Medical Deans

AUSTRALIA AND NEW ZEALAND

Flexible Medical Education Report

Medical Education Collaborative Committee (MECC)

February 2026

Acknowledgements

This report was developed by a Working Group of the Medical Education Collaborative Committee (MECC) of Medical Deans Australia and New Zealand. The Working Group was tasked with providing advice to MECC about initiatives underway in Australian and New Zealand medical schools to introduce greater flexibility in the delivery of their medical curricula.

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Thanks also go to the other working group members who contributed to the survey of schools: Dr Darryl McAndrew (University of Wollongong), Dr Jane Harte (James Cook University), Assoc. Professor Sean Kennedy (UNSW), Assoc. Professor Andrew MacCormick (University of Auckland).

Introduction

Students and universities are increasingly seeking flexibility in learning options – a complex goal in medicine due to the length and rigour of primary medical program curricula, and dependence on clinical placements.

Flexibility is here defined as mechanisms which allow students choice in how they allocate time and resources to meet core requirements of their medical education.[1] It is particularly characterised by time variability.

The COVID-19 pandemic accelerated a fundamental shift away from acceptance of full-time, traditional university models as sufficient. Student behaviours and expectations are now driving institutional adaptation, rather than the institutions leading change.

Greater flexibility in the delivery of medical curricula has the potential to allow[2]:

- Greater participation of non-traditional students in medical education
- Broader view of skills required to be a medical practitioner in emerging health care settings
- Continuation of education through personal or collective disruptions
- Innovative new ways of learning, including a changing relationship with technology
- Increased emphasis on student and doctor wellbeing.

This report was prepared by a Working Group of the Medical Deans Medical Education Collaborative Committee (MECC), set up to investigate flexibility initiatives in Australian and New Zealand medical programs.[3] It shows that several medical schools are beginning to shift toward less-than-fulltime medicine options, with initiatives either underway or to be implemented in the next two years.

The majority of schools are already providing increased flexibility in the traditional, full-time model through attendance and leave policies, and asynchronous and self-directed learning. Place-based learning options for students in rural areas are a key driver of innovation in this model.

The student voice is helping to shape the initiatives profiled in the report: the models developed by University of Sydney and Western Sydney University, for example, were both predicated on student research projects. The MECC Working Group met with representatives from the Australian Medical Students Association (AMSA), which is a strong advocate for more flexible attendance policies in the current model and hugely supportive of students having the option of less-then-fulltime study in future.

[1] *Flexible medical education. Is it possible?,* A/Professor Lisa Cheshire, Professor Robyn Woodward-Kron, Dr Cate Scarff, Dr Megan Phelps, Dr Anna Barrett, Dr Esta Paykin; Dept Med Ed, University of Melbourne, May 2024.
[2] Ibid
[3] Some of the findings were presented by members of the working group at the 2025 MECC Medical Education Forum and the 2025 ANZAHPE Conference in Perth.

1. Survey of Australian and New Zealand medical programs

In April-May 2025, the Working Group surveyed a cross-section of Australian and New Zealand medical programs to find out more about their current and proposed flexible design elements. The survey was completed by ten medical programs,[4] including:

- Equal numbers of undergraduate and postgraduate medical programs
- Student cohort sizes ranging from 130 to 480.

The findings show a medical education sector that is very much aware of the need for greater flexibility for students and approaching this goal through multiple avenues.

Big Ideas

The following themes emerged from survey respondents:

- *Rural Focus as Early Implementation Target*: Several innovations targeted rural programs and students, suggesting rural contexts offer unique implementation drivers and opportunities.
- *Healthcare Professional Conversion Pathway*: Some initiatives focused on existing healthcare professionals, suggesting this cohort may be an early beneficiary. If previous clinical experience and current practice were to be considered in some way towards course progression, this also could contribute toward time flexibility.
- *Clinical Years as Flexibility Target:* Several institutions had either implemented,[5]or were considering, time flexibility measures in clinical years, rather than preclinical, suggesting this as a feasible entry point despite clinical placement constraints.
- *Asynchronous Learning as a Flexibility Enabler:* Asynchronous learning was emphasised as a key mechanism for creating time flexibility without sacrificing content.
- *Simulation and Technology Integration:* Simulated learning and other technology-mediated approaches represented a theme of using educational technologies to support flexibility.

Existing Flexibility Measures

Part-time, or less-than-fulltime, medicine is the goal for some. The survey also indicated that other approaches to flexibility had already been introduced into the traditional model by a majority of programs.

