Towards 2027

Developing a new strategic plan for Medicine, Dentistry and Health Sciences
I am delighted to present the Faculty’s strategic plan Green Paper Towards 2027.

The next decade will see changes to patterns of disease and innovations in health care that will transform the type of care Australians require and the way it is delivered. Towards 2027 presents the key issues and priorities identified by you that we need to address over the next five years. The emerging strategy is ambitious, and if we are to achieve all it proposes, we must first recognise that our people are our greatest resource, and that creating a culture that supports and develops the ability of each of us to shine should be our first priority.

The Green Paper has emerged following a very frank and comprehensive process of consultation. The engagement and enthusiasm has been astounding – we received over 2,000 survey responses and have held over 200 consultation meetings with our staff, students and partners, illustrating a great depth of interest, and willingness to embrace change.

This Green Paper marks the final stage before we present our final Strategic Plan and get on with the important business of acting on the priorities we have identified. It is intended to spark widespread discussion and feedback across the Faculty to help finalise the plan.

But developing the right strategy is only half the story: how we convert great ideas into concrete actions is really the key, and one that we acknowledge will require a significant investment of money, time and energy.

Opportunities for Further Input

Your input has directly driven the preparation of the Green Paper. To help finalise the Strategic Plan, your input is once again required. There will be many opportunities to contribute your feedback throughout June, before the final Strategy is released in July.

I thank everyone for their contribution to the strategy, especially our School Heads, Associate Deans and Stream Leaders for their role in leading this work.

Professor Shitij Kapur, MBBS, PhD, FRCPC, FMedSci
Dean, Faculty of Medicine, Dentistry and Health Sciences
Assistant Vice-Chancellor, Health
**MOVING INTO IMPLEMENTATION**

1. Early planning
   - **JAN** Early research and analysis
   - **FEB** FEC agrees process, work streams

2. Consultation
   - **FEB** Dean launches Strategic Planning process
   - **MAR - APR** First round of digital consultations
   - **MAR - APR** Academic leads establish Reference Groups
   - **MAR - APR** Consultation meetings and Round Tables
   - **APR - MAY** Second and third rounds of digital consultations
   - **APR - MAY** Dean and FEC consider findings and agree strategic priorities
   - **MAY** Green Paper drafting
   - **8 JUN** Dean releases Green Paper, *Towards 2027*
   - **JUN – early JUL** Dean leads final consultations with Faculty
   - **JUN – early JUL** Faculty Council Conference
   - **JUN – early JUL** Dean’s Town Hall meetings

3. Finalisation
   - **8 JUN** Dean releases Green Paper, *Towards 2027*

4. Implementation
   - **Early JUL** Strategy Released
   - **Early JUL** ‘Next 12 months’ delivery plan released

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1. On People and Culture

Strategy is about creating purposeful change. If we aspire to delivering on the agenda outlined in this document, we must invest in developing our people, and fostering a culture that supports us all to do our best work. The University’s People Strategy sets out a broad plan to achieve this, and we recognise as a Faculty we have much work to do. Throughout the many consultation meetings and digital surveys over the last three months, you have told us that this should be our most important priority.

WHAT YOU HAVE TOLD US

• We are proud to work and study at the University, and we are passionate about being able to do our best work, but we want to know that we are valued and supported to develop rewarding careers
• Supervisors are responsible for more than day-to-day management. They play a vital role in nurturing and developing the wellbeing and careers of their staff and students
• We want our values to reflect inclusiveness, respect, collaboration and innovation. We all need to ensure we model these in everything we do. We must all be responsible for holding people to account for poor behavior and creating a safe environment. We expect all our leaders to lead by example
• It is very important to encourage a culture that is trusting, open to new ideas and change, and values the contributions of all. We need to be better at recognising and valuing the diversity of people, expertise and endeavour across the breadth of the Faculty
• Leadership skills are important throughout one’s career, and these are learned skills that we all need to invest in. There is a strong desire for more effective programs that support the development of staff and students
• Decisions should be more transparent and made closer to where they will have impact
• Effective and transparent communication is vital to developing a strong and connected culture and a sense of belonging

