



Subject Benchmark Statement

Health Studies

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About this Statement

This document is a QAA Subject Benchmark Statement for Health Studies that defines what can be expected of a graduate in the subject, in terms of what they might know, do and understand at the end of their studies. Subject Benchmark Statements are an established part of the quality assurance arrangements in UK higher education, but not a regulatory requirement. They are sector-owned reference points, developed and written by academics on behalf of their subject. Subject Benchmark Statements also describe the nature and characteristics of awards in a particular subject or area. Subject Benchmark Statements are published in QAA's capacity as an expert quality body on behalf of the higher education sector. A summary of the Statement is also available on the QAA website.

Key changes from the previous Subject Benchmark Statement include:

- a revised structure for the Statement, which includes the introduction of cross-cutting themes of:
 - equality, diversity and inclusion
 - accessibility and the needs of disabled students
 - education for sustainable development
 - employability, entrepreneurship and enterprise education
- a comprehensive review updating the context and purposes, including course design and content, in order to inform and underpin the revised benchmark standards.

How can I use this document?

Subject Benchmark Statements are not intended to prescribe any particular approaches to teaching, learning or assessment. Rather, they provide a framework, agreed by the subject community, that forms the basis on which those responsible for curriculum design, approval and update can reflect upon a course and its component modules. This allows for flexibility and innovation in course design while providing a broadly accepted external reference point for that discipline.

They may also be used as a reference point by external examiners in considering whether the design of a course and the threshold standards of achievement are comparable with those of other higher education providers. They also support professional, statutory and regulatory bodies (PSRBs) with the academic standards expected of students.

You may want to read this document if you are:

- involved in the design, delivery and review of courses in Health Studies
- a prospective student thinking about undertaking a course in Health Studies
- an employer, to find out about the knowledge and skills generally expected of Health Studies graduates.

Relationship to legislation

The responsibility for academic standards lies with the higher education provider which awards the degree. Higher education providers are responsible for meeting the requirements of legislation and any other regulatory requirements placed upon them by their relevant funding and regulatory bodies. This Statement does not interpret legislation, nor does it incorporate statutory or regulatory requirements.

The status of the Statement will differ depending on the educational jurisdictions of the UK. In England, Subject Benchmark Statements are not sector-recognised standards as set out under the Office for Students' [regulatory framework](#). However, they are specified as a key reference point, as appropriate, for academic standards in Wales under the [Quality Assessment Framework for Wales](#) and in Scotland as part of the [Quality Enhancement Framework](#). Subject Benchmark Statements are part of the current quality requirements in Northern Ireland. Because the Statement describes outcomes and attributes expected at the threshold standard of achievement in a UK-wide context, many higher education providers will use them as an enhancement tool for course design and approval, and for subsequent monitoring and review, in addition to helping demonstrate the security of academic standards.

Additional sector reference points

Higher education providers are likely to consider other reference points in addition to this Statement in designing, delivering and reviewing courses. These may include requirements set out by PSRBs and industry or employer expectations. QAA has also published [Advice and Guidance](#) to support the [Quality Code for Higher Education](#), which will be helpful when using this Statement - for example, in [course design](#), [learning and teaching](#), [external expertise](#) and [monitoring and evaluation](#).

Explanations of unfamiliar terms used in this Subject Benchmark Statement can be found in [QAA's Glossary](#). Sources of information about other requirements and examples of guidance and good practice are signposted within the Statement where appropriate.

1 Context and purposes of a Health Studies degree

1.1 Health Studies is an important academic subject that encompasses the daily life experiences of all individuals across the whole life-course, and diverse communities locally, nationally and globally.

1.2 Health Studies is a broad subject area reflecting the diversity to be found in both the experience and study of human health, which leads to a wide range of employment opportunities for graduates. The term Health Studies throughout this document includes physical and mental health, well-being, and the study of ill health (illness) and disease. It embraces social, cultural and environmental needs, rehabilitation and palliative care.

1.3 As illustrated at paragraph 1.16, Health Studies students are required to draw on a wide variety of subject disciplines, and courses offer students a range of perspectives throughout their study. Alongside the distinctive contribution of each current subject discipline, the dimensions of Health Studies continue to grow.

1.4 As a subject, Health Studies seeks to examine those factors that have the potential to influence health and well-being, from strategic level policy-making to all aspects of health as experienced by the individual. Students consider multidisciplinary and interdisciplinary perspectives and also engage with professional practice requirements in health and related areas.

1.5 The aim of Health Studies is to reflect and critically examine health, health education, health promotion and well-being in a variety of contexts. This enables the skills of analysis and synthesis to be developed, along with problem-solving, through different forms of learning. Health Studies reflects an integrated care approach with patients, service users and carers as partners. This integrated approach helps students to clearly identify their roles and their philosophies of care through interprofessional and collaborative learning.

1.6 Health Studies includes local, national and global contexts and perspectives, with the focus of study extending from the health and well-being of individuals and families to communities, and to the health of populations. It adds to the evidence base through research activity across different disciplines using a range of research methods and methodologies. Individual courses increase intellectual attributes to develop an independent, motivated, inquisitive and critical learner expressing creativity and resourcefulness in their own professional learning.

1.7 Within the subject of Health Studies, there are many different degree titles and pathways as outlined in paragraph 1.16, all of which can open avenues for and provide opportunities to develop new skills to take to new areas of healthcare. Course content reflects this variety and may range from highly conceptual to applied and vocational.

1.8 This Subject Benchmark Statement may be used on its own or in conjunction with other relevant documents when designing or reviewing multidisciplinary or joint courses of study, for example when Health Studies is combined with a related area, such as exercise or physical activity. Each course has its own characteristic focus on the range of issues referred to above. All courses enable a critical examination of contrasting perspectives and provide insight into the human experience of health, physical and mental well-being, and illness.

Purposes and characteristics of a Health Studies degree

1.9 The word 'health' has connotations of wholeness and physical and mental well-being; of happiness and contentment; of equity and justice; and of a positive state that goes

beyond freedom from disease or deprivation. The concept of health may be considered from an individual, a family or a community perspective, or it may extend to the condition of the planet as a whole. There is no universally agreed definition of health. Despite the complexities of definition and differences of opinion, there is agreement that the study of health is not the same thing as the study of illness, or of training in the care of the sick.

