) is worth exploring as more complex conditions require patients to access services in an ever-expanding and confusing health care sector. Pathway programs into aged care roles might be possible using specific short course or micro-credentialled learning in dementia care, palliative care, and end of life care.

Development of a postgraduate Indigenous health course with a focus on key areas such as disability, aged care, counselling, and cultural safety across a range of populations is worthy of consideration. Review of current offerings should also take into consideration opportunities to include curriculum focused on eye health, palliative care, addiction, mental health support of young and aged persons, access to health services for those living in rural and regional areas, dementia care, food and nutrition, and chronic disease management in aged care. While many of these areas are already in place within the curriculum of some courses a mapping exercise will allow sharing of resources and prevent duplication.

The Faculty has recently undertaken a Course Innovation Workshop with the central Market Insights team where new course ideas were generated with some reference to the Royal Commission findings. The Faculty is now in the process of prioritising the development of these and within the context of the Job Ready Graduates framework and implications.

The Faculty heavily promotes workforce trends within marketing and promotional materials aimed at recruiting prospective students. A key focus area is the Australian Government data, such as the workforce employment projection statistics, this data positively reflects on the healthcare and social assistance industry which is projected to make the largest contribution to employment growth in Australia between 2020 and 2025 (14.2% growth). The Faculty also contextualises course overviews by linking them back to examples within society, for example, the importance of trusted health professionals within the context of the pandemic, to ensure courses are understood by and appeal to prospective students. These workforce trends are embedded in marketing materials including webpages, course flyers, digital advertising, and student recruitment presentations to reinforce the potential career opportunities and importance of health graduates.

The Faculty WIL and Placement teams liaise with both academic staff and external organisations to ensure they are providing relevant placement opportunities that expand student perspectives in a multi-cultural context. The Faculty partners with varied organisations including small not-for-profits, councils, peak bodies, and large health services to provide breadth for students to support their employability outcomes. In addition, industry trends are reviewed to provide discipline-specific career events.

Future Direction

The Faculty of Health Strategic Plan provides a pathway for introduction and advancement of many of these changes. The opportunities presented are wide and far-reaching but careful consideration needs to be given to the most strategic of these to ensure the best impact. While these need to be agile and responsive, consideration must be given to what is currently on offer and how best to redirect resources and identify new sources of income/support. The Royal Commissions have identified additional resources being made available now and into the future, including some new student scholarships. Grants being offered for workers to upgrade their skills should be considered when opportunities for transition training are being considered. Opportunities and challenges the Faculty has identified for the future include:

1. Investigating the most innovative and effective platforms for course offerings together with Global Studio and the Deputy Vice Chancellor Education (DVC E) office to develop industry relevant short and taster courses, as either stand-alone workforce development or stackable learning into existing postgraduate courses.

2. Remaining agile within the sector and working with the office of the DVC E to streamline course approval and review procedures while maintaining all required quality assurance processes and reporting requirements.

3. Establishing strong leadership around two key areas of importance identified within the review. These are Indigenous Knowledges and Interprofessional Education. Using existing administrative structures, such as the Faculty Curriculum Committee, these key areas could be discussed, reviewed and changes implemented quite rapidly as membership comes from across the five schools, broader university and the NIKERI Institute.

4. Sharing of human and knowledge resources more effectively across the Faculty will be needed to ensure viability of offerings.

5. Building upon existing relationships with other faculties will also be required as all areas of the University work to ensure there is less duplication and best use of available resources. There are multiple opportunities to further link offerings and enhance interdisciplinary opportunities across existing courses and units.

6. Establishing a faculty level group made up of expert members that meets several times per year, will be an opportunity to ensure monitoring and progress toward key developments in the areas of aged care, mental health, disability, and Indigenous health. Regular reporting will also assist with accountability and dissemination of information to those working in these key areas.

7. Working collaboratively across the five schools where there is a wealth of experience and expert knowledge. Identifying how to make best use of resources will be critical to ensure viability of programs with a shared future vision.

8. Investigating future course costing and funding models to support any new course innovations and implications of the Job Ready Graduates Package on course innovation and existing course and unit offerings.

Conclusion

This review highlights many challenges that face the Faculty of Health in the future but also provides opportunities to advance the aspirations of both the University and Faculty strategic plans. Despite the upheaval within the sector and the disruption and challenges presented over the past two years, Deakin Health is unswerving in its core commitment to deliver improved health and social outcomes through innovation and impact in education and research. The Faculty welcomes the opportunity to evaluate and discuss these key areas of the review and work with the University and Faculty Executive (see Appendix P, page 52) to ensure there is prompt and effective progress toward the agreed outcomes.

Appendices

Appendix A: Faculty of Health Review – Terms of Reference

Context
The Faculty of Health Review will be regulated by the University's Reviews Procedure. Reviews form part of the University's continuing cycle of planning development and improvement. The overall aim of the review is to achieve improvement in the performance of the Faculty through a process of self-assessment, benchmarking, critical reflection, forward planning, and external peer review.

Principles
The Review will be conducted in accordance with this Procedure to:

1. assure the Faculty and University of:
    a. the quality of its operations
    b. compliance with Higher Education Standards and other relevant external requirements
    c. alignment with the University's strategic plan
2. identify areas of excellence, potential and opportunities for improvement.

The review will be forward-looking and strategic, using an analysis of past performance as a basis for refining the setting of directions, reviewing strategies and ensuring continuous improvement. Research is out of scope for this targeted review.

Terms
The Faculty of Health is the largest of the four Faculties at Deakin and is one of the largest and fastest growing health Faculties in the country. The Faculty employs close to one in six Deakin staff, enrols close to one in three of all students, publishes over a third of all research publications and secures more than 50% of category 1 research funding at Deakin.

Consistent with Deakin's strategic ambitions, the Faculty aims to transform lives and communities though innovation and excellence in both education and research, leveraging digital capability and campus presence to maximise social, cultural and economic impact.

Considered reflection on how the Faculty of Health can deliver on this ambition has led the Faculty Executive to identify three priority themes for review, each underpinned by Faculty research and research training activities.

The Faculty of Health Review will consider:

1. Faculty strategies aimed at significantly improving the health and wellbeing of Indigenous and non-Indigenous Australians in the communities we serve
    a. The efficacy of outreach, admission, selection, monitoring and quality assurance processes to support the enrolment and educational success of students from rural and regional, and Indigenous backgrounds.
    b. The identification of key capabilities that all health professional graduates of the Faculty require to contribute effectively to the health and wellbeing of Indigenous Australians, as well as pedagogies to enable and assessment approaches to verify their achievement.

2. Faculty interprofessional education strategies for equipping graduates to be exemplary healthcare clinicians, practitioners and scientists, adept at collaboration in delivery of a high quality of care with reference to:

    a. The extent to which interprofessional education is coherently integrated within and between the design of courses, encompassing course and unit learning outcomes, interprofessional pedagogies and assessment.
    b. The extent to which the Faculty can evaluate the contributions of purposeful integration of interprofessional education within its programs to learning outcomes, the student experience, and impact of its graduates on the health workforce.

3. Faculty strategies for aligning its education and training and staff career development to current and emergent health workforce needs with reference to:
    a. Findings and recommendations emerging from Royal Commissions into family violence, and the mental health, aged care and disability sectors
    b. Extent to which the Faculty represents workforce trends within information provided for prospective and current students.