OUR COMMITMENTS

1.1: Our values will guide our processes and behaviour
We will explicitly integrate the values of the University and Faculty into all ways of working, leadership and performance expectations

1.2: We will increase leadership capability across all levels
We will work systematically through our Departments, Centres, Institutes and Schools to encourage and recognise performance within a framework of ethical, evidence-based leadership

1.3: We will create and facilitate fulfilling careers
We will identify and address critical issues at each stage of career development to attract, retain and grow great people. We will prioritise the stages we know are most challenging such as early-career, mid-career and succession planning

1.4: We will make lasting change to ensure diversity and inclusion
We will recognise diversity as a strength of our Faculty. We will address specific areas of underrepresentation including Indigenous people, women, people with disability, and people with diverse sexual identities, ethnicities, and religious backgrounds

1.5: We will engage in an integrated approach to performance
We will ensure that people understand what is expected of them and how this aligns with and supports the Faculty strategy
2. On Learning and Teaching

Over the coming decades, health care will be transformed by new technologies, complex and changing patterns of disease, and an ageing population. At the forefront of these changes will be health care professionals dedicated to quality and innovation.

Educating future generations of our health workforce is an important responsibility. To best adapt to changing community needs, the Faculty is committed to providing learning environments that stimulate, challenge, and develop the potential of students to become the leaders of tomorrow.

What we will do

Priority 2.1: celebrate and promote excellence in teaching
We will recognise the vital role our teaching academics play and will promote a culture of excellence and innovation. We will strengthen our engagement with leading teaching universities worldwide to explore how innovative approaches to learning could be adopted.

Priority 2.2: develop pathways for promotion
We will develop clear, transparent and merit-based promotion pathways for teaching academics, and provide better targeted support to help.

Priority 2.3: commit to inter-professional practice
We will continue to embed the teaching of important core skills such as ethics, communication and professionalism in our courses with a focus on inter-professional learning, and will expand the opportunities for our students to work with our partners and communities.

Priority 2.4: ensure our courses are sustainable
We will systematically review our undergraduate and postgraduate courses to ensure we are leading the changing nature of the health workforce. We will cease offering unsustainable courses unless they can be changed to ensure sustainability.

Priority 2.5: expand online, international and non-standard teaching
We will work with RIC and GoMelb to identify new opportunities for expanding our online courses, and non-standard teaching in recognition that we are increasingly responsible for continuous professional development of the health workforce. We will identify new opportunities to expand our teaching of international students.

Priority 2.6: reduce the administrative burden
We will target administrative processes that are most onerous to teaching academics and work systematically to simplify or eliminate where possible.

What you’ve told us

• As a university, teaching is our core business and should be valued accordingly
• Graduates of MDHS should leave the University equipped not only to excel in their professions of choice, but are also well-placed to lead the changing nature of the health landscape
• Teaching academics are concerned about career progression and want clearer promotional pathways that will support them to succeed
• Students want more interactive and engaging experiences to support their learning, and see integrating new technologies with face-to-face learning as the best way to achieve this
• Although we’ve made some progress, there’s more to do if we are to realise the potential of online and digital learning
• There has been a significant increase in the administrative burden on our teaching staff
3. On Research and Research Training

Our position as Australia’s leading university in health and biomedical research is driven in large part by the work undertaken across this Faculty, and our research and healthcare partners.

But we need to remember that our real strength is reflected not in our rankings, but in the breadth of our research, and commitment to excellence and discovery. This will stand us in good stead over the coming decade, as the Commonwealth nearly doubles its investment in medical research through the new Medical Research Future Fund (MRFF). The MRFF is a major opportunity, and will drive a major transformation of our – and our partners’ – research agenda.

What you’ve told us

- We’re not doing enough to maintain our research excellence and leadership position in the face of increasing competition
- While there is broad support for the four major research pillars, the Faculty should not ignore other areas of excellence or new funding opportunities
- The Commonwealth’s MRFF is a major opportunity, and it will be important to work closely with our partners to develop funding proposals
- Early and mid-career researchers are concerned about career progression and opportunities to develop intellectual and financial independence
- Reducing the level and complexity of the administration associated with research should be a priority
- There is strong support for interdisciplinary research across all our Schools and other faculties, but we need to be better at breaking down existing silos and other structural impediments (such as funding)

What we will do

Priority 3.1: cement our position as Australia’s leading health/biomedical university

We will make new investments that underpin excellence, not only in our four research pillars, but also support areas of specialised excellence (such as cardiometabolic or mental health), and our partners’, government, health and community priorities (such as ageing, chronic disease or family violence). We will also improve the way we invest in and manage cutting edge research technology platforms.