1.10 A welcome consequence of the diversity of focus outlined above is that the scope of Health Studies is extensive. However, it is possible to identify common themes at the heart of the subject, including:

- the exploration of health as a human experience mediated by individual, societal, environmental and global contexts
- a reflective and critical evaluation of the complexities of health and its representations, in which attention is paid to the values, theories, professional perspectives, and ethical and legal components that inform thinking and actions. Being reflective and having reflexivity are complementary and connected concepts. Reflective self-awareness involves the capacity to be aware of our own biases and preferences, whereas reflexive self-awareness involves considering what impact our own personal history and culture have on the way that we interact with others.

1.11 Health Studies aims to make students agents of change through understanding the implications of theory and research and being given the opportunity to:

- engage actively in the discourses surrounding the concept of health and its representations.
- understand and practise in a manner that promotes an integrated, collaborative and interprofessional approach.
- explore clinical reasoning and decision-making processes to develop the ability to recognise and prioritise problems, engage with policy and develop an awareness of its impact on practice.

1.12 Irrespective of distinctions of focus, Health Studies courses are constructed upon a sound research base, and consideration is given to diverse and innovative approaches to methodology. Individual higher educational providers may also choose to focus on particular employability contexts to inform the design of their curriculum. The inclusion of critical reflection is essential, as it enables skills of analysis and synthesis to be developed. These skills provide a foundation from which to move beyond problem-solving into an exploration of ways of enhancing health status and developing a sense of physical, mental and social well-being. The overall aim is for students to understand the importance of research ethics, and how the research base informs clinical practice and its governance.

1.13 It is envisaged that in the process of planning, development, delivery and evaluation of courses, relevant stakeholders such as students, patients and the public, agencies and individuals, voluntary services and employers will be engaged. Health Studies students graduate with a portfolio of employability skills, whether from traditional or vocationally focused courses, in which the aim is to equip graduates with a set of transferable skills related to particular roles, industries or services.

1.14 Some degree courses select a particular combination of subject disciplines upon which to base their curriculum, and provide a rationale for that choice. For example, health can be examined from the viewpoint of human capacity determined by a range of social, cultural, political, global, environmental, organisational and economic factors. It is also important for providers to consider the experiential aspects of course development and to offer students opportunities to understand and engage with the landscape of the health care environments,

including the primary, secondary and tertiary sectors. One central feature of this approach to course design is the inclusion of the basis on which the professional practice area health is built.

1.15 Some courses have a specific focus that reflects relevant professional standards and the needs of stakeholders and employers. Working collaboratively with health-related professions and service users helps to place Health Studies in its wider professional, educational, social, economic, environmental and political context.

1.16 Health Studies draws on a number of academic disciplines and subject areas. These may include:

- Allied health
- Anthropology
- Biochemical and cellular
- Counselling and psychotherapy
- Clinical governance
- Demography
- Economics
- Education
- Epidemiology
- Environment and sustainability
- Ethics
- Geography
- Genetics and personalised medicine
- Health informatics and analytics
- Healthcare science
- Health technology and digital health
- Human geography
- Law
- Nutrition
- Pharmacology
- Philosophy
- Physiology
- Politics
- Psychology
- Public health
- Rehabilitation
- Sociology
- Social policy
- Social sciences
- Sport and exercise science
- Wellbeing and therapeutic practice.
- Social care and Social Work

Equality, diversity and inclusion

1.17 Equality, diversity and inclusion (EDI) encompasses a wide range of identity characteristics, including, but not limited to, race/ethnicity, gender identity, sexual orientation, religion and belief, disability and mental health, age, and socio-economic background. Many forms of difference are subject to legal requirements, but it is important to also recognise intersectionality across the student and staff population. EDI is a meaningful concept that is embedded within the culture and practice of the subject area.

1.18 In creating an inclusive learning community, providers draw on guiding principles of embedding equality and diversity in the curriculum (see, for example, Hanesworth, 2015). These principles might include enabling potential, nurturing belonging and engagement, increasing awareness and understanding, encouraging interactivity, and developing self-reflection. It is important that a conscious and proactive approach to EDI is adopted when articulating why and how the subject is taught, as well as what is taught.

1.19 **Why is the subject taught?** Through a focus on EDI, Health Studies can support the progress of organisations (including private, public and third sector) in addressing inequality and disadvantage as captured by the [UN Sustainable Development Goals](#), such as decent work and economic growth, gender equality and reduced inequalities. Instilling the principles of EDI, along with an appreciation of the importance of continued reflective practice, equips students with awareness that can help them to flourish in an increasingly diverse and global world, and foster an inclusive approach in their future contributions to organisations and society. The study of health can embed the principles of EDI in future managers and leaders.

1.20 **What is taught?** Health Studies courses ensure that students gain a critical understanding of the role played by organisations and their leaders in EDI. Health Studies graduates are aware of the legal requirement to protect people from discrimination, and are equipped with the knowledge and skills needed to foster inclusive workplaces to meet the economic, social and environmental objectives of all stakeholders. As part of a commitment to EDI, courses ensure that the content covered is diverse and offers a critical examination of dominant approaches to the discipline and practice, raising awareness of the ways in which they can perpetuate exclusion and exploring alternatives to such approaches. Using examples and cases that are representative of the diversity of the student cohort, and of society more widely, enriches educational provision and helps foster greater engagement and a sense of belonging among students (see paragraph 2.4).

1.21 **How is the subject taught?** Courses in Health Studies should be designed to enable students to realise their potential, and feel represented and included, regardless of their race/ethnicity, religion, gender identity, sexual orientation, disability or social background (see paragraph 2.4). It is also important that how the subject is taught and assessed is reflective of inclusive principles and that issues such as the mode of learning, for example, in person, digital, blended, hybrid, experiential, block release, full/part-time and synchronous/asynchronous, are considered carefully, as all pose different opportunities and challenges. Course structure, course delivery, facilitation and experiential learning can help make education more accessible and inclusive. Different pedagogical approaches reflect an awareness of EDI and enrich the experience for all students.

1.22 Some examples of the ways in which Health Studies courses and providers can incorporate EDI in their learning community are outlined below and expanded upon at paragraph 2.4:

- ensuring the curriculum represents all students, acknowledging and removing existing biases, providing a variety of perspectives and promoting case studies drawn from a diverse range of cultural perspectives
- considering ways to mitigate disadvantages in learning and assessment for those with specific learning difficulties such as long-term physical or mental health conditions or neurological diversity
- setting alternative assessments (for example, video presentation in place of in-person presentation for a person who suffers from social anxiety), and providing accessible content ahead of learning activities
- ensuring personalised learning support or recording of synchronous content

- creating opportunities to involve students as co-creators of the curriculum to ensure the use of inclusive language
- arranging industry visits with reasonable adjustments for accessibility, as required
- offering a range of opportunities to enhance employability and develop an international outlook, including through digital or virtual experiences
- providing team-based and problem-solving exercises with consideration of neuro-diverse students and other adjustments in place.

