



# United by Purpose: The McKenzie Institute Strategy 2035

McKenzie Institute · Global Strategy 2035

· Prague, June 2026

28

Branches  
worldwide

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7,887

Clinicians enrolled  
in 2025

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2035

Our strategy timeline



# The numbers are telling us something.

Across multiple markets, the data and the voices of our faculty are consistent. We need to change and we need to act now.

↓43%

**Enrolments since peak**

13,879 in 2019 → 7,887 in 2025

45%

**Drop-off: Part A → B**

The biggest leakage point in our pathway

**Growing**

**Competition**

Shorter, cheaper, blended continuing alternatives are gaining ground

- Our current Diploma offering and the four-part credentialling pathway have material barriers - cost, geography and scheduling are all working against enrolment in multiple markets.
- Continuing education expectations have shifted. Clinicians expect more flexible, accessible learning and the market has responded - our competitors have too.
- In most markets, MDT is not where the next generation of physiotherapists is looking. University curricula, postgraduate programs and social media are where continuing decisions are being shaped - and right now, our presence there is limited.



# Where we are going.

# 115,000

clinicians enrolled  
in a McKenzie course

2026 – 2035

*cumulative*

## 7,887

2025 reference point

## 15%

Year-on-year growth  
target by 2035

## 2×

Growth in enrolment numbers from  
the 2025 baseline



# Our North Star.

## PURPOSE

*Why we exist*

To transform musculoskeletal care to an active, person-centred, self-management model.

## MISSION

*What we do*

To build a global community of clinicians empowering anyone with musculoskeletal pain and disability to achieve self-management.

## VISION

*What the world looks like when we succeed*

A world where anyone with musculoskeletal pain and disability achieves lasting independence from ongoing treatment and improves their quality of life.



# How we get there.

**1**

## Educational Evolution

Modernise the MDT educational pathway

**2**

## Commercial Sustainability & Governance

Get the commercial & governance foundations right

**3**

## Centre of Excellence

Build an enhanced international brand & marketing infrastructure

**4**

## Unity & Purpose

Galvanise our community as a force for growth

**5**

## Strategic Partnerships

Extend our reach through selective and additive partnerships

## VALUES

*To be shaped collaboratively with the full faculty - Prague, June 2026*

## 2035 ASPIRATION

115,000 clinicians enrolled in a McKenzie course – making the MDT method a leading choice for MSK physiotherapy education globally.



## 1

# EDUCATIONAL EVOLUTION

*'Protect the core - evolve the delivery'*

## WHAT WE WILL DO

Develop a modernised MDT educational pathway. This means exploring more blended and online components, creating shorter and more accessible entry points, and defining clear learning outcomes at each stage.

The clinical rigour, integrity of assessment, and foundational principles that define MDT are non-negotiable. What we are examining is how we structure the pathway to credential more clinicians.

## WHY IT MATTERS

The evidence is consistent across markets and from faculty feedback: the four-day in-person format is a material barrier and the Diploma needs a revamp. Cost, geography, scheduling and shifting expectations are all working against enrolment. Competitors are not standing still.

## THOUGHT STARTERS · How might we bring this priority to life?

### Pathway Redesign

Reimagine the educational program - format, structure, entry points and credential architecture all in scope.

### Short-Form Entry Product

A standalone introductory course lowering the barrier to first contact and creating a pipeline into the full program.

### Diploma Program Revival

Redesign the Diploma as the pinnacle MDT credential - repositioned and elevated for today's market.

### Modular Micro-Credentials

Smaller learning units that accumulate toward the full credential - enabling flexible, self-paced progression.



## 2

# COMMERCIAL SUSTAINABILITY & GOVERNANCE

*'Get the foundations right - this is what makes everything else possible'*

## WHAT WE WILL DO

Reset and redesign the commercial and governance foundations across the Institute - establishing financial visibility, data standards and reporting across the network.

Clarify decision-making roles across Institute, branches, IEC and Global; build staff capacity; improve internal communications; and establish the right infrastructure to unlock network-wide performance.

## WHY IT MATTERS

Every other ambition in this strategy requires an organisation that operates efficiently with clear lines of accountability. Too much energy is spent navigating uncertainty: unclear support structures, duplicated effort, and governance that has not kept pace.

This is not about centralising control - it is about freeing branches to act on local knowledge, with a commercial model that rewards growth.

## THOUGHT STARTERS · How might we bring this priority to life?

### Network Data & Financial Reporting

Unified reporting standards across all branches – not onerous, but enough that we can make informed decisions that benefit all branches.