Appendix B: Glossary of Terms

Blackboard Collaborate Ultra	Virtual Classroom platform
CloudDeakin	Online student learning environment
CPH	Collaborative Practice in Healthcare
Deakin 2030: Ideas to Impact	Deakin University Strategic Plan
DRC	Disability Resource Centre
DSL	Division of Student Life
ENS	Exercise and Nutrition Science
eVALUate	Deakin University online student evaluation system
FutureLearn	Platform offering courses created for the cloud designed for social learning and student engagement
GLO	Graduate Learning Outcome
GLO8	Global citizenship: engaging ethically and productively in the professional context and with diverse communities and cultures in a global context
HEPPP	Higher Education Participation and Partnerships Program
HSD	Health and Social Development
IPE	Interprofessional Education (see further definition on page 31)
MCQ	Multiple choice questions
MED	Medicine
N&M	Nursing and Midwifery
NIKERI Institute	National Indigenous Knowledges Education Research Innovation Institute
OLT	Australian Office of Learning and Teaching
PSYCH	Psychology
PVC ISI	Pro Vice-Chancellor, Indigenous Strategy and Innovation
RHMT	Rural Health Multidisciplinary Training
SES	Socioeconomic status
VACCHO	Victorian Aboriginal Community Controlled Health Organisation Established in 1996, VACCHO is the peak Aboriginal health body representing 100% of Aboriginal Community Controlled Health Organisation (ACCOs) in Victoria
WIL	Work Integrated Learning

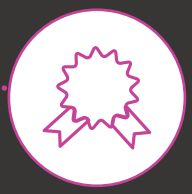
Health navigator
An individual or organisation trained and able to help consumers, small businesses, and their employees as they look for health coverage options, including completing eligibility and enrolment forms. These individuals and organisations are required to be unbiased.

Interprofessional Education (IPE)
Interprofessional Education occurs when learners from "two or more healthcare professions learn with, from and about each other to improve collaboration and the quality of care" (Centre for the Advancement of Interprofessional Education [CAIPE], 2013, p. 4). It is an initiative to foster interprofessional learning, aiming to enhance attitudes, knowledge, skills, and behaviours for interprofessional collaborative practice, which in turn can make improvements to healthcare practice and ultimately improve the quality of care delivered to patients/clients (Brandt, Lutfiyya, King & Chioreso, 2014; Freeth, Hammick, Reeves, Koppel & Barr, 2005; Fung et al., 2015; Reeves et al., 2016a).

Global Studio
A team within the portfolio of the DVC E that has experience in and resourcing to explore higher education innovations.

Appendix C: Faculty of Health rankings

Our School of Exercise and Nutrition Sciences is ranked **#1** in Australia and **#3** in the world*.



Deakin is ranked in the top **1%** worldwide for medicine~, nursing~, psychology~ and public health#.

The Faculty of Health results in the latest Excellence in Research Australia (ERA) are exceptional, with the majority of research rated 5 'well above world standard'+.

*ShanghaiRankings Global ranking of Sport science Schools and Departments 2020
#2020 ShanghaiRankings Ranking of Academic Subjects
~2021 QS World University Rankings by Subject
+Excellence in Research for Australia Rankings 2018

Appendix D: Faculty of Health Key Achievements

Alumni

- The Faculty has worked closely with the Deakin Alumni team to deliver a series of webinars intended to engage alumni in current and emerging health issues. In 2020, 'Living on the front line of COVID-19' featured a panel including Professor Catherine Bennett, Chair in Epidemiology at Deakin University, and a leading voice in media around Australia's response to COVID-19.
- In 2021, the Faculty conducted a webinar focused on 'Addressing health challenges in Indigenous and regional communities'. The panel for this webinar was inclusive of academic staff and students focused on supporting this priority area of work in different ways.

Teaching and Learning

- Introduction of Indigenous Entry Stream in the School of Medicine for Doctor of Medicine, Bachelor of Vision Science/Master of Optometry and Bachelor of Medical Imaging.
- Participation in the pilot for the university-led Indigenous Access Scheme for Bachelor of Exercise Sport Science, Health Sciences, Nutrition Science, Psychological Science, Psychology (Hons), Public Health and Health Promotion for 2022 entry.
- Partnership with VACCHO in 2021 to extend pathways into undergraduate degree offerings.
- Extensive embedding of cultural awareness and culturally safe practice in some courses, standout examples include Social Work and Medicine.
- Early uptake of University GLO8 Indigenous Knowledge training and curriculum development.
- Long standing relationship with the NIKERI Institute in providing a pathway into careers in Nursing, Social Work, Public Health and through the major in the Bachelor of Arts (Psychology), for Indigenous students wanting to study in community-based delivery mode.
- Development of an online, flexible Interprofessional Education (IPE) unit that allows for courses to utilise either a full unit or components of a unit that meets the needs of individual degrees.
- Research active IPE academics with a national and international reputation and ongoing collaboration and engagement with international experts.
- Commitment to IPE through supporting student engagement with National competitions (up until ~2017) and more recently the Barwon Health Twilight challenge (paused due to COVID 19 restrictions and staff demands).
- Active and engaged advisory boards consisting of professional partners authentically contributing to course design.
- Focus on authentic assessment and learning activities in learning design.
- Number of joint appointments with key partners to ensure courses are informed by workforce needs.
- Regular review of course offerings involving input from market insights.
- Academics who work closely with professional organisations/partners to ensure we are aware of emergent needs in graduates.

Research

- Established new joint appointment opportunities to facilitate impactful results with industry, e.g., joint appointments with the Baker Institute (Chair of Lifestyle and Diabetes); Western Health (Healthcare environmental and economic sustainability), Austin Health (Economics of Cancer Research) and KidsPlus (Senior Research Fellow).
- Upskilled our staff in knowledge translation with
  i. a presentation from the Medical Research Future Fund (MRFF) on their new Evaluation and Measures of Success Framework.
  ii. Providing our Early and Mid-Career researchers the opportunity to participate in an Implementation Science Training Program.
- Worked with the Deputy Vice-Chancellor, Research office to establish a cross disciplinary software development platform; the Faculty, Institutes and Strategic Research Centres are developing a sustainable business model for internal and external users.

- Worked across specialist disciplines to develop innovative digital technologies, therapeutics as well as identifying digital technology research needs: a university wide interest group is progressing cross-disciplinary opportunities to support delivery of health platforms.
- Increased our Category 1–4 research income by facilitating interdisciplinary and collaborative university wide workshops in key areas of strength, e.g., in aged care, mental health, digital health, regional and rural communities, that inform large program-based bids.
- Established MRFF multi-disciplinary workshops to progress bids and repurpose applications to maximise successful applications.
- Worked with the DVCR's office to increase our HDR cohort through advertising, promotion, and industry engagement.
- Worked with the Graduate Research Academy and Faculty Teaching and Learning to progress HDR entry pathways for medical, nursing, and allied health clinicians.
- Enhanced opportunities for research commercialisation by expanding research opportunities with partners and industry, e.g., Primary Health Networks, Paralympics Victoria, A2 Milk.
- Working with the DVCR's office to show-case our research outcomes both within the university and across the community to improve awareness and our research brand.

