Final Assessment Report – Health Sciences

Undergraduate programs reviewed 2025/26

A. Summary

1. The Department's Self-Study was considered and approved by the Senate Academic Review Committee on January 5, 2026**.**
2. The Review Committee consisted of two external reviewers: Marina Mourtzakis (University of Waterloo) and Ivy Lynn Bourgeault (University of Ottawa), and one internal reviewer, Thad Harroun (Brock University).
3. The site visit occurred March 11-12, 2026.
4. The Reviewers' Report was received April 27, 2026.
5. The Senate Undergraduate Program Committee response was received May 21, 2026.
6. The Department response was received June 1, 2026.
7. The Dean, Faculty of Applied Health Sciences response was received June 8, 2026.
8. Annual Implementation Reports will be submitted from 2027-2030.
9. The next Cyclical Academic Review is scheduled to take place in 2033/2034.

The cyclical program review process was conducted under the terms and conditions of the 2023 IQAP.

Program Outcome Categories:

Based on their knowledge of the discipline, the content of the Self-Study and the interviews conducted during the site visit, the Reviewers gave the programs the following Outcome Categories:
NOTE: Selecting from Excellent Quality, Good Quality, Good Quality with Concerns and Non-Viable.

Good Quality:

- Bachelor (Honours) of Child Health [BCH]
- Bachelor (Honours) of Public Health [BPH]
- BSc (Honours, Pass) Medical Sciences [MSCI]

Good Quality with Concerns:

- Bachelor of Public Health, Co-op (Honours)
- BA (Pass) Community Health

The Reviewers provided the following additional comments:
The Bachelor of Public Health, Co-op (Honours) is rated as Good Quality with the only concerns being the scheduling of co-op placements across different terms, which we understand from our visit is in the process of being implemented. As such, the rating would be Good Quality once these changes are implemented.

The BA (Pass) Community Health is Good Quality for its objective, which is to create an exit pathway for those who would like to expedite the completion of the program. The concerns stem from being described as a stand alone offering which can be confusing to different audiences because it suggests it is a distinct program from public health which it is not. We recommend that it be renamed as the BA (Pass) in Public Health similar to the BSc (Honours, Pass) Medical Sciences.

Executive Summary:

The Reviewers wrote:
Our review found that the Health Sciences undergraduate programs are of good overall quality, with several areas of excellence and some identifiable challenges related largely to capacity and coordination rather than academic content or delivery. The Bachelor of Child Health, Bachelor of Public Health, and BSc Medical Sciences were all assessed as *Good Quality*, while the BPH Co-op and BA (Pass) Community Health were assessed as *Good Quality with Concerns*, primarily related to program structure, scheduling, and clarity of positioning rather than academic standards.

The curricula are well aligned with Brock University's mission and degree-level expectations, demonstrate strong interdisciplinarity, and reflect the current state of their respective disciplines. The Bachelor of Child Health stood out for its integrated, applied, and interdisciplinary focus on child health and wellbeing. The BSc Medical Sciences was praised for its rigorous, laboratory-focused curriculum and spaces, with low instructor: student ratios and effective use of advanced technologies and external partnerships. The BPH program in particular was noted for its strong alignment with the *Core Competencies for Public Health in Canada*, as well as its innovative use of classroom-based experiential learning and applied capstone projects.

Across programs, the review highlighted experiential learning, community partnerships, and student-centred pedagogy as major strengths. Assessment methods, modes of delivery, and learning outcome alignment were found to be effective, with strong evidence that students achieve program-level expectations. Graduating students demonstrate high levels of synthesis, applied competence, and professional readiness, and many proceed to professional programs, graduate study, or relevant employment.

Key challenges relate to resource and capacity constraints, including number of full-time faculty, limited flexibility in course enrolment, pressure on experiential learning infrastructure, and strained advising capacity. While these constraints have not compromised program quality, they can limit longer-term sustainability. We also noted the need for clearer program identity, improved curriculum coordination and scaffolding, and more consistent visibility of Indigenous and equity-focused learning across all programs.

Recommended actions include:

- Improve curriculum coordination and transparency to enhance coherence, reduce redundancy, and clarify learning pathways across programs, in alignment with department identity.
- Strengthen advising, student support, and infrastructure to improve access, pathway clarity, and the sustainability of experiential learning.
- Clarify program and department identity and strengthen messaging to clearly differentiate programs and articulate pathways after graduation.
- Stabilize faculty capacity through strategic, priority-aligned hiring to support curriculum quality and long-term sustainability.