1.23 Consideration of EDI within courses is not a one-off activity. Course teams must regularly reflect upon how EDI can be further enhanced and, where possible, work in partnership with students in doing so (see paragraph 2.2 - relating to course design). Equality and diversity form the basis for disciplinary practice, and inclusivity is an ongoing process of quality review and enhancement. The process to approve changes to courses may consider completing a formal equality impact assessment.

Accessibility

1.24 Accessibility considers whether all requirements of a course, however they are encountered, can be understood and completed by students. Accessibility should, as a minimum, meet regulatory requirements and will apply to all stages of the course, from providing pre-application information through to graduation and beyond (see paragraph 2.4 relating to course design). It may include, but is not limited to:

- ensuring that all aspects of the course curriculum are accessible to all students
- ensuring that all students have access to appropriate and safe learning spaces and resources that support their learning
- ensuring that a wide range of assessments are available and that reasonable adjustments to assessments are put in place for students requiring them
- remaining mindful of obstacles and barriers such as digital poverty and caring responsibilities.

1.25 Proactive approaches can be taken in the design of courses, modules, teaching practices and assessments in order to build inclusivity and avoid creating barriers for students with specific learning difficulties or neurodiversity.

1.26 Accessibility includes enabling the same opportunities for workplace and international learning for all students, as well as providing students with inclusive digital accessibility without discrimination.

Sustainability

1.27 Recognising the close link between sustainability and health can inspire a collective responsibility to cultivating a resilient and flourishing world through development of health studies curricula that support planetary health. QAA and Advance HE's [Education for Sustainable Development Guidance](#), 2021, defines sustainable development as 'an aspirational ongoing process of addressing social, environmental and economic concerns to create a better world' and Education for Sustainable Development (ESD) as 'the process of creating curriculum structures and subject-relevant content to support and enact sustainable development'. An understanding of the United Nation's [Sustainable Development Goals](#) (SDGs) is essential to this vision and, where appropriate, the SDGs should be integrated holistically across the curriculum. This may include critically analysing global discourses of

sustainable development, recognising the value of local and indigenous knowledge, and understanding the importance and relevance of alternative models.

1.28 ESD can equip students with the knowledge, skills, attributes and values required to pursue sustainable visions of the future. Health Studies is directly linked with well-being and equality of opportunities, and consequently with sustainability insofar as environmental issues impact personal and community experiences. Hence, a critical awareness of health as a discipline from a local and global context will consider the impact of sustainable futures.

1.29 ESD allows students on Health Studies degrees to consider and critically evaluate the interrelatedness of the values that underpin sustainability. Students can support individuals and communities to understand what ESD means at a local, national and global level. Health Studies degrees enable graduates to make informed decisions, take responsibility for present and future generations, and act as agents for change. Health Studies courses provide opportunities for the exploration of sustainability, social justice, democratic action and advocacy at different levels, with a focus on the personal, professional, community, national and global contexts. Therefore, Health Studies graduates can demonstrate an understanding of how health and well-being and the sustainability of societies are linked with a response based on social justice.

1.30 Health Studies has at its core a view of the person within their family, social, cultural, economic and political context. Courses aim to develop knowledge of sustainable development within the context of Health Studies professions in their historical and cultural contexts that include consideration of social and community approaches to health. Courses invite critical review of professional infrastructures and prevailing discourses and their capacity to deliver public health and well-being in relation to current social, economic, environmental and political issues and limitations. This involves a reflective and reflexive learning attitude enabling a trajectory of development for Health Studies and its graduates that will sustain and grow holistic benefits for individuals, families, communities and the wider economic and social world.

Developing sustainable development competencies

1.31 All eight of the UNESCO sustainability competencies (UNESCO, 2017) are considered valuable for Health Studies graduates:

- **Systems thinking** - Health Studies students can recognise and understand relationships within various levels and units in health, analyse complex systems, consider how systems are embedded within different domains and scales, and deal with uncertainty
- **Anticipatory or future thinking** - Health Studies students can understand and evaluate multiple outcomes, create their own visions for the future, apply the precautionary principle, assess the consequences of actions, and deal with risks and changes
- **Normative thinking** - Health Studies students can understand and reflect on the norms and values that underlie one's actions; negotiate sustainable development values and principles; and set goals and targets, in a context of conflicts of interests, uncertain knowledge and contradictions within the health arena
- **Strategic thinking** - Health Studies students are able to develop and implement innovative actions that further sustainable development both at the local level and further afield
- **Collaborative practice** - Health Studies students can work together and learn from others, including peers and others inside and outside of their institution, understand

and respect the needs, perspectives and actions of others in the field, deal with conflicts in a group and facilitate collaborative and participatory problem-solving

- **Critical thinking** - Health Studies students are able to question norms, practices and opinions, reflect on their own values, perceptions and actions, and take a position in the sustainable development discourse
- **Self-awareness** - Health Studies students are able to reflect on their own values, perceptions and actions, consider their own role in the local community and global society, continually evaluate and further motivate their actions, and reflect on their feelings and desires
- **Integrated problem-solving** - Health Studies students can apply different problem-solving frameworks to complex sustainable development problems within the field of Health Studies, develop viable, inclusive and equitable solutions, and utilise appropriate competencies to solve problems.

1.32 The learning environment for Health Studies therefore requires these competencies to be integral and exemplified within course curricula and learning resources.

Developing learning environments to promote sustainable development

1.33 Health Studies requires facilities that support learning and experiential training for adults who are self-directed learners. These facilities involve the use of digital/virtual, personal/individual, interpersonal/group and community/employer interface and practice engagement, as appropriate. To develop learning environments that promote sustainable development, Health Studies courses aim to contextualise theoretical learning and professional practice within the social, economic, environmental and political arena, and to thereby promote the employability of their graduates. Engendering personal and social responsibility for the psychological well-being of others and themselves is likely to be a developmental aim.