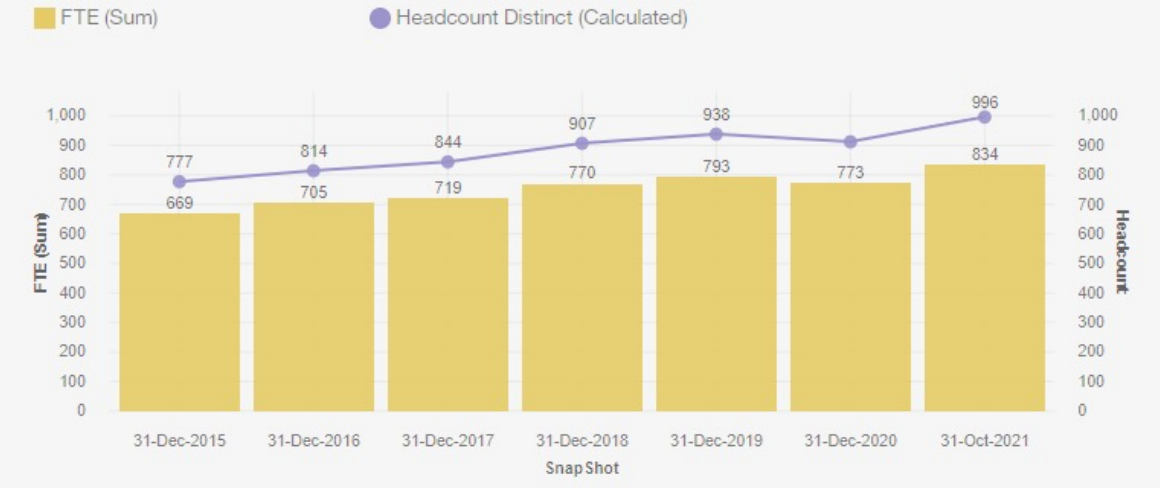
International and Partnerships

- Identified the need to create a central contact point for our priority domestic partners through the addition of a partnerships element to the existing Associate Dean (International) role within the Faculty to become Associate Dean (International and Partnerships). This provides our key domestic partners with a direct line of communication for multi-faceted relationships that occur across the Faculty and create efficiencies and opportunities to engage across all areas.
- Established a European partnership network comprising, Copenhagen and Aarhus University (Denmark), Bayreuth University (Germany), Coventry University (UK), Ghent University (Belgium) and Greenland University (Greenland), culminating in the establishment of a joint PhD program with Copenhagen University (ARWU rank #26) with 20 students currently enrolled. This is Copenhagen's only joint PhD program with an international partner.
- Diversified and broadened the student body by increasing enrolments from a globally diverse range of countries. This has been phenomenally successful with an increase in the international cohort from 7.3% in 2014 to just over 13% in 2019. Students joined the Faculty from over 25 countries.

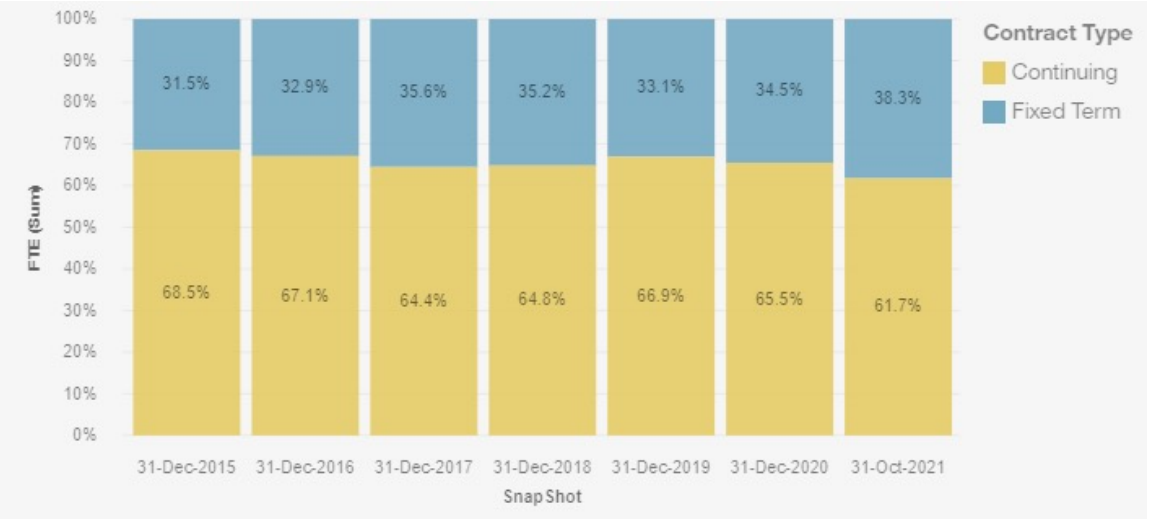
Appendix E: Faculty of Health Staffing Profile

Data provided by the Faculty of Health Business Services team as of November 2021 unless otherwise specified. Source: Business Intelligence Gateway.

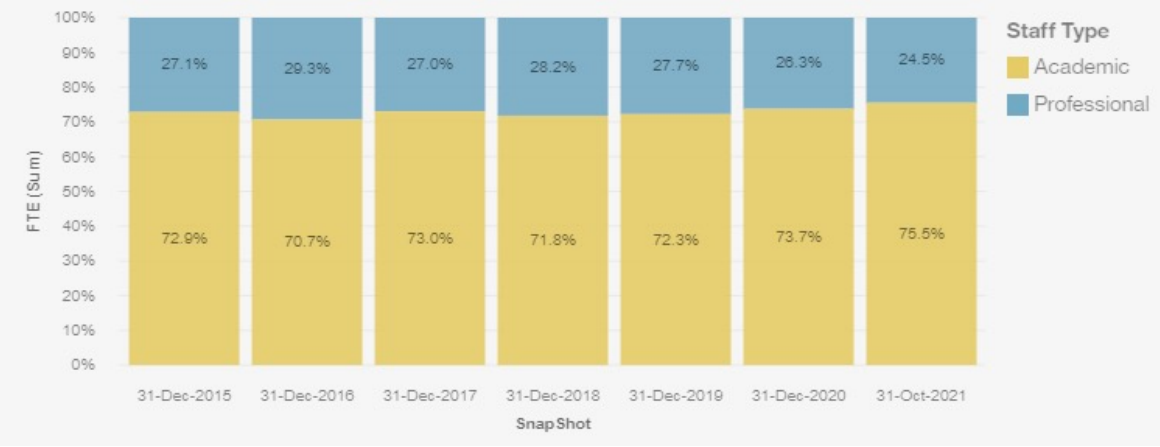
Faculty of Health Staff FTE and Headcount (Trend)



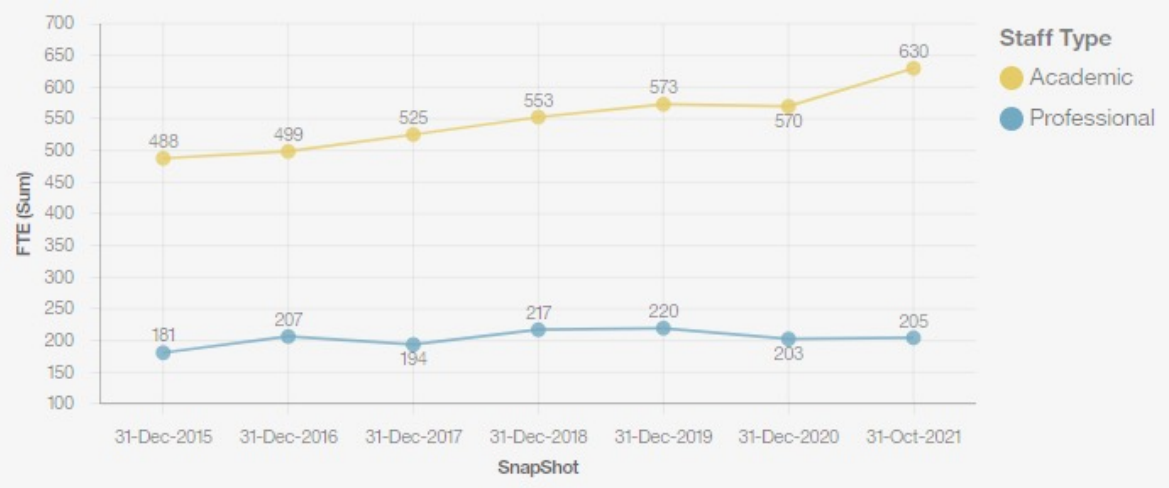
Faculty of Health – FTE % by Contract Type (Trend)



