



THE UNIVERSITY  
OF QUEENSLAND  
AUSTRALIA

CREATE CHANGE

# MD2025 Curriculum Review

Preparing our graduates to meet the  
healthcare needs of the future.

## Summary of Stakeholder Feedback (July – October 2019)

[www.medicine.uq.edu.au/md2025](http://www.medicine.uq.edu.au/md2025)





## 28 MD2025 Workshops Held

July – October; QLD and Ochsner US)



## 17 Clinical Sites and Campuses Visited (across QLD)



## 316 Workshop Registrants

QLD data only captured



## 613 Workshop Participants

QLD = 413 participants; Ochsner = 200 participants



## 49 Written Submissions



## >3200 Unique Views to the MD2025 Website



## 5814 invitations to contribute to MD2025 distributed

Specialty Colleges and Associations; ATHs; Alumni; Government; Peak Bodies, Private Sector

# Observations

- **Support** for the approach being taken to engage widely with stakeholders - expressed a desire to continue the dialogue
- A strong **sense of and commitment to educating the best doctors**
- Some '**change fatigue**' - opportunities to learn from past change processes
- Concern regarding the **timeframe for implementation – 2025?**
- A desire to see a **reduction in the student cohort size**
- **Large international cohort** as well as our **partnership with Ochsner Health System** is a point of difference for UQ and a key strength to build from



# Q1: Future Challenges in relation to Healthcare

- **Demographic and healthcare trends** – ageing, chronic disease, increasing focus on prevention
- **Social Justice**– increasing health inequity and social disadvantage
- **Changing models of care impacting the role of the doctor**– increasing health literacy in the community; re-scoping of role with emergence of technology and broadening of roles of other members of healthcare team – inter professional practice; prevention
- **Workforce** – need for more generalists – particularly in regional and remote locations; need for more coordinated approach to workforce planning across the continuum
- **Climate change** – as a major risk to health
- **Advocacy** – as a responsibility for all doctors
- **Funding and resources** – rising costs and responsible use of resources, sustainability

# Q1: Key Quotes

*“The Silver Tsunami! An aging population with higher rates of stroke, heart disease, dementia, cardiovascular disease, etc.”*

*“We are going to have to potentially upskill our doctors so that they really understand patient centricity and that patients need to be co-creators and co-designers in their healthcare”*

*“It's not going to go away. Google's not going to go away. So it's a matter of, instead of seeing it as a threat, seeing it as an opportunity.”*

*“A lot of western medicine tends to be things that are only ever going to be affordable by the rich.....it'll be at the cost of a declining condition for the very poor”*

*“The climate is going to affect the number of refugees moving around the world.”*



## Q2: Key Strengths

- **Our People and Culture** – passion, commitment, dedication, ATH's, UQ values
- **Program structure and size** – post-graduate; rural and remote medicine experience; global reach; extensive alumni network;
- **Diversity** – of students and learning environments /contexts
- **UQ reputation** - community and spectrum of health professions at UQ; research intensive
- **Quality of health care facilities and teaching hospitals** – co-located with UQ clinical sites, Primary Care
- **Location** – Brisbane as a global city

## Q2: Key Quotes

*“The cutting edge research that's happening at UQ, both in the basic sciences as well as clinical sciences. It's a real plus for the students”*

*“Faculty and clinical sites in two nations, Australia and the USA, is a unique niche not found at other medical schools.”*

*“We've got really top class facilities. The anatomy facility, practical class facilities, access to first class hospitals for clinical teaching. The one thing we know that with both of those things is that currently, we are pretty much stretched to capacity, and so we need to keep ahead of that stretch.”*

*“The fact that despite we have a cohort of students in phase one.... those small group experiences, I've always had 500 very positive interactions with students in those small groups”*



## Q3: Future Graduate Attributes

- **Greater focus on personal qualities and values** rather than knowledge and skills
- The **emerging ‘advocacy’ role of the doctor**
- The **‘doctor of the future’** not required to retain and recall the same volume of content – will need to know where to find reliable information and how to interpret and apply it effectively
- The **‘traditional’ skills of caring, empathy and listening** are re-emerging as being fundamental
- **Differing views** as to the **relative importance of knowledge in both basic and applied science** –
- **Scope of ‘scholarly activity’ is broader** than traditional laboratory or clinically based research
- **Emerging and ‘non-traditional’ knowledge** areas were identified – e.g. financial literacy, business management, medical engineering, big data, genomics and personalised medicine and digital informatics.

## Q3: Key Quotes

*"I think the graduate in 2025 is going to have to be pretty savvy with this technology. And also not afraid of big data, and being able to understand how to, how to use data to your advantage. Much more data savvy."*

*"Clinical courage describes the ability of a clinician to make decisions, big decisions, based on the information in the front of them without having to rely on extensive investigations or on other things..... Being able to accept that sometimes they might get it wrong..."*

*"I would hope that they're somebody who can understand lifelong learning, because I think that's the big thing that we don't do enough of".*

*"I just want to make sure it's in the program, teaching us like, practical skills, because as a junior doctor, a lot of our role is the practical, like cannulation, stuff like that. I don't want that to be lost in the course"*

*"Compassion, the ability to stay up to date on information, learning how to collaborate with other physicians locally and globally."*

*"Patients first, teamwork, compassion, integrity, excellence..... good communication skills, desire to continually learn, desire to positively impact the local community."*

# Written Submissions

- **Energy and enthusiasm** in relation to the curriculum review
- Acknowledgement of the **broader context** including trends in healthcare and recognition that a medical program is just the first step in a life-long continuum of medical education
- Recognition of the **changing and increasing role of technology** in both medical education and in the practice of medicine
- Support for **greater integration across the full four years of the program**
- **Specific knowledge and content areas** for greater future focus or consideration – e.g. health prevention and public health; health system stewardship, financial sustainability and value-based healthcare; technology; inter professional practice;
- Recognition of the importance of a **solid foundation in anatomy, physiology and pathology** to underpin clinical skill development

# Written Submissions: Key Quotes

*“Knowledge is so vast that anyone can only hope to have a broad understanding and know where to search for it”*

*“The phase one curriculum should have a direct clinical or clinically applied focus, not the pre-med focus it currently has which so often just rehashes what students have learnt in their pre-med science programme”*

*“My hopes for the future UQ graduate is that they are skilled in cross-disciplinary understanding of the whole person; more than bio-technicians; whole people with lives beyond medicine; confident in the cross-cultural tasks of integrating ways of seeing reality – philosophically robust; more than service providers for individuals – are advocates for community health - especially those less able to speak for themselves”*

*“Returning to the apprenticeship model will increase sense of belonging of the student to a clinical team and improve engagement in patient care that than seeking answers to the exam”*

*“It is in the first few postgraduate years that the doctor becomes fully formed...”*

*“Graduates need to be research-aware in a way that they feel comfortable solving problems that they encounter in clinical practice”*

*“Make teaching medical students ‘trendy’ again – invest in the rebirth of medical education culture for the digital age”*

# Stakeholder Engagement: Next Steps

1. Second series of workshops – early November
  - A. Stakeholder feedback
  - B. Early drafts of design elements (Purpose, Values, Guiding Principles, Graduate Attributes)
2. Ochsner visit and workshop – late November
3. Design offsite – early February
4. Third series of workshops – late February