### Governance Charter

Document and ratify decision rights across the Institute, branches, IEC and Global - clarifying who decides what, and how.

### Tiered Branch Support Model

Formalise what the Institute provides to small, mid and large branches - at what standard and cost.

### Internal Communications

Improve the frequency, quality and channels of communication between Institute and branches.



## 3

# CENTRE OF EXCELLENCE

*'Build the brand and marketing infrastructure the network needs'*

## WHAT WE WILL DO

Build a coherent international brand identity and central marketing capability - including a defined marketing plan, value proposition, messaging framework, training and shared campaign assets - giving branches the tools and confidence to reach their local markets effectively.

Every branch draws from a shared foundation rather than reinventing from scratch.

## WHY IT MATTERS

The continuing education market is more competitive than ever. MDT's evidence base is strong - in many cases stronger than the programs winning the visibility contest. But evidence alone does not cut through a crowded market.

Branches have been building materials without a shared foundation - that takes time and resources and more support is required.

## THOUGHT STARTERS · How might we bring this priority to life?

### Brand Identity & Asset Library

Unified brand standards and campaign templates the Institute and branches can adapt for their local markets.

### Enhanced Social Media Presence

A greater social media presence building international awareness and directing enquiries to local branches.

### Clinician-Generated Content

Credentialed clinicians sharing case studies and clinical insights - with brand guidelines and translation support.

### Marketing Skills & Training

Help branches build the capability to implement campaigns and maximise the tools available to them.





## 4

# UNITY & PURPOSE

*'Make our community our most powerful growth channel'*

## WHAT WE WILL DO

Strengthen the bonds across the McKenzie community through faculty engagement, structured knowledge sharing and a shared narrative reconnecting every clinician, faculty member and branch to the purpose at the heart of this method.

Activate Diplomates and credentialed clinicians as advocates, peer mentors and ambassadors - using our existing network to strengthen and grow our reach.

## WHY IT MATTERS

Across 28 branches and decades of clinical education, we have cultivated a global network of highly trained practitioners with a shared commitment to evidence-based care.

That network - its expertise, professional credibility and peer influence - is one of our most significant and underleveraged assets. Few competing programs can replicate it.

## THOUGHT STARTERS · How might we bring this priority to life?

### Peer Engagement Framework

Run regular peer engagement between Parts A and B - based on what works in the best branches.

### Diplomate & Clinician Advocacy

Give Diplomates and credentialed clinicians the tools and content to advocate for MDT credibly in their local professional communities.

### Biennial Global Convention

Build on Prague as Convention 1 of a new biennial series - complemented by regional virtual meetups.

### Succession Planning

A program connecting senior faculty with new and younger clinicians - investing in the next generation of MDT leaders.



## 5

# STRATEGIC PARTNERSHIPS

*'Extend our reach through selective, additive partnerships'*

## WHAT WE WILL DO

Selectively develop strategic partnerships - with universities, professional bodies, complementary method providers, technology partners and healthcare system partners - that expand our reach and create new pathways into the credential.

Only partnerships that strengthen our positioning without diluting the distinctiveness of the method or the standard of the credential will be pursued.

## WHY IT MATTERS

We cannot grow solely through our own marketing and delivery infrastructure. University and postgraduate program relationships are among the most effective pathways to reaching new graduates.

Partnerships offer the leverage that we, as a resource-constrained organization, cannot achieve alone - but only if pursued with clear criteria for what we will and will not compromise.

## THOUGHT STARTERS · How might we bring this priority to life?

### Partnership Framework

Partnership evaluation criteria and a map of existing informal branch relationships - so we build on what's already there.

### CPD Accreditation - Priority Markets

Secure formal continuing education accreditation in markets where it directly influences funding or enrolment decisions.

### University & Postgrad Integration

Formal partnerships integrating MDT into physiotherapy postgraduate curricula in markets where it makes sense.

### Other System Partnerships

Partnerships with hospital groups, technology partners and others to create more demand for MDT-credentialled clinicians.



# Now we want to hear from you.

The strategic priorities are set. Help us shape how we implement them.

## **At your table - two questions for the given priority:**

1. What does this look like in your local market?
2. What barriers, risks or missing pieces do we need to plan for?

## **Tell us what we haven't thought of.**

These are thought starters - not a closed list. If your branch has already tried something relevant, we want to know what worked and what didn't.

## **Board panel - tomorrow.**

The Board will be available for Q&A. Bring your questions on strategy, implementation and the road ahead.

## **What happens after Prague?**

Your input today directly shapes what comes next. Over the weeks following Prague, you will receive a series of communications taking each strategic priority in depth - refined by what we hear from you today.