Discussion Paper
Future of UQ health education, research and engagement

1. Acknowledgement of Country

The University of Queensland (UQ) acknowledges the Traditional Owners and their custodianship of the lands on which these discussions will take place. We pay our respects to their Ancestors and their descendants, who continue cultural and spiritual connections to Country. We recognise their valuable contributions to Australian and global society.

2. Purpose and Scope

A decade ago, UQ separated its health programs and activities into two distinct faculties. We are now at a point to consider whether the current faculty arrangement provides the optimal path going forward, particularly in the context of:

a) potential changes in university funding models that may occur through the Federal Government’s Accord process
b) the impending leadership change in one of the faculties
c) the consolidation of health faculties that has occurred elsewhere in the university sector
d) developments occurring in both our state and federal health systems.

On 25 May 2023, UQ’s Vice-Chancellor and President announced the University would engage with staff, students and external stakeholders on the merits of a more integrated Faculty of Health.

This paper provides some background information and poses a number of questions to help focus this discussion. We are inviting staff, students and external stakeholders to share their views on how we optimise UQ’s health education, research and engagement to best respond to the challenges and future trends in the healthcare sector.

3. Background

The current structure at UQ was established in 2014 when the then Faculty of Health Sciences was disestablished and two new faculties were formed: the Faculty of Health and Behavioural Sciences (HaBS) and the Faculty of Medicine and Biomedical Sciences (re-named the Faculty of Medicine in 2016). Over the past 9 years, both faculties have performed exceptionally well, with faculty leaders partnering effectively with the sector to address forces impacting health and healthcare.

The faculties have common interests and collaborate across many areas of health, including health promotion, Indigenous health, nutrition, behaviour change, healthcare pathway design, health economics, infectious disease, rural health, aged care/healthy ageing, safe prescribing, mental health, clinical trials, clinician researcher career development and health equity. Notwithstanding the collaborative approach towards health education and partnership development, environmental pressures such as escalating healthcare costs and demands, and worsening health equity, are driving expectations of greater integration. This includes use of data to improve decision making, the impact of

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1 UQ’s Faculty of Health and Behavioural Sciences: Schools and Centres https://habs.uq.edu.au/about/schools-and-centres
2 UQ’s Faculty of Medicine: Schools, Centres and Institutes https://medicine.uq.edu.au/schools-centres-and-institutes
AI and other new technologies, and emerging priorities for health workforces and healthcare pathways. The curriculum will need enrichment through multidisciplinary interprofessional education, holistic solutions to complex problems, and partnerships that challenge traditions and reshape healthcare.

In summary, the growing pressures in the health sector and the increasing need for interdisciplinary solutions, have prompted the University to consider the possible benefits and risks of moving towards an integrated Faculty of Health.

4. The Health Sector: global, national and local

As the impact of the SARS-CoV-2 (COVID) pandemic wanes and the population increases and ages, global healthcare systems are under significant stress. These stressors include escalating healthcare costs, increasing healthcare demands, worsening health equity, the presence of low value care, the effects of climate change, and models of care and their associated workforce that are often not fit-for-purpose. The promise of innovations in diagnostics and therapeutics (including personalised care), a greater emphasis on prevention, digital health and consumer-informed ways of working seems poised to address at least some of these system stressors; however, the healthcare system needs reform and critical partners to ensure ongoing improvement in the healthcare outcomes of our community.

![Figure 1: Systems Framework for health professionals education (adapted from Frenk et al.)](image)

In 2023, a particular focus of concern for the health system is the provision of the right number of appropriately trained health professionals prepared to work in all healthcare locations, particularly regional, rural and remote settings. This is not a new problem but has been exacerbated by the COVID pandemic. To achieve this aim, a mirroring of the health professional education with the healthcare systems, as suggested by Frenk et al. 3, is critical (see Figure 1). This mirrored approach ideally needs to co-develop the models of care and their associated multidisciplinary teams to have the greatest effect.

In a similar way, the focus of health research needs to be more substantially aligned to problems defined by the healthcare system. This is not to diminish the importance of basic- or curiosity-based health

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research, which has undoubtedly resulted in many extraordinary advances in health, but on its own is not sufficient to address the system stressors. Policy and funding levers in Australia are increasingly emphasising the importance of interdisciplinary teams that include commercial partners, being driven by health system needs and informed by consumers. Two excellent examples of this approach are missions and grant calls from the Medical Research Future Fund (MRFF) and UQ’s Health Research Accelerator (HeRA).