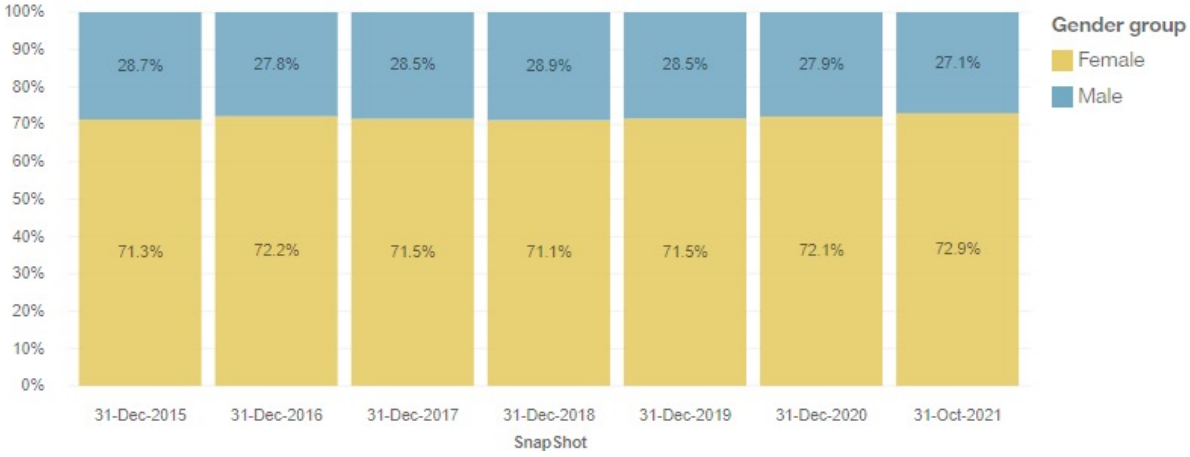
Faculty of Health – FTE % by Staff Type (Trend)



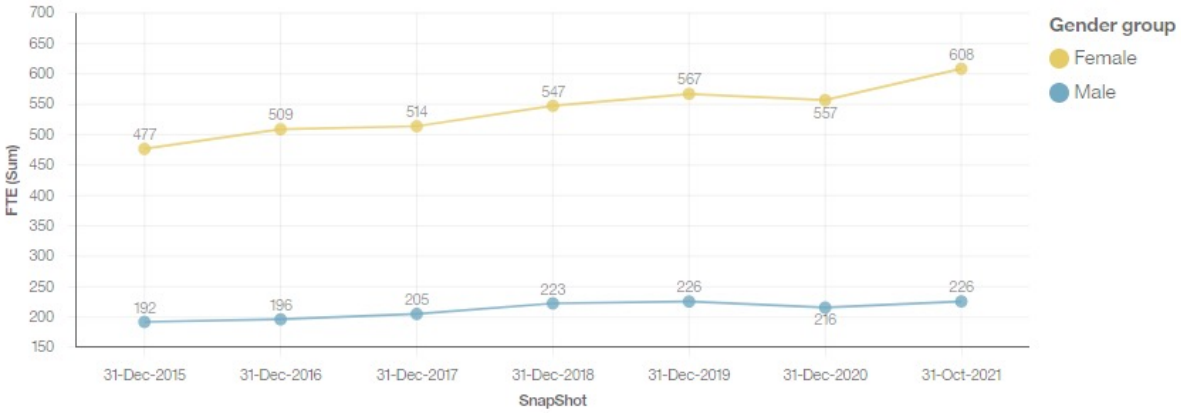
Faculty of Health – FTE by Staff Type (Trend)



Faculty of Health Gender Balance as % (Trend)



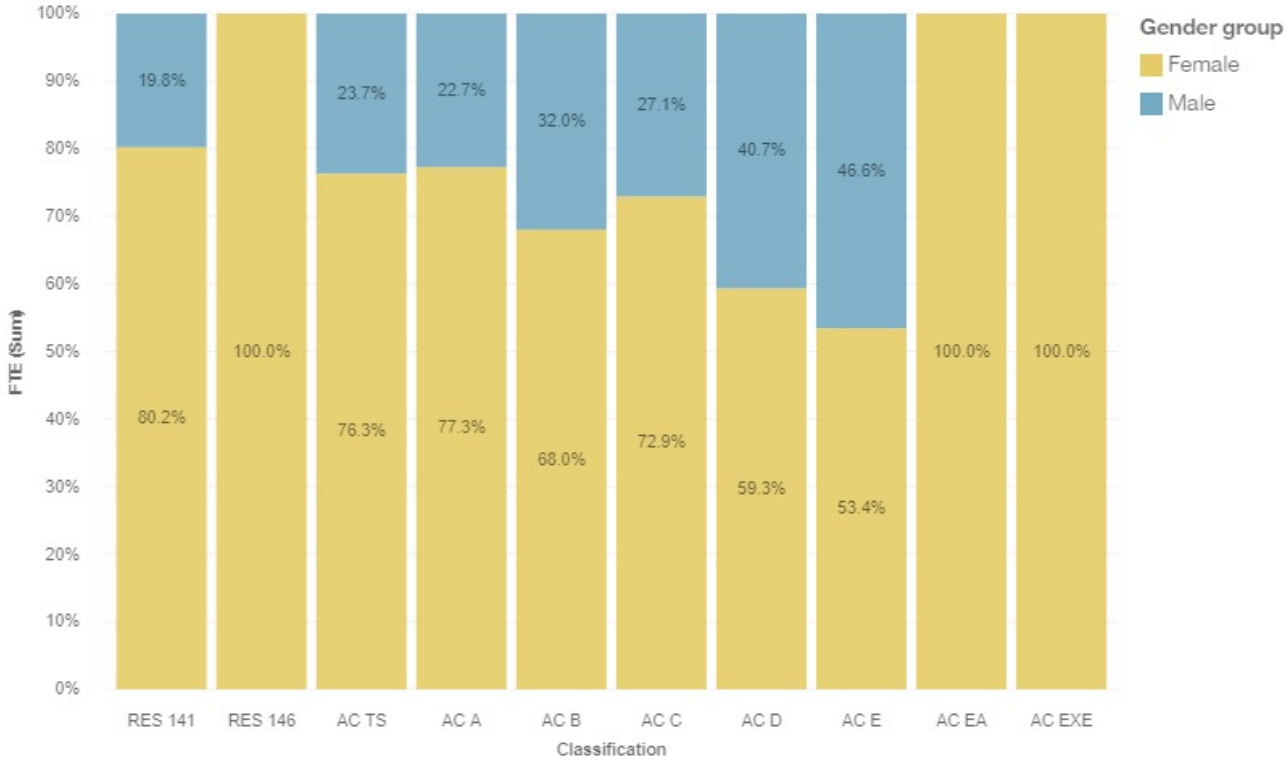
Faculty of Health Gender Balance as FTE (Trend)



