



Planetary Health Report Card (Medicine) 2026: *University of Melbourne*



THE UNIVERSITY OF

MELBOURNE

2025-2026 Contributing Team:

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Land acknowledgment: We acknowledge the Traditional Owners of the unceded land on which University Of Melbourne Medical Students learn and live throughout Victoria; including the Wurundjeri Woi-wurrung and Bunurong Peoples, the Yorta Yorta Nation, Wadawurrung People, Dja Dja Wurrung People, Taungurung People. We pay our respects to Elders past and present. We acknowledge First Nations peoples' deep knowledge of country and its relationship with human and non-human health, and recognise the significance of this knowledge in teaching, learning and practising Planetary Health.

Summary of Findings

Overall Grade	B
Curriculum	B
<p>Planetary health is covered in several key teaching blocks, as well as mentioned sporadically in core curriculum and available for in-depth study in electives. Sustainability in healthcare is taught best, with multiple lectures or tutorials dedicated to this topic across the degree. However, these are largely standalone activities, and concepts are not integrated into the rest of the curriculum. Addition of a new sustainability metric, the MD4 First Nations Health Planetary Health module and the inaugural MD4 Interdisciplinary Advocacy Workshop, have driven an improvement from C+ to B in the 2025-26 report card. This is very commendable, but there is further work to ensure content is integrated across year levels and wherever relevant, rather than limited to standalone content blocks. The medical school and broader faculty have committed to further changes, with significant actions beginning in 2025. Notably, curriculum mapping, review and consultation was conducted in 2025, with planetary health and sustainable healthcare learning outcomes identified. The commitments made by the Melbourne Medical School's Sustainability, Climate and Health Strategy (2025) are critical for guiding these changes. We commend these efforts, and encourage their continuation, as well as the continued inclusion of student input. We acknowledge that this process will take time and be iterative.</p> <p>Recommendations: This integration is a thorough and relatively time-intensive process, and will likely not be fully rolled out in the 2026 teaching year, which has already begun. In light of this, we recommend concurrent efforts to immediately roll out simple updates and easily modifiable content, as per detailed recommendations provided in 2025. It would be meaningful to see further improvement in the curriculum section in next year's report card, the fourth year of PHRC delivery, making the PHRC 'ready to graduate' the four year Doctor of Medicine (MD) course. We've spent years studying, now it's time to transition to practice!</p>	
Interdisciplinary Research	A-
<p>The University of Melbourne has an impressive research focus on planetary health and sustainable healthcare, with region and world-leading work being done by various research institutes and numerous staff members. These groups have strong relationships with various national and international climate-health organisations, and host various knowledge sharing events. Whilst there is a fount of knowledge, particularly within the Melbourne School of Global and Population Health (MSGPH), it is failing to 'trickle-down' into curriculum and teaching for medical students.</p> <p>Recommendations: As a powerful voice in this space, it is critical that the university better develops processes to empower communities affected by planetary health and climate injustice in research agenda setting. Additionally, it is critical that the Faculty of Medicine, Dentistry and Health Sciences (MDHS) is able to harness existing expertise and translate innovative research into current teaching for medical students. The development of a centralised website, or regular updates to existing websites, to access information about the various research, study and public opportunities would allow for greater engagement from the broader university.</p>	
Community Outreach and Advocacy	B
<p>Overall, in the 2025-2026 period, the University of Melbourne continues its partnership with a number of different organisations that aim to promote planetary health, including the Climate CATCH Lab. The University also offers a range of community-facing courses for students, and professional education activities aimed at maintaining skills in planetary health and sustainable healthcare post-graduation. There was a significant lack of communications to students about planetary health and sustainable healthcare by the University. Overall, affiliated teaching hospitals provided limited educational materials for patients about environmental health exposures and their link to climate change.</p>	

Recommendations: It is imperative that the University takes steps to ensure greater communications about planetary health and sustainable healthcare to its students. While planetary health is not currently embedded within the curriculum, the provision of updates about planetary health via email communications may be an effective interim measure to educate students about the important role it plays in our degree, particularly in the context of climate change. We also recommend an increased focus on the creation of educational resources for patients that promote awareness about environmental health exposures and outline steps to take to minimise risk, particularly for rural affiliated teaching hospitals.

Support for Student-Led Initiatives

B

Overall the university does well to support academic and research interests in planetary health, such as through the Students in Sustainable Healthcare, Wattle Fellowship, and Melbourne Climate Futures Australian Government Research Training Programs. There has been informal support, liaison and consultation with the faculty, however this is ad hoc and not formalised. Thanks to events run by Wattle Fellowship participants and Doctors for the Environment Australia (DEA), the score for 2025-26 has improved.

Recommendations: As the medical school forges forward with its curriculum integration of planetary health, we hope to see ongoing involvement of interested students, and increasing support for planetary health-related student groups and activities, such as the existing DEA and PHRC groups.

Campus Sustainability

B-

The University's Sustainability Plan 2030, released in 2022, is slowly guiding a commendable process of improving sustainability across Unimelb Campuses. However, the implementation of various key strategies has been limited. Particularly, whilst guidelines related to food and beverage and procurement processes are strong, their enforcement is underwhelming. A re-evaluation of the universities investments in fossil-fuels found disappointing results, despite a commitment to hold a climate positive investment portfolio by 2030, no progress has been made towards this goal. This contributed to a decrease in grading from 2024.

Recommendations: We additionally encourage the Faculty of Medicine, Dentistry and Health Sciences, the Melbourne Medical School, and the University of Melbourne to develop a policy addressing the sustainable use of AI, considering the environmental impact of water consumption, energy usage and waste production. Meaningful consideration of the sustainability of redevelopment and retrofitting of key MDHS buildings is of ongoing relevance, as are improvements in electrification, renewable energy usage and energy efficiency.

Statement of Purpose

Planetary health is human health.

The Planetary Health Alliance describes planetary health as “a solutions-oriented, transdisciplinary field and social movement focused on analysing and addressing the impacts of human disruptions to Earth’s natural systems on human health and all life on Earth.” This definition is intentionally broad, intended to encompass the multitude of ways that the environment can affect health, including water scarcity, changing food systems, urbanisation, biodiversity shifts, natural disasters, climate change, changing land use and land cover, global pollution, and changing biogeochemical flows. The health of humanity is dependent on our environment, and our environment is changing rapidly and in disastrous ways. Although the World Health Organization has called climate change “the greatest threat to global health in the 21st century,” many health professional school’s institutional priorities do not reflect the urgency of this danger to human health.

As future health professionals, we must be prepared to address the impacts of human-caused environmental changes on our patients’ health. This preparation is in the hands of the institutions providing our health professional training. It is imperative that we hold our institutions accountable for educating health professional students about the health impacts of climate change and other anthropogenic environmental changes, generating research to better understand health impacts and solutions, supporting related student initiatives, embracing sustainable practices as much as possible, and engaging with surrounding communities that are most affected by environmental threats. Because climate change and environmental threats disproportionately affect vulnerable populations (for example, communities of colour, older adults sensitive to health threats, and individuals in low-resource settings), these issues are inherently ones of equity and justice.

With the purpose of increasing planetary health awareness and accountability among health professional schools, we have created a Planetary Health Report Card that students internationally can use to grade and compare their institutions on an annual basis. This student-driven initiative aims to compare health professional schools nationally and internationally on the basis of discrete metrics in five main category areas: 1) planetary health curriculum, 2) interdisciplinary research in health and environment, 3) university support for student planetary health initiatives, 4) community outreach centred on environmental health impacts, and 5) school campus sustainability.

Definitions & Other Considerations

Definitions:

- **Planetary Health:** is described by the Planetary Health Alliance as “the health of human civilisation and the state of the natural systems on which it depends.” For example, topics such as climate change, declining biodiversity, shortages of arable land and freshwater, and pollution would all fall under the realm of planetary health. Both planetary health and traditional ‘environmental health’ examine the relationship between human health and the external environment, including extreme temperatures, chemicals, vector-borne diseases, etc. Planetary health explicitly concerns itself with the potential health harms associated with human-caused perturbations of natural systems. Therefore, the human health focus of planetary health makes the field well-adapted for the context of health professional education. Throughout this report card, we use the term planetary health to refer to this broad swath of topics, but resources do not need to explicitly include the term “planetary health” to satisfy the metric.
- **Sustainable Healthcare:** As defined by the Academy of Royal Colleges, sustainable healthcare involves ensuring the ability to provide good quality care for future generations by balancing the economic, environmental, and social constraints and demands within health care settings. A sustainable healthcare system maintains population health, reduces disease burden and minimises use of healthcare services.
- **Education for Sustainable Healthcare (ESH):** is defined as the process of equipping current and future health professionals with the knowledge, attitudes, skills and capacity to provide environmentally sustainable services through health professional education, thus working to decrease the enormous environmental impact of the healthcare industry. Planetary Health Education is an integral part of this education rather than an end in itself. This is because knowledge on Planetary Health is required to be able to fully understand the necessity of sustainable healthcare as well as being part of the broader knowledge needed to fully protect and promote health. In summary, ESH is covered by the three Priority Learning Outcomes of the Centre of Sustainable Healthcare below, and Planetary Health Education is embraced in the first learning objective and is a fundamental requirement to achieve learning outcomes 2 and 3:
 1. Describe how the environment and human health interact at different levels.
 2. Demonstrate the knowledge and skills needed to improve the environmental sustainability of health systems.
 3. Discuss how the duty of a doctor to protect and promote health is shaped by the dependence of human health on the local and global environment.
- **Medical School/Department vs. Institution:** When “Medical school” is specified in the report card, this only refers to curriculum and resources offered by the School/department of Medicine and does not include offerings from other parts of the university (e.g. undergraduate departments (USA), other related departments (e.g. Public Health, Population Health departments). In contrast, when “institution” is specified in the report card, we are referring to the university more broadly including all of its campuses. Any resource reasonably accessible by medical students, no matter where in the institution the resource comes from or if it is

specifically targeted for medical students, can meet this metric.

- **Environmental history (Curriculum Section):** This is a series of questions students are taught to ask during medical encounters that elicits patients' exposures and environmental risk factors. Historically, this has included consideration of exposures like pesticides, asbestos, and lead, though in the modern era shaped by climate change, it can be expanded to include things like wildfire smoke exposure, air pollution and mould after flooding. Key components include place of residence over the lifecourse, occupational history, food and water sources (e.g. meat from industrial feeding operations, regular fishing in contaminated water, access to clean drinking water), and exposure to air pollution. Please be as specific as possible when providing evidence for this metric.
- **Elective:** The word "elective" refers to an optional course or lecture series that a student can opt to take part in but is not a requirement in the core curriculum. Generally, these elective courses take place in the preclinical curriculum but vary by school.
- **Core Curriculum:** This refers to the taught material that is delivered to the entire cohort of students in one year.
- **Clerkship / Outreach:** This is a term used in the USA to refer to placements that medical students go on e.g. Pediatrics, General medicine, Psychiatry. In the UK these are referred to as rotations, outreach or placements. This is a relatively short (approximately 4-8 weeks) period of study and patient-centred clinical experience that takes place as part of the undergraduate programme.
- **Clinical rotation:** This is a term used to refer to placements that students go on (e.g., ophthalmology, surgery, cardiology).
- **Physiotherapy vs Physical Therapy:** For the purposes of this report card these terms are considered interchangeable. However, physiotherapy will be used primarily.
- **Community organisations:** For most institutions, there are existing groups that are not directly affiliated with the university and exist as a product of what the community the institution exists in cares about or needs. These specific community organisations relevant to this report include those that are focused around some aspect of climate and health preservation. These community organisations can include but are not limited to local mutual aid initiatives, underserved-resource distribution groups, clean-up and nature conservation groups, community gardeners, and other environmental-related organisations. If your institution does not have access to local volunteerships with community groups, please report any community organisations your institution or school has collaborated with.
- **Climate justice:** The idea that certain population groups and geographical locations which are disproportionately more impacted by climate change are already economically and socially disadvantaged. This double vulnerability sits alongside pre-existing social justice concerns and should therefore shift policy and practice to mitigate the inequitable effects of the climate crisis.
- **Extractivism:** The removal of natural resources typically in large quantities. Within anthropology this term is often used in the context of colonialism to refer to the

historic seizing of natural resources, a practice which has developed business models tied to ecological degradation and loss of biodiversity.