The national response to these dilemmas might be inferred from recent budget announcements suggesting a growing emphasis on multidisciplinary primary care, support for rural healthcare delivery and the establishment of an Australian Centre for Diseases Control (ACDC), but more is likely to come. Similarly, in research, the Commonwealth Health Minister is personally leading a review of the MRFF and National Health and Medical Research Council (NHMRC) and their future configuration suggests the possibility of a more blended approach to these important funding organisations.

At a state level, several recent reports and policy documents confirm Queensland Health’s appetite for a health professional workforce (including enhanced new roles like nurse practitioner and physician assistant) and models of care reform using learnings from the COVID pandemic. This has included the Queensland Clinical Senate report ‘Reimagining Healthcare’ and the development of Queensland Health’s Roadmap to achieve better health and healthcare for Queenslanders.

Queensland Health also released a draft of its HEALTHQ32 Research Strategy which centres on enabling Queensland Health’s ecosystem for research and innovation to drive more effective and efficient healthcare delivery. UQ health researchers provided feedback in the form of a coordinated UQ response as part of the consultation process.

5. UQ’s Performance

UQ offers a very broad range of entry-to-practice health professional programs, pathways to health professional programs and health-related curricula aligned to the health needs of our community and health system. Similarly, our health research enterprise supports the training of research higher degree students over the spectrum from basic to translational research in a variety of settings. To facilitate their learning, our students undertake clinical placements in a variety of healthcare settings, including private clinics and private and public hospitals, located in metropolitan, regional, rural and remote Queensland. UQ’s own clinics offer valuable opportunities to shape the future workforce through interprofessional education (IPE) in diverse areas including healthy ageing, nutrition, child development, musculoskeletal rehabilitation, chronic disease prevention, healthy lifestyles, audiology and psychology.

HaBS is recognised as having led the way by creating a common first-year course (HLTH1000: Professions, People and Healthcare) and later year experiences to underpin IPE opportunities for students in UQ’s clinics and the broader health system. Aboriginal and Torres Strait Islander peoples’

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perspectives are embedded into the curriculum and our students have opportunities to have meaningful learning experiences in Indigenous-focused placements during their program. Placement opportunities are also offered with partner healthcare organisations internationally.

While most students completing a UQ degree to become a health professional have interprofessional experiences, much of the learning occurs within disciplines, and opportunities to learn with all health professional students together are lacking. For implementation of a collaborative practice curriculum that includes all health disciplines, a cultural shift and appropriate resourcing are needed within health and education to accept that the future of healthcare requires a collaborative approach that commences in health degrees.

Ensuring all Queenslanders have access to the highest quality health services is a critical concern, particularly for regional, rural and remote communities. The UQ Medical School’s Rural Clinical School (RCS) has provided high-quality learning experiences for medical students for more than 20 years in areas as far north as Rockhampton and west to the border. Through its extensive footprint of partnerships with health services and general practices, the Medical School delivers end-to-end training for students in central and western Queensland, to ensure they enter the workforce with a deep understanding of the complex needs of regional, rural and remote health services in the state. Additionally, HaBS leads a partnership with the University of Southern Queensland and regional health services in the Darling Downs and South West (Southern Queensland Rural Health (SQRH) to expand placements to rural and regional centres between Toowoomba and the western border of Queensland.

Further reflecting our commitment to rural and regional training, HaBS has also partnered with Goondir Health Services to provide dental services to communities in Dalby and St George, and a teaching setting for final year students.

UQ’s health faculties share a commitment to building teaching and education partnerships, and over the past 5 years, clinical-academic partnerships have proliferated. Examples include the Oral Health Alliance, the STARS Education and Research Alliance, the Mater Education and Research Alliance, and the new Queensland Cancer Centre (QCC). The QCC exemplifies how the future of our relationship with the health system will rest on our capacity to be a partner of choice capable of providing academic leadership in the integration of learning, research and clinical care.