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Priority 3.2: deliver on the promise of the MRFF

We will position the Faculty to benefit from a once-in-a-generation new investment in medical research by working with our partners to develop compelling funding proposals. Critical to this will be finding new ways to collaborate across disciplines, Schools and organisations, and focus on proposals that prioritise clinical/patient/commercial facing outcomes.

Priority 3.3: foster a culture of excellence

We recognise our continued research leadership depends on a research culture that is positive, collaborative, accountable and focused on excellence. We will work systematically across our Faculty to reduce the administrative burden on researchers, provide more targeted support, and develop clear expectations and accountabilities.

Priority 3.4: better support career development

We will expand the mentoring program, provide better targeted training for researchers (such as management skills) and develop clearer pathways for career progression.

Priority 3.5: respond to NHMRC changes

We will ensure we are best positioned to the new NHMRC funding arrangements, and help researchers adapt as they are implemented.
4. On Engagement

Engagement is the binding strand of the University’s Triple Helix, enriching our teaching and research, and deepening our contribution to a wider society.

The Faculty has a long history of deep engagement with clinical and research partners. Much of the impact of our research, and the quality of our teaching depends on the strength of our partnerships. We recognise these can only be sustained on the basis of trust and mutual benefit. Over the coming decade these partnerships will become even more fundamental to our work.

What you’ve told us

- The University’s excellence in health and biomedicine depends on the strength of our partnerships – hospitals, research institutes, industry and community groups.
- Our partners strongly support the development of new models of collaboration with the University, and have stressed the need for these to be mutually beneficial.
- For our partners outside Parkville, it can sometimes be difficult to engage with the University.
- There is strong support – both within the Faculty and among our partners – to advance public debate of important health issues, and engage governments to influence policy priorities.
- Students value the opportunity to work with our partners and directly in our communities.
- We greatly value, and are committed to serving our communities.

What we will do

**Priority 4.1: deepen our bilateral partnerships**

We will deepen and broaden our collaboration with our partners by developing enhanced bilateral collaborative agreements, and we will nominate and support senior academics to act as ‘custodians’ of our relationships.

**Priority 4.2: strengthen multilateral collaboration**

We will play a leadership role in the Melbourne Academic Centre for Health (MACH), establishing it as the principal vehicle for developing new collaborative proposals.

**Priority 4.3: enhance our community contributions**

We will expand our engagement activities in western Melbourne and rural Victoria by seeking greater participation across the Faculty, and expanding the scope of our partnerships with other faculties where there are shared agenda.

**Priority 4.4: grow the culture of philanthropy**

We will work with our leading academics to identify and communicate philanthropic opportunities, aligned to Faculty strategic priorities, and connect these opportunities to the passions of our most generous supporters.

**Priority 4.5: actively engage our alumni**

We will deliver targeted and meaningful events, volunteer opportunities and communications to inspire alumni to develop mutually beneficial and lifelong relationships with our Faculty and students.

**Priority 4.6: support public debate and health reform**

We will collaborate with our partners to develop a dynamic public debate to advance public discussion of major health issues and reforms and develop a more effective dialogue with government agencies.

**Priority 4.7: develop engagement opportunities for students**

We will create new opportunities for students across all six Schools of the Faculty to engage directly with the communities we serve – here in Melbourne, rural Victoria and overseas.
5. On Health Data

We are part way through the ‘data-driven revolution’ in health, enabled by exponential increases in computing power and storage, the gradual digitisation of medical records, and the willingness of governments worldwide to grant researchers access to large clinical datasets.

Better use of genomic, patient and clinical data will not only provide an important platform for our research, but will also transform how we prevent, detect and manage disease. Ultimately, this will deliver major improvements for patients and the community.