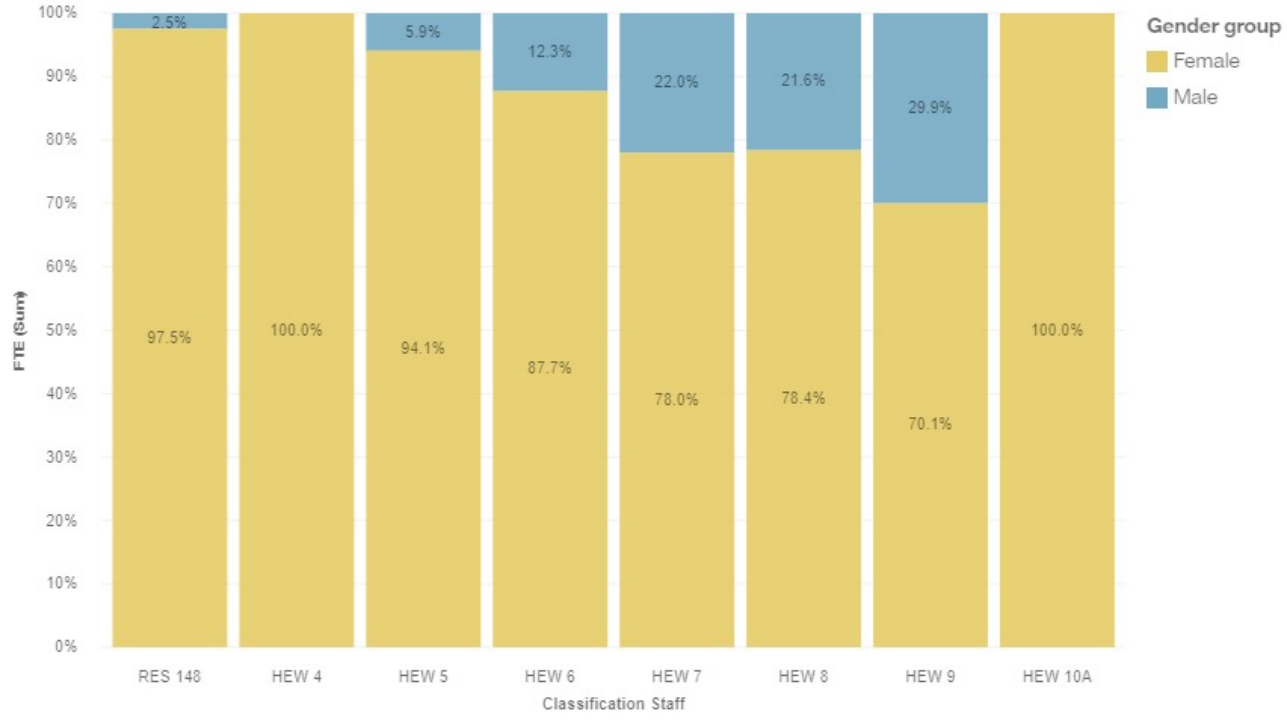
Note: Two staff in the Faculty of Health do not identify as male or female, and for system and reporting purposes are included in the male FTE total.

Faculty of Health Gender by FTE %: Academic and Professional Staff
As of 17 November 2021

Academic Staff



Professional Staff



Aboriginal and Torres Strait Islander FTE and Headcount by Portfolio at Deakin

	FTE	HEADCOUNT DISTINCT
CHIEF DIGITAL OFFICER	1	1
EDUCATION	3.6	4
ENTERPRISE	2	2
FACULTY OF ARTS AND EDUCATION	16.1	19
FACULTY OF BUSINESS AND LAW	2.4	3
FACULTY OF HEALTH	4.4	5
FACULTY OF SCI ENG AND BUILT ENV	2	2

Note – Faculty of Arts and Education data is inclusive of the NIKERI Institute.

Appendix F: Faculty of Health Student Profile

Source: Health Planning Team – as at 19 July 2021 (Cognos Course Enrolments package)

FACULTY/AREA	2017	2018	2019	2020	INCREASE 2017–2020	% INCREASE	2021 19/7
FACULTY OF HEALTH	13,966	14,951	15,848	16,876	2,910	21%	18,249
*OTHER	49,910	52,227	51,352	51,392	1,482	3%	47,264
TOTAL DEAKIN ENROLMENTS	**63,876**	**67,178**	**67,200**	**68,268**	**4,392**	**7%**	**65,513**

FACULTY/AREA	2017	2018	2019	2020	2021 19/7
FACULTY OF HEALTH	22%	22%	24%	25%	28%
*OTHER	78%	78%	76%	75%	72%
TOTAL DEAKIN ENROLMENTS	**100%**	**100%**	**100%**	**100%**	**100%**

*OTHER includes Faculties (except Health), Institutes, Deakin College and cross institutional enrolments

RESPONSIBLE SCHOOL	2017	2018	2019	2020	INCREASE 2017–2020	% INCREASE	2021 19/7
SCHOOL OF ENS	3,077	3,297	3,553	3,749	672	22%	4,005
SCHOOL OF HSD	3,521	3,711	3,656	3,977	456	13%	4,156
SCHOOL OF MED	1,240	1,364	1,412	1,386	146	12%	1,418
SCHOOL OF N&M	3,601	3,750	4,137	3,990	389	11%	4,185
SCHOOL OF PSYCH	2,527	2,829	3,090	3,774	1,247	49%	4,485
TOTAL HEALTH ENROLMENTS	**13,966**	**14,951**	**15,848**	**16,876**	**2,910**	**21%**	**18,249**

RESPONSIBLE SCHOOL	2017	2018	2019	2020	2021 19/7
SCHOOL OF ENS	22%	22%	22%	22%	22%
SCHOOL OF HSD	25%	25%	23%	24%	23%
SCHOOL OF MED	9%	9%	9%	8%	8%
SCHOOL OF N&M	26%	25%	26%	24%	23%
SCHOOL OF PSYCH	18%	19%	19%	22%	25%
TOTAL HEALTH ENROLMENTS	**100%**	**100%**	**100%**	**100%**	**100%**

CAMPUS	2017	2018	2019	2020	INCREASE 2017–2020	% INCREASE	2021 19/7
BURWOOD (MELBOURNE)	6,978	7,424	7,786	7,729	751	11%	7,809
WARRNAMBOOL	263	271	255	264	1	0%	278
WATERFRONT (GEELONG)	1,624	1,583	1,724	1,728	104	6%	1,821
WAURN PONDS (GEELONG)	2,199	2,393	2,393	2,468	269	12%	2,538
CLOUD (ONLINE)	2,902	3,280	3,690	4,687	1,785	62%	5,803
TOTAL HEALTH COURSE ENROLMENTS	**13,966**	**14,951**	**15,848**	**16,876**	**2,910**	**21%**	**18,249**

CAMPUS	2017	2018	2019	2020	2021 19/7
BURWOOD (MELBOURNE)	50%	50%	49%	46%	43%
WARRNAMBOOL	2%	2%	2%	2%	2%
WATERFRONT (GEELONG)	12%	11%	11%	10%	10%
WAURN PONDS (GEELONG)	16%	16%	15%	15%	14%
CLOUD (ONLINE)	21%	22%	23%	28%	32%
TOTAL HEALTH COURSE ENROLMENTS	**100%**	**100%**	**100%**	**100%**	**100%**

COMMENCING INDICATOR	2017	2018	2019	2020	INCREASE 2017–2020	% INCREASE	2021 19/7
COMMENCING	5,590	5,990	6,362	6,916	1,326	24%	7,148
RETURNING	8,376	8,961	9,486	9,960	1,584	19%	11,101
TOTAL HEALTH COURSE ENROLMENTS	13,966	14,951	15,848	16,876	2,910	21%	18,249

COMMENCING INDICATOR	2017	2018	2019	2020	2021 19/7
COMMENCING	40%	40%	40%	41%	39%
RETURNING	60%	60%	60%	59%	61%
TOTAL HEALTH COURSE ENROLMENTS	100%	100%	100%	100%	100%

Appendix G: Faculty of Health – Aboriginal and Torres Strait Islander Students and Regional and Remote Students

Source: Health Planning Team – as at 19 July 2021 (Cognos Course Enrolment Package)

Commencing domestic course enrolments as at 21/7/21 (drawn from Cognos Course Enrolments package)

INDIGENOUS INDICATOR	2017	2018	2019	2020	INCREASE 2017–2020	% INCREASE	2021 19/7
Aboriginal and Torres Strait Islander	76	93	98	101	25	33%	83
*NOT Aboriginal and Torres Strait Islander	4,851	5,033	5,232	6,017	1,165	24%	6,610
TOTAL HEALTH COMMENCING DOMESTIC ENROLMENTS	**4,927**	**5,126**	**5,330**	**6,118**	**1,190**	**24%**	**6,693**

*Not Aboriginal and Torres Strait Islander includes students who chose not to complete the Aboriginal and Torres Strait Islander indicator during the enrolment process (blank)