- **Global South:** Nations that often have less economic and industrial development and are typically in the southern hemisphere. These nations have been found to be disproportionately impacted by the climate crisis.
- **Low socioeconomic status (SES):** An individual or geographical area that across a variety of socioeconomic factors (e.g., income, education, race/ethnicity) is considered vulnerable. This vulnerability has been correlated to more adverse health outcomes often as a consequence of encountering more barriers in accessing and receiving healthcare.
- **Low and Middle-Income Countries (LMIC):** Countries that have lower degrees of economic affluence.
- **Anthropogenic:** Created through human activity.
- **Marginalized communities:** Groups excluded from mainstream economic, educational, social, and/or cultural experiences due to race, gender identity, sexual orientation, age, physical ability, language, and/or immigration status (Sevelius et al., 2020).

Scoring Matrix

- Elective coursework (1 point): This score applies to material that is actively selected by the students such as a module choice, or additional lecture series. By implication, only a given proportion of the cohort will receive this taught material.
- Brief coverage in the core curriculum (2 points): This score applies where a topic is covered only briefly in a core curriculum session. This implies that the entire cohort receives the same material. At minimum brief inclusion would qualify as inclusion in a single lecture slide in a single year.
- In depth coverage in the core curriculum (3 points): This score applies where a topic is taught in significant detail or where a topic is repeatedly brought up in different years. This might look like several dedicated lecture slides, or inclusion of the same topic in different lectures and teaching formats.

Other considerations:

- If there are more than one “tracks” at your institution with two different curricula (for example, Harvard Medical School has a Pathways and HST curriculum track), you can choose to fill out a report card for each track, or fill out just one report card and average the scores received by each track in cases where the scores are different (see the 2021 Harvard or Oxford report cards as examples). Where possible please indicate the proportion of students that are on each track.

Updated in 2025, a complete literature review by metric is available for the 2024/25 Medicine Report Card Template. This largely translates across disciplines although we are hoping to expand this process across all of our covered disciplines. A link to the 2025 literature review by metric is available [here](#).

Planetary Health Curriculum

Section Overview: *This section evaluates the integration of relevant planetary health topics into the medical school curriculum. Today's health professional students will be on the frontlines of tackling the health effects of climate and other environmental changes. Therefore, it is critical that students are trained to understand the health effects of these changes, as well as planetary health issues and principles more broadly. Topics like the changing geography of vector-borne diseases, the health consequences of air pollution, environmental health inequities, and disaster response principles must be part of every medical school's core curriculum.*

Curriculum: General

1.1. Did your <u>medical school</u> offer elective courses (student selected modules) to engage students in Education for Sustainable Healthcare or Planetary Health in the last year?	
Yes, the medical school has offered more than one elective whose primary focus is ESH/planetary health in the past year. (3 points)	
Yes, the medical school has offered one elective whose primary focus is ESH/planetary health in the past year. (2 points)	
The medical school does not have any electives whose primary focus is ESH/planetary health, but there are one or more electives that include a lecture on planetary health. (1 point)	
No, the medical school has not offered any electives on planetary health or electives that include ESH/planetary health topics in the past year. (0 points)	
Score Assigned:	3
<p>Score explanation: The Melbourne Medical School (MMS) MD program offers MD1 (first year MD Program), MD2 (second year MD Program) students the ability to undertake optional selective courses in environmental sustainability and planetary health, as part of the MD Discovery program.</p> <p>Taken directly from the Melbourne Medical School Discovery subject website: these “<i>Faculty Selectives are governed outside the Doctor of Medicine and as such the department, School or Faculty that are responsible for these subjects have full oversight of the curriculum, teaching, learning and assessment.</i>”</p> <p>The elective subjects offered in the Discovery program for MD1 & MD2 students in 2025 were:</p> <ul style="list-style-type: none"> ● Climate Change and Health - from: Melbourne School of Population and Global Health ● Planetary and Global Health - from: Melbourne School of Population and Global Health ● Sustainability and Healthcare - from: Melbourne School of Population and Global Health ● Foundations of Public Health - from: Melbourne School of Population and Global Health ● Disaster Medicine: Principles and Response - from: Melbourne Medical School <p>Additionally, the 2025 MD4 Interdisciplinary Advocacy workshop included a series of breakout rooms, with facilitated discussions on a specific topic within planetary health, for example Mental Health or First Nations Health. The groups were randomly allocated. Because students were not able to participate in more than one of these discussion groups, we consider these to be the equivalent of ‘elective’ rather than core curriculum.</p>	

Curriculum: Health Effects of Climate Change

1.2. Does your <u>medical school</u> curriculum address the relationship between extreme heat, health risks, and climate change?	
This topic was explored in depth by the core curriculum. (3 points)	
This topic was briefly covered in the core curriculum. (2 points)	
This topic was covered in elective coursework. (1 point)	
This topic was not covered. (0 points)	
Score Assigned:	2
<p>Score explanation: In MD4 (fourth and final year MD Program) Transition To Practice (TTP) content, there is a First Nations Health Module ‘Planetary health’. This includes an exploration of heat on cardiovascular and respiratory health through the example of David, a Bundjalung man and Peter, a Yorta-Yorta young person during a heatwave. There is one sentence explaining the pathophysiology of heat stress, and the increased burden of disease caused by heat is mentioned (the example includes a GP with a full waiting room) but not directly explored. Later in the module there are brief mentions of the connection between heat and melanoma, neurological diseases, communicable disease outbreaks, mental health, renal disease, geriatric and respiratory health.</p> <p>Additionally, in the MD4 Interdisciplinary Advocacy Workshop, a student presented a brief summary of their MD4 research project, focused on the health impacts of heat, working with a local public health unit. This specific example is unlikely to be repeated in the same form in 2026.</p> <p>However, we recommend that this content should be better integrated throughout the course, in years 1-3. These topics are also covered in elective coursework subjects offered as part of the MD discovery program including Climate Change and Health and Planetary and Global Health.</p>	

1.3. Does your <u>medical school</u> curriculum address the impacts of extreme weather events on individual health and/or on healthcare systems?	
This topic was explored in depth by the core curriculum. (3 points)	
This topic was briefly covered in the core curriculum. (2 points)	
This topic was covered in elective coursework. (1 point)	
This topic was not covered. (0 points)	
Score Assigned:	2
<p>Score explanation: The MD4 TTP First Nations Health Module ‘Planetary health’ includes several short sentence recognitions that extreme weather events can impact human health, particularly mental health, physical trauma, geriatric conditions, GI illnesses, and health services, equating to approximately a single slide. Similarly, the case study explores a heat wave and bushfire smoke exposure.</p>	

Outside this module, the content is brief:

- The MMS MD program provided one related public health lecture in MD1, titled “Introduction to Population, Global and Public Health”. The risks associated with recent extreme weather events including floods and fires are mentioned, but there is no detail nor explanation of the nature of these risks or their impacts on individuals or healthcare systems.
- The MD3 (third year MD program) obstetrics and gynaecology rotation, there is a single lecture, titled “Lactation and Breastfeeding”, which contains several slides discussing breastfeeding in the context of disruptive events like natural disasters, including climate associated disasters.
- In MD3, this was briefly implied, but not explicitly covered within the Sustainability module (within the Equity, diversity and sustainability module of the Integrated Learning Week content), with one slide of one lecture alluding to extreme weather events and consequent health impacts.

Additionally, these topics are covered in elective coursework offered as part of the MD discovery program including [Climate Change and Health](#) and [Disaster Medicine: Principles and Response](#)

1.4. Does your medical school curriculum address the impact of climate change on the changing patterns of infectious diseases?

This topic was explored **in depth** by the **core** curriculum. (3 points)

This topic was **briefly** covered in the **core** curriculum. (2 points)

This topic was covered in **elective** coursework. (1 point)

This topic was **not** covered. (0 points)

Score Assigned:

2

Score explanation: The MD4 TTP First Nations Health Module ‘Planetary health’ includes two sentences on infectious diseases. However, these do not seem to recognise locally relevant infectious diseases. There are also short dot points on zoonotic diseases and vector borne diseases, without any examples.

It is significant to note that this module references resources written in 2020 and 2019, before the 2022 outbreak of Japanese Encephalitis Virus (JEV) which has been connected to flood events and climate change. JEV is now considered endemic in Southern Australia and is of particular relevance in regional Victoria, including clinical school locations in Echuca, Shepparton and Wangaratta. Additionally, there is an opportunity to provide education on JEV immunisation recommendations in regional Victoria.

These topics are covered in elective coursework offered as part of the MD discovery program including [Climate Change and Health](#), [Planetary and Global Health](#), and [Disaster Medicine: Principles and Response](#).

1.5. Does your medical school curriculum address the respiratory health effects of climate change and air pollution?

This topic was explored in depth by the core curriculum. (3 points)	
This topic was briefly covered in the core curriculum. (2 points)	
This topic was covered in elective coursework. (1 point)	
This topic was not covered. (0 points)	
Score Assigned:	2
<p>Score explanation: The MD4 TTP First Nations Health Module ‘Planetary health’ includes a specific slide on climate change and respiratory conditions, including pollution, pollen production and bushfire smoke, as well as further resource links. It also discusses this in the context of an example, Peter, a Yorta-Yorta person with asthma and suggests using air quality tools to mitigate impact on high pollution days.</p> <p>The MMS MD program has several brief mentions scattered across lectures throughout MD1-3 on environmental factors such as pollen, weather and thunderstorm asthma, as potential contributors to respiratory conditions such as COPD, asthma and lung cancer. Notable lectures briefly mentioning this topic include:</p> <ul style="list-style-type: none"> ● MD1 - “Lung and Pleural Tumours” ● MD1 - “Drugs Affecting Airway Structures” ● MD2 - “Asthma for the clinician” ● MD2 - “Diagnosing COPD” <p>However, none of these MD1 or MD2 lectures make a meaningful link between climate change and worsening respiratory health. Additionally, there is no further significant exploration of respiratory health in the context of local factors, including bushfire smoke and pollen, despite its significance in Melbourne/Victoria. Whilst this link is eventually made in the MD4 module, it is important that it is integrated at the foundation of understanding these diseases.</p>	

1.6. Does your <u>medical school</u> curriculum address the cardiovascular health effects of climate change, including increased heat?	
This topic was explored in depth by the core curriculum. (3 points)	
This topic was briefly covered in the core curriculum. (2 points)	
This topic was covered in elective coursework. (1 point)	
This topic was not covered. (0 points)	
Score Assigned:	2
<p>Score explanation: The MD4 First Nations Health Module ‘Planetary health’ includes a specific slide on climate change and cardiovascular conditions, including pollution, heat stress and bushfire smoke, as well as further resource links. It also discusses this in the context of an example, David, a Bundjalung man experiencing cardiac disease during a heatwave and provides resources on the connection between cardiovascular health and climate change.</p>	

To the extent of our knowledge, this was not covered in any other part of the MD program, beyond obvious links between extreme weather/heat exposure, and vasovagal syncope. We recommend that this content should be better integrated throughout the course, in years 1-3.

Though the MD4 module is comprehensive, that lack of coverage in other areas and years means this metric does not achieve full marks.

1.7. Does your medical school curriculum address the mental health and neuropsychological effects of environmental degradation and climate change?

This topic was explored **in depth** by the **core** curriculum. (3 points)

This topic was **briefly** covered in the **core** curriculum. (2 points)

This topic was covered in **elective** coursework. (1 point)

This topic was **not** covered. (0 points)

Score Assigned:

2

Score explanation: The MMS MD program explores the broader impacts of climate change and the health of Country on social and emotional wellbeing for First Nations communities. This is covered as a part of the First Nations Health content run by the [Wurru Wurru Health Unit](#), in the context of social and cultural determinants of health. In particular, the topic was briefly covered in the MD3 lecture: *"The role of institutions in the health and wellbeing of First Nations peoples"* and the First Nations Mental Health workshop. However, this content addresses these issues within a specific cultural context, and is not necessarily generalisable to understanding mental health and neuropsychological effects within the general population. The MD4 TTP First Nations Health Module 'Planetary health' includes several brief dot points on mental health, cognition and climate change, as well as a further slide of content that, as above, is culturally specific to First Nations peoples.

Selected MD3s may have discussed issues of climate change related mental health impacts in their HEADSS assessment workshop. However, this was brief, inconsistent across different workshops and not included in any formal materials. This would be a prime opportunity for the topic to be discussed with all students in greater depth.