What you’ve told us

- Better use of health data is increasingly viewed as a prerequisite for competitive research, for healthcare safety and quality, and health and wellbeing more generally.
- We’ve not invested enough into our capacity to use data, and we risk falling behind.
- The roll-out of electronic medical records by our major hospital partners, together with the large primary care data networks, is a major opportunity for the University.
- We can strengthen our capability by better coordinating the University’s existing strengths in health data and analytics.
- Where appropriate, we should align our investments in health data with government agencies and our Melbourne Academic Centre for Health (MACH) partners.
- There will be increasing demand for Melbourne graduates with skills in clinical informatics, biostatistics and computing.

What we will do

Priority 5.1: build health data analytics capacity in the Faculty

We will invest in new academic positions to strengthen our capacity to use data to inform our research agenda. This will complement investments in genomic medicine and build capacity spanning clinical and health system data.

Priority 5.2: coordinate across existing activities and faculties

We will draw together where appropriate the significant activities already underway in the University in health-related computing, data and analytical capabilities – in particular those in the Melbourne School of Engineering and the Faculty of Science. This will enable the institution to have a more effective footprint and bring to bear its substantial multi-discipline academic strength on health problems.

Priority 5.3: position the University as a partner of choice for our partners and government

The University should take a leadership role, working with the MACH to develop a shared ‘capability’ in the precinct for use of data. As both the Commonwealth and Victorian governments increase their focus and investment in data, we will also position the University and its partners to work closely with government agencies to use data to improve health outcomes.

Priority 5.4: skills and continuous professional development

As research and clinical care become increasingly dependent on the insights generated from complex data, demand will increase for clinicians, health professionals and researchers who understand and can use data. We will ensure our graduates have the opportunity to strengthen core skills in mathematics, statistics and computing, as well as develop suites of education programs for those already in the workforce.
International engagement has always been a core part of our mission. In 1920, Dr Sr Mary Glowrey, a Melbourne Medical School alumni, left for India, where she eventually set up the Catholic Health Association of India, in 1943, now one of the largest non-government health care providers in the world. Following in her example, the University today has over 270 agreements with Universities across the globe spanning research, teaching and engagement.

The transformation of Asia presents a major opportunity for us to collaborate in research, education and the design of better health systems. Crucial to realising these will be working long-term to build trusted and mutually beneficial relationships.

What you’ve told us

- Collaboration with our colleagues in North America and Europe remain vital to our academic mission, but there is broad agreement that the rapidly developing nations such as China and India will increasingly be important.
- We have a responsibility to share our knowledge and expertise with colleagues in developing countries to improve their health outcomes.
- Establishing international partnerships, particularly in Asia, can be complex and requires support to navigate successfully.
- Although the University’s new international strategy will prioritise China, India and Indonesia, the Faculty should continue to support its activities in other countries (such as Vietnam and Laos).
- More should be done to support and enable staff and students to gain international experiences and establish collaborations with colleagues in Asia.

What we will do

**Priority 6.1: strengthen engagement with Asia**

We will prioritise engagement with China, India and Southeast Asia (including Indonesia), and provide support for academics to lead the development of our plans.

**Priority 6.2: develop opportunities for academics to establish collaborations in Asia**

We will prioritise support for international collaborations that are long lasting and of mutual benefit. These will include collaborative research, joint RHD programs and opportunities for joint teaching.

**Priority 6.3: expand student international placements**

We will identify opportunities to increase the number of students to have an international experience during their study.

**Priority 6.4: enhance our understanding of Asia**

We will support our staff and students to acquire the knowledge, skills and understandings of Asia to ensure they are best positioned to collaborate and work with colleagues internationally.

**Priority 6.5: strengthen our commitment to tackle disease in developing countries**

We will continue to support collaborations that improve the health and wellbeing of communities in the Asia-Pacific region.
Over recent decades, successive state and federal governments in Australia have exhorted universities to focus on the development of relationships with industry, in recognition that ‘university precincts’ have become a source of competitive advantage. Recent changes to Commonwealth funding programs to prioritise ‘impact’ reflects this, and underscores the importance of innovation. However for MDHS, we need to recognise that innovation is more than the commercialisation of a new drug or medical device. Its potential spans our whole business, from teaching opportunities such as Continuous Professional Development, to the application of our research to the development of health policy and systems, here and abroad.