1.34 A rich range of teaching methods and pedagogical approaches can be used for the delivery of ESD in the context of Health Studies. These include opening up opportunities beyond the classroom through problem-based and interprofessional learning, critical thinking, collaboration, self-reflection, simulations, field trips and placements. Embedding active and meaningful learning and assessment opportunities within the curriculum, such as portfolios, presentations and vlogs, encourages students to understand different viewpoints and acquire the skills to be engaged members of the community. Establishing learning environments that encourage interdisciplinarity and focus on authentic approaches enables students to see their own experiences and challenges reflected throughout their studies. This includes developing in students a commitment to active community engagement, and the key skills and abilities which allow them to challenge sites of injustice, rethink established power structures and explore diverse ways of interpreting orthodox thinking.

Enterprise and entrepreneurship education

1.35 [Enterprise and entrepreneurship education](#) (EEE) supports behaviours, attributes and competencies that are likely to have a significant impact on the individual student in terms of successful careers. It will prepare Health Studies students for constantly changing environments, and provide enhanced impact through relevant placements and activities that build links between academic institutions that teach the subject and external health providers or employer organisations.

1.36 Beyond employment, EEE provides competencies in the subject, to help students lead a rewarding, self-determined professional life in the field of health, well placed to add social, cultural and economic value to society through their various careers.

1.37 Health Studies students should understand the commercial as well as practical value of their skillsets and be able to articulate and demonstrate them to potential employers and in plans for self-employment or private practice. They should also be encouraged to develop self-awareness of their own enterprising and entrepreneurial capabilities in the health sector, as well as the motivation and self-discipline to apply these flexibly in different ways and in changing contexts. This might include recognising themselves as being creative or resourceful, translating ideas for innovation and improvement into actions, and being prepared to challenge assumptions through critical investigation, re-imagination and research.

1.38 Developing an entrepreneurial mindset in the field of health means becoming:

- self-aware of personal development and one's social identity in the Health Studies learning space
- motivated to achieve personal ambitions and goals during any Health Studies course and beyond
- self-organised, flexible and resilient in the face of challenges and changes
- curious about new possibilities for creating value
- responsive to problems and opportunities by making new connections in the Health Studies space, and more widely
- skilled at going beyond perceived limitations to achieve results
- tolerant of characteristics that resonate with health, including uncertainty, ambiguity, risk and failure
- sensitive to values, such as ethics, social representation, inclusion and environmental issues.

1.39 Therefore, EEE supports the development of professional behaviours, attributes and competencies that are likely to have a significant impact on Health Studies graduates in preparation for a successful and ethical career in the sector, whether employed or self-employed.

1.40 Such behaviours can include showing personal agency and taking responsibility for one's own effectiveness, communicating at an advanced level with individuals and groups, showing ability to pivot and adapt to changing contexts and opportunities, thinking strategically, balancing and managing risk, and working collaboratively and independently as required.

1.41 Attributes can include being reflective, reflexive, flexible and adaptable, being curious and open-minded about emerging contexts and opportunities in the health space, being imaginative and innovative, being proactive and having the confidence to take the initiative, being determined, persistent and resilient enough to take on and resolve challenges, being interested in networking and making things happen, and having a mindset attuned to independent practice in the field of health.

1.42 Competencies developed for employed or self-employed practice can include career planning, strategic thinking, advanced interpersonal communication skills, creative problem-solving and decision-making skills, project management skills, and negotiation and influencing skills; they may also include an understanding of marketing and of legal and ethical frameworks in health, demonstrable ability to practice professionally and ethically, financial and business management acumen, and digital literacy.

1.43 Developing digital competency and transferable skills in Health Studies should include using digital technology ethically to communicate ideas creatively, innovatively and accessibly, in order to enhance academic success in the field, as well as employability.

1.44 The development of professional knowledge, skills and competencies in Health Studies is a key aspect of curriculum design throughout the duration of a course. Learning outcomes, teaching and learning activities, and authentic assessment for employability, enterprise and entrepreneurship may be explicit within dedicated Health Studies modules.

1.45 The engagement of external speakers or representation from the profession and alumni can enrich teaching and offer first-hand experience. Exposure to a variety of practitioners and agencies can develop awareness of the working context and enhance the ability of Health Studies graduates to deal with market forces, and to view and present themselves effectively as professionals in the subject upon graduation.

1.46 Assignments which, for example, ask students to consider the context of contemporary practice, evaluate their own fit with agencies, develop marketing brochures for services, and research the legal implications of private practice help them develop evaluative and business skills, and an appreciation of the health marketplace.

1.47 Students may also benefit from initiatives which offer the opportunity to work independently and collaboratively with placement and service providers, employers, and other external stakeholders that support the health profession.

1.48 In addition to learning core skills, student placements can act as a bridge in the development of an entrepreneurial mindset and provide the opportunity to gain professional skills to enter the health sector with confidence and competency.

1.49 These course experiences offer Health Studies students and graduates the opportunity to explore various professional career pathways in health practice, service development, education or research. In the context of workplace uncertainty and flexible working patterns and careers, the development of behaviours, attributes and competencies for EEE help strengthen a 'can-do' level of confidence, characterised by a creative questioning approach and a willingness to take considered risks. Beyond employment, EEE provides competencies to help students lead a rewarding, self-determined professional life, well placed to add social, cultural and economic value to society through their various health careers.

2 Distinctive features of the Health Studies degree

Design

2.1 Given that Health Studies courses cover a broad subject area (see paragraph 1.16 for the academic disciplines and subject areas that Health Studies draws on), due consideration should be given to the nature of multidisciplinary course design. Courses are often interdisciplinary in scope and will overlap with other subject areas. Where this is the case, other relevant Subject Benchmark Statements may be consulted.

2.2 The focus of individual courses will vary, and a Health Studies degree does not need to reach across all sub-disciplines of the broader subject area. Nevertheless, it will be important for a Health Studies course to clearly identify the context in which health is located. For example, health can be examined as 'a human capacity determined by a range of social, cultural, political, global, environmental organisation and economic factors as well as a system to be understood and changed' (Effland et al, 2020). To respect this multifaceted and complex subject area, course teams might consider a curriculum that includes a suitable breadth of inquiry so as to enable learners to acquire broad familiarity with the relevant subject areas. Curricula benefit from being constructed on a sound research base which may be built on interdisciplinary collaborations. Establishing meaningful partnerships with relevant stakeholders can ensure the curriculum represents diverse perspectives and experiences. This partnership approach will also help to create an underpinning course philosophy and identity during the early design stage.

2.3 The design of Health Studies courses will be underpinned by national [qualifications frameworks](#) and [sector recognised standards](#) to communicate the achievements and attributes represented by Health Studies awards to various stakeholders and service users.