Overall, the Unit was commended for its strong self-awareness, interdisciplinarity and collegial culture, pedagogical innovation, and responsible stewardship of a range of resources. The primary opportunity for enhancement lies in consolidating strengths, improving coordination and communication, and stabilizing capacity to support continued delivery of high-quality, experiential, and practice-oriented undergraduate education.

B. Program Strengths

The reviewers noted:

There are several strengths across the three key programs. Overall, faculty demonstrate strong pedagogical commitment and innovation, especially under resource constraints. There is multidisciplinary breadth across life-course, social determinants, biological mechanisms and population health. Experiential learning, community partnerships and student experience are also noteworthy strengths across the programs. There is strong integration of real-world issues (e.g., harm reduction, mental health, child health, equity, social determinants). The department has made extensive efforts towards nurturing community partnerships (e.g., public health unit, health care centres and community organizations in Niagara region), enabling authentic learning and undergraduate research. There are excellent depth and diversity of experiential opportunities through community placements, labs, B-FIT, anatomy symposiums, capstones, and applied research.

Bachelor of Child Health (BCH)

Program Strengths

The Bachelor of Child Health has a strong interdisciplinary focus on child health as a complex interaction of biological, psychological, social, and environmental influences. The program integrates perspectives from health sciences and child-focused studies to support learning outcomes related to evidence-informed practice, ethical awareness, and professional readiness. A major strength is the required inclusion of experiential learning, which allows all students to apply theory in real child-health contexts. Assessment approaches emphasize critical thinking, reflection, and synthesis of research evidence to ensure that students develop skills aligned with current expectations for child health professionals and graduates pursuing further education.

Creative Attributes

The program's creative attributes lie in its integrated and applied curricular design. Rather than relying on isolated disciplinary content, learning experiences encourage students to view child health through interconnected systems and lived contexts. This intentional blending of theory, research, and practice represents an innovative model within undergraduate child health education. The use of applied research tasks and practice-oriented assessments introduces graduate-level competencies at the undergraduate level, fostering early development of scholarly and professional skills. Experiential learning is structured to include guided reflection and outcome alignment, ensuring consistent learning across varied settings.

Bachelor of Medical Sciences (BSc)

Program Strengths

The Bachelor of Medical Sciences demonstrates strength in its comprehensive and integrated biomedical curriculum, which balances depth in fundamental biomedical sciences with strong methodological and analytical training. The program effectively supports learning outcomes related to scientific literacy, critical thinking, and readiness for advanced study or professional

pathways. In addition to robust hands-on learning in anatomy and physiology, students develop competencies in biostatistics, epidemiology, pharmacology, immunology, pathology, and research methods. This breadth ensures that graduates understand the application of biological mechanisms to population-level problems. The program emphasizes applied learning, data interpretation, and inquiry-based assessment, which are strengthened by well-though out delivery modes and result in intended learning outcomes.

Creative Attributes

The program's creative attributes lie in its intentional blending of experiential, analytical, and research-oriented learning across the curriculum. Advanced laboratory education is complemented by digital visualization technologies and/or hands-on practical learning modules to enhance integrative and spatial understanding in several courses. The program also fosters undergraduate research engagement through inquiry-driven learning opportunities, encouraging students to explore emerging scientific questions and complex health problems by applying rigorous methods. A strong culture of student-instructor engagement and interaction, including student-led contributions to educational events, further reinforces innovation. Together with a strong faculty complement, who are thoroughly engaged in pedagogical innovation and forward-thinking application, the medical sciences program supports the solid development of career-ready pathways in human health.

Bachelor of Public Health (BPH)

**Note: Based on our earlier notes on the similarities between Bachelor of Community Health and BPH, BCH is assumed under the BPH program for the purposes of this review.*

Program Strengths

The Bachelor of Public Health demonstrates strong alignment between its modes of delivery and learning outcomes focused on applied practice, communication, collaboration, and evidence-informed decision-making. The program combines lectures, seminars, experiential projects, and integrative capstone learning to support progressive competency development. Students engage with population-level health issues in ways that promote systems thinking and real-world problem-solving. Assessment strategies emphasize applied outputs and reflective synthesis, providing clear evidence that students are achieving program-level outcomes relevant to contemporary public health practice.