Furthermore, there was a MD3 lecture that briefly covered the damaging effects of air pollution on dementia, titled *"Ageing population and dementia epidemiology"*. The information was also mentioned in a single dot-point in a list of non-modifiable risk factors in the lecture *"Health promotion across the lifespan in General Practice"*.

There is no detailed discussion on the effect of local environmental degradation, such as desertification of the Murray-Darling Basin, or of climate change related natural disasters, such as bushfires, on the mental health of the general Australian population.

1.8. Does your medical school curriculum address the relationships between health, individual patient food and water security, ecosystem health, and climate change?

This topic was explored **in depth** by the **core** curriculum. (3 points)

This topic was briefly covered in the core curriculum. (2 points)	
This topic was covered in elective coursework. (1 point)	
This topic was not covered. (0 points)	
Score Assigned:	2
<p>Score explanation: The MMS MD program included one relevant public health lecture in MD1, titled “Introduction to Population, Global and Public Health”. The concept of the relationship between population health, ecosystem health and climate change was briefly introduced, however, did not involve significant detail or examples of this relationship.</p> <p>In the MD1 public health tutorial, “Challenges for Global Health”, the impacts of seasonal water supply was listed as a potential impact on food security and human health. Students also complete a causal pathway ePortfolio assignment which covers social and environmental including climate determinants of health.</p> <p>The MD4 TTP First Nations Health Module ‘Planetary health’ includes several brief dot points on food insecurity, nutrition, and agricultural systems.</p> <p>Additionally, food and water security was discussed briefly in the MD3 “Lactation and Breastfeeding” Lecture.</p>	

1.9. Does your <u>medical school</u> curriculum address the outsized impact of climate change on marginalised populations such as those with low SES, women, communities of colour, Indigenous communities, children, homeless populations, and older adults?	
This topic was explored in depth by the core curriculum. (3 points)	
This topic was briefly covered in the core curriculum. (2 points)	
This topic was covered in elective coursework. (1 point)	
This topic was not covered. (0 points)	
Score Assigned:	2
<p>Score explanation: The MMS MD program explores the broader impacts of climate change and the health of Country on social and emotional wellbeing for First Nations communities. This is covered in all years of the MD program as a part of the First Nations Health content run by the Wurru Wurru Health Unit, in the context of social determinants of health. There was also a relevant Discovery elective offered for MD2s, titled “On Country for Health” that briefly covered this content.</p> <p>The MD4 TTP First Nations Health Module ‘Planetary health’ explores planetary health in the context of two Aboriginal people, David and Peter, however does not significantly address how this impact is ‘outsized’ beyond described above. For example, it does not address or reference the 2025 Climate Risks to Aboriginal and Torres Strait Islander Peoples report. This module also includes very briefly mentions of the impact on other marginalised groups, including rural and remote communities, older adults, refugees and migrants, however this is not addressed in-depth and does not address issues of intersectionality or compounding determinants of health.</p>	

1.10. Does your medical school curriculum address the unequal regional health impacts of climate change globally?

This topic was explored **in depth** by the **core** curriculum. (3 points)

This topic was **briefly** covered in the **core** curriculum. (2 points)

This topic was covered in **elective** coursework. (1 point)

This topic was **not** covered. (0 points)

Score Assigned:

1

Score explanation: To the extent of our knowledge, the MMS MD program did not cover this topic in the core curriculum. However, the MD offers MD1, MD2 and MD3 students the ability to undertake elective (selective) courses in environmental sustainability and planetary health, known as the MD Discovery program, including [Climate Change and Health](#) and [Planetary and Global Health](#).

The MD4 TTP First Nations Health Module ‘Planetary health’ has two very brief references to the phenomena of forced migration in the context of climate change, but does not explore global and regional inequity of impact, nor link this phenomena to examples.

Previous opportunities to undertake international placements are no longer approved. These previously allowed students to pursue opportunities and gain exposure to international healthcare systems and recognise issues of climate and health injustice and inequity.

Australia has close ties to Pacific Island nations, who are bearing disproportionate effects of climate change, health and otherwise. Given the predicted migration effects associated with climate change in our region, increased teaching on these impacts, as well as communicable and chronic health conditions affecting our regional neighbours would be highly valuable.

Curriculum: Environmental Health & the Effects of Anthropogenic Toxins on Human Health

1.11. Does your medical school curriculum address the reproductive health effects of industry-related environmental toxins (e.g. air pollution, pesticides, microplastics)?

This topic was explored **in depth** by the **core** curriculum. (3 points)

This topic was **briefly** covered in the **core** curriculum. (2 points)

This topic was covered in **elective** coursework. (1 point)

This topic was **not** covered. (0 points)

Score Assigned:

0

Score explanation: To the best of our knowledge, the MMS MD program and elective options did not cover this topic. Note that we have interpreted this metric to intend to mean toxicants, a broader term than toxins (the latter meaning toxicants produced by living things).

1.12. Does your medical school curriculum address important human-caused environmental threats that are relevant to the university's surrounding community?

This topic was explored **in depth** by the **core** curriculum. (3 points)

This topic was **briefly** covered in the **core** curriculum. (2 points)

This topic was covered in **elective** coursework. (1 point)

This topic was **not** covered. (0 points)

Score Assigned:

2

Score explanation: There is one dot point in the The MD4 TTP First Nations Health Module 'Planetary health' explores the impact of heat and bushfire smoke on cardiovascular and respiratory disease in regional Victorian context. It makes explicit the links between climate change, fossil fuel burning, changes in land management, and these events. It further discusses the challenges facing a general practitioner in this affected community.

As recognised in 1.5, there are brief explorations of thunderstorm asthma as a locally relevant condition, but limited exploration of the environmental mechanisms contributing to it, until the MD4 TTP Planetary Health Module. In the MD3 Sustainability Modules, and the lecture "*Junior doctors practising high quality, low carbon medicine*", there were brief references to local examples of healthcare related environmental impacts. There are many more relevant local threats that could be covered in further detail including floods, and metropolitan high-pollution areas.

1.13. To what extent does your medical school emphasise the importance of Indigenous knowledge and value systems as essential components of planetary health solutions?

This topic was explored **in depth** by the **core** curriculum. (3 points)

This topic was **briefly** covered in the **core** curriculum. (2 points)

This topic was covered in **elective** coursework. (1 point)

This topic was **not** covered. (0 points)

Score Assigned:

2

Score explanation: The University of Melbourne has a dedicated [Wurru Wurru Health Unit](#) which delivers integrated learning around the importance of Indigenous knowledge systems throughout MD1-MD4. The addition of the MD4 TTP First Nations Health 'Planetary health' module continues the pattern of Wurru Wurru teaching being a heavily relied upon source of planetary health education within the course.

The Wurru Wurru Health Unit's teaching across all year levels provides particular recognition of the health of Country as a determinant of health for First Nations Peoples. It is noted as a key determinant of health in the Wurru Wurru Health Model. Cultural immersion activities such as [Bunjilaka](#) and [Bilibellary's Walk](#) provide discussion on the importance of the health of Country and caring for Country for wellbeing, and this is discussed in MD3 First Nations Health workshops.

However, planetary health education outside explicit First Nations content currently lacks coherent integration of Indigenous knowledge, especially in discussions regarding planetary health solutions. Planetary health concepts are often presented in the form of environmental determinants of health for First Nations people that can be utilised in public health solutions, but there the inverse relationship is not explored in depth, i.e. the importance of Indigenous knowledge and values for planetary health solutions.

The key exception to this is in the MD4 First Nations Health ‘Planetary health’ module. There is brief reference to cultural burning, including resource links, as a method of mitigating bush fire risk resulting from climate change. There is also short reference to the value of traditional practices for protecting land and sea country. However, these are primarily contained in further information click boxes. Similarly, there is a link in a further information box to a discussion paper, [Community-led health initiatives for Torres Straits Island communities in a changing climate](#), which could be explored further. Beyond these brief examples, this module does not specifically or explicitly emphasise the importance of centering Indigenous knowledge and value systems for planetary health solutions.

1.14. Does your medical school curriculum address the outsized impact of anthropogenic environmental toxins on marginalised populations such as those with low SES, women, communities of colour, children, homeless populations, Indigenous populations, and older adults?

This topic was explored **in depth** by the **core** curriculum. (3 points)

This topic was **briefly** covered in the **core** curriculum. (2 points)

This topic was covered in **elective** coursework. (1 point)

This topic was **not** covered. (0 points)

Score Assigned:

2

Score explanation: To the extent of our knowledge, the MMS MD program only extremely briefly covered this topic in the MD1 and MD2 core curriculum. This was in a lecture titled ‘COPD’ and ‘Drugs Affecting Airway Structures’, where there is a one-line reference to an increased risk of respiratory disease in low-socioeconomic settings where indoor biomass fuel burning exposure is more common.

The MD4 First Nations Health ‘Planetary health’ module implies that regional Australians are at risk of bushfire smoke exposure, however any disproportionate health burden is not made explicit or explored. Similarly, the module focuses on members of a First Nations family, but does not explicitly link this to an increased risk of toxicant exposure. There is a brief recognition that older adults are ‘especially susceptible’ to climate change related health impacts, but this does not focus on anthropogenic environmental toxins. Exploration of Peter’s asthma would be a good potential opportunity to recognise how urban pollution exposure is impacted by socio-economic factors, or recognise the impact of pollution on a paediatric population.

Note that we have interpreted this metric to intend to mean toxicants, not merely biological toxins.

Curriculum: Sustainability

1.15. Does your medical school curriculum address the environmental and health co-benefits of a plant-based diet?

This topic was explored **in depth** by the **core** curriculum. (3 points)

This topic was **briefly** covered in the **core** curriculum. (2 points)

This topic was covered in **elective** coursework. (1 point)

This topic was **not** covered. (0 point)

Score Assigned:

2

Score explanation: In MD1, the *'Food and Nutrition 101'* lecture had two slides on environmental and health effects of plant based diets, and referenced the Lancet Planetary Health Diet. In the MD4 First Nations Health 'Planetary health' module, there is a link to an external image, which briefly describes the co-benefits of a plant-based diet for cancer, cardiac, renal and metabolic disease, alongside emissions and water consumption.

On the other hand, a separate nutrition information box in this module mentions that increases in CO2 impact the nutrition levels of plants, resulting in deficiencies in those on heavily plant-based diets. This information would benefit from being presented alongside an acknowledgement of the co-benefits of plant-based diets, particularly as a mitigation action for reducing CO2 production.

The First Nations Health lecture *'Traditional Bush medicines and Nutrition'* discussed the health impacts of traditional oriented lifestyles/diet compared to a modern agricultural/processed diet, and their impact on sustainable land management. However, this was not specifically about plant-based diets, rather 'balanced omnivorous diets'.

1.16. Does your medical school curriculum address the carbon footprint of healthcare systems?

This topic was explored **in depth** by the **core** curriculum. (3 points)

This topic was **briefly** covered in the **core** curriculum. (2 points)

This topic was covered in **elective** coursework. (1 point)

This topic was **not** covered. (0 points)

Score Assigned:

2

Score explanation: The MMS MD program extensively addressed the carbon footprint of the healthcare systems in core content across the year levels. This topic was explored in great depth across the following resources:

- MD3 Sustainability Module with lectures, "Value-based medicine and Choosing Wisely", and "Low carbon medicine for patient and planet" and associated readings
- MD3 Activity 'Unnecessary testing in General Practice'
- MD3 General Practice Module 3 Focus Case: 'Sitting with uncertainty in general practice'. The case highlights the importance of not over-investigating in patients with a low pre-test probability of serious illness and links to the [Choosing Wisely](#) resource. There are two mentions of the sustainability implications of over-investigation.

- MD4 Interdisciplinary Advocacy workshop and First Nations Health ‘Planetary health’ module.

This was covered in-depth in elective subjects offered as part of the [MD discovery program](#) including [Climate Change and Health](#), and [Sustainability and Healthcare](#).

