The world is changing rapidly, and so are leading universities. At UWA, we want to make sure that our graduates continue to be well prepared to contribute to society as it undergoes further transformation.

As part of significant curriculum reform, the MBBS has been replaced by the postgraduate qualification Doctor of Medicine (MD). This will be a four year full time professional degree course commencing in 2014 and will result in important innovations for medical education in Australia.

All applicants will be required to complete an Australian bachelor degree or equivalent before commencing the MD. The degree can be in any discipline as no pre-requisite knowledge will be required apart from the UWA English language requirement. Graduate applicants will be selected on the basis of their academic performance in their prior degree, a structured interview, and performance in GAMSAT (or MCAT for international graduate applicants). School leaver applicants for the school leaver pathways will be selected on the basis of their school academic performance, a structured interview, and performance in UMAT (ISAT for international school leavers).

Aims of the MD Course
The MD graduates from UWA will be committed to the well-being of the patient, community and society as responsible, accountable, scholarly, capable and caring doctors.

We believe that the future doctor will need to fulfil a number of roles including that of professional, leader, advocate, clinician, educator, and scholar (PLACES). The curriculum is therefore structured around these themes as per Diagram 1. Effective communication skills are vital outcomes for each theme and will be emphasised throughout the course. Within each theme are more specific strands of knowledge, skills and behaviours which will be integrated throughout the 4 years of the curriculum.

Diagram 1: Curriculum Framework

The learning outcomes of the course were developed to respond to the current and future needs of patients and the society in which UWA medical graduates will practice.
### Features of the MD Course

- High quality teaching within a research intensive university and clinical environment.
- Early clinical exposure with students seeing patients from the first week.
- Ethics, procedural skills and clinical communication taught from the first semester.
- Broad curriculum with opportunities for depth of study in areas of interest.
- Student choice of scholarly activity, electives and selectives.
- A focus on preparing students for inter-professional practice.
- Leadership and teamwork skills for collaborative patient care.
- Teaching in rural health, Aboriginal health, global health and advocacy for patients and for health systems.
- Teaching students about teaching so they become educators of the future.
- Contextualised and case-centred curriculum to improve the relevance and retention of learning.

### Teaching and Learning

The new MD curriculum will provide a number of benefits for students and patients. The benefits include:

- An advanced and efficient learning environment at postgraduate level with increased use of innovative teaching and information technologies.
- A focus on application of robust scientific evidence to individual patient care.
- A graded approach to skills training, from theoretical knowledge, to simulated training and practice, to learning with real patients.
- An emphasis on quality, safety, effectiveness and efficiency of health care for individual patients and the health system.
- Graduates who are prepared and equipped for internship with appropriate knowledge, skills and professional attributes.

### Professional

- Demonstration of a commitment to patients, professionals and society through ethical practice, participation in professional-led regulation, commitment to physician health and sustainable practice.

### Leader

- Participation in activities that contribute to the effectiveness of healthcare teams, organisations and systems, allocation of finite healthcare resources and service in leadership and team roles as appropriate.

### Advocate

- Responsible use of expertise and influence to advance the health and well-being of individual patients, communities and populations. Provide culturally secure care to Indigenous peoples and respond to individual and population health needs, identify determinants of health inequities and promote health and well being.

### Clinician

- Knowledge, comprehension, application and analysis of the scientific basis of medicine integrated with clinical practice. Accurately elicit and synthesise relevant information and perspectives of patients and their families; and accurately convey that information to all concerned. Clinical assessment and management of common and urgent medical conditions.

### Educator

- Awareness of personal learning styles and application to knowledge acquisition over a lifetime of professional service. Contribution to patient, family and community education. Critically reflect on one’s own performance to set individual learning and improvement goals, and engage in appropriate learning activities to meet those goals.

### Scholar

- A commitment to the evaluation of scientific processes and evidence, as well as accessing, creating, disseminating, applying and translating medical knowledge.

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### Course Structure

**Phase 1**

The focus of student learning outcomes in Phase 1 (Foundations of Medical Practice) is to ensure comprehensibility of the nomenclature and structure of medical knowledge, skills and values.
which will be foreign to many students but particularly from those backgrounds which do not include health or biomedical science.

The learning outcomes for the Clinician theme in Phase 1 will ensure students achieve an understanding of medical and scientific terminology, generic science and clinical knowledge, and introductory clinical skills. Outcomes related to other themes will be expected in this phase, including research methodology for the Scholar theme, health inequities and Indigenous health for the Advocate theme, and leadership and teamwork skills for the Leader theme. The first 2 weeks of the course (Introductory Program) will include:

- A broad overview of the profession of medicine from a variety of perspectives, particularly that of patients;
- An introduction to the art and science of medicine;
- An introduction to a collaborative learning environment (with other health professionals);
- Clarification of the aims and process of the courses and expectations of students/staff;
- An emphasis on the importance of the patient as a person and addressing their concerns and those of their families/carers in the best ways possible.