What you’ve told us

- Commercialisation is a long and complex process, and academics have to put their teaching and research activities first.
- Developing a more entrepreneurial culture within the University is essential if we are to accelerate the commercialisation of our research and teaching expertise.
- The current national funding arrangements for medical research create disincentives to pursue commercial outcomes over more traditional academic outputs, however, the forthcoming MRFF may change this.
- We need to optimise our relationship with RIC and understand how we can make better use of new commercialisation initiatives such as BioCurate.
- We should explore opportunities to better integrate commercial and/or industry focused curricula in our undergraduate and postgraduate courses.

What we will do

Priority 7.1: maximise access to BioCurate
By ensuring we have a pipeline of candidates for investment, and are taking the necessary steps to help researchers identify opportunities early.

Priority 7.2: grow teaching and learning opportunities
Creating opportunities for teaching academics to develop new commercial teaching offerings such as custom education, continuing professional development, and strengthened partnerships with industry.

Priority 7.3: increase commercial engagement with academics from all six Schools
Including identifying opportunities to recruit academics with significant commercial and industrial experience.

Priority 7.4: enhance our relationship with RIC, MAP and other University commercialisation programs
To ensure we can deliver on the University’s commitment to strengthen engagement with industry.

Priority 7.5: build an entrepreneurial culture and workforce
To ensure we have the skills – postgraduate, post-doctorate and beyond – to undertake commercial activities, and a culture that supports their use.
8. On the Indigenous Plan

The Faculty is deeply committed to Indigenous Development and responds to an overarching University-wide policy platform, The Reconciliation Action Plan (RAP). We support the University’s goal to improve participation in higher education by Indigenous students, and recognise the impact our work can have on the health of Indigenous communities.

What you’ve told us

- Indigenous development is a Faculty-wide responsibility led by both Indigenous and non-Indigenous expertise
- We need to develop a critical mass of Indigenous academics or we will be limited in the Indigenous research and curriculum that can be delivered
- Increasing Indigenous student recruitment and graduation is vital to developing the future Indigenous workforce
- Staff want more opportunities to advance Indigenous development in their specific areas of work

What we will do

Priority 8.1: recruit Indigenous academic staff
We will build Indigenous academic staff capacity to provide the necessary expertise, cultural knowledge, leadership and engagement to grow Indigenous research and teaching portfolios

Priority 8.2: increase Indigenous student recruitment and completions
We will increase the number of Indigenous students enrolled and successfully completing within the Faculty to build the next generation of Indigenous health professionals and academics

Priority 8.3: expand Indigenous health research capacity and performance
We will support our academics to pursue diverse and wide-ranging research projects that will have positive health outcomes for Indigenous people

Priority 8.4: enhance our Indigenous health curriculum
We will enhance our Indigenous health curriculum to ensure that all our graduates have the knowledge and skills to strengthen the health of Indigenous communities through their work

Priority 8.5: develop opportunities for staff to engage in Indigenous development
We will support our staff to acquire the knowledge and skills to advance Indigenous development through their own areas of work
9. On Infrastructure

We’ve benefitted significantly from major investments in new buildings over the last decade – such as the VCCC, Doherty, the Children’s – providing our researchers with world-class laboratories. Over the coming decade, the University will make an unprecedented investment in the modernisation of its infrastructure, at a time when construction is about to commence on a new Metro rail station under Grattan street.

Although these create unparalleled opportunities over the longer-term, there will be significant and unavoidable disruptions during construction. Planning for managing the impacts of the Metro project is already well underway, as is the University’s central planning for the future STEM-M infrastructure requirements.