Attendance and leave policies

- Multiple programs provided independent learning days free from timetabled or placement activities:

[4] University of Auckland, Deakin University, James Cook University, Universities of Newcastle & New England Joint Medical Program, University of Melbourne, University of NSW, University of Queensland, University of Sydney, University of Wollongong, Western Sydney University.

[5] Bond University introduced flexibility in the clinical years from 2022. They transitioned from a year-long model to a semesterised model (three 16-week semesters per year). Students can take a break for one or two semesters to have a baby, care for an unwell relative or attend to other significant responsibilities. To date, twenty students have used or are actively using this option to extend their training in a way that works best for their circumstances.

- In the pre-clinical or early years of the program, these were timetabled and could be relied upon by students for extracurricular engagements.
- In the clinical years, this free time tended to be opportunistic and dependent on the clinical school and placement.

- Multiple programs reported uninterrupted clinical placements of 3 or 3.5 days a week in the mid-clinical years, with face-to-face teaching activities scheduled outside this time. Although there is no baseline data, it is likely that all programs would have expected full-time placements in the past decade.
- A number of programs had introduced self-care, flexi days and well-being days.

Asynchronous and self-directed learning

- Asynchronous learning was used by multiple programs to increase flexibility. More asynchronous learning opportunities were being applied during the foundation years compared with the clinical years.
- Dedicated research subjects or blocks increased flexibility for students through asynchronous learning, self-directed learning and the capacity to study off campus.

Assessment

Programmatic assessment should be a facilitator for time variability, allowing assessment mapping with personalised assessment plans based on individual student achievement, and further assessment required to inform the decision to progress. However, while most programs reported an intent for assessment to be programmatic, they did not currently use programmatic assessment to increase flexibility. The underlying reason appears to lie predominantly with university assessment policies that preclude this time variability.

Many programs reported on alternative assessment arrangements, including special assessments, re-organising Workplace Based Assessments (WBAs) to accommodate student circumstances or, if the student had to defer/intermit for exceptional circumstances, carrying over an assessment completed in one year to the following year.

2. Commonwealth Supported Places

The working group heard differing views on whether the regulations around Commonwealth Supported Place (CSPs) for medical programs constituted a potential barrier to part-time medical degrees. Professor Andrew Norton, Higher Education, Monash Business School, Monash University, was invited to speak to the Working Group about the current system of funding and allocation of CSPs, and the extent to which this might represent a barrier.

According to Professor Norton,[6] there was no specific rule preventing students allocated CSPs from studying medicine part-time. The potential barrier came in conditions attached to CSPs under individual funding agreements with universities, which committed universities to a specified number of domestic annual completions per year, and required that providers did not change their courses in ways that would have a significant impact on completion numbers.

[6] See Professor Norton's blog post for more detail: https://andrewnorton.id.au/2025/02/13/preliminary-2025-funding-per-university-for-commonwealth-supported-places/),

While this may eventually constitute an issue, those programs moving most quickly toward less-than-fulltime medical degree options are envisioning a relatively small number of students, so that their programs are unlikely to cause significant variations in completions in the near future.

The Department of Education[7] recently confirmed that the Federal Government "did not restrict medical students from studying part-time": "The Government is working with the university sector to better understand the barriers to medical students accessing part-time study," a spokesperson said. "Additional medical students accessing part-time study options would not change how the government allocates medical Commonwealth Supported Places (CSP) to higher education providers."

3. University of Edinburgh – part-time model for health professionals

In July 2025, the University of Edinburgh announced the graduation of the first cohort of doctors in the UK to qualify by studying part-time.[8] The new graduates had completed the five-year HCP-Med for Healthcare Professionals course, established to encourage professionals in other areas of healthcare to study to become doctors. The course has a particular focus on General Practice, with the hope of boosting GP numbers in the Scottish NHS.[9]

Admissions policy: The healthcare professionals applying for the program were required to be working currently in their respective professions and show evidence of academic engagement in the previous two years (study, not just Continuing Professional Development). They sat the University Clinical Aptitude Test (UCAT), and attended individual interviews and a group interview, featuring a more complex topic than for undergraduates. There was no recognition for prior learning.

Program delivery: The part-time study component of the course was available for Years 1 to 3 only. Years 4 to 5 were full-time, integrated with main medicine program in Edinburgh. An exit pathway was provided to allow students to leave the program with a diploma after three years.