1.17. Does your medical school curriculum cover these components of sustainable clinical practice in the core curriculum? (points for each)	Score
The health and environmental co-benefits of avoiding over-medicalisation, over-investigation and/or over-treatment (2 points)	2
The environmental impact of pharmaceuticals and over-prescribing as a cause of climate health harm. Alternatively teaching on deprescribing where possible and its environmental and health co-benefits would fulfil this metric. (2 points) .	0
The health and environmental co-benefits of non-pharmaceutical management of conditions where appropriate such as exercise or yoga classes for type 2 diabetes; social group activities such as gardening for mental health conditions; active transport such as bicycle schemes. This is commonly known as social prescribing in the UK. (1 point)	1
Environmental impact of surgical healthcare on planetary health and the climate crisis, and how can it be mitigated. (1 point)	1
The impact of anaesthetic gases on the healthcare carbon footprint and ways to reduce anaesthesia's environmental impacts, such as total intravenous anaesthesia or choosing less environmentally harmful anaesthetic gas options with reduced greenhouse gas emissions. (1 point)	1
The impact of inhalers on the healthcare carbon footprint and the environmental benefit of dry powdered inhalers over metered dose inhalers. (1 point)	1
Waste production within healthcare clinics and strategies for reducing waste in clinical activities (e.g. single use items in the inpatient or outpatient setting) (1 point)	1
<p>Score explanation: Concepts of avoiding low-value healthcare, such as over-testing and over-prescribing, from Australia’s Choosing Wisely initiative are integrated throughout the MD program, particularly emphasised during MD3 Sustainability module. It is similarly covered in an MD2 Professional Practice (PP) tutorial. While over-prescribing pharmaceuticals is acknowledged in relation to polypharmacy and its health risks, its environmental impact as a climate health harm is not explicitly addressed except in the MD3 Sustainability module.</p> <p>The MD4 First Nations planetary health module contains a very brief reference (half a sentence) to a GP ‘considering the carbon footprint when prescribing equivalent acting medications’ without any further exploration of this or deprescribing for climate health co-benefits.</p> <p>The concepts of social prescribing are commonly integrated under the general management principle of trialling ‘lifestyle’ measures first-line where appropriate, although the environmental co-benefits are not usually recognised. This does occur, however, in the MD4 First Nations Health ‘Planetary health’ module. There are information boxes on co-benefits for cardiac and respiratory conditions, focusing on the value of active transportation, which is reemphasised in the case study. There is additionally a link to an external image which addresses this in further detail.</p>	

Teaching on surgical healthcare and its environmental impact are explored in the MD3 Sustainability module, particularly in discussing sterilisation and reusable equipment. Anaesthetic gas choices, inhaler choice optimisations and waste minimisation are typically covered as examples within the MD3 Sustainability modules.

The MD4 Interdisciplinary Advocacy workshop had speakers discussing sustainability and clinical waste reduction in various settings.

Curriculum: Clinical Applications

1.18. In training for patient encounters, does your medical school's curriculum introduce strategies to have conversations with patients about the health effects of climate change?

Yes, there are strategies introduced for having conversations with patients about climate change in the **core** curriculum. (2 points)

Yes, there are strategies introduced for having conversations with patients about climate change in **elective** coursework. (1 point)

No, there are **not** strategies introduced for having conversations with patients about climate change. (0 points)

Score Assigned:

0

Score explanation: There are no strategies introduced for having conversations with patients about climate change within the current MD curriculum.

In the elective subject '*Sustainability and Healthcare*', there is a lecture which outlines common Climate Change-related health conditions impacting the community and the importance of informing the public of these. This lecture conveyed that healthcare professionals want to inform their patients of climate-related health risks, particularly heat-related and mental health conditions. However, this lecture does not introduce strategies to have conversations with patients about these health effects.

1.19. In training for patient encounters, does your medical school's curriculum introduce strategies for taking an environmental history or exposure history?

Yes, the **core** curriculum includes strategies for taking an environmental history. (2 points)

Only **elective** coursework includes strategies for taking an environmental history. (1 point)

No, the curriculum does **not** include strategies for taking an environmental history. (0 points)

Score Assigned:

2

Score explanation: In MD1 there is a clinical skills tutorial in week 6 on interviewing a patient on the cardinal features of dyspnoea. This includes environmental factors that may predispose to, or

worsen dyspnoea such as chemicals, paint, asbestos and tobacco smoke. These include pollen, dust, smoke and pet dander, however, there is limited discussion on climate-related exposures such as bushfire smoke and mould from flooding. Further, histories that are tailored to presentations such as extreme weather events, eco-anxiety, and other climate-related pathologies are not covered. Additionally, there is a clinical skills tutorial in week 9 on interviewing a patient on the cardinal features of asthma and particularly taking an occupational and social history. We believe that environmental history taking should be given greater emphasis in core curriculum with reference to non-occupational and climate change related environmental exposures, as these exposures are increasingly relevant to presentations beyond pulmonary disease.

Curriculum: Administrative Support for Planetary Health

1.20. Is your medical school currently in the process of implementing or improving Education for Sustainable Healthcare (ESH)/planetary health education?

Yes, the medical school is currently in the process of making **major** improvements to ESH/planetary health education. (4 points)

Yes, the medical school is currently in the process of making **minor** improvements to ESH/planetary health education. (2 points)

No, there are **no** improvements to planetary health education in progress. (0 points)

Score Assigned:	4
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Score explanation: Melbourne Medical School and broader the Faculty of Medicine, Dentistry and Health Sciences, have begun to implement robust ESH/planetary health education across the year levels, such that it features as a key theme of the MD course. Particularly in light of the [new changes to the accreditation standards](#) of Australian Medical Schools developed by the [Australian Medical Council \(AMC\)](#), which took effect in 2024.

In 2025, the [Sustainability, Climate & Health Strategy 2025-2030](#) was released. This includes 10 strategic goals towards leading education in sustainable healthcare and climate health.

Changes are expected to be gradual across several years of the education accreditation period. Initial work in 2025 included curriculum mapping, review and planning. The students are optimistic and looking forward to the roll out of greater ESH/planetary health education. We hope this is reflected in future PHRCs.

1.21. How well are the aforementioned planetary health/Education for Sustainable Healthcare topics integrated longitudinally into the core curriculum?

Planetary health/ESH topics are **well integrated** into the core medical school curriculum. (6 points)

Some planetary health/ESH topics are appropriately integrated into the core medical student curriculum. (4 points)

Planetary health/ESH is not integrated and is primarily addressed in **(a) standalone lecture(s)**. (2 points)

There is minimal/no education for sustainable healthcare. (0 points)	
Score Assigned:	2
<p>Score explanation: There is currently limited integration of planetary health and ESH into course learning outcomes overall. The intermittent integration of planetary health content throughout the course is up to the discretion of individual lecturers, and does not constitute longitudinal integration. As noted in 1.13, First Nations health content provides some reference to planetary health across all year levels. After a brief mention in introductions to public health principles in MD1, the majority of other relevant content is contained across three standalone teaching events: a sustainability lecture in MD3, and the First Nations Health ‘Planetary health’ module and Interdisciplinary Advocacy workshop in MD4.</p> <p>It is significant to note that the MD3 sustainability lecture was presented as part of the Integrated Learning Weeks content, which is unfortunately often described by students as being ‘unimportant’ or ‘skippable’. Similarly, one of our student reviewers had entirely missed the existence of the MD4 First Nations planetary health module, perhaps due to its location on the Learning Management System (LMS) or lack of integration with other teaching tasks. In contrast, the MD4 Interdisciplinary Advocacy Workshop was spoken about very positively by students, in part due to its in-person delivery and interactivity. We acknowledge that it is impossible to force students to use any specific content. However, there is a concern that placing this content on the LMS without linking it to a tutorial, assessment task or other learning activities (such as a Professional Practice class) may result in it being ‘buried’ within pages, and undermine student engagement. Similarly, the majority of this content is delivered in years 3 and 4, when a foundation of understanding about diseases and their mechanisms has already been established, and students are likely to rely heavily on self directed learning rather than university resources. We would thus encourage stronger integration across year levels. A review of the access data from the LMS platform (Canvas) would provide better insight than our informally gathered student observations and subsequent speculation.</p> <p>We are optimistic about stronger integration in future years following the Department of Medical Education’s curriculum mapping project completion in 2025.</p>	

1.22. Does your <u>medical school</u> employ a member of faculty to specifically oversee and take responsibility for the incorporation of planetary health and sustainable healthcare as a theme throughout the course?	
Yes, the medical school has a specific faculty/staff member responsible for overseeing curricular integration of planetary health and sustainable healthcare. (1 point)	
No, the medical school does not have a specific faculty/staff member responsible for overseeing curricular integration of planetary health and sustainable healthcare. (0 points)	
Score Assigned:	1
<p>Score explanation: A temporary position was created in late 2025 as MD Curriculum Lead in Planetary Health and Sustainable Healthcare. This position is no longer active, but ongoing integration is the responsibility of MD course director. Additionally, Dr Jess Abbonizio was appointed in 2024 as Faculty of Medicine, Dentistry and Health Sciences Sustainable Healthcare Manager.</p>	

1.23. Does your health professional curriculum include teaching on civic engagement/advocacy to address the environmental and structural determinants of health?	
This topic was explored in depth by the core curriculum. (3 points)	
This topic was briefly covered in the core curriculum. (2 points)	
This topic was covered in elective coursework. (1 point)	
This topic was not covered. (0 points)	
Score Assigned:	3
<p>Score explanation: ‘Doctor as a health advocate’ is a core learning outcome across the course, and is well integrated across year levels. Some specific examples include:</p> <ul style="list-style-type: none"> • MD4 Interdisciplinary Advocacy workshop, which focussed on sustainable healthcare and planetary health, with talks given by a variety of health professionals and students working on projects that address issues of sustainability, and a workshop that considered the impact of environmental determinants on various health specialities or interest areas. Groups were tasked with coming up with an idea to address their issue and engage advocacy skills. • Advocacy regularly emerges as a theme in Professional Practice (PP) tutorials across the years. For example, “Leadership and Followership” in MD3 focuses on leadership and advocacy as general roles for a doctor. MD2 PP tutorial “Health promotion” has a strong focus on the responsibility of medical students and health professionals to engage with First Nations issues via a determinants of health framework, and advocate for communities. The MD2 “Social Media” PP class discusses advocacy through ‘social media for good’. • Wurru Wurru Health Unit’s First Nations Health content and tutorials, with a strong focus on social and cultural determinants of health, and encourages civic engagement and advocacy, both as health professionals and community members. This includes the MD4 First Nations Health ‘Planetary health’ module, which explores a GP undertaking advocacy roles in her community in response to environmental determinants of health. 	
Section Total (49 out of 75)	65.33%

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Interdisciplinary Research

Section Overview: This section evaluates the quality and quantity of interdisciplinary planetary health research at the broader institution. Interactions between health and the environment are complex and multifactorial. While climate change has been extensively studied from an environmental science perspective, planetary health is an emerging field. As leading health institutions with talented researchers and research resources, institutions should fund research studying the health effects of climate change and anthropogenic environmental toxins. This obligation is particularly strong because the public and policymakers are more attentive to climate change when its implications for human health are emphasised.

2.1. Are there researchers engaged in planetary health research and healthcare sustainability research at your institution?

Yes, there are faculty members at the **institution** who have a **primary** research focus in planetary health **or** sustainable healthcare/vetcare. (3 points)

Yes, there are individual faculty members at the **institution** who are conducting research **related** to planetary health or healthcare sustainability, **OR** are part of a national/international sustainability working group, but it is not their primary research focus. (2 points)

There are sustainability researchers at the **institution**, but not specifically associated with healthcare/vetcare. (1 point)

No, there are **no** planetary health and/or sustainability researchers at the **institution** at this time. (0 points)

Score Assigned:

3

Score explanation: The Melbourne Medical School is home to the [Healthcare Carbon Lab](#). There are at least two faculty members within this lab whose research focus is sustainable healthcare, including the inaugural Associate Dean of Sustainable Healthcare. Their work focuses on building a life cycle assessment inventory of healthcare services and equipment.

The Department of Critical Care has numerous other faculty members whose research focuses on [sustainable healthcare](#). This includes the Enterprise Professor in Sustainable Healthcare, and Senior Fellow Sustainability, Climate and Health amongst others. Many of these doctors are also involved in [Doctors for the Environment Australia](#), and various working groups for planetary health with other medical organisations and specialty colleges.

The [Chair of Social Work](#) has a primary research interest in post-disaster recovery, specifically bushfires, with other members of the department also involved in this research.

There are various members of the Faculty of Medicine, Dentistry and Health Sciences, as well as the School of Population and Global Health and [Melbourne Climate Futures](#) whose research focus includes planetary health and sustainable healthcare.