2.4 Course teams should integrate the dimensions of EDI as outlined in section 1 within all aspects of the educational experience to ensure that students have an equal opportunity to participate in and complete the course. Further considerations may include:

- designing the learning environment to include the nature of physical spaces, course materials, digital accessibility, and facilitator training. Advance HE refers to this as [creating an inclusive environment in curriculum design](#)
- designing the curriculum to include the social determinants of health and the systemic barriers that may prevent diverse minority groups from accessing Health Studies; in this way, the intention of widening participation can be met more effectively
- ensuring the curriculum represents all students, acknowledging and removing existing biases, providing a variety of perspectives and promoting case studies drawn from a diverse range of cultural perspectives; in this way, course teams will also gain insight into the future needs of students and can design curricula accordingly
- encouraging social justice by promoting the equitable participation of people from all social identity groups, and respecting diversity and difference
- reflecting on the language used so as to minimise ambiguity, eliminate bias and discrimination against diverse minority groups, and overcome health disparities; for example, providing opportunities to involve students as co-creators of the curriculum to ensure the use of inclusive language
- providing inclusive opportunities for students to share their own experiences and perspectives without prejudice or judgement

- developing diverse learning and assessment approaches, including those which take into consideration both verbal and non-verbal means of communication, and enable students to draw on their specific skills and abilities; for example, team-based and problem-solving exercises with consideration of neuro-diverse students and other adjustments in place as required
- providing the means for mitigating disadvantages in learning and assessment for those with specific learning difficulties such as long-term physical or mental health conditions or neurological diversity
- assuring sufficient flexibility to incorporate individual choice and reasonable adjustments
- evaluating and benchmarking EDI through self-assessment and continuous equity and diversity improvements, including assessing the integration of underprivileged and underrepresented students in the academic context
- engaging collaborative stakeholder engagement to instigate equitable participation of people from all social identity groups; for example, the [Women's Health Strategy for England](#) (2022) commits to the education and training of health and care professionals to address gender disparity in health disciplines
- providing inclusive opportunities for students to share their own experiences and perspectives without prejudice or judgement, thus valuing diversity.

2.5 Students should be given 'the opportunity to gain knowledge and understanding of the needs of patients from diverse social, cultural and ethnic backgrounds' (GMC, 2015, p33). Decolonisation of the curriculum can engender a more inclusive approach to health which acknowledges ways in which knowledge has been constructed and how this has oppressed groups within society. Decolonisation can be a sensitive theme that may generate uncomfortable and challenging conversations, but it is valuable in developing an inclusive perspective in Health Studies, which acknowledges the relevance of historically oppressed communities in the evolution of health and related fields.

2.6 Further considerations may include:

- being open to contribution from a diversity of epistemologies and disciplinary fields, for a holistic view of care that validates approaches beyond the western biomedical approach
- creating cultural safety for critical reflection around sociocultural issues and the evaluation of the historical context of cultural prejudice that contributes to healthcare inequity
- providing education on global health and history events to instigate reflection on intersectional inequalities within clinical settings, health systems and society.

2.7 Course teams can aim to embed **Education for Sustainable Development** (see paragraphs 1.27-1.34) into the design of the curriculum to equip learners with the knowledge, skills, attributes and values needed to address the social, environmental and economic concerns pertinent to the creation of a better world. Curriculum structures to support ESD may include learning outcomes that interconnect subject-specific knowledge and skills with key sustainability competencies.

2.8 With regard to **employability, enterprise and entrepreneurship**, Health Studies courses aim to equip students with a broad set of skills, attributes and competencies that can contribute to graduate employability and the characteristics of enterprise and entrepreneurship. The development of an entrepreneurial skill set may be achieved through

experiential learning activities and practice placements designed collaboratively by higher education providers and external partner organisations. Inclusive and flexible curricula that encourage creativity and innovation, and include work-related learning goals, can help prepare students for the future workplace.

2.9 Course teams can also explore opportunities for graduates to join a relevant healthcare voluntary register, professional body or association, such as the [Academy for Healthcare Science](#), the [Faculty of Public Health](#), the [Royal Society of Public Health](#), the [Institute of Health Promotion and Education](#) and other organisations of interest to wider stakeholders.

Progression

2.10 Over the course of a degree with honours (FHEQ Level 6; FQHEIS Level 10) a Health Studies student will progress from one level of study to the next, in line with the regulations and processes for each institution. Initially, students will develop basic subject knowledge, and will progress on the course with the appropriate levels of depth, challenge, complexity and autonomy associated with the level of study. It is expected that each level would see the attainment of knowledge, understanding, skills, behaviours and values that build towards the final achievement of meeting the threshold-level, subject-specific and generic skills listed in this Statement. This will usually include successful completion and the award of credit for the full range of learning and assessment, including any practical components.

2.11 Students will move gradually from highly structured, directed study which scaffolds learning and supports their transition to higher education, into a more autonomous position where they manage and take responsibility for their own learning. This progression should be reinforced by strategies that:

- recognise the diversity of prior experience and the challenges of transition
- allow all students to achieve their potential and realise their ambitions, irrespective of their background or motivations for studying Health Studies
- support academic and personal development in addition to subject-specific learning
- are matched to the course learning outcomes or competencies for each level of study.

2.12 Upon graduation from an undergraduate degree, it would be expected that a student who had achieved a second-class degree or higher would be capable of, and equipped for, undertaking postgraduate study in Health Studies or a related discipline. Entry requirements of postgraduate courses are, however, determined by individual providers and may require specified levels of achievement at undergraduate level.

2.13 Undergraduates studying Health Studies courses as part of a combined or joint degree with other subjects will achieve core elements of the specific and generic skills outlined in this Statement and will add others according to the topics covered in the other subject(s) of their degree. Additionally, they may explore the overlap between different disciplines, creating further opportunities for interdisciplinary study.

2.14 An undergraduate degree course typically lasts three years in England, Wales and Northern Ireland, and four years in Scotland, though some institutions may offer an accelerated schedule. Institutions may also offer or require a period studying internationally or on-work placement, which may extend the duration of the degree. In an undergraduate degree course, students may exit earlier and be eligible for a Certificate of Higher Education or a Diploma of Higher Education, depending upon the number of credits and levels of study completed to a satisfactory standard. For students following part-time routes, their study time would be the equivalent of the three or four-year degree.

2.15 Integrated master's degrees (FHEQ Level 7; FQHEIS Level 11) are available in Health Studies in the UK and comprise a four-year full-time course or a part-time course of not less than five and not more than eight academic years.