Creative Attributes

The BPH program is particularly creative in its use of classroom-based experiential learning that simulates professional public health practice. Structured projects allow students to engage in realistic public health activities without reliance solely on external placements, increasing scalability and consistency. The curriculum is also notable for its responsiveness to emerging public health challenges, enabling timely integration of current issues into learning activities. The

capstone model emphasizes knowledge translation and public relevance rather than purely academic products, reinforcing the program's innovative, practice-oriented design.

Bachelor of Public Health – Co-op Option

Program Strengths

The BPH Co-op option extends the strengths of the core program through structured, paid work-integrated learning experiences that deepen achievement of public health learning outcomes. Extended workplace immersion allows students to apply competencies in authentic professional environments, supporting outcomes related to analysis, program implementation, teamwork, communication, and ethical practice. The sustained nature of co-op placements enables skill development over time and promotes professional confidence and identity formation. This delivery mode provides strong evidence of outcome achievement beyond the classroom.

Creative Attributes

The creative value of the co-op option lies in its ability to broaden how students achieve public health competencies while maintaining curricular coherence. By complementing classroom-based experiential learning with extended workplace engagement, the program offers multiple, flexible learning pathways. The co-op structure works towards evolving workforce and student needs, with adaptability and innovation in program design. This integration of academic and professional learning distinguishes the co-op option as a forward-thinking and impactful component of undergraduate public health education.

C. Opportunities for Improvement and Enhancement

Recommendation #1: The Unit should continue to strengthen curriculum coordination and transparency across programs by: a) formalizing structures and processes that enhance coherence as per the Provost's degree architecture and modularization initiative, b) reduce unnecessary redundancy, c) improve scaffolding of skills and experiential learning across years, and d) make program expectations and pathways more visible to students, instructors and advisors.
Supporting/clarifying text: To operationalize this recommendation, the Unit might consider implementing regular (e.g., annual or biennial) curriculum retreats, supported by the Centre for Pedagogical Innovation, to improve coordination across required courses, intentional scaffolding of skills, and overlap reduction, particularly where fragmentation across courses and program years is identified. Program learning outcomes and curriculum maps should be formally published and actively socialized with students, advisors, and all instructors—including sessional faculty—to clarify how competencies are introduced, reinforced, and mastered over time, reduce redundancy between required and elective offerings, and improve transparency around program expectations and pathways. The Curriculum Committee may consider conducting routine course-outline refresh cycles (e.g., every 5 years) to maintain alignment among learning outcomes, assessments, and modes of delivery, while supporting targeted program-level refinement. Using the Provost's

degree architecture and modularization initiative will provide a strategic opportunity to proactively review and redesign programs and simplify degree requirements and strengthen curriculum coherence and identity.

For the **Bachelor of Child Health**, this could include strengthening coherence in upper-year offerings by reducing reliance on cross-listed courses where possible, sustaining high-quality experiential learning through manageable class sizes, and advancing clearer identity-building around child mental health, life-course perspectives, and the social determinants of health. For the **Bachelor of Medical Sciences**, coordination could support structured pathways or clusters that balance rigour with flexibility, integrate laboratory-intensive learning more coherently, and formally leverage strategic partnerships (e.g., with McMaster University). For the **Bachelor of Public Health**, priorities could include strengthening second-year scaffolding, introducing earlier applied and experiential exposure, improving coordination and communication of experiential learning opportunities, and clarifying how the undergraduate pathway prepares students for and feeds into the MPH. For the **BPH Co-op option**, improved coordination could focus on clearer advising and communication about co-op structure, expectations, value, and post-graduation impact, alongside review of program rigidity and sequencing and consideration of expanded placement options to improve accessibility and retention. Collectively, these actions could enhance coherence within and across programs, strengthen skill progression, align student expectations with program design, and support a more transparent and sustainable curricular architecture.

The Department responded:

The department accepts the spirit of this recommendation and will continue ongoing efforts to address these issues. The department recognizes that some of its actions will depend upon the precise parameters of the revised degree architecture, which had not been passed by Senate as of the date the department discussed the report (12 May 2026).

In the meantime, with the support of the Centre for Pedagogical Innovation, the department is continuing work related to curriculum mapping, clarification of course descriptions and prerequisites, and review of program pathways to improve clarity, coherence, and student access to courses. The department is also exploring opportunities to provide students with greater flexibility to tailor their programs to their strengths and interests while maintaining program integrity and coherence.