INDIGENOUS INDICATOR	2017	2018	2019	2020	2021 19/7
Aboriginal and Torres Strait Islander	1.5%	1.8%	1.8%	1.6%	1.2%
*NOT Aboriginal and Torres Strait Islander	98.5%	98.2%	98.2%	98.4%	98.8%
TOTAL HEALTH COMMENCING DOMESTIC ENROLMENTS	**100%**	**100%**	**100%**	**100%**	**100%**

Commencing Aboriginal and Torres Strait Islander enrolments as at 21/7/21 (drawn from Cognos Course Enrolments package)

ENROLLED VIA	2017	2018	2019	2020	INCREASE 2017–2020	% INCREASE	2021 19/7
NIKERI	35	43	41	31	-4	-10%	16
FACULTY OF HEALTH	41	50	57	70	28	69%	67
TOTAL HEALTH COMMENCING ABORIGINAL AND TORRES STRAIT ISLANDER ENROLS	**76**	**93**	**98**	**101**	**25**	**33%**	**83**

ENROLLED VIA	2017	2018	2019	2020	2021 19/7
NIKERI	46%	46%	42%	31%	19%
FACULTY OF HEALTH	54%	54%	58%	69%	81%
TOTAL HEALTH COMMENCING ABORIGINAL AND TORRES STRAIT ISLANDER ENROLS	**100%**	**100%**	**100%**	**100%**	**100%**

Commencing domestic course enrolments as at 21/7/21 (drawn from Cognos Course Enrolments package)

ISOLATION STATUS	2017	2018	2019	2020	INCREASE 2017–2020	% INCREASE	2021 19/7
METRO	3,747	3,745	3,970	4,507	760	20%	5,075
REGIONAL	1,118	1,299	1,285	1,526	408	37%	1,548
REMOTE	26	39	36	33	7	27%	30
TOTAL HEALTH COMMENCING DOMESTIC ENROLMENTS	**4,891**	**5,083**	**5,291**	**6,067**	**1,175**	**24%**	**6,653**

Excludes those with 'blank' isolation status
Excludes international fee paying students

ISOLATION STATUS	2017	2018	2019	2020	2021 19/7
METRO	76.6%	73.7%	75%	74.3%	76.3%
REGIONAL	22.9%	25.6%	24.3%	25.2%	23.3%
REMOTE	0.5%	0.8%	0.7%	0.5%	0.5%
TOTAL HEALTH COMMENCING DOMESTIC ENROLMENTS	**100%**	**100%**	**100%**	**100%**	**100%**

Percentages may be rounded up to a nearest whole number in this table

Commencing Regional and Remote (R&R) course enrolments as at 21/7/21 (drawn from Cognos Course Enrolments package)

ISOLATION STATUS	2017	2018	2019	2020	INCREASE 2017–2020	% INCREASE	2021 19/7
SCHOOL OF ENS	224	236	239	263	39	17%	324
SCHOOL OF HSD	282	373	317	445	163	58%	382
SCHOOL OF MED	99	93	112	91	-8	-8%	104
SCHOOL OF N&M	336	359	365	348	12	4%	351
SCHOOL OF PSYCH	203	276	288	412	209	103%	417
TOTAL HEALTH COMMENCING R&R ENROLMENTS	**1,144**	**1,338**	**1,321**	**1,559**	**415**	**36%**	**1,578**

ISOLATION STATUS	2017	2018	2019	2020	2021 19/7
SCHOOL OF ENS	20%	18%	18%	17%	21%
SCHOOL OF HSD	25%	28%	24%	29%	24%
SCHOOL OF MED	9%	7%	8%	6%	7%
SCHOOL OF N&M	29%	27%	28%	22%	22%
SCHOOL OF PSYCH	18%	21%	22%	26%	26%
TOTAL HEALTH COMMENCING R&R ENROLMENTS	**100%**	**100%**	**100%**	**100%**	**100%**

Appendix H: Retention Rate for Indigenous Students

Source: Health Planning Team – as at 19 July 2021
The below data/commentary is based the new full year retention methodology provided by SIPU for the first time in 2021. The most current full year retention available is 2019. Figures have been rounded up to the nearest whole number in this section.

INDIGENOUS RETENTION	2015	2016	2017	2018	2019	CHANGE 2015–2019
FACULTY OF HEALTH	69%	70%	71%	68%	67%	-3%
DEAKIN	67%	65%	70%	68%	69%	2%

- The Faculty of Health retention rate for Indigenous students was either above or equal to the University rate for this cohort from 2015 to 2018. In 2019 the Health Indigenous retention rate dropped to 2% below the University rate.
- The Faculty of Health retention rate for Indigenous students increased steadily from 2015 to 2017 however has decreased in both 2018 and 2019 to below 2015 levels.
- The retention rate for Indigenous students undertaking Health courses is lower than the rate for non-Indigenous Health students. The retention rate for non-Indigenous Health students has remained stable at around 83% over the last 5 years however the rate for Indigenous Health students has fallen by 3% over the same period to 67%.
- The retention rate for Indigenous students enrolled in Health courses via NIKERI Institute is lower than for Indigenous students enrolled via the faculty (see below). While both NIKERI Institute and non-NIKERI Institute Indigenous Health students have shown a decline in retention rates over the last 5 years, the decline has been greater in those enrolled via the faculty (-7ppts).

ENROLLED VIA	2015	2016	2017	2018	2019	CHANGE 2015–2019
NIKERI INSTITUTE	68%	68%	69%	66%	64%	-4%
FACULTY OF HEALTH	78%	79%	74%	73%	71%	-7%
HEALTH INDIGENOUS RETENTION RATE	**69%**	**70%**	**71%**	**68%**	**67%**	**-3%**

Appendix I: Retention rate for Regional and Remote students

Source: Health Planning Team – as at 19 July 2021
The below data/commentary is based on raw data provided by SIPU (isolation status) and excludes students enrolled via NIKERI Institute. It is based the new full year retention methodology provided by SIPU for the first time in 2021. The most current full year retention available is 2019.

HEALTH REGIONAL AND REMOTE (COMBINED) RETENTION BY COMMENCING INDICATOR	2015	2016	2017	2018	2019	CHANGE 2015–2019
COMMENCING	81%	79%	79%	77%	78%	-3%
RETURNING	86%	87%	85%	87%	85%	-1%
HEALTH REGIONAL AND REMOTE (COMBINED) R&R	**84%**	**84%**	**82%**	**82%**	**82%**	**-2%**

HEALTH REGIONAL AND REMOTE (COMBINED) RETENTION BY COMMENCING INDICATOR	2015	2016	2017	2018	2019	CHANGE 2015–2019
UG	85%	86%	85%	85%	85%	0%
PG	73%	68%	65%	64%	69%	-4%
HDR	93%	90%	93%	95%	95%	2%
HEALTH REGIONAL AND REMOTE (COMBINED) R&R	**84%**	**84%**	**82%**	**82%**	**82%**	**-2%**

- The Faculty of Health's retention rate for remote students has fluctuated compared to the Deakin retention rate for this cohort from-8% to +9% (from 2015–2019). The Deakin retention rate for remote students has declined by 2 percentage points and the Health rates has declined by 6 percentage points since 2015.
- When combining regional and remote students, both commencing Health students and PG Heath students had lower retention rates compared to returning and UG/HDR students. Both these cohorts have also shown declines in the regional and remote retention rate over the last 5 years.
- The School of Medicine has had the highest regional and remote retention rate of the Health schools over the past five years.
- Both the School of Health and Social Development and the School of Psychology have had regional and remote retention rates below 80% in 2019 and have shown declines over the last five years (-4ppts and -2ppts respectively).