Flexibility

2.16 Flexible learning offers accessible and manageable learning opportunities and gives students greater choice in how and where they learn. A flexible learning approach respects the needs of different students and encourages participation within a safe, integrated learning environment. The range of delivery methods offered through Health Studies courses will be diverse and appropriate for the needs of the student, the taught material and their assessments. Course teams can consider how to support the development of different skills, including digital literacies, practical skills and work-related skills, within their learning and teaching strategies. Flexibility in the curriculum design for the support of the students' performance can be supported by setting clear instructions that guide students towards the expected outcome, the use of technology to present content in different formats and integrative learning to make connections across the curriculum.

2.17 Health Studies courses may be:

- arranged in terms or semesters, year-long, block, or other formats that vary in terms of intensity of study and start dates
- offered in full and/or part-time modes of study, and credit may be accumulated through the completion of micro-credentials or short accredited learning
- offered with recognition of prior learning (RPL) entry points, allowing students to convert relevant degree-level knowledge, skills and experience into credits so that they can start a course at the appropriate level. This can require support for students with no prior higher education experience or whose experience of assessment is dated to aid their transition into higher education
- delivered via various teaching modes, including in-person learning, synchronous online learning or directed learning
- delivered via combined teaching modes using hybrid or hyflex models which take adequate account of digital inclusion and sustainability while providing choice of time and place of learning for educators and students
- organised to allow students to switch between modes of study, enabling greater levels of accessibility to courses
- organised to have assessment strategies whose flexible design supports individual learning needs and enables students to demonstrate a range of competencies.

2.18 Course design and review will be sufficiently flexible to allow course teams to address the needs of students, industry and society while considering requirements raised by external governing or accrediting bodies.

Partnership

2.19 It is envisaged that relevant stakeholders will be engaged as partners in the process of planning, development, delivery and evaluation of courses. Levels of strategic partnership may vary, and can range from consultation during planning and/or evaluation through to co-creation and/or co-delivery of the curriculum. In any context, this partnership approach is a valuable element of course design and decision-making and will help to:

- provide an evidence-based approach to curriculum design, addressing the responsibilities, expectations and needs of relevant stakeholders
- foster a shared understanding of the purpose, context and vision of a given course and the students' scope of practice at any learning level
- ensure discipline-specific knowledge, skills and attributes are developed and assessed
- create curricula responsive to changing healthcare contexts, enabling the development of transferable skills
- generate student-centred, inclusive courses informed by communities of practice that help to establish a sense of professional identity
- establish frameworks to plan, manage, monitor and evaluate work-related learning
- establish the basis to develop collaboration competency, one of the competencies essential for sustainability.

2.20 Course teams will want to be clear about the level and intended outcomes for stakeholder involvement from the outset, and can be proactive in promoting and sustaining these partnerships. Potential stakeholder partners may include students (prospective and current), alumni, student unions and societies, academic learning and support staff, employers, regulatory and professional bodies, service users and carers in the health space, the local community, local government and research partners. Where relevant, courses should be written in alignment with the relevant regulatory body. The student voice can be embedded at all levels, so that staff and student support services can respond to student feedback to enhance provision.

2.21 Employer engagement has the capacity to enhance student employability through the creation of work-relevant training and development opportunities. Work-related learning may range from short insight days and work experience through to long-term placements and sandwich years. Institutions will want to ensure that opportunities for work-related learning are accessible to all students.

2.22 Apprenticeship degrees integrate taught elements of the course with work-based experiences through on and off-the-job learning, where the workplace is the primary source of learning. Employers and higher education providers will ensure apprentices are given the support necessary to achieve professional and/or occupational competence. Clear arrangements for coordinating this support for apprentice learning are a key requirement for both employers and higher education providers. Apprenticeship degrees are described further in QAA's [Higher Education Apprenticeships Characteristics Statement](#).

Monitoring and review

2.23 Degree-awarding bodies, and their collaborative partners, routinely collect and analyse information and undertake periodic course review according to their own needs. Considering the student voice will form part of this. They draw on a range of external reference points, including this Statement, to ensure that their provision aligns with sector norms. Monitoring and evaluation of a course are periodically assessed, conducted internally or by external independent evaluators. Evaluation uses information from both current and historic monitoring to develop an understanding of student achievement or inform future course planning.

2.24 Externality is an essential component of the quality assurance system in the UK. Providers will use external reviewers as part of periodic review to gain an external perspective on any proposed changes and ensure threshold standards are achieved and content is appropriate for the subject.

2.25 The external examiner system currently in use across the UK higher education sector also helps to ensure consistency in the way academic standards are secured by degree-awarding bodies. Typically, external examiners will be asked to comment on the types, principles and purposes of assessments being offered to students. They will consider the types of modules on offer to students, the outcomes of a cohort and how these compare to similar provision offered within other UK higher education providers. External examiners are asked to produce a report each year and make recommendations for changes to modules and assessments (where appropriate). Subject Benchmark Statements, such as this one, can play an important role in supporting external examiners in advising on whether threshold standards are being met in a specific subject area.

2.26 Health Studies courses with professional and vocational outcomes may also require evaluation and accreditation from relevant professional, statutory and regulatory bodies (PSRBs). These are usually done through a combination of site visits and desk-based reviews.

2.27 A range of external reference points, including this Subject Benchmark Statement, will be considered to ensure that higher education provision aligns with health sector norms. Monitoring and review are conducted internally or by external independent assessors, and evaluation uses information from both current and historic monitoring to:

- enable benchmarking
- enable trend and progress analysis
- identify emerging issues and good practice
- inform course planning.

2.28 Monitoring and review processes will support and enable:

- an inclusive curriculum by reviewing the alignment between the intended curriculum, the implemented curriculum, and the attained curriculum ([QAA, 2021, p11](#))
- A dynamic and responsive curriculum that incorporates feedback from key stakeholders
- the embedding of institutional goals and sector-wide best practice throughout the entire curriculum
- academic standards in health studies to meet the requirements of the relevant national qualifications framework
- internal and external moderation processes
- institutional internal reviews
- internal or external annual monitoring to align with professional body requirements
- transparent communication within teaching teams and across stakeholder partners
- compliance with Competitions and Markets Authority (CMA) requirements
- feedback from external quality assurance and enhancement exercises, including, for example, the Teaching Excellence Framework (TEF), National Student Survey (NSS), and the Postgraduate Taught and Research Student Experience Surveys (PTES and PRES).