The department notes that, because the Bachelor of Child Health is shared with the Child and Youth Studies department, the recommended changes may require interdepartmental consultation and coordination.

The Undergraduate Program Committee responded:

UPC notes that recommendation 1 (to strengthen curriculum coordination) will likely align with new Degree Architecture (if adopted). Therefore, especially if a substantial overhaul of the program curriculum is implemented, UPC encourages the department to consult with CPI to ensure learning outcomes are met, and to seek guidance from UPC (including ORES personnel) around optimal ways to develop and submit rationales and documentation for revisions to courses and/or program pathways. If other departments/units are impacted by changes (e.g.,

altering Child Health cross-listings), complete and timely consultation with those programs is required.

The Dean of Applied Health Sciences responded:
I agree with the department's response. Given its dependence on the new degree architecture. Timeline: I anticipate the implementation to be mid-term (years 3-4).

ARC Disposition of the Recommendation
ARC considers this recommendation to be accepted and in the process of implementation. The committee supports consultation with CPI and expects that the Department will move forward with curriculum changes as it sees fit.

Implementation Plan
Responsible for implementation: Department Chair and Curriculum Committee
Responsible for approving: Department Chair
Responsible for resources: Dean of Applied Health Sciences
Timeline: ARC anticipates implementation to be medium-term.

Recommendation #2: The Unit should consider strengthening student support, advising, and learning infrastructure by addressing capacity and systems constraints in academic advising, experiential education coordination, and physical and digital resources.
Supporting/clarifying text: The goals of improving student access to timely guidance, clarifying complex academic and career pathways, sustaining high-quality experiential learning, and ensuring that support services are visible, coordinated, and responsive across all programs and stages of study are important. To operationalize this recommendation, the Unit might consider: a) increasing academic advising capacity, especially for upper-year students, students in complex pathways, and those seeking post-graduation planning. Consider a student recruitment and retention committee, to address consistent student concerns about access, responsiveness, and tailored guidance for co-op, career planning, and professional or graduate pathways. b) In parallel, the Unit should consider advocating for the accelerated implementation of a new student information system that enables accurate degree audits and clearer pathway planning, given ongoing challenges with existing advising systems and tools. c) The Unit should continue to invest in experiential education coordination as a core strength, while improving early and proactive communication about experiential learning opportunities, expectations, and placement processes (e.g., through dedicated first-year experiential education orientation content), so that students better understand requirements, timelines, and the importance of relationship-building with community partners. Although experiential learning and extensive community partnerships are a major strength across capstones, placements, laboratories, and co-op, increasing enrolments are placing strain on supervision, TA support, and placement availability and choice; insufficient staffing and coordination capacity pose risks to quality, sustainability, and curriculum mentorship. Experiential education staff and infrastructure are widely viewed as essential and impactful but remain under-recognized by students, underscoring the need for clearer visibility and integration within programs.

d) The Unit should also proceed with long-term (~5 years) planned expansion of GIS Library space and specialist access, recognizing the growing importance of GIS capacity for public health, medical sciences, and applied research, while also addressing broader physical space constraints (labs, GIS, and offices) that signal under-investment in key program areas.
e) Existing career services, maker spaces, learning supports, and advising resources would benefit from clearer, earlier, and more consistent communication, particularly in first year, to ensure students are aware of, and able to fully benefit from, the supports available to them throughout their programs.

The Department responded:
The department supports the goals underlying this recommendation and recognizes the importance of advising, experiential education coordination, and appropriate learning infrastructure in supporting student success.

The department will continue to work with faculty and university partners to support these areas where possible. However, many of the specific actions identified in the recommendation fall outside departmental authority and depend upon broader institutional decision-making, resource allocation, staffing, and systems implementation. These include matters related to the student information system, academic advising capacity, career and experiential education staffing, and GIS and other library infrastructure.

Within its existing resources, the department will continue efforts to improve communication with students regarding pathways, experiential learning opportunities, and available supports.

The Undergraduate Program Committee responded:
UPC notes for recommendation 2, (especially investing in experiential education, and expansion of GIS resources/courses), the department is encouraged to consider how changes to multiple courses impact the curriculum map and learning outcomes for students. (See previous comments about accessing CPI or UPC supports).

The Dean of Applied Health Sciences responded:
I agree with the department's response. Within existing budgetary constraints, FAHS is actively working to enhance advising capacity.
Timeline: I anticipate the implementation to be short-term (years 1-2).

ARC Disposition of the Recommendation
ARC considers this recommendation to be worthy of consideration. Although the allocation of resources lies outside the jurisdiction of the committee, ARC expects that the Department will continue to advocate through available channels in consultation with the Dean, for the necessary resources to strengthen their student supports.

Implementation Plan

Responsible for implementation: Department Chair
Responsible for approving: Department Chair and Dean of Applied Health Sciences
Responsible for resources: Dean of Applied Health Sciences
Timeline: ARC anticipates implementation to be short-term.

Recommendation #3: The Unit should clarify program identity and enhance external and internal messaging by developing a coherent, student-centred narrative at the program, departmental, and Faculty levels.

Supporting/clarifying text: That clearly articulates what each program is known for, how programs differ from one another, the distinctive strengths and experiential opportunities they offer, and the academic, professional, and graduate pathways available to students after graduation.

To advance this recommendation, the Unit should develop clear, student-facing narratives for each undergraduate program, and for the Unit as a whole, that articulate what each program is known for, how programs are distinct yet complementary, and how curricular design and experiential learning connect to post-graduation opportunities. This includes strengthening marketing and recruitment materials, particularly for the **Bachelor of Public Health,** to more clearly communicate experiential education components, applied and professional career pathways, and preparation for health professions and graduate study. At a broader level, the Unit would benefit from explicit discussion and shared agreement on "what we want to be known for" at the program, departmental, and Faculty levels, ensuring consistency between curriculum, student experience, and outward messaging.

Program-specific identity-building could be integrated into this strategy, including reinforcing the distinct focus of the **Bachelor of Child Health** around child mental health, life-course perspectives, and social determinants of health; more formally leveraging and communicating the McMaster University partnership with the **Bachelor of Medical Sciences** to highlight advanced laboratory-based training, research pathways, and alumni outcomes; and clearly articulating how the undergraduate **Public Health** program functions as a meaningful and intentional pathway into the MPH. In addition, messaging around the **BA (Pass) Community Health** should be clarified to reflect its purpose as an exit pathway that allows students to complete a degree efficiently, rather than as a standalone or distinct program; its current naming risks confusion among prospective students and other audiences by implying separation from Public Health where none seems to exists. Consistent with degree architecture elsewhere in the Unit (e.g., the BSc Medical Sciences Honours/Pass structure), the Department should consider renaming this pathway as the **BA (Pass) in Public Health** to improve transparency, coherence, and external understanding. For the **BPH Co-op option**, enhanced messaging could more clearly explain program structure, expectations, value, and post-graduation impact, alongside transparent communication about sequencing and opportunities. Collectively, clearer and more consistent program identity and messaging would better align student expectations, support recruitment and retention, and reinforce the Unit's distinctive strengths in interdisciplinary, experiential, and applied health sciences education.

The Department responded:

The department accepts this recommendation.

The department is revising its current committee structure to include a recruitment and retention committee whose mandate will include marketing, recruitment, and program identity.

The department's Curriculum Committee, together with the full departmental committee, is engaged in ongoing efforts to streamline program offerings and clarify program pathways and identities. One of the key elements of this is to define as the reviewers indicate "what we want to be known for" (or "for what do we want to be known?")

At the same time, the department recognizes that effective recruitment and external communications require collaboration with units possessing specialized expertise in these areas. Accordingly, the department will continue to work with the university's Recruitment office and Marketing and Communications to strengthen and enhance program messaging and identity.

The Dean of Applied Health Sciences responded:
I agree with the department's response. FAHS is committed to supporting the department in strategically streamlining program offerings while strengthening the clarity and distinctiveness of program pathways and identities. In close collaboration with recruitment and marketing, efforts are focused on delivering clear, coordinated, and student-centered messaging to both prospective and current students. The new degree architecture will play a critical role in enabling flexible, learner-responsive pathways while preserving program distinctiveness and academic integrity.
Timeline: I anticipate the implementation to be mid-term (years 3-4).

ARC Disposition of the Recommendation
ARC considers this recommendation to be accepted and in the process of implementation. The committee expects that the Department will move forward as appropriate to clarify the program and enhance messaging.

Implementation Plan
Responsible for implementation: Department Chair and Recruitment & Retention Committee
Responsible for approving: Department Chair
Responsible for resources: Dean of Applied Health Sciences
Timeline: ARC anticipates implementation to be medium-term.

Recommendation #4: The Unit should stabilize and strategically enhance faculty capacity through intentional, priority-driven planning that aligns future hiring with clearly articulated program needs, supports curriculum coherence and delivery quality, and reduces reliance on short-term instructional coverage to ensure long-term sustainability across programs.
Supporting/clarifying text: Future hiring should be aligned explicitly with clearly defined program and curricular priorities to avoid incremental or opportunistic appointments that contribute to curricular drift and capacity strain. Priority should be given to targeted tenure-track hiring to replace recent retirements in key foundational areas thereby reducing over-reliance on adjuncts and overload teaching and strengthening continuity in instruction, experiential learning supervision, and curriculum mentorship. Program-specific needs should inform this approach, including sustaining laboratory-intensive teaching and partnerships in Medical Sciences, reducing reliance on cross-listed courses and strengthening upper-year coherence in the Bachelor of Child Health, and reinforcing applied and methodological expertise in Public Health to support experiential learning and undergraduate-to-MPH alignment. Taken together, a more strategic approach to faculty capacity would enhance curricular stability, support student learning and mentorship, and provide a stronger foundation for sustainable program delivery.

The Department responded:
The department accepts this recommendation with the recognition that decisions regarding faculty complement, and new positions ultimately rest at the Faculty and university levels.

Through the annual planning process, the department regularly identifies its staffing and program needs and will continue to articulate these priorities to the Dean and the Provost.

The department therefore agrees that maintaining appropriate faculty capacity is important to sustaining curriculum quality, experiential learning, and long-term program stability.

The department notes that recent years have seen a significant reduction in faculty complement and associated teaching and research capacity. This has created ongoing pressures related to curriculum delivery, experiential learning, student mentorship, and research continuity despite continued strong enrolments, a collaborative research culture, and success in securing major external research funding.

The department emphasizes that its teaching and research missions are closely interconnected and that long-term program sustainability depends upon maintaining appropriate capacity in both areas. At the same time, decisions regarding faculty complement and resource allocation remain outside departmental control, despite the department having consistently identified these needs through annual planning processes.

The Dean of Applied Health Sciences responded:
I agree with the department's response. Any future faculty appointments will be strategically aligned with program and curricular priorities. Deliberate efforts will be made to avoid

incremental or opportunistic hiring that may contribute to curricular drift and create additional capacity pressures.
Timeline: Given the budgetary constraints I anticipate the implementation to be long-term (years 4-5).

ARC Disposition of the Recommendation
ARC considers the recommendation that the Unit should stabilize and strategically enhance faculty capacity through intentional planning to be accepted. Although resources are outside of the jurisdiction of the Committee, ARC expects that the Department will continue to advocate through available channels for faculty positions that are strategically aligned with program and curricular priorities.

Implementation Plan
Responsible for implementation: Department Chair and Dean of Applied Health Sciences
Responsible for approving: Department Chair and Dean of Applied Health Sciences
Responsible for resources: Dean of Applied Health Sciences
Timeline: ARC anticipates implementation to be long-term.

D: Other Issues: Section 6 of Reviewers' Report

The documents demonstrate that **Indigenous learning** has grown meaningfully across the Unit, particularly over recent years, and that this growth aligns with institutional priorities and reconciliation commitments. However, the integration is not consistently program-wide across all degrees, nor always embedded structurally in curriculum maps or program-level learning outcomes. Much of the strength currently resides in specific courses, individual instructors, and shared core requirements, rather than uniformly at the program architecture level. The integration is strongest and most intentional in the Bachelor of Public Health (where it is deliberate and growing), present but less systematically articulated in Child Health, which would benefit from more visible scaffolding across years, and more peripheral and indirect in Medical Sciences, where it could be integrated into ethics, research practices and applied health contexts. This is an opportunity to build on strengths to spread and scale across programs.

E: Final Comments: Section 8 of Reviewers' Report

The review highlights a Unit that is already delivering high-quality, experiential, and practice-oriented undergraduate education and is well positioned to build on these successes.

F. Summary of Recommendations

Short-term: N/A
Medium-term: Recommendations 1 and 3
Long-term: N/A
Outside ARC's Jurisdiction: Recommendations 2 and 4