Years 1-3 studied online, part-time, and continued their employment, part time. They had three compulsory residentials per year in Edinburgh – for anatomy, clinical skills and assessments. All part-time students came together online once per week for Team-Based Learning, and attended longitudinal GP placements and one day a week in a local rural hospital. A different assessment committee was needed as the academic year was longer due to the part-time work of the students.

4. Australian Case Studies

The case studies in this section show some of the various approaches underway within Australian and New Zealand medical programs to introduce time variability into the delivery of their medical curricula. The tendency is toward staged introduction, with a target student group or pilot program laying the foundation for evaluation and subsequent expansion.

[7] ABC News Medical degrees part time
[8] BBC, 5 July 2025: https://www.bbc.com/news/articles/c86g44eznyeo
[9] Ibid

Sydney University

Approach	Part-time medicine year
Target group	Year 3 students
Scheduled implementation date	2027
MECC working group contact	Dr Jennie Shone, jennifer.shone@sydney.edu.au

University of Sydney aims to implement a staged approach to flexible medical education through the introduction of a part-time study option in Year 3 of the Doctor of Medicine (MD) program. The expectation is that a part-time option will increase the diversity of future medical students and doctors, including Aboriginal and Torres Strait Islander students, better reflecting the Australian population in the future workforce. The second driver is to improve student wellbeing, support students with disabilities and carer responsibilities, and reduce course suspensions.

A working party[10] consisting of academics, professional staff and student representatives was set up in 2025 to implement this goal. The proposal developed by the team, and which is currently undergoing university approval, is the introduction of a part-time Year 3 option as the first stage of a planned wider rollout for the entire program.

The first stage introduces a 50% part-time option for Year 3 of the MD program, whereby Year 3 will be completed over two academic years, maintaining the same curriculum content, clinical exposure, and assessment standards as the full-time program. Students will progress through five blocks: four specialty clinical rotations and an MD research project. Initially capped at approximately nine domestic students per year, the option will be available at both urban and rural clinical schools. Applicants will undergo an internal process to demonstrate need, ensuring equitable allocation of places.

Year 3's modular design makes it the most suitable starting point, minimising disruption to placements and teaching schedules while enabling robust evaluation. This staged rollout will inform future expansion, with plans to offer part-time options across all years. A program of research will be undertaken alongside the development and implementation of the flexibility program.

Western Sydney University

Approach	Flexible attendance in final clinical year
Target group	Final year students
Scheduled implementation date	2026
MECC working group contact	Dr Iman Hegazi, I.Hegazi@westernsydney.edu.au

[10] The working party consisted of academic and professional staff and student representation including A/Prof Caryl Barnes, A/Prof Sarah Aitken, Dr Jennie shone, Dr Anne Morris, Dr Paul Lunney, Karyn Mossman, Katey Barnes and Tim Barnes

Western Sydney University (WSU) is introducing an Attendance Flexibility Pilot for students in their final year of medicine in 2026, reducing participating students' attendance requirements in certain clinical attachments from five days to four days per week.

WSU formed a working group in 2023 to consider ways of enhancing flexibility for students enrolled in the Doctor of Medicine program. This led to the development of a research project to explore WSU medical students' perspectives on flexibility and the forms of support they required. WSU medical student Jessica Mitchell conducted the research as part of her fourth-year MD research component, under the supervision of Associate Professor Lise Mogensen.

The research indicated that medical curricula continued to have limited flexibility, including strict attendance requirements, which could disadvantage students from key equity groups or those with significant financial, personal, or health-related responsibilities. Preliminary results showed that an overwhelming majority of students – in a dynamic student population that included working students, carers and students with a disability and/or adjusted study plans – would take a more flexible option if offered.

The most frequently selected reasons for preferring increased flexibility included work commitments, mental health/well-being, and financial hardship.
The most preferred flexible attendance model was longer hours completed per day, and fewer days per week.

Outcomes: The research results informed an Attendance Flexibility Pilot, prepared by Dr Jessica Louise Smith and Jessica Mitchell, and approved for 2026. The pilot is a timetable modification model, which reduces attendance in Medicine and Surgical attachments from five days a week to four days, requiring longer hours per day to maintain course requirements. Other intended components of the pilot include early release of timetables.

The aim is for the pilot to inform future, long-term pathways introducing flexibility into the wider WSU Medical Program.