The collaboration between UQ’s two health faculties has meant increasingly that both are dealing with common and converging issues affecting the healthcare system (see Figure 2) and with the same healthcare partners. The majority of our health partnerships are with Queensland Health, Metro North Health, Metro South Health, Children’s Health Queensland the Mater Group and a range of regional and rural health providers and universities. Increasingly, these partners need to balance collaboration and competition with QUT and Griffith University. In the case of health promotion, both faculties are seeking to build a strong working relationship with Health and Wellbeing Queensland (established in 2019), the primary statutory body of the State tasked with improving the health and wellbeing of all Queenslanders and reducing health inequities.

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Health Translation Queensland’s (HTQ) Queensland Health and Medical Funding Analysis Report, found that while 20% of the Australian population lives in Queensland and the state contributes 19% to Australia’s GDP, it receives less than 14% of NHMRC funding and less than 12.9% of MRFF funding. The exception is the success of UQ’s Indigenous health researchers, who have secured more than $47.8M from the NHMRC and MRFF across 2018-2021. In contrast, Queensland generally performs well in the non-medical arena, securing 20% of Australian Research Council grants. About 50 stakeholders, including researchers from UQ, responded to the report, providing unanimous agreement that health and medical stakeholders across Queensland need a united vision to collectively improve Queensland’s performance in securing NHMRC and MRFF funding.

Figure 2 highlights UQ’s activity in health across both the teaching and research domains. In research, funders are increasingly looking at supporting initiatives that cut across discipline boundaries with a sharper focus on outcomes. While health-related research is an important part of UQ’s profile, the institutional success falls behind our national competitors. Figure 3 shows the relative success in NHMRC funding for the years 2018-2022.

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*Health Translation Queensland (HTQ) Queensland Health and Medical Funding Analysis Report*  
Similarly, the health funding secured in Queensland falls well below that received by Victoria and New South Wales as indicated in Figure 4 which shows the relative state funding in the latest MRFF round. The dominance of the Victorian and New South Wales institutions indicates that UQ cannot afford to be complacent without risking losing ground to southern states.

Figure 4: MRFF funding from the March 2023 round.
6. Questions

Below is a series of questions that the Committee considers critical to assessing whether UQ’s current health-related faculty arrangement provides the optimal path going forward. We encourage respondents to submit responses to some or all of these questions.

In responding to the questions below, please consider the challenges outlined in the paper.

1) How do we optimise UQ’s capabilities and resources to best facilitate a health professional workforce to meet the needs of the rapidly changing healthcare sector?

2) How does UQ further develop, implement and evaluate a world-leading inter professional and lifelong learning education program?

3) What models of research collaboration and partnership best serve UQ’s need to grow its health and medical research funding and impact?

4) How do we present, globally and locally, a unified front to best take advantage of opportunities to grow our reputation and manage our partnerships?

5) How does UQ contribute respectfully to First Nations leadership in health education and research?

6) What is the optimal configuration of health-related faculties and institutes across UQ to ensure we can maximise collaboration opportunities and work in the most effective and efficient way?

7) What risks could be associated with the establishment of an integrated single Faculty of Health and how could we mitigate these risks?

8) Any other issues or matters that should be considered?
7. Further Reading and benchmarking
   
a. Healthcare Sector
   
   - Global Health Expenditure Database June 2023 report [https://apps.who.int/nha/database](https://apps.who.int/nha/database)
   - Reimagining Healthcare Meeting Series Report 2022
   - Unleashing the potential an open and equitable health system
     [https://assets.kpmg.com/content/dam/kpmg/xx/pdf/2023/01/healthcare-horizons.pdf](https://assets.kpmg.com/content/dam/kpmg/xx/pdf/2023/01/healthcare-horizons.pdf)
   - 2024 UQ Study Guide Undergraduate Programs
   - UQ Strategic Plan 2022–2025

b. Health Structures of other Australian Universities
   
   - The University of Melbourne: Faculty of Medicine, Dentistry and Health Sciences: [https://mdhs.unimelb.edu.au/about/our-structure](https://mdhs.unimelb.edu.au/about/our-structure)
   - The University of Sydney: The Faculty of Medicine and Health. [https://www.sydney.edu.au/medicine-health/about.html](https://www.sydney.edu.au/medicine-health/about.html)
   - Monash: Medicine Nursing and Health Sciences [https://www.monash.edu/medicine](https://www.monash.edu/medicine) and Pharmacy and Pharmaceutical Sciences [https://www.monash.edu/pharm](https://www.monash.edu/pharm)