HEALTH REGIONAL AND REMOTE (COMBINED) RETENTION BY COMMENCING INDICATOR	2015	2016	2017	2018	2019	CHANGE 2015–2019
SCHOOL OF EXERCISE AND NUTRITION SCIENCES	81%	82%	83%	81%	81%	0%
SCHOOL OF HEALTH AND SOCIAL DEVELOPMENT	83%	83%	80%	77%	79%	-4%
SCHOOL OF MEDICINE	91%	88%	91%	94%	92%	1%
SCHOOL OF NURSING AND MIDWIFERY	87%	84%	83%	84%	84%	-2%
SCHOOL OF PSYCHOLOGY	80%	85%	79%	81%	78%	-2%
HEALTH REGIONAL AND REMOTE (COMBINED) R&R	**84%**	**84%**	**82%**	**82%**	**82%**	**-2%**

Appendix J: Success – Indigenous Students

The below data/commentary is based on raw data provided by SIPU. Percentages may be rounded up to a nearest whole number in this section.

- In 2020 the success rate for Health Indigenous students was second across the University behind the Faculty of Science, Engineering and Built Environment.
- The success rate of Indigenous Health students is generally lower than that of Non-Indigenous Health students, however the success rate of Indigenous Health students has improved by 7ppts since 2016 while the success rate of Non-Indigenous Health students has increased by 2ppts over that time.

INDIGENOUS INDICATOR	2016	2017	2018	2019	2020	CHANGE 2016–2019
INDIGENOUS	68%	69%	68%	70%	74%	7%
NON-INDIGENOUS	90%	90%	90%	91%	92%	2%
FACULTY OF HEALTH SUCCESS RATE	**89%**	**90%**	**89%**	**90%**	**92%**	**3%**

- The success rate of Indigenous Health students enrolled via the NIKERI Institute is generally lower than that of Indigenous students enrolled via the Faculty of Health. While the success rate of Health NIKERI Institute students have fluctuated over the last 5 years, in 2020 the rate was 2ppts lower than it had been in 2016. The success rate of Indigenous students enrolled via the Faculty of Health has improved from 73% in 2016 to 82% in 2020 (+8ppts).

ENROLLED VIA	2016	2017	2018	2019	2020	CHANGE 2016–2019
NIKERI INSTITUTE	66%	66%	59%	63%	64%	-2%
FACULTY OF HEALTH	73%	75%	80%	78%	82%	8%
HEALTH INDIGENOUS SUCCESS RATE	**68%**	**69%**	**68%**	**70%**	**74%**	**7%**

- In 2016 and 2017 the success rate for commencing Indigenous Health students was slightly higher compared to returning students, however since 2018 there has been significant improvement in the success rate of returning Indigenous Health students (+7ppts) bringing this cohort above commencing.

COMMENCING INDICATOR	2016	2017	2018	2019	2020	CHANGE 2016–2019
COMMENCING	69%	73%	67%	69%	73%	4%
RETURNING	68%	68%	69%	71%	76%	8%
HEALTH INDIGENOUS SUCCESS RATE	**68%**	**69%**	**68%**	**70%**	**74%**	**7%**

- The School of Medicine had the highest success rate for Indigenous students at 95% with the lowest success rates for Indigenous students being seen in the School of Health and Social Development and the School of Nursing and Midwifery (69%).
- The below table shows the success rate for Indigenous students in some of the Health courses with significant Indigenous enrolments.

INDIGENOUS SUCCESS BY COURSE	2016	2017	2018	2019	2020	CHANGE 2016–2019
H326 – BACHELOR OF NURSING	71%	75%	64%	67%	69%	-2%
H330 – BACHELOR OF SOCIAL WORK	67%	66%	66%	68%	70%	4%
H344 – BACHELOR OF PSYCHOLOGICAL SCIENCE	47%	61%	87%	75%	75%	27%
H757 – MASTER OF PUBLIC HEALTH	52%	53%	31%	35%	39%	-13%

Appendix K: Calculation of Student Success

Deakin data relating to success for all students us calculated as follows:
Success rate= student load passed (successful EFTSL) divided by EFTSL [Passed + Failed + Withdrawn] (Base EFTSL)

- Notes:
- The calculation only includes unit enrolments that were valid at the relevant census date
- Unit results are as reported to DIICCSRTE in the Unit of Study Completions file in April of the year following the unit enrolment.
- The following are excluded from the calculation:
  i. Units for students who withdrew prior to the census date
  ii. Units with outstanding results (including RI, RP, RW, SAA, SAE, XA).
- Successful EFTSL – EFTSL associated with reportable units that were passed.
- Base EFTSL – EFTSL associated with reportable units that were passed, failed, or withdrawn.

Source: Strategic Intelligence Planning Unit, Deakin University, Success Data Definitions
https://deakin365.sharepoint.com/sites/bi/SitePages/Retention,%20Success%20&%20Attrition.aspx

Appendix L: Success – Regional and Remote Students

The below data/commentary is based on raw data provided by SIPU (isolation status) and excludes students enrolled via NIKERI Institute. Percentages may be rounded up to a nearest whole number in this section.

The Faculty of Health's success rate for regional students has been consistently higher than both metro and remote Health students over the last 5 years.

HEALTH SUCCESS BY ISOLATION STATUS	2016	2017	2018	2019	2020	CHANGE 2016–2019
METRO	89%	90%	89%	90%	92%	3%
REGIONAL	92%	92%	92%	93%	94%	2%
REMOTE	88%	87%	86%	86%	88%	0%
OVERALL HEALTH SUCCESS RATE	**90%**	**90%**	**90%**	**91%**	**92%**	**2%**

When combining **regional and remote students**, commencing Health students has a lower success rate compared to returning Health students. Success rates for regional and remote Health students were similar across course type groups (UG, PG).

HEALTH REGIONAL AND REMOTE (COMBINED) SUCCESS BY COMMENCING INDICATOR	2016	2017	2018	2019	2020	CHANGE 2016–2019
COMMENCING	91%	90%	89%	91%	91%	1%
RETURNING	93%	93%	93%	93%	95%	2%
HEALTH REGIONAL AND RURAL (COMBINED) SR	**92%**	**92%**	**92%**	**92%**	**94%**	**2%**

All Health schools had success rates for regional and remote students of at least 90% in 2020, with the School of Psychology showing improvement of 4ppts from a low of 86% in 2017. All schools have shown improvement in the success rate of regional and remote students since 2016 except for the School of Exercise and Nutrition Sciences (however the school has improved from a dip in 2017/2018).

HEALTH REGIONAL AND REMOTE (COMBINED) SUCCESS BY SCHOOL	2016	2017	2018	2019	2020	CHANGE 2016–2019
SCHOOL OF EXERCISE AND NUTRITION SCIENCES	93%	91%	91%	92%	93%	-1%
SCHOOL OF HEALTH AND SOCIAL DEVELOPMENT	91%	91%	89%	91%	93%	2%
SCHOOL OF MEDICINE	96%	97%	96%	99%	99%	2%
SCHOOL OF NURSING AND MIDWIFERY	92%	93%	93%	94%	95%	3%
SCHOOL OF PSYCHOLOGY	88%	86%	89%	88%	90%	2%
HEALTH REGIONAL AND REMOTE (COMBINED) SR	**92%**	**92%**	**92%**	**92%**	**94%**	**2%**

Appendix M: Indigenous Students Completion Data

The below data/commentary is based on raw data provided by SIPU
There has been an increasing trend in the proportion of Indigenous Faculty of Health completions that were enrolled via the faculty rather than through NIKERI Institute (see below):

HEALTH SUCCESS BY ISOLATION STATUS	2016	2017	2018	2019	2020
NIKERI INSTITUTE	94%	60%	72%	53%	37%
FACULTY OF HEALTH	6%	40%	28%	47%	63%
TOTAL INDIGENOUS FOH COMPLETIONS	**100%**	**100%**	**100%**	**100%**	**100%**

The Faculty of Health courses with the most Indigenous completions over the last 5 years were the

- Bachelor of Nursing 44 completions (37 NIKERI Institute, 7 Faculty of Health)
- Bachelor of Social Work 26 completions all via NIKERI Institute
- Master of Public Health 14 completions all via NIKERI Institute
- Bachelor of Psychological Science 13 completions (2 NIKERI Institute, 11 Faculty of Health).