Deakin University

Approach	Condensed curriculum delivery with recurring private time
Target group	Rural and then all medical students in Yrs 1 & 2
Scheduled implementation date	Rural cohort 2024 and metropolitan cohort 2025
MECC working group contact	Associate Professor Karen D'Souza, karen.dsouza@deakin.edu.au

The success of an innovative curriculum delivery model for rural students, piloted in 2024, has enabled the introduction of a more streamlined timetable for all students in Year 1 and 2 of Deakin's MD Program. The streamlined model now allows students a stable, recurring 1.5 days per week for private use.

Commencing in 2024, students in the Deakin's Rural Training Stream (RTS) entry pathway for medicine experienced end-to-end medical training in a rural learning campus based in either Ararat or Warrnambool, Victoria, for Years 1 and 2. It was anticipated that many students in this

cohort would be from a health professional background and/or diverse backgrounds (e.g. rural, caring for children), hence a timetable was developed to support delivery of online learning for the majority of the course (online problem-based learning and lectures), with anatomy and pathology workshops and clinical skills practical learning sessions scheduled for the same face-to-face day each week. This meant students were only required to travel to their rural campus one day per week, and join the larger cohort at the metropolitan Waurn Ponds campus once per semester.

This success of this approach became the basis for a streamlined timetable for all Year 1 &2 medical students, with teaching condensed into longer days of lectures and PBLs, and back-to-back clinical skills, anatomy and pathology workshops. The new timetable has 1.5 recurring days per week (i.e. on the same day) allocated to the student for external employment or private study or wellbeing time. Student evaluation has confirmed that students strongly support this delivery model.

Joint Medical Program: University of Newcastle and University of New England

Approach	Flexible curriculum delivery for place-based learning
Target group	Rural health professionals transitioning to medicine
Scheduled implementation date	2026
MECC working group contact	Dr Jessica Bergman, jessica.bergmann@newcastle.edu.au

Commencing in 2026, the Regional Health Professional Pathway (RHPP) at the University of New England (UNE) aims to strengthen the rural healthcare workforce by enabling experienced allied health professionals to pursue a medical career without relocating from their rural communities. RHPP students will be offered flexible learning tailored to the curricula requirements of each academic year in the Joint Medical Program (JMP) of University of Newcastle and University of New England.

The JMP will offer up to ten places at UNE for health care professionals currently employed within the rural footprint of the Hunter New England Local Health District (HNELHD). To be eligible, candidates must hold at least a bachelor's degree in nursing, physiotherapy, paramedicine or pharmacy. They must also be registered with the Australian Health Practitioner Regulation Agency (AHPRA) and have a minimum of two years professional experience in their field, in the HNELHS footprint.

Students enrolled in the RHPP will undertake the same curriculum as the undergraduate JMP students, with delivery adapted to provide flexibility:

- During the first two years of the program, learning will be primarily online, allowing students to study from home. This will be supplemented by five intensive on-campus learning periods scheduled throughout each academic year.
- Students' weekly timetable will include the same core elements as the standard program, making use of online learning, local experts and mentors.
- In Year 2, students will complete a minimum of 30 hours of general practice placement, scheduled over 10 days during the academic year, arranged as close as possible to their local community. These placements will enable students to work closely with local

medical professionals, fostering relationships that are intended to continue into their postgraduate years.

- From Year 3 onwards, teaching and research blocks will continue to be delivered predominantly online. Clinical placements will be offered in regional hospitals within the HNELHD, and in general practice settings as longitudinal placements located near students' hometowns. The intention is for the relationships established during Year 2 placements to deepen, ensuring students feel fully integrated locally, while supervisors benefit from continuity in supervision and support.

This flexible learning in place structure ensures that relocating to larger centres—and leaving behind employment, family, and other support networks—does not become a barrier to medical education for experienced and passionate rural health professionals.

Conclusion

The Flexible Medical Education Report demonstrates that Australian and New Zealand medical schools are actively exploring and finding innovative ways to provide greater flexibility for students. These efforts are primarily focused on the piloting less-than-full-time options, flexible curriculum delivery for rural programs, and technology-enabled learning.

By responding to the changing needs of students and the health care system, these initiatives have the potential to create a more diverse and resilient medical workforce to meet our future health care needs. They also present challenges. As medical schools continue to implement and evaluate flexibility measures, it will be crucial to:

- collect robust data on outcomes, including academic performance, wellbeing and career trajectories
- share best practices and lessons learned across institutions
- engage with regulatory bodies to ensure alignment with accreditation standards
- collaborate with health care providers to support flexible clinical placements and transition to practice.

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