2.2. Is there a dedicated department or institute for interdisciplinary planetary health research at your institution?

There is at least one dedicated department or institute for interdisciplinary planetary health research. (3 points)	
There is not currently a department or institute for interdisciplinary planetary health research, but there are plans to open one in the next 3 years. (2 points)	
There is an Occupational and Environmental Health department , but no interdisciplinary department or institute for planetary health research. (1 point)	
There is no dedicated department or institute. (0 points)	
Score Assigned:	3
<p>Score explanation: Melbourne Climate Futures (MCF) is an interdisciplinary initiative established by the University of Melbourne which is dedicated to climate change research and engagement across faculties, schools, and departments. MCF “connects and amplifies the depth and breadth of University of Melbourne research, creates a portal to share ideas and collaborate on real action, and empowers the next generation of climate activists.” The initiative partners with various institutions in the university to coordinate research and engagement on key research themes around climate change.</p> <p>The Health, Wellbeing and Climate Justice research theme in MCF runs several projects researching the intersection between climate change and health and facilitating the development of healthy climate policies. This program has recently established the Earth System Governance (ESG) Working Group on Planetary Health Justice which aims to further support interdisciplinary research on planetary health and “extend the existing ESG planetary justice research framework by applying a health lens.”</p> <p>The Climate CATCH Lab is a joint initiative of the School of Population and Global Health, Melbourne Medical School, and Melbourne Climate Futures at the University of Melbourne. It is a “collaborative interdisciplinary network of researchers, educators, practitioners ... advancing knowledge and action at the nexus of climate change and health.” The initiative focuses on climate change from a health systems and community health lens, and conducts multidisciplinary research across nine streams, including Sustainable Healthcare and Health Impacts of climate change.</p>	

2.3. Is there a process by which communities disproportionately impacted by climate change and environmental injustice give input or make decisions about the research agenda at your institution?	
Yes, there is a process in which community members impacted by climate and environmental injustice have decision-making power in the climate + environmental research agenda. (3 points)	
Yes, there is a process in which community members impacted by climate and environmental injustice advise the climate + environmental research agenda. (2 points)	
No , but there are current efforts to establish a process for community members to advise or make decisions on the research agenda. (1 point)	
There is no process, and no efforts to create such a process. (0 points)	
Score Assigned:	1

Score explanation: To the best of our knowledge, the University does not currently have any process for disproportionately affected communities to have input or decision-making power in the institution's research agenda. However, various groups within the institution are making vital first steps towards co-design and agenda-setting approaches in various research projects.

Particularly, the [Climate CATCH Lab project](#): *First Impacted, First Heard: Prioritizing First Nations People's Knowledge on Climate and Health in Research and Policy Action* “explores ways of partnering with First Nations (or Indigenous) people of Australian and Pacific Island countries and territories to set and influence the climate and health research and policy agenda. One of the project's aims is to develop guidance to enhance future research and policy-making processes. Alongside other First Nations community-determined outcomes from the project, this guidance may also be helpful to other jurisdictions.”

There are a variety of other notable approaches that are significant. Whilst they do not entirely fulfil this metric, they are indicative of shifting attitudes and growing efforts in this space.

- The University of Melbourne has several research groups and projects using co-design approaches which encourage engagement with and contributions from community collaborators, however this is after the agenda of the research has been set. For example, [the Urban Resilience and Innovation Program](#) in the Melbourne Centre for Cities, with a climate justice research. The University's framework for [Indigenous Research](#), has a strong focus on community collaboration, however, this does not outline processes opportunities for non-academics to influence research agendas.
- Alternatively, there are examples of co-design and collaboration that involve agenda setting and decision making capacity within the University, but these do not have projects focusing on planetary health or communities disproportionately affected by climate change and environmental justice. These include, the [Social Equity Institute](#)'s commitment to co-design and collaboration, the institute's [Community Fellows Program](#) allows research agendas to be set by communities. The [Co-Design Living Lab Program](#), as part of the [ALIVE National Centre for Mental Health Research Translation](#), involves people with Lived Experience in End-To-End design and translation of research, including priority setting.
- An additional honourable mention goes to [PAVE Health](#), a collaboration between Climate Catch Lab, Wellcome and the Pacific Climate Change Centre (PCCC), which aims to improve local capacity for research and evidence gathering to address climate change related health impacts in the Pacific. However, this project is primarily aimed at improving local research capacity via PCCC, hosted by Secretariat of the Pacific Regional Environmental Programme (SPREP), rather than setting the agenda for research performed by The University of Melbourne.

The work done by various research groups provides strong theoretical exploration and models which have potential to form a process for use across the institution in the future, if further efforts are made to do so.

2.4. Does your **institution** have a planetary health website that centralises ongoing and past research related to health and the environment?

There is an **easy-to-use, adequately comprehensive** website that **centralises** various campus resources related to health and the environment including all of the following: upcoming events, leaders in planetary health at your institution, and relevant funding opportunities. (3 points)

There is a website that **attempts to centralise** various campus resources related to health and the environment, but it is hard-to-use, not updated, or not adequately comprehensive. (2 points)

The **institution** has an **Office of Sustainability website** that includes **some** resources related to health and the environment. (1 point)

There is **no** website. (0 points)

Score Assigned:

2

Score explanation: At present, relevant research and resources are dispersed across several university websites (mentioned below). However, we recognise the challenges inherent in centralising research, events, and opportunities across the many centres within the University of Melbourne that engage with health and the environment.

The university has a [Sustainable at Melbourne](#) website which provides information on its climate change and sustainability initiatives, and links key research groups such as [Melbourne Climate Futures](#) (MCF) (expanded on below), as well as education and research opportunities/projects that align with the University’s sustainability framework. Additionally, the [Sustainable Campus website](#) (primarily student-run) acts as a general noticeboard for sustainability-related news and events, and offers guidance on how students can contribute to the campus sustainability.

MCF serves as a hub for climate-related news, events, and research across the university. Its “[Expertise](#)” section includes links to discussion papers authored by academics and outlines the major climate research themes, while the [News and Events section](#) is regularly updated with articles highlighting climate research outputs. However, this platform is not specific to health-related topics or planetary health and therefore does not fully meet the criteria for a dedicated planetary health resource.

However, MCF does include a [Health, Wellbeing and Climate Justice](#) research stream and links to the [Climate CATCH Lab](#), which showcases several health- and environment-focused research projects across its streams. Its streams, according to the website, include Health Impacts, Sustainable Healthcare, Mitigation, International Engagement and Adaptation, Policy and Politics, Just Energy Transitions, Resilience, Intergenerational Justice, and Creativity and Imagination. Within each stream, the website links to key members and projects.

In addition, the Medical School hosts a [Sustainable Healthcare](#) webpage through the Department of Critical Care, which provides information on relevant research activities, staff members, and news.

Overall, as previously stated, we recommend the development of a regularly updated, accessible, and centralised webpage dedicated specifically to **Planetary Health**, which would streamline information on research, events, expertise, and opportunities across the University.

2.5. Has your **institution** recently hosted a conference or symposium on topics related to planetary health?

Yes, the **institution** has hosted at least one conference or symposium on topics related to planetary health in the past year. (4 points)

Yes, the **institution** has hosted at least one conference or symposium on topics related to sustainable healthcare/vetcare in the past year. (3 points)

Yes, the institution has hosted a conference on topics related to planetary health / sustainable healthcare/vetcare in the past three years. (2 points)	
The institution has not hosted any conferences directly, but they have provided financial support for a local planetary health event. (1 point)	
No, the institution has not hosted a conference on topics related to planetary health in the past three years. (0 points)	
Score Assigned:	4
<p>Score explanation: In 2025, the university hosted various events related to planetary health and sustainable healthcare. These included:</p> <ul style="list-style-type: none"> - Climate Catch Lab hosted a Climate and Health Symposium for researchers, students and staff in the Faculty of Medicine, Dentistry and Health Sciences and Melbourne School of Population and Global Health. - Alongside Alfred Health and Monash University, the university hosted a one-day symposium - "Collaboration & Leadership for Sustainable Healthcare" - featuring speakers and panels on sustainable health systems and healthcare leadership in the climate context. - The Students in Sustainable Healthcare research showcase highlighted student research in the sustainable healthcare space. 	

2.6. Is your <u>institution</u> a member of a national or international planetary health or ESH/ESV organisation?	
Yes, the institution is a member of a national or international planetary health or ESH/ESV organisation. (1 point)	
No, the institution is not a member of such an organisation. (0 points)	
Score Assigned:	1
<p>Score explanation: Through the Climate CATCH Lab, the University is a member of the Planetary Health Alliance (PHA), the Alliance for Transformative Action on Climate and Health (ATACH), Global Green and Healthy Hospitals, and the Climate and Health Alliance.</p>	

Section Total (14 out of 17)	82.35%
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Community Outreach and Advocacy

Section Overview: This section evaluates a school's engagement in community outreach and advocacy efforts associated with planetary health. Researching and teaching planetary health is necessary but not sufficient. It is critical that institutions also directly engage with communities most affected by environmental health harms. Although climate change is a problem largely created by those with power and resources, its impacts fall disproportionately on under-resourced populations and communities of colour. Institutions should partner with local communities affected by climate change and pollution to share information about environmental health threats, advocate together for change, and provide opportunities for students to be a part of this work.

3.1. Does your <u>institution</u> partner with community organisations to promote planetary and environmental health?	
Yes, the institution meaningfully partners with multiple community organisations to promote planetary and environmental health. (3 points)	
Yes, the institution meaningfully partners with one community organisation to promote planetary and environmental health. (2 points)	
The institution does not partner with community organisations, but participates in community focused events relating to planetary health. (1 point)	
No, there is no such meaningful community partnership. (0 points)	
Score Assigned:	3
<p>Score explanation: The Climate CATCH (Collaborative Action for Transformative Change in Health and Healthcare) Lab, collaborates closely with the Faculty of Medicine, Dentistry and Health Sciences (MDHS), the Melbourne School of Population and Global Health (MSPGH) and Melbourne Climate Futures (MCF). The purpose of the lab is to “accelerate the University of Melbourne's climate change and human health research, engagement and education for enhanced impact,” and it partners with organisations such as the Planetary Health Alliance and the Climate and Health Alliance (CAHA). Some examples of community partnership projects in their 2024-25 report include:</p> <ul style="list-style-type: none"> - Working with Wellcome to launch PAVE Health: Pacific Action to enhance the Visibility of Evidence on Health and Climate Impacts. A workshop in March 2025, brought together more than 20 representatives from the PAVE-Health partners and project countries to co-design and tailor project activities. - ‘Teacher wellbeing through climate change and disasters’ project partnered with the Teacher’s Health Foundation to undertake research, deliver webinars to Teachers and create the Teachers Climate Superpowers tool. - ‘Leveraging contemplative practices to promote community mental health’ project worked with local community members in the Huon valley to develop and pilot a post-disaster mental health intervention. <p>To the best of our knowledge, there were no opportunities organised by the Faculty of Medicine, Dentistry and Health Sciences for students to be involved in community outreach to schools or other community groups related to planetary health.</p>	

3.2. Does your institution offer community-facing courses or events regarding planetary health?

The **institution** offers community-facing courses or events at least once every year. (3 points)

The **institution** offers courses or events open to the community at least once per year, but they are not primarily created for a community audience. (2 points)

The **institution** has promoted community-facing courses or events, but was not involved in planning those courses or events. (1 point)

The **institution** has not offered such community-facing courses or events. (0 points)

Score Assigned:

3

Score explanation: The Faculty of Medicine, Dentistry and Health Sciences and Melbourne School of Global and Population Health continued to offer a range of public and community orientated lectures and seminars in 2025. These seminars were all free to attend and were organised by various faculties. Seminars included;

- Melbourne School of Population & Global Health (MSPGH) offered several seminars; [‘The National Health and Climate Strategy’](#) and [‘Safeguarding environmental rights amid political shifts’](#). These were offered in various forms including in-person and webinars.
- MSPGH in collaboration with Melbourne Climate Futures hosted community seminars focusing on health in relation to climate change. These included; [‘Exploring how governance can enable the climate resilient development of healthcare systems’](#), a panel of experts discussing the [2025 MJA-Lancet Countdown on Health and Climate Change](#) and its implications, and, [‘Co-designing Healthier climate policies’](#).
- The Climate CATCH lab is a subsidiary of the MSGPH, and hosted [‘Health Impacts of climate change’](#) exploring the science underpinning the health impacts of climate change. Additionally, the [‘2025 Lab Oration’](#) focused on how art and culture can support climate related health work.

Other relevant free public lectures included:

- [Don’t drink the water or breath the air: pollution and solutions](#) hosted by Faculty of Science
- [Permacrisis and child mental health and wellbeing](#) hosted by Department of Psychiatry

3.3. Does your institution have regular coverage of issues related to planetary health and/or sustainable healthcare in university update communications?

Yes, all students **regularly** receive communication updates dedicated to planetary health and/or sustainable healthcare. (2 points)

Yes, planetary health and/or sustainable healthcare topics are regularly included in communication updates to **some courses**. (1 point)

Students **do not** receive communications about planetary health or sustainable healthcare. (0 points)

Score Assigned:

0

Score explanation: To the best of our knowledge, the University of Melbourne does not include regular communications regarding planetary health or sustainable healthcare topics, either

faculty-wide or course-specific. Some students may occasionally receive communications regarding planetary health-related or topics but these are not regular. This may also include communication specific to clinical schools/partner institutions. For example, at [St Vincent's hospital](#) there is an opportunity to subscribe to the sustainability interest group.

3.4. Does the institution or main affiliated hospital trust engage in professional education activities targeting individuals post-graduation with the aim of ensuring their knowledge and skills in planetary health and sustainable healthcare remain up to date during their professional career?

Yes, the **institution** or **main affiliated hospital trust** offers multiple in-person or online courses relating to planetary health and/or sustainable healthcare for post-graduate providers, including at least one with a primary focus of planetary health. (2 points)

Yes, the **institution** or **main affiliated hospital trust** offers one course relating to planetary health and/or sustainable healthcare for post-graduate providers. (1 point)

There are **no** such accessible courses for post-graduate providers. (0 points)

Score Assigned:

2

Score explanation: The institution and individual hospital sites offer opportunities for advancing understanding of climate change and its impacts on health.

Examples include:

- [Graduate Certificate in Climate Change and Health](#): ‘The primary target market is health professionals who have an interest in climate change and health and who may be considering a career pathway in leadership of policy and practice change and sustainability within the health sector.’
- [The Austin Health online education resource for Climate Change and Health](#): resources for Austin Health staff detailing climate change and public health, sustainability, and health outcomes. This was published in 2022 but still serves as a useful resource.
- [Environmental Sustainability in Quality Improvement for Healthcare Workshop](#) (08/04/2025-09/04/2025): The workshop led to a partnership with Safer Care Victoria to develop a bespoke 2-day workshop for their state-wide Sustainable and Quality use of Diagnostics in Emergency Departments Project.
- [Collaboration & Leadership for Sustainable Healthcare Symposium](#): which aimed to ‘share bold ideas and real-world strategies to build resilient, climate-ready health systems.’

3.5. Does your institution or its affiliated teaching hospitals have accessible educational materials for patients about environmental health exposures?

Yes, the **institution** or **all affiliated hospitals** have accessible educational materials for patients. (2 points)

Some affiliated hospitals have accessible educational materials for patients. (1 point)

No affiliated medical centres have accessible educational materials for patients. (0 points)

Score Assigned:

1

Score explanation: A small number of patient education resources regarding environmental health exposures were found from an extensive online search of teaching hospitals and placement centres within the Faculty of Medicine, Dentistry and Health Sciences (MDHS).

Thunderstorm asthma was the most covered topic, with resources available about risk profiles, preparation for thunderstorm asthma and symptom management from [Epworth Hospital](#), [St Vincent's Hospital](#), [Northern Health](#), [Austin Health](#), [Goulburn Valley Health](#) and [Grampians Health](#).

Other resources focused on bushfire smoke safety ([Epworth Hospital](#)), heat health ([Northern Health](#)), mosquito-borne diseases ([Goulburn Valley Health](#), [Grampians Health](#) and [Northern Health](#)) and water safety ([Northern Health](#)).

There were no patient education resources about environmental health exposures found online for Royal Dental Hospital Melbourne, Melbourne Oral Health Training and Education Centre or Melbourne Dental Clinic.

3.6. Does your institution or its affiliated teaching hospitals have accessible educational materials for patients about the health impacts of climate change?

Yes, the **institution** or **all affiliated hospitals** have accessible educational materials for patients. (2 points)

Some affiliated hospitals have accessible educational materials for patients. (1 point)

No affiliated hospitals have accessible educational materials for patients. (0 points)

Score Assigned:

1

Score explanation: Of the education resources available to patients about environmental health exposures listed in 3.5, only one, a resource from [Northern Health](#) about the increasing spread of mosquito borne disease, linked these health concerns with climate change. [Grampians Health](#) (Ballarat) published an article that emphasised the importance of acting on climate change in relation to improving health outcomes, alongside a [Climate Handbook for Health Services \(2025\)](#). However, the Grampians Health resource, particularly the Climate Handbook, appears to be targeted towards health services and may be less accessible for patients.

Section Total (10 out of 14)

71.43%

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Support for Student-Led Planetary Health Initiatives

Section Overview: This section evaluates institutional support for student-led planetary health initiatives, such as funding, fellowships, programming, and student groups. Planetary health is a young field and, as young people facing a future deeply shaped by climate change, students are often some of the first at an institution to engage with it. Institutions should provide support for students to engage in sustainability quality improvement (QI) initiatives, discover mentors in their area of interest, and receive funding for planetary health projects.

4.1. Does your **institution** offer support for students interested in enacting a sustainability initiative/QI project?

Yes, the **institution** *either* offers grants for students to enact sustainability initiatives/QI projects *or* sustainability QI projects are part of the core curriculum. (2 points)

The **institution** encourages sustainability QI projects (to fulfil clerkship or longitudinal requirements) and offers resources to help students succeed in these projects, **but** there is no student funding available and there is no requirement to participate. (1 point)

No, the institution does not offer opportunities or support for sustainability initiatives or QI projects. (0 points)

Score Assigned:

2

Score explanation: In 2025, the University offered the [Wattle Fellowship](#) to around 30 students who were interested in completing a sustainability action project whilst undertaking their usual studies, providing tailored academic, financial, and mentoring support to these successful candidates in achieving their project goals. In 2025, 4 students from health industries (3 Doctor of Medicine, 1 Master of Public Health) were Wattle Fellows, and all completed projects related to planetary health.

The University of Melbourne continues to offer the coveted [Melbourne Climate Futures Australian Government Research Training Program Scholarship](#), bequeathing 100% fee remission and up to \$135,000 in additional funds to 3 students per annum who undertake a Doctor of Philosophy (PhD) by Research focused on addressing the climate crisis, though this does not have to be specifically related to health.

Finally, the University continues to offer substantial [Impact Grants](#) for students, which can be used to develop, enact, and promote sustainability and/or QI initiatives within the local community:

- [SSAF Fee Grant](#): up to \$20,000 per project
- [Health Promotion Grant](#): up to \$10,000 per project
- [Peter McPhee Community Impact Grant](#): up to \$5,000 per project

4.2. Does your **institution** offer opportunities for students to do research related to planetary health and/or sustainable healthcare/vetcare?

The **institution** has a **specific** research program or fellowship for students interested in doing planetary health/sustainable healthcare/vetcare research. (2 points)

There are research opportunities for students to perform research related to planetary health/sustainable healthcare, but these require student initiative to seek them out and carry them out in their spare time. (1 point)	
There are no opportunities for students to engage in planetary health/sustainable healthcare research. (0 points)	
Score Assigned:	2
<p>Score explanation: In 2025, The University of Melbourne continues to offer competitive opportunities for students to become involved in planetary health and/or sustainable healthcare research projects, including the Melbourne Climate Futures Australian Government Research Training Program Scholarship and Wattle Fellowship (see Section 4.1.).</p> <p>In 2025, the Students in Sustainable Healthcare Program was offered by the University of Melbourne Climate CATCH Lab, the Faculty of Medicine, Dentistry, and Health Sciences, the Department of Surgery, and the Department of Critical Care. This program enables students to work individually or in teams to devise a formal research project addressing issues in sustainable healthcare, under the mentorship of dedicated clinician supervisors in this space. It culminated in a showcase during the university-wide Sustainability Week 2025.</p> <p>In 2025, at the Melbourne Dental School, second-year Doctor of Dental Surgery (DDS) students enrolled in the subject Dental Research Project A were given the opportunity to research related to planetary health. However, as participation was assigned randomly, not all students had equal access to conduct planetary health research. Instead, the remaining cohort had the opportunity to attend an oral presentation where they were introduced to the various sustainability projects undertaken within this subject. Currently, the DDS does not offer elective opportunities for students to participate in sustainability-focused research.</p> <p>As part of the current Doctor of Medicine curriculum, all students must successfully complete a formal Research Project via either the Research Scholar or Clinical Scholar Discovery Pathways in MD4. Opportunities may be given by the faculty, or pursued individually across various disciplines, including planetary health and/or sustainable healthcare research.</p>	

4.3. Does the <u>institution</u> have a webpage where students can find specific information related to planetary health and/or sustainable healthcare/vetcare activities and mentors within the institution? For example, projects achieved, current initiatives underway at the medical school and/or contact of information of potential mentors.	
The institution has a webpage with specific information related to planetary health or sustainable healthcare/vetcare that includes up-to-date information on relevant initiatives and contact information of potential mentors. (2 points)	
There is an institution webpage that features some information on projects and mentors within planetary health and sustainable healthcare within the institution, but it lacks key information. (1 point)	
There is no institution specific webpage for locating planetary health and/or sustainable healthcare projects or mentors. (0 points)	
Score Assigned:	2

Score explanation: The [Climate CATCH Lab](#) is a university-driven lab focused on climate change and health research, engagement, and education, and is jointly operated by the School of Population and Global Health, Melbourne Medical School, and [Melbourne Climate Futures](#). The Lab features clear links on their website to redirect users to their areas of research and relevant mentors.

Melbourne Climate Futures also has a dedicated webpage underscoring their [Health, Wellbeing & Climate Justice](#) research theme, listing relevant researchers and projects.

The [Sustainable Healthcare Hub](#), within the Melbourne Medical School's Department of Critical Care, highlights leadership by experts who are actively driving research and real-world solutions in healthcare sustainability. These efforts make sustainable healthcare accessible to students and faculty, thus providing opportunities for mentorship, engagement, and advocacy. Additionally, the Students in Sustainable Healthcare Symposium showcases student-driven planetary health research (see Section 4.2.).

Further development is needed to facilitate connections between students and supervisors/mentors, especially for engaging in planetary health/sustainable healthcare research projects. This may be in the form of a directory.

4.4. Does your institution have registered student groups dedicated towards fostering a culture of planetary health engagement, scholarship, and advocacy on campus, supported by faculty advisors?

Yes, there is a student organisation **with faculty support** at my institution dedicated to planetary health or sustainability in healthcare. (2 points)

Yes, there is a student organisation at my institution dedicated to planetary health or sustainability in healthcare but it **lacks faculty support**. (1 point)

No, there is **not** a student organisation at my institution dedicated to planetary health or sustainability in healthcare. (0 points)

Score Assigned:

1

Score explanation: There are opportunities for students to be engaged with planetary health, however, none of these are in the form of a registered, formally-faculty supported student organisations dedicated to planetary health.

Most significantly, DEA Student group: [Doctors for the Environment Australia student group at the University of Melbourne](#) is an independent medical student club. This group does not have direct support from faculty, but can typically contact and communicate with faculty members if required for a particular event or project. Technically, the group was not registered with the institution during this period, (currently navigating registration process), however, we judge that the DEA fulfils the equivalent role for this criteria. There is highly productive engagement with the faculty by some members of this group, but no formal support. Significantly, this group exclusively involves Medical Students.

An informal interdisciplinary ‘groupchat’ has formed to support collaboration and completion of PHRC reports, which is coordinated by members of the aforementioned DEA student group, with informal support from and very helpful and productive communication with faculty members. Informal support from the faculty has been enthusiastic and helpful, and has been very appreciated by the student body.

There are currently eight registered [student clubs](#) within The University of Melbourne which focus on sustainability issues, ranging from environmental advocacy and climate action, to sustainable food initiatives and community gardening. None of these groups are dedicated to planetary health.

Outside the institution, [St Vincent's Hospital Melbourne \(SVHM\)](#), recently launched new medical student, junior doctor, and senior doctor sustainability committees in 2025, of which students are sitting members. Whilst these committees have faculty support within this specific network, this support has not yet been extended to the central Melbourne Medical School Executive. Additionally, this group is only relevant to students at this clinical school. These committees aim to audit, pilot, and implement new healthcare sustainability initiatives and research projects within SVHM. To the best of our knowledge, no other clinical schools have formalised such a student committee.

4.5. Is there a student liaison representing sustainability interests who serves on a department or institutional decision-making council to advocate for curriculum reform and/or sustainability best practices?

Yes, there is a student representative who serves on a department or institutional decision-making council/committee. (1 point)

No, there is no such student representative. (0 points)

Score Assigned:	0
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Score explanation: To the best of our knowledge, there is currently no active student representation in decision-making councils at either school, departmental, or institutional levels. There has been some involvement of students from last year's PHRC group to consult on new planetary health learning outcomes for the medical school. Notably, the key author of these learning outcomes also used previous PHRCs in the development process.

Additionally, there are students invited to contribute PHRC updates to the quarterly Faculty of Medicine, Dentistry and Health Sciences (MDHS) Education for Sustainability Meetings. However, involvement in both of these processes is on an informal basis, and is not in decision-making. Thus, we assert that whilst a positive step forward, these involvements do not meet the criteria for 1 point.

[The University of Melbourne Medical Student's Society \(UMMSS\)](#), the official peak representative body of all medical students, has had a formal Sustainability Officer role since 2023, although this was unfilled in 2025 and remained vacant throughout the year. As UMMSS is directly involved and has a seat in all the high-level decision-making committees within the Melbourne Medical School, the election of a new Sustainability Officer has the potential to satisfy this metric in 2026.

4.6. In the past year, has the institution had one or more co-curricular planetary health programs or initiatives in the following categories? (1 point each)

Score

Projects where students are able to gain experience in organic agriculture and sustainable food systems, such as gardens, farms, community supported agriculture (CSA), fishery programs, or urban agriculture projects.	0
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Panels, speaker series, or similar events related to planetary health that have students as an intended audience.	1
Events in which students learn directly from members of a local environmental justice community about the climate and environmental challenges they face, and how health professionals can partner with their community to address these exposures and impacts.	0
Cultural arts events, installations or performances related to planetary health that have students as an intended audience.	1
Local volunteer opportunities related to building community resilience to anthropogenic environmental impacts.	1
Wilderness or outdoors programs (e.g., that organise hiking, backpacking, kayaking, or other outings for students)	1

Score explanation:

The [2025 Students in Sustainable Healthcare Symposium](#) allowed student teams to showcase their research projects in an oral presentation format to a diverse audience of students, faculty, clinicians, and researchers (see Section 4.2.).

In 2025, three medical students participated in the [Wattle Fellowship](#). Two of these students undertook capstone sustainability action projects that included an art exhibition and writing workshops, where current students were invited to attend and participate.

The Doctors for the Environment Australia [student branch](#) hosted a number of volunteering activities throughout the year, including involvement in a native tree revegetation project, and local beach and river cleanup days, to support community resilience and action. More generally, the university also has a [Sustainability volunteer program](#) as part of The Sustainability Team.

[The Wilderness Medicine Students' Society \(WMSS\)](#), a registered student group within the Faculty of Medicine, Dentistry, and Health Sciences, hosts a number of wilderness and outdoors programs for medical students and their friends throughout the year, including hiking and snow trips.

Section Total (11 out of 15)	73.33%
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Campus Sustainability

Section Overview: *This section evaluates the support and engagement in sustainability initiatives by the institution. The healthcare industry is a major contributor to greenhouse gas emissions as well as pollution that harms local, regional, and global ecosystems. While healthcare is, by nature, a resource-intensive endeavour, the healthcare sector is well poised to lead the world to a more sustainable future. This will involve scrutinising every aspect of how our systems operate, from where we source our energy, to how we build our infrastructure, to what companies we invest in. Our institutions, clinics, and hospitals must set the standard for sustainable practices, and show other sectors what is possible when it comes to minimising environmental impact.*

5.1. Does your <u>institution</u> have an Office of Sustainability?	
Yes, there is an Office of Sustainability with multiple full-time staff dedicated to campus sustainability. If the Office of Sustainability serves the entire campus, there is at least one designated staff member for sustainability at the hospital. (3 points)	
There is an Office of Sustainability with one or more full-time staff dedicated to campus sustainability, but no specific staff member in charge of hospital sustainability. (2 points)	
There are no salaried sustainability staff , but there is a sustainability task force or committee. (1 point)	
There are no staff members or task force responsible for overseeing campus sustainability. (0 points)	
Score Assigned:	2
<p>Score explanation: The University of Melbourne has two teams with full-time staff members dedicated to campus sustainability and advocacy, both within the Chief Financial Officer Group (COO). These teams are; 'Sustainability Delivery, Campus Management', and 'Sustainability Strategy, Corporate Development'.</p> <p>The Faculty of Medicine, Dentistry, and Health Sciences (MDHS) and the Melbourne Medical School (MMS) Department of Critical Care have a Sustainable Healthcare Team with part-time honorary staff who hold formal roles to advocate in this space, as well as a dedicated Sustainable Healthcare Manager. This team hosts the Sustainability and Planetary Health Action Network (SPHAN) which facilitates collaboration with MMS and affiliated hospitals on sustainable healthcare activities.</p> <p>To the best of our knowledge there are no specific designated University of Melbourne salaried staff member/s overseeing sustainability at teaching hospitals.</p>	

5.2. How ambitious is your <u>institution's</u> plan to reduce its own carbon footprint?	
The institution has a written and approved plan to achieve carbon neutrality by 2030 (5 points)	
The institution has a written and approved plan to achieve carbon neutrality by 2040 (3 points)	

The institution has a stated goal of carbon neutrality by 2040 but has not created a plan to reach that goal or the plan is inadequate (1 point)	
The institution does not meet any of the requirements listed above (0 points)	
Score Assigned:	5
<p>Score explanation: The Melbourne Medical School is encompassed by the University of Melbourne's Sustainability Plan 2030, which commits the University to demonstrating leadership in achieving a globally sustainable future. The plan includes specific ambitious goals, such as achieving certified carbon neutrality by 2025 and climate positive status by 2030, and has clear performance indicators to track progress toward these goals. Whilst 2025 reporting has not yet been released, the 2024 report indicated it was on-track for carbon neutrality certification by 2025. Some targets have not yet been started including working for climate positive status by 2030, as well as some responsible investment and biodiversity metrics, whilst water consumption has worsened.</p> <p>The University of Melbourne Sustainability Plan 2030 forms 1 of 3 key elements within the University's Sustainability Framework, along with the Sustainability Charter, and an annual publicly available Sustainability Report.</p> <p>The Melbourne Medical School also has their own Sustainability, Climate and Health Strategy 2025-2030, published in 2025. This strategy outlines actions for the school to align with the University-wide goal of climate positive by 2030.</p>	

5.3. Do buildings/infrastructure used by the institution for teaching (not including the hospital) utilize renewable energy?	
Yes, institution buildings are 100% powered by renewable energy. (3 points)	
Institution buildings source >80% of energy needs from off-site and/or on-site renewable energy. (2 points)	
Institution buildings source >20% of energy needs from off-site and/or on-site renewable energy. (1 point)	
Institution buildings source <20% of energy needs from off-site and/or on-site renewable energy. (0 points)	
Score Assigned:	1
<p>Score explanation: The electricity utilised on-site at the University of Melbourne campus is 100% renewable. This is powered through on-site generation, from 11,000 solar panels across all campuses (including on the Medical Building and Melbourne Dental Clinic), and the remainder is purchased via power purchase agreements with Victorian wind farms.</p> <p>Across the entire University of Melbourne campus, 38% of energy use is powered by fossil gas, according to the 2024 Sustainability Report. This is a reduction from 2022 figures, which was 41% (2022 Sustainability Report).</p>	

The Melbourne Dental School’s teaching facilities reside on the premise of RDHM, part of Oral Health Victoria. The total energy usage from renewable sources has decreased between 2023-24 and 2024-25, from 11.3% to 9.9%, according to the [Annual Report 2024/25](#). This will not be considered in this metric as it is part of the hospital rather than the institution’s campus.

5.4. Are sustainable building practices utilised for new and old buildings on the institution’s campus, with design and construction of new buildings and remodelling of old buildings conforming to a published sustainability rating system or building code/guideline?

Yes, sustainable building practices are utilised for new buildings on the institution’s campus and the **majority** of old buildings **have been retrofitted** to be more sustainable. (3 points)

Sustainable building practices are utilised for new buildings on the institution’s campus, but most old buildings have **not been retrofitted**. (2 points)

Sustainable building practices are **inadequately or incompletely** implemented for new buildings. (1 point)

Sustainability is **not considered** in the construction of new buildings. (0 points)

Score Assigned:

2

Score explanation: In accordance with the University of Melbourne’s [strategic plan](#), all old buildings are being retrofitted, and new buildings will be built with carbon emissions considered. There is limited information available on the retrofitting status of existing buildings on the University of Melbourne campus. The ‘[Retrofitting for sustainability](#)’ webpage showcases one example of retrofitting an existing building to improve efficiency and reduce emissions, however no other examples are provided. [Electrification retrofits](#) are also being undertaken, however none of the buildings undergoing this retrofitting are Faculty of Medicine, Dentistry and Health Sciences buildings.

The planned new medical building for the Melbourne Medical School will be required to meet the University of Melbourne’s [Design Standards](#) (2023). These Standards outline a number of requirements that ensure the sustainability of buildings on campus. These include, but are not limited to:

- 1) **Green Star certification requirement:** All new buildings, major refurbishments, and large fitouts on campus must receive Green Star certification, with a minimum rating of 5 stars (out of a possible 6 stars). The [Green Building Council of Australia \(GBCA\)](#) considers 5 stars to be ‘Australian excellence’.
- 2) **Material Life Cycle Analysis:** All major refurbishments and new buildings require a Material Life Cycle Analysis which accounts for the emissions associated with building materials, with the aim of reducing the “upfront carbon emissions associated”.
- 3) **Climate change resilience:** All major refurbishments and new buildings must “identify climate change risks and develop appropriate mitigation measures”.
- 4) **Responsible procurement:** A risk assessment must be conducted in accordance with sections 7.2 and 7.3 of AS ISO 20400 Sustainable Procurement, which accounts for the social and environmental impact of the supply chain.
- 5) **Circularity:** Projects require a waste and circular economy operation plan, and consideration of circular economy principles in demolition and construction.

The [Western Edge Biosciences building](#), which is used for some first year medical student teaching, has a six-star Green Star Design and As Built rating. Similarly, '[The Spot](#)' building has a 5 Star Green rating.

The Melbourne Dental School's teaching facilities reside on the premises of Royal Dental Hospital of Melbourne, part of [Oral Health Victoria](#), rather than on the institution's campus. The [Annual Report 2024/25](#) published by Dental Health Services Victoria commented 'N/A' for the section 'Discuss how environmentally sustainable design (ESD) is incorporated into newly completed entity-owned buildings'.

5.5. Has the institution implemented strategies to encourage and provide environmentally-friendly transportation options for students and reduce the environmental impact of commuting?

Yes, the institution has implemented strategies to encourage and provide **environmentally-friendly transportation options** such as safe active transport, public transport, or carpooling and these options are well-utilised by students. Alternatively, the campus location is not amenable to unsustainable forms of transportation by default. (2 points)

The institution has implemented **some** strategies to provide environmentally-friendly transportation options, but the options are **unsatisfactorily** accessible or advertised. (1 point)

The institution has **not** implemented strategies to encourage and provide environmentally-friendly transportation options. (0 points)

Score Assigned:

2

Score explanation: The University of Melbourne has implemented a number of strategies to encourage sustainable transport, as demonstrated on the university's [website](#). Further information is provided for students [here](#). These include:

- **Comprehensive Bike Infrastructure Across All Campuses:** The University of Melbourne continues to enhance [bicycle infrastructure](#) across all campuses. At the Parkville campus alone, there are over 2,000 publicly accessible bicycle parking spaces, including secure bike hubs. This is supported by multiple bike repair stations that have been installed across campuses, and the [Cycling@UniMelb online map](#).
- **Promotion of Public Transport and Alternatives to Private Driving:** The University encourages the use of public transport as a sustainable alternative to private car commuting and to reduce parking demand. Additionally, it promotes public transport concessions for students and, via the Myki Commuter Club, staff assistance. The University also promotes car-sharing and vehicle hire services for students and staff for university related activities such as fieldwork.
- **Support for Sustainable Travel Across Multiple Campuses:** The main campus at Parkville, as well as the Southbank, Creswick and Burnley campuses, are all well-served by Melbourne's extensive public transport network, including trams, buses, and trains. Planning tools are linked on the university's [public transportation page](#). Public transport options to some campuses and clinical schools, as well as other placement locations can be limited.

5.6. Does your institution have an organics recycling program (compost) and a conventional

recycling program (aluminium/paper/plastic/glass)?	
Yes, the institution has both compost and recycling programs accessible to students and faculty. (2 points)	
The institution has either recycling or compost programs accessible to students and faculty, but not both. (1 point)	
There is no compost or recycling program at the institution. (0 points)	
Score Assigned:	2
<p>Score explanation: The University has set an annual per capita target to reduce waste to landfill, aiming to reduce waste to 10 kg per person by the end of 2025. This target is supported through a diversified waste management and recycling system, including: Unimelb Recycling Program</p> <ul style="list-style-type: none"> • Organics/Compost Program: The University has introduced organics bins (compost bins) at multiple locations across campus to divert food and organic waste from landfill. Part of the organic waste is processed by professional waste services into compost and mulch for horticultural use. At the Student Pavilion, food retailers are required to separate organic waste. • Electronic Waste (E-Waste) System: The University provides e-waste collection services for unwanted electronic items that cannot be placed in landfill or standard recycling bins, diverting valuable materials and potentially hazardous components from general waste streams. Staff can submit an e-reuse collection request for IT equipment which may be reallocated, donated or sustainably recycled. • Conventional Recycling Program: The University has installed a large number of mixed recycling bins around campus, which is sent to a materials recovery facility for sorting and recycling. The University also provides an A-Z waste guide to assist correct disposal. • Waste Audits: The University regularly undertakes waste audits to better understand the composition of campus waste, monitor contamination rates, and identify opportunities to improve classification and recycling efficiency. 	

5.7. Does the <u>institution</u> apply sustainability criteria when making decisions about the campus food and beverage selections (e.g. local sourcing, reduced meat, decreased plastic packaging)?	
Yes, the institution has adequate sustainability requirements for food and beverages, including meat-free days or no red-meat, and is engaged in efforts to increase food and beverage sustainability. (3 points)	
There are sustainability guidelines for food and beverages, but they are insufficient or optional . The institution is engaged in efforts to increase food and beverage sustainability. (2 points)	
There are sustainability guidelines for food and beverages, but they are insufficient or optional . The institution is not engaged in efforts to increase food and beverage sustainability. (1 point)	
There are no sustainability guidelines for food and beverages. (0 points)	
Score Assigned:	1
Score explanation: The University of Melbourne has many optional guidelines and programs to promote sustainability and waste reduction in the food and beverage space. However, there are no	

mandatory measures to reduce waste or increase offerings of vegetarian / vegan meals. There is no evidence of engaged efforts to improve the uptake of these guidelines.

The University of Melbourne’s [Procurement Policy](#) (MPF1087) does not contain any mandatory sustainability criteria for the procurement of food and beverages specifically. However, the objectives of the policy mention the [Sustainability Charter and Plan](#), and there are policies relating to sustainable procurement generally (policies 4.5, 4.8, 4.9).

The [Sustainable Events Guide](#) contains guidelines for sustainable food and beverage selections for organisers of on-campus events, including a [resources guide](#) with a preferred list of sustainable caterers. However, there is no requirement for events hosted by the university or its students to adhere to these guidelines.

On-campus food and beverage retailers are eligible to participate in [Green Impact](#), a program which provides an online toolkit for making workspaces more sustainable. The introduction of plastic-free food and beverage options on campus aims to reduce plastic pollution. For example, [reusable cups and bowls](#) are available on campus at multiple food vendors, however this practice is optional and students do not have to participate. Additionally, there are currently no clauses in the retailer’s lease agreements with the University of Melbourne which relate to food and beverage sustainability.

5.8. Does the institution apply sustainability criteria when making decisions about supply procurement?

Yes, the institution has **adequate** sustainability requirements for supply procurement **and is engaged** in efforts to increase sustainability of procurement. (3 points)

There are sustainability guidelines for supply procurement, but they are **insufficient or optional**. The institution is **engaged** in efforts to increase sustainability of procurement. (2 points)

There are sustainability guidelines for supply procurement, but they are **insufficient or optional**. The institution is **not engaged** in efforts to increase sustainability of procurement. (1 point)

There are **no** sustainability guidelines for supply procurement. (0 points)

Score Assigned:

2

Score explanation: Procurement at the University of Melbourne, including the Faculty of Medicine, Dentistry and Health Sciences, is governed by the [Procurement Policy](#) (MPF1087). This policy mandates that ‘Procurement must be conducted in an ethical, sustainable and transparent manner... Procurement decisions must consider economic, social and environmental impacts...[and] Procurement activities should meet the highest standards of ethical and sustainable conduct throughout the supply chain’. However, there are no specific guidelines or metrics which elaborate on the sustainable conduct established by the policy.

Further, ‘Environmentally sustainable outputs’ is one of the objectives established by the University of Melbourne’s [Social and Sustainable Procurement Framework](#). The outcomes sought by this objective are ‘Project-specific requirements to use sustainable resources where applicable to manage recycled content, sustainable materials, waste management and energy consumption’ and to ‘Focus on local sourcing (within a 25-50km radius)’. The 2022 [Sustainability Plan 2030](#) recognised that the university spent over 900 million dollars via suppliers in 2021, and that procurement choices represented a significant opportunity for impact. However, there are currently no specific mandates under the Procurement Policy which directly pursue these outcomes.

However, there is some effort towards increasing the sustainability of procurement, particularly in [lab sustainability](#), including creating a sustainability questionnaire for lab suppliers in 2025. There is a Environment Social Governance Lead staff member whose role involves [sustainable procurement](#).

5.9. Are there sustainability requirements or guidelines for events hosted at the institution?

Every event hosted at the institution **must** abide by sustainability criteria. (2 points)

The institution **strongly recommends or incentivizes** sustainability measures, but they are **not required**. (1 point)

There are **no** sustainability guidelines for institution events. (0 points)

Score Assigned:

1

Score explanation: The University of Melbourne has a comprehensive [Sustainable events guidelines](#) for all events held on campus, guidelines including for [events suppliers](#), [accessibility](#), [stallholder and sponsors](#). A detailed [list](#) of sustainable company resources, services, food and goods is also widely accessible.

As for now, there is no specific requirement for events hosted by the Faculty of Medicine, Dentistry and Health Sciences or its students to adhere to this guide.

Events completed all [15 mandatory actions](#) set by Australasian Campuses Towards Sustainability (ACTS) are eligible to achieve a 1-star certification and build on to achieve 2-3 stars to showcase commitment to sustainability events. Currently, 2 events held on campus have been [accredited by ACTS](#), “University of Melbourne Professional Staff Conference 2025” for 3 star level on 3rd of September 2025 and “2025 University of Melbourne Sustainability Awards” for 2 star level on 5th of November 2025.

5.10. Does your institution have programs and initiatives to assist with making lab spaces more environmentally sustainable?

Yes, the institution has **programs** and **initiatives** to assist with making lab spaces more environmentally sustainable. (2 points)

There are **guidelines** on how to make lab spaces more environmentally sustainable, but not programs or initiatives. (1 point)

There are **no** efforts at the institution to make lab spaces more sustainable. (0 points)

Score Assigned:

2

Score explanation: Laboratories at the University of Melbourne are eligible to participate in [Green Impact](#), a program which provides an online toolkit for making workspaces more sustainable. There are actions within the toolkit which are specifically targeted at laboratories.

A project proposal to incentivise laboratories to participate in the Green Impact program is currently being finalised, which would subsidise the [My Green Lab Certification](#) for laboratories who join Green Impact.

The [laboratory sustainability website](#) consisted of detailed sustainable guidelines and recommendations for planning, procuring new procedures, operating, maintenance and disposing lab equipment. The website has listed sharing network and equipment services such as [iLab platform](#), [Chemwatch GoldFFX](#) and [research platforms](#) for sustainable lab practices. Unwanted lab equipment can be donated through [Phoenix Schools Program](#) and [furniture reuse stores](#).

The website also has access to a preferred list of suppliers for sustainable lab procurement that is aligned with the University’s environment commitments, actively managed by the Procurement Services team. Laboratories buying products from the preferred suppliers can also access trade-in program options for second-hand equipment.

5.11. Does your institution’s endowment portfolio investments include fossil-fuel companies?

The institution is **entirely divested** from fossil fuels **and** has made a **commitment to reinvest divested funds** into renewable energy companies or renewable energy campus initiatives. (4 points)

The institution is **entirely divested** from fossil fuels. (3 points)

The institution has **partially divested** from fossil fuel companies **or** has made a **commitment to fully divest**, but **currently** still has fossil fuel investments. (2 points)

The institution has **not divested** from fossil-fuel companies, but faculty and/or students are **conducting organised advocacy** for divestment. (1 point)

Yes, the institution has investments with fossil-fuel companies and there have been **no efforts** to change that. (0 points)

Score Assigned:

0

Score explanation: The institution has neither entirely nor partially divested from fossil fuels. The University of Melbourne’s [Sustainability Plan](#) is committed to address carbon emissions across the whole investment portfolio and to achieve carbon neutrality certified by Climate Active by 2030. However, estimated carbon emissions or intensity from listed equities has not decreased since the release of the sustainability plan. Nor does the Plan set out an immediate divestment pathway, or even ambition to divest from fossil fuels, although it does not explicitly rule out divestment from fossil fuels and other climate-impacting industries, as per the [Sustainability Plan FAQs](#). As we understand, the university is remaining open to retaining fossil fuel investments, and potentially intends to offset these within their total carbon balance as they work towards climate positive status.

As per the [most recent reporting](#), the University of Melbourne continues to invest in fossil fuels and has not promised divestment from fossil fuels. As of 30 June 2024, the University of Melbourne’s top stock holding is BHP Group Limited, a mining and metals company that is a major producer of fossil fuels. The Sustainability Plan: 2030 target: ‘*The University’s investment portfolio¹¹ will be included in our commitment to be climate positive by 2030*’ was listed as ‘Not Yet Started’ in the latest reporting.

There has been student-led advocacy calling for UniMelb to divest from fossil fuels, titled the '[Divest Now, UniMelb!](#)' campaign. A [petition](#) was created by the student union in 2022, however the campaign and petition have not been active in the last year. Despite some advocacy in the past, this is not included in the score as it is not ongoing.

Section Total (20 out of 32)

62.50%

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Grading

Section Overview

This section focuses on the grading of the report card. The institution received a grade for each of the individual sections as well as an overall institutional grade. Section point totals were tallied, divided by the total points available for the section, and converted to a percentage. The overall institutional grade is a weighted average of the section grades, with curriculum receiving a higher weight owing to its larger number of metrics. Letter grades for each section and the institution overall were then assigned according to the table below.

Letter Grade*	Percentage
A	80% - 100%
B	60% - 79%
C	40% - 59%
D	20% - 39%
F	0% - 19%

Planetary Health Grades for the University of Melbourne School of Medicine.

The following table presents the individual section grades and overall institutional grade for the University of Melbourne School of Medicine on this Planetary Health Report Card.

Section	Raw Score %	Letter Grade
Planetary Health Curriculum (30%)	$(49/75) \times 100 = 65.33\%$	B
Interdisciplinary Research (17.5%)	$(14/17) \times 100 = 82.35\%$	A-
Community Outreach and Advocacy (17.5%)	$(10/14) \times 100 = 71.43\%$	B
Support for Student-led Planetary Health Initiatives (17.5%)	$(11/15) \times 100 = 73.33\%$	B
Campus Sustainability (17.5%)	$(20/32) \times 100 = 62.50\%$	B-
Institutional Grade	$(Ax0.3 + Bx0.175 + Cx0.175 + Dx0.175 + Ex0.175) = 70.28\%$	B

Report Card Trends

Section Overview

This graph demonstrates trends in overall and section grades for the years in which the University of Melbourne Medical School has participated in the Planetary Health Report Card initiative.