Brief Analysis of reasons for discontinuation of Indigenous students
Of the Indigenous Health students who discontinued during 2019, 34% were due to lapsed enrolment (specific date not met) followed by course transfer (13%), excluded from course due to poor academic progress (12%) and withdrew to accept offer from another institution (7%). Another 21% of Indigenous Health students who discontinued in 2019 left due to employment/financial/health/medical/family/other reasons.

Appendix N: Existing and planned Faculty activities supporting effective Indigenous health professional education

OBJECTIVE	ACTIVITY
Enable safe and productive learning environments	A joint committee between the NIKERI Institute (previously the Institute of Koorie Education) and the Faculty of Health is in place for staff and student representatives to discuss, monitor and resolve matters in a formal and collegial environment.
	Indigenous Access Scheme for entry into Exercise Sport Science, Health Sciences, Nutrition Science, Psychological Science, Psychology (Hons), Public Health and Health Promotion.
	Indigenous Entry Stream into the Medicine, Medical Imaging, and Vision Science/Optometry courses.
	HEPPP funding was awarded to complete a review into service improvement in the peer mentor and transition programs to better support rural, regional, and Indigenous students.
Embed Indigenous knowledges and perspectives	Placement opportunities in Indigenous health at Wathaurong Health Cooperative (Geelong), Budja Budja Aboriginal Cooperative (Grampians) and Central Australian Aboriginal Congress (Alice Springs).
Indigenous cultural competency	Professional development opportunities around teaching with a focus on rural and regional students and cultural sensitivity and awareness training.
Pedagogy for teaching Indigenous studies	Unit offerings, or components of units in courses, including Psychology, Social Work, Nursing, Health Sciences, Nutrition and Dietetics offer a specific focus on the health and wellbeing of Indigenous Australians. A mapping exercise will be undertaken to identify Indigenous content across all Health course offerings, which is consistent with the inclusion of Indigenous Knowledges within GLO 8.
	Cultural Intelligence Resources via the Deakin University Library in collaboration with the Pro Vice-Chancellor Indigenous Strategy and Innovation.
	NIKERI Institute and the Pro Vice-Chancellor Indigenous Strategy and Innovation to define Indigenous Knowledge capabilities of Health graduates and map these across course offerings.

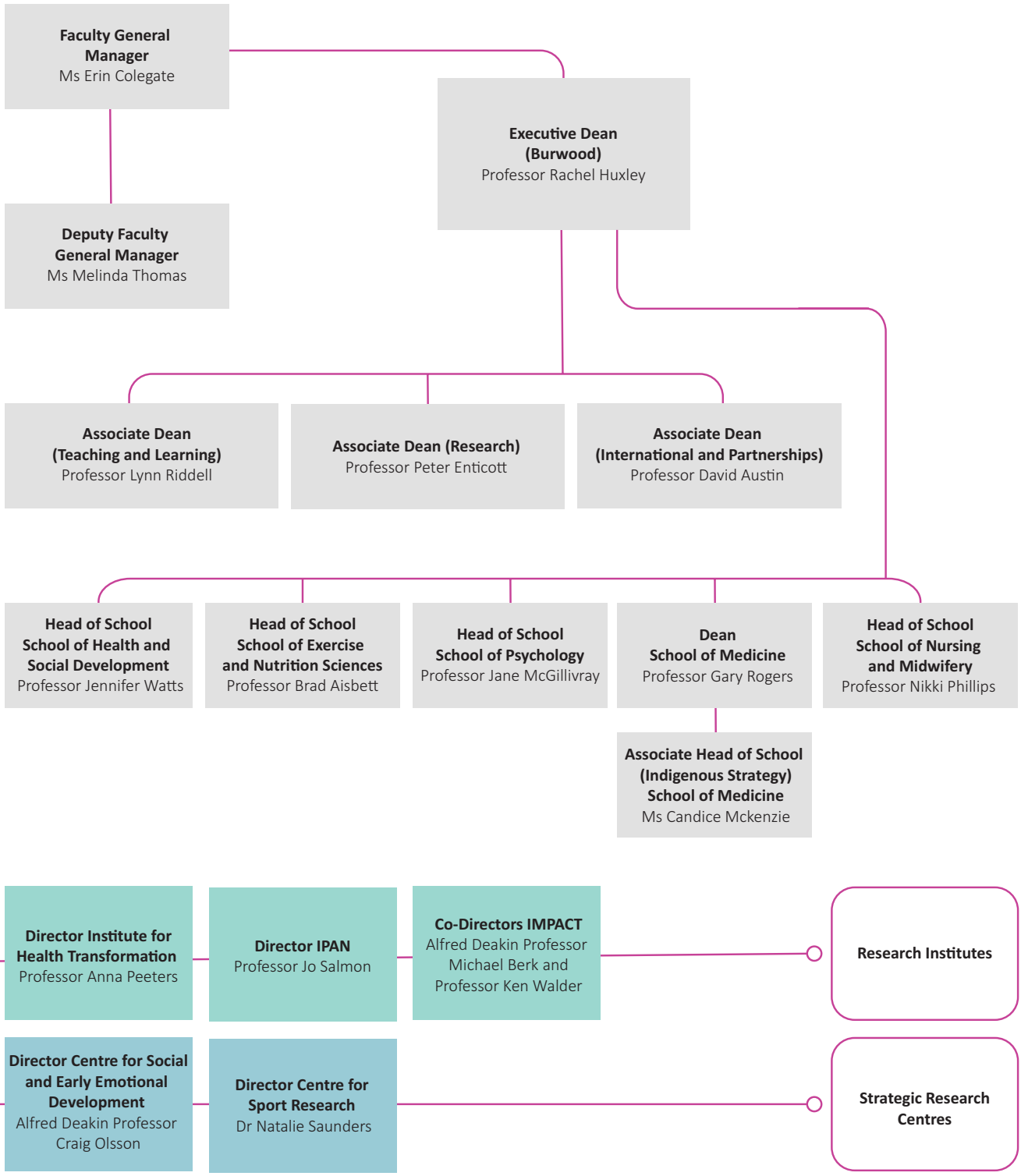
Appendix O: CPH Interprofessional Education Enrolments

Source: WIL Team from Callista database – July 2021

UNIT	COURSES	OFFERING	2017	2018	2019	2020	2021
HBS345 – COLLABORATIVE PRACTICE IN HEALTHCARE (CPH)	B. Nursing B. Social Work B. OT*	T1: X	89	138	132	132	146
HBS745 – CPH	M. Social Work	T1: X	38	43	38	33	41
HMO306 – PRINCIPLES AND PRACTICE OF OPTOMETRY 3*	Vision Science/ Optometry	T3: G	95	71	90	91	92
HMO701 – ADVANCED OPTOMETRIC STUDIES 1	Vision Science/ Optometry	T1: G	63	85	71	84	85
HME911 – MEDICINE 1A*	Medicine	S1: G	142	150	149	135	141
HME921 – MEDICINE 2A	Medicine	S1: G	143	140	147	149	131
HPS776 – ISSUES IN PROFESSIONAL PSYCHOLOGY	M. Psychology (Clinical)	T1: B, S	9	12	13	12	13
HPS976 – Issues in Professional Psychology	D. Psychology (Clinical)	T1: B	12	14	13	15	9
HPY722 – Practice and Ethics in Professional Psychology	M. Professional Psychology	T1: B, S	9	15	20	12	18
HMI402 – Medical Imaging Practice 7*	B. Medical Imaging	S1: G	NA	44	45	55	70
HMI403 – Medical Imaging Practice 8	B. Medical Imaging	S2: G	NA	43	44	54	69
		TOTAL	363	490	478	491	521

Figures represent headcount.
* Bachelor of Occupational Therapy

Appendix P: Faculty Executive Organisational Chart



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