The subsequent weeks of the Foundations of Medical Practice phase will include a general introduction to the relevant scientific disciplines, an overview of the human body and the “language” of basic, applied and clinical sciences. Case-enhanced learning will be used to provide clinical context and relevance to the scientific content, and integrate the six PLACES themes of the curriculum.

Phase 2
The Systems-Based Learning and Practice phase will occur in Semesters 2 and 3 of the course. This phase shifts toward outcomes related to more specific human structure, function and behaviour that has become disordered, diseased or dysfunctional. The six PLACES themes will also be integrated with teaching methods including case-enhanced learning, e-learning, simulations, skills workshops and clinical attachments. The theory and practical elements will be consolidated by clinical teaching and learning sessions relevant to the systems studied and cases illustrating important learning issues.

The chronological order of the systems is based on developing an overall “road map” followed by the fine details of each body system. Students will study content related to Skin, Musculoskeletal System, Neurosciences, Haematology and Immunology, Cardiovascular and Respiratory, Gastrointestinal and Nutrition, Renal and Endocrine, and Reproduction and Life Course. This phase will conclude with a Multisystem block which will integrate previous knowledge and provide a smooth transition to immersion into a clinical setting.

Phase 3
The emphasis of the Clinical Learning and Practice phase shifts toward application of the previous knowledge to real clinical settings, and higher level non-clinical knowledge, skills and professional behaviours. Integration of scientific, clinical, professional and societal health issues will occur throughout the clinical attachments.

Clinical Learning and Practice in years 2 and 3 consists of clinical attachments into the wards and clinics of the hospitals of Perth, general practices, other community settings, and rural locations. A longitudinal attachment to General Practitioner’s surgeries will occur in year 2 to provide students with experience in continuity of patient care.

By the end of year 2, students will be expected to demonstrate history-taking with patients, thorough physical examination skills, and some procedural skills. They will have experience at dealing with patients with acute surgical problems, mental health disorders, musculoskeletal diseases and general medical conditions. Through these attachments, they will be expected to display ethical and professional behaviour, excellent communication skills, teamwork, and will have commenced peer-teaching and assessment exercises.

During Year 3, approximately 25 per cent of the student cohort will learn in a rural setting, spending the entire academic year in the Rural Clinical School of WA. These sites stretch across Western Australia and include remote sites in the Kimberley and Pilbara. The urban students will undertake clinical attachments in a variety of Perth hospitals, general practice surgeries, and other community settings.

Phase 4
The final year is the Transition to Professional Practice phase and will ensure that MD graduates are ready for work as interns. Following an elective term, the student doctors will experience attachments to clinical areas and be expected to work within a team structure to assist the functioning of the clinical area. Students will also have a choice of electives, and participate in an
Diagram 2: Curriculum Structure

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<tr>
<th>Year 1</th>
<th>Foundations of Medical Practice</th>
<th>System Based Learning and Practice</th>
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<th>Year 2</th>
<th>Systems Based Learning and Practice</th>
<th>Clinical Learning and Practice I</th>
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<td>Internal Medicine</td>
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<td>Aged Care and Musculoskeletal Medicine</td>
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<td>Psychiatry</td>
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<th>Year 3</th>
<th>Clinical Learning and Practice II</th>
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<td>Child Health</td>
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<td>Women’s Health</td>
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<td>Internal Medicine</td>
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<td>General Practice/ Ophthalmology</td>
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<td>Psychiatry/Surgery</td>
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<th>Year 4</th>
<th>Transition to Postgraduate Practice</th>
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<td>Emergency Medicine</td>
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<td>Transition to Internship</td>
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Inter-professional practice attachment. A Transition to Internship block is envisaged for the final attachment where the student doctors will have an attachment to the clinical setting where they will commence as interns the following year. This will also be the block where further professional training will occur to make the MD graduates ready for internship, the first step in their careers as doctors.

Scholarly Activity
The defining feature of the MD is the Scholarly Activity in which all students undertake a high quality project in an area of student interest. This is a longitudinal activity commencing in Year 2, with completion in Year 4. Students will have a choice of completing original research; coursework in an area of interest including education, leadership or public health which may potentially lead to an intercalated degree; and service learning which includes contributing to health care and health systems locally or internationally. All scholarly activities will require students to undertake activities to demonstrate their understanding and application of the scholarship of medical practice.

Student Support and Mentorship
It is envisaged that students will be allocated into longitudinal mentorship groups which will provide opportunities for student support, formative assessment and mentorship. Peer-assisted learning will be encouraged and formalised within the curriculum. The close association between the student body and academic staff which currently exists at UWA will be encouraged and strengthened.

Further Information
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Information in this publication was compiled in February 2013, but is subject to change from time to time. In particular the University reserves the right to change the content of courses at any time. The content of the MD curriculum still requires final approval and all content at the time of this publication is subject to modification.