What you’ve told us

• While there is broad support for the Metro project, there is concern about the impact of the construction phase, particularly on the Triradate and Doherty Buildings
• There is particular concern about impact on research activities, such as animal houses and very-sensitive research equipment
• Any new home for MDHS should support our strategic goals: in teaching, research and engagement with partners
• There is strong support for a new Faculty home that brings together the six Schools of MDHS and encourages working across disciplines
• We should also consider the needs of our partners in future infrastructure developments, to create scale of effort, and to improve collaboration
• Student amenity, particularly for inter-professional learning and clinical simulation, should be a priority

What we will do

Priority 9.1: minimise the impact of the Melbourne Metro Rail project

On existing activities in the Triradate, Doherty and the Alan Gilbert Buildings. This would include options to temporarily move activities into new or refurbished facilities elsewhere, and stabilising/insulating works on affected buildings to minimise disruptions.

Priority 9.2: develop an agreed plan for a new home for MDHS

Finalise an agreed timetable for redevelopment of the SW corner of the University with Chancellery, with the goal to bring all six Schools of the Faculty together where practicable, in an environment that facilitates collaboration across Schools, faculties, our partners and our wider communities.

Priority 9.3: prepare for MRFF accommodation requirements

The MRFF will create an infrastructure challenge for the University and our partners as we will potentially need to accommodate hundreds of new researchers.
Ensuring we are financially sustainable, that our processes are effective and efficient, will underpin the important work we do in teaching, research and engagement.

Work will commence that delivers the capacity to invest in priorities over coming years. At the same time, systems will be improved to meet the needs of potential and enrolled students while staff will experience processes that are simple to follow and easily understood.

What you’ve told us

- While staff and students were positive about the planning process, there was emphasis placed on the importance of implementation and delivery.
- The administrative burden is too high across the board. There is strong support for a targeted campaign to reduce ‘red-tape’ and eliminate unnecessarily complex decision-making processes. Decisions should rest at the level closest to the ground, supported by providing the relevant information, and multiple sign-offs should – where possible – be eliminated.
- When looking at processes, it is important to address the whole process, rather than fixing parts in isolation, which create unanticipated problems elsewhere.
- The Faculty needs the financial capacity to make strategic investments in teaching, research and engagement.
- Important decisions should be made transparently so staff can understand the issues and deliberations of the leadership team.
- We should better communicate when processes are changed, to explain why and understand how this will impact on staff.

What we will do

Priority 10.1: improve planning
We will integrate the Strategic Plan and subsequent annual business plans with annual budget cycles and performance review processes. This integration is to involve co-design with Schools and embedded Institutes.

Priority 10.2: reduce the administrative burden
We will improve systems and processes that make it easier for our students to interact with us and for our people to do their jobs. This is to be achieved through a strengthened partnership with University Services, working systematically across our business.

Priority 10.3: ensure financial sustainability
We will ensure the Faculty is financially sustainable by working closely with all six Schools, identifying new opportunities to generate income and create the capacity to make strategic investments.

Priority 10.4: strengthen decision-making
We will establish FEC as the final Faculty decision-making body, and ensure decisions are transparent, and made in the best interests of the Faculty as a whole. We will also look for opportunities to integrate our partners into our governance structures, and where possible, take a ‘common-sense’ approach to decision-making, closest to the ground.

Priority 10.5: strengthen internal communications
We will better explain our decisions, celebrate successes, and inform staff of significant changes and process improvements.
HOW YOU CAN CONTRIBUTE

This paper is intended to spark wide-spread discussion and feedback across the Faculty, to inform the development of the Faculty’s final strategic plan. Ways in which you can provide feedback are detailed below.

Dean’s Town Hall Meetings
Professor Shitij Kapur will host a series of Town Hall Meetings to talk about the Faculty’s strategic plan and provide an open forum for staff and students to ask questions and provide feedback.

The Town Hall Meetings will be held in the Peter Doherty Institute Auditorium on:

- Thursday 22 June, 8:15 – 9:45 am (a light breakfast will be provided)
- Friday 23 June, 1:00 – 2:00 pm

The Town Hall Meetings will be live-streamed for those unable to attend in person. For more information and to register your attendance please visit:

mdhs.unimelb.edu.au/whatmatters

Email
Written feedback on this document can be submitted via email until Friday 30 June:

mdhs-strategyfeedback@unimelb.edu.au

School Meetings
Staff are also encouraged to provide specific feedback to their Department and School Heads for discussion at Department and School Executive meetings throughout June.