2.29 Stakeholder partners, including students, apprentices, alumni, employers, placement providers and service users, can offer valuable contributions to this quality monitoring process and can be actively involved in designing and delivering enhancements. Course

teams keep track of their progress against plans developed in response to monitoring and review outcomes, and communicate developments to internal and external stakeholders.

2.30 Providers may also wish to form stakeholder advisory boards or employer panels as an additional form of external guidance and monitoring. The remit could include advice on authentic assessments, placements, curriculum, employability, inclusion, diversity, sustainability or, more broadly, the strategic direction of the course.

3 Content, structure and delivery

Content

3.1 The content, structure and delivery strategies selected in Health Studies courses enable the development of reflective and critical approaches to the study of health, physical and mental well-being, and illness. These strategies reflect the multidimensional nature of health studies and facilitate active student participation. This is in recognition of the essential contribution that students bring to the learning and teaching process.

3.2 The development of flexible, blended and distance-learning environments within real-world contexts provides increasing opportunities for inclusive and self-determined learning that recognises students as engaged partners in their own learning, and in that of others. The multidisciplinary nature of Health Studies provides opportunities to focus on and specialise in aspects of health, while gaining a broad understanding of the field as a whole, and promoting effective integration with other sectors, including, importantly, social care.

Teaching and learning

3.3 A wide range of blended learning, communicative and teaching strategies provide equal and inclusive opportunities for the progressive acquisition of subject-specific knowledge, understanding and skills, as well as wider generic and graduate skills. The learning and teaching strategies will be clearly specified within the course of study, and will consider the diverse learning and teaching cultures that students may have experienced. Courses enable students to experience active and reflective learning through exposure to a range of approaches to synchronous and asynchronous learning and teaching.

3.4 Health Studies courses should engage in critical evaluation and analysis to develop skills in students such as problem-solving, evaluating solutions, decision making and creativity.

3.5 Scheduled activities may include lectures, seminars, workshops, labs/skills classes, case-based patient-led seminars, tutorials and personal supervision, as well as structured online activity, and sessions outside the classroom, including field trips. These are underpinned by collaborative and individual independent study. The range of activities may also include:

- peer-led learning
- peer-assisted learning
- self-directed learning
- work-based learning
- clinical/industrial/research placements
- context-based learning
- inter-professional learning
- simulations and personalised learning
- broader use of technology for creative, engaging and interactive learning

3.6 The above list is not intended to be prescriptive or limiting, and other methodologies may be more appropriate for different cohorts.

Assessment

3.7 Assessment strategies reflect and measure the learning outcomes of the course and make a positive contribution to the student's learning experience. Assessment will be both

formative and summative. A range of assessment methods will reflect progression within the course of study and support graduate outcomes. These can focus on enabling students to demonstrate their level of attainment of subject-specific knowledge, understanding and professional/transferable skills. The use of a range of inclusive assessment strategies meets the varied needs of students and provides the opportunity to incorporate innovative and original approaches. Reasonable adjustments are necessary and should be appropriate to the demands of the curriculum, and sliding scales can be implemented to support inclusive assessment (see paragraphs 1.24-1.26). Educators should consider the extent to which generative artificial intelligence (AI) tools are incorporated into their teaching, learning and assessment strategies. Available tools can be used creatively to support content development, learning and assessment. However, both educators and students must remain cognisant of the limitations and risks involved, with a view to exercising responsible and ethical practices.

3.8 The assessment strategies adopted may include individual and group work approaches, including:

- a mix of assessment methods that are underpinned by an inclusive practice ethos, which will facilitate student experiential learning within a supportive health and social care environment
- essays and reports of varying lengths and for various purposes (for example, press releases, consultancy reports, evaluation and impact assessments, briefing papers, annotated bibliographies and article critiques)
- the creation of online resources (web pages, blogs, audio and video podcasts)
- verbal and/or non-verbal presentations (debates, conference-style poster presentations and seminars)
- project work (relating to quantitative and qualitative research methods)
- unseen and seen examinations with different types of questions/tasks
- reflective learning journals/diaries and portfolios
- patchwork assessments and research dissertations (and proposals for these)
- work-based assessments (needs assessments, audits and learning histories)
- self and peer assessment
- the use of technology, including AI tools for formative/summative assessments and marking
- practical applications and professional competencies, such as laboratory, field-based, placement activity or simulations.

3.9 Feedback on all assessment activities is essential for student development and progression. Effective feedback will be personal, individual, understandable, empowering, manageable and developmental. It should be timely, relevant to the assessment brief and accompanied by access to interpretative support/advice. Feedback should allow students the opportunity for supportive reflection on their academic and professional development. The nature, extent and timing of feedback for each assessment task will be made clear in advance. They can follow a feed-in, feed-forward and feedback approach. For example, a self-directed problem-based learning assessment feed-in is provided via an assessment brief published at the beginning of the academic year, that describes the nature and format of the task accompanied by clear marking criteria. Following assessment submission, feed-forward is provided through a virtual learning environment and timetabled end-of-module review sessions. These highlight areas where additional focus is needed and how the skills

developed link to subsequent assessments, such as the final year project or further modules. Specific individual feedback is provided by comments highlighting both strengths and weaknesses. Feedback can take alternative forms and will sometimes comprise audio comments, as opposed to annotated script-based comments.

3.10 Feedback should:

- be valid, reliable and consistent
- be clear and available
- take into account accessibility and EDI considerations, for example, specific learning needs
- be integral to the course of study and clearly relate to the learning outcomes
- give the student the opportunity to validate knowledge and understanding
- align with progression and PSRB requirements as necessary.

Supervision

3.11 Within Health Studies, supervision plays a significant role in supporting students to apply theoretical knowledge to practice, including apprenticeship models. Supervision and practice-education are well established in healthcare in the UK with different types of practice existing. Regardless of this varied practice, supervision is essential for establishing good working relationships and provides the student with the opportunity to discuss learning and development. The role of supervision will be developed in partnership with educators, employers, and work-based supervisors, allowing students to contextualise their learning and make a positive contribution to health in the professional context.

3.12 Supervision in Health Studies requires consideration of the following:

- preparation of supervisors in understanding diverse learning styles and the nature of assessments
- adoption of a collaborative approach to supervision, that can be directly or indirectly influenced by local or contextual practices to enhance learning
- objective setting, progress monitoring and action planning with students
- promotion of an organisational culture of learning
- advocacy and coaching of students
- providing opportunities for critical reflection which build on prior learning
- tripartite supervision with the industry/healthcare sector.

4 Benchmark standards

Introduction

4.1 This Subject Benchmark Statement defines the minimum threshold academic standards that a student will have demonstrated when they are awarded an honours degree or master's degree in Health Studies. It provides a framework for educators in Health Studies to design curricula that are quality driven and sustainable, where standards are continuously monitored and comparable to the sector.

4.2 It is recognised that a larger proportion of students will achieve above the threshold academic standards and that most students' knowledge acquisition can deepen as it is embedded in practice to combine experiential learning with tacit knowledge. Each higher education provider has the autonomy in determining what appropriate evidence of this achievement will be and should refer to [Annex D in The Frameworks for Higher Education Qualifications of UK Degree-Awarding Bodies](#). This Annex sets out common descriptions of the four main degree outcome classifications for bachelor's degrees with honours - 1st, 2.1, 2.2 and 3rd.

4.3 The undergraduate minimum threshold Level 6 and the postgraduate minimum threshold Level 7 describe the minimum acceptable level of achievement that a student must demonstrate to be eligible for an award.

Threshold level

Subject knowledge, understanding and skills

- 4.4 On graduating with an honours degree in Health Studies, students should be able to:
- apply knowledge and understanding in interrelated contexts (as outlined in section 3 on Content, structure and delivery) and integrate relevant theoretical concepts that inform Health Studies in respect of physical, psychosocial and mental well-being
 - demonstrate an understanding of the scope and breadth of the subject in solving real-world problems
 - adopt multiple perspectives to evaluate and problem-solve issues identified in health-related contexts
 - synthesise specialist and interrelated knowledge of the multidisciplinary nature of Health Studies to create innovative solutions in health and health issues
 - synthesise and integrate evidence-based knowledge with relevant national policies and guidelines to inform Health Studies as a subject discipline
 - understand health from a global perspective that reflects population mobility created by travel, migration and displacement
 - understand the multidimensional and shifting nature of health to include physical, mental and social well-being, and its contemporary issues and challenges
 - demonstrate understanding of a range of theories of causality relating to health and ill health
 - describe a range of theoretical and professional rationales concerning health interventions
 - collate, analyse and present evidence of the role played by health promotion in the development of autonomous life choices

- describe the role of the individual and of institutions in affecting health status
- appreciate the diversity of experience and values associated with health
- compare and contrast different healthcare systems and underpinning health policy development
- demonstrate awareness of a range of theoretical arguments within Health Studies
- demonstrate an informed understanding of ethical perspectives and the diversity of values associated with health and physical and mental well-being
- discuss health inequalities within different populations and evaluate the impact of population interventions aimed at reducing health deficits in diverse ethnic communities
- appreciate the importance of research in Health Studies
- apply cross-traditional subject boundaries drawing on appropriate knowledge from other academic disciplines to reflect on health issues
- demonstrate use of an integrated approach to an analysis of health and health issues in diverse populations with consideration of EDI principles
- demonstrate an understanding of the importance of the consideration of sociological and psychological aspects in effective public health communication to enable successful health outcomes
- consider contemporary issues and discourses in health research and debate
- analyse the impact and epidemiology of communicable and non-communicable diseases and demonstrate understanding of the role of surveillance systems available regionally, nationally and globally in gathering health data.

Generic skills

4.5 On graduating with an honours degree in Health Studies, students should be able to:

- operate effectively in a range of complex work or practice contexts which reflect the multidimensional nature of Health Studies
- work as part of a team, taking responsibility for personal and group outcomes
- bring together information and materials from a variety of sources in representative areas of Health Studies
- identify problems and propose potential solutions, where relevant
- analyse factual information
- recognise strengths and weaknesses in the arguments of others
- produce a synthesis of the state of knowledge on a particular subject or topic, with guidance
- undertake tasks independently
- critically reflect on their own progress and act on feedback provided from multiple perspectives
- express themselves clearly using appropriate and multiple modes of communication methods, which include verbal, non-verbal and digital technologies relevant to the situation

- recognise the role of verbal and non-verbal communication in the effective promotion of health-related issues and the consideration of equality, diversity and inclusivity principles in all communication channels
- present knowledge, or an argument, in a way that is comprehensible to others
- use relevant IT to collate, analyse, select and present information, demonstrating digital literacy
- appreciate the role of AI and other technologies in health
- demonstrate an ability to listen and comprehend when presented with new ideas or information
- demonstrate skills in recognising and describing material
- demonstrate skills in describing, categorising and collating data
- understand the importance of health and safety and of equality, diversity and inclusiveness in the work environment
- appreciate and engage in contemporary debates relating to global sustainability and employability
- apply an in-depth awareness of ethical issues and professional codes of conduct in Health Studies.

Benchmark standards for master's degrees

4.6 This qualification descriptor should also be used as a reference point for other qualifications at Level 7 of the FHEQ and Level 11 on the FQHEIS, including postgraduate certificates and postgraduate diplomas.

Subject knowledge, understanding and skills

4.7 On graduating with a master's degree in Health Studies, students should be able to demonstrate subject knowledge which shows:

- a systematic understanding of knowledge, and a critical awareness of current health problems and/or new insights, much of which informed by, or at the forefront of, their academic discipline, field of study or area of professional practice
- a comprehensive understanding of techniques applicable to their own research or advanced scholarship
- originality in the application of knowledge, together with a practical understanding of how established techniques of research are used to create and interpret knowledge in the discipline
- a conceptual understanding that enables the student to critically evaluate current research and advanced scholarship in the discipline, to evaluate methodologies, to develop critiques and, where appropriate, to propose new hypotheses.

Generic skills

4.8 Typically, holders of a qualification in Health Studies will be able to demonstrate skills that show:

- understanding and ability to deal with complex health issues both systematically and creatively, as well as manage uncertainty and unpredictability in the dynamic landscape of Health Studies

- ability to make sound judgements in the absence of complete health data, and communicate their conclusions clearly to specialist and non-specialist audiences
- self-direction and originality in tackling and solving problems, and the ability to act autonomously in planning and implementing tasks at a professional or equivalent level
- continuous advancement of their knowledge and understanding, and development of new skills at a higher level
- initiative, personal responsibility and decision-making in complex and unpredictable situations, including in professional contexts
- independent learning ability required for demonstrating continuing professional development.

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6 Membership of the Advisory Group

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The fourth edition, published in 2019, was revised by QAA to align the content with the revised UK Quality Code for Higher Education, published in 2018. Proposed revisions were checked and verified by a member of the review group of the Subject Benchmark Statement for Health Studies